

THE BENEFITS OF VOLUNTEERING

BY

PAMELA A. LEECH

A Thesis

Submitted to the Faculty of Graduate Studies

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## **Abstract**

This research examines the benefits of volunteering in a social support network. Twenty-seven women volunteers from the Brandon General Hospital participated in in-depth interviews. The information from these interviews formed the basis for the analysis and findings of the researcher.

In addition to the in-depth interviews, the researcher conducted a review of documents related to the Volunteer Department at Brandon General Hospital. This archival analysis provided the necessary data to contextualize the research. The interview process included questions about: demographic characteristics, satisfaction with the volunteer network, network size, quality of life, and what benefits, if any, the participant experienced as a result of her volunteering.

The main findings of this research indicate that the participants felt that volunteering contributed to their quality of life through fostering their sense of belonging in the community. The perception of a personal sense of satisfaction was reported as a benefit that the participant derived through volunteering. Furthermore, volunteering was consistently described as a vehicle for social engagement and as a factor in improving the emotional and physical health in older volunteers. Participants clearly reported that volunteering had a positive role in their lives during non-stressful times and as a buffer to stress during life crises.

The implications of these findings are discussed in terms of volunteering as an interventive strategy to decrease isolation, promote healthy aging, and enhance community development. The findings also describe motivational patterns, which will be helpful in volunteer recruitment and retention.

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## **Introduction**

The relationship between social support networks and well being has been studied in different populations and from varying perspectives (Cobb,1976; Cassel,1974; Wheaton,1985; Spacapan and Oskamp,1992; Davis,1994). The goal of this study is to identify and describe the benefits of volunteering, including participation in a social support network. The researcher hypothesized that the participants would report experiencing benefits as a result of their volunteering, including: companionship, acquisition of skills and experience, the fulfillment of moral and/or religious beliefs, emotional rewards, and a sense of satisfaction and well being. The benefits of social support for the recipient and provider are discussed in the literature review from the perspectives of various theories of support, particularly the relational or reciprocal approach to social support. The purpose of this study goes beyond the notion that volunteering is helpful to the volunteers' well being because of a sense of contribution to their community.

Membership in a social network can provide benefits to all members of that network. The recipient of support receives help that is both subjective and objective (House,1981; Barrera and Ainlay,1983; Mitchell and Trickett,1985). The provider becomes a member of a social network, and the benefits of that membership can be measured from the perspective of the number of members in an individual's network, and the quality of those relationships from several perspectives, including the provision of emotional support and/or practical support. It has been suggested (Snyder and Omoto,1992) that volunteers who have direct contact with the recipient of support experience the development of relationships. The consequence of that experience can include personal satisfaction and a sense of commitment. Furthermore, research involving informal caregivers with Alzheimer's patients

(Schultz et al.,1992) determined that 51% of the women volunteers found purpose or positive meaning in their work. "Most commonly, care givers indicated feeling good about themselves because of the patience, compassion, courage, and strength the illness brought out in them " (Schultz et al.,1992: 175). There is a range of benefits to the volunteer as a result of their volunteer experience and for half of the women in the Schulz et al. (1992) study deeply personal benefits were reported. The personal aspect of helping, often associated with the notion of connectedness, was reported to evoke a feel-good sensation in 95% of respondents in a study by Luks and Payne (1991).

It is important to review the variety of definitions of social support in order to conceptualize and integrate how social support relates to the benefits of volunteering. For many years the disciplines of sociology and anthropology have studied the form and function of social relationships (Smelser,1973; Durkheim,1947). From kinship groups, to communities, to multinational organizations; social relationships have been described from a multitude of approaches. This study examined the construct of social support from the conceptual foundation of social relationships within community groups. These relationships build the networks that facilitate access to support by members of community groups. By engaging in a social network we are able to build relationships and attachments. These attachments provide us with the vehicle through which we can provide and receive support. In this study volunteers form relationships, among themselves, in the department, and with the staff. The researcher hypothesized a different experience for volunteers who have direct contact with hospital patients and their families, and those who do not. In reality, participants reported a range of benefits that they experienced through volunteering.

The core focus of the study is the volunteers' experience within the social network of the Brandon General Hospital. Although the study was limited to interviewing individual women volunteers, it is important to have a clear understanding of the context of the social network. Members of the network in this study included: hospital patients and their families, volunteers, and staff. Describing this context is helpful in gaining a more complete understanding of the volunteer experience for the participants. Why do these women volunteer at BGH? What do they get out of it, both in terms of their relationships with the patients and staff, and in terms of the relationships they may have in the volunteer network? What benefits have they experienced from volunteering? There are a range of benefits, but the researcher was most interested in the personal or emotional benefits which the volunteer may experience.

Significant amounts of previous research reported in the literature have determined the link between social support and well being in a multitude of population groups and aspects of functioning, including: mental and physical health (Bandura and Waltz, 1984), the elderly (Balassare et al, 1984), single parents (Wijnberg and Weinger, 1998), work and life crises (Wheaton, 1984), to name a few. The pioneering work of Cassel (1974) and Caplan (1974) is considered to have built the foundation for the abundance of social support research in the following decades.

This primarily qualitative study pursued a detailed understanding of the benefits of volunteering in the social network of the BGH. The theoretical principle of the study is based on the concept of reciprocity in social relationships. This foundation then facilitated the researcher in building a focus of inquiry about social support and women who volunteer from the understanding that volunteering is a social behavior that engages the volunteer in a social network, facilitating the

provision and receipt of support. Beyond the large amount of literature supporting the premise of the study, the researcher has an interest in the experience of women in their social networks. The researcher's personal roots in Manitoba, as well as professional experiences practicing social work in a small rural city, have provided the seeds of interest in the experience of women. Participating in advisory boards and committees over the years further confirmed the researcher's interest in the experience of women and the characteristics of social networks.

## **Chapter I      Literature Review**

The following literature review provides the theoretical foundation for this research. The notion of community, including how communities are formed and how they function builds the groundwork for the theoretical discussion of social support. The researcher views social relationships as reciprocal and as the links of social networks. The discussion of social networks describes the characteristics of membership in a social network. Finally, the notion of volunteering is introduced in this chapter. The researcher has chosen volunteering to study as an example of social network membership. Since volunteering is considered a socially supportive behavior, the researcher chose this context to identify the meaning and importance of membership in the social network created through volunteering. Volunteering is the vehicle for social support provision and for social network membership.

### **Dimensions of Community**

The notion of community includes many dimensions based upon various theoretical descriptions and perspectives. The broadest framework of description comes from the study of macro sociology with the focus being on the study of society as a whole. This understanding of society can be described in detailed terms to allow the reader to grasp the many layers involved in social relationships. This perspective is based on the premise that "social organization is a component of human societies", and that the understanding of social organization "refers to the network of relationships among members of a society" (Lenski & Lenski, 1987: 43). These networks are made up of individuals and their functions. Individuals gather together in groups of differing characteristics. "Small groups in which there are face-to-face relations of a fairly intimate and personal nature are known as primary

groups . . . secondary groups are of three basic types: associations, communities, and social movements" (Lenski & Lenski,1987: 45).

When we narrow our focus to the concept of community within the broader discussion of social networks, then, viewing communities as formed along either cultural or geographical lines is insufficient. "Geographical communities are those whose members are united primarily by ties of spatial proximity, such as, neighborhoods, villages, towns, and cities. Cultural communities are those whose members are united by ties of a common cultural tradition such as racial and ethnic groups." (Lenski & Lenski,1987: 46) Popular and academic language has blurred a clear definition of community by assigning meaning to terms such as: black community, church community, academic community, rural community, or global community, to name a few (Scherer,1972). Although every minute detail of social relationships can be described; this research is focussed on the notion of social networks.

Social relationships have a role in the experience and quality of life of community members. However, no one factor can be seen as having an exclusive impact on community life. Fischer's (1977) discussion of "communal membership" and Smelser's (1973) discussion of Marx's view of "reciprocal societies" begins to hint at the more contextual and multi-dimensional sense of community. The layers of community "encompasses relations of personal intimacy, emotional depth, moral commitment, social cohesion, and continuity of time; ... it is founded on man conceived in his wholeness; it draws on its psychological strength from deep levels of motivation and it achieves fulfillment in a submergence of individual will" (Nisbet,1966: 47).

Once a community has formed around social networks, what does it do? What are its functions and tasks? Certainly people come together to do some basic things such as acquire food and shelter, select a mate, raise children, and benefit from the networks of social relationships. This is the foundation for primitive social relations and since we have evolved into a highly industrialized, highly technical society; our community functions have evolved as well. According to Fischer (1977) the framework for social relationships within a community are based on the structures of economy, culture and religion, and life cycle.

These three structures are overlapping and reciprocal. It is noted that a limitation of Fischer's (1977) framework is the absence of explicit reference to the dimensions of health care, public protection, and the codification of social rules. However, the basic framework of a community is built on these general notions. The relationships that occur as a result of the mechanics of expressing culture, for example, create social networks.

With an understanding of the components of a community, then, we can ask the question: what is the function of a community? Group social relationships meet our human need for attachment, our need to feel a part of something, to belong. While the specific foundation or motivation for attachment may vary, the "general understanding is that attachment refers to the individual's commitment to the neighborhoods and neighbors. This commitment takes two general forms; social involvement and subjective feeling" (Fischer, 1977: 142). Furthermore, classical theorists such as Durkheim (1947), Weber (1947), and Marx (1973) view community as an agent of social change and as evidence of social evolution. Politics, economy, and social evolution are all the products of the phenomenon of social interaction of

individuals gathered into groups along lines of cohesion. "What is society? . . . the product of men's reciprocal activity." (Marx,1973: 3)

According to Durkheim, society is also about structure (Nisbet, 1974). All aspects of societal functioning are prescribed in rules and as such society becomes "internalized in the conscious and unconscious minds of the individual" (Nisbet,1974: 106). Furthermore, morality "consists of collections of special rules which prescribe the conduct fitting in each of the spheres of human life" (Ginsberg, 1965: 143). It is this essence of societal structure that gives rise to the notion of morality and ultimately obligation. What are moral acts? According to Durkheim, "all moral activity is directed toward society, consists in the service of or devotion to society for its own sake and not for the services that it renders to the individual" (Ginsberg, 1964: 145). Although compelling, this view of social behavior does not provide the element of reciprocity that the researcher sees as key to understanding social relationships.

It is this reciprocity in social networks that this writer views as the fundamental underpinning of community life. The writer is framing the research questions based on the assumption that social and community relations are reciprocal and that each party or member benefits or is depleted depending on the nature of the interaction. Francis and Henderson (1992) viewed community participation for rural families as being positively associated with strengthening families and their members, as well as having a positive contributory impact on the community.

Participation in community based action enables people to grow in confidence and competence, collectively giving them and their communities' self-respect and greater control over their future. For example, participation in a preschool play group management committee will present

many young parents (mostly women) with a chance to discuss wider problems and to learn about the systems and policies which effect the lives of themselves and their children, and to begin to diversify on to, for example, mutual family support, lobby for better child care provision, or help with the running of the Social Village mall. (Francis and Henderson, 1992: 24)

### **Social Support**

There is a general understanding of the notion of social support as being helpful (Leavy, 1983); but there are points of consensus on some topics and diversity in other respects, such as: defining the characteristics, forms, and functions of support. Social support may be multidimensional; but within the literature, there seems to be two approaches. Social support can be viewed as a buffer against periodic stressors or, as having a direct or main effect in our day to day well being. In other words, support is seen as having a role during crisis as well as being a constant in our lives. The view of social support as having a buffering effect in situations of life stress has been studied from the perspective of both chronic and crisis events. (Cobb, 1976; Cassel, 1974; Mueller, 1980; Dean and Lin, 1977). Support is seen to intervene or moderate the influence of a crisis or stress on our stability and well being. (Wheaton, 1985; Caplan, 1975). Studies have demonstrated social support to be integral to positive well being in the midst of crisis (Bandura and Waltz, 1984). However, other researchers have not been as supportive of the buffer effect. For example, Lin et al. (1979) determined that there was difficulty in describing the discrete factors in the relationship between social support and illness. The reasons for this difficulty included the likelihood that ethnicity often confounded the validity

of the measurement and that the social support measures used in their study needed to be improved to "cover a wide range of social groups (primary and secondary), as well as purposes (instrumental and affective)" ( Lin et al., 1979:116). Ultimately, the limitations of the measurements were seen as creating more of a relationship between support and health than may truly exist. Similar to the buffer effect, the direct effects view is that social support can help meet the needs of one's attempt to cope with a given specific situation. Rather than being strictly situational, however, the direct effects view of social support focuses on the day to day or ongoing needs of life.

This framework is applied to two approaches, support as a 'help' and support as part of a network of contacts or ties. Social support perceived as help has developed into support being viewed as instrumental (physical) support. Social integration and interaction occurs with the provision of that help. Attachments form as a by-product of helping. For example, a volunteer may become acquainted with other volunteers and support recipients while working at a food bank. Certainly a large area of literature has been devoted to the provision of help and social interaction, particularly in the population of the elderly. (Chappel and Havens,1985; Lee,1985.).

The social support network approach views the supportive nature of the network itself in relation to well being. The approach focuses on a more comprehensive framing of the individual's social environment. By mapping individuals' personal relationships in terms of the type of relationship, (family, friends, etc.) personal characteristics, (age, sex), frequency of contacts, amount of intimacy and interpersonal connections, this approach intends to construct overall indicators of the different dimensions of social support. Knipscheer and Antonucci

(1990) suggested the most relevant aspects of social support to be: 1) the size of the network, 2) the strength of the ties, 3) the density of the network, the number of actual connections in comparison to the possible connections between the persons in the network, 4) homogeneity of the membership, e.g. gender, age, or political orientation, and 5) dispersion of membership, the geographical distance between the persons in the network. (Knipscheer and Antonucci, 1990: 11).

Although these models or frameworks each have an individual and unique approach to the description, analysis and understanding of social support, the reality may be a more multidimensional view of social support. Each framework provides a different view of social support. However, the characteristics of support are definable among themes that can be seen to overlap. Social support is often described in terms of instrumental and emotional support. Practically speaking, the actual provision of support involves many types of supports. A more detailed discussion of the characteristics of social support describing its characteristics and themes is necessary to fully appreciate the context of the research questions.

### Characteristics of Social Support

There are several descriptions that group the various themes of support whether based on a sense of having someone to rely on during a crisis, or feeling a sense of belonging as a member of a network. Although in the final analysis they likely describe the same thing, each definition provides a unique aspect of the complex multidimensional notion of social support.

According to Pierce et al. (1996) social support can be broken down into three components; support themes, supportive relationships, and supportive transactions. Support themes are described in the following discussion. Supportive

relationships can be formal, informal, reciprocal, or causal. The transaction refers to the nature of the exchange between recipient and provider. For example, the theme of instrumental support could be experienced by a family attending an agency in a formal relationship and receiving food and clothing for their children. The support theme is instrumental, the relationship is formal and the transaction is the provision of supplies. Furthermore, Pierce et al. (1996) see supportive relationships as reciprocal and beneficial to both the provider and the recipient. They note that, "people need to give as well as receive social support in their close relationships. Results from studies make clear that individuals experience higher levels of satisfaction in relationships in which they provided as well as received support". (Pierce et al., 1996: 19)

Furthermore, the concept of supportive themes includes the details of what has been referred to as the functional approach. The functional approach focuses on characteristics that are usually conceptualized as 1) emotional support (behaviors communicating emotions) and 2) instrumental support (behaviors providing practical support or help with tasks) (Pierce et al 1996). A number of researchers have focused their attention on defining the characteristics of social support within this functional approach. As previously mentioned, with the ground breaking work of Cassels (1974) and Caplan (1974) interest in the study of the area of social support gained impetus. Cassels (1974) and Caplan (1974) focused on the reciprocal nature of the feedback component of social support as shaping behavior, emotion, and cognition. Support acts as a mirror and validates or helps to correct deviations, and ultimately allows for the full development of identity. Gottlieb (1983) and Hirsch (1980) also define social support in functional terms. Frequently cited literature regarding the characteristics of support can be described as shown in Table 1:

Table No. 1: Support Themes

<u>House (1981)</u>	<u>Barrera and Ainlay (1983)</u>	<u>Mitchell and Trickett(1985)</u>
Emotional Support	Intimate Interactions	Emotional Support
Instrumental Support	Material Aid and Behavioral Assistance	Task Oriented Assistance
Informational Support	Directive Guidance and Feedback	Communication of Expectation and Evaluation
Appraisal Support	Positive Social Interaction	Access to New Contacts

Emotional support includes aspects of intimacy within a supportive relationship as well as feelings of closeness and trust. Instrumental support or material aid refers to the provision of goods as a support. Guidance and informational aid can be helpful in a broad range of life activities, including, for example, La Leche League groups providing emotional support as well as practical information to breast feeding mothers. Moreover, the provision of support can give the recipient of the support the opportunity to appraise and evaluate his or her situation. Certainly the researcher has had the opportunity over the years in social work practice to recruit volunteers to be a "support" to a client. That support could be practical, emotional, or it could contain an element of change. The goal of support can be to alter or change the support recipient's beliefs or behaviors through mentoring or feedback. Although most components of social support are grouped among the characteristics described, some researchers also refer to another

dimension of social support that identifies companionship, sociability and recreation (Barrera and Ainlay, 1983; Wellman, 1981; Balassare et al., 1984).

As previously stated, social support is not a linear or one-dimensional construct. It is an evolving social concept and, as such, it involves many variables including: the reciprocally beneficial nature of social support, (Pierce et al, 1996), the influence of perception in determining availability and/or satisfaction with social support (Coyne and DeLongis, 1986) and the reality that social support can be negative and unhelpful. Support providers can be engaging in behaviors that are unsupportive (Dakof and Tayler, 1990), can inhibit an individual's ability to cope or can provide instrumental support with the outcome of demeaning the recipient (Pierce et al, 1996). However, much of the research describes a positive relationship between social support and well being, and indeed many researchers recommend building social networks (Wijnberg and Weinger, 1998). It is also noted that research has illuminated the limitations of social support, such as discrepancies in perception of and actual provision of support. (Wellman and Burkowitz, 1988).

### **Social Networks**

As previously discussed, the concept of social networks is associated with the direct effects view of social support. Since the primary area of inquiry in this thesis is to examine the importance of social networks of women volunteers in a hospital setting, it is important to more fully discuss this domain of social support. Social networks relate in many ways to the earlier discussion of community. Gottlieb (1981) introduces the concept of social network by stating;

During the past decade researchers from a number of social science and health related disciplines have turned their attention to the study of social

forces in the natural environment that contribute to the maintenance and promotion of peoples' health. . . (the) inquiry converges on a phenomenon of fundamental importance to human welfare; the manner in which human attachments are structured as systems of support and the resources that are exchanged among the members of these systems (Gottlieb,1981:11).

Sociologists, urban anthropologists, social workers and mental health professionals have viewed these networks as: social integration, social structures, natural helping networks, and mutual help groups (Gottlieb,1981). Within these views of social network is the fundamental theme of linkages. Members of networks are connected by social, behavioral, and emotional interactions (Gottlieb,1981; Barrera and Ainlay,1983.)

The assumption in this research is that social networks are the structure of the context and social support is the interaction in the relationship. The support themes, relationships and exchanges occur within a framework or structure. The social network in this research includes the volunteers, the staff and the patients and their families at BHG. Membership in that network creates the opportunity for volunteers to participate in socially supportive relationships and exchanges in a variety of thematic areas.

Social network research has studied networks including the dimensions of size, homogeneity, and density (Knipscheer and Antonucci,1990). It has been suggested that it is the network itself that is the core of the relationship between social support and well being (Wellman, 1984). If this is so, then we must ask: is it the size or the satisfaction with the social network that is most important? Knipscheer (1980) noted in his study of 475 elderly people that the size of the network contributed little to well being. Rather, it was the sense of connectedness or

feeling close that was the supportive essence of the social network (Knipscheer and Antonucci, 1990). This relationship is confirmed in the large nine-year study by Berkman and Syme (1979) involving 7,000 participants. They report a strong relationship between the number of people respondents felt close to and a health outcome (mortality). Although Berkman and Syme (1979) describe the importance of feeling close to more than one person in the network, both studies confirm that the total size of the respondents' network was not integral to well being. Furthermore, Wijnberg and Weinger (1998) studied a group of mothers in a range of life situations, and reported that respondents "yearned" to feel connected, validated, and cared about in their social network. That sense of connection occurs for support provider and recipient alike, and Hirsch (1981) suggests that to study social networks involves considering the reciprocal relationships of individuals and their environment.

#### Social Network Analysis

Gottlieb(1981) suggests the following three levels of analysis when examining social networks:

The Macro - social integration/participation approach views involvement with institutions, voluntary associations, and informal social life involvement.

The Mezzo - social network approach narrows the inter-actional focus to the pattern of relations that people maintain within a distinct social context.

The Micro - social support represented by intimate relationships and the resources available in such a confiding social circle.

This study is examining intimate relationships at the mezzo level. However, analysis also occurs within the macro context of the Volunteer Department, BGH

and the community as a whole. Furthermore, Sonderson et al. (1990) also provided a framework to conceptualize the domain of social network analysis. They conducted the Griningen Social Network Support and Health Study, a longitudinal study involving 304 Dutch adults. Sonderson et al. (1990) suggest that social networks can be analyzed considering the following characteristics:

- a) the way relations are made observable by exchange; valued interactions, with whom would the participant speak about a personal problem?
- b) the affective value of the nature of the relations; feelings of closeness to another person.
- c) the role members occupy in the network; with whom do you relate in your life: neighbors, family, and colleagues?

Simply stated, the exchange method examines what we do, the affective method looks at how we feel about those people in the network, and the role relation method describes with whom there is interaction.

In this large and significant study, Sonderson et al. (1990), focused on several areas of social network research, including: building the social support umbrella theory, developing valid research measures of support, and further investigating the buffer effect in relation to health status. For the purposes of the Sonderson et al. (1990) study, the exchange method of social network analysis involved asking 20 name-eliciting questions in order to quantify the number of network members with whom a subject had relations. Questions included a variety of topics, including: work, hobbies, decision-making, money lending, and child-care. Subjects could name any number of individuals in each category.

The affective network of subjects was identified by Sonderson et al.(1990) using a picture of concentric circles intended to guide the respondent to name

individuals in their network ranging from close to less personal in their perceived attachment to the focal member. This instrument was first developed by Kahn and Antonucci (1980) and appears in Appendix B. This research used this instrument in concert with semi-structured interviews to collect information from the participants. The instrument, called the Antonucci Affective Method, was used to elicit the number of relationships a participant reported in her volunteer network.

Sonderson et al.(1990) used the role relation method of analyzing the subjects' social network. It involved asking a series of questions to determine the number of different kinds of roles present within the participant's network. The questions were not intended to elicit information about the quality of these relationships, but rather to determine the participants' formal relationships. For example, the participants were asked, 1) do you have a partner or spouse? and, 2) name the two neighbors you contact most frequently. Clearly the questions are not intended to determine the respondents' satisfaction with these relationships; but to determine social network structures. Groenou et al. (1990) suggest that the term social network actually refers to these structures or ties and describes them from positions of quality, size, density, and homogeneity. This definition views social support as the functional aspect of social networks.

In summary, several theories and concepts have been reviewed to provide support to the foundation of the assumptions of this thesis, that is, that community life has several purposes, including the function of social affiliations. These affiliations take on many forms, both positive and negative, creative and destructive. Furthermore, these social relationships come together to form structures of social support, namely, social networks. The support can be a part of our ongoing experience or can be mobilized in the event of a crisis. It can be practical help such

as the provision of necessities or it can be a deeply personal connection that provides emotional support, guidance, and direction. The core focus of this research is to understand the benefits of volunteering in a social network. The underlying assumptions of this thesis are based on the following;

- 1) Social networks are a fundamental part of community life.
- 2) Relationships in social networks are reciprocal.
- 3) Volunteers are a part of a network of social support provision.
- 4) Participating in social networks is beneficial to a sense of well being.

### **Volunteers**

Several organizations, such as the Voluntary Action Directorate, and the National Voluntary Organization, have studied and profiled volunteer activity through such surveys as the Survey of Volunteer Activity (Statistics Canada, 1987). This survey determined that 41% of women in Manitoba volunteered between November, 1986 and October, 1987.

This research examined the activity of volunteering to measure and analyze the meaning and importance of volunteering in a social support network. Volunteer behavior, instead of other means of community participation, was chosen to represent social network membership because of its contributory and reciprocally beneficial nature. The findings of the Survey of Volunteer Activity (Statistics Canada, 1987) conducted as part of the national census, shows the enormous time contribution of volunteers. Furthermore, the benefits are experienced by society as a whole, the individual volunteer and the recipient organization. "The Survey of Volunteer Activity - by far the richest source of information on volunteers ever in Canada - offers a detailed portrait of volunteers and measures the extent and nature

of their contribution”(Graff,1991:11). Duschene (1989) also described this pioneer survey as both extensive and rich in information about the importance and enthusiasm for volunteering. In 1997, Statistics Canada conducted a similar study to the 1987 National Volunteer Study. The findings of this study were reported in *Caring Canadians, Involved Canadians* (Hall, 1998), and showed that the participation rate for volunteering rose from 26.8% of the population in 1987 to 31.4% of the population in 1997. Although the participation rate was higher the amount of time being volunteered dropped slightly. In the 1997 survey, 96% of the respondents indicated they volunteer because they believe in the cause of the organization. The participation rate for the age bracket of 45-54 was the highest at 57%. Similarly, well-educated, religious individuals with household incomes of over \$80,000 per year tended to have the highest representation in volunteer participation rates. In this study, 74% of the respondent's felt that having learned interpersonal skills was the most significant benefit they experienced as a result of their volunteering. (Stone and Rosenthal, 1998). Although more analysis has been done on the 1987 study, the 1997 study of national volunteers is attracting similar attention for further research.

Ross and Shillington (1989) prepared a guide to the 1987 Survey of Volunteer Activity in Canada and included descriptive information about the measurable contributions of Canadian volunteers. This report indicates that “ the 5.3 million volunteers active in the year 1986/87 contributed an average of 3.7 hours per week, or 191 hours per year: a combined yearly total of 1.016 billion volunteer hours” (Ross and Shillington,1989: 7). Residents of Manitoba, Saskatchewan, and Alberta, by a considerable margin, have the greatest inclination to volunteer. In fact, while prairie residents constitute only one sixth of Canada's population, they make

up almost one quarter of its volunteers. (Ross and Shillington, 1989: 7). Several of the participants in this research reported having lived in small rural prairie towns. They consistently described a volunteer spirit that was more about community survival than it was about volunteering. This could be a reason for the larger proportion of volunteering in the prairie provinces. In the 1997 National Survey of Giving, Volunteering, and Participating it is suggested that over 40% of adults in Manitoba volunteered. Graff (1991) has studied the relationship between volunteerism and community involvement in her report of the findings from a study supported by the Ontario Ministry of Health. She made the following determinations about the significance of community and belonging:

Linked to the important social connections which volunteering can offer is another theme, which surfaces repeatedly in the focus group - a sense of 'community'. Perhaps particularly for some members of some of the target groups for whom isolation and absence of belonging are critical, the chance to join a group, work for a cause, and be accepted becomes enormously important...

Focus Group Respondent) - I think the most immediate thing that comes to mind is the companionship and the sense of shared purpose because I chose the positions I'm involved in and have been over the past ten years - I did choose to be involved in them. I think I'd really miss the sense of formal shared purpose with those people and the kind of community and social interaction that comes out of that. (Graff, 1991: 17)

Graff (1991) explored the relationship between volunteering and health through a thorough literature review and the use of focus groups to generate specific information. The central task of the Graff (1991) study was "to collect evidence in

support of the hypothesis that volunteering has an important and measurable positive impact on the self-esteem and health of those individuals engaged in it.”(Graff,1991:22) There were five focus groups that included; 17 volunteers, 19 agency representatives, and eight volunteer staff.

“The three part methodology of the study combines evidence from the literature, evidence from experts in the field, and evidence from those directly involved in volunteering” (Graff, 1991:17). The findings of the Graff study provide particular support for this study due to the use of a Canadian sample. Although the sample was not limited to women, it represents the views of a sample of Canadian volunteers. Since Graff wanted to generate information from populations historically at risk for marginalised health, the focus groups strategically included youth, seniors, unemployed physically disabled persons and unemployed psychiatrically challenged persons. In her concluding remarks, Graff states that “volunteering is a health promoting activity for those engaged in it.”(Graff,1991:34).

The benefits of being engaged in activities and relationships with ones community were also reported in the Statistics Canada (Duschene, 1989) publication, *Giving Freely: Volunteers in Canada*. Duschene (1989) notes, for example, that all volunteers were asked how important meeting people or companionship was to their volunteering ... thirty-five per cent of all volunteers rated this benefit as very important; and an additional 39% rated it as somewhat important. For only 6% of volunteers, this was not at all important. (Duschene,1989:27) Ross and Shillington (1991) described volunteering as a reciprocal relationship that has benefits for both the provider and their recipient.

