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# Juggling Multiple Roles: An Examination of Role Conflict and Its Relationship to Older Adult Volunteer Satisfaction and Retention

Jennifer Crittenden

*The University of Maine*, [jennifer.crittenden@maine.edu](mailto:jennifer.crittenden@maine.edu)

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**JUGGLING MULTIPLE ROLES:  
AN EXAMINATION OF ROLE CONFLICT AND ITS RELATIONSHIP TO OLDER  
ADULT VOLUNTEER SATISFACTION AND RETENTION**

By

Jennifer A. Crittenden

B.A. University of Maine, 2003

M.S.W. University of Maine, 2005

A Dissertation

Submitted in Partial Fulfillment of the

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(Interdisciplinary in Gerontology)

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May 2019

Advisory Committee:

Sandra S. Butler, Professor of Social Work, Advisor

Nancy Fishwick, Associate Professor of Nursing

Lenard Kaye, Professor of Social Work

Karen Kopera-Frye, Associate Dean, College of Health and Social Services, New Mexico  
State University

Linda Silka, Senior Fellow, George J. Mitchell Center for Sustainability Solutions

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An Abstract of the Dissertation Presented  
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Volunteering among older adults has been associated with numerous benefits for older adults and their communities. As the U.S. population continues to age, new and continued opportunities for engagement emerge not just within the formal volunteering arena but also within paid employment, caregiving, and informal volunteering. Grounded in role theory, this study examined the extent to which current volunteers experience role conflict and role enhancement between their volunteer role and other social roles that they occupy. Specifically, this study examined the following research questions: 1) Does role conflict predict satisfaction with, participation in, and/or intention to remain in the volunteer role? and 2) What are the compensatory strategies used by older adults to navigate role conflict and what benefits do older adults accrue in their volunteer roles that could effectively counterbalance role conflict? A mixed methods survey was distributed to 6,796 older adult Retired and Senior Volunteer Program (RSVP) volunteers nationally via mail and e-mail, with a total of 1,697 responding.

Results support both role strain and role enhancement perspectives. Role conflict, measured with a modified Work Family Conflict Scale (WAFCS), was found to be a predictor of

volunteer satisfaction and associated with role load (# of roles held) and total role hours. While conflict was correlated with intent to remain in the volunteer role, it was not found to be a significant predictor of this outcome.

Qualitative themes documented support for the benefits of volunteering both to volunteers personally as well as benefits that directly benefited paid employment, caregiving, and informal volunteer roles. Role-related benefits identified included new skills and knowledge, new networks/connections, new social role opportunities, and respite. Indirect personal benefits of volunteering included socialization, personal growth, new perspective/awareness, positive emotional benefits, and physical and cognitive health improvements. Sources of conflict noted by volunteers included health and time-related barriers to volunteering. Strategies for reducing role conflict included seeking similarities or differences across roles and time management strategies. Limitations of the study included a relative lack of variation in role conflict within the sample. Funding for this study was provided by the Corporation for National and Community Service.

## **DEDICATION**

I dedicate this work to Nate for all of the extra diapers changed, dishes washed, and meals cooked in order to see me to the finish line and to Emma and Olivia whose smiles and giggles bring a breath of fresh air to each day. There is nothing our impromptu kitchen dance parties can't cure.

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# **CHAPTER 1**

## **INTRODUCTION**

### **Background**

Volunteering in later life is a productive endeavor that has been associated with positive health and well-being outcomes for older adults. Older adult volunteers report better health and mental health and lower rates of disability than their non-volunteering counterparts. Older volunteers also tend to live longer, as volunteering supports and encourages an active and healthy lifestyle (Corporation for National and Community Service, 2010). Volunteering also has societal value as older adults provide unpaid services and supports in their communities reaching an estimated economic value of over \$162 billion dollars per year that is put back into the U.S. economy (National Governors Association Center for Best Practices, 2008).

Demographic shifts in the U.S., including projected workforce shortages and increased lifespan, create an imperative for older adults to remain active and productive as they age. Older adults are living and working longer. An older adult today can expect to live, on average, to the age of 79, up from a life expectancy of 68 years in 1950. Overall, the number of adults over the age of 65 in the U.S. is projected to double by 2060 from 46 million to 98 million. Workforce participation by older adults is growing over time with approximately one in four men and one in five women over the age of 65 projected to remain in the workforce by 2022. At the same time, there are challenges ahead for our older population as the need for nursing home care due to illness and disability is projected to increase by 75% and the prevalence of Alzheimer's disease will increase threefold by 2050 (U.S. Population Reference Bureau, 2016). As a result, the rates of caregiving are also increasing and the need for caregivers is growing. According to the U.S. Centers for Disease Control and Prevention (2016), there are currently 7 potential informal



caregivers per adult in the U.S. with this figure expected to decline to about 4 potential caregivers per adult in 2030. As these trends continue, family and friends will be needed to fill care gaps. In addition, older adults are increasingly giving of their time to informal volunteering as defined by help and assistance that one provides to friends, neighbors and others outside of the bounds of formal agencies and institutions.

### **Statement of the Problem**

Despite the positive outcomes connected with older adult volunteering, the rates of volunteering have been dropping over time and have been found to decrease gradually across the lifespan (U.S. Bureau of Labor Statistics, 2016). Simultaneously, participation in other roles is increasing over time with more and more older adults entering or remaining in the workforce and assuming informal caregiving responsibilities. While the existing research literature on older adult volunteerism has examined the relationship between volunteering and other productive roles, few studies have looked at multiple social roles together to examine their impact on volunteering. This study examined not only the multiple roles that older adults hold but also sought to identify practical strategies that assist older adults in juggling their social role responsibilities in a way that allows them to continue to experience the benefits of volunteer participation.

As the nature of the “retirement years” continues to change in our society, older adults are increasingly occupying productive roles within their families, workplaces, and communities creating the opportunity for competition, or conflict, for their time and energy resources. The volunteer management sector is now faced with a critical task of engaging older adults who are increasingly giving of their time and talents to multiple life endeavors (roles). Using the lens of successful aging, which suggests that positive aging is brought about by productive activity, and

role theory which posits that multiple social roles can create the opportunity for conflict and enhancement among roles, this research examined the practical implications for volunteer recruitment and retention in a time when volunteers are juggling multiple responsibilities.

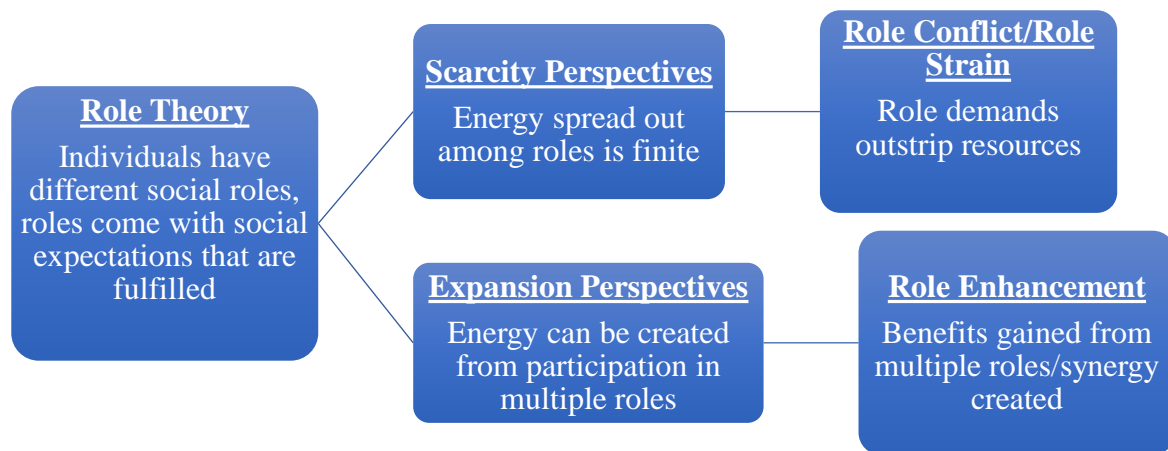
### **Conceptual Framework**

This study utilized the conceptual framework of role theory, the theory that individuals hold multiple social roles which are comprised of behaviors, identities, and expectations by individuals for which there is a general societal understanding or meaning (Biddle, 1986). Common roles held by older adults, as noted above, include formal volunteer, worker, caregiver, and informal volunteer, among others.

Role theory approaches tend to focus on two schools of thought: energy scarcity and energy expansion. The concept of energy scarcity within the role theory framework asserts that individuals have a finite amount of energy to devote across their social roles (Marks, 1977). Under the scarcity model, when energy and resources are finite, pressure is placed on the individual to manage multiple role obligations which often results in a sense of role conflict or role strain (Goode, 1960). On the other hand, energy expansion posits that individuals take on additional social roles as such roles create rewards and benefits to other social roles held (Marks, 1977). For the purposes of this study, when an individual experiences energy expansion, they experience “role enhancement” as defined by additional benefits such as skills, knowledge, and social networks that benefit their other social roles.

Overall, this study examined the application of role theory to older adult volunteerism by exploring the extent to which participation in the work, caregiving, and informal volunteer roles impacted the amount of time and energy one devotes to formal volunteer participation. This research draws on both facets of role theory (energy scarcity and energy expansion) recognizing

that many volunteers leave volunteering to devote time and energy to other social roles while in other instances older adults remain in volunteer roles based on their experience of energy expansion across their social roles. Specifically, this research assessed the competing and often conflicting roles held by older adults and specific strategies that older adults and volunteer service programs employ that assist older adults in adapting to new and increasing life demands while maintaining volunteer engagement as they age. The schematic below illustrates the relationship between role theory and its various components that guided the study.



*Figure 1. Theoretical Components*

### **Purpose of the Study**

Utilizing a national sample of current Retired and Senior Volunteer Program (RSVP) volunteers and grant support from the Corporation for National and Community Service, the purpose of this study was to examine the extent to which current volunteers experienced role strain (as measured by perceived role conflict) and role enhancement between their volunteer role and other social roles that they occupied as these additional roles may serve as either barriers

or facilitators to the volunteer role. Specifically, this exploratory study examined the following research questions: 1) Does role conflict predict satisfaction with, participation in, and/or intention to remain in the volunteer role? and 2) What are the compensatory strategies used by older adults to navigate role conflict and what benefits do older adults accrue in their volunteer roles that could effectively counterbalance role conflict?

### **Definition of Terms**

The following definitions were used to guide the inquiry:

#### **Older Adults**

While various definitions and age cut-offs have been used to define who is and is not an “older adult,” for the purposes of this study an older adult was defined as an adult who is age 55 and older. The use of this definition was a pragmatic one as it aligns with the age cut-off used by the RSVP program from which the study sample population was drawn.

#### **Volunteering**

For the purposes of this study, the definition of volunteer was derived from Gottlieb & Gillespie’s (2008) conceptualization of volunteer activity as “unpaid work that benefits others to whom one owes no obligation” (p. 400). Specifically, volunteering was operationalized as volunteer time and effort provided to others in the community via the formal RSVP program.

#### **Social Roles**

Social roles are those roles held by older adults in later life. The main role of interest is formal volunteering. This study examined the impact of three additional social roles on the focal role of formal volunteer. These three additional social roles are as follows: 1) informal caregiving as defined by the provision of unpaid care to a family, friend or neighbor; 2) paid employment as defined by either part-time or full-time paid employment outside of the

household; and 3) informal volunteering as defined by the provision of help and assistance to others outside of the bounds of formal programs and institutions. For the purposes of this study, informal volunteering was defined as any volunteering that takes place outside of the RSVP program. It is important to note that the distinction between formal and informal volunteering is the context in which the volunteering occurs. Formal volunteering is defined as volunteering that is facilitated by an agency or program while informal volunteering is help or assistance provided to others outside of formal agencies and programming (Morrow-Howell, Carden, & Sherraden, 2005; Silva & Thomas, 2006).

### **Role Conflict**

Using Goode's model of role strain (1960), role conflict is defined as conflict that arises when the demands of one's social roles outstrip the personal resources available to meet those demands. Role conflict creates the need for "role bargains" in which individuals make modifications and role adjustments to reduce the role strain experienced.