Ross and Shillington (1991) discuss the many benefits to the recipient organization and comment that what is not so commonly recognized, however, is

that “volunteers themselves derive much benefit from their volunteer activity” (Ross and Shillington,1991:17). It was further determined that these benefits included meeting people and companionship, skill acquisition, self help, and mutual aid.

The benefits of volunteering have been previously studied and seem to fall into several categories, including material benefits (free meals, parking and events, etc.), guidance and practical benefits (employment skills and experience) emotional benefits (companionship, altruism, social engagement) and health benefits (buffer effect against illness). (Gibbons,1986; Olstad, 1986; Graff,1991; Gulker,1993; Luks and Payne, 1991). Some of these benefits can have an impact on the level of satisfaction a volunteer will report about his or her experience. Olstad (1986) studied 940 volunteers in Calgary and found that material benefits had a role in volunteer satisfaction. The specific areas were: meals, parking, and use of facilities, transportation, tickets and performances. Olstad (1986) also found training and supervision to be valued by volunteers. However, it is the emotional benefit of volunteering that is seen as most meaningful (Gibbons,1986). As part of the same study in Calgary, (Gibbons, 1986), ten personal benefits are suggested as follows: personal enrichment (cherished experiences), the feeling of helping others, enjoyment, self-expression (existing skills), self-actualization (developing skills), enhanced self image, social attraction, group accomplishment, recreation of self (rejuvenate), and financial return in the form of goods or benefits.

Several other studies have examined the benefits and social support experienced by volunteers. Schultz et al.(1992) studied 174 volunteer caregivers to Alzheimer’s patients in Pittsburgh and Cleveland. Participants were interviewed in their homes and questions were asked with respect to the social support received by the volunteer, volunteer emotional functioning and any positive aspects of care

giving. It was concluded that the volunteers' reports of perceived support in their care giving were positively related to their level of depression and their satisfaction with care giving. These caregivers were primarily women and often known to the recipient of support. They reported feeling stressed and depressed if they perceived themselves to be isolated and without access to support for themselves. Furthermore, Snyder and Omoto (1992) conducted a research study involving the motivation and meaning of volunteering with AIDS patients. They described this sample of volunteers to be somewhat different than those from other forms of volunteering due to the intensity of the relationship between volunteer and patient. Similar to hospital patients, particularly very ill and palliative care patients, the volunteer experience involves an emotionally intense level of attachment.

Individual volunteers may have a range of antecedent reasons to volunteer, and they experience the opportunity to develop relationships, increase their knowledge, and change attitudes. This can lead to the consequence of satisfaction with and commitment to their volunteering. At the broader level, recruitment of volunteers has an impact on patient care and can create social diffusion through public education and ultimately have an impact on the treatment process. “. . . In studying AIDS volunteerism we have isolated a socially significant laboratory in which to extend, evaluate, refine, and apply psychological theories of individual and social behavior. The benefits of this research should be an increased understanding of AIDS volunteerism, to be sure, but also a greater understanding of pro-social action and helping relationships.” (Snyder and Omoto, 1992:219). In order to more fully describe the volunteer process, Snyder and Omoto (1992) investigated the motivation of volunteers. One hundred and sixteen volunteers were asked questions in a motivation inventory. “Factor analysis techniques revealed distinguishable sets

of motivations, each one reliably measured by five different items (alpha  $>.74$ )” (Snyder and Omoto, 1992:227). The motivation sets included: community concerns, values, understanding and knowledge, personal development, and esteem enhancement. Snyder and Omoto (1992) stated they expected “. . . volunteers to have increased self-esteem and greater feelings of self-efficacy” (Snyder and Omoto, 1992:234).

Graff(1991) suggests volunteering has an impact on health, wellness and even longevity. It is further suggested that volunteering can:

- overcome social isolation
- reduce life’s stresses
- increase personal empowerment
- boost immune system and nervous system functioning
- increases endorphin production resulting in greater feelings of well being and calm
- generate a heightened sense of self-esteem, self- worth, and self-confidence
- reduce heart rates and blood pressure
- provide the motivation for physical activity, mental alertness, and perhaps, even rehabilitation.

One of the questions asked of the participants in Graff’s study was, "Why do you volunteer?"

For some volunteers pure altruism may be what they mean and feel (when answering). For many if not most, however, the desire to help others is based, consciously or unconsciously, on the desire to receive the feelings of being a "good person" that derive from helping others. Perhaps the volunteers are after the 'helper's high' which appears in the literature on how volunteering contributes to health.

Certainly seeking the helper's high is as valid a motivation for volunteering as any other. "If helping another helps the helper, then so much the better." (Graff, 1991: 21)

Luks and Payne (1991) conducted a national study in the U.S. with 3,000 volunteers and suggest that personal helping was seen as immediately evoking a feel-good sensation in 95% of respondents. Certainly, the foundation of the helper therapy theory (Luks and Payne, 1991; Gulker and Wilson, 1993) asserts that it is the personal contact of engaging in a social network that is associated with the benefits to volunteers' health and well being.

#### Non-Urban Volunteers

Many of the participants in this research had first hand experience living in very small communities. Although Brandon may be a small city in a rural context, it is certainly not a major urban center. Brandon has a population size sufficient to describe it as a city. However, in order to appreciate the context of the research it is critical to understand the agricultural nature of the city. Furthermore, the participants who had previously lived in more remote communities described volunteering in a different way than those participants who had not experienced living in a small community. Rural Manitoba residents have volunteered their time to agencies and organizations and in a range of day to day activities that keep their communities alive. For several years, community participation in working forums has been achieved through the Manitoba Rural Development initiative known as, Strong People Building a Strong Tomorrow. Community members from all areas of interest came together to discuss their communities. In the 1996 report on this initiative, Manitoba's Community Round Tables, Hon. Len Derkach, then Minister of Agriculture stated:

In 1991, rural Manitobans began a journey towards rebuilding the rural economy. Their vehicle would be something called "Community Choices" which, as the name suggests, would enable them to choose from the collective wisdom of local residents who knew best what communities needed to prosper and grow. The structure they would use would be Community Round Tables, where they would come together to talk about the goals and priorities, the visions and dreams they would use to shape their communities' futures.....Today, Manitoba has 71 Community Round Tables, 59 of which have developed vision statements to outline the future goals and aspirations of their communities. The process encompasses a true grassroots approach totaling more than 130 municipalities, all of which are included in the round tables. (Derkach,1996: Address)

These discussions provide an interesting description of the vision of the key components of community-based economic development. The most important component of the six identified by the members of the round tables was the development of local economic strategies. The second most important component was the participation of volunteer organizations.

Engaging in a small prairie city setting with volunteers presented certain difficulties for the researcher. The context of the smaller setting must be appreciated. All communities are certainly unique. However, smaller communities share some similar characteristics. In discussing volunteerism, Vineyard and McCurley (1992) noted that the key to working within a smaller community is the ability to establish trust. Outsiders are often viewed skeptically and establishing a partnership with a recognized and trusted person or organization will help to legitimize the efforts of

the study. Vineyard and McCurley (1992) suggest the following benefits of partnering with existing resources;

- You gain greater understanding of and quicker access to community resources.
- Combining resources creates strength and synergy.
- Affiliation with a successful group lends credibility to all involved.

Clearly the research goal of describing the meaning of volunteering to women and understanding the benefits they experience, can more easily and fully be reached by partnering in research with a recognized and established organization. The Volunteer Department of the BGH agreed to participate in the research and to validate the analysis of non-identifying data. Furthermore, the department agreed to assist the researcher through announcements, the provision of space for conducting interviews, as well as clerical support such as photocopying, and telephone reception to inquiries about the study. According to the volunteer department, they periodically survey their membership to assess satisfaction. Therefore, the department was very interested in participating in this thesis study to more fully understand the meaning and importance of volunteering for their membership.

### **Well Being**

This research was based on the understanding that volunteering has a positive impact on health and well-being. It examined the notion of well being from the perspective of emotions. The feeling of belonging, the sense of attachment and being satisfied with one's life is part of engaging as a member of a social network. The sense or perception of contributing to and being able to access support from our networks can have a buffering effect between the day to day stress and impact on our experience of life satisfaction and well being. (Barrera and Ainlay, 1983).

Social interaction and involvement with others can occur through volunteering. As noted previously, most people feel that their interaction with others while volunteering is important. Individuals participate in their community in a variety of ways ranging from higher order activities such as involvement in community planning and decision making, to the most unstructured ad hoc activities, such as stopping to help out at a neighborhood fund raising event.

This researcher's underlying assumption for the area of study is rooted in the belief that there is a reciprocal nature to social interactions. More specifically, taking part in community life benefits all involved. As pointed out by Graff (1991), participants in volunteer activity report clear social benefits. Furthermore, the Survey of Volunteer Activity (Statistics Canada, 1987) shows that Canadian volunteers contribute a significant amount of time to these activities specifically, one billion hours of volunteerism in Canada between November, 1986 and October, 1987. Simply stated, Canadian volunteers value their volunteer work and do a lot of it. The quality of one's life is determined by many factors. However, these are often viewed from a concrete and functional point of view, that is, the notion that what one has and wants can be measured and compared to formulate a standard of living. (Frisch, 1996) Some quality of life measurements are based on criteria such as: do you have a telephone? a TV? a shared bath? (Frisch, 1996). The vision of the Community Round Tables in rural Manitoba is one of improving the local economy to increase the community's quality of life. However, whether or not a person has access to electricity or owns a television is not a sufficient description of "quality of life", nor is the absence of illness a full description of well being. Well being does have different descriptions within which there is a strong emotional component;

The terms quality of life, perceived quality of life, subjective well-being, happiness, and life satisfaction have been used interchangeably, and inconsistently in the literature, although each term has its nuances . . . The global constructs of subjective well-being and happiness, have, for the most part been defined in terms of cognition or affect or a combination thereof. Affective definitions view subjective well being as either positive affect alone or a preponderance of positive affect (such as joy, contentment, or pleasure) over negative affect (such as sadness, depression, anxiety, or anger) as an indication of an individual's experience. . . Cognitive definitions (or the life satisfaction approach to subjective well being) view happiness in terms of cognitive judgments as to whether one's needs, goals, and wishes have been fulfilled. (Mukherjee,1994: 7)

In The structure of psychological well being, Norman Bradburn (1969) explains that, although happiness has been described in terms ranging from the religious to the political; he suggests that happiness is a psychological phenomenon that can be measured and quantified. The framework for this approach to happiness is described by Bradburn (1969) as a model that:

. . . takes as its fundamental dependent variable, avowed happiness or the feeling of psychological well-being ... in many respects the model is similar to older pleasure/pain or utility models that view an individual's happiness or well being in terms of the degree to which pleasure predominates over pain in his life experience. This particular model stems from an empirical base ... a cross section of the population of four small towns were asked whether they had experienced several emotional states the previous week. For example, respondents were asked whether during the past week they had

felt “on top of the world”, “lonely or remote from other people”, “bored”, or “particularly excited or interested in something”. The analysis varied along two dimensions one indicative of positive affect and the other indicative of negative. (Bradburn, 1969:32)

In summary, this study made use of the notion of well being from an emotional perspective. Social engagement, membership in a social support network, social attachments and relationships all have outcomes. This research hypothesized that volunteers would report a sense of emotional well being as a result of their membership in a social network as measured by their volunteer behavior. Theoretical constructs suggest the importance of social networks as the foundation of community life. It was hypothesized that the participants would report benefits as a result of volunteering in the social network of the volunteer department at Brandon General Hospital. Moreover, this study examined the discreet characteristics within those benefits, specifically, are there differences in the experience of volunteers who have direct contact with the recipient of support as compared to the volunteers who have indirect contact with support recipients?

## **Chapter II     Methodology**

### **Introduction**

This chapter describes the research objectives in detail and provides a discussion of the research methods. A theoretical discussion of qualitative research provides a context for this study. Furthermore, this chapter describes how the participants were chosen for the research and how the data were gathered. Information was gathered in several ways with in-depth interviews being the main focus. The limitations of this study are discussed and the chapter is concluded with a description of the analysis plan.

### **Research Objectives and Methodology**

The purpose of this thesis is to identify and describe the benefits reported by women who volunteer at the Brandon General Hospital. Brandon is an urban community from the perspective of population and development. However, many of the components of its identity are rural in nature. Discussion with the hospital, some of the participants and the researcher's thesis committee revealed a lack of consensus on determining if Brandon was exclusively rural or urban. A satisfactory solution was to respect both parts of its identity and to define Brandon as a small city within a rural context.

The underlying assumption of the research objective is the understanding that volunteering engages one as a member of a social network. Pierce et al. (1996) and Cutrona and Suhr (1994) see socially supportive relationships as reciprocally beneficial. It is that characteristic of social support that this research identified and describes. Does the socially supportive act of volunteering provide participants with meaning in their lives, a sense of well being? Are they motivated to volunteer

because of a need for attachment and belonging, or companionship or a sense of civic duty? More specifically, the research questions elicited sufficient data to:

- 1) Describe the socio-demographic characteristics of the participants.
- 2) Gain information about why the participants volunteer.
- 3) Gain information about the emotional connections for the participant in the social network of the Volunteer Department.
- 4) Describe the participants' perception of what, if any benefits they experience from volunteering, and any impact volunteering has had on their sense of well being.

In order to acquire the depth of data required to thoroughly identify and describe the meaning of volunteering in the lives of the participants, the researcher conducted a qualitative study involving a review of archival data and detailed individual interviews with the participants. Before describing the sample and the methodology, it is necessary to address the theoretical issues of qualitative study in social work research.

### **Qualitative Research**

There are many definitions of qualitative research and, indeed skepticism around the mass of information generated in such a study. Swigonski (1994) suggests that involvement or contact with participants in research reduces objectivity and can contaminate data and the interpretation of data. "In contrast, qualitative research expects that a close relationship between the researchers and the (participants) will develop and that they will have a reciprocal influence on one another" (Tutty et al., 1996: 9). Qualitative research has been suggested as a research method particularly well suited to the social work profession (Sherman & Reid, 1994). The relationship between researcher and participant provides the opportunity

to gain depth and detail in the information. As with most things in life, the approach one takes to a given situation is usually most successful if it is a good fit or match to the circumstances. Recognizing the researcher's orientation in social work, the work of Tutty et al. (1996) has been a framework for conceptualizing the theory and strategizing the design of the study. Tutty et al. have formulated a view of qualitative research to reflect the components of field research. Qualitative research strives to employ methods that provide the researcher with an opportunity to gain an in depth understanding of the participant.

“Qualitative research is the study of people in their natural environments as they go about their daily lives. It tries to understand how people live, how they talk and behave, and what captivates them . . . More importantly, it strives to understand the meaning people's words and behaviors have for them.” (Tutty et al.,1996: 4)

Depending on the approach, the research characteristics of objectivity, generalizability, reductionism, analysis methods, and flexibility are approached differently but often result in complimentary outcomes. The purpose of research, either qualitative or quantitative, is to gain knowledge (Tutty et al.,1996). Random samples, strict testing methods and statistical analysis techniques result in data that can be described in terms of significance, reliability and representation. However, this representative nature of the data is within a very narrow, rigid, and predetermined framework that allows for inferences and prediction.

Conversely, the goal of a qualitative study would be to understand each participant's unique experience in depth and with a richness of detail that a quantitative study can seldom achieve (Tutty et al., 1996). Qualitative research is holistic and contextual and, although findings could likely be applied to a similar population if the participant characteristics and experiences were similar, the

generalizability of the data is not the goal. Furthermore, the researcher, regardless of methodology, must have a strong theoretical foundation for the study. However, the theoretical foundation is used in a deductive fashion in quantitative research and inductively developed from the data in qualitative research (Tutty et al., 1996).

This is not to suggest that qualitative research is not conducted in a strategic, planned fashion, with close attention paid to employing methods of strengthening of the data collected. Whether through interview, examination of records of observation, or review of archival data, qualitative researchers apply the tenets of systematic inquiry to strengthen the data and ensure that the analysis is relevant. According to Tutty et al.(1996) techniques of research should match the research goals, and the analysis of the collected data can be described in the following framework;

- 1) Prepare the data in transcript form
  - a) notes, diagrams
  - b) recordings
- 2) Transcribe the raw data
  - a) formatting the recording into written form
- 3) Keep a journal of the process
- 4) Code the data
  - a) identify units of meaning
  - b) assign codes and categories
  - c) compare the categories
- 5) Interpret the data
  - a) identify themes
  - b) develop and present concept and themes
    - i) draw cluster diagram and matrix displays
    - ii) document occurrences of the theme
    - iii) note contradictory evidence

## 6) Assess trustworthiness of results

- a) researcher credibility
  - i) clear detailed recording of process and rationale
- b) dependability
  - i) primary data tends to increase confidence
- c) triangulation
  - i) collect multiple data sources
  - ii) review data categories with an independent third party

## 7) Document bias control

- a) document biases and preconception in research journal including researcher attempts to control the biases.

Certainly, it becomes clear that this framework of approach to qualitative research produces a mass of detailed written data. These data are then handled in a manner that is consistent with the goals of identifying and describing; but it is done in such a way as to increase the strength of the data and the confidence in the results. Marshall and Rossman (1989) suggest four arguments for the strengths of qualitative research. These concepts are based on the works of Lincoln and Guba (1985).

- 1) Credibility - "The inquiry was conducted in a manner as to ensure that the subject was accurately identified and described" (Marshall and Rossman, 1989:145).
- 2) Transferability - The theoretical foundation of the study should be strong enough to suggest applying the findings of the study to other populations.
- 3) Dependability - "The researcher attempts to account for changing conditions in the phenomenon chosen for study as well as changes in the design created by increasingly refined understanding of the setting" (Marshall and Rossman, 1989:146).
- 4) Confirmability - The research can be confirmed by an outside source which strengthens the confidence in the data as this removes the influence of the characteristics of the researcher.

The masses of information are systematically coded and then categorized. The ultimate goal is to generate themes. These themes can be described to provide an understanding of the participants' experience, both individually and across all the participants. "Data analysis is the process of bringing order, structure, and meaning to the mass of collected data. It is a messy, ambiguous, time-consuming, creative, and fascinating process. It does not proceed in a linear fashion; it is not neat" (Marshall and Rossman, 1989: 112). However, a clear plan of choosing the sample, framing the interview and handling the data provides the strategy, which provides strength and confidence in the findings.

## **Methodology**

The following section will describe how the participants were selected, describe the participants, the data collection, and discuss the ethical considerations. The researcher's approach to the data analysis and interpretation will also be explained.

### **Choosing the Participants**

In order to access women who volunteer the researcher used members of the volunteer department of the BGH. Brandon has been described as a small city within a rural context. Some of the volunteers in the department live in Brandon, others live in smaller communities in outlying districts. It was possible to identify those volunteers with the use of the master lists provided by the department to the researcher. As this study used qualitative research methods, the sampling method did not have to meet the criteria of sampling for generalization to a population. The sampling method was purposive in nature. The list of volunteers provided to the researcher by the volunteer department was reduced to adult women volunteers who

were not identified as inactive. Furthermore, the pastoral care coordinator was approached to recruit some participation from the pastoral care program. The volunteer department has a long standing and established history in the community . The volunteer department credits its auxiliary branch as having raised the funds for the original hospital building. The rationale for choosing this population was:

- Researcher's knowledge base and familiarity with the community.
- Volunteer Department's interest and cooperation with the study.
- Geographic proximity to Winnipeg.
- Access to Rural Development Institute for consultation and as a possible resource during the triangulation phase.
- Strength of community in its rural identity.
- Number of potential participants (BGH has 402 volunteers).
- Historical focus of women's network in the department.

The volunteers in the department (201) were sent a letter describing the study and inviting participation. The letter defined participation in the study as purely voluntary and strictly academic in nature. The volunteer coordinator had indicated to the researcher that the hospital was undergoing a re-organization and there was an increased level of anxiety around program reduction. She requested that the researcher assure the participants that the study was part of academic research and not related to the hospital re-organization. The hospital participated as a result of the researcher's request as a graduate student conducting research, and, their appreciation for the topic; but there were no direct repercussions to the participants contingent on participation. Participants were invited to contact the researcher by telephone in Brandon. The women left their names and telephone numbers with the secretary at the volunteer department. These names were forwarded to the researcher

by facsimile. The researcher contacted the women by telephone during the two weeks prior to the data collection. During this telephone call they received more information about the researcher, the study and the nature of their involvement. Interviews were scheduled when the pool of participants had been secured. The researcher offered to meet with participants in space provided by the hospital, at the participants' homes, or at an alternate setting. However, at the preference of the participants, most of the interviews were conducted in their homes.

The BGH formally accepted the researcher's request to participate in the study and provided assistance with practical considerations, such as access to archival data, mailing out the recruitment letters to their volunteers, providing the researcher with space to review archival data, and to conduct interviews. Furthermore, the volunteer coordinator was continually available for consultation at all stages of the data collection and analysis. A consent form was provided to the participant at the time of the interview and the results of the study will be provided to the participants, and the volunteer department.

The preparatory work with the hospital took place by telephone and facsimile, and through written correspondence. During a June, 1998 visit to Brandon the researcher met twice with the coordinator of the volunteer department and once with the pastoral care coordinator. The meetings solidified the research partnership and helped to complete preparation for the interviews. The researcher acquired the annual report of the volunteer department for March 31, 1997 to April 01, 1998. Furthermore, detailed raw data describing the volunteer hours for the hospital areas and each volunteer were provided to the researcher. During the second meeting final preparations for the mail out invitation to participate in the study were discussed.

Volunteers who were not included in the mail out included men (approximately 35), a few special needs volunteers, and persons listed who only donate goods. The few special needs volunteers and the persons donating goods ("knitters") are usually volunteering as part of an employment experience program or occupational therapy plan. As such, their motivations for, and experience of volunteering are somewhat unique and not representative of the research goals. This reduced the total number of volunteers who could receive the recruitment letter from the researcher from 502 to 261. Further work with the volunteer coordinator determined the availability of potential participants over the summer months and indicated that 201 volunteers would receive a letter from the researcher inviting participation in the study. The volunteer department estimated, based on prior survey experience that up to 20% of the volunteers would respond with interest to be interviewed. In actuality, 41 women were interested in participating and 27 were interviewed. This allowed the researcher to interview volunteers from a variety of age groups, and, volunteers from a range of activity areas. The volunteer department keeps detailed lists of volunteers including the three areas of volunteering in which they participate. The 201 letters were sent regular surface mail from Winnipeg on July 28, 1998. Two (1.0 %) pieces were returned as undeliverable and one (.5%) volunteer wrote to the researcher with her comments about her volunteer experience. Forty-one (20.4%) women contacted the Volunteer Department to express their interest in participating in the study. Due to scheduling conflicts, 27 (13.4%) women were ultimately interviewed.

Table No. 2: Volunteer Participation in Research <sup>1</sup>

<b>Description</b>	<b>Number</b>	<b>Percentages</b>
Total Volunteers	502	100%
Letters Sent	201	40%
Letters Returned/Undeliverable	2	1.0%
Written Responses	1	0.5%
Interested Volunteers	41	20.4%
Volunteers Interviewed	27	13.4%

<sup>1</sup> In this table, the third through sixth are percentages of the letters sent. As a result, the 27 (13.4%) participants are the percentage of the possible participants not the total number of volunteers.

In order to select a varied sample, a 3x3 matrix of age and volunteer area was created with nine cells. Age was defined in three age groups including; 18 to 34, 35 to 54, and 55 and over. Volunteer activity was defined in three areas, including: direct service, indirect service, and pastoral care service. It was the research goal to represent all cells to ensure representation of the three age groups and three areas of volunteering. The goal of the researcher was to fill each cell with a minimum of two, possibly three participants for a total of 18 to 27 participants. This matrix is illustrated in the following table, and includes the actual number of participants recruited from each cell:

Table 3: Sampling Matrix

<b>Age</b>	<b>Volunteer Area</b>		
	<b>18-34</b>	<b>35-54</b>	<b>&gt;55</b>
	2	3	4
	1	3	13
	0	0	1
			Direct Contact
			Indirect Contact
			Pastoral Care

The researcher received no responses from younger members of the pastoral care department. According to the coordinator of that program, they rarely have volunteers that are younger than 55 years of age. The 18 volunteers in the pastoral care department (7 women, 11 men) are recruited, trained, and supervised as an adjunct to the general volunteer department. Only one volunteer from pastoral care was interviewed. One other volunteer had expressed an interest but was not available during the time that interviewing was scheduled. As demonstrated in Schultz et al (1992) and Snyder and Omoto (1992), volunteers working with very ill and dying patients have some unique characteristics. Due to the intensity of the relationships and interactions, these volunteers had some unique experiences to share with the researcher. In order to collect information about this group, the coordinator of the pastoral care program and available volunteers were interviewed. The participants in this research included one exclusive pastoral care volunteer, and several women who have had experience in pastoral care. The coordinator of the pastoral care program, and the coordinator of the volunteer department were interviewed, but not with the goal of understanding the volunteers' experience. Rather, their information provided another layer of contextual understanding for the researcher to appreciate the setting. The researcher consulted the hospital staff and they were satisfied with the wording and tone of the recruitment letter. (Appendix A)

Five (18.5%) participants chose to be interviewed at the hospital due to the convenience of being at the hospital already on their scheduled time to volunteer. Twenty-two (81.5%) of the participants were interviewed in their homes. Fifteen (55.5%) of the participants lived in single family dwellings, and 7 (25.9%) lived in residential units such as apartments or seniors' residences. None of the participants

lived in congregate institutional settings. The following table illustrates these findings:

Table No.4: Location of Interviews

<b>Location</b>	<b>Number</b>	<b>Percentages</b>
Hospital	5	18.52%
Residence (single family)	15	55.55%
Residence (complex)	7	25.93%

Two hours were allotted for each participant with the actual interviews lasting from 25 to 40 minutes. The researcher noted the length of each interview, in five-minute allotments, on the bottom of the consent form. Seven (25.9%) were 40 minutes or more, 6 (22.2%) were 35 to 39 minutes, 5 (18.5%) were 30 to 34 minutes, 5 (18.5%) were 25 to 29 minutes and 4 (14.8%) were 20 to 24 minutes. The modal category for the interview was 40 minutes or more, and the median is 30 to 40 minutes. The remaining time was used to complete the consent form before the interview and to complete process-recording notes with the participant and journal notes at the conclusion of each interview. Also, time was spent driving from one location to the next. Although all the interviews were tape recorded, a microphone malfunction resulted in only the first 10 (37%) interviews being audible. The remaining 17 (63%) interviews were transcribed manually by the researcher from the process notes. Due to the research questions being uniform in sequence and the researcher recording the participants' answers on the interview format sheet, this was a time consuming but manageable task. Also, the researcher is familiar with writing detailed process notes and assessments as a result of 10 years of social work practice.

### Data Collection

The data were collected in three ways in order to gather information that could be qualitatively analyzed and statistically defended when possible. The data collection strategy included conducting;

- a) A review of archival data such as: manuals, previous studies, and raw data of the department to assess structure and function, and describe the organizational context for volunteering.
- b) Semi-structured interviews of participants from a pool of self-selected recruits were conducted. The interviews were tape-recorded and process notes were taken by the researcher during the interview to document such items as: answers to demographic questions, length of interview, physical context, emotional affect, and interviewer perceptions.
- c) A journal notation including contacts and process observations. These observations included personal comments from the researcher about the flow of the interview and the general demeanor of the participant. Some interviews were more demanding than others in terms of interviewing skill. The journal was where these observations were recorded.

The purpose of reviewing archival data was to provide a descriptive context to the data acquired during the interviews. Reviewing the department's organizational structure, provided the researcher an opportunity to better understand the department, the role of volunteers in the hospital and the goals of volunteering for Brandon General Hospital. As part of the documentary review the Volunteer Coordinator provided the researcher with the following documents:

- 1) Master List of Volunteers
- 2) Volunteer Services - Adult Orientation Manual

- 3) 1997-98 Annual Report
- 4) Volunteer Opportunities Program Index
- 5) Departmental Manual
- 6) June 12, 1998 printout of volunteer hours by individual and area

The Master List of Volunteers included identifying information about the volunteer with his or her name, addresses, telephone number and postal code. The Master List was the basis for the identification of adult women volunteers who were not inactive over the summer months.

The Volunteer Services Adult Manual is provided to all new volunteers during the orientation process. Included in the manual are: the hospital mission statement, a discussion of pertinent information around policy and procedures and a description of each volunteer area. The Volunteer Manual also includes rudimentary information relevant to volunteering in a hospital, such as infection controls, and fire and safety precautions. The 59-page manual is a thorough and positive introduction for the new volunteer. The manual suggests several personal benefits to the volunteer that may include: personal satisfaction, opportunity to explore a career, educational opportunities, making new friends, learning new skills, and developing new interests.

The 1997-98 Annual Report is a report of volunteer department activities to the hospital administration. It provides the volunteer coordinator with the opportunity to review the activities of the volunteers, their impact in the various program areas and the collateral relationships held by the volunteer department.