### **Role Enhancement**

Role enhancement is defined as role-related benefits that accumulate as a result of holding multiple social roles. This perspective is generally viewed as an alternative or complementary perspective to role conflict. Role enhancement is a term that has been used by other researchers to encompass the benefits of multiple role load (Reid & Hardy, 1999). Early support for this model was developed by Thoits (1983) who discussed the benefits of multiple "identities" (roles) and this perspective also aligns with Barnett and Hyde's (2001) role expansionist theory of which the principle tenet is that multiple social roles are beneficial for the individual. For the purposes of this study, role enhancement was explored from a qualitative

perspective, through qualitative open-response data about the potential role enhancements that are derived when older adult volunteers hold multiple social roles.

### **Procedures**

This mixed methods study consisted of a survey distributed to 6,796 older adult Retired and Senior Volunteer Program (RSVP) program volunteers. RSVP is a federally sponsored program that engages adults ages 55 and older throughout the country in a wide variety of volunteer activities that span from early childhood tutoring to environmental volunteering, disaster relief, and providing community-based health and wellness programming. Volunteers within this program are able to establish their volunteer commitment based on their own needs and availability. Volunteers were recruited from RSVP programs across the country through a partnership with the National Association of Retired and Senior Volunteer Program Directors (NARSVPD) and the National Senior Corps Association (NSCA). The survey consisted of both closed and open response questions and included modified items from the Work-Family Conflict Scale (Haslam et al., 2015) and the Brief Index of Affective Job Satisfaction (BIAJS) (Thompson and Phua, 2012). The survey was designed to measure basic demographics, social role load and intensity, volunteer participation, as well as satisfaction with the volunteer role and intention to remain in the formal volunteer role into the future.

Using hierarchical multiple regression, relationships between the different role conflict model elements including demographics, role load, and volunteer satisfaction were examined. Exploration of the role enhancement model was undertaken using qualitative data gathered from the volunteer survey, which was analyzed using inductive content analysis techniques.

### **Significance of the Study**

#### **Heeding the Call for Productive Aging**

As the U.S. population continues to age, the need for older adults to remain healthy, active and productive is critical as noted above in the background section. Finding mechanisms to keep older adults involved in volunteering as they grow older will continue to grow in importance over time. This study examined both barriers (resource scarcity) and facilitators (role enhancements) to volunteering.

### **Volunteer Recruitment and Retention**

As volunteer programs seek to engage older adults and as older adults themselves look to connect with volunteer service, it will be imperative that both programs and individuals are able to address the real-world challenges of juggling multiple responsibilities. From an applied perspective, this study offers insights and programmatic approaches that can be implemented to better recruit and retain older adult volunteers, especially those who are likely to hold multiple responsibilities in their families and communities.

### **Examination of Social Role Intersection**

This study contributes to the field of gerontology as it examines the intersection between gerontological and sociological perspectives and adds to the literature an understanding of how multiple social roles influence the volunteer role specifically. The study also contributes a unique methodology, one that examines social roles from the perspective of perceived conflict and enhancement among roles rather than simply examining the number of total roles one fulfills in relationship to volunteering, as past studies have done.

### **Limitations of the Study**

Due to sample limitations, individuals experiencing role conflict at the time of the study were likely to be individuals who have the personal resources, at least in the moment, to successfully manage their multiple social roles and resulting conflict. As a result, those

experiencing high levels of enhancement are likely to be overrepresented in the sample. This was underscored by the lack of role conflict noted in the sample and the vast amounts of qualitative data supporting the role enhancement functions of volunteering. It is possible that this study would have yielded different results if the sample population encompassed volunteers who had volunteered in different programmatic contexts or those who had recently exited volunteer service. In addition, a lack of a longitudinal design does not allow the findings to identify whether or not role conflict will ultimately impact volunteer participation over time. Instead, intention to remain was substituted for this particular construct. Additional limitations include a more central, primary focus on role conflict as opposed to role enhancement, the use of a survey instrument to collect qualitative data limiting in-depth analysis of concepts, and the novel application of the Work and Family Conflict Scale to a gerontological study which may limit comparison between the current study and established studies in the field.

### **Organization of the Study**

The remaining chapters of this dissertation is organized as follows:

Chapter 2 provides a literature review of the relevant concepts of older adult volunteerism, productive social roles, successful aging and role theory, and examines the existing literature that explores the intersection of different social roles and older adult volunteering. Chapter three provides a methodological overview of the current study. Chapter four provides a description of the volunteer sample and examines the role strain and role enhancements findings from the volunteer survey and Chapter five provides a cohesive discussion and summary along with implications and recommendations for volunteer management practices and future research.



## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **Older Adult Volunteerism**

##### **Overview and Definition**

Much attention has been paid to older adult volunteering within the research literature as it is viewed as an established productive aging activity that can improve the health and well-being of older adults. Participation in volunteer work as an older adult has been associated with a variety of positive personal impacts. Volunteering among older adults has been linked to positive health and mental health impacts including increased physical activity, increased ability to cope with stress, greater ability to adjust to life changes, higher self-esteem, higher perceived health status, improved health behaviors, lower rates of disability, higher rates of life satisfaction, lower rates of depression, increased knowledge, skills acquisition, and longer lifespan (Barron et al., 2009; Corporation for National and Community Service, 2012; Konrath, Fuhrel-Forbis, Lou, & Brown, 2012; Morrow-Howell, Hong, & Tang, 2009; Warburton & Onyx, 2003). A recent review conducted by Guiney and Machado (2018) also supports the connection between volunteering and cognitive functioning for older adults. It is posited that cognitive functioning improves as volunteering provides an outlet for sustained social, cognitive, and physical activity, all of which have been closely linked to cognitive function in later years. Given the considerable and growing body of evidence behind the benefits of volunteering, the Corporation for National and Community Service (2012) has recommended that health interventions targeting older adults incorporate volunteering as a strategy for sustaining positive health impacts.

Volunteerism as a concept has accrued various definitions over time (Cnaan, Handy, & Wadsworth, 1996). Definitions generally focus on a lack of wages or salary provided for the

activity completed and the lack of an external source of debt or obligation to carry out such work (Cnaan et al., 1996). Gottlieb & Gillespie (2008) offer a concise conceptualization of volunteer activity as “unpaid work that benefits others to whom one owes no obligation” (p. 400).

Volunteerism can be further defined as activity that encompasses both formal unpaid work that is completed within agency and community settings and informal unpaid work which often entails caregiving or “neighbor helping neighbor” activities (Morrow-Howell, et al., 2005; Silva & Thomas, 2006). While a distinction is drawn between the definitions of formal and informal volunteerism, older adults are likely to engage in both types of voluntary activity simultaneously.

The types of volunteer work completed by older adults are diverse in nature. The predominant volunteer activities carried out by older adults include collecting, preparing, and serving food; fundraising; completing professional or managerial tasks; providing general labor to an organization; and tutoring or teaching others in the community. The types of volunteer activities carried out by older adults do vary slightly by age and gender. For example, older men are more likely to participate in general labor volunteering while older women are more likely than men to tutor or teach within their volunteer work. Adults 70+ are more likely to serve as an usher, greeter or minister while adults 50-59 are more likely to participate in youth mentorship (AARP, 2016).

### **Benefits of Volunteering**

While research has documented the connection between health and volunteering, little rigorous research exists to establish a causal link between positive health outcomes and volunteering. Research does indicate that those older adults in good health are more likely to volunteer than those who are in poorer health (Parkinson, Warburton, Sibbritt, & Byles, 2010). However, research by Li and Ferraro (2006) that sought to clarify the relationship of health and

volunteering found that health can be both a barrier and a facilitator to volunteering depending on one's life stage and social roles. Recent research by King and colleagues (2015) suggests that volunteer activity itself may not account for positive health impacts realized by volunteers over time. Instead, individual personality traits, namely neuroticism and extraversion, may account for health and mental health differences between those who volunteer and those who do not (King, Jackson, Morrow-Howell, & Oltmanns, 2015). In a similar vein, Konrath and colleagues (2012) found that individual motivations for volunteering are related to a reduction in mortality for older adult volunteers. Specifically, older adults whose volunteering is self-motivated, as opposed to altruistic in nature, had similar mortality risk as non-volunteers.

Research also confirms that benefits accrue to volunteers across volunteer contexts. A study conducted by Kopera-Frye and Massey (2014) with rural RSVP volunteers found that, despite the challenges faced by rural volunteers in completing their volunteer work, those surveyed were able to articulate an array of positive benefits experienced as a result of their volunteer work. Benefits reported by the RSVP population included an experience of positive affect connected with volunteerism, feeling rewarded or "blessed," and an opportunity to remain active and engaged. A study of Senior Companion volunteers among an urban population of volunteers found similar perceived benefits reported by volunteers including reduced social isolation, quality of life improvements, a sense of purpose, and an increased understanding of the aging process (Hood et al., 2018).

In addition to its connection with positive health and well-being, volunteering has also been framed as a coping strategy for loneliness among older adults particularly when it provides opportunity for social interaction and meaningful relationships (AARP, 2016; Pettigrew & Roberts, 2008; Smith, 2012). Volunteering is a compensatory activity that can combat various

life losses that may otherwise lead to loneliness. Such losses include personal health declines, mobility changes, widowhood, retirement, and driving cessation (Smith, 2012). Despite its role as a compensatory and health promoting activity, lonely older adults face numerous barriers to engaging with volunteer opportunities including illness and disability, loss of loved ones, a perceived lack of connection to their community, and a perceived lack of opportunities for social engagement (Goll, Charlesworth, Scior, & Stott, 2015). Furthermore, research conducted by AARP (2016) points to an overall decline over time of older adults' use of strategies that help them to cope with loneliness like participation in hobbies, gardening, and engagement in social groups. Volunteering too has been found to decline with age putting the oldest old at particular risk for loneliness. These factors combined make loneliness a significant barrier to volunteering and other coping strategies, serving to only further ingrain the experience of loneliness in one's life.

Additional factors have been found to impact the ability of older adults to derive benefits from their volunteer work. Research by Windsor and colleagues (2008) found that while volunteering is generally associated with positive well-being outcomes, this relationship is moderated by the amount of time spent volunteering and the presence of a partner or spouse in one's life. Overall, volunteering more than 100 hours but less than 800 hours per year was connected with higher levels of well-being. Older adults who volunteered less than 100 or more than 800 hours per year demonstrated lower levels of well-being. This was particularly the case for older adults who provide high levels of volunteer service without a spouse or partner in their life who could help to moderate the stresses of extensive volunteer effort. These findings point to limitations in the benefits derived from the volunteer role, supporting the notion of resource scarcity when volunteering takes up higher levels of commitment in one's life.

## **Volunteer Motivation and Barriers**

Understanding the motivation behind older adult volunteering helps to create pathways and opportunities to volunteer service. Konrath and colleagues (2012) provide a framework that classifies volunteer motivations into the categories of “self-oriented” and “other-oriented” depending on the internal or external focus of the motivational factor. Self-oriented motivations for volunteering encompass self-protection, self-enhancement and learning including the desire for skills building, using volunteering as a pathway to employment, and other activities that lead to personal gain. “Other-oriented” motivations encompass a desire for social connection or to exercise altruism. Volunteers motivated by other-oriented motives include those who volunteer to help a neighbor in need or volunteer in order to meet new people or build their social networks (Konrath et al., 2012). While there is a range of motivations behind volunteering, older adults largely engage in volunteering from an other-orientation, out of an interest in helping others and the satisfaction gained by doing so (Ulsperger, McElroy, Robertson, & Ulsperger, 2015; Kopera-Frye & Massey, 2014). However, volunteer motivations may vary based on individual circumstances and life experiences. For example, older adults with disabilities view volunteering as a means to learn new skills and share their knowledge and experience with others. Older adults with disabilities also view volunteering as a means of increasing their own personal sense of worth, fostering positive feelings about themselves in general, and creating opportunities for exercising control in their lives (Balandin, Llewellyn, Dew, Ballin, & Schneider, 2006).

Beyond getting volunteers through the door, much of the applied research in this field focuses on the retention of volunteers. The literature in this area focuses on the institutional factors that have been found to support the retention of older volunteers over time. Important

factors that help to retain older adults in volunteer service include recognition of volunteer efforts, adequate training, and stipend support which is particularly important for low-income older adults (Butler, 2006; Tang, Morrow-Howell, & Choi 2010). The type of volunteer work completed is also correlated with volunteer retention. Volunteer work characterized by administrative and managerial tasks yields higher retention rates than volunteer activities that focused on the provision of manual labor (Corporation for National and Community Service, 2007; Tang, Morrow-Howell, & Hong, 2009). Volunteer retention also increases with the time commitment, variety of volunteer activities, and number of volunteer organizations for which one volunteers (Corporation for National and Community Service, 2007).

### **Volunteer Participation**

Given the importance of volunteering as a successful aging strategy, another body of research literature has emerged around identifying the groups of older adults who are or are not participating in volunteerism or are otherwise underrepresented. Overall, the rates at which older adults undertake volunteer activities range from 30 to 39%, among those 55 to 64, to 75% for those 50 and older, depending on the types of volunteer activity included in rate determination. Lower rates tend to focus solely on formal volunteer activities with higher rates including a mix of formal and informal volunteering such as helping a neighbor or friend (AARP, 2016; Corporation for National and Community Service, 2007; King, et al., 2015). Variations in these rates have been noted in the literature with women being more likely to volunteer than men and baby boomers and younger adults more likely to volunteer than the oldest old (AARP, 2016; Tan et al., 2016).

Not only are women more likely to volunteer than men but, when they do volunteer, they commit more time to their volunteering than their male counterparts. These differences in

volunteerism persist even when other factors are accounted for such as one's religiosity and socioeconomic status (Manning, 2010). Unpacking the differences in volunteer rates between older men and women can be difficult as there is very little research on older male volunteers specifically. Research from the Netherlands suggests that in addition to gender, occupational status prior to retirement may impact the likelihood of volunteering after retirement such that men with more prestigious and non-manual labor jobs are more likely to volunteer after retirement than those with occupations that afford them less status (Henkens, Bogaard, & Kalmijn, 2014). Male volunteers are also drawn to different types of volunteer work than women. For example, a study on hospice volunteering found that men were interested in providing social and instrumental support in a potential volunteer role and were less interested in providing hands-on caring and emotional support to hospice clients (Claxton-Oldfield, Guigne, & Claxton-Oldfield, 2009).

Gender differences also exist with regard to the types of recruitment and retention activities that are most effective for engaging older adults in volunteer work. Claxton-Oldfield and colleagues (2009) found that recruitment of male hospice volunteers should include a focus on clear communication of time commitment expectations and the creation of volunteer roles that match the types of functions that are of interest to male volunteers (Claxton-Oldfield et al., 2009). Staff members from the UMaine Retired and Senior Volunteer Program note that successful recruitment of male volunteers entails the provision of detailed information about time commitment, location of volunteer work, and job functions where volunteers can exercise control over activities carried out under the program. Male volunteers within the RSVP program are more likely to volunteer with a spouse than female volunteers. Widowers as compared to widows are more likely to volunteer in order to build social networks that were lost when their spouse

passed away. Male volunteers, particularly widowers, may also be more likely to volunteer as a compensatory strategy for avoiding loneliness as compared to female volunteers (C. Whitney & P. Burnett, personal communication, August 16, 2016).

Underrepresented groups of older adults within the volunteer ranks also include older adults with lower socioeconomic status, individuals with disabilities, individuals with lower levels of social capital, and older adults of color (Balandin et al., 2006; Sellon, 2014). The lower rates of formal volunteer participation by older adults of color is driven largely by their participation in more informal forms of volunteering and participation in other productive roles such as caregiving and employment. While both white and non-white older adults tend to experience the same personal benefits from volunteer activity, institutional facilitation may be a moderating factor in this relationship. If institutional facilitation in the form of training, stipends, and volunteer support is provided, non-white older adults experience more benefits from volunteering than their white counterparts (Morrow-Howell et al., 2009).

### **Role of Socioeconomic Status**

Research has demonstrated a connection between socioeconomic status (SES) and volunteer rates such that older adults with higher socioeconomic status volunteer more often than those with lower socioeconomic status (AARP, 2016; Corporation for National and Community Service, 2007). However, those lower SES older adults who do volunteer tend to commit more hours to their volunteer work than their higher SES counterparts (Tang et al., 2010). Older adults with lower SES also derive more perceived benefits from their volunteer work as compared to their higher SES counterparts and overall may stand to benefit more from volunteer pursuits (Morrow-Howell et al., 2009). Socioeconomic status is also linked to the types of volunteer work completed by older adult volunteers. As Glasgow, Min, and Brown (2013) note, in rural areas



lower SES older adults are more likely to volunteer for social service and direct service volunteer roles and higher SES individuals are more likely to volunteer for the arts or community fundraising efforts.

It is important to note that lower SES individuals face challenges to volunteer engagement including participation in paid and unpaid work, which places burdens on their time and limited resources. Rural, lower SES older adults are more likely to live in resource scarce neighborhoods and communities that do not present the same kinds of social opportunities that are available to higher SES older adults and older adults in more urban areas. In addition, lower income older adults are less likely than higher income older adults to view available volunteer opportunities as being congruent with their own personal needs and interests (Rozanova, Keating, & Eales, 2012). Overall, engagement of low SES older adults is an issue of concern in both rural and urban areas (Points of Light Foundation, 2004).

## **Gerontological Theories of Personal Development and Growth**

### **Successful Aging Theory**

Early developmental theories in gerontology emphasized that as older adults age their disengagement from society was of benefit to both the older adult and society. Though disengagement theories are no longer widely utilized in the field, they represent an important historical marker in the progression of gerontological theory development (Achenbaum & Bengston, 1994). As lifespans have grown and the traditional period of retirement has changed, so too have views about the developmental tasks of later life. More recent developmental theories have emphasized remaining active and engaged into one's later years. For example, the theory of successful aging, described by Rowe and Kahn (1997) as encompassing three elements: avoiding disease and disability, maintaining physical and cognitive functioning, and maintaining

engagement through relationships with others or paid or unpaid work, has become a more dominant paradigm in the field.

It is important to note that while successful aging theories support the engagement of older adults in volunteer work as a productive activity, such theories have been criticized as offering a narrow and exclusivist view of aging, one that does not afford individuals with disability or illness the opportunity for “successful aging” and perpetuates stigma and discrimination (Martin et al., 2015; Rowe & Kahn, 2015). Stowe and Cooney (2015) add that successful aging paradigms ignore not only the lifespan context but the social context in which individuals live and age. In a recent editorial response, Rowe and Kahn (2015) addressed the criticisms laid against the successful aging theory and suggested that the model could be expanded to include the modification of social institutions and structures to enhance opportunities for productive aging along with the modification and creation of new social roles for older adults.

The focus of this study is to expand on the successful aging paradigm by including an examination of the social context, via social roles, in which older adults work, volunteer, and provide care. In particular, the premise of the current study is that institutions and structures, such as volunteer programs that seek to engage older adults in productive activity, can and should be informed by the social roles that older adults hold.

### **Socioemotional Selectivity Theory**

In addition to successful aging theory, socioemotional selectivity theory (SST) has been used to examine and describe the developmental tasks of later life. SST, developed by Dr. Laura Carstensen, posits that as one ages there is an increased sense that the time left in one’s life is limited. As this perception of time limitation increases over the lifespan, older adults begin to

focus on more immediate goals versus long term goals in their lives. This sense of time limitation actively drives the personal goals pursued by older adults. A central tenet of this theory is that individuals are active, not passive, agents in selecting and pursuing activities in later life based on their perception of time.(Carstensen, Isaacowitz, & Charles, 1999).

Under the SST model, older adults are active in selecting and carrying out goal-oriented behavior that can be categorized as either related to knowledge goals (the pursuit of knowledge, information, learning) or emotional goals (maintaining social relationships and connections). According to SST, as older adults become increasingly aware of time limitations, they place a higher priority on pursuing emotional goals over knowledge goals in their lives with an emphasis on maintaining established social relationships and networks as opposed to seeking out novel social connections (Carstensen, et al., 1999). SST suggests that activities pursued in later life will assist individuals in maintaining social connections that offer high levels of emotional returns. As such, productive activity that is perceived as satisfying emotional needs becomes more appealing than other activities in later life.

Applied to social roles in later life, SST suggests that when individuals have a choice in their pursuits, caregiving for a loved one with whom one is emotionally close, for example, takes on a higher priority than formal volunteering or paid work that produces knowledge-related returns rather than emotional ones. With regard to volunteering, research by Okun and Schultz (2003) has found support for SST in shaping volunteer motivations with social-related volunteer motivations (emotional goals) being higher among older adults than their younger counterparts and older adult volunteers being less likely than younger volunteers to report increasing personal knowledge and skills (knowledge goals) as motivating factors behind their voluntary pursuits. Using data from the Current Population Survey Volunteer Supplement from the U.S. Census,

Hendricks and Cutler (2004) examined volunteer participation patterns across age groups. Their study also found support for SST as their data demonstrated age-related declines in both volunteer participation overall and the number of organizations for which one volunteers, suggesting that older volunteers become more selective in their volunteer work over time.

### **Identity Process Theory**

Whitbourne's identity process theory, based on Piaget's work in cognitive development, provides an additional framework for understanding how an individual copes with age-related cognitive and physical changes. As one is faced with aging-related changes, the key developmental task is to maintain a stable, positive sense of self identity. Changes that challenge one's positive sense of self will activate three potential mechanisms: identity assimilation, accommodation and balance. Using assimilation, an individual approaches new experiences and challenges by seeking to find elements of that experience that are congruent with one's established sense of self (Sneed & Whitbourne, 2005; Whitbourne, 2002). Those who use assimilation may find it painful to acknowledge and accept age-related changes and thus prefer to minimize the importance of these changes (Sneed & Whitbourne, 2003). If one is not able to assimilate new experiences then one must accommodate new experiences and information into one's sense of self. The optimum state that is sought, however, is a state of balance where individuals are able to maintain a consistent sense of self while also accommodating new views of themselves when new information or experiences make clear that a change is needed (Sneed & Whitbourne, 2005; Whitbourne, 2002).

Identity process theory emphasizes the concept that later life is a time of adaptation rather than decline and stagnation. When faced with physical or cognitive challenges, older adults can minimize the importance of those challenges (assimilation), change how they view themselves as

a result of those challenges (accommodation), or seek a balance between the two (Sneed & Whitbourne, 2005). According to Sneed and Whitbourne (2001), “Placing identity at the center of experience, this model holds that ‘successful’ aging results from maintaining a view of the self as loving, competent, and good” (p. 312). When applied to social roles, identity process theory suggests that older adults will seek out experiences and roles that reinforce this positive sense of self. This may be accomplished by serving as a volunteer to others in need which reinforces a view that one is altruistic or pursuing paid employment which makes the person feel competent and capable. When such social roles fail to provide these reinforcements, identity process theory suggests that an individual will need to accommodate new more realistic views of one self.

### **Caregiving**

The social context in which older adults live is becoming increasingly complex as they navigate a growing number of social roles in later life. One of the key roles assumed by middle age and older adults is that of family caregiver. The rates of caregiving are increasing in the U.S. with over 43 million adults serving as an unpaid caregiver to another adult or child, providing an economic value of over \$470 million dollars in care annually. The likelihood of serving as a caregiver increases as you age and currently over half of caregivers are age 50 or older and nearly a third are over the age of 65 (Family Caregiver Alliance, 2016). The average amount of time spent in the caregiving role is about four years and the amount of time spent caregiving increases with age. The majority of informal caregivers are women (60%). Roughly half of caregivers report feeling a sense of obligation and a lack of choice in taking on the caregiving role (National Alliance for Caregiving & AARP, 2015a).

Due to the often emotional and physical intensity of the caregiving role, caregivers are at risk for experiencing high levels of illness, stress and burnout. The longer the duration and the

higher the intensity of caregiving, the more deleterious effects experienced by older adult caregivers. Caregivers providing informal care for five or more years are more likely to report that their health is “fair” or “poor” compared to caregivers who have been providing care for a shorter amount of time. Long-term caregivers are also more likely to report higher levels of financial strain resulting from their caregiving role. Those who provide a higher number of hours of care are more likely to report negative health effects resulting from such care along with higher levels of emotional distress (National Alliance for Caregiving & AARP, 2015a).