The Volunteer Opportunities Program Index lists each job within a specific program area. For example, as an Activity Program Volunteer, there is the opportunity to participate in: afternoon activities, art instruction, crafts, exercise

program, music/entertainment, movies, shopping escort and special events. The researcher also conducted a cursory review of several job descriptions as identified in the Index. The purpose of this was to assess the level of expectation the department documented for the volunteer roles. The descriptions were very detailed, including what specifically the volunteer would be doing, for how long and to whom they would relate.

The Departmental Manual functions as the policy and procedure manual for the volunteer department. How the department is structured, staffed and supervised is clearly described. An area of interest for the volunteer coordinator is the area of legal liability for volunteers. The volunteer coordinator has recently updated the Departmental Manual to include relevant policy information in this area. Finally, the researcher was provided printouts dated June 12, 1998 of raw data about the volunteer hours. The data described individual volunteer hours as well as the hours reported in each program area. These documents formed the basis for the researcher's statistical analysis describing the volunteer department at BGH.

The second area of data collection is the semi-structured personal interviews conducted by the researcher. In preparation for this research, the writer conducted a very general 10 minute interview with a volunteer at Brandon General Hospital in order to get a preliminary sense of the perceptions of volunteers in that setting. Mrs. G. is a 63-year-old widow who has been volunteering for three years. She reported finding the orientation and manual to be very effective, and that the staff in the volunteer department and in the entire hospital has made her feel very welcome, appreciated and valued. She stated that she decided to volunteer because she "wanted to get out more and be around other folks". Mrs. G. seemed to feel a connection to the volunteer office, commenting several times on the value of the relationship she

had with the volunteer coordinator. When asked what, if any, benefit there was to her in volunteering, Mrs. G. stated, "I really feel a part of my community. . . my little bit of work seems really valued... I feel there is a direct benefit to the volunteer in companionship, socializing and the feeling I am doing good in my community."

The researcher feels the interviews were highly successful in gathering the intended data. All 27 participants provided an answer to the demographic questions, even if it was to refuse to answer the question. The participants answered the interview questions and provided detailed insights into the meaning and importance of volunteering in their lives. Furthermore, many of the participants were very warm and hospitable. They opened up their view of the world and of themselves to the researcher, which was fulfilling as a social worker and as a person.

The function of the journal was to document the unfolding research process and to create an historical record of activities for the study. The consent forms were used to note the amount of time the interview took and the journal was the researcher's opportunity to de-brief the interview. The researcher's biases were noted as well as attempts to control for these biases. For example, prior to interviewing one of the younger participants, the researcher assumed that the participant would identify the importance of learning skills and improving job opportunities as key to her volunteering. Indeed, this was an inaccurate assumption and the researcher had to recognize the assumption and its erroneous nature.

The pre-test fine tuned the questions and was completed once the researcher had received approval to access prospective participants. The purpose of the pre-test was to ask the participant the interview questions, to familiarize the researcher with the use of the tape recorder and to determine the length of time to schedule for interviewing. The secretary at the volunteer department completed the pre-test on

Aug.10,1998. She was asked to complete the questions because of convenience and her previous experience as a volunteer at the hospital. The pre-test participant reported no difficulties with the form and content of the interview. There were no changes made to the questions. However, the researcher did determine that it would be beneficial to the flow of the interview for the participant to see the demographic questions while having them read out loud. The income question, in particular, includes a range of response categories. The pre-test participant found it convenient to see the possible answers.

This experience allowed the researcher to more accurately estimate the amount of time required for each interview and to generate process notes afterwards. The volunteer department also had the opportunity to provide the researcher with feedback on the format and ease of understanding of the interview questions. The researcher did not tape record this interview as it was primarily meant as an opportunity to use the interview format prior to the interviews with the participants. However, the interviewer did use this time to learn how to position the microphone and operate the machine.

#### Interview Format

According to Tutty et al. (1996), interviews can be structured, semi-structured, or unstructured. Structured interviews are more standardized, containing predetermined questions asked in a certain order to each participant by any interviewer. The structured interview is recommended in studies involving multiple interviewers, a plan to compare data, or researchers with limited experience or skill in interviewing. The unstructured interview is at the other end of the spectrum, consisting of open-ended questions that may be different for each participant; but remain congruent with the central purpose of the study.

Semi-structured interviews provide the ability to plan questions around certain themes and take advantage of the data strengthening technique of funneling (less personal to more personal questions); but also allow the flexibility to pursue the participants' narrative more completely. Tutty et al., (1996) suggest that the semi-structured interview allows the researcher to make comparisons among predetermined themes, yet allows the flexibility to more fully appreciate the meaning of each respondent's experience. This study used the semi-structured interview approach within the following interview framework, and collected the following data:

- a) Demographic information about the participant's age, marital status, income, education and employment status was collected. This information described the participant's life stage and allowed the researcher to examine the effect of these factors. Also, the information allowed for comparative analysis of the participants. This section of questions is based on the Canadian Prairie Cities Series (Charette, 1994) in order to take advantage of a previously formulated and validated question structure.
- b) Volunteer information was collected about how many hours per week the participant provides to the hospital and in what aspect (direct or indirect). Questions were asked about the participant's motivation for volunteering and the importance of 15 domains in motivating their volunteering activity. These domains are more fully described in the Interview Schedule located in the Appendix B. Some of the questions are as follows: How important is the opportunity to meet new people to your volunteering? Help others? Improve your skills? This area used a thematic framework; but the researcher's interviewing skill and experience were helpful in accessing deeper information through the use of open-ended questions. The

researcher has completed an Honours level under graduate degree in social work, including an 880-hour clinical practicum. Furthermore, the researcher has been practicing social work for ten years. As a practitioner, the researcher has had the opportunity to acquire advanced interviewing skills and experience.

c) The Antonucci Affective Method was used as a tool to access social network information (Groenou et. al., 1994). Participants identified persons of importance in their volunteering activity as being in either a close or peripheral attachment. This tool helped to assess the respondents' social network size from the perspective of emotional attachment; and it is more fully illustrated and described in Appendix B. This tool was used in a limited capacity, primarily as a conceptual framework for the researcher to interview the participant. It was helpful in accessing information about the participants' attachments and relationships in their volunteering experience and their social network as a whole. Do the volunteers acquire close linkages in their volunteer network and is it somehow different for volunteers in one of three areas of volunteering at the hospital?

d) Finally, participants were asked what benefits, if any, they have received as a result of their volunteering. Also, they were asked to comment on their perception of the importance and meaning of volunteering in their lives, and if volunteering has contributed to their sense of well-being.

### Limitations

The main limitations of this study rest in the self-selection aspect of the sample, and in the inherent pitfalls of conducting interviews. In a natural group design, the subject variables are difficult to control for because the participants simply bring those characteristics into the study (Shaughnessy, 1995). It has been

noted by Rosenthal and Rosnow (1975) that there tend to be subject variables which the volunteer participant will bring to the research, including: an extroverted nature, a high need for approval and achievement, a non-authoritarian, non-conventional view, a higher than average level of intelligence and education, non-urban residence and a generally altruistic attitude. Other characteristics seem to have little or no relationship to volunteering for research studies, including: age, marital status, and social status. When using a pool of volunteer participants in research, Rosenthal and Rosnow (1975) suggest the following strategies to increase the robustness of the findings:

- make the request for volunteers appealing and non-threatening
- explicitly state research goals
- explain the benefits of the research
- collaborate with a validating person or group to encourage participants

The researcher made the request for volunteers appealing and non-threatening by stressing the importance of the information for the individual and the community, and by reassuring the potential participant about issues around confidentiality. The research goals were explicitly stated in the recruitment letter and are the first statement in the consent form. The benefits of the research were supported and promoted by the volunteer department. The researcher attempted to convey to the potential participant that her opinions were important and sought out. Certainly, the support of the volunteer department during the recruitment phase was helpful. Interested volunteers called the office and were provided further information about the researcher and the study from a position of support and approval. The department was able to communicate to interested parties that it was supportive of the research goals.

There are many reasons respondents will accept or decline offers to participate in a study including: physical limitations, illiteracy, and the participants having a keen or unique interest in the topic (Shaughnessy, 1985). Any one can result in a biased sample, particularly in comparison to the empirical methods of probability and non-probability sampling. However, the goal of the study does not include generalizing the findings. Therefore, the limitation can be recognized and accepted. Furthermore, although the findings are not generalizable to large populations, careful planning and systematic inquiry increases the likelihood of replication and ultimately, external validity. The value of the study lies in gaining an understanding of the meaning and importance of social networks for women who volunteer at BGH.

Through the use of the sampling matrix the researcher can place some controls and guidelines on the ultimate representativeness of the sample. The goal was to have all cells filled by at least two, or possibly three participants. The anticipated sample range was from 18-27 participants. In total, 27 women participated in in-depth interviews for this research. Not all cells are evenly filled. However, there is a wide variation in demographic characteristics and the researcher is able to describe the findings as well as compare the findings across groups of participants. There was one participant in the research from Pastoral Care. However, other than Pastoral Care all the other age and activity areas had a minimum of two and a maximum of 13 participants. Only one pastoral care volunteer was interested in participating in the study. Furthermore, the 18 pastoral care volunteers tend to be older, and as such, would not be represented in the categories of younger volunteers.

There are well-documented problems with conducting interviews, both research and clinical. They are considered to be expensive in time and resources and

they have the potential for interviewer bias and demand characteristics (participants responding in the way they think that you want them to respond) (Shaughnessy, 1985). Furthermore, Marshall and Rossman (1989) suggest that interviews create information that is difficult to manage and analyze, are difficult to administer, are difficult to quantify, and do not have a foundation of standardized measures. However, Marshall and Rossman (1989) also state that interviews are useful for discovering complex interconnections in social relationships and can obtain large amounts of expansive and contextual data.

A good interview involves the interviewer's skill in being able to engage the participant, deal with strong emotions during the interview, and maintain a research rather than a therapeutic focus (Tutty et al., 1996). A therapeutic interview certainly contains similar components to a research interview in terms of engaging the client, funneling questions, etc. However, the purpose of the therapeutic social work interview is to assess and formulate case or treatment plans. The purpose of the research interview is to generate sufficient data to satisfy the research goals. Careful use of non-leading questions and frequent use of reflection, paraphrasing, restatement, summarizing, and clarifying techniques can ensure the accuracy of the respondents' information (Maykut and Morehouse, 1994). Marshall and Rossman (1989) also suggest that reflecting with the participant is a method of strengthening the data and should be used to verify the information. Although this researcher feels confident in an advanced level of interviewing skill and experience, there are steps that were taken to ensure a sound research interview. (Tutty et al., 1996). These included:

- 1) Preparing the participant. The researcher circulated a letter inviting participation in the study, at which time the goal of the study was explained.

2) Interested participants then expressed their interest (In this study they were asked to call a local number and leave their name on an answering machine or with the secretary at the volunteer department). The volunteer department secretary forwarded the names and telephone numbers of interested volunteers to the researcher. The researcher then followed up with a telephone call to confirm the interest of the volunteer, schedule an interview time and setting, clarify the goals of research and establish a rapport and research partnership.

3) Consent form(s) were completed and signed by the participant prior to the interview, consent based upon the voluntary and confidential nature of the respondent's participation in the study.

4) The interviews were tape recorded, and process notes were taken during the interview followed by journal notes after the interview. The researcher recorded the journal notes as soon as possible after the interview (within the day), recorded the process notes meticulously using key and accurate words and terms. Journal notes included words, behavior, perceptions of the researcher and the researcher's assessment of the participant's presentation and physical demonstration of emotion.

In summary, the means for choosing the participants for the study included the partnership of the volunteer department at the BGH, the self-selection of participants based on the researcher's request for volunteer participants (a copy of the recruitment letter appears in the Appendix A), and a purposive selection of the interested parties to reflect women volunteers of a variety of age groups who volunteer in the three identified areas in the hospital. The sample included:

- 1) volunteers who have direct contact with hospital patients and their families,
- 2) volunteers who do not, and

3) volunteers who are placed in the pastoral care department.

A review of the hospital archival data paired with individual in depth interviews facilitated the collection of data required to describe the meaning of volunteering in the lives of the women who participated in the study.

### **Analysis**

As previously noted, qualitative research generally involves the production of a large volume of data, primarily in the form of text from notes, and transcriptions of in depth interviews (Tutty et al.,1996). This research collected data in the form of documentary review, and transcribed interviews. Furthermore, there were other documents, including process notes and journal notes that also were relevant sources of data for analysis. The purpose of analyzing qualitative data is to "develop propositions: statements of fact inductively derived from a rigorous and systematic analysis of the data. . . we want to stay close to the participants' feelings, thoughts and actions as they relate to our focus of inquiry" (Maykut and Morehouse,1994: 126).

The first stage of the data analysis involved a review of the archival data. The department keeps detailed "master lists" that have information about the volunteer, including gender, where they volunteer and how often, and whether they live in the city of Brandon or in an outlying community. They have also done periodic internal surveys to collect information about the volunteer program, the hospital, and the satisfaction of the volunteers. This information provided a contextual understanding of the setting and the population on the whole. This assisted the researcher to formulate interview questions that were relevant to the participants and strategic to the research goals.

Transcribing the interviews and reviewing all notes taken by the researcher allowed for the preparation and organization of the data for analysis. Tutty et al., (1996) caution that qualitative research and the use of in depth interviews, in particular, requires a high level of interviewer skill and expertise, both in interviewing technique and analyzing the information generated in the interview. Reducing the data from the interviews involved identifying answers in the participants' transcripts. These answers were then further reduced into both statistical groups and thematic groups. The statistical groups were based on analyzing the categories of the raw data provided to the researcher by the volunteer department and the demographic data from the interviews. The thematic groups were formed after careful coding and categorizing of the transcripts of the interviews. The participants were asked the same questions in very similar ways and in the same order. This made the themes somewhat more readily identifiable as the transcripts exhibited similar structures. The volunteer coordinator was consulted for triangulation purposes throughout the data reduction phase. Furthermore, the researcher met with the volunteer coordinator on April 21, 1999 to review the findings of the study and to check the validity of the findings. The volunteer coordinator determined the findings to be sound and requested that the researcher report the findings to the hospital.

Furthermore, process notes and journal information were recorded accurately and with careful attention paid to possible biases or inaccuracies on the part of the researcher. Participants were not identified in the study and identifying information in the transcripts was masked. The participants were identified on the tape recording and in the notes as a number. The transcripts of the interviews did not include the participants' names. Rather, the researcher kept a list with the names and

corresponding non-identifying numbers on the transcripts. Only the researcher has access to this list. Furthermore, with 502 volunteers, it is extremely unlikely that the participants could be identified by the volunteer department based on their demographic information. The interested volunteers did telephone and leave their names with the secretary of the volunteer department. However, that list was not kept by the department and was provided to the researcher. The list of names of the volunteers who actually participated is only accessible to the researcher. In order to confirm the non-identifying nature of the study the researcher provided one of the pre-test participants, Mrs. G., with the 27 profiles and she was unable to identify the participants based on the overview of the interview. The tape recordings of the interviews will be kept by the researcher for posterity and possible further research. All of this information was conveyed to participants during the process of providing consent. Transcripts were a verbatim record with the accompanying process notes of the interviewer fleshing out the context of the archival data and the interviews. The transcripts were categorized according to themes and then summarized into interpretations. The researcher made every effort to ensure confidence in the findings of this research.

Marshall and Rossman (1989) suggest the following controls for "bias in interpretation" (Marshall and Rossman, 1989: 147);

- made use of an independent reviewer to critique the researcher's analysis.
- checked and rechecked the data with alternate hypotheses in mind.
- used value free note taking.
- questioned the data.

As well as making use of the volunteer coordinator, the researcher also met with the research advisor in December, 1998 to review a transcript, the profile

documents (reduced data) and the emerging themes. Once all the interviews were in transcript format the meticulous task of coding the data, and beginning to establish categories began. A large body of information was created. Each interview was coded on three separate occasions to ensure that the same categories were relevant over time. The researcher noted that because of the participants being asked the same questions, in the same order there was some uniformity in the coding and categorizing stage of the data reduction.

Although this is a qualitative study, it can be noted at this time that because of the use of the sampling matrix and the size of the sample, there is the potential to describe variation in networks and well being. These variations were examined according to the key characteristics of age, marital status, and the nature of volunteer contact. Information about education, employment, residence, and income was used to describe the sample. Certainly, the opportunity to apply descriptive statistics to the sample became evident when the researcher collected the demographic information. At this point, once all the raw data had been transcribed, organized, reduced and summarized, the data strengthening approach of triangulation was applied. Both Mrs. Loughton, coordinator for the volunteer department, and Dr. Richard Rounds of the Rural Development Institute expressed an interest in partnering in the research and reviewing the data. Dr. Rounds was consulted twice during the data collection and once during the data reduction phase. The volunteer coordinator was consulted throughout the process for her interpretation of the data. Neither party independently coded the interviews. However, the volunteer coordinator did scrutinize the results of the interviews as the data were collected and at several points in the data reduction phase. The research advisor, Sid Frankel, also compared the 2 transcripts to the final categories in December, 1998.

The term "partners in research" is used by the researcher to describe the level of interest by the Institute and the volunteer department. The volunteer department provided the researcher with full access to information relevant to the study, physical space in the hospital, as well as the endorsement of the study with the volunteers and the community in general. The Institute is interested in the research from an academic perspective as well as from a mandate of supporting research and policy development in the rural area. The Institute has suggested that it may have a role in facilitating publication of the research study upon completion as well as being available for consultation throughout the research process. However, it is important to note that these relationships and consultations do not impact on the independent nature of the research. Neither group provided funding or determined research goals, or outcomes.

#### Remarks

The goal of the study was to identify and describe the benefits of volunteering in a social support network for women who volunteer at the Brandon General Hospital. The underlying theory is that social networks are the vehicles for social support and that social support is reciprocal in nature and is beneficial for all members of the network. Clearly, previous research has established the relationship between social support and well being and the literature goes on to support the notion of volunteering being beneficial to the volunteer. This foundation combined with a clear research plan that was in partnership with the community to be studied met the criteria of a worthwhile and well-constructed research study.

Furthermore, this research is a unique and valuable contribution to the existing literature both within the topic of volunteering and, more specifically, the benefits of the volunteering experience.

## **Chapter III   Findings**

### **Introduction**

This chapter will describe the findings of the research including a description of the context of the research, a description of the sample and a discussion of the themes that emerged as a result of the interviews. The documentary review provided the foundation for the discussion of the context of the research. The participants are described based on the demographic data collected. The social network is described, the motivations to volunteer are analyzed, and the themes of the benefits of volunteering are discussed.

As previously discussed, Brandon is a small city within an agricultural context. The setting of the research, BGH, is a complex and highly structured organization. Understanding how the volunteer department is situated and functions in the hospital is important in understanding the experiences of the volunteers. The research was a combination of an archival review and interviews. The interviews are the main thrust of the researcher's interest. However, the archival data were also relevant. A range of themes have emerged with all of the volunteers being able to describe how volunteering contributes to their quality of life and sense of well being. Although volunteering is a mechanism to study social network membership; the data revealed differences in the benefits experienced from volunteering separate from those experienced as a result of social network membership. All the participants described volunteering as having a positive role in their lives and having contributed to their sense of well being.

### **Context of Research**

The data for this research study were collected on two separate occasions. The archival data were collected between June 16 and June 17, 1998 and the

interviews were conducted between August 10 and August 20, 1998. The research site was the City of Brandon with the BGH volunteer department providing the setting.

According to the 1996 Census (Statistics Canada, 1996), families in Brandon have an average total gross income of \$53,560. Sixty-five and two-tenths per cent of women in Brandon report having a high school education, 44.0% have a non-university diploma and 15.3% have completed university. According to the 1996 Census, the average age for women in Brandon is 38.2 years, slightly less than two years older than the provincial average. Furthermore, 26.04% of women in Brandon are over the age of 55 and the provincial rate is slightly less at 23.78%. Brandon is a city of 39,175 (Statistics Canada, 1996) people situated 120km west of Winnipeg on the Trans Canada Highway.

The cultural composition of Brandon's population is primarily non-immigrant and 97.9% of the population report that they do not belong to a visible minority. Women who learned English as their first language represented 90.1% of the women in Brandon, with 1.3% being French speaking, 0.3% fully bilingual and 8.2% speaking a language other than English or French. (Statistics Canada, 1996). Only 6.0% of the women in Brandon are identified in the 1996 Census as belonging to an immigrant population. The provincial rate for immigrant women is 13.0%. Furthermore, only 2.1% of Brandon women belong to a visible minority, while 7.0% of women in the province belong to a visible minority. In summary, Brandon has some similar and some different characteristics when compared to the provincial profile. The most obvious difference is the under-representation of immigrant groups in Brandon. Also, the population is slightly older when compared to the provincial

average. Furthermore, there is little representation of visible minorities in Brandon. There were no visible minority women in the participant sample for this study.

The community of Brandon has a strong agricultural identity and is often referred to as the Wheat City. Most of its economy is based on agribusiness. The only primary industry in the area is agriculture, including grain, livestock and mixed farming. The secondary industries are also related to agriculture including; Simplot, Ayerst Organics, McKenzie and Lindenbergh Seeds; as well as the Maple Leaf Hog processing plant that opened in 1999. Brandon has a brisk trade in livestock, particularly in cattle and hogs with the Keystone Centre holding weekly sales and events, including exhibitions, throughout the year.

Much of the tertiary or service industry is located in Brandon to support the agricultural consumer base, and thrives because of the level of agribusiness in Brandon. Brandon also has a large education base with an accredited university, a community college, and a Firefighter's College. Also, it has come to be known as a sporting center in Canada and internationally. The organizers have been quick to describe the established network of motivated volunteers in the City of Brandon, which has resulted in winning bids for World Curling, Canada Games, and national trap and skeet shooting events. As Brandon was the home community of the researcher, some of this description of Brandon is based on primary knowledge.

The City of Brandon, in the center of Western Manitoba farmland, is an excellent example of agricultural economies and social structures. The BGH with its deep ties in the community and its well-established volunteer network was a rich area of study. With any small city the most difficult aspect of conducting research is being considered an outsider and the resultant reluctance of participants to agree to be interviewed. They are sometimes guarded with outsiders. It is not uncommon to

hear the colloquialism "perimeteritis" to refer to the perception that Winnipeggers see nothing beyond the perimeter highway. It was convenient to choose Brandon because of the researcher's connections with the community. It was beneficial to have a research partnership with an existing organization because of the researcher's ability to access participants with the sanction of the organization. Furthermore, due to the researcher's personal connections to the community, the researcher needed to assure confidentiality in the engagement phase of the interview or risk losing the in-depth nature of the potential information. This personal connection is, in some respects, both a benefit and a limitation. The researcher gained the interest and ultimate cooperation of the hospital, in some part, due to previous relationships. However, she also recognized the possible discomfort of participants in disclosing personal information during the interview. Having personal knowledge of the interviewer could have made things more or less comfortable for participants. The researcher addressed this by briefly explaining her connection to Brandon and then explaining the process of research and the obligation of confidentiality. This was sometimes tested in the interview when participants would ask if one of their friends had participated in the research. The researcher explained the confidentiality and the masking process in the presentation of findings; and this seemed to increase the participants' comfort level. The participants demonstrated this comfort level by nodding or stating their comfort with the process.

#### The Volunteer Department

The volunteer department has an interesting history in that the original hospital was founded with the fund-raising efforts of the then Ladies Auxiliary (BGH Volunteer Department Annual Report, 1998). This history is alive in the fund

raising section of the volunteer department and is demonstrated both through projects and ongoing programs. The more visible aspects of the volunteer department include indirect and direct services to patients. Indirect services include: fund raising activities, support services to central supply, the clerical department, and the pharmacy. Direct services involve the volunteer interacting with the patient and his or her family. These services range from drivers and assistants in occupational therapy to trained volunteers in palliative and pastoral care.

The document review revealed a very structured and codified social network. The volunteer department tries to create an informal physical atmosphere, through the volunteer lounge, for example. However, the department has every task in every area identified, described and monitored. The volunteer coordinator has described feeling anxious about the role of the volunteer department as the hospital changed to the Regional Health Authority structure. However, the volunteer coordinator also felt confident in justifying the existence of the volunteer department based on the available data and documentation. All volunteers receive a two-hour general orientation and more intense training in their placement area. They receive direct support from their placement area as well as close supervision and support from the volunteer department. "The Volunteer Department strives to provide the effective involvement of volunteers in approved services and programs so that patient care can be enhanced, both directly and indirectly." (BGH Volunteer Department Annual Report 1998: 2). At the time of the annual report, the volunteer department reported 502 volunteers with the following distribution:

Table No. 5: Distribution of Volunteers Among Programs at Brandon General Hospital

<u>Category</u>	<u>Number</u>	<u>Percentages</u>
Adults (General Pool)	348	69.3%
Juniors	30	6.0%
Auxiliary	23	4.6%
Gift Shop	8	1.6%
Knitters	16	3.2%
Nearly New Shop	59	11.7%
Pastoral Care	18	3.6%
<b>Total</b>	<b>502</b>	<b>100%</b>

The modal category is adult volunteers at 69.3%. Of the 502 volunteers officially part of the department census, 348 are adults. These would be men and women in all areas of the hospital. The Auxiliary volunteers are seen as a distinct group from the general pool of volunteers as are the gift shop volunteers. The 16 (3.2%) knitters do not volunteer in the hospital; but contribute goods for the gift shop. The 59 (11.7%) volunteers at the Nearly New Shop do not work onsite at the hospital; but operate the clothing store to generate funds for the hospital. The pastoral care coordinator supervises the 18 (3.6%) pastoral care volunteers, and that position relates regularly to the volunteer coordinator. Many of the volunteers are active in more than one program area. However, the volunteer coordinator indicates that each volunteer is assigned to a primary program area based on the hours that are contributed. The volunteer department keeps detailed statistics on the distribution of the volunteers, and these data were provided to the researcher by the department.

The department generated 19,873 hours in the 1997-98 reporting year. There were 53 volunteer areas and volunteers were active in 29 hospital departments. There may be several volunteer areas within one department. For example, the imaging department has clerical support volunteers as well as volunteers who assist the imaging technicians. An area of absence discussed with the volunteer coordinator

was the obstetric and gynecology department. The coordinator reported resistance from nurses and physicians to using volunteers in this area.

The volunteer department is also responsible for raising a considerable amount of funds. The following table illustrates the distribution of fund raising:

Table No. 6: Sources of Volunteer Fundraising at BGH

<u>Area</u>	<u>Amount</u>	<u>Percentages</u>
Gift Shop Sales	\$52,050	26.7%
Gift Cart	\$1,825	0.9%
Nearly New Shop	\$71,000	36.4%
Total Sales	\$124,875	64.1%
Donations	\$70,000	35.9%
<b>Total Fundraising</b>	<b>\$194,875</b>	<b>100%</b>

The BGH Auxiliary reports having received donations in the amount of \$70,000. The gift shop generated \$52,050 (26.7%) of the total fundraising. The gift cart is a movable cart of candies and books which the volunteers make available for purchase to the patients and visitors, and this generated \$1,825 (0.9%) of the sales. The largest area of sales came from the Nearly New Shop. The second hand clothing store raised \$71,000 (36.4%) of the fundraising effort of the Auxiliary. The Auxiliary oversees the funds and its function is to determine the equipment requirements, cost and acquisitions. The Auxiliary is an independent, community driven aspect of the volunteer department. The volunteers in the Auxiliary do not closely relate to the volunteer coordinator, and their decisions are made at a committee level that is wholly independent from the volunteer department.

The coordinator reports that the few areas for which volunteers are not requested involve difficulties with union conflict or resistance by staff. The following table reflects the distribution of direct service volunteer hours in the various hospital departments in the 1997-98 reporting year:

Table No. 7: Volunteer Hours in Direct Patient Services

<u>Area</u>	<u>Number of Hours</u>	<u>Percentages</u>
<u>Activity Program</u>		
Activities	794.25	14.1%
Crafts	429.50	7.6%
Exercise	63.75	1.1%
Movies	117	2.1%
Music	112.75	2.0%
Pet Therapy	12	0.2%
Special Events	49.75	0.8%
Book Cart	130.50	2.3%
Clinics	15.25	0.3%
<u>Nursing Assistance</u>		
Cuddler	2.50	0.04%
400 Ward	24.75	0.5%
500W - Pediatrics	163.25	2.9%
A2 Ward	21.75	0.4%
A3 Ward	85.75	1.5%
A4 Ward	60.75	1.1%
Dialysis	12.25	0.2%
OR Holding	1326	23.5%
<u>Palliative Care Visitors</u>	1134.50	20.1%
Sunday Service	450	7.9%
Patient Escort	20.25	0.4%
Patient Survey	3.75	0.06%
<u>Patient Visiting</u>		
A2 Ward	65.50	1.1%
A3 Ward	66	1.1%
CanSurmount		
Chemotherapy	365.50	6.5%
Palliative Care	50.50	0.9%
300/400 Wards	16.75	0.3%
Hospice	54	0.9%
<b>Total</b>	<b>5648.50</b>	<b>100%</b>

The modal category for direct volunteer service is the Operating Room Holding area with 1,326 (23.5%) hours. The OR Holding area is a space outside of the operating room where a patient will wait for surgery. The patient has been medically prepared for surgery and is waiting to be taken into the operating room. Over time the staff recognized that the patients were waiting for up to half an hour and sometimes they waited alone. The OR Holding Program was the response to this need. Volunteers will give the patient warmed blankets or other custodial care and

they will sit with the patient and provide him or her with emotional support and comfort.