Despite the challenges presented by caregiving, research indicates that as many as 55% of caregivers also hold at least one additional productive role as a worker or volunteer (Rozario, Morrow-Howell, & Hinterlong, 2004). Approximately one in five caregivers over the age of 65, who are caring for someone over the age of 50, report some form of employment in the past year with about a third of these working caregivers working full-time (National Alliance for Caregiving & AARP, 2015b). Caregivers are also more likely to volunteer overall and provide more hours of volunteer time than non-caregivers. Caregivers are also asked to volunteer more often than their non-caregiving counterparts (Burr, Choi, Mutchler, & Caro, 2005).

### **Employment**

Older adults are increasingly staying in the workforce or even reentering the workforce well beyond traditional retirement years. In 2014, approximately 40% of adults 55 and older were engaged in the workforce or actively looking for work. Labor force participation by adults 65 and older is currently projected to increase at higher rates than other age cohorts. This trend will continue through at least 2024 (U.S. Bureau of Labor Statistics, 2017). At the same time that workforce engagement is increasing, rates of formal volunteerism are decreasing, particularly

among adults 55-64. Of those who volunteer, nearly a third are also engaged simultaneously in the workforce either full or part-time (U.S. Bureau of Labor Statistics, 2016).

Research indicates that employment in later life, like other forms of productive activity, can lead to multiple benefits for older adults. Remaining in the workforce in later life has been associated with higher levels of health and mental health and the maintenance or even improvement of cognitive function as one ages (Staudinger, Finkelstein, Calvo & Sivaramakrishnan, 2016; University of Michigan Institute for Social Research, 2017).

Additional benefits accrued to older workers include increased income and discretionary funds for the household and the ability to stave off declines in socialization and physical activity that are often experienced in retirement. (Fraser, McKenna, Turpin, Allen, & Liddle, 2009; University of Michigan Institute for Social Research, 2017). It is important to note that these benefits are not universal in nature and may be moderated by the number of hours of work/intensity of the worker role and the extent to which remaining in the workforce is purely voluntary or driven by financial or other constraining factors (Maimaris, Hogan, & Lock, 2010; Staudinger, Finkelstein et al., 2016).

Remaining in the workforce as one ages presents challenges for older workers, especially when they are faced with work environments that are not tailored to the needs of older adults. Barriers to remaining in the workforce include higher perceived levels of stress among older workers, a perceived lack of employer supports, job-related physical demands, and difficulty accessing employment opportunities (Fraser et al., 2009). Additional barriers to workforce participation include illness or disability and responsibilities within the household which make it difficult to enter or remain in the labor force (U.S. Bureau of Labor Statistics, 2015).

## **Informal Volunteering**

Added to these social roles is participation in informal volunteering. Informal volunteering consists of informal help provided to neighbors, and friends, including the provision of companionship, help with errands, cooking, housekeeping, providing “favors” to a friend or loved one and other forms of assistance provided outside the bounds of formal agencies and programs (Corporation for National and Community Service, n.d.; Martinez, Crooks, Kim & Tanner, 2011). In the U.S. as many as 62.5% of adults participate in some form of informal volunteering. It is important to note that while informal and formal volunteering are related, they are conceptualized as two distinct roles as they vary in the types of recipients served and the context in which help is delivered. Furthermore, research indicates that time commitment to one may impact the other (Morrow-Howell, Carden, & Sherraden, 2005; Tang et al., 2010).

One emerging area of volunteering that can encompass either formal and informal volunteering is citizen science. Citizen science entails the engagement of non-scientists in scientific endeavors such as data collection and analysis. Citizen science is not a new approach within the scientific field but its use has grown in scale and continues to garner attention as it expands its reach, thanks to new technologies for engaging volunteers (Bonney et al., 2017). Citizen science efforts can range from projects that are solely facilitated and controlled by a third-party organization to projects that are initiated and carried out by community members in a more intensive manner. The North American Breeding Bird Survey (BBS) is an example of a citizen science project where an organization formally trains and engages older adults in volunteering as a lead organizer or catalyst. For this project, the U.S. Geological Survey and Environment Canada collect data on song birds using a large pool of volunteers from across the U.S. and Canada, many of whom are older adults. These older adults carry out their volunteer



work individually but are specially trained to collect song bird data which is used to inform broader scientific endeavors (Langin, 2014). On the other end of the spectrum, the Neighborhood Eating and Activity Advocacy Teams Project (NEAAT), a health project based in a local community in California, engaged community members in various steps of project development from identifying local needs and engaging in collective problem solving to creating food and physical environment improvements that addressed relevant community health issues (Buman et al., 2012).

Like other forms of volunteering, citizen science confers benefits on older adults including the opportunity for continued learning and personal development and the opportunity to socialize with others. An additional consideration in this field is the extent to which participants are seen as merely volunteers or as “amateur experts” (Edwards, 2014). While the field of citizen science itself continues to grapple with the role of older adults and what degree of autonomy they have within a given effort, citizen science is likely to continue to grow and engage, both formally and informally, an expanding group of older adults over time (Edwards, 2014). As such, this type of volunteering will continue to shape the engagement opportunities available to older adults.

An additional area of uncertainty with regard to defining informal volunteering is the distinction that is drawn between the provision of unpaid help to others (like friends, neighbors, other community members) and the act of caregiving. Underpinning this challenge is previous research that indicates that there is some level of fluidity between different helping roles which makes it difficult to ascertain where the line between informal helping and caregiving lies (Jegermalm & Grassman, 2013). To address this challenge, for the purposes of this study, informal volunteering encompassed all volunteering, but not family caregiving, that study

participants completed outside of the formal bounds of their Retired and Senior Volunteer Program (see Methods section for additional detail). Caregiving was further defined as time spent helping a friend or relative who is unable to care for themselves. Additional settings where informal volunteering may occur include church groups, community groups, and older adult driven citizen science projects. This study collected data on the different settings in which informal volunteering occurs, adding to the literature a deeper understanding of the concept of informal volunteering.

### **Role Theory and Role Conflict**

As our understanding of older adult development and social role participation expands, new questions in the field emerge. No longer is it a question of whether older adults should remain engaged in their community but rather a new question emerges of how to manage the multiple roles that older adults are increasingly juggling in later years. This issue is important to both the older adult volunteers who stand to reap benefits from volunteer activity and volunteer program administrators who seek to engage them in this pursuit.

Given this new emerging question, role theory was used as a guiding theory for this dissertation research. Role theory represents a longstanding set of concepts drawn from a sociological perspective focusing on the various roles that one fulfills in daily life. Roles are comprised of behaviors, identities, and expectations by individuals for which there is a general societal understanding or meaning (Biddle, 1986). Common roles vary by age, gender, and culture. For older adults, common roles include worker (paid and unpaid), caregiver and other familial and relational roles.

Building on role theory, Goode (1960) developed the role strain theory which outlines how conflict arises and is managed among and between roles. The demands and conflicts among

roles are experienced by the individual as “strain.” Conflicts between different roles arise when expectations among roles create contradictions or situations deemed to be “conflicts of allocation” consisting of conflicts related to “time, place, or resources” for the individual (p. 485). Goode’s model views role strain as a normal and ongoing experience that is continually managed by the individual. This theory posits that strategies utilized by individuals to reduce strain, also known as “role bargains,” center on approaches that 1) alter a given role or set of roles; 2) entail leaving a given role; or 3) entail taking on an additional but complementary role.

Two specific strategies for reducing role strain as outlined by Goode (1960) can be readily applied to the volunteer experience. The first strategy, elimination of role relationships, occurs when an individual curtails role involvement in one role in favor of devoting more time and resources to other roles. This occurs when volunteers leave their volunteer work to free up time for other social roles such as paid work or caregiving. The second strategy, role extension, occurs when an individual takes on additional roles to facilitate the demands of other roles. Applied to the volunteer realm, an individual may initially take on the role of volunteer as an opportunity to learn new skills that they can apply in the workforce, thus further enhancing their worker role. Caregivers may take on the role of volunteering to meet and socialize with others, thereby reducing their caregiving stress, making it possible for them to maintain their personal resources for caregiving.

In a similar vein as Goode, Marks (1977) further expands on role theory from two vantage points: one of role scarcity versus role expansion. Role scarcity perspectives emphasize that the energy one has to maintain social roles is finite creating the opportunity for role conflict arising out of the fulfillment of multiple social roles. Under this perspective, each social role that one holds has the potential for drawing energy away from other roles. Role expansion on the

other hand emphasizes that multiple roles may in fact create synergy across roles such that they complement each other.

### **Role Conflict and Enhancement and Volunteering**

As Morrow-Howell (2010) asserts, much of the existing research on older adult volunteering does not take into account the multiple social roles held by older adults (i.e., work, caregiving, volunteering). When such research has been conducted, social roles have been largely viewed as a variable that is measured from role load perspective, counting the number of distinct social roles that older adults hold and comparing those roles to well-being measures, rather than specifically looking at the experience of conflict that exists between different social roles. For example, Baker and Silverstein (2008) looked at the relationship between role load and caregiver well-being. Rozario, Morrow-Howell, and Hinterlong (2004) studied caregivers who held multiple productive roles in relationship to well-being outcomes. Within this study in particular, the authors note that such analytic approaches cannot explicitly identify the underlying mechanisms that may lead to well-being impacts. The current study explores role conflict and role enhancement and how these two concepts facilitate or create barriers for older adult volunteer well-being.

Research in the field has supported the notion of role conflict and resource scarcity for older adults indirectly through the exploration of role load. Research by Tang, Morrow-Howell, & Choi, 2010, found that as many as one third of older adults leave volunteering in favor of other social roles and commitments with higher priority than volunteering. Research by Baker and Silverstein (2008) suggests that serving in multiple social roles, like that of caregiver and volunteer, increases stress, particularly for caregivers early on in their caregiving trajectory. Using a sample of working caregivers, Beitman and colleagues (2004) found support for various

dimensions of role strain that suggests that serving in multiple social roles may create stress when adequate personal resources are not available to assist in managing role demands.

Research examining volunteering and its relationship to paid employment has yielded support for both scarcity and enhancement perspectives. For older adults with disabilities, being employed is a barrier to volunteer participation when it is perceived as competing with time that could be used for paid employment. When volunteering is seen as enhancing skills that older adults with disabilities can bring to the workplace, the tension between work and volunteering is reduced (Balandin et al., 2006). Studies suggest that employment is negatively associated with volunteer participation, particularly for those older adults who are working full-time or are in good health (Mutchler, Burr, & Caro, 2003; Principi et al., 2016;). However, research by the Corporation for National and Community Service (2007) indicates that, for baby boomers, an increase in paid employment hours has been associated with volunteer retention over time.

Research in support of role enhancement among older adult volunteers points to benefits that accrue to older adults who hold multiple social roles. Jang and Tang (2016) found that volunteering for grandparent caregivers served as a stress buffer helping caregivers to cope with their stressors while also enhancing their social interactions. Rozario, Morrow-Howell, and Hinterlong (2004) found that older adult caregivers who also held multiple productive roles had more positive self-rated health compared to those who did not hold multiple productive roles. Matz-Costa, Besen, James, & Pitt-Catsoupes (2014) found that individuals who held multiple roles experienced positive psychological well-being based on the level of their engagement within their social roles. Cho and colleagues' (2018) study utilizing the 2012 wave of the Health and Retirement Study demonstrated a positive connection between post-retirement work and volunteering such that those older adults who maintain some form of employment after

retirement were more likely to report participating in volunteer activities. Interestingly, this connection appears to be moderated by income level with those living near poverty experiencing a more pronounced benefit from the connection between these roles than older adults in other income categories.

### **Theoretical Model and Research Questions**

In summary, the theoretical model for this project includes the following key elements: 1) Formal volunteering as a productive and desirable activity for older adults to engage in as they age based on existing volunteer research and productive aging theory; 2) Social roles held by older adults which may draw energy into or away from formal volunteering; 3) Role conflict, which represents the felt/experienced stress related to holding multiple roles along with volunteering; and 4) Role enhancement, the mechanism through which older adults reap benefits from holding multiple social roles along with volunteering.

#### **Role Conflict/Resource Scarcity Model (Primary Inquiry)**

This inquiry explored the relationship between role conflict, role load, and key outcomes related to satisfaction, intent to remain, and participation in voluntary activity. As the existing literature has confounded role conflict and role load, this inquiry also aimed to untangle the relationship of these concepts to one another and to the identified volunteer outcomes. The following hypotheses and questions are set forth for the volunteer survey study:

**Research question 1.** Does role conflict predict satisfaction with, participation in, and/or intention to leave the volunteer role?