The volunteers at BGH are also active in a range of indirect services. Indirect service is defined as work in areas of the hospital not directly involving patient care. This indirect volunteer service has a long history at BGH. Participant #15 described the activity of volunteers 40 years ago involving the physical removal of the silver from used XRAY film. This salvage activity generated a certain amount of revenue for the hospital. Indirect volunteers today are reported in the following areas of BGH:

**Table No. 8: Volunteer Hours in Indirect Patient Services**

<b>Area</b>	<b>Hours of Service</b>	<b>Percentages</b>
Archives	239	7.0%
Central Supply	121.75	3.5%
Clerical Support	820.25	24.02%
CQI Meeting	57.50	1.7%
Emergency	286	8.4%
Flower Care	529	15.5%
Inquiry	492.75	14.4%
Imaging	81.25	2.4%
Library	273	8.0%
Orientation of New Volunteers	67	1.9%
Patient Simulation	29.50	0.8%
Pharmacy	95.50	2.8%
Sewing Group	252.50	7.4%
Training of New Volunteers	41.75	1.2%
Miscellaneous	28	0.8%
<b>Total</b>	<b>3414.75</b>	<b>100%</b>

Note: CQI refers to the hospital quality assurance plan.

Volunteers were active in three main areas of indirect services. Flower care totaled 529 hours (15.5%), inquiry volunteers contributed 492.75 hours (14.4%), and clerical support totaled 820.25 (24.02%) indirect service hours. The modal category was flower care. The volunteer department has designed a detailed volunteer job description for each service area. These descriptions provide a sense of what is

involved in a given role, how often the commitment would be required and to whom the volunteer would relate. For example, the tasks involved in the activity program are described as including: assisting with the arts and crafts, teaching a simple art class, assisting with singing, movies, special events and parties, reading, visiting, writing letters, playing games, assisting with outings, and escorting patients. The tasks involved in indirect service areas include artwork described as: assisting with lettering, posters, designing and layout of required artwork. Another service area is in central supply where volunteers assist in the Central Supply Room in preparing bandages, tonsil ties as well as various packings and dressings.

Volunteers are present in fundraising activities, as well as in direct and indirect service areas at BGH. Previously discussed was the amount of money raised by these efforts. The Auxiliary is primarily responsible for the fundraising efforts of Brandon General Hospital. Beyond the actual time spent raising funds, the auxiliary also meets to decide how and when the funds will be spent. The following table illustrates the hourly contribution of volunteers toward this effort:

Table No.9 Volunteer Hours in Fundraising

<u>Area</u>	<u>Hours</u>	<u>Percentages</u>
Auxiliary Administration	37	0.4%
Auxiliary Meeting	154.25	1.5%
Gift Shop		
Committee	794	7.8%
Clerks	1555.50	15.4%
Magazines	57	0.5%
Gift Cart	135.75	1.4%
Knitters	974	9.7%
Nearly New Shop	6383	63.3%
<b>Total</b>	<b>10090.50</b>	<b>100%</b>

The least amount of time spent was in the auxiliary administration with 37 hours (0.4%). The modal category was in the Nearly New Shop with 6383 hours (63.3%). Although the auxiliary meetings were 154.25 hours (1.5%), the volunteer

coordinator indicates that the Auxiliary has been having an increasingly difficult time obtaining regular and sufficient attendance at meetings.

The volunteer department collected the raw data used in this research. Volunteers must physically check in at the volunteer department, and obtain the identifying smock and their picture identification card before commencing their volunteer "shift". The volunteer writes her name in the sign in book. The volunteer department reports routine cooperation with the sign in procedure and has a high degree of confidence in the accuracy of the data.

### The Sample

The following section will describe the 27 volunteers who participated in this study. A statistical description will be followed by a discussion of the researcher's interpretation of the relevance of the findings. This information was compared to the information describing volunteers in the national volunteer study. (Duschene, 1989.) Some of the questions in this study were based on the national survey conducted in 1987 and the findings are worth comparison. The data discussed in this section from the national study are describing women volunteers. However, the national study included both men and women. In 1997 Statistics Canada (Hall et al., 1998) conducted another national survey of volunteers and the results of this study will also be provided.

According to the volunteer coordinator, the majority of the volunteers are women over 55 years of age with a range of marital statuses and other demographic characteristics. However, the researcher questioned whether the 27 participants were representative of the population in terms of the number of hours they volunteered at BGH. The volunteer department had provided raw data of the hours contributed by

each volunteer in each area on a monthly basis. Out of the raw data, 233 volunteers were grouped who were adult women that did not participate in the study. The figure 233 comes from adult women volunteers who are normally active, including the women who may have been inactive over the summer months. The mean for this group was 212.38 hours per year and the median was 103.00 hours with a standard deviation of 275.44 hours. The researcher obtained data for 24 of the 27 participants with the mean hours for that group being 466.15 hours per year. No data was available for the other three. The median was 232.25 hours with a standard deviation of 587.52 hours. Certainly in terms of comparing the means of volunteer hours for participants and non-participants, the sample is not likely representative of the population. As the requirements of normality and homogeneity of variance were violated, parametric tests could not be used to determine if the participants were similar to the non-participants based on the number of volunteer hours contributed. The non-parametric test of a two-tailed Mann-Whitney U revealed a Z of -2.38 and p of .017 (n=257). The alpha level was .05. The null hypothesis was rejected and the participants are not representative of the rest of the volunteers. The participants in this research represent volunteers that contribute more hours than other volunteers at BGH. Volunteers with more pronounced altruistic potential likely volunteered to participate in the research. Therefore, their motivational patterns and reports of benefits may be different than for the non-participants.

### **Description of the Participants**

The following discussion describes the discreet characteristics of the participants in this research from a variety of demographic perspectives.

### Volunteers and Age

The modal category in this study is participants of 55 and over (66.6%). Indeed, a few of them were in their 80's. Three (11.1%) of the participants were in the 18-34 category. Six (22.2%) were in the 35-54 category. A theme observed by the researcher was a desire by older volunteers to stay physically active and mentally stimulated as they age. Novak (1985) discusses aging and the various impacts of life situation on the outcomes of aging. He notes that staying active and fit is a component in what he refers to as "successful aging." Furthermore, Novak(1985) discusses the notion that mere activity is not sufficient in being self-actualized. Rather, it is the notion of connectedness that is integral to "successful aging." This topic will be further expanded in the discussion section since the broader topic of aging is certainly relevant to the findings of this study. Undeniably, age seems to be a factor in describing the volunteers at BGH. The volunteer coordinator and the pastoral care coordinator confirmed that this finding is an accurate reflection of the volunteer population at BGH. They do not keep data on age. Therefore, their information is based on observation.

According to the data collected in the 1987 survey, "six in ten volunteers were women; and in the volunteers 65 and over, 64% of the volunteers were women. However, as a population, volunteering tends to peak for women in the 35-44 age group." (Duschene, 1989: 14). Furthermore, Duschene (1989) notes that volunteering tends to decline with age. The 1987 National Volunteer Study would have included volunteers in all life stage specific categories. For example, women with school aged children are often contributing to support the educational and extracurricular activities of their children. This is a possible explanation for high

frequency volunteer behavior in the age group of 35-44. The findings of the national studies described the following for all volunteers according to age:

Table No. 10 Age Distribution: National Volunteers

<u>Age</u>	<u>1987 Participation Rate</u>	<u>1997 Participation Rate</u>
15-24	18%	33%
25-34	31%	33%
35-44	36%	37%
45-54	31%	35%
55-64	27%	30%
65 and over	22%	23%

Clearly volunteering peaks in middle age and seems to have become more prevalent for young adults in the past ten years. Certainly, Novak (1985) describes the ideas of fulfillment and self-fulfillment as key to "successful aging." Life stage changes such as retirements effect our reports of quality of life and satisfaction with our situation. "After talking to dozens of these people a pattern began to take shape. I found that self-actualized older people discovered a good age through a series of stages. First they faced a problem or a moment of crisis - a challenge. Second they saw that this problem demanded some response from them - I call this the stage of acceptance. Finally they responded to this challenge and moved into the future - I call this affirmation." (Novak,1985: 281). This researcher also noted recently widowed or retired participants identified this situation to the researcher. Some of the participants described volunteering as a mechanism in building a "new life". (Participants #'s 13 and 18). In the discussion section of this thesis, a review of the aging population and community participation expands on the concepts of aging.

#### Volunteers and Marital Status

The participants in this study reported the following distribution of marital status:

Table No.11: Marital Status of Sample

<u>Marital Status</u>	<u>Number</u>	<u>Proportion</u>
Single	3	11.1%
Married or Cohabiting	15	55.6%
Separated or Divorced	3	11.1%
Widowed	6	22.2%

The modal category for marital status is married or co-habiting with a frequency of 15 (55.6%). Three (11.1%) of the participants indicated that they were single. The 3 (11.1%) women who indicated themselves separated within the past year described their volunteering as a source of emotional strength and a buffer to stress during crisis. Participant #1 stated that she had separated from her spouse after 40 years of marriage. Although she felt her emotional well being was in a state of recovery she indicated, "I feel it (volunteering) is terrific for me in every sense of the word. Spiritually it picks me up. I might be feeling down and going out to do that (volunteer), it just makes the world of difference."

Participant #2 also discussed with the researcher how her volunteering experience provided her with personal fulfillment and a sense of connection with others after her marriage ended. "I think that at times you don't get gratitude from your kids and sometimes you don't get it from your husband . . . and it would be the one and only place where you felt you were achieving something half way decent."

Participant #24 reported her separation and change in marital status as a significant motivation in her volunteering. The previous participants identified this emotional support experience as a result of volunteering as mitigating the stress of their change in marital status. Participant #24 identified volunteering as part of "making a new life" for herself. She was angry and bitter at having "wasted my life in that awful place (previous community)" and felt that for her married life she had

never had her needs met. She felt volunteering was her opportunity to “meet new people” and pursue activities that were interesting and enriching to her.

Similarly, several of the widowed participants talked about their change in marital status forcing them to build “new lives.” For example, participant #10 was encouraged by her son, a medical doctor, to volunteer at the hospital to meet new people. She started to volunteer “to have contact with other people, to get involved.” Participant #10 was able to describe how volunteering was personally fulfilling to her because of a sense of accomplishment as well as a “sense of belonging” to a social network. Six (22.2%) of the participants indicated that they were widowed.

Differences in marital status were related to differences in motivations to volunteer. The single participants seemed motivated by an interest in personal growth and development. This is particularly noted in the three women in the 18-34 category. These women were all single and each one of them felt volunteering was an opportunity for personal growth and development. The participants who had left a marriage or had been widowed frequently talked about being motivated to volunteer to be around others and for friendship and to develop meaningful life activities. Although the sample in this research is small (27), the researcher did note that there were more separated and divorced volunteers and fewer single volunteers when compared to the national samples.

#### Volunteers and Income

The modal category of participants were grouped in a range of \$30,000-39,999 reported as their gross household income. Twenty-two and two tenths per cent of the participants fell into this group. On a national level, 34% of volunteers reported this income level ten years ago, (Duschene, 1989). According to Novak, (1985), women in this income bracket may be associated with a lower income level

since widowed senior women are more likely to be financially limited than other populations. That is, older women are more likely than any other population to be in the lower income brackets. The participants in this study reported to the researcher the following income distribution:

Table No. 12: Income Distribution of Sample

<u>Category (in thousands)</u>	<u>Number</u>	<u>Percentage</u>
Under 10	2	7.4%
10-19,999	1	3.7%
20-29,999	5	18.5%
30-39,999	6	22.2%
40-49,999	0	0%
50-59,999	3	11.1%
60-69,999	3	11.1%
70-79,999	1	3.7%
80-89,999	1	3.7%
90-99,999	0	0%
over 100,000	0	0%
not stated	5	18.5%

Eight (29.63%) of the participants were widows. Of that eight, three refused to provide information about their income, one was in the third category, three were in the fourth category and one was in the sixth category. Despite assurances of confidentiality and of the importance of the data, there were five (18.5%) participants in this study who refused to provide the researcher with their household income. Participant #1 stated that she was unable to answer the question due to a recent separation and the terms of the settlement were not finalized. She stated that she was uncertain about her income as a result of this situation. Participant #5 identified herself as being on a "fixed income" and living in a government subsidized seniors' complex; but felt her income was "no one else's business." Participants # 3 , #8, and #21 also refused the income question, but made a point in the interview of advising the researcher about their lifestyle, that is, domestic help, summer homes, not having to work. In comparison, the 1987 National Study

reported the following findings in relation to volunteers and their reported household income:

Table No. 13: Income Distribution: National Volunteers

<b>Category (in thousands)</b>	<b>1987 Number</b>	<b>1987 Percentage</b>
Under 10	188,000	6%
10-19,999	455,000	15%
20-29,999	411,000	14%
30-39,999	608,000	20%
40-59,999	583,000	19%
60 and over	373,000	12%
not stated	400,000	13%

The 2 (7.4%) participants in the under \$10,000 category are somewhat comparable to the national average of 6% in that same category. However, in the next category of \$10-19,999, this research reports 1 (3.7%) and the national average is reported as 15% of the volunteer population. The \$20-29,999 category of household income is 5 (18.5%) in this research and the national average is 14%. The \$30-39,999 is comparable at 2.2% higher than the national average and the combined categories of \$40-59,99 are 3 (11.1%) in this research and 19% in the national study. The over \$60,000 category is 12% of the national average and is reported in this research as 5 (18.5%) participants. In assessing similarities, it appears that the research sample had less representation at the lower income brackets than the national sample. Also, more of the participants reported a gross household income in the combined category of \$20-39,999. Overall, the distribution of the research sample was similar to study of national volunteers with the median of both falling in the same category. In the 1987 National Study, 13% of the participants refused to give their household income figure. In this research 5 (18.5%) refused the income question.

The following table describes the changes in participation rates across income levels:

Table No.14: National Volunteer Participation Rates by Income Level

<u>Income</u>	<u>1987 Participation Rate</u>	<u>1997 Participation Rate</u>
Under 20,000	20%	22%
20-39,999	26%	29%
40-59,000	34%	33%
60-79,999	36% (60 and over)	36%
80,000 +	Not calculated	44%

It appears that the participation rate for volunteering is strongly related to reported income. The 1997 National Study shows the highest participation rate (44%) is in the highest income bracket of over \$80,000, with no reversals in the correspondence of participation rate to income in either the 1987 or 1997 data.

#### Volunteers and Education

The modal category of technical level of education was reported by 13 (25.9%) of the participants. Several participants had either trained or been employed as nurses. These women identified the 'helping' component of the nursing profession that was approximated for them in their volunteering experience. Also, participants who had nursing experience reported feeling comfortable in a hospital setting because of their previous experience. The participants in this study reported the following education distribution;

Table No. 15: Highest Level of Educational Attainment: Research Sample

<u>Category</u>	<u>Number</u>	<u>Proportion</u>
Grade School	1	3.7%
High School	7	25.91%
Technical	13	48.21%
Some University	3	11.1%
Complete University	2	7.41%
Post Graduate	1	3.7%

Participant #2 commented to the researcher that she had immigrated, and she found Brandon to be a very rural community. She held the opinion that women were only employed in traditional jobs and there was little opportunity for women to build

a career outside of those prescribed areas. Interestingly, in this study of women volunteers, most of the women had either worked as a homemaker or had been employed in teaching, nursing or support services in a business (bookkeeping, secretarial etc.). She described feeling that there was little incentive to attain a higher level of education because of the community's traditional views of employment. One (3.7%) woman reported a Master's level education; but indicated she has never worked outside the home.

The National Volunteer study reported by Duschene (1989) found the modal response, 49%, was a high school level education. In comparison, this study indicated 48.15% of the participants reporting a technical post secondary diploma. The findings of Duschene (1989) are similar to the findings in this research with almost half the volunteers having completed some post-secondary education; but not attending university. Also, a smaller percentage in this research completed university level education. The technical qualifications included; registered nurse, business diplomas and secretarial or school support work. The participation rates in both national studies indicate that volunteering is related to education. Specifically, volunteer participation rates increase with education. The national studies reported the following distributions:

Table No. 16: Educational Attainment: National Volunteers

<b>Category</b>	<b>1987 Frequency</b>	<b>1987 Proportion</b>	<b>1987 Participation</b>	<b>1997 Participation</b>
Primary	227,000	8%	13%	21%
High School	1,464,000	49%	24%	29%
Some Post Secondary	285,000	9%	31%	36%
Post Secondary	573,000	19%	35%	34%
University Degree	469,000	16%	46%	48%

### Volunteers and Employment Status

The majority of participants in this study were not employed outside of the home. Six (22.2%) were employed outside of the home and 21 (77.7%) were not. Eighteen (66.6%) of the participants were over 55 years of age and many described themselves as retired from the work force. Nineteen (70.4 %) stated that they volunteered to do something with their spare time. The participants who described themselves as retired identified volunteering as an opportunity to stay "active" and "involved." Also, a few of the participants explained to the researcher that they had never worked outside of the home and volunteering allowed them a sense of personal accomplishment which they identified with having completed a task or having done a "good job." A sense of accomplishment seems relevant to the volunteers in this study regardless of their life situation or motivations to volunteer. Twenty-three (85.2%) of the participants in this study reported a sense of accomplishment as being important to them in their volunteering. The 3 (11.1%) younger participants were all employed. They indicated that they were motivated to volunteer to acquire skills, experience personal growth and development and to be a part of their community. However, the main focus of this characteristic is that the majority of participants were not employed. The 1997 national study found the rate of volunteer participation was highest (44%) for people employed in the labor force on a part-time basis. The following table describes the national findings for volunteering and labor force status:

Table No.17: Employment Status: National Volunteers

<b>Labor Force Status</b>	<b>1987 Participation Rate</b>	<b>1997 Participation Rate</b>
Employed	28%	34%
Full Time	27%	32%
Part Time	36%	44%
Unemployed	23%	29%
Not in the labor force	35%	27%

### Residence

Only 1 (3.7%) of the participants in this study lived outside of Brandon. She felt that although her residence was outside of the City of Brandon, she interacted with Brandon for all areas of her life. Prior to retirement she was employed in Brandon. She saw her residence outside of Brandon as being part of the "bedroom community" movement, residing in an outlying area of a city but working shopping and using all the services of the city. However, 6 (22.2%) of the remaining 26 (96.3%) participants spent some portion of their adult life in a rural community. The researcher asked these participants for their thoughts on volunteering in smaller communities, and if they could identify any differences in the volunteering experience associated with different kinds of communities. Participant #3 identified volunteering in a small community as "belonging." Participant # 8 stated, "in a rural community there is far more community spirit and networking. Rural women travel to get to activities (for the children) and it adds a stress level. Rural communities are more connected . . . you realize if you didn't do it, that your community probably wouldn't survive."

Participant # 9 has lived in many communities in her adult life as she moved routinely due to her spouse's employment. Considering her history, she felt able to comment on the range of difference in the volunteer experiences. She has learned to use volunteering as a mechanism of engagement in a new community. She felt that it was a quick and effective way to get to know people and the inner workings of the community. Participant #9 identified volunteering in a small community as "self-initiating . . . you haven't got a large organization saying, we need you. . . the networks are maybe more informal."

Participant # 10 ran a family farm for years and then retired to Brandon five years ago. Due to her spouse's illness, the participant physically ran the farm for many years. She described her life as a never-ending cycle of work. She also raised two sons while operating the farm and recalled being involved in 14 activities at one point in her parenting experience. Participant #10 also referred to the self-initiated aspect of volunteering in small communities. She described volunteering at her church's "fall supper" involving providing and preparing the food and then packing her plates and cutlery to use to serve the food at the supper. She laughed and stated, "if the barn burns down, it's got to get built somehow."

Participant #11 operated a small business in a small community for many years. She described her volunteering experience in that community as "part of your life." However, she also stated she came to resent the "never ending" demands to volunteer and felt "burnout" by the time they moved to Brandon. She stated that she felt that she could never turn down a request for her time because she believed the survival of the community depended on all members contributing their efforts.

Participant #24 spent most of her adult life in a remote single industry community in the north. She indicated she was very bitter and resentful about having "wasted my life in that awful place." She felt that the community was transient in its membership and artificial in its lifestyle. Since the corporation in the community provided most essentials, and people moved regularly, participant #24 felt there was no motivation to invest your efforts in the community. When asked further about her volunteering in that community, she indicated that she did not volunteer during her years there. She described coming to Brandon and choosing to volunteer as an opportunity to do something for herself.

Fourteen (51.8%) of the participants reported the feeling of owing something to their community as important in their volunteering. Participant #6 commented, "I'm really involved in the community. I think we should all do our share because it's (Brandon) a great place to live." Brandon has sufficient population to be considered a small city. However, the feelings shared by some of the participants echoed the community spirit notion described in much smaller communities. Brandon builds its civic identity around the agricultural economic base. The six participants with rural volunteer experience did describe some differences in their volunteer experience in Brandon. These differences could be summarized as: 1) feeling obligated to help to the extent of perceiving volunteering as part of the survival of the small community, and 2) feeling that volunteering in a very small community is less formally structured and is more self-initiated and self-directed.

#### Summary of Volunteer Characteristics

This research study was conducted with a sample of 27 participants. The participants volunteered to participate based on a recruitment letter from the researcher. The researcher reviewed raw data provided by the volunteer department describing the volunteer distribution in the hospital. The participants were also asked a series of standardized demographic questions based on studies conducted in prairie cities by the Institute of Urban Studies at the University of Winnipeg. The participants were all women, and most were married (51.8%) and over 55 (66.6%) years of age. Most of the volunteers had a gross household income of less than \$40,000 per year. According to census information, Brandon has an average household income of \$53,560 per year and an average individual income of \$25,781. Furthermore, census data indicates 46.6% of the population in Brandon have a

technical diploma as their highest level of education. Thirteen (48.2%) of the participants in this study reported a similar level of education, and this was the modal category for the study. Twenty-one (77.7%) participants in this study were not in the work force. Although the education level of the sample was similar to Brandon, the reported income was lower than the average income for the community. Also, most of the sample were over 55 and not in the workforce. The sample is likely more representative of the aging population, than of the whole community of Brandon.

The researcher was not able to determine any pattern of relationships between the socio-demographic characteristics and the perception of the meaning of volunteering. Certainly volunteer participation rates have been correlated with these characteristics. However, measures of satisfaction seem to be very individual and based on perception. For example, the researcher noted that the participant who had the lowest reported income and the participant who had the highest reported income both indicated feeling they had a good quality of life. What one has may be less important than whether it is perceived as satisfying. The volunteer profiles, found in Appendix A, were reviewed to consider each participant's socio-demographic situation and their reports of satisfaction and well being. The following section describes the discreet characteristics of motivation for the participants.

### **Motivation and Importance of Volunteering**

All the participants were asked the same 15 questions regarding their feeling about whether a certain experience was important to their volunteering. These questions were designed to obtain a sense from the participant of the importance of the various areas of motivation. The questions included the following areas;

companionship, religious beliefs, learning skills, helping others, helping a cause, a sense of accomplishment, doing something you like, helping to promote your heritage and language, having an influence in community affairs, improving job opportunities, an obligation to help, using skills, doing work that benefits, you, your children, or your family, feeling you owe your community, and doing something with your spare time. The following table illustrates the distribution of the findings:

**Table No.18: Distribution of Motivations to Volunteer**

<b>Motivation</b>	<b>Frequency of Response</b>	<b>Proportion</b>
Promoting Your Heritage and Language	1	3.7%
Improving Job Opportunities	1	3.7%
Influencing Community Affairs	4	14.8%
Fulfilling Religious Beliefs	5	18.5%
Feeling An Obligation To Help Benefits You or Your Family	5	25.9%
Using Skills	13	48.0%
Companionship	14	51.8%
Learning New Skills	14	51.8%
Helping A Cause	14	51.8%
Owing to Your Community	14	51.8%
Doing Something in Your Spare Time	19	70.4%
Helping Others	21	77.7%
A Sense of Accomplishment	23	85.2%

#### Promoting Your Heritage and Language

Only one participant indicated that this was important to her volunteering. Participant #7 immigrated to Canada many years ago. They settled in Brandon and worked and raised a family. In retirement, they volunteer together at BGH. They also periodically participate in cultural festivals promoting their heritage.

#### Improving Job Opportunities

Only one (3.7%) of the participants stated that she felt that improving her job opportunities was important to her volunteering. Participant #14 is in the 18-34 age and is a student. Although she was not intending to pursue a career in the health

care field, she felt her experiences volunteering had provided her with valuable skills and an improved sense of self-esteem and confidence. As a result of volunteer experience working in an indirect service area, she felt better able to be articulate and communicate with others. She stated that she felt that volunteering was directly related to her current success as a part-time journalist. Participant #2 noted that being newly separated, she would need to assess her employment opportunities and her range of experiences in volunteering may be helpful. Twenty-one (77.7%) of the participants reported not being employed. This may provide some explanation, particularly when considering the age of the sample.

#### Influencing Community Affairs

Four of the participants in this study indicated that having an influence in community affairs was important in their volunteering. Some of the participants were somewhat embarrassed and made uncomfortable by the question. Participant #10 laughed out loud indicating that she leaves that kind of work to other people. All the volunteers, who felt having an influence in community affairs was important to their volunteering, volunteered in fundraising and auxiliary efforts. One participant had volunteered at the executive board level and three of the participants did committee work. They characterized having an influence in community affairs through their volunteering by describing the influence of the Auxiliary in determining equipment acquisition for the hospital. Participant #9 described a more intimate level of influence, which her volunteer experience has provided her. When living in remote communities, she would often start ad hoc organizations such as parenting groups and environmental awareness groups. Participant #9 felt that she exercised more influence at the grass roots level of community functioning whereas

participant #23 described her influence occurring through board work and more structured avenues.

### Religious Beliefs

There was a broad range of responses related to this topic. Three patterns emerged in this section; 1) doing “good” works, 2) call from God, and 3) spiritual buoyancy.

#### Doing “Good” Works

Participant #7 saw fulfilling her religious beliefs as important to her volunteering as part of an overall “Christian” lifestyle of “we should help each other.” However, she felt that it was only a very small part of the overall volunteer experience. Similarly, participant #12 reported that she needed to help as part of wanting to live a “Christian” life and do “good works.” Participant #12 also volunteers with other religiously affiliated organizations..

#### Call From God

Participants #17 and #18 described fulfilling religious beliefs as their main motivation in volunteering. Within that motivation they described their volunteer work as part of a call from God. Participant #17 does not socialize or educate her children outside her church. Her “Christian”lifestyle has been designed to answer this call. Participant #18 was a challenging interview for the researcher because her motivation to volunteer involved a “call of God” and the participant stated that she was doubtful that the researcher would understand that experience. She had been a missionary and returned to Brandon to live with family after retirement. She explained that she had received another “call” after retirement and she volunteers in Palliative Care. She stated that she “helps people find God before they die.”

### Spiritual Buoyancy

Finally, participant #25 stated volunteering was part of her religious beliefs; but explained that it was more about feeling spiritually buoyant as a result of volunteering. For participant #25 the provision of comfort to another person was fulfilling enough emotionally to become a spiritual experience. Participant #25 indicated that she could no longer work due to an illness. She felt that volunteering brought her “joy” and made her feel “closer to God”. Hall et al.(1998) indicate that the stronger the religious affiliation, the more likely an individual is to donate and or volunteer.

Doing work defined as “good” or being called by God are both responses by these participants to their perception of an outside force. Their motivation to volunteer was in response to their need to fulfill their faith or beliefs or even instructions within a given church. Participant #18, in particular, indicated her efforts in “helping people find God” were as a result of her church’s doctrine that church members must shepherd or attempt to convert others in order to be in good standing. Missionary work is also in some part based on this motivation. However, for participant #25 her need to fulfill her religious belief as a motivation in volunteering was internally driven. This internal component relates to an emotional function and is then part of spiritual buoyancy. Rather than responding to an external force, she felt volunteering provided her with a sense of intimate personal connection.

### Feeling an Obligation to Help

Five of the participants in this study identified this as an important factor in their volunteering. From the perspective of the researcher, this question caused some

measure of discomfort for the respondents. The word “obligation” seemed to make some of the participants uncomfortable. They were not sure if there was a religious connotation, a “family values” inference or some suggestion that the participants volunteer out of guilt. For example, this question caused some of the participants to seek clarification and say, “What do you mean?” or to comment before answering, that they are not volunteering because they “have to”. None of the participants directly questioned the researcher or suggested that they were offended. However, some of the subtle body language, facial expression and questioning led the researcher to believe that the question caused a few participants to feel uncomfortable. The researcher discussed this impression with the pastoral care coordinator, Rev. McQuiston. Interestingly, the issue of guilt, or a misguided sense of obligation, is a motivational factor that he screens for when training the Pastoral Care volunteers. He indicated that sometimes volunteers who were volunteering out of a sense of obligation to the hospital as a result of a family member dying at the hospital had unresolved grief issues, which could create problems in their volunteering.

A sense of obligation can also have a more healthy and functional connotation. Participant # 14 felt an obligation to help as part of her family’s value system to volunteer. Her mother was apparently presented with an award for her years of volunteering and she volunteers with her daughter to help educate her on their family’s value of volunteering.

Participant #22 identified her sense of obligation as having two causes. She felt that her quality of life in the community was good, and she was obligated to do what she was able. Participant #22 also indicated that she is grateful for the care she received in hospital during her illness a few years ago. She had a sense of obligation

to “give back to the hospital” now that she is recovered. Participants #2, #3, and #5 also described feeling an obligation to help. However, rather than as a result of a personal experience with the hospital, they described this obligation in terms of a civic duty to the community.

#### Doing Something that Benefits You, Your Children or Your Family

Five of the participants in this study identified this motivation as being important for their volunteering. Participant #3 felt that she was able to demonstrate community participation to her nine-year-old granddaughter. She indicated that the child has become interested in becoming a junior volunteer because of her example and positive experience as a volunteer. Participant #10 saw volunteering as beneficial to her and to her family because of her belief that the “community cannot function if we don’t all help.” She also felt that her familiarity with the hospital was helpful to her when a family member was ill for a time in the hospital. She felt comfortable in the environment and familiar with the processes. That may have helped ease anxiety during a difficult time. Participant #15 also felt a deep sense of being a part of her community. She described the benefit to her family in a global way. Improving the quality of life in the community is a benefit to all. Participant #17 felt the opportunity to demonstrate and pass on her family values was a benefit to her children. Participant #20 felt that she increased her understanding of other peoples’ “misfortune”. This gave her a better sense of understanding for her family. She felt that volunteering has been a great source of personal growth and development, “the more you can empathize with another person, the better person you become.”

### Using Skills

Almost half of the participants stated that it was important to them that they were able to use their existing skills in volunteering. Some participants spoke about learning and using skills along a continuum that related to their overall sense of competence. This motivation related to their sense of accomplishment and a feeling of pride in having completed a task or having done a good job. Some of the older participants associated the ability to use their skills with keeping active in retirement. Participant #11 sees volunteering as part of her life and the opportunity to use her skill as a component of health maintenance as she ages. Participant #13 responded with a similar opinion indicating that since retirement, she has deliberately volunteered to create opportunities to stimulate her mind and use existing skills. Her volunteering experience allows her to use her skills as a nurse and keeps her mind active and open to change. Participant #9 is in the 36-54 age group; but also felt that volunteering provided her the opportunity to use existing skills. She explained that she had been employed as a public health nurse before leaving the work force to be at home with her children. Volunteering at BGH gives her the opportunity to use a range of her skills as a public health nurse, particularly in the area of community development.

### Companionship

Participants reported most of their relationships to be with other volunteers and staff. Participant #4 has no contact with patients; but identified her companionship with other volunteers as important, "I was able not just to maintain, but to improve, my friendships with people that volunteer." Three of the volunteers commented that they volunteered with the same women in several areas of the

community and that they valued their experiences volunteering at BGH as part of those ongoing friendships. Several women also spoke favorably about the sense of camaraderie, which they experience with the volunteer department staff. Participant # 2 commented on how she felt that the staff in the department showed a genuine interest in her as a person. Participant # 14 is a young woman who started volunteering during adolescence at BGH because she was very shy and wanted to make new friends. She values the companionship aspect of her volunteering. She reports having two or three close relationships with the staff and proudly told the researcher that the staff have shown her that they trust her judgment and value her opinion. Participant #9 commented, "volunteering gives you friends, sometimes friends for life."

#### Learning New Skills

Some of the themes related to this response included: older women feeling that learning new skills contributed to maintaining and stimulating their cognitive functioning, participants identifying learning new skills as a component of personal development, and learning skills being associated with increasing related characteristics, such as confidence and self esteem.

#### Cognitive Functioning

Some of the older participants felt that volunteering that kept them stimulated because of their opportunity to learn new skills. For example, participants #3 and 18 reported a perception that learning new skills provided a "balance" in their lives and contributed to health maintenance. Participant #3 felt that the opportunity to use new technology was beneficial and participant #18 identified the opportunity

to discuss current events to be highly stimulating and that volunteering exposed her to new developments in technology.

#### Personal Development

The three participants in the 18-34 age group all identified learning skills as important in their volunteering. Participant #6 stated that she hoped to train in the medical profession and the exposure to the hospital environment was helpful to her skills and understanding. Participant #27 felt that volunteering at BGH kept her nursing training current and she hoped that the expanded experiences would improve her job opportunities.

#### Confidence and Self-Esteem

Participant #1 felt that a significant benefit of volunteering was learning to relate better to people, "I feel so much stronger now, I'm not afraid to do things, or have someone put you down or be afraid of them.". Participant #2 commented that learning new skills can "make you feel more confident in different situations." Participant #14 indicated that the successful acquisition of new skills has improved her self-esteem and made her more confident in a range of situations.

#### Helping a Cause

Over half the participants in this study indicated that the notion of helping a cause was relevant to their volunteer experience. A theme emerged around the issue of the perceived decline of the health care system. Participant #6 described her experiences with a family member to the researcher. Her family member had a stroke and was hospitalized for several months before her death. The participant described being "disturbed" at the quality of care that her family member had received. She felt that infrequent toileting hastened incontinence and she stated that

her family members would “go without a meal.” Each step of the patient’s care had been compartmentalized with no one person being able to say if the patient had attempted or been successful in eating. The participant felt strongly that the nurses simply do not have the time to tend to the many personal and comfort needs of the patients and ultimately she stated her family member “lost a lot of dignity.”

Participant #8 commented that “the reality of life in a hospital now is that you get your basic treatment and hope there are other people for support because the nursing staff do not have the time. The doctors a lot of times just whip in and out.” Participant #20 noted that the elderly in particular are “neglected” and “do not get much attention.” Participant #2 commented that she believed that when she combed the patient’s hair or held his or her hand, this may be the only human contact they have that day.

Participant #19 also identified the health care system as a cause that was important in her volunteering. However, she also provided a personal note of her view of the cause of health care. Participant #19 had a major illness, and she has made the cause of women’s health a very important issue in her life and her volunteering. She volunteers in facilitating support groups and in doing volunteer work. She felt that the patient could not rely on the medical practitioner for support through illness and recovery.

### Owing Something to Your Community

Over half of the participants in this study felt that they owed volunteer time to their community. Some of the participants described the viewpoint of the women who had lived in small communities. Participant #10 commented “I think we all owe something to our community. The community can’t function if we all don’t help.”

Also, some of the respondents felt that they had a good quality of life in Brandon and wanted to "give back." Participant #21 felt that her life in Brandon is very good and since she does not work out of the home, she felt that volunteering was her opportunity to contribute. Participant #6 had a similar perspective; but was 40 years younger than participant #21. However, they both described a strong sense of community identity and a sense of belonging. Participant # 6 stated this opinion when she said, "It's a great place to live." Some of the participants were not sure about the researcher's familiarity with Brandon. This question resulted in some of them providing examples to the researcher demonstrating the perceived quality of life in Brandon. The volunteer coordinator also spoke several times about the community spirit in Brandon and how there is a great demonstration of what she called volunteer spirit. The volunteer coordinator and some of the participants advised the researcher of international sporting events that the community hosts, chiefly through the efforts of volunteers. Only participant #27 expressed a negative sense of community affiliation. She was in Brandon with her spouse's employment and was quite unhappy. She enjoyed the social connections; but she had no sense of community connection.

#### Doing Something with Your Spare Time

The final question, which the researcher asked the participants in the area of motivation and importance of volunteering, was the relevance of doing something with their spare time. Nineteen (70.4%) of the respondents in this study identified filling their spare time as important in their volunteering. Volunteering was seen as a worthwhile, fulfilling and satisfying effort to do something in spare time. Several participants commented that isolation as they aged was an undesirable outcome.

Participant #5 is over 80 and felt that her peers who stayed isolated experience a decline in health. She felt that volunteering contributed to her quality of life by keeping her active. "What would I have done after I retired if I didn't volunteer? I would have just sat around and deteriorated." Staying fit and active contributes to good health. However, participant #5 commented, "it has to be done with others, to give you that sense of well-being and satisfaction. Volunteering is that connection with other people." These participants felt that volunteering was an opportunity to stay active and fill their spare time, but they also recognized the importance of social relationships in that effort. Similarly, participant #11 felt that despite her poor health she deliberately chose to volunteer in her spare time because of the sense of belonging which she experienced as a result of volunteering. Participant # 13 echoed this feeling, as well, explaining that she also volunteered for Meals on Wheels and had seen her chronological contemporaries "self-isolated." She felt that inactivity led to deterioration in functioning. Participant #16 felt uplifted by a sense of accomplishment and identified volunteering as an alternative to what she feared would be a depressed lifestyle. She felt that volunteering keeps her active, stimulates her mind and fills a void. These were identified as contributing to her overall quality of life. Participants # 3 and #23 indicated that filling their spare time in retirement with volunteering provided them with a "balanced life."

Participant #27 is in the 18-34 age group but also identified volunteering as an opportunity to fill her spare time. She was unable to acquire a work. She filled her days with volunteering and described it as the one "bright spot" in her day. She explained that she was very lonely in Brandon and had made arrangements to return to her home in a few months.

### Helping Others

The motivation to help others was a frequent response for the participants in this research. For many them this component of the volunteer experience held deep personal meaning. Regardless of whether the volunteer service was direct or indirect in nature, the participants described a sense of fulfillment associated with the knowledge of having helped another person. Participant #5 stated, "I ask each night for the strength to do the best I can for others. That's all I have in life is what I can do for others." Participant #19 reported a high level of satisfaction about the feeling of helping others that volunteering at BGH provided to her. Four of the five participants who did not indicate helping others was important in their volunteer experience did report helping a cause to be important.

Participant #23 is an example of a participant who has indirect volunteer experience. She reported helping others as a motivating factor in volunteering. She stated that she has had a good life and that helping others gives her the opportunity to "give back" to her community. For her helping others did not mean just on an individual level. She described helping others from a broader perspective, which included her fund raising work at BGH.

### A Sense of Accomplishment

The most frequently reported aspect of motivations for volunteering for the participants in this study was a sense of accomplishment. Certainly, many of the women described the sense of accomplishment, which they experienced as a result of volunteering as being satisfying, fulfilling and a sustaining element in positive mental health. For example, participant #3 commented that the most significant contribution volunteering provided to her quality of life was "that sense of reward, of

giving your time. I think if you feel rewarded within yourself you feel happier. If you're happier, you're healthier." Participant #6 volunteers three times a week in the operating room holding area and provides physical and emotional comfort to patients. She identified a sense of accomplishment as being a benefit she experiences as a result of her volunteering, "knowing that I've been there, helped along the way to their recovery, is just a wonderful feeling. I'm making a difference." Participant #10 stated, "I love being with the people. . . I feel like I've really accomplished something." Participant #12 felt that because she had never worked outside the home, her "volunteer work" was an activity in which she could feel personally rewarded. Whether the volunteer did archive work, fundraising or had close contact with patients, participants spoke with equal vigor about their sense of accomplishment. Regardless of the nature of the volunteer effort, the sense of accomplishment the volunteer experienced was meaningful and "rewarding."

### Summary

Each of the participants identified several motivations that they found to be important to them in their volunteer experience. Although motivation is an individual experience, there were some general themes. For example, the participants who wanted to stay active in retirement identified volunteering as a vehicle for that goal. Participants who wanted to learn communication skills and increase their self-confidence identified learning skills in volunteering as having created that opportunity.

On average, volunteers reported 5.0 motivating factors in their volunteering with a standard deviation of 1.80. The modal category was the importance of a sense of accomplishment with 23 (85.2%) of the participants reporting this to be

motivating their volunteering. Improving job opportunities and promoting your heritage or language were the least frequent responses with 1 (3.7%) response in each category. This finding would have been very different if the context of research had been in a cultural center or with an arts festival. Likely, more participants would have reported being motivated by wanting to promote their heritage if they were volunteering in a cultural center. Benefits experienced as a result of volunteering may not have been part of the original motivation to volunteer. For example, participant #14 began volunteering at BGH while still a high school student. She was motivated to volunteer out of a sense of civic duty and obligation. She explained that her family promotes and encourages community participation from a young age. She was pleasantly surprised to find that she had forged close relationships with the staff members in the area in which she volunteers. These relationships have improved her confidence level and helped her to alleviate her shyness. Although she had not started volunteering to experience these benefits related to personal growth and development, she feels they are important to her now.

### **Volunteer Network Size**

The goal of using the Antonucci Affective Method (Grouenou et al., 1994) as a tool to solicit the number of relationships the participant experienced in her volunteer social network was successful. The question seemed to help the participant to think about her relationships in her volunteer network and identify the frequency of contact and intensity of affective connection, and allowed for more personal discussion around the experience of the network. The discussion with all the participants reviewed the number of close and peripheral connections in their volunteer network, where and how often they volunteer.

Findings suggested fewer close relationships ( $N=24$ ,  $\text{mean}=2.67$ , standard deviation= $1.61$ ) than peripheral relationships ( $N=24$ ,  $\text{mean}=12.71$ , standard deviation= $10.51$ ). There seems to be no difference in the number of close and peripheral relationships between direct and indirect volunteers and those that volunteer in both ways. A one way analysis of variance with close relationships as the dependent variable demonstrates this ( $F=1.344$ ,  $d.f.=2,21$ ,  $p=.282$ ). The same test on peripheral relationships as the dependent variable resulted in similar findings ( $F=.577$ ,  $d.f.=2,21$ ,  $p=.570$ ). Eight participants volunteered in direct service areas, 11 in indirect service areas, and five were active in both areas community.

#### Methods of Appreciation

The researcher inquired if the usual methods of appreciation were important in the participants' sense of satisfaction with their volunteer network. Volunteer appreciation functions such as luncheons have long been methods of publicly recognizing volunteer efforts. Interestingly, all the participants stated that they enjoyed the functions, but do not see them as particularly satisfying. Membership in a group and a sense of belonging was described as beneficial. Participants commented on the personal and private words of appreciation they received as deeply meaningful. The coordinator and staff of the volunteer department were noted several times as particularly warm and appreciative. Volunteers identified personal indicators of appreciation such a sense of having helped or contributed as being worthwhile and fulfilling. This personal sense of appreciation was reported to be more rewarding than gifts or public recognition. Participants volunteering in fundraising commented on the great sense of fulfillment they experienced as a result of their volunteering. For example, participant #15 has volunteered for forty years in the Auxiliary. She reports that she greatly enjoys the "social aspect" of volunteering,

and indicated that her closest circle of friends volunteer with her at BGH and in other community activities. The findings suggest that network size does not differ by service area.

## **Well Being**

### Physical Health

The participants were asked to report on their perception of their physical health. Considering their responses, the researcher placed the answers into one of three categories; good, moderate, or poor. The participants often used these or similar words to describe their situation. Self-description was a key determinant in assigning the participants to categories. The researcher also defined the terms to standardize the criteria for responses in the appropriate category. That is, the researcher defined the categories, and the responses were then assigned to the given category. The following table describes the findings in this study for physical health;

Table No.19 Physical Health Rating of Sample

<b>Categories</b>	<b>Number</b>	<b>Proportion</b>
Good	19	70.3%
Moderate	2	7.4%
Poor	6	22.2%

### Good Physical Health

A participant was described as in the “good” health category if she used this word to describe her health or indicated in some other manner an absence of illness. Most of the participants reported to the researcher that they experience good health. As previously discussed, some of the participants described one of the benefits of volunteering to be health maintenance. Participant #2 is in her 70’s and reports excellent physical health. She indicates that her philosophy of health maintenance

relates to “balance”. She felt that engaging in her community was part of that sense of balance because she had a sense of belonging and a sense of friendship. These factors made her feel motivated to be physically active. Participant #5 indicated that she had observed older people disengage from their social networks, and she felt that this led to an inevitable decline in physical and emotional health. Participant #5 is over 80 years of age and volunteers at least 20 hours per week in direct service to patients. She stated that it is not enough to just be active. Whatever you do (volunteering) “it has to be done with people”. Participants #3 and #17 commented on the physical activity required in delivering flowers contributed to good physical health. Similarly, participant #20 felt that the physical exertion involved in moving patients at the Assiniboine Centre (geriatric area) benefited her physical health.

#### Moderate Physical Health

A participant was described as in the “moderate” health category if she spoke of living with an illness that she had recovered from or a chronic illness that the participant did not find to be overwhelming. Participant #10 has recovered from a heart attack and participant #13 spoke of arthritis that has reduced her functioning. These two participants were placed in the moderate health category because they have had significant illness. However, they do not feel unable to function. They spoke of their illnesses in terms of recovery. These participants felt that they were not held back as a result of their illness. They both commented on the benefits to their physical health that they experience as a result of the activity associated with volunteering. Participants #10 and 13 both volunteer in the Admitting Department. They explained that the physical demands of moving and escorting patients has improved their stamina and flexibility. Volunteering in the Admitting Department

requires moving patients by wheelchair, carrying their personal effects and assisting the patient in settling in to a hospital room. These tasks involve walking, lifting and bending, and it is this physical exertion that participants #10 and #13 identify as beneficial.

### Poor Physical Health

A participant was described as in the “poor” health category if she described a life threatening, chronic or incapacitating illness. There are participants with similar illnesses distributed among categories. The final decision on how a participant was ranked was based on her own identification of physical health status. Participant # 11, #16, #24, and #25 would not state the nature of their illness; but described their health status as poor. Participant #25 identified her situation as “life threatening” and it has left her unable to work. She states that she volunteers as part of her mental health strategy, and feels volunteering improves her overall health because it keeps her active. Participant #22 recently had surgery and identified volunteering as a signal to her that she was beginning to recover. However, she described her health status as poor. Her increased activity level indicated to her that life was beginning to return to normal. Participant #19 had cancer several years ago. She has volunteered with the Cancer Clinic facilitating support groups and doing outreach work with patients. She described the close network of women with whom she engages, both staff and other volunteers. In the past month she had had a biopsy for a tumor and stated that she felt that she would not recover from this episode of cancer. She cried when she explained that the women she has a connection with have now rallied around her in her time of crisis.

Participant #19 indicates that her social network in volunteering has been a source of emotional strength and comfort. These are relationships, which she has with other women with similar life experiences in cancer, and they are now a buffer to stress in her time of crisis. In the section on aging, a clear link is made in other literature between social networks and physical health. The chief explanation of the relationship between social networks and good health is found in activity theory (Novak, 1997). However, there are several phenomena such as: 1) volunteering as a health maintenance strategy and, 2) volunteering as a stress coping strategy for those in poor health.

### Emotional Health

For participant #19, facing the metastasis of a cancer that she thought she had recovered from also meant an impact on her emotional health. For the purpose of this study, the term emotional health was broken down into three categories. A participant was defined as reporting “good” emotional health if she used that word, or if similar words were used to describe her experience. A participant was defined as reporting “moderate” emotional health if she described having something in her life that was bothering her or causing her to be preoccupied, sad or worried. A participant was defined as having “poor” emotional health if she described herself as chronically depressed or experiencing some kind of emotional crisis. The following table describes the findings in this study for reports of emotional health;

Table No. 20 Emotional Health Rating of Sample

<b>Categories</b>	<b>Number</b>	<b>Proportion</b>
Good	17	62.9%
Moderate	5	18.5%
Poor	5	18.5%

The results in this area seem to be slightly more dispersed than for reports of physical health.

### Good Emotional Health

Seventeen (62.9%) of the participants reported good emotional health. Participant # 3 described how giving of her time and effort is very rewarding to her. Volunteering provides that uplifting feeling and contributes to what she described as a sense of "balance" in her life. "I think if you feel rewarded in yourself you feel happier." Participant #6 stated, "knowing I've been there . . . helped . . . is just a wonderful feeling." Participant #7 also talked about a sense of balance particularly around the notion of empathy; "it makes me less selfish." Participant #20 also commented "it makes me a better person." Participants #7 and #20 stated that these experiences made them feel good about themselves, which then benefited their emotional health. A common theme for the participants was appreciating the sense of belonging they experience and the impact that it has on their emotional health. The role of volunteering and being a member of that social network in maintaining emotional health include the following themes; 1) the good feeling from having given, 2) building and maintaining friendships, 3) pride in the accomplishments and, 4) happiness. The 'good feelings' from having given are associated with the notion of altruism. Participant #3 spoke of feeling "happy" as a result of her volunteering. Building friendships and relationships are the keystones of social functioning. Having a sense of pride is a source of affirmation in identity and develops self-actualization. For example, participant #9 stated that volunteering provide her with a "sense of accomplishment. . . pride in a job well done. . . gives me sounding board. . . people to connect with. . . you get a feeling of where the world is at. . . connectedness." This description of her experience of volunteering is positive and

leaves the impression of satisfaction and well being. Participant #9 directly connected the outcome of experiencing a sense of accomplishment to her sense of quality of life and good emotional health

#### Moderate Emotional Health

Participants # 2, #8, #14, #17, and #10 all reported moderate emotional health. The participants themselves ranked their perceived state of emotional health. They each had reasons for feeling stress and anxiety but they described their emotional state as moderate as a result of feeling that they were coping with the stresses. For example, participant #8 stated, “this last year has been very stressful, so I question my well-being.” Participant #2 had experienced a marital breakdown, participant #8 had two children diagnosed with chronic illness, participant #10 had a child who was ill, participant #14 lived in uncertain housing in an unsafe area, and participant #17 is living with her spouse’s disability. Participant # 8 felt volunteering was “relaxing” and a way to do something enjoyable for a few hours. She described how much she likes flowers and she chose to deliver flowers to do something she enjoys. The opportunity to “relax” was something she identifies as helpful in coping with “a very stressful year”. The findings suggest the participants found volunteering to be helpful in coping with stress because it is: 1) a distraction from the source of stress, 2) a source of emotional buoyancy, and 3) an opportunity for relaxation and enjoyment.

#### Poor Emotional Health

Five (18.5%) of the participant self-identified themselves as experiencing poor emotional health. These were not necessarily the participants who identified

themselves as experiencing poor to moderate physical health. The reasons for reporting poor emotional were varied. For example, Participants #1 and #27 reported good physical health but poor emotional health because of marital conflict or breakdown. Participant #1 identified volunteering as a source of emotional strength during a year of conflict. Participant #27 felt her volunteering experience was a positive part of what she described as a lonely and conflicted life. She identified the benefits of companionship as helping to improve her state of emotional health. Participant # 25 stated that she "fights depression on a daily basis." Volunteering is a key component in her mental health strategy. She felt that her mood was elevated by the sense of accomplishment experienced as a result of providing help or comfort to another person.

### **The Impact of Volunteering on Health During Times of Non-Acute Stress**

The researcher determined, based on the reports of the participants, that 16 (59.3 %) of the women were not experiencing a current acute life stressor. This did not mean that they had not reported experiencing problems in their lives. Rather, the researcher assessed the current nature of the stress as well as the participants' reports of well being. Reports of health, satisfaction and quality of life all were used to determine if the participant was currently living with extraordinary stress or not. This is a subjective assessment based on the reports of the participant. Whatever the participant chose to withhold from the researcher could change the participant's stress status. The participants were grouped according to current stress in order to view volunteering from a framework of social support provision, that is, social support as a buffer and a direct effect on the health and well-being of the

participants. Thirteen (48.1 %) of the non-stressed participants were over 55, 2 ( 7.4 %) were 36-54, and 1 (3.7 %) was 18-35 years of age.

All the older volunteers made reference to volunteering as part of the approach to maintaining health and well being. Participant #3, for example, is a widowed, retired woman who explained, " I want a well-balanced life, you know, and do a variety of things. . . I think that it (volunteering) is preventative. Because, if you are feeling good, you're doing things that you like, you can exercise and other things. I wouldn't want to spend all my time at the hospital. I'm not a nun. I'm not that committed. I like to have a well balanced life, and I feel I do."

Participant # 5 also described how volunteering prevented her from "deteriorating" after retirement, " what you do has got to be done outside the home. It's got to be done with others to give you that sense of well-being and satisfaction. If you're just going to go and putter around in the garden, sure that's great. You're active, but you still do not have that connection with others. I don't care what it is but you've got to have that connection with other people." Participant #5 views volunteering as a part of maintaining her physical and emotional health. This sense of balance was a common theme for older volunteers.

Also, participants who were no longer experiencing life stress viewed their volunteering as a signal that they had regained control over their lives. For example, Participant #21 explained that she had cancer several years ago (prior to the time of data collection). She described the process of diagnosis, treatment and recovery and how she felt the cancer had taken control of her life. When she began to resume her volunteering she felt that was the benchmark of recovery in her life. She felt that she was regaining her life, her interests and the ability to enjoy herself. Participant #23 described how she resumed her volunteering within a few weeks of her spouse's

death. She explained to the researcher that she went back the first day not knowing if she would complete the volunteer shift. She felt that each time she went in to the hospital and volunteered, she was gaining back her strength and showing herself that her life would continue.

Participants #21 and #23 are examples of older volunteers who placed more importance on the impact of volunteering on their emotional, rather than any physical benefits. Most of the older volunteers felt that there was a combined impact on all aspects of their functioning. The three younger volunteers also saw volunteering as having an impact during times of non-acute stress. For example, participant #6 used volunteering as a method of dealing with the previously experienced acute stress of her grandmother's death. After that acute stress had abated, volunteering was an opportunity to have an impact on that experience. The volunteers who were living with life stress tended to focus more on the impact of volunteering on their emotional health.

### **The Impact of Volunteering on Health During Acute Life Stress**

Eleven (40.7 %) of the 27 participants described experiencing a current acute life stress. Illness for the participant or a direct family member, depression, separation and divorce were all life stresses currently being experienced. These women spoke of volunteering as a buffer to stress. The themes included: providing an outlet or distraction, receiving emotional support as a result of the volunteer network and the ability to replace negative feelings with positive feelings. For example, Participant #8 has recently had a child diagnosed with chronic illnesses. She described the entire family as being in turmoil. The participant uses volunteering as a way to "get away and relax". For participant #8 "relaxation" in volunteering was

described as an outlet for distraction from her life stresses. Participant #10 is experiencing extremely poor health, as well as death and illness in her immediate family. She referred to how volunteering keeps her "busy" and gives her the opportunity to be distracted from her life crises.

Participant #19 described how she is receiving immense emotional support as she is undergoing tests to confirm the recurrence and metastasis of cancer. She reported feeling that she had a good quality of life and feels appreciative of her supports.

Similarly, Participant #2 described a great sense of loss and crisis in her life as a result of her separation. She identified her volunteer network as a "little community" of people on whom she depends for emotional contact. She explained periodically feeling more valued in her volunteer network than in her family.

Participants #24 experienced a recent separation and Participant #25 struggles with long term depression. They identified their volunteer experience as a positive and happy experience. Replacing sad or bitter feelings with the good feelings they associated with volunteering was a buffer to their stresses.

#### Summary: Health Effects

Volunteering, much like the experience of social support, has both direct effects and buffering effects on physical and emotional health. Therefore, the provision of social support through volunteering can be seen as reciprocal in function and as mutually beneficial for the provider and recipient.

The researcher prepared a cross tabulation table illustrating the relationship between emotional and physical health to describe how the sample was distributed

for both characteristics of health. The cross tabulation of health characteristics appears as:

Table No. 21. Cross Tabulation of Physical and Emotional Health Characteristics

	<b>Good</b> Physical Health N=18(66.7%)	<b>Moderate</b> Physical Health N=3(11.1%)	<b>Poor</b> Physical Health N=6 (22.2%)
<b>Good Emotional</b> Health	12 (44%)	2 (7%)	3 (11%)
<b>Moderate Emotional</b> Health	3 (11%)	1 (3%)	0 (0%)
<b>Poor Emotional</b> Health	3 (11%)	0 (0%)	3 (11%)

This table represents the distribution of the sample of participants according to both health characteristics. The most frequently occurring category was reports of good emotional health together with good physical health. However, all categories were represented except for the category of moderate emotional and poor physical health and the category of poor emotional and moderate physical health. Although there is not a clear linear relationship, ( $R_s=1.33$ ,  $n=24$ ,  $P_{two-tailed}=0.283$ ) most participants with good emotional health also report good physical health.

After reviewing all the interviews, the researcher could not identify a theme or relationship between the nature of volunteer contact with patients and the participants' emotional and physical health. One way analyses of variance confirms this with regard to physical health ( $F=1.791$ ,  $d.f.=2, 21$ ,  $p=.191$ ) and emotional health ( $F=2.137$ ,  $d.f.=2, 21$ ,  $p=.43$ ).

Furthermore, ratings of health were not related to network size. Overall, there was no clear difference across service areas (direct, indirect and mixed) in health ratings.

Network size is unrelated to emotional health for both close relationships ( $r_s=.068$ ,  $n=24$ ,  $p=.376$ ) and peripheral relationships ( $r_s=-.226$ ,  $n=24$ ,  $p=.144$ ). The relationship between network size and physical health approaches significance for both close relationships ( $r_s=.318$ ,  $n=24$ ,  $p=.065$ ) and peripheral relationships ( $r_s=.321$ ,  $n=24$ ,  $p=.063$ ). They would have attained significance in a larger sample.