*Hypothesis 1:* Role load and role conflict are positively correlated with each other such that an increase in role load predicts an increase in role conflict. This is an underlying

assumption that has been used in previous studies. This analysis explored whether or not that assumption is a valid one.

*Hypothesis 2:* Role conflict is a significant predictor of volunteer satisfaction, intent to remain and volunteer participation. See Appendix B for the conceptual model. This study measured the extent to which role conflict (as opposed to role load) serves as a predictor for volunteer satisfaction, intent to remain, and volunteer participation.

*Hypothesis 3:* Role load is a significant predictor of volunteer satisfaction, intent to remain and volunteer participation. Past studies have confirmed that role load does impact volunteering. This hypothesis sought to replicate this finding.

*Hypothesis 4:* Role conflict will remain a significant predictor of volunteer outcomes when entered into the analysis model together with role load. This hypothesis is aimed at exploring the relative importance of role load and role conflict in predicting satisfaction, intent to remain, and participation. In past studies role load has been used as a proxy measure for role conflict. This hypothesis suggests that role conflict is in fact more important to measure than role load.

### **Role Enhancement Model Exploration (Secondary Inquiry, Qualitative Methods)**

**Research question 2.** What are the compensatory strategies used by older adults to navigate role conflict and what benefits do older adults accrue in their volunteer roles that could effectively counterbalance role conflict?

*Guiding question 1:* What role-related benefits are derived from volunteering that impact the caregiver, worker, and informal volunteer roles?

*Guiding question 2:* What role enhancement strategies have older adult volunteers employed to combat role conflict?

Guiding question two was originally slated to be explored via an RSVP program director survey component. However, sufficient information was provided by volunteers themselves via survey write-in responses to begin to explore this question. A subsequent RSVP program director survey was carried out (outside the confines of this study) to explore this question in further detail from a program director perspective.



## CHAPTER 3

### METHOD

#### Overview

Much of the research examining social roles and volunteering among older adults has utilized large scale national databases to examine the extent to which social roles occur simultaneously and the relationships among holding one or more social roles, participation in volunteering, and health and well-being measures (Baker & Silverstein, 2008; Rozario, Morrow-Howell, & Hinterlong, 2004; Taniguchi, 2012). The limitation of these studies is that they do not directly measure role conflict but instead assume that role conflict is the mechanism through which multiple social roles are related to well-being and other outcomes. This study specifically draws on a sample of older adult volunteers who have been successful in engaging in volunteer work (as evidenced by their participation in RSVP programming) and assess the extent to which social roles are related to volunteer satisfaction, participation, and intention to remain within formal volunteering.

This study utilized a mixed methods design. As outlined in Tashakkori and Teddlie (1998), the purposes of mixed methodology include *triangulation*, or the exploration of convergence within study findings, *complementarity*, the examination of complementary findings between resulting data sets, and *initiation*, the “discovery of paradoxes, contradictions, and fresh perspectives” (p. 43).

The study design, while mixed in nature, placed a primary emphasis on quantitative methods with a complementary but lesser focus on qualitative methods to collect open-ended response data from volunteers. Specifically, this study used a dominant/less dominant design with a predominant focus on quantitative methods and research questions coupled with a less

dominant focus on the collection of qualitative data (a QUAN/qual design) (Tashakkori & Teddlie, 1998).

## **Study Sample**

### **Older Volunteers**

The older adult volunteer sample for this study consisted of a cross-sectional sample drawn from RSVP programs nationally through an established partnership with the National Association of Retired and Senior Volunteer Program Directors (NARSVPD) and the National Senior Corps Association (NSCA). The advantages of drawing from a cross-sectional national sample of RSVP volunteers included the ability to reach a larger and more diverse group of volunteers than a singular localized program, having a sample of volunteers that share a similar volunteer program experience (RSVP), the ability to make within groups comparisons, and the opportunity to inform national service programming based on results.

The RSVP program is a national volunteer service program developed and sponsored by the Corporation for National and Community Service (CNCS) and part of a trio of older adult volunteer programs administered by CNCS. Volunteers who join RSVP are placed in community sites and complete a wide range of volunteer tasks including early childhood tutoring, helping other older adults to age in their homes through supportive services, environmental volunteering, disaster relief, home renovation, leading community education and exercise groups, and other volunteer work that is tailored to local community needs. RSVP volunteers have leeway in deciding when, where, and how much they volunteer in consultation with program staff. RSVP volunteers do not receive an established stipend for this work though they may receive reimbursements and meals through their host sites. The RSVP network is extensive, one of the largest older adult volunteer organizations in the United States, and engages over 200,000

volunteers 55 years of age and older across the country through 627 federally funded program sites. In total, this network of older adult volunteers provides over 46 million hours of volunteer service a year (Corporation for National and Community Service, 2017).

A sample of current RSVP volunteers ages 55 and older was recruited using RSVP programs as a conduit for survey distribution. Initial RSVP survey site recruitment was facilitated by NARSVPD and NSCA. An e-mail was sent to RSVP directors throughout the country via the NARSVPD and NSCA listservs as an initial recruitment tool. Those who expressed interest in participating were contacted directly by the author to discuss the logistics of local sample selection and survey distribution to older adult volunteers.

Through this process, 59 RSVP sites were recruited for the study and ultimately 55 sites implemented the survey with their volunteers. Each participating site completed a program profile form providing details of site location and programmatic reach and scope (see Appendix C for program profile form). Resulting data on survey sites indicated that the 55 survey sites were located in 27 different states and represented a wide range of program sizes from 80 to 1,800 volunteers served in a given year, with an average number of 385 volunteers served per program across the sample ( $SD = 297.32$ ).

This program profile form was also used to identify sites with a relatively high proportion of racial diversity among their volunteers. These profile data were then used to adjust mailed survey sampling in order to oversample for racial diversity and encourage representation of non-white older adults in the resulting survey sample. Those programs that had more than 15% of their volunteer population comprised of non-white individuals were considered “high diversity” programs for the sake of sampling. This benchmark was set based on a JBS International (2015) study that provided a demographic overview of RSVP volunteers nationally. According to that

report, 13.3% of all RSVP volunteers are non-white. For sampling, each site distributed mailed surveys to 11.5% of their volunteer base. High diversity programs, with more than 15% of their volunteers representing non-white populations, received enough surveys to cover 50% of their volunteer base.

Once recruited, survey sites were stratified into two groups. One group received mailed surveys only and the other group distributed their surveys via e-mail (See Appendix C for survey form). Designation as a mail or e-mail site was based on the following factors: 1) stated program preference for one method over the other and 2) program data indicating that a majority of volunteers can be reached using one method over the other. Due to budgetary constraints, sites receiving surveys to mail then selected a random sample of volunteers to which the mailed survey was distributed. Sites with higher levels of racial diversity received more surveys to distribute than those sites with lower racial diversity (50% of volunteer population versus 10.7% respectively). For sites receiving a paper survey distribution, mail-ready survey packets were prepared and sent directly to each participating site along with instructions for generating a random survey sample in Excel. Each site received introductory letter packets and follow-up survey packets. Introductory letters were mailed to volunteers approximately one week prior to the survey packet mailing. Each survey packet included an IRB-approved informed consent sheet for participants along with a survey and self-addressed postage paid envelope to facilitate survey return. E-mail sites were instructed to distribute the survey to all volunteers for whom they had a valid e-mail address. An initial introduction e-mail was distributed to volunteers approximately one week prior to the survey link distribution e-mail. See Appendix C for a copy of the introduction letter and informed consent form.

Using this sampling methodology, 6,796 older adult volunteers were reached via mailed and e-mailed surveys. An overall total of 1,697 older adult volunteers responded to the survey representing a 25% response rate. The majority of the resulting surveys came from online survey responses (961), with the remaining 736 received by mail.

It was the intention of this study to ultimately yield a representative sample of RSVP volunteers. The only existing study of RSVP volunteer demographics was conducted by JBS International in 2015. This study served as a benchmark for whether or not the resulting sample was consistent with the known RSVP participant demographic profile. Based on demographic analysis, the study sample was found to have some slight variations in terms of respondent background in comparison with the profile produced by the JBS study (see Table A2 in Appendix A for a side-by-side comparison of the two study samples). This is particularly the case for age, education, and income. The current study garnered higher participation from baby boomer respondents, those in the 55 to 65 and 66 to 75 survey age categories, compared to the JBS study (53% versus 67.5% of the sample) along with more respondents in higher educational attainment categories.

Income was another variable where participant demographics were divergent across studies. The current study yielded a higher proportion of individuals reporting a household income of \$100,000 or more. However, the JBS study had a higher proportion of missing data for their income question (22.72% compared to 13.4% for the current study). It is possible with a higher response rate for the income question, demographic variations across the studies would be reduced. In addition, the current study also captured more married individuals compared to the JBS study which likely impacted household income levels driving them into higher categories than incomes reported by single respondents. It should also be noted that the JBS study and the

current study resulted in similar demographic profiles with regard to respondent race and gender suggesting that the current sampling methods of oversampling for diversity were as successful as the JBS study in garnering participation by individuals of color.

The sampling techniques of both studies likely impacted the demographic makeup. The current study utilized a convenience sample and the JBS study utilized a random stratified sample of programs and volunteers to create its resulting demographic mix. However, the study sample for the current study was two times the size of the JBS study (1,697 respondents versus 849) and the current study also yielded fewer missing data points for all of the demographic questions. The JBS study utilized mailed survey distribution whereas the current study used a mix of both mailed and e-mailed surveys. Upon inspection of response data from the current study, it was found that the e-mail component captured a higher proportion of baby boomer respondents (60% of e-mail respondents were baby boomers versus 45% for the paper survey) and this may have contributed to the demographic differences noted.

### **Power Analysis**

An a priori statistical power analysis was carried out to estimate a minimum sample size and drive study design and subject recruitment. This power calculation was based on Taniguchi's (2012) study (N=13,133) which examined participation in multiple social roles/activities and the relationship of these activities to volunteer participation. The effect size for this study was found to be  $d = .37$ , a small effect size according to guidelines established by Cohen (1988). Using G\*Power 3.1.9.3, a statistical power calculation software (Faul, Erdfelder, Lang, & Buchner, 2007) and the following parameters:  $\alpha = .05$  and  $\text{power} = .90$ , a minimum sample size needed to detect a small size effect between two groups for the proposed study was found to be

250. The resulting sample size (1,697) was more than six times the projected minimum sample size calculated.

### **Volunteer Survey Measures**

The volunteer survey (see Appendix C) measured the following:

**Predictor and Control Variables** (see Appendix A for a matrix of study variables)

**Demographics.** Information on basic older adult volunteer demographics were collected and used as control variables as previous research in this area suggests that they may be covariates with role load and volunteer participation. These demographics included age, gender, race, income, and marital status, and education level. See questions 17-23 on the survey form in Appendix C for demographic questions.

**Role load (identification and intensity).** Respondents were asked to indicate how many hours in a typical month they performed caregiving (caregiver role identification), worked in paid employment (worker role identification), or provided informal assistance to others, including any volunteering done outside of their RSVP volunteer work such as giving rides to friends and neighbors, participating in church groups, citizen science efforts, community group work, etc. (informal volunteer role identification). For role identification purposes, any individual reporting at least one hour per month of activity in any of the role areas was classified as holding that particular role for the analytical model.

The social role variable was then used to create comparative groups to identify salience of social role configurations in relationship to role conflict. First, groupings were generated by role as follows: workers, caregivers, and informal helpers. The variables for each of these groupings were coded as a “1” or a “0” indicating the presence or absence of this role within a particular respondent’s role mix. A second grouping used in the hypothesis exploration was role

load intensity classification (for the purposes of this study, called role load) based on number of roles held including “volunteer + 0,” “volunteer + 1,” “volunteer +2,” and “volunteer +3” roles, for those occupying the formal volunteer role plus zero, one, two, or three additional roles with the coding for this variable ranging from 0-3 accordingly. For a third comparison, the sum of hours spent across all roles outside of formal volunteering was entered into the analysis for hypothesis three and four exploration. These approaches allowed for analyses that parallel methods used in previous research studies to operationalize role load type and intensity. Role load questions are questions 3, 5, and 6 in the volunteer survey (see Appendix C).