### **Benefits Reported by Participants**

The participants in this study were all asked the same questions. What contribution, if any has volunteering made to your quality of life? The participants were also asked to describe the benefit, if any, they experienced as result of volunteering. Five of the participants had prepared notes for the interview on their thoughts and feelings about their volunteering experience. The researcher noted the care and effort that these and other participants had taken to prepare for the interview. None of the participants had difficulty with the questions and most participants provided more than one answer.

During the analysis, themes emerged and the researcher identified these themes as listed in the table below. These themes occurred in two groups. The analysis revealed the benefits which the participants experienced could be categorized as 1) occurring as a result of the act of volunteering and 2) occurring as a result of social network membership. The themes are discussed within these two categories. There were 84 responses by the participants to the two questions. The following table illustrates the frequency of the themes reported by the participants:

Table No. 22 Contribution to Quality of Life and Personal Benefits Reported by Participants

<u>Response</u>	<u>Number of Responses</u>	<u>Proportion</u>
Buffer to Stress	3	3.57%
Enjoyment	3	3.57%
Emotional Health	3	3.57%
Personal Growth/Development	8	9.52%
Health and Activity	12	14.29%
Companionship and Friendship	13	15.48%
Sense of Belonging	16	19.05%
Accomplishment and Satisfaction	29	34.52%

### **Benefits of Volunteering**

#### Enjoyment

Three (3.57%) of the participants indicated that enjoyment was a benefit of volunteering. Participant #24 explained that she felt that she had always denied herself enjoyment and placed other needs ahead of her own. She states that now that her marriage has ended she has the opportunity to do activities she finds enjoyable. She explained that she purposefully sought out volunteering in a situation that would provide her the opportunity to relate to a network of other women

Participant #9 volunteers in a variety of areas in the hospital, including: the cancer clinic, in administrative functions and with patient visiting. She stated that volunteering is "lots of fun you know. . . lots of laughs. I don't know why anybody would do it if it wasn't an up thing". Participant #4 has no patient contact and spends many hours a week in the hospital archives. However, she too described the fun she has with the other volunteers as a benefit in her life.

### Personal Growth and Development

Eight (9.52%) of the participants identified the personal growth and development experienced through volunteering as having contributed to their quality of life. Participant #14 had prepared a list of contributions to her quality of life, which she has experienced through volunteering. She feels that she has better communication skills, improved self-confidence and elevated self-esteem because of her volunteer experience. Participant #14 stated that she feels that the staff "trust" her judgment. This trust has helped her to feel more confidence in her abilities and, in turn, has given her the self-confidence to be able to engage with others in social situations. Participant #1 explained that through volunteering she has learned to relate better to others, "I feel so much stronger now. I'm not afraid to do things or have someone put you down or be afraid of them . . . Oh, to sum it up, as a child growing up and as an individual, I was very shy within myself and to see what I'm doing, volunteering, meeting people, it's so good for me". Participant #20 explained that volunteering provided her with the opportunity to gain a better understanding of other people. She believed that this increased sense of understanding improved her ability to accept and relate to others.

### Health and Activity

Twelve (14.29%) of the participants felt that the activity level which they experienced through volunteering had an impact on their quality of life. The next chapter dealing with the implications of this research describes the relationship between activity level and health. For these women, it seems that staying active is part of their life plan. Participant #2 describes her view of that relationship between health and volunteering as one of providing her with "balance" in her life.

Participant #10 also noted that since the life changes of retirement and widowhood, she has had to seek out opportunities to remain active. Volunteering has provided her with that social and physical outlet.

Participant #16 has been widowed and retired for several years. When the researcher arrived at her home around 11AM she was sitting on her front porch having a drink. She had cut her lawn, trimmed one of her hedges and had painted her patio that morning. She had agreed to be interviewed as part of this study and had a full afternoon planned. In preparation for the interview, she had noted the number of volunteer activities in which she is involved, and her overall opinions about the notion of aging, community life and volunteering. Participant #16 is involved in many activities including: committee work, environmental work, church work and hospital volunteering. She is involved in direct and indirect service areas of volunteering as well as fundraising. She takes two major tours per year, including flying to Asia with a "bunch of old ladies."

This life she has made for herself, including an active volunteer component, she has deliberately designed. She explained that she had an active career life and a good marriage. With those parts of her life over, she had to build a new life and wanted to create opportunities for herself that would be stimulating and rewarding. Participant #16 was one of several retired women who described active vibrant lifestyles and felt that volunteering was a benefit to them on a personal level.

#### Personal Satisfaction and Accomplishment

Personal satisfaction and accomplishment was the modal category with 29 (34.52%) responses. For example, participant # 8 stated that volunteering "gives you a sense of satisfaction and a sense of worth that you are doing something that makes

a difference.” The researcher sees personal satisfaction as a part of the creation of a sense of well being. Being satisfied with life activities contributes to our identity and the ability to feel self-actualization. Participant #3 comments that volunteering contributes to her quality of life because, “ of that sense of reward, of giving. . . . I think if you feel rewarded within yourself you feel happier”. Participant #15 commented that she feels very satisfied with knowing that she has contributed to her community.

The participants spoke of “satisfaction”, of feeling “rewarded” and of being emotionally “fulfilled.” Participant #5 commented, “Being there and just doing things with people, it is satisfying. I just love it.” Participant #7 also tried to describe her sense of personal satisfaction with “that feeling you have maybe helped someone.” Participant #13 identified herself as a “nurturer” and volunteering allowed her to care for others, thereby satisfying that part of herself. Participant #17 also described the need to give to others as a “volunteer spirit.”

## **Benefits of Social Network Membership**

### Buffer to Stress

One of the main views of the provision of social support (Cobb, 1976 ; Cassel, 1974) is that it creates a buffer effect between the crisis and the individual. Similarly, membership in a social network created through volunteering provided opportunities for the participants to receive social support. Participant #1 stated “we’re all so supportive of one another” when describing her life after her marriage had ended. This emotional support was a benefit of social network membership for three (3.57%) of the participants. For participant #1 the emotional support she

received during her separation mediated the experience of the stress from the experience.

Volunteering provided a consistent means of social, emotional, and intellectual contact. Emotional health is maintained and improved through contact with others. The participants described significant relationships with patients, staff members, and other volunteers. Furthermore, many of the volunteers commented on the good feelings they have about being made welcome and even cared for by the staff of the volunteer department.

For Participant #3 the most significant benefit was initially described as an emotional benefit and she elaborated by stating, "emotional. . . because well, there is a sense of companionship there always. You're with people who, maybe they're not close friends, but they're your friends. When my husband died. Or was in the hospital he was so sick, and when my mother-in-law was in there, I felt so much at home in the hospital. It was like home because I had been there, and I could go and talk to the volunteers, the coordinators, at anytime. Just pop in, have a little visit with them, and that meant a lot . . . they're your friends."

Participant #27 is a young woman who is new to the city and at the time of the interview was separating from her spouse. She explained that she was very lonely. She felt that being around other people and not being in her apartment alone all day was a benefit that she experienced through volunteering. She felt very welcomed by the volunteer department and the staff members were particularly engaging with her after discovering that she is a nurse in her home city.

### Companionship and Friendship

For 13 (15.48%) of the participants the companionship experienced in social network membership at BGH has been a benefit in their lives. Participant #4 stated "I was able not just to maintain, but to improve, my friendships with people that volunteer". Participant #19 deliberately uses volunteering as a tool to engage in a new community and get to know people. She explained that "people interaction was very important" and that she values the friendships she makes through volunteering. She also explained that she has volunteered through each life stage. As a young parent she organized playgroups. As a parent with school-aged children she was involved with school volunteering. She feels volunteering in her community and in the lives of her children has connected her with other women at the same life stage. Participant #19 was motivated to volunteer to engage in her community and seek companionship. She was able to report her experience of companionship and friendship as an outcome of volunteering.

### Sense of Belonging

Sixteen (19.05%) of the participants felt that the sense of belonging which they experience in volunteering has contributed to their quality of life. Participant #9 deliberately volunteers to engage in a community. She explained that she makes new friends and this companionship helps her feel more connected to her community. She moves frequently and has used volunteering as an engagement technique in new communities. She states that membership in a volunteer social network "gives me a sounding board. . . people to connect to. . . you get a feeling of where the world is at . . . connectedness." A sense of belonging in relation to quality of life reflects the sense of membership in a group and feelings of acceptance and affiliation.

Participant #2 identifies volunteering as her connection to the community; "it is my root". Participant #10 commented, "it has given me a sense of belonging, of being needed."

### **Summary**

The goal of this study was to identify and describe the benefits of volunteering in a social network. The researcher suggested that relationships are reciprocal in nature and that the provision of support has measurable benefits for the provider and the recipient of support. The researcher further suggested that there might be a difference in the experience of volunteers based on whether they provided direct or indirect support to patients. Although Snyder and Omoto (1992) suggest that volunteers who have direct contact with the recipient of support experience the development of relationships. This research indicates that the relationships within the entire social network are important.

The findings of this research clearly demonstrate that the 27 participants in this study have determined volunteering to be a rewarding, satisfying and beneficial experience. These findings are similar to the findings of Graff (1991), Luks and Payne (1991), Snyder and Omoto (1992), and Glucker (1993). These studies demonstrate that volunteering is a contributing factor to health and well being. The satisfaction, which volunteers experience, tends to be described in two ways: as a personal function related to the act of volunteering, and as a social function related to membership in a social network. The participants' satisfaction with their volunteer experience or the social network was not related to the nature of their volunteer contact. Relationships that volunteers build with other volunteers and hospital staff were also satisfying aspects of the volunteer network.

A significant finding was the nature of the role of volunteering in the lives of the older women who participated in this research. These participants often found the activity, social contact, and network membership to be helpful to them in maintaining physical and emotional health through the aging process. Regardless of income, health or other factors, all the participants were able to provide the researcher with an understanding of the contribution volunteering has made to their lives and what benefits it has brought them.

## **Chapter IV    Discussion and Implications of Findings**

This chapter will highlight some of the major findings of this research and compare them with the findings discussed in the literature review. The literature review developed the assumptions that social networks are part of community life and provide reciprocal benefits. Furthermore, volunteering is part of the network of social support provision and it provides the volunteer with benefits that are related to a sense of well being. Implications for policy development, social work practice, and further research will be noted.

### **Findings and the Literature**

The findings in this research indicate that volunteering provides the opportunity for social network membership. There is a clear theme that one of the benefits of participating in a social support network is a sense of belonging and community affiliation. Francis and Henderson (1992) view community participation as reciprocally beneficial to the participant and the community. The findings in this study generally support this view of social networks.

The literature in social support and volunteering describes volunteering as a benefit to health and wellbeing, (Duschene,1989; Graff,1991; Ross and Shillington,1991; Stone and Rosenthal, 1998). This study clearly supports this literature. The participants reported volunteering as a contributing factor in their sense of satisfaction and quality of life. The participants in this research described having fulfilling relationships with other members of the social network beyond the support recipient. However, the findings of this research recognized the importance of social networks and reciprocity in relationships. The findings also suggest that

there is no relationship between network size and reports of physical and emotional health.

The findings of this research suggest implications as a result of the characteristics of the participants. These relate to the demographic characteristics and the motivation of the participants. The most overwhelming characteristic was the representation of the aging population. Almost 67% of the sample reported their age to be over 55. Several were over 70 and into their 80s.

### **Benefits of Volunteering to the Aging Population**

The implications of this research are discussed from the perspective of social networks, volunteering and well being. However, before discussing these implications, the researcher has provided a discussion of the characteristics of aging. Due the fact that 66.6% of the participants in this study were over the age of 55, it seemed relevant to include a detailed discussion particular to aging, the characteristics of aging, and social networks in the aging population. As the “baby boomers” age, issues related to aging will be of greater interest for social policy research. “From 1901 to 1991 Canada’s population grew five times in size. During this same period the older population grew almost 12 times – more than twice the rate of the general population.” (Novak, 1997:53).

Novak (1997) states that older people reported more chronic illness than other populations. Older women, in particular, reported more chronic illness, both physically and psychologically (Stone and Rosenthal, 1998). However, chronic illness may not impede functioning or the perception of well being. Although the facts of aging are well documented in gerontological literature, specifically the

decline of functioning in all areas of the body, this is not the full picture of the aging population. Older Canadians face a number of threats to their social – psychological well being. However, in general, they report high life satisfaction. They know about the problems of old age, such as widowhood, illness and physical decline; but they also see many good things about old age. (Novak, 1997) This research supports the findings of Novak (1997). Many of the older participants described volunteering as an opportunity to stay active and healthy.

There are several factors that contribute to the loss of life defining roles. Retirement and widowhood are two of the most significant life transitions facing an older person. This research indicates that volunteering and social network membership create benefits that can act as a tool to cope with losses associated with aging.

#### Widowhood

The range of losses experienced as a result of widowhood can be devastating for any older person. Older women have different characteristics in widowhood than men as they are more likely than older men to experience health problems and isolation (Paoletti, 1998), poverty (Novak, 1997; Wan, 1985) and unhappiness (Wan, 1985). Of five role losses studied, Wan (1985) identified widowhood as the most important predictor of poor health. “Widowhood and retirement occurring concomitantly, were also found to be disabling” (Wan, 1985: 17). Loss, particularly multiple losses, may be a greater predictor of loneliness than isolation. (Botwinick, 1973). Widowhood is the loss of companionship as well as of a role. The loss of role and identity can create barriers to interaction in even established social networks. “Widowhood has been found to affect social functioning.” (Wan,1985: 18).

This research indicates that volunteering provides the opportunity to expand the quantity and quality of an individual's social network. Ultimately, a healthy and reciprocal social network can act as a buffer to life stress, such as that associated with widowhood.

### Retirement

Women who have established an identity, at least in part, through their career or vocation will experience role transition in retirement. The impact of their spouse's retirement is more consequential than experiential. That is, when a spouse retires there is certainly an impact on all aspects of daily family life. However, when the individual in question retires, he or she directly experiences the role transition. Although a life transition and a stressor, retirement does not necessarily impact on health. (Novak, 1997). Some of the general findings of the experience of retirement are the same for men and women. However, men and women have different career histories (Novak, 1997). Childbirth will disrupt a woman's work history regardless of the choice of leaving or remaining in the workforce. Women are less likely than men to receive as much pensioned income or benefits. (Atchley, 1982) "Women's retirement is indeed a separate issue compared to men's." (Atchley, 1982: 198). Further to the loss of income are the loss of social networks and contacts and the loss of social role. (Novak, 1997). This research suggests that volunteering provides the opportunity to rebuild social networks after retirement.

### Aging and Social Networks

The preceding discussion on aging women in Canada describes the characteristics of health changes, widowhood and retirement. However, these isolated characteristics do not provide a complete picture of older Canadian women. The social networks of older women provide the context to understand what they do

and to whom they relate. Stone and Rosenthal (1998) used the 1990 General Social Survey to create typologies of social networks for Canadians aged 65 and over.

Table No. 23 Aging Canadian Women and Social Networks

Small, Friendship Poor, Socially Isolated	18%
Small, Child Focused	33%
Small, Extended Family and Friend Focused	10%
Medium, Balanced	24%
Large, Balanced	11%
Very Large, Balanced	4%

The terms “small” and “large” reflect both frequency and intensity of contacts in the woman’s social network. “Balanced” indicates children, extended family and friends are all represented in the social network. Women in the first category are described as isolated and “report only one friend, on average”. (Stone and Rosenthal, 1998:87). These network types are descriptive and provide a view of the social functioning of aged Canadian women. Stone and Rosenthal (1998) describe the distribution of women based on how many people they relate to and how frequently this contact occurs. Social networks describe the range of engagement a person may experience. However, social engagement may not indicate satisfaction with the social network. It is the satisfaction with the relationships in the social networks that provide the context and depth in determining well being. When all three small groups are included, they involve 61% of Canadian women. This is a large number of women who report having little to no social network membership.

Well being and life satisfaction may be seen as a balance between reality and the perception of that reality. From a common sense perspective, certain characteristics provide an overall indicator of well being. Sufficient money, somewhere to live and something to do all seem to be rudimentary requirements for life regardless of life stage. What factors intervene to create differences in reports of

well being among similar demographic circumstances? The social networks of an individual provide a sense of the frequency and intensity of social relationships which that person may experience. The nature of and satisfaction with those social relationships may provide a key component in understanding well being. Our need for interaction and stimulation, both physically and socially, is one of the underlying principles in one of the major theories of aging discussed below Graff (1991) strongly suggests that volunteering has clear and measurable benefits, particularly for socially isolated populations. This research found that participants reported using volunteering as a tool to engage in their community. A significant finding in this research was the report of a sense of belonging that was experienced as a result of social network membership. Volunteering may be a tool to assist aging women to improve their social networks, their health and their well being.

#### Aging and Activity

“The importance of activity for successful aging is recognized by both lay persons and professionals in gerontology.” (Kozma et al, 1991:83). Activity is often seen as primarily physical in nature. Physical activity is well recognized to hold a range of benefits for all ages. For the aging population, physical activity can improve opportunities for better health, well being and social relationships. (Novak, 1997). “An active leisure lifestyle does at least two things; it directly benefits health and it helps to buffer the influence of life events and illness.” (Novak, 1997:242). Physical activity has benefits for the mind as well as the body. Physical exercise can improve well being to the extent of developing relationships, improving self-concept, providing a sense of accomplishment, improving social life and increasing happiness. (Novak, 1997).

Social engagement may occur as a part of or during physical activity. According to the Statistics Canada Survey conducted in May, 1996 (Statistics Canada, 1996), the majority of seniors spend leisure time watching television or reading. Social activity “appears to be important to all elderly person’s well being. (Kozma et al, 1991: 83). Social activities can be formal or informal. That is, social activity can be related to an organization or family and friends. “There appears to be little difference in the impact of formal and informal activities on well being. For example, Okun et al (1984) calculated the first order relationship between formal activities and psychological well being at .25, whereas the same value for informal activities was estimated at .21. However, social activity and companionship may interact in reports of well being. (Kozma et al, 1991:93).

A leisure activity such as recreation, volunteering, or community involvement involves the opportunity to experience friendships and relationships. Chappell (1992) notes that the opportunities for friendships become key for the elderly as friends become “increasingly important, especially for tasks such as daily checks, emotional support when the senior is feeling low, and loans of emergency household items”. (Chappell, 1992: 19). This research found that volunteering provides the opportunity for physical, emotional, cognitive and social stimulation. Graff (1991) noted very similar findings reported by volunteers.

“Exercise, recreation, and education lead to increased life satisfaction for older people. So does community service(s) or volunteer work – through the chance to give to others. O’ Brien and Onger (1991) report that active older people take great satisfaction in their ability to help others. It is possible that the giving of social support may be as important to the integrity of today's aging women as is the

taking.” (Novak, 1997: 255). Volunteering may be able to function as a role substitute in older people’s lives.

“There is a strong relationship between volunteering and life satisfaction. This relationship exists when factors such as: age, perceived health and socioeconomic status are held constant. Volunteering is not a predictor of life satisfaction but is related to it because volunteering is one facet of a high activity level.” (Chambre, 1987:99). The findings of this research were similar in that staying active in retirement was a common theme in the reported benefits of volunteering.

#### Summary of Implications of Benefits of Volunteering for the Aging Population

Many of the older volunteers in this research reported that the most significant contributions which volunteering provided to their lives were a sense of belonging and a feeling of accomplishment. Some of the older women also talked about volunteering being part of a “balanced” approach to life. This approach included: physical and mental stimulation, social interaction and opportunities for personal growth and development. The participants who did not report a positive sense of emotional well being saw volunteering as a support and a buffer to stress. The most significant benefit, which the participants reported, was a feeling of a sense of accomplishment. The perceptions of the older volunteers in this research are consistent with many findings in the literature on aging. Whether viewing volunteering from the perspective of activity theory, support theory or from a social interaction model, the benefits of volunteering for older women are physical, emotional and social. These factors clearly relate to the older volunteer’s sense of well being and satisfaction with their life.

### **Implications of Findings for Research in Social Networks and Social Support**

There is a clear relationship between participating as a contributing member of a social network and the perception of well being. The participants in this research have described the benefits of volunteering in their lives as primarily relating to a sense of accomplishment and a sense of belonging in the community. There are several relevant and worthwhile research areas that become apparent as a result of these findings.

#### Social Networks

As previously discussed, the benefits of social network engagement through volunteering would be relevant for further research. Social network research, using volunteering as the vehicle for engagement, would provide the opportunity to learn about how individuals function within communities as well as how communities are structured and function. The findings in this study suggest that membership in a social network creates a range of benefits for the participant including a sense of belonging and a sense of emotional health.

With 61% of aged women in Canada reporting small and non-diversified social networks (Stone and Rosenthal, 1998), research in aging could focus on social network membership through volunteering as part of health promotion initiatives for this population. Furthermore, the participants stated that the sense of belonging they experienced as a result of volunteering contributed to their sense of well being. The relationship between social network engagement and well being in aging populations will only be more relevant in the coming years as our population ages.

### Social Support

The literature reviewed refers to the buffering effect of social support. The participants in the midst of life crisis in this research certainly indicated feeling that the support received from the volunteer network had been helpful. The findings of this research suggest that membership in the social network provided through volunteering created relationships that are reciprocal. Furthermore, the volunteer network creates the opportunity for friendships and for the member to provide and receive support. The reciprocal support experienced by the participants in this research has been described by Robinson (1980) as being characteristic of self help groups. The characteristics (Robinson, 1980) of reciprocal social support include:

- common experiences.
- mutual help and support
- the helper principle
- collective willpower and beliefs
- constructive action toward shared goals.

Certainly, there are some similarities between the characteristics of self-help groups and the reports of the participants on the benefits of volunteering. Participants described feelings and perceptions that, in some ways, mirrored those of self-help group members. For example, one of the themes in this research communicated a sense of constructive action toward shared goals through being motivated to volunteer out of a desire to help the cause of improving or preserving the health care system. Other participants clearly described how the helper therapy principle was apparent in their volunteering. These self-help group characteristics, similar to those found in volunteer networks, would be worthwhile to study in the volunteer context.

The findings of this study are relevant to further research in volunteer practice with respect to the recruitment and retention of volunteers. This study reported the motivations and benefits experienced as a result of volunteering. These motivations could be specifically studied to learn how to improve recruitment for volunteer organizations. There were also clear themes of benefits the participants reported as a result of volunteering. These benefits could be further studied to examine how volunteers can be retained. For example, communities could use volunteering as a method of engaging community participation. Volunteer community councils assist community members in achieving a sense of belonging in the continuum of social support as well as the community at large. In all aspects of community functioning, volunteer participation serves a purpose as well as creating opportunities for social network engagement. On an individual level, volunteering could be a part of treatment plans for a range of rehabilitation programs. That is, individuals that have completed treatment for a given illness could be recruited to volunteer in that program. Furthermore, the participants did not report great meaning attached to the traditional forms of volunteer appreciation that is; luncheons and gifts. Rather, they described other motivators and benefits that played a role in retention. Volunteer programs could integrate the description of benefits into volunteer appreciation strategies.

### **Implications of the Findings for Social Policy and Programs**

Examining the benefits of engaging in a social network through volunteering for marginalized populations could create highly relevant data for social policy implementation and evaluation. Populations including families involved with child welfare authorities, individuals on parole or probation and clients in the mental

health system would be examples of societal groups that could benefit from programs that facilitate community participation and social network membership. Research that could describe the impact and benefit to these populations could become relevant in assisting to design and implement programs. The findings of this research hold implications for policy and programs at the community development level as well as for direct social work practice. Volunteering helps to create a sense of belonging in the community. Community participation can be a tool in developing a community socially, economically, and politically. This creates the opportunity for communities to be self-directed and self-initiated.

Research in policy development would be relevant from several perspectives, including: community structure and functioning, crime and deviance, settlement services for immigrants, and rural issues to name a few. Rural issues in particular would be a good match for further research in social network engagement. As we see the farming communities struggling to survive, the importance of social networks become critical. Some of the participants in this research had rural experiences and spoke of volunteering in a rural area as vital to sustaining the community.

As previously suggested, the benefits of volunteering are not dissimilar to those experienced by members of a self-help group. If the volunteer structures and the self help group model were deliberately overlapped this would create the opportunity for volunteer programs that provided social care in a broader context. This model would also facilitate a wider recruitment focus for new volunteers because of the recognition of the benefits to the volunteer.

The work of Francis and Henderson (1992) in social work practice issues in rural England supports the findings of this research. Central to the theoretical

foundation of this study has been the notion that social support is reciprocally beneficial to the receiver and provider of support. Understanding the meaning and importance of social network membership, with volunteering as the vehicle for that membership, allows practitioners and policy makers to view the nature of social service provision in a different way. Rather than viewing social care as a provision of service, it could be reframed to reflect the relationships within social structures. From a social work perspective, recognizing the benefits of volunteering can create opportunities for clients. Improving personal satisfaction and a sense of belonging could be a relevant component of a case plan for clients in any area of social work practice. Clients identified as marginalized or isolated would clearly benefit from engagement in a social network.

Reciprocity in community participation and social network membership has been demonstrated as beneficial for the member and the network. Social support has benefits for the provider and the recipient. This study demonstrates that volunteering provides the opportunity to experience a sense of belonging and to feel a sense of accomplishment. The benefits of volunteering and social network membership have a positive impact on emotional and physical health and general well being.

### References

- Atchley, R. (1983). Age, continuity and change. Belmont, Ca: Wadsworth Publishing.
- Balassare, M., Rosenfeld, S. & Rook, K. (1984). The types of social relationships predicting elderly well being. Research on Aging, 6 (4), 549-559.
- Bandura, B. & Waltz, M. (1984). Social support and quality of life following myocardial infarction. Social Indicators Research, 14, 295-311.
- Barrera, M. & Ainlay, S. (1983). The structure of social support: A conceptual and empirical analysis. Journal of Community Psychology, 11, 133-143.
- Berkman, L. & Syme, S. (1979). Social networks, host resistance and mortality: A nine-year follow-up study of the residents of Alameda county. American Journal of Epidemiology, 109, 186-204.
- Botwinick, J. (1973). Aging and behaviour: A comprehensive integration of research findings. New York, N.Y.: Springer Publishing.
- Burgess, R. & Huston, T., (1979). Overview. In R. Burgess & T. Huston (Eds.), Social exchange in developing relationships (pp.3-28). New York, N.Y.: Academic Press.
- Bradburn, N.M. (1969). The structure of psychological well being. Chicago, Ill.: Aldine Press.
- Brandon General Hospital. (1998) Volunteer department annual general report. Brandon, Mb. Author
- Brandon General Hospital, (1996) Volunteer department manual. Brandon, Mb. Author
- Caplan, G. (1974). Support systems and community mental health. New York, N.Y.: Behavioural Press.

Cassel, J. (1974). Psychological process and stress: Theoretical foundation. International Journal of Health Services, 4, 471-482.

Chambre', S. (1987). Good deeds in old age: Volunteering by the new leisure class. Lexington, Mass: Lexington Books.

Chappel, N. & Havens, B. (1985). Who helps the elderly person: A discussion of informal and formal care. In N. Peterson and J. Quadagno (Eds.), Social bonds in later life (pp.211-228). Beverly Hills, California: Sage Publications.

Chappell, N. (1992). Social support and aging. Toronto, Ont.: Butterworth.

Charette, C. (1994). Public opinion in Canadian prairie inner cities. Winnipeg, MB.: Institute of Urban Studies, University of Winnipeg.

Cobb, S. (1976). Social support as a moderator of life stress. Psychosomatic Medicine, 38, 300-314.

Coyne, J. & DeLongis, A. (1986). Going beyond social support: The role of social relationships in adaptation. Journal of Consulting and Clinical Psychology, 54,(4), 454-460.

Cutrona, C. & Suhr, J. (1994). Social support communications in the context of marriage: An analysis of couples' supportive interactions. In B.R. Burleson, T.L. Albrecht, & I.G. Sarason (Eds.) Communication of social support: Messages, interactions, relationships, and community (pp.113-135). Beverly Hills, California: Sage Publications.

Dakof, G. & Taylor, S. (1990). Victims' perceptions of social support: What is helpful from whom? Journal of Personality and Social Psychology, 58, 80-89.

Davis, M. (1994). Empathy: A social psychological approach. Madison, WI.: Brown and Benchmark.