**Health and well-being.** Older adult health and well-being has been shown to be a related to multiple role participation and thus was entered into the analytic model as a control variable. While most studies cited above have used health and well-being as outcome variables, the proposed model hypothesizes that health and well-being may in fact impact one’s ability to perform social roles.

Selected measures from the PROMIS Global Health Scale v1.2 (PROMIS Health Organization and PROMIS Cooperative Group, 2016) were used to measure health and well-being including general health rating (item = global01), quality of life rating (global02), satisfaction with social relationships and ability to carry out social roles (global05, global09r), and mental health (global04, global10r). The ratings for each item were compiled into one summative health and well-being score and entered into the analysis.

PROMIS measures provide standard measures for assessing physical, mental, and social health. PROMIS tools are psychometrically sound instruments validated for use across age groups. The Global Health Scale in particular has a high internal consistency ( $\alpha = .92$ ) and comparative validity when correlated with existing validated measures of health and mental



health. This particular scale can be used either in whole or in part to measure global health or measure specific health and mental health constructs (Hays, Bjorner, Revicki, Spritzer, & Cella, 2009). PROMIS measures were developed and funded by the National Institutes of Health to provide standardized instrumentation for researchers and practitioners (PROMIS Health Organization and PROMIS Cooperative Group, 2017). See questions 7 through 12 on the volunteer survey in Appendix C for PROMIS items.

**Role conflict.** For the purposes of this study, role conflict was measured using a modified version of the Work Family Conflict Scale (WAFCS). This scale, developed as a bi-directional method of measuring role conflict, is a valid and reliable measure of work-family and family-work conflict (Haslam et al., 2015). Only the family-work conflict subscale from the short form version of the WAFCS developed by Haslam et al. (2015) was employed. This five-item subscale measures the impact of family role obligations on paid work. This instrument was selected as it is an established measure of role conflict.

Since there is no existing role conflict scale specifically designed for gerontological applications, the subscale questions were modified to represent the impact of the three different social roles (paid work, caregiving, and informal volunteering) on volunteer work. For example, the original item “My work performance suffers because of my personal and family commitments” was modified to read “My RSVP volunteer performance suffers because of my caregiving commitments.” Using a 7-point Likert scale, respondents indicate the degree to which they agree or disagree with the statement posed. The resulting measures consisted of three scales (one per social role) with five modified subscale statements per social role. Respondents were instructed to respond only to the statements that pertain to their social role circumstances. An average role conflict score was calculated for the analysis across all three scales (worker

scale, caregiver scale, and informal helper scale). A reliability analysis was conducted and found that the modified scales maintained comparable reliability ( $\alpha = .81$  for worker scale;  $\alpha = .89$  for caregiver scale;  $\alpha = .89$  for informal volunteer subscale) with the original scale measure ( $\alpha = .80$ ). See question sets 4a, 5a, and 6b in the volunteer survey, located in Appendix C, for these three scales.

## **Outcome Variables**

**Volunteer participation.** Measures of volunteer service participation included the number of hours per week of formal volunteer participation within RSVP. This role was differentiated from informal volunteer roles as defined above. The formal volunteer participation question was worded as follows: “In a typical month, how many hours do you volunteer for the RSVP program?” This item is question 2 on the volunteer survey in Appendix C.

**Volunteer satisfaction.** Volunteer job satisfaction was measured using a modified version of the Thompson and Phua’s (2012) Brief Index of Affective Job Satisfaction (BIAJS). This four-item scale focusing on affective appraisal of job satisfaction is temporally stable with both convergent and criterion validity and an internal consistency of 0.81. The BIAJS offers advantages over the established Volunteer Satisfaction Index developed by Galindo-Kuhn & Guzley (2001) including its brevity and focus on a more generalized level of satisfaction. For all items, participants indicate the extent to which they agree with a given item using a five-point Likert scale from “strongly disagree” to “strongly agree.”

For the purposes of this study, the word “job” within the original scale items was replaced with “volunteer work.” For example, the item “I find real enjoyment in my job” was revised to read “I find real enjoyment in my RSVP volunteer work.” The four-item scale was administered with three additional distraction questions to create a seven-item scale. The three

distraction questions were removed from the final scale analysis. The BIAJS item scores were added together to create a composite score of volunteer satisfaction which was entered into the analysis. Based on the scale structure, a total score of 20 represented perfect satisfaction (5 points multiplied by 4 items). A reliability analysis conducted during the data analysis phase of this study found that the modified scale maintained comparable reliability ( $\alpha = 0.84$ ) with the original scale measure. See questions 13a-13g, in the volunteer survey in Appendix C for this seven-item scale.

**Intent to remain in volunteer role.** Intent to remain in the volunteer role was measured using a seven-point Likert scale response from “certainly not” to “certainly” to the following questions: “Do you see yourself volunteering with RSVP a year from now?”

### **Additional Variables and Measures**

**Role enhancement questions.** Open-ended survey questions were developed to examine the extent to which volunteering has supported different social roles (see survey questions 4b, 5b, and 6c in Appendix C). Sample items include “In what ways has your volunteer work through RSVP helped you in your caregiving?” and “In what ways has your volunteer work through RSVP helped you in your paid work?” The primary purpose of these questions is to explore role enhancement from a qualitative perspective.

### **Instrument Pre-Test**

A pilot test of the volunteer survey was conducted prior to survey launch with three current RSVP volunteers-two exercise lay leaders and a hospice volunteer. All three were female with ages ranging from 64-68. Two had been volunteering with RSVP for five years and one had been volunteering for two years at the time of the pilot. Two of the participants volunteered 20 hours per month with RSVP and the third volunteered for 100-120 hours per month. Each

volunteer was given a copy of the informed consent form and the survey to individually review and complete.

First, each volunteer was instructed to review the informed consent document and make notes on the form about any wording or concept that was unclear to them. Once that was completed, the author reviewed the informed consent with each volunteer individually to ascertain comprehension and determine whether or not modifications were needed. Two of the three indicated that no changes were needed and the third suggested additional clarifying language on the gift card incentive drawing noted in the informed consent form. Once the informed consent was read and reviewed, each participant then moved through each subsequent section individually followed by a debrief with the investigator.

Based on the pilot review, the questions were, overall, found to be easy to follow and to respond to as written but additional modifications were needed to make the survey more appealing and applicable to its intended audience. Pilot participants noted that many older adults have concerns about their personal information being given out to third parties for marketing or business purposes. As such, demographic questions were moved to the final section of the survey as one pilot participant felt it may be “off putting” to ask personal questions up front in the survey process. Additional explanatory text was added to make clear to participants that the demographic information provided on the survey would be kept confidential. In addition, bolding was used to better delineate questions 4, 5, and 6, making them easier to see on the survey, and emphasizing the question instructions for respondents. Two of the volunteers discussed the importance of caring for grandchildren as this was a major role/activity for them. Both volunteers suggested that this particular activity be added as a checkbox option under 6a (“Please indicate the types of volunteer/helping work you included in your answer to question 6”).

Additional pilot feedback was gathered from a social work graduate student with expertise in gender and equity issues who reviewed the survey and offered suggestions for inclusive language to be added as follows: replacing the word “church” with “religious community” in question 6a about informal volunteer activities and adding “another” as a category under the gender and race options for the survey instead of “other.”

In addition to the internal piloting with the volunteers and graduate student, a program staff member from a participating RSVP site suggested changing the timeframe on the role load questions from a weekly to a monthly frame of reference as follows: “In a typical week, how many hours do you volunteer for the RSVP program?” to “In a typical month, how many hours do you volunteer for the RSVP program?” This suggestion was made because volunteers currently submit monthly timesheets to their RSVP programs and a monthly reference point would facilitate accurate recall of volunteer participation.

### **Variable Adjustments and Analysis Approaches**

Analysis of the outcome and predictor variables indicated significant skew and Kolmogorov-Smirnov testing revealed that the data violate the assumption of normality required for parametric testing (see Table A3 in Appendix A). To counteract this, the following variables were recoded using natural log transformation: role conflict, role load in hours, satisfaction, intent to remain, and volunteer participation. Log transformed data were then used for correlational and multiple regression analysis. Between groups comparison analyses were conducted using unadjusted data and two-tailed independent samples Mann-Whitney U testing, which does not require data normality (Pereira & Leslie, 2010). In addition, the hierarchical multiple regression analyses described below were executed with both the unadjusted and

adjusted data. This testing revealed that the main findings were unaffected by the data adjustments.

## **Data Analysis**

### **Quantitative Analysis**

All surveys were collected and compiled into SPSS 25.0 for quantitative analysis. Descriptive statistics and normality testing were carried out on the data to provide a basic description of the sample with regard to demographics, formal volunteering, role conflict, role load, and volunteer outcomes. The conceptual model presented in Figure B1 in Appendix B illustrates, and was used to guide, the primary analyses for this study. Data exploration for hypothesis one was undertaken using Pearson Product-Moment correlational analysis with log adjusted data as described above. Analysis for hypotheses two through four included initial examination of scatterplots of the data followed by bivariate correlation analyses among the major predictor variables (role conflict, role load) and outcome variables (satisfaction, intent to remain, volunteer participation). Where examination of data scatterplots revealed an approximately linear relationship between the predictor and outcome variables of interest, Pearson correlations were calculated for the predictor and outcome variables.

Subsequent hierarchical multiple regression analyses were used to explore the unique contribution of the predictor variables (role conflict, role load) in predicting the outcome variables (satisfaction, intent to remain, and volunteer participation). Hierarchical analysis included two entry steps with the first step representing the predictor variable(s) of interest with a second step consisting of covariates: age, gender (female), marital status (married), race (white), education, income, and health/well-being scores (See Appendix A, Tables A5-A9 for full multiple regression tables). Assessment of multicollinearity among variables was based on

the Variance Inflation Factor (VIF) report output provided within SPSS. No evidence of multicollinearity was found among the variables as reported in the Results section.

Multiple regression analysis was selected for this study due to its versatility and ability to account for, and control for, multiple predictor variables (Swinscow, 1997). Because research has shown that volunteer engagement varies by age, gender, income, health status, marital status, and race, multiple regression allowed for these variables to be entered into the model together as a block of co-variates (step two). In addition to the advantage of analyzing the effects of multiple predictor variables, multiple regression also allows for the inclusion of continuous and categorical predictor variables in the analysis and has been deemed an appropriate method for analyzing nonexperimental research data (Keith, 2006).

Additional follow-up testing was conducted using independent samples two-tailed Mann-Whitney U testing to ascertain whether or not there were statistically significant differences present in role load and role conflict among the groups. These tests included the exploration of the extent to which there were differences by age (baby boomers versus older adults), gender, marital status, education level, income, race, and health status with regard to predictor (role load and conflict) variables. This entailed restructuring the data into dichotomous groupings such as baby boomer/not baby boomer for age, white/non-white for race, female/not female for gender, and married/not married for marital status. For age groupings, baby boomers were defined as those respondents born between 1946 and 1964, or ages 54 through 72 at the time of the survey. For health, groupings were made based on health and well-being scores above and below three, which was the mid-scale “good” category on a scale of poor to excellent. For income, the cutoff was made at a household income of \$20,000 or less which was the lowest income category with all remaining categories merged together for a “\$20,000 or more” category. For education, a

distinction was made between those with college attainment and those without. The cutoff for this grouping was an associate's degree or more.

Independent samples t-testing was used to identify between-groups differences in key demographic and role participation variables using unadjusted data. All median data values provided in the Results section were generated using unadjusted data for ease of interpretation. Once data are adjusted using natural log transformation interpretation of the variable values is difficult to ascertain. After medians were generated for reference, Mann-Whitney U testing was completed with adjusted data.

In addition to these analyses, between groups comparison testing was carried out to identify whether or not any given social role results in higher role conflict. For example, “do caregivers experience higher levels of role conflict than those who are not caregivers?” and “do workers experience more conflict than non-workers?” Further, while not central to the role conflict inquiry, Mann-Whitney U comparison analyses were conducted to identify any differences within the sample with respect to volunteer satisfaction, intent to remain, and volunteer participation by age, gender, health status, marital status, race, income, and education.

Finally, as reported in the Volunteer Survey Measures section of this chapter, internal consistency statistics were generated for those measures of volunteer, work, caregiving, employment, and informal volunteering that were modified from original instrument items. These statistics were used to ascertain whether or not the modified versions maintained scale integrity compared to original formats.

### **Qualitative Analysis**

Open-ended survey question data from the volunteer survey were analyzed using a basic inductive content analysis approach with two coders (the author and a second coder). An



inductive approach was selected based on the exploratory nature and applied nature of the study at hand. This approach allows for inference development that moves from the “specific to the general” by reviewing and honing the data into categorical representations. This approach has several advantages including flexibility and the ability to yield interpretations of data that are context-sensitive (Elo & Kyngäs, 2008).

Data analysis and coding procedures followed the framework described by Thomas (2006). Broadly, this approach entailed data preparation, close reading of the resulting text, category generation, placement of categories in relation to one another and category refinement. For this study, the qualitative data gathered from write-in responses was first formatted and loaded into Excel for initial descriptive coding and code refinement. Once the codebook for this project was generated, it was formatted and loaded into the Dedoose online qualitative software platform (data preparation). All responses were subject to multiple readings by the author followed by the development of initial categories, or descriptive coding (close reading and category generation). Subsequent readings of the text yielded category refinements and hierarchical representation of the categories in relation to one another through the development of parent and child codes (development and refinement of categories). Initial code generation resulted in 184 descriptive codes that were then condensed down to 34 final codes for the worker, caregiver, and informal volunteer write-in response sets. Once established, each category was assigned a label and description.

The code development process entailed developing an iterative sequence of codebooks that were refined after each test coding session (described below). This refinement entailed merging similar codes/themes into broader coding based on conceptual alignment. For example, after discussion between the two coders, an early code, “being helpful/useful” was merged into

the “positive emotional health” code because such responses, while noting that volunteering was a means of being useful or helpful, simultaneously conveyed that these conditions resulted in positive emotional returns through feeling happy, feeling a sense of enjoyment, or feeling satisfied. Both coders agreed that the final code was a better representation of the core concept being conveyed through the responses. Data excerpting and code assignment were then undertaken with the data using the final codebook.

In some cases, merging of codes took place after all coding of the data was complete. For example, an early code set separated out physical health benefits and cognitive health benefits. However, after the full data set coding was completed, cognitive benefits had very few resulting code applications (1 code application for workers, 0 for caregivers, and 10 for informal volunteers) and aligned conceptually with physical benefits as compared to the remaining benefits identified. As such, this concept was merged into a larger code of “physical and cognitive benefits.”

**Validity and reliability.** Inherent in the study design and analysis phases was the use of triangulation across the two data collection approaches (quantitative and qualitative questions). Triangulation is a validation technique utilized in qualitative research that seeks to verify findings drawn from qualitative data across different perspectives and sources (Creswell, 2013). Specifically, this study employed investigator triangulation and to some extent methodological triangulation between the quantitative and qualitative data collection mechanisms (Tashakkori & Teddlie, 1998). Investigator triangulation, was used to increase trustworthiness of the findings through the use of an outside data coder to verify findings between the two coders. Methodological triangulation entails the use of different methods to explore study concepts, in this case the use of quantitative and qualitative survey questions to explore and expand on

concepts between the two methods. In this instance, the use of closed option questions and open-ended questions allowed for a full and complementary picture of role conflict and enhancement to emerge from the data.

To increase reliability of the qualitative data findings drawn from the volunteer survey, a second coder was used to establish the clarity of coding categories generated and check the extent to which coding was stable from one coder to the next (Creswell, 2013). The external coder was first given a rough draft of the project codebook established by the author along with a set of raw data to code. Both coders then came together to discuss the resulting excerpts and coding. Three rounds of this trial run coding were performed before the codebook was solidified and the final round of coding was conducted using Dedoose.

The second coder used for the project, a graduate student in social work, completed an orientation to the project, its theoretical framework, and hypotheses. Additional training and guidance on qualitative research was provided including background reading on the coding process and an overview of the codebook that was created by the author. Training was also provided on use of the Dedoose qualitative data organization tool. Once trained, the student and the author utilized the Dedoose Training Center Test feature to conduct trial coding exercises. This entailed loading the codebook into the Dedoose software and selecting a portion of qualitative coding text that is then read and coded by both the student and author

During trial coding sessions, both coders periodically communicated about the codebook and made refinements and reductions to the codes and definitions as needed. Test exercises were repeated until the Kappa interrater reliability coefficient calculated by Dedoose reached 0.68 indicating moderate reliability among the two raters (McHugh, 2012). At which point, the full response sets (one each for workers, caregivers, and informal volunteers) were coded by both

coders for the study. All final coding was conducted using the Dedoose Training Center feature which allowed the primary coder (author) to code the data set and the second coder to blindly overlay their coding on the dataset. Dedoose then calculated a final Kappa score from the two coders. This process resulted in an interrater reliability of 0.71 for worker write-in comments, 0.75 for caregiver comments, and 0.73 for informal volunteer comments. All scores fall within the moderate reliability range of the Kappa statistic. After coding was completed, the two sets of coding were compared using the Dedoose report generated for each data set (worker, caregiver, and informal caregiver comments). The Dedoose report allowed for comparison across the two sets of codes from the primary and secondary coder. From there a consensus process was undertaken where the author reviewed both code sets and determined, with input from the second coder, the final code applications for all excerpts in the individual data sets. In some instances, the primary coding was retained, in others the primary code set was removed and the secondary code set was retained, and for others a new code set was retained with relevant codes from both coders.

## **CHAPTER 4**

### **RESULTS**

#### **Participant Profiles**

A total of 1,697 older adults returned surveys via the online survey portal and mail. The sample was predominantly female, white, middle-to-higher income, with relatively high levels of formal education. Seventy-two percent (72.4%) of the sample was female with an additional 26.6% identifying as male and 0.8% identifying as a gender other than male or female. Participants ranged in age from 55 to 97 years with an average age of 72.43 years ( $SD = 7.56$ ) overall. The sample was predominantly white (90.6%) with 5.2% of the sample representing African American respondents and 1.2% reporting a multi-race background. The racial categories of Asian, Native American, and the “another race” write-in option represented slightly more than 1% total across the three. A mix of household income levels was noted across the sample with close to a third (29.6%) reporting household incomes under \$40,000, another third (32.6%) between \$40,000 and \$80,000, and the remaining (24.4%) reporting a household income of over \$80,000. Formal education levels were high among the sample with the majority having at least some college education. Education levels varied from those who had a high school or equivalent degree or less (15.7%) to those with some college (31.1%), and those with a bachelor’s or higher (53.2%). See Appendix A, Table A2 for a full demographic profile.

#### **Role Participation**

The respondents had spent a range of time serving with the RSVP program from less than a year to 31 years of program participation with an average of 7.03 years ( $SD = 6.18$ ). Respondents spent an average of 22.62 hours per month ( $SD = 24.04$ ) participating in formal RSVP volunteering with a range of 0 to 220 hours per month. Those with lower hours included

those who had more sporadic volunteering which may vary from no formal volunteering in a given month to many hours of volunteering in other months. An example of this includes those who participated in tax assistance which peaks during tax preparation time but tapers off during the summer and fall months.

### **Differences in Volunteer Participation**

Participation in formal volunteering was found to vary by age, gender, income, and education. Higher levels of formal volunteer participation were noted among volunteers who were older, non-female, with lower incomes, and lower education levels. No significant differences in volunteer participation were noted by health status, marital status, or race.

Baby boomers reported an unadjusted median of 15 hours of formal RSVP volunteering per month compared to the median of 16 hours of formal RSVP volunteering per month for older adults. While female and non-female volunteers both reported a median of 16 hours per month of volunteering, subsequent testing, as noted below, indicates that the distribution of their volunteer time differs significantly such that non-female volunteers commit more hours to formal volunteering than female volunteers. Individuals whose households reported over \$20,000 per year income reported a median of 16 hours per month of formal volunteering compared to 20 hours per month reported by volunteers earning less than \$20,000 in income. Those who completed at least an associate's degree reported 15 hours per month of RSVP volunteering compared to those with less than an associate's degree who reported a median of 20 hours per month of volunteer time.

Follow-up independent samples Mann-Whitney U test scores confirmed significant differences in the distribution of formal volunteering hours for older adults versus baby boomers ( $U = 291,026$ ,  $Z = -3.178$ ,  $p = .001$ ), non-female volunteers versus female volunteers ( $U =$

237,158.50,  $Z = -2.55$ ,  $p = .011$ ), those with incomes less than \$20,000 versus those above ( $U = 96,275$ ,  $Z = -1.97$ ,  $p = .049$ ), and those who did not complete post-secondary education versus those with at least an associate's versus ( $U = 239,002.50$ ,  $Z = -5.97$ ,  $p < .001$ ).

### **Satisfaction and Intent to Remain**

Overall, the sample demonstrated high levels of satisfaction. Satisfaction with formal volunteering was found to vary significantly by gender, health, income, education but was not affected by factors such as age, marital status, and race. Higher satisfaction scores were reported by individuals with less education, female gender, and those with higher levels of health and well-being. In addition, follow-up testing with adjusted data revealed that satisfaction also varied significantly by income with those with lower incomes reporting higher satisfaction scores. The unadjusted median satisfaction score reported by those with no college attainment was 18 out of 20 points compared to 17 points for those with at least an associate's degree. The unadjusted median score reported by females was 18 compared to 17 for non-female volunteers. Those with incomes above \$20,000 reported the same median income of 18 points as those with incomes below \$20,000. However, testing results, as noted below, indicate differences between these two groups when using natural log adjusted data. Individuals with less than "good" health and well-being reported a median satisfaction score of 16 compared to the median of 18 for those with "good" health and well-being.

Follow-up independent samples Mann-Whitney U test scores confirmed significant differences in the distribution of satisfaction scores for female versus non-female volunteers ( $U = 222,218.50$ ,  $Z = -2.51$ ,  $p = .012$ ), those with "good" health and well-being and those with less than "good" health and well-being ( $U = 52,467$ ,  $Z = -2.82$ ,  $p = .005$ ), those with less than \$20,000 in annual income and those with at least \$20,000 in annual income ( $U = 89,595.50$ ,  $Z =$

-2.36,  $p = .018$ ) and those who did not complete post-secondary education compared with those with at least an associate's (U = 248,494 Z = -3.05,  $p = .002$ ).

Intent to remain within the formal volunteering role was found to vary by age, gender, health status, and income but not affected by marital status, race, or education. Higher intent to remain scores were generally reported by baby boomers, female volunteers, those with higher levels of health and well-being, and those with higher income levels. Inspection of unadjusted median variables did not yield any apparent immediate differences. However, Mann-Whitney U testing with adjusted variable data confirmed significant differences in the distribution of satisfaction scores for baby boomer and older adults (U = 309,687, Z = -3.63,  $p < .001$ ), female and non-female volunteers (U = 247,356, Z = -3.26,  $p = .001$ ), those with "good" health and well-being and those with less than "good" health and well-being (U = 60,338.50, Z = -3.95,  $p < .001$ ), and those with at least \$20,000 in annual income and those with less than \$20,000 in annual income (U = 103,600.50, Z = -2.07,  $p = .039$ ).

### **Roles Beyond Formal Volunteering**

Overall, the average number of additional roles held beyond formal volunteering was 1.19 ( $SD = 0.80$ ) roles encompassing an average of 33.8 hours of time and effort each month ( $SD = 64.17$ ). Approximately one out of 7 respondents (14%) worked for pay in a given month. Those who worked for pay, did so for an average of 53.17 hours per month ( $SD = 48.93$ ) or approximately 13 hours per week. About a third of volunteers were caregivers (34.9%) devoting an average of 42 hours per month ( $SD = 93.02$ ) or 10.5 hours per week to caregiving.

Consistent with national civic engagement statistics, the majority (78.7%) of respondents participated in informal helping/volunteering. On average, informal helpers devoted 19.41 hours per month or around 5 hours per week to this role ( $SD = 26.70$ ). Of those who reported some



form of monthly informal volunteering, 55.7% volunteered within their religious community, 43.3% helped a friend or neighbor with errands or rides, 28.9% helped to care for grandchildren or other children in their family, 42.8% volunteered on their own in the community, 29.8% volunteered with a community group such as the Kiwanis, VFW group, or a community garden.

Three hundred eighty-two (382) individuals provided “other” write-in responses indicating the additional types of informal volunteering they perform. The wide array of responses provided indicated that older adults are supporting a variety of community-based groups and organizations including serving as non-profit and home association board members, volunteering with scout groups, and supporting local food pantries and thrift stores. Respondents also indicated serving on town councils and other local governance boards and committees; volunteering with hospice; volunteering with AARP affiliated programs; visiting local nursing homes and assisting with senior center programming; volunteering at local hospitals, schools, and other non-RSVP nonprofits; and volunteering with political groups and initiatives.

Roles were also found to vary based on demographic factors. Baby boomers were significantly more likely than their older counterparts to be working ( $t(1584.96) = 5.84, p < .001$ ), Those with at least an associate’s degree were more likely to be working ( $t(1332.15) = 4.58, p < .001$ ) and participating in informal volunteering ( $t(864.15) = 5.58, p = .01$ ) compared to those with lower education levels. White respondents were more likely to report informal volunteering compared to non-white respondents ( $t(131.76) = 2.66, p = .01$ ). Those with higher self-reported health and well-being were more likely to report participating in informal volunteering than those with lower health and well-being scores ( $t(87.01) = 3.82, p < .001$ ). No significant role differences were noted based on age, gender, marital status, or income for the

informal volunteer role. No significant demographic variations were noted within the sample for the caregiving role.

### **Role Commitment Variations**

Role commitment was found to vary by age and income for workers. Employed baby boomers reported a significantly higher average of 58.23 hours of work hours per month ( $SD = 50.51$ ) compared to older adults workers who reported working 41.29 hours per month ( $SD = 43.90$ ,  $t(222) = 2.33$ ,  $p = .02$ ). Workers with \$20,000 or more in annual household income reported significantly higher work hours per month ( $M = 57.39$ ,  $SD = 51.11$ ) than their lower income peers ( $M = 34.35$ ,  $SD = 32.98$ ,  $t(207) = 1.97$ ,  $p = .05$ ). No such differences in work time commitment were found based on gender, marital status, education, race, and health status.

Monthly caregiving hour commitments were found to vary by race with no other significant differences between groups found for other demographic factors. Specifically, non-white caregivers reported significantly higher caregiving hours per month ( $M = 89.93$ ,  $SD = 165.93$ ) compared to their white counterparts ( $M = 36.23$ ,  $SD = 78.72$ ,  $t(47.01) = -2.17$ ,  $p = .35$ ). Informal volunteer hours were found to vary significantly by age with baby boomers reporting significantly more hours per month in informal volunteering ( $M = 20.79$ ,  $SD = 27.92$ ) than their older counterparts ( $M = 17.59$ ,  $SD = 25.25$ ),  $t(1183.73) = 2.09$ ,  $p = .37$ ). No other significant variations were noted for informal volunteering.

### **Differences in Role Load and Intensity.**

Role load, as defined by total roles and total role hour commitments, was found to vary by age with baby boomers reporting higher role hours across all roles ( $M = 59.57$ ,  $SD = 68.70$ ,  $t(1655.47) = 3.29$ ,  $p = .001$ ) and higher total roles beyond volunteering ( $M = 1.29$ ,  $SD = 0.80$ ,  $t(1621.44) = 5.52$ ,  $p < .001$ ) compared to their older counterparts who reported a mean of 48.94

role hours per month including their volunteer work ( $SD = 62.85$ ) and 1.07 total roles in addition to formal volunteering ( $SD = 0.78$ ). Role load was also found to vary with education as those with an associate's degree or higher reported a significantly higher number of roles held in addition to volunteering ( $M = 1.26$ ,  $SD = 0.79$ ) compared to those with less than an associate's degree ( $M = 1.06$ ,  $SD = 0.79$ ,  $t(1115.57) = 4.83$ ,  $p < .001$ ). Those reporting "good" or better health and well-being also reported significantly higher role totals for roles held in addition to volunteering ( $M = 1.20$ ,  $SD = 0.79$ ) compared to those with less than "good" health and well-being ( $M = 0.96$ ,  $SD = 0.84$ ,  $t(1665) = 2.88$ ,  $p = .004$ ). No differences in role load intensity or role total were found with regard to gender, marital status, income, and race.

### **Role Conflict Findings and Hypothesis Testing**

Overall, the sample population exhibited low levels of conflict and high levels of satisfaction and intent to remain. The median conflict score was 5 out of a possible 35 points ( $M = 7.49$ ,  $SD = 5.05$ ) indicating low levels of conflict across the sample. The median satisfaction score was 18 out of a possible 20 points ( $M = 16.84$ ,  $SD = 3.08$ ), and intention to remain with the RSVP program in a year's time demonstrated a median of 7 points out of a possible 7 ( $M = 6.47$ ,  $SD = 1.09$ ).

While median conflict scores were consistent across roles for workers, caregivers, and informal volunteers, conflict scores were found to vary significantly by role based on independent samples Mann-Whitney U testing. This testing confirmed significant differences in the distribution of conflict scores for workers versus non workers ( $U = 106,467.50$ ,  $Z = -2.83$ ,  $p < .001$ ) and caregivers compared to those who were not caregivers ( $U = 140,963$ ,  $Z = -6.448$ ,  $p < .001$ ) with both caregivers and workers reporting higher overall conflict scores than those who did not hold those roles.

Based on bivariate correlational analysis, the following factors were negatively correlated with the experience of role conflict: volunteer satisfaction, intent to remain, female gender, white race, and health. All correlations were weak but significant. See Table A4 in Appendix A for a full correlation matrix.

## **Hypothesis 1**

**Hypothesis 1: Role load and role conflict are positively correlated with each other such that an increase in role load predicts an increase in role conflict.** Findings from bivariate Pearson correlation analysis provide some support for hypothesis 1. Role conflict is positively correlated with role load both as measured by role hours ( $r = .21, n = 1,280, p < 0.01$ ) and role total ( $r = .08, n = 1,284, p = .004$ ). However, correlation coefficients indicate that while the relationship is significant, it is a weak association in both instances.

## **Hypothesis 2**

**Hypothesis 2: Role conflict is a significant negative predictor of volunteer satisfaction, intent to remain and volunteer participation.** Initial Pearson bivariate correlation analyses indicated a negative and statistically significant relationship between role conflict and volunteer satisfaction ( $r = -.09, n = 1,207, p = .002$ ) and conflict and intent to remain ( $r = -.08, n = 1,267, p = .007$ ). To test the hypothesis that role conflict is a predictor of volunteer satisfaction, intent to remain, and volunteer participation, three separate hierarchical multiple regression analyses were performed, one for each outcome variable (see Table A5 in Appendix A). Tests for multicollinearity indicated that a very low level of multicollinearity was present across all three analyses (with  $VIF < 1.90$  for predictor and covariate variables across all three analyses). The results indicate that role conflict significantly predicts 1% of the variance in volunteer satisfaction ( $R^2 = .01, F(1,1126) = 8.67, p = .003$ ) and 1% of the variance in intention to remain

scores ( $R^2 = .01$ ,  $F(1,1126) = 6.51$ ,  $p = .011$ ). When covariates were introduced into the model, conflict remained a significant predictor for satisfaction ( $\beta = -.08$ ,  $p = .012$ ) but not intent to remain. Role conflict was not found to be a significant predictor of participation in the first model (conflict as a direct predictor) ( $R^2 = .00$ ,  $F(1,1126)$ ,  $p = .905$ ) nor in the second model when entered with covariates ( $\beta = -.03$ ,  $p = .336$ ).

Based on these analyses there is incomplete support for hypothesis two. Role conflict is a predictor of satisfaction but not a stable predictor for intent to remain nor volunteer participation.

### **Hypothesis 3**

**Hypothesis 3: Role load is a significant negative predictor of volunteer satisfaction, intent to remain and volunteer participation.** The analyses for hypothesis 3 examined role load both from a count, or total load perspective, as well as role load in hours (intensity) through a total of 6 separate analyses (see Tables A6 and A7 in Appendix A). Initial bivariate correlation analyses indicated a negative but weak association only with volunteer participation for total role load ( $r = -.10$ ,  $n = 1,607$ ,  $p < .001$ ). Similarly, multiple regression analysis indicated that role load was not a significant predictor for satisfaction ( $R^2 = .00$ ,  $F(1,1366) = 3.08$ ,  $p = .079$ ), or intent to remain ( $R^2 = .00$ ,  $F(1,1441) = 0.48$ ,  $p = .488$ ), but it was found to be a significant predictor of volunteer participation ( $R^2 = .01$ ,  $F(1,1410) = 15.00$ ,  $p < 0.001$ ) and remained so after controlling for covariates. Tests for multicollinearity indicated that a very low level of multicollinearity was present across the analyses (with  $VIF < 1.90$  for predictor and covariate variables across all six analyses).

Bivariate correlational analysis did not yield any significant relationships between role load hours and satisfaction, intent to remain, and volunteer participation. Nonsignificant results

remained for multiple regression analyses by role intensity (role hours) whether or not covariates were included in the models predicting volunteer satisfaction, participation, or intent to remain.

Based on these analyses, there is incomplete support for hypothesis 3 as role load, in either of its formulations, does not significantly predict volunteer satisfaction or intent to remain. Role load, as measured in total roles, is a predictor for volunteer participation. Role load, as measured in hours, is not a predictor of any of the volunteer outcomes of interest.

#### **Hypothesis 4**

**Hypothesis 4: Role conflict will remain a significant negative predictor of volunteer outcomes when entered into the analysis model together with role load.** The analysis for hypothesis 4 entailed entering both conflict and load together in the first multiple regression entry step followed by a second step with all covariates together in six separate analyses (see Tables A8 and A9 in Appendix A). Conflict was entered together with role load (indexed as total roles) and again in a separate set of analyses with role load (indexed as total hours). As with the other analyses reported above, tests for multicollinearity indicated that a very low level of multicollinearity was present across the analyses (with  $VIF < 1.90$  for predictor and covariate variables across all six analyses). Based on these analyses, role conflict emerged as a significant predictor of satisfaction when entered together with total roles ( $\beta = -.08, p = .005$ ) and again when entered with total role hours ( $\beta = -.09, p = .001$ ). It remained significant after the introduction of covariates when entered with load hours ( $\beta = -.07, p = .020$ ) and total roles ( $\beta = -.07, p = .020$ ). Conflict is a significant predictor of intent to remain when entered with total roles ( $\beta = -.08, p = .009$ ) and load hours ( $\beta = -.09, p = .004$ ) until covariates are introduced into the model. Role load (total roles), and not conflict, was a significant predictor of volunteer participation ( $\beta = -.10, p = .001$ ) and remained so after the introduction of covariates ( $\beta = -.08, p$

=.009). No other significant relationships were noted with role load (total hours). However, the amount of variance in the outcome variables for the significant analyses noted above, with role and conflict entered together, remained small at 1% for each model respectively. The introduction of covariates increased the  $R^2$  but only to a maximum of 4% of variance explained.

Based on these analyses, there is some support for hypothesis four in that role conflict outperforms role load as a predictor when predicting satisfaction but not intent to remain or volunteer participation. Total role load outperforms conflict in predicting volunteer participation after accounting for covariates. Analyses indicate that role load may not be a sufficient proxy for role conflict as the two variables are significant predictors for different outcomes. On all accounts, the amount of variance explained by the models is small but statistically significant.

### **Qualitative Data Analysis**

Qualitative data collected via the volunteer survey was used to explore the following guiding research questions:

*Guiding question 1:* What role-related benefits are derived from volunteering that impact the caregiver, worker, and informal volunteer roles?

*Guiding question 2:* What strategies have older adult volunteers employed to combat role conflict?

Using a basic inductive analysis approach, the volunteer survey yielded a total of 1,228 individual response excerpts (168 worker role excerpts, 331 caregiver role excerpts, and 729 informal helping excerpts) and a total of 1,553 code applications (202 code applications for worker responses, 427 for caregivers, and 924 for informal volunteers) to the data across write-in responses to the role enhancement questions 4b, 5b, and 6c for the caregiver, worker, and informal volunteer roles. The open-response comment section at the end of the survey (Q16)

yielded 738 excerpts, with 982 code applications applied. Results reported out below are based on codes that were most frequently noted among the data and those that aligned most closely