- Dean, A. & Lin, N. (1977). The stress buffering role of social support. Journal of Nervous and Mental Disease, 165, 403-417.
- Duchesne, D. (1989). Giving freely: Volunteers in Canada. (cat.no. 71-602.) Ottawa, Ont.: Labour and Households Division of Statistics Canada.
- Durkheim, E. (1947). The division of labour in society. London, G.B.: Macmillan Publishers.
- Fischer, C. (1977). Networks and places. New York, N.Y.: Macmillan Publishers.
- Francis, D. & Henderson, R. (1992). Working with rural communities. Basingstoke, G.B: Macmillan Publishers.
- Frisch, M. (1993) The quality of life inventory: A cognitive-behavioural tool for complete problem assessment, treatment planning, and outcome evaluation. The Behavioural Therapist. Feb. 1993, 42-44.
- Gibbons, R. (1986). How volunteers view volunteerism. Calgary, AB.: Research Unit for Public Policy Studies, University of Calgary.
- Ginsberg, M. (1965). Durkheim's ethical theory. In R. Nisbet (Ed.) Emile Durkheim (pp142-152). Englewood Cliffs, New Jersey: Prentice Hall
- Gottlieb, B.H. (1981). Social networks and social support. Beverly Hills, California: Sage Publications.
- Gottlieb, B.H. (1987). Social support strategies: Guidelines for mental health practice. Beverly Hills, California: Sage Publications.
- Graff, L. (1991). Volunteer for the health of it. Toronto, Ont.: Volunteers Ontario.

Groenou, M., Sonderson, E. & Ormel, J. (1990). Test-retest reliability of personal network delineation. In K. Knipscheer & A. Antonucci (Eds.), Social network research (pp. 121-136). Rockland, Maryland: Swets and Zeitlinger.

Gulker, V. & Wilson, K. (1993). Helping you is helping me. Ann Arbor, Michigan; Vine Books.

Hall, M., Knighton, T., Reed, P., Bussiere, P., McRae, D., Bowen, P. (1998). Caring Canadians (cat.no. 71-542 XPE) Ottawa, ON: Statistics Canada

Hallman, H. (1970). Neighbourhood control and public programs. Washington, D.C.: Praeger Publishers.

Hallman, H. (1984). Neighbourhoods. Beverly Hills, CA: Sage Publications.

Hirsch, B.J. (1980). Natural support systems and coping with major life stress, American Journal of Community Psychology, 8, 159-172.

House, J.J. (1981). Work stress and social support. Reading, Mass: Addison-Wesley.

Kahn, R.L. & Antonucci T.L. (1980). Convoys of over the life course: Attachment roles and social support, in P.B. Baltes & O.G. Brim (Eds.) Life Span Development and Behaviour (pp. 383-405). New York, N.Y.: Academic Press.

Knipscheer, C. (1980). Old people and their social environment: A study of the primary social network. The Hague, Netherlands: Vuga.

Knipscheer, C. & Antonucci, T. (1990). Social network research: Substantive issues and methodological questions. Rockland, Maryland: Swets and Zeitlinger.

Kozma, A., Stones, N.J. & McNeil, J. (1991) Psychological well being in later life. Toronto, Ont.: Butterworth Group.

Leavy, R.L. (1983). Social support and psychological disorder: A review. Journal of Community Psychology, 11, 3-21.

Lee G. R. (1985). Kinship and social support of the elderly: The case of the United States. Aging and Society, 5, 19-38.

Lenski, G. & Lenski, J. (1987) Human societies. New York, N.Y.: McGraw Hill.

Lin, N., Simeone W., Ensel, M., & Kuo, W. (1979). Social support, stressful life events and illness: A model and empirical test. Journal of Health and Social Behaviour, 20, 108-119.

Luks, A. & Payne, P. (1991). The healing power of doing good. New York, N.Y.: Fawcett Columbine.

Marshall, C. & Rossman, G. (1989). Designing qualitative research. Beverly Hills, California: Sage Publications.

Maykut, P. & Morehouse, R. (1994). Beginning qualitative research: A philosophical and practical guide. London, G.B.: Falmer Press.

Manitoba Government, (1996). Strong people building strong communities: A report on the community round tables. Winnipeg, MB.: Queen's Printer.

McCurley, S. & Lynch, R. (1992). Volunteer management: Mobilizing all the resources in the community. Downer's Grove, Illinois: Heritage Arts Publishing.

Mitchell, R. & Trickett, E. (1980). Mediators of social support (an analysis of the effects and determinants of social networks), Community Mental Health Journal, 16, 27-44.

Mueller, D.P. (1980). Social networks: A promising direction for research on the relationship of the social environment and the psychotic disorder. Social Science and Medicine, 14A, 147-161.

Mukherjee, R. (1994). The quality of life. Minneapolis, Minn.: NCS Publications.

- Nisbet, R.A. (1966). The biological tradition. New York, N.Y.: Basic Books.
- Nisbet, R. A. (1974) The sociology of Emile Durkheim. New York, N.Y.:  
Oxford University Press.
- Novak, M. (1997). Aging and society: A Canadian perspective. Toronto,  
Ont.: ITP Nelson.
- Olstad, M. (1986). Determinants of satisfaction with volunteer work.  
Calgary, AB.: Research Unit for Public Policy Studies, University of Calgary.
- Paoletti, I. (1998) Being an older women: A study in the social production of  
identity. Mahwah, New Jersey, N.Y.: Lawrence Erlbaum Associates.
- Pierce, G., Sarason, B., Sarason, I., Joseph, H. & Henderson, C. (1996).  
Handbook of social support in the family. New York, N.Y.: Plenum Press.
- Prince, M. & Chappell, N. (1994). Voluntary action by seniors in Canada.  
Victoria, B.C.: University of Victoria , Centre on Aging.
- Robinson, D. (1980) Self help groups. In P. Smith, Small groups and  
personal change (pp.176-193). London. G.B.: Methuen & Co. Ltd.
- Rosenthal, R. & Rosnow, R. (1975) The volunteer subject. New York, N.Y.:  
John Wiley & Sons.
- Ross, L & Shillington, R. (1989). A guide to the 1987 survey of volunteer  
activity in Canada. Ottawa, Ont. Statistics Canada.
- Scherer, J. (1972). Contemporary community: Sociological illusion or  
reality?. London, G.B.: Tavistock Publications.
- Schulz, R., Williamson, G., Morycz, R., & Biegel, D., (1992). Costs and  
benefits of providing care to Alzheimer's patients. In S. Spacapan & S. Oskamp,  
Helping and being helped (pp.153-182). Beverly Hills, California: Sage Publications.

- Shaughnessy, J. & Zechmeister, E. (1985). Research methods in psychology. New York, N.Y.: Knopf.
- Smelser N.J. (1973). The materialist basis of society. In N.J Smelser, (Ed.). Karl Marx on society and social change. Chicago, Ill.: University of Chicago Press.
- Snyder, M. & Omoto, A., (1992). Who helps and why? The psychology of AIDS volunteerism. In S. Spacapan & S. Oskamp (Eds.), Helping and being helped. Beverly Hills, California: Sage Publications.
- Sonderson, E., Ormel, J., Brilman, E., van den Heuvel, C. (1990). Personal network delineation: A comparison of the exchange, affective and role relation approach. In C. Knipscheer, & T. Antonucci (Eds.), Social network research (pp.101-120). Rockland, Maryland: Swets and Zeitlinger.
- Spacapan, S. & Oskamp, S. (1992). (Eds.). Helping and being helped Beverly Hills, California: Sage Publications
- Stone, L., Rosenthal, C, Connidis, I., (1998) Parent-child exchanges of support and intergenerational equity. (cat.no. 89-557XPE.) Ottawa, Ontario. Statistics Canada
- Swignoski, M. (1994). The logic of feminist standpoint theory for social work research. Social Work, 39: 387-393.
- Tutty, L., Rothery, M., & Grinnell, M., (1996). Qualitative research for social workers. Toronto, Ont.: Allyn and Bacon.
- Vineyard, S. & McCurley, S. (1992). Managing volunteer diversity. Downer's Grove, Illinois: Heritage Arts Publishing.
- Wan, T., Odell, B. & Lewis, D. (1982) Promoting well being of the elderly: A community diagnosis. New York, N.Y.: Haworth Press.

Wan, T. (1982) Stressful life events, social support, and gerontological health.  
Lexington, Massachusetts: D.C. Heath & Company.

Wan, T. (1985) Well being and the elderly: Primary preventive strategies.  
Lexington, Massachusetts: Lexington Books.

Weber, M. (1947). The theory of social and economic organisations. New  
York, N.Y: Free Press.

Wellman, B.(1981). Applying network analysis to the study of support. In  
B. Gottlieb, (Ed.), Social networks and social support (pp.11-42) Beverly Hills,  
California: Sage Publications.

Wellman, B. (1984). From social support to social network. In I.Sarason &  
G.Sarason (Eds.), Social support: Theory, research and applications (pp.205-  
224).The Hague, Netherlands: Martinus Nijhoff.

Wellman,B. & Berkowitz, S. (1988). Social structures: A network approach.  
New York, N.Y.: Cambridge University Press.

Wheaton, B. (1985). Models for the stress buffering functions of coping  
resources, Journal of Health and Social Behaviour. 26, 352-364.

Wijnberg,M. & Weinger,S. (1998). When dreams whither and resources fail:  
The social support systems of poor single mothers. Families in Society: Journal of  
Contemporary Human Services. 79, (2): 212-219.

Appendix A - Letters and Forms

Dear Volunteer,

July 24, 1998

I am writing to provide you with information about a study in which you may wish to participate. I am a graduate student in the Faculty of Social Work from the University of Manitoba. The volunteers at the Volunteer Department at Brandon General Hospital are the focus of the research study portion of my Masters degree. The goal of the study is to identify and describe the meaning and importance that volunteering has in the lives of rural women. The contribution of your volunteer time and commitment is of great value to the hospital and your community. Your thoughts and feelings about the meaning of volunteering in your life are important information for this study.

If you are interested in participating in this study please call the local number 726-2232 and leave your name, phone number, and address. I will get back to you to explain the study and describe specifically how you could be involved. I am planning to conduct interviews between August 7-21. Participants in the study will be interviewed in person, and the findings will be kept confidential. The decision to participate in the study is purely voluntary and will not be shared with other participants or the Volunteer Department. Should you choose to participate you will be asked to sign a consent form. This study is supervised by my Thesis Committee and is approved by the Research Ethics Committee in the Faculty of Social Work at the University of Manitoba.

Thank you very much for your time and I hope you will choose to call the local number for more information about the study. I am very much looking forward to coming home to Brandon for the study, and I believe this research will help achieve a greater understanding about volunteering and its many benefits.

Sincerely,

---

Pamela Leech B.A., B.S.W.(Hons)

Winnipeg ph.(204) 487-1171

Brandon ph. 728-6945

**CONSENT FORM**

Researcher: Pamela Leech      Phone # (204) 487-1171 or 7286945

Graduate Student in the Faculty of Social Work

Thesis Advisor: Sid Frankel      Phone # (204) 474-9550

---

The purpose of this study is to gain a better understanding of social relationships and the meaning of volunteering in your life. We will talk about your volunteering, how you feel about your social network and your sense of well being.

I understand my participation in this study is voluntary. I may decline answering any question and I may withdraw at any time. Information about my participation in this study will not be shared with the Brandon General Hospital.

I understand my answers and my identity will be kept confidential. My identity will be masked on the transcription of the interview and my answers will only be used in the context of the research study. In addition to the researcher, non-identifying information may be shared with the members of the thesis committee, the Coordinator of the Volunteer Department of the Brandon General Hospital, and the Rural Development Institute at Brandon University for assistance in analysis. The tapes of the interview will be retained by the researcher.

---

NAME	Phone #	DATE
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---

NAME (please print)

If you would like a summary of results of this study please check here \_\_\_\_\_.

Thank you very much for participating in this research.

Mrs. Marg Loughton  
Volunteer Department  
Brandon General Hospital

Re: Masters Thesis

Dear Marg,

This letter will serve to confirm our various telephone conversations over the past few months. I had initially called to discuss my research study for my graduate studies in the Faculty of Social Work at the University of Manitoba, I am pleased to advise the study has been approved and I can now begin scheduling the interviews.

As we discussed, this research study is examining the meaning and importance of social networks for women who volunteer, I will contact you next week to arrange a convenient schedule for the study. I have arranged to be in Brandon for most of August to complete the data collection. I will be interested in reviewing information about the Volunteer Department (manual, etc.) and will need access to information about your volunteers. I have attached a copy of the letter they will receive inviting interested persons to volunteer to participate in the study.

Thank you very much for your cooperation and your encouragement. I look forward to seeing you and talking more about my research. Please call me if you have any questions or need any information.

Sincerely,

Pamela A. Leech B.A., B.S.W. (Hons.)

47 Ash Street

Winnipeg, Manitoba R3N 0P4

ph/fax. 204 487-1171

Appendix B - Instruments

### Antonucci Affective Method

This tool appears in the literature in the Kahn and Antonucci (1980) chapter on attachment and social support in "Life-Span Development and Behaviour" (Baltes and Brim,1980). The research of Kahn and Antonucci (1980) was concerned with the determinants of individual well-being through the life course. The central proposition of their research is that social support is an important determinant of well-being, both for its direct contribution and for its ability to moderate stress. The concept of the convoy or personal network is proposed as the structure within which social support is given and received. This tool uses two or more concentric circles with the participant being identified as being at the centre. The person is then asked to identify people with whom they are very close and feel a supportive relationship in the inner circle. The next circle represents people whom they rely upon and relate to but do not necessarily feel close to on an emotional level. Kahn and Antonucci(1980) describe the method as very focused and bounded in its nature as it is limited to the individual and his or her context. Depending upon the question asked in conjunction with the tool the researcher can acquire directional information strictly related to one topic (e.g. emotional attachments). Kahn (1978) used the tool in a separate study to demonstrate its ability to generate broader network data when asking about network attachments by category (neighbour, co-worker, etc.)

#### Reliability and Validity

Several years later, Sonderson et al (1990) compared the Antonucci Affective Method with an exchange method and a role relation method of network analysis. They studied 304 respondents in an in-depth interview fashion. After comparing the nature and content of the information elicited by each of the three approaches, the Affective Method was determined to be most effective in accessing

information about participants' intimate relationships. These are persons in the participants' network that tend to be more long term, traditional relationships. Furthermore, Groenou et al (1990) conducted an assessment of test-retest reliability of the Sonderson study and determined that the affective method of social network analysis was effective in accessing information about intimate relationships with "high test -retest reliability" (Groenou et al, 1990: 135).

The researcher is using this method as a tool to gain information about the participants' social network, more specifically the volunteer network. The tool will help to build the foundation for further discussion about the participants' more personal feelings about their friendships and about the role of volunteering in their life. Similar to the technique of funneling in clinical interviewing, starting with less personal questions and purposively moving toward more personal information can be helpful in building an interviewing rapport, gaining the trust of the participant, and ultimately accessing full and complete information.

### **Interview Schedule**

The first two stages are preparatory stages for the researcher to recruit and prepare participants for the interview.

1. Recruitment letter requesting participation and explaining study.
2. Follow up call to offer information and schedule interview time and place.
3. Interview
  - a) Consent: discuss consent form, sign, leave one copy with participant
  - b) Engagement Phase: non-directioned discussion, information about researcher, study, general discussion about participant.
  - c) Demographic Information:

Age: Which of the following categories does your age fall into?

18 to 35 . . . . .	1
36 to 54 . . . . .	2
>55 or greater. . . . .	3
Refused/Not stated . . .	4

Marital Status: What best describes your current marital status?

Single . . . . .	1
Married/ Co-habiting. .	2
Divorced/Separated. . .	3
Widowed . . . . .	4
Refused/Not stated. . . .	5

Income: Which of the following categories best describes your household income before taxes?

Under \$10,000. . . . .	1
\$10 - 19,999 . . . . .	2

\$20 - 29,999 . . . . .	3
\$30 -39,999 . . . . .	4
\$40 - 49,999. . . . .	5
\$50 - 59,999 . . . . .	6
\$60 -69,999 . . . . .	7
\$70 - 79,999 . . . . .	8
\$80 - 89,999 . . . . .	9
\$90 - 99,999 . . . . .	10
\$100,000 and over . .	11
Refused/Not stated . .	12

Education: What is the highest level of education that you have completed?

Grade school or some high school . . . . .	1
Complete high school . . . . .	2
Technical, post -secondary . . . . .	3
Some University . . . . .	4
Complete University Degree . . . . .	5
Post Graduate Degree. . . . .	6
Don't Know/Not stated . . . . .	7

Employment Status: Are you presently in a paid employment situation?

Yes . . . . .	1
No . . . . .	2
Refused? Not stated . .	3

Residence: Do you live in the city of Brandon

Yes . . . . .	1
No . . . . .	2

Refused/Not stated . . . 3

d) Motivation and Importance of Volunteering: How important to your volunteering is: companionship, fulfilling religious beliefs, learning skills, helping other, helping a cause, a feeling of accomplishment, doing something you like, helping to maintain and promote your heritage or language, having an influence in community affairs, improving your job opportunities, feeling an obligation to help, using your skills and experience, doing work that benefits your children, your family, or yourself, feeling you owe something to your community, doing something with your spare time, how often do you volunteer?

e) Satisfaction with Social Network (Antonucci Affective Method as a tool for discussion in defining and describing the volunteer network). The use of the concentric circles is intended to assist the participant in providing information about the volunteer network of which they are a member. This discussion will establish the foundation for questions about the effects of volunteering in the participant's social network. Questions included: Do you feel you have made any new relationships as a result of your volunteering? How many people do you know in a close relationship? How many people do you know in a peripheral relationship?

f) General Well being: how do you feel about things? do you feel you have good health?

g) Emotional Well Being: do you have people in your life to whom you are close? Do you have a sense of belonging in your life, Why? Are you happy, satisfied with your quality of life? What contribution if any has volunteering made to your quality of life? (Detailed oriented probes (Maykut and Morehouse,1994))

h) Benefits of Volunteering: what is the most significant benefit, if any, you experience as a result of volunteering? (Elaboration Probes (Maykut and Morehouse,1994))

i) reflection, clarify, review information with participant (Clarification Probes (Maykut and Morehouse,1994))

j) closure, offer summary of results

k) Journal: Process recording notes of content, affect, and situation of interview.

This journalling provides the opportunity to document nuances that might otherwise be lost.

Appendix C – Ethics Approval Certificate

RESEARCH ETHICS COMMITTEE APPROVAL CERTIFICATE

Faculty of Social Work  
University of Manitoba  
Winnipeg, Manitoba.

To: P. Leech.

July 20, 1998.

YOUR PROJECT ENTITLED *The Importance of Social Networks to Rural Women Who Volunteer* HAS BEEN APPROVED BY THE RESEARCH ETHICS COMMITTEE.

CONDITIONS ATTACHED TO THE CERTIFICATE:

1. You may be asked at intervals for a progress report.
2. Any significant changes of the protocol should be reported to the Chairperson of this Committee so that the changes can be reviewed prior to their implementation.

Yours truly,



Grant Reid

Chair

Research Ethics Committee.

(204) (474-8455).

RECEIVED  
JUL 23 1998

Winnipeg Child & Family  
Services-East

Appendix D - Volunteer Profiles

**Profile****Participant 1**

Age: over 55

Marital Status: separated

Income: not stated

Education: technical

Employment: yes

Residence: Brandon

Motivation/Importance:

A. Key Areas: Helping others, helping a cause, sense of accomplishment, doing something you like, something with spare time, owe to community.

B. Theme: Respondent indicated a desire to participate in her community and “do something meaningful”. She also noted a perception that “they need volunteers so badly”. “I’d like to contribute this for the community” and “I like being with people”. Respondent used volunteering as a tool in personal development and as a buffer to stress.

Satisfaction with Network:

Number of Close Affiliations: 0

Number of Peripheral Connections: 10

C. Level of Satisfaction with Volunteer Network: Volunteers three times a month in the Gift Shop and delivering flowers (indirect). “I feel it’s terrific for me in every sense of the word. Spiritually, it picks me up. I might be down and going to do that (volunteer) it just makes a world of difference. It satisfies me, it makes me feel good, and I’d be lost without it.”

Well Being:

Health: Good physical health

Emotional: Poor - (recently separated after 40 years of marriage)

Contribution of Volunteering to Quality of Life: “It gives you such a good feeling”. Respondent indicated that her volunteer experience was a buffer to stress. “We’re all supportive of one another”.

Benefits of Volunteering: Respondent states she has learned to relate better to people. “I feel so much stronger now, I’m not afraid to do things, or have someone put you down or be afraid of them.

Rural Experience: No

**Profile****Participant 2**

Age:36-54

Marital Status:separated

Income: \$50-59,999

Education: technical

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: companionship, helping others, helping a cause, feeling of accomplishment, using/learning a skill, obligation to help, owe something to community, something with spare time.

Theme: Respondent wanted to meet new people, particularly other women and "I had been in the country less than a year and I figured it was a way of meeting people. (The hospital) is a big network, women talk and share." "You feel that you have done something." "Just to make yourself feel more secure and confident in different situations". "I feel we all owe each other something". Respondent used volunteering as a tool to engage with her community and as a buffer to stress and way to meet emotional needs.

Satisfaction with Network:

Number of Close Affiliations: 4

Number of Peripheral Connections: 5

Level of Satisfaction with Volunteer Network: "I feel appreciated. It's a special little community, volunteering." "I think that at times you don't get gratitude from your kids and sometimes you don't get it from your husband. . . it would be the one and only place where you felt you were achieving something halfway decent." Respondent volunteers twice a week in Occupational Therapy. She feels she has relationships with staff and patients.

Well Being:

Health: Good

Emotional: Moderate (recently separated, conflict with children, feelings of isolation)

Contribution of Volunteering to Quality of Life: "I feel I actually contribute. Possibly, . . . I'm productive. I enjoy them (patients) and I feel there is so much unhappiness, so much neglect". "(Volunteering) it's almost like a root to me".

Benefits of Volunteering: "Besides the companionship, which is important for me, it's about the only way I'm connected to the community".

Rural Experience: No

**Profile****Participant 3**

Age: over 55

Marital Status: widowed

Income: Not stated

Education: Univ.

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: learning skills, helping others, helping a cause, a feeling of accomplishment, feeling an obligation to help, benefits family, owe to community, do something with spare time.

Theme: Staying active in retirement, "I like to have a well-balanced life . . . I think that (lifestyle) is preventative". Demonstrating family values, " My granddaughter who is nine, it gets them (children) thinking about volunteering". Respondent felt a sense of belonging and commitment to her community, "everybody needs to give back to their community".

Satisfaction with Network:

Number of Close Affiliations: 1

Number of Peripheral Connections: 8

Level of Satisfaction with Volunteer Network: Volunteers weekly in Inquiry, flowers, Gift Cart and Gift Shop. (direct and indirect) "I always feel very rewarded when I come home." Respondent has relationships with staff members and other and volunteers. Respondents' level of satisfaction is partly due to a sense of pride in her work as well as the relationships she experiences as part of a social network.

Well Being:

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: "I guess that sense of reward, of giving of your time. I think if you feel rewarded within yourself you feel happier. If you're happier, you're healthier". Respondent feels the social and physical activity associated with volunteering has contributed to her quality of life.

Benefits of Volunteering: "I would say emotional, because there is a sense of companionship . . . they're your friends". Respondent feels the friendship and companionship she experiences in the volunteer network is the most significant benefit of volunteering that she experiences.

Rural Experience: Respondent lived in Minnedosa; she identifies volunteering as an integral part of belonging to the community.

**Profile****Participant 4**

Age: over 55

Marital Status: married

Income: \$50-59,999

Education: high school

Employment: no

Residence: Brandon

**Motivation/Importance:**

Key Areas: Helping a cause, a feeling of accomplishment, doing something you like, using your skills, owing to community.

Theme: Respondent does administrative, bookkeeping, and archive work in her volunteering. Her motivation for volunteering was about helping a cause and the feeling of accomplishment associated with completing a task. "Nobody would do the archive work if I wasn't there". Respondent communicated her sense of dedication to the efforts of preserving history. Her spouse was employed at BGH and this association made her feel comfortable at the hospital for a volunteer setting. Respondent also volunteers in local schools sorting library books.

**Satisfaction with Network:**

Number of Close Affiliations: 4

Number of Peripheral Connections: 25

Level of Satisfaction with Volunteer Network: "I'm retired so I can do whatever I want to and I'm enjoying that." The social network in her volunteering is important, "we have fun, to me it's not like working". Respondent volunteers twice a week in Archives, and once a week in Pastoral Care playing the piano. She stated she liked interacting with patients but felt more connected to Archives because of her commitment to historical preservation and her relationships with other volunteers.

**Well Being:**

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: Companionship and friendship. "I was able not just to maintain, but to improve, my friendships with people that volunteer".

Benefits of Volunteering: A sense of accomplishment and the benefit of having "learned a lot of interesting things about Brandon and the hospital".

Rural Experience: No.

**Profile****Participant 5**

Age: over 55  
Grade school

Marital Status: widowed  
Employment: no

Income: not stated Education:  
Residence: Brandon

Motivation/Importance:

Key Areas: Helping others, a feeling of accomplishment, doing something you like, feeling an obligation to help.

Theme: Respondent felt that helping others, and the emotional attachment she has with the patients is "what keeps me going". "You feel you have accomplished something if you help someone else". . . "I think everybody in their everyday life should help others. If you see someone needing help, help them. Why would you turn your back? " . . . " I ask each night for the strength to do the best I can for others. That's all I have in life, is what I can do for others." Respondent has a deep personal commitment to helping the elderly.

Satisfaction with Network:

Number of Close Affiliations: 2

Number of Peripheral Connections: 0

Level of Satisfaction with Volunteer Network: Respondent felt close relationships with the two staff members she works with in Occupational Therapy. However, she seemed most satisfied with her attachment to the patients. She described them as "childlike" and "I'm mum to an awful lot of people". The ability to provide nurturance and comfort to another person was deeply fulfilling for her. Respondent volunteers twice a week doing activities with patients.

Well Being:

Health: Good (respondent identified herself as over 80 years of age)

Emotional: Good

Contribution of Volunteering to Quality of Life: "What would I have done after I retired if I didn't volunteer? I would have just sat around and deteriorated." She believes staying fit and active contributes to good health however, respondent states that, "it has to be done with others, to give you that sense of being and satisfaction. Volunteering is that connection with other people."

Benefits of Volunteering: Personal satisfaction, "being there and doing things with people, it's satisfying. I just love it." Respondent volunteers on a daily basis at BGH and a seniors centre. She also "looks after" several seniors in her community by checking on them every day and bringing them their mail or running errands.

Rural Experience: No.

**Profile****Participant 6**

Age: 18-35

Marital Status: single

Income: under \$10,000

Education: Some Univ.

Employment: yes

Residence: Brandon

Motivation/Importance:

A. Key Areas: Learning skills, helping others, helping a cause, a feeling of accomplishment, doing something you like, having an influence in community affairs, feeling an obligation to help, using skills, owe to community.

B. Theme: Respondent wanted to gain experience in a hospital and is considering a career in medicine. The most important motivation for her was the sense of helping a cause. Respondent states that health care is deteriorating and she watched a family member "go without her meals (and) she lost a lot of dignity . . . it was really disturbing". She feels a commitment to her community, "I'm really involved in the community, I think we should all do our share because it's a great place to live".

Satisfaction with Network:

Number of Close Affiliations: 2

Number of Peripheral Affiliations: 12

Level of Satisfaction with Volunteer Network: Respondent volunteers three times a week in OR holding, ER, Pediatrics and the Gift Shop. Respondent did not identify close attachments to staff or volunteers, but did see volunteer as her way of engaging and being involved in her community

Well Being

Health: Good

Emotional: Good

Contribution to Quality of Life: Respondent states volunteering makes her feel like she is connected to her community. Also, "I feel like I'm doing something for others".

Benefits of Volunteering: Personal development has been beneficial to the respondent, "I like learning people skills". A sense of accomplishment has also been important, "knowing that I've been there, helped along the way to their recovery, is just a wonderful feeling". . . "I'm making a difference".

Rural Experience: No

**Profile****Participant 7**

Age: over 55

Marital Status: married

Income: \$60-69,999

Education: post grad

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Fulfilling religious beliefs, learning skills, helping others, feeling of accomplishment, promote your heritage, using skills, owe to community.

Theme: Respondent stated "we should help each other" noting a commitment to the community and to people "in order to make people's lives a bit more comfortable." She stated, "I think we do owe to put something back in by volunteering". Respondent also stated that volunteering has allowed her to learn about all walks of life including the elderly, as well as learning "a lot from patients' attitudes". Respondent was motivated by her perception of a decline in the quality of patient care. "The cause is the general being of the patients. . . truthfully, I know it is not as good as it was because of a lack of money and because of lack of nursing staff".

Satisfaction with Network:

Number of Close Affiliations: 2

Number of Peripheral Connections: 10

Level of Satisfaction with Volunteer Network: Since retirement, respondent volunteers with her spouse. She identified the staff in the Volunteer Department as people with whom she had a relationship. Respondent volunteers twice a month now. She has volunteered singing, in the Gift Shop, Pediatrics, is past president of the Auxiliary, and in Palliative Care. Although she found it to be demanding work, she particularly enjoyed building relationships with the children on the Pediatric Ward. She did not enjoy Palliative Care.

Well Being:

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent states she is "very active, has a very good network of friends". She feels that volunteering provides balance in her life, "it helps make me less selfish. . . there is a need for volunteers and it makes me think about other people". Respondent states she volunteers in many other areas of her community and feels rewarded by all her activities.

Benefits of Volunteering: Personal satisfaction, "that feeling you've maybe helped someone."

Rural Experience: No.

**Profile****Participant 8**

Age: 36-54

Marital Status: married

Income: not stated

Education: technical

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Helping others, a feeling of accomplishment, doing something you like, using skills, doing something with spare time.

Theme: "I have time to help and the way the fiscal things are going at the hospital, there are too few people to do too much." . . . "I think that if my children went through that (surgery) I would like someone there to reassure and relax them. . . also it might start them thinking about volunteering" Respondent felt volunteered could be a vehicle for modeling family values. "The reality of life in a hospital now is that you get your basic treatment and hope that there are other people for support because the nursing staff does not have the time. The doctors a lot of times just whip in and out". The respondent felt the quality of patient care had declined and that volunteers could possibly bridge the gap in service.

Satisfaction with Network:

Number of Close Affiliations: 1

Number of Peripheral Connections: 4

Level of Satisfaction with Volunteer Network: Respondent does not see volunteering as a way to build relationships with others. She feels satisfaction with the feeling of having contributed. Respondent described herself as being isolated socially and very "private". She felt volunteering was satisfying for intrinsic reasons, rather than as a result of relating to a social network.

Well Being:

Health: Good

Emotional: Moderate (both of her adolescent daughters have been diagnosed with long term illness this year. "This last year has been very stressful so I question my well-being")

Contribution of Volunteering to Quality of Life: Respondent was not in the workforce and volunteering "gives you a sense of satisfaction and a sense of worth that you are doing something that makes a difference". . . "It's interesting because you meet all kinds of different people". Volunteering was an opportunity to stay physically and intellectually active.

Benefits of Volunteering: "Personal sense of satisfaction. . . relaxation".

Rural Experience: Yes. "In a rural community there is far more community spirit and networking." . . . "Rural women travel to get to activities and it adds a stress level." . . . "Rural communities are more connected, you realize if you didn't do it, that your community probably wouldn't survive".

**Profile****Participant 9**

Age: 36-54

Marital Status: married

Income: \$80-89,999

Education: comp. Univ.

Employed: no

Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, learning skills, helping others, a feeling of accomplishment, doing something you like, having an influence in community affairs, using skills.

Theme: Respondent relocates frequently and "I deliberately use the volunteer work as a connection, to get into this community" . . . "You would volunteer as a social network because you are in isolated communities or you are an isolated part of the community" . . . "I think of it (volunteering) as part of the responsibility of being a good citizen wherever you are".

Respondent was a Public Health Nurse for 10 years, and "likes the medical field".

Respondent enjoys feeling she is participating and joining as a member of the community.

Satisfaction with Network:

Number of Close Affiliations: 8

Number of Peripheral Connections: 20

Level of Satisfaction with Volunteer Network: Respondent volunteers three times a week, up to 20 hours per week. She volunteers in the Prairie Health Matters in nutritional services, is on Auxiliary, connected to Cancer Society onsite at BGH and does patient visiting. She feels "very close" connections with the staff in each of the departments as well as the staff at the Volunteer Department. She feels the staff members trust and respect her and feels very appreciated for her efforts.

Well Being:

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent reports " a sense of accomplishment; pride in doing a job well done; friends . . . volunteering gives you friends, sometimes for life.

Benefits of Volunteering: Respondent had prepared a point form list explaining that volunteering, "gives me a sounding board; people to connect with; you get a feeling of where the world is at; connectedness; you're learning things constantly; lots of fun, lots of laughs".

Rural Experience: "The biggest thing I can see in being rural, is it's very self-initiating. You haven't got a big organization saying we need you. The networks are maybe more informal." Sees Brandon as a rural community that is almost a city.

**Profile****Participant 10**

Age: over 55	Marital Status: widowed	Income: \$30-39,999
Education: high school	Employment: yes	Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, learning skills, helping others, a sense of accomplishment, doing something you like, work that benefits yourself, owe to community, spare time.

Theme: Respondent was very isolated on the farm with an ill spouse. She started to volunteer "to have contact with other people, to become involved". She wanted to have connections with people and "I think you learn a lot of things". Also, "I think we all owe something to our community. The community can't function if we all don't help".

Satisfaction with Network:

Number of Close Affiliations: 0

Number of Peripheral Connections: 20

C. Level of Satisfaction with Volunteer Network: It is important to "meet with the patients, talk with them". Respondent also identified the staff in the various areas including the Volunteer Department as people with whom she had connections. Respondent volunteers weekly in the Gift Shop, delivering flowers, and in Admitting.

Well Being:

Health: Moderate - (recovered from three heart attacks)

Emotional: Moderate - (worried about family, daughter-in-law died last year and her son had a stroke. This has meant she has had to do more work on the family farm.)

Contribution of Volunteering to Quality of Life: "It has given me a sense of belonging, of being needed". "I love being with the people", and "I feel I have accomplished something".

Benefits of Volunteering: It keeps her active as she ages, and "I enjoy it".

Rural Experience: Yes, "when you live out in a rural community you are volunteering all the time".

**Profile****Participant 11**

Age: over 55

Marital Status: married

Income: \$30-39,999

Education: high school

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Helping others, using skills, helping a cause, owing something to your community, and doing something with your spare time.

Theme: Respondent wanted to stay active and keep her mind keen as she ages. She wanted to contribute to her community while her health allowed. Respondent identified volunteering as a component of health maintenance. She was motivated because of the sense of giving and the sense of being a part of something she experienced in volunteering. Respondent identified "the cause" she was motivated by as the health care system. Respondent volunteers twice a week in direct and indirect volunteering.

Satisfaction with Network:

Number of Close Affiliations: 3

Number of Peripheral Connections: 12

Level of Satisfaction with Volunteer Network: Respondent enjoyed the friendships and connections she had with other volunteers. Her volunteering at BGH, as well as in other areas of the community, contributes to a sense of having a voice or a contribution to her community.

Well Being:

Health: Poor

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent sees volunteering as part of her life. She volunteers in a variety of activities and feels that staying active contributes to her quality of life as she ages.

Benefits of Volunteering: Respondent identified two benefits; the first benefit was being a part of a network of volunteers with whom she has some close friendships. The second benefit was the ability to use her skills and keep her mind active. Respondent owned a business for 20 years and feels it is important not to slow down too much in retirement.

Rural Experience: Yes, the respondent lived and operated a business in MacAuley until retirement. She described volunteering in a small community as "part of your life". She stated she resented the never-ending demands for volunteers and she felt "burnt out" by the time she left.

**Profile****Participant 12**

Age: over 55

Marital Status: married

Income: \$10-19,999

Education: high school

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Fulfilling a religious belief, learning skills, helping a cause, a feeling of accomplishment, doing something you like, doing something with your spare time.

Theme: Respondent volunteers out a deeply personal sense of wanting to "good works" and as part of wanting to live a "Christian life". She has never worked outside the home and wanted to do something with her time as well as having the sense of having contributed her efforts to a worthwhile cause. She identified herself a very shy and not feeling she wanted relationships outside her family.

Satisfaction with Network:

Number of Close Affiliations: 0

Number of Peripheral Connections: 0

Level of Satisfaction with Volunteer Network: Respondent identified no one person she felt connected to as a result of volunteering. Considering she has thousands of hours logged at BGH, that is an interesting response. She felt very satisfied with her volunteering because of her sense of accomplishment in having completed a task not because of network affiliation. Respondent volunteers twice a week in the Gift Shop. She has done volunteer work directly with patients but stated she prefers the Gift Shop.

Well Being:

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent volunteers for BGH and the Salvation Army. She felt that staying active has contributed to her overall sense of well being. She stated she felt very satisfied with her quality of life.

Benefits of Volunteering: Respondent felt a deep personal sense of accomplishment and found the pride in her volunteer "work" to be personally rewarding.

Rural Experience: No

**Profile****Participant 13**

Age: over 55  
Education: Tech.

Marital Status: married  
Employment: no

Income: \$20-29,999  
Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, helping others, a sense of accomplishment, doing something you like, using your skills, and doing something in your spare time.

Theme: Respondent moved to Brandon five years ago after retirement. She wanted to volunteer to get to know people and the community. She chose BGH because of her history as a nurse and her comfort level in a hospital. She wanted to meet new friends and she wanted to stay active in her retirement. She talked about volunteering for Meals on Wheels and seeing people "self isolate". She felt inactivity led to deterioration in physical and social functioning.

Satisfaction with Network:

Number of Close Affiliations: 3

Number of Peripheral Connections 11

Level of Satisfaction with Volunteer Network: Respondent volunteers once or twice a week in the Admitting Department. She felt her closest relationships were with the staff and she felt very "accepted" by them. She enjoyed talking about "current events" and she felt her relationships with the staff gave her the outlet to do this.

Well Being:

Health: Moderate

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent felt that volunteering gave her a sense of belonging and a sense of being part of her community. She felt she had met new people and stayed active.

Benefits of Volunteering: Respondent felt that the most significant benefit was the sense of personal reward or accomplishment in having helped or provided "comfort" to someone. She identified this benefit as one of the motivating factors in having chosen nursing. She identified herself as a "nurturer".

Rural Experience: No

**Profile****Participant 14**

Age: 18-34

Marital Status: single

Income: under \$10,000

Education: some university

Employment: yes

Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, learning skills, helping a cause, doing something you like, improving your job opportunities, feeling an obligation to help, feeling you owe something to your community.

Theme: Respondent feels very connected to the staff in her volunteer setting, "they trust me and my judgment and I value that." She began as a junior volunteer because her whole family volunteers and it is part of what she identified as their value system. She feels that volunteering was important in her personal development as she has learned communication skills and become less "shy".

Satisfaction with Network:

Number of Close Affiliations: 4

B. Number of Peripheral Connections: 0

C. Level of Satisfaction with Volunteer Network: Respondent volunteers every week in the Pharmacy and in X-ray. She feels she has forged good friendships with one volunteer and three staff members. She was most proud of her relationship with staff as the measure of trust they hold in her and the quality of her work. She is very busy with work and school but continues volunteering because of these friendships.

Well Being:

Health: Good

Emotional: Poor (lives in uncertain housing arrangement)

Contribution of Volunteering to Quality of Life: Respondent had prepared a list of contributions and they were all related to personal development including; improved communication skills, elevated self esteem and greater confidence to try new things.

Benefits of Volunteering: Respondent felt the most significant benefits were the good friends and the personal fulfillment related to having done a good job or having completed a task.

Rural Experience: No

**Profile****Participant 15**

Age: over 55  
Education: technical

Marital Status: married  
Employment: no

Income: \$60-60,000  
Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, helping a cause, a feeling of accomplishment, doing something you like, having an influence in community affairs, feeling an obligation to help, using your skills, doing something that benefits yourself or your family, doing something with your spare time.

Theme: Respondent has volunteered for over 40 years in the Auxiliary. She enjoys the sense of having completed a task that comes with fundraising. She also commented that her closest friend volunteers with her at BGH and in other areas of the community. For her, the sense of community connection and belonging is very important.

Satisfaction with Network:

Number of Close Affiliations: 5

Number of Peripheral Connections: 20

Level of Satisfaction with Volunteer Network: Respondent was a nurse by profession and felt comfortable in a hospital setting. She feels her friendships through volunteering are the most important in her life. There is a network of women that she sees in a variety of contexts including socially and through volunteering. She volunteers once per month in the Auxiliary.

Well Being:

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent reported a feeling of great overall satisfaction with her life. She feels she has made significant contributions to her community and that volunteering helps her stay fit and healthy in retirement. Respondent is also very physically active.

Benefits of Volunteering: Respondent was most pleased with a sense of accomplishment on a job well done and in having seen a task through to fruition.

Rural Experience: No

**Profile****Participant 16**

Age: over 55

Marital Status: widowed

Income:\$30-39,999

Education: technical

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, helping others, a feeling of accomplishment, doing something you like, using you skills and experience, feeling you owe something to your community, doing something with your spare time.

Theme: Respondent was widowed and retired in the past five years. "I felt that I had to get out, I had to get involved with people". She felt uplifted by a sense of accomplishment and identified volunteering as an alternative to a sedentary and, what she feared to be a depressed lifestyle. She also wanted to give back to her community but her primary motivation was to fill a void. Volunteering is a buffer to stress for her in a time of life crisis.

Satisfaction with Network:

Number of Close Affiliations: 3

Number of Peripheral Connections: 15

Level of Satisfaction with Volunteer Network: Respondent reports a great level of satisfaction with volunteering as a result of her volunteer network. She has made friendships among other volunteers and staff members. She has one friend she has met through volunteering that has become a traveling companion and they have now been all over the world. Respondent volunteers twice a week on the Switchboard.

Well Being:

Health: Poor

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent felt that volunteering keeps her physically active, stimulates her mind, and fills a social void.

Benefits of Volunteering: Respondent identified a sense of being connected in the community and pride in her accomplishments as the most significant benefits of volunteering.

Rural Experience: No

**Profile****Participant 17**

Age: 36-54

Marital Status: married

Income: \$20-29,999

Education: high school

Employment: yes

Residence: Brandon

Motivation/Importance:

Key Areas: Fulfilling religious beliefs, helping others, a feeling of accomplishment, doing something you like, doing work that benefits you or you family.

Theme: Respondent comes from a family who believes in contributing to their community through volunteering. This is part of a religious commitment to "good Christian work". She finds volunteer work to be personally and spiritually rewarding. She is able to use volunteering to model her family values with her adolescent daughter.

Satisfaction with Network:

Number of Close Affiliations: 2

Number of Peripheral Connections: 6

Level of Satisfaction with Volunteer Network: Respondent did not feel she had made new friend or expanded her social network as a result of volunteering. She did however, feel very connected to the staff in the Volunteer Department. Respondent delivers flowers once or twice a week.

Well Being:

Health: Good

Emotional: Moderate (her spouse has been disabled and cannot work. This has caused financial hardship but she does not feel it has effected their happiness.)

Contribution of Volunteering to Quality of Life: Although their standard of living has lowered, respondent felt they had a good quality of life. Respondent felt that her volunteering, her church and her family all connected together to provide her with a sense of balance.

Benefits of Volunteering: Respondent felt she was personally rewarded in accomplishing the goal of living a Christian life and the spirit of volunteering was living that Christian spirit.

Rural Experience: No

**Profile****Participant 18**

Age: over 55

Marital Status: single

Income: \$20-29,99

Education: technical

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Fulfilling a religious belief, learning a skill, using your skills, owe something to your community, doing something with your spare time.

Theme: Respondent had been a missionary for 34 years and retired 15 years ago.

Volunteering is "answering a call to God" for her and she see it almost as an extension of her missionary works. She felt strongly that her volunteering was "God's work" and she must "help people find God before they die". She felt using her skills and keeping active mentally was good for her health.

Satisfaction with Network:

Number of Close Affiliations: 1

Number of Peripheral Connections: 15

Level of Satisfaction with Volunteer Network: Although the respondent clarified that she did not volunteer to meet people she did state she felt close to the Pastoral Care Coordinator. She reported a high level of satisfaction with the volunteer network and felt she was able to help others and fulfill her obligations to her faith. She volunteers regularly (weekly) in Pastoral Care directly with the patients, as well as in the time spent in training and development.

Well Being:

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent felt she had a very good quality of life and a great sense of peace and belonging in her life. If she didn't volunteer, she would not be fulfilling her calling and would be fundamentally dissatisfied.

Benefits of Volunteering: Respondent felt a very personal sense of connection with another human being; that she is able to provide comfort, help them spiritually and emotionally. She felt a great sense of personal reward in fulfilling her duty to help people "find God before they die".

Rural Experience: Respondent was in Thailand prior to retirement. She stated that everything was different and the experience of Thai society was totally different, beyond any rural and urban differences. She identified her efforts in Thailand as working mostly with women and young children.

**Profile****Participant 19**

Age: 36-54  
Education: tech

Marital Status: married  
Employment: yes

Income: \$50-59,999  
Residence: Brandon

Motivation/Importance:

Key Areas: companionship, helping others, helping a cause, a feeling of accomplishment, doing something you like.

Theme: Respondent had breast cancer and has a deep personal commitment to women and women's health. She feels a great sense of accomplishment in helping other women with cancer and she particularly enjoys volunteering in support groups because of the sense of community. Respondent values the companionship aspect of volunteering as her cancer is recurring and the people in her volunteer network are her support in a time of stress.

Satisfaction with Network:

Number of Close Affiliations: 4

Number of Peripheral Connections: 15

Level of Satisfaction with Volunteer Network: Respondent felt very satisfied with her volunteering as a result of her volunteer network. She has relationships with staff members, other volunteers and patients. She reported feeling closely and personally connected to post-mastectomy patients as a result of her outreach and group work. She has made new relationships through volunteering and now as she is in crisis, these relationships are a support and buffer to stress. She volunteers monthly in the Breast Screening Department.

Well Being:

Health: Poor (respondent reports a recurrence and metastasis of cancer)

Emotional: Poor (respondent is very frightened and wept at points in the interview)

Contribution of Volunteering to Quality of Life: Despite her situation, respondent felt very good about her quality of life. She feels great support in her marriage, her church and through her support group volunteers at Breast Screening. She feels she has accomplished much and contributed to her quality of life due to a sense of pride in her work and the quality of her volunteer relationships.

Benefits of Volunteering: Respondent identified her relationships with others as the greatest benefit to volunteering, particularly because the women she has worked with for years are now rallying around her.

Rural Experience: No

**Profile****Participant 20**

Age: over 55

Marital Status: married

Income: \$30-39,999

Education: high school

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: companionship, learning skills, helping others, helping a cause, a feeling of accomplishment, doing something you like, using your skills, doing something that benefits you and doing something with your spare time.

Theme: Respondent wanted to fill her time in retirement and wanted to do something she enjoyed and felt was worthwhile. She enjoys working closely with the elderly because she feels she is meeting a need. Respondent identified the elderly population as "neglected" and not "getting attention". She identified volunteering as a tool in personal development because she "gains a greater understanding of people" and the more "you can empathize with another person the better person you become".

Satisfaction with Network:

Number of Close Affiliations: 3

Number of Peripheral Connections: 10

Level of Satisfaction with Volunteer Network: Respondent felt very satisfied with her volunteer network, particularly with her connection the Volunteer Department and the staff. Volunteering has been a component in her sense of balance, her sense of belonging, and her sense of functioning as a compassionate and understanding member of her family and community. Respondent volunteer weekly in the Assiniboine Centre.

Well Being:

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: Volunteering has contributed to her quality of life because it has "made her a better person" and she has the satisfaction of knowing she has helped others. Respondent reported feeling connected to her community and feeling like a contributing member of that community.

Benefits of Volunteering: Respondent identified learning new skills and personal growth and development as the most significant benefit of volunteering. She felt she had gained a greater understanding of others through volunteering.

Rural Experience: No

**Profile****Participant 21**

Age: over 55  
Education: technical

Marital Status: married  
Employment: no

Income: not stated  
Residence: Brandon

**Motivation/Importance:**

Key Areas: Helping others, a feeling of accomplishment, feeling you owe something to your community, doing something with you spare time.

Theme: Respondent has never worked outside of the home and she felt that volunteering provided her the opportunity to be active, contribute to her community and take pride in an endeavor that she had pursued. She felt that she needed the kind of satisfaction she believes can be experienced through a career. She felt very rewarded when she thought about having raised funds and completed a task or project.

**Satisfaction with Network:**

Number of Close Affiliations: 3

Number of Peripheral Connections: 25

Level of Satisfaction with Volunteer Network: Respondent feels very close to several volunteers because they volunteer together in many areas of the community. There is routine in the social contact she has with these friends because of their volunteer activities. She feels she "knows" many people through her years of volunteering and it has filled a space in her life that a career would have filled. Respondent stated had trained as a nurse but didn't have the opportunity to practise her profession. Respondent volunteers once a week in the Gift Shop.

**Well Being:**

Health: Moderate (had breast cancer 8 years ago but has recovered)

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent stated she felt involved and a part of her community. She also felt volunteering "kept her busy" and active.

Benefits of Volunteering: After her cancer she saw her resumption of her volunteer activities as a signal that life had returned to "normal". Respondent found great strength and comfort in accomplishing the goal of returning to volunteering and "getting her life back".

Rural Experience: No

**Profile****Participant 22**

Age: over 55

Marital Status: widowed

Income: \$30-39,999

Education: Technical

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas Companionship, learning skills, helping others, helping a cause, a feeling of accomplishment, doing something you like, feeling obligated, using your skills, doing something with your spare time.

Theme: Respondent is widowed and retired from a long career as a nurse. She felt she had to "make a new life for herself". She wanted to use her experience in a hospital and have a feeling of accomplishment and the sense of reward she felt in completing a task. She felt she had to get involved in her community and "give back to the hospital", because she stated she had good care during her colostomy a few years ago.

Satisfaction with Network:

Number of Close Affiliations: 3

Number of Peripheral Connections: 12

Level of Satisfaction with Volunteer Network: Respondent identified one of the volunteers and the staff in the volunteer department as people with whom she has built close relationships. She knows a lot of people in the hospital and felt volunteering gave her the opportunity to see familiar faces. She talked about feeling welcomed by the staff and appreciated by the staff. Respondent volunteers in Admitting and in the Gift Shop on a twice-monthly basis.

Well Being:

Health: Poor (has recovered from cancer but recently had a full colostomy. Respondent stated she has a "chronic health problem")

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent states she is happy and satisfied with her quality of life and she feels the deliberate choice to volunteer has improved her quality of life by keeping her mind active and giving her a sense of personal accomplishment.

Benefits of Volunteering: Respondent indicated that the belief that she has comforted someone or has a connection with someone is a great benefit in her life. Respondent felt more satisfied with direct volunteer work.

Rural Experience: No

**Profile****Participant 23**

Age: over 55

Marital Status: widowed

Income: \$60-69,999

Education: technical

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, learning skills, helping others, helping a cause, a feeling of accomplishment, doing something you like, having an influence in community affairs, using your skills, owing something to your community, doing something in your spare time.

Theme: Respondent strongly believes in the value of volunteering and has been recognized nationally for her efforts. She has a great sense of pride and accomplishment in her endeavors but she also feels a personal sense of intellectual stimulation and friendship as a result of her volunteering. She volunteers in many areas of the community and feels that her efforts give something back to a community that has given her a "good life".

Satisfaction with Network:

Number of Close Affiliations: 4

Number of Peripheral Connections: 50

Level of Satisfaction with Volunteer Network: Respondent identified a few women with whom which she has volunteered for many years in a variety of areas in the community. These are close friendships she values and maintains partially through volunteering. Respondent was the past president of the hospital and has been on the Ladies Auxiliary for many years. As a result of this high profile involvement, she has feels she has many connections. She states she feels connected to the staff as well as being at the core of the hospital itself.

Well Being:

Health: Good

Emotional: Good

Contribution of Volunteering to Quality of Life: Respondent stated that she believes that staying fit and active as she ages has helped her maintain her quality of life. She felt that a sense of balance as a result of feeling she belongs to a group.

Benefits of Volunteering: Respondent indicated an intense sense of pride in her accomplishments.

Rural Experience: No

**Profile****Participant 24**

Age: over 55

Marital Status: divorced

Income: \$30-39,999

Education: high school

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, helping others, feeling of accomplishment, doing something you like, doing something with spare time.

Theme: Respondent had left her marriage after 47 years and deliberately chose to volunteer to "meet new people, particularly other women". She felt she had put her own needs aside for many years and now she wanted to pursue activities that were interesting and enriching to her. She sees volunteering as part of "making a new life" for herself.

Satisfaction with Network:

Number of Close Affiliations: 4

Number of Peripheral Connections: 10

Level of Satisfaction with Volunteer Network: Respondent indicated she started volunteering to make new friendships and she felt quite successful in that. She volunteers several times a week in the occupational Therapy Department. She enjoys patients very much and feels appreciated by the staff.

Well Being:

Health: Poor (respondent stated she has "periods of incapacitating pain")

Emotional: Poor (respondent stated she "wasted her life in that awful place" (previous community))

Contribution of Volunteering to Quality of Life: Respondent stated she feels that volunteering has been an opportunity for her to really enjoy and do things in her life that she wants to do as opposed to having a sense of denial and sacrifice all the time. She was very bitter and resentful about her life but seemed hopeful about her future.

Benefits of Volunteering: Respondent feels she has benefited from a connection with other people. She feels rewarded by the sense that she helped another person or that she has provided a measure of comfort. Volunteering has been helpful in her personal development.

Rural Experience: Yes. Respondent spent her married life in a remote single industry community. She felt it was a transient, artificial life and her conflicted marriage has left her feeling very bitter about the small community and her life there. She saw the transient nature of the community was the cause of little community participation by her or other residents.

Rural Experience:

**Profile****Participant 25**

Age: 36-54

Marital Status: married

Income: \$70-79,999

Education: technical

Employment: no

Residence: Forrest

Motivation/Importance:

Key Areas: Fulfilling religious beliefs, learning skills, helping others, a feeling of accomplishment, doing something with your spare time.

Theme: Respondent states volunteering holds a "spiritual" meaning for her. She had a significant illness a number of years ago and can no longer work. Consequently, she has been using volunteering to fill that time. This has become a key component in her mental health strategy. Respondent stated she deliberately use volunteering as a buffer to depression. Also volunteering provided her the opportunity to learn new things and keep herself active, and involved with others.

Satisfaction with Network:

Number of Close Affiliations: 6

Number of Peripheral Connections: 10

Level of Satisfaction with Volunteer Network: Respondent identified a high level of satisfaction with her volunteering experience. She volunteers 2-3 times a week in the Occupational Therapy Department. Respondent felt a deep personal attachment to the patients and she also reported feeling a sense of belonging to the volunteer department.

Well Being:

Health: Poor (respondent referred to "a life threatening illness" and being in "constant pain")

Emotional: Poor (respondent states she fights depression on a "daily basis")

Contribution of Volunteering to Quality of Life: Respondent felt that volunteering improved her overall quality of life by giving her the opportunity to keep her body active and her mind challenged.

Benefits of Volunteering: Respondent reported the most significant benefit was an improvement in her mental health. She felt her mood was elevated by the sense of accomplishment gained by having provided help or comfort to another person.

Rural Experience: Respondent lives in a small community outside of Brandon. Respondent indicated that she finds rural life to be isolating and demanding. She has deliberately chosen to relate to Brandon for her social network.

Rural Experience:

**Profile****Participant 26**

Age: over 55

Marital Status: widowed

Income: \$20-29,999

Education: Technical

Employment: No

Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, helping others, helping a cause, a feeling of accomplishment, doing something you like, using your skills, feeling you owe something to your community, doing something with your spare time.

Theme: Respondent identified herself as having a void in her life with widowhood and retirement and that volunteering has broadened her social network and helped her stay active. She feels a sense of accomplishment in being able to contribute to her community particularly after recovering from a heart attack. Respondent further identified herself as a nurturing and giving person and the hospital seemed a good fit for her skills. She noted a decline in the quality of health care and indicated her skills were useful and needed in a hospital setting

Satisfaction with Network:

Number of Close Affiliations: 0

Number of Peripheral Connections: 15

Level of Satisfaction with Volunteer Network: Respondent did not identify any one person with whom she feels close, however; she did feel very satisfied with the broad network of people she has come to know on a casual basis. Respondent volunteers weekly in OR Holding, Flower Delivery, and Pediatrics.

Well Being:

Health: Good (respondent states she has fully recovered from her heart attack seven years ago)

Emotional: Good (respondent states she has made a "new life" for herself since becoming a widow)

Contribution of Volunteering to Quality of Life: Respondent states that volunteering has provided her with a sense of belonging in her life.

Benefits of Volunteering: Respondent stated that she felt a sense of personal fulfillment from helping another person. She feels she adds to her life through volunteering. Every time she gives to another person, she gets something back.

Rural Experience: No

**Profile****Participant 27**

Age: 18-35

Marital Status: C/L

Income: \$20-29,999

Education: Technical

Employment: no

Residence: Brandon

Motivation/Importance:

Key Areas: Companionship, learning skills, doing something you like, using your skills, doing something with your spare time.

Theme: Respondent is from another country and her spouse is posted in Brandon with the military. She was unable to work as a nurse in Canada and decided to volunteer in a hospital to keep her nursing skills current. Respondent also stated she was very lonely in Canada and deliberately chose to volunteer to be around people, not necessarily to build friendships, but just to have contact with others.

Satisfaction with Network:

Number of Close Affiliations: 1

Number of Peripheral Connections: 15

Level of Satisfaction with Volunteer Network: Respondent felt the staff in the Volunteer Department had made her very welcomed and appreciated. She stated she is "very unhappy" in Canada and volunteering has been a "real bright spot." Respondent volunteers 2-4 times per week in the ER in OR Holding and in Pediatrics. She feels very accepted by the staff members but noted in England volunteers do far more nursing care tasks.

Well Being:

Health: Good

Emotional: Poor (respondent states she may separate from her partner and that she is very homesick for England)

Contribution of Volunteering to Quality of Life: Respondent feels she does not have a sense of belonging in her life and that she is unhappy. Volunteering has filled her time in a positive way.

Benefits of Volunteering: Respondent indicated the connection to other people as being the most significant benefit she experiences as a result of volunteering.

Rural Experience: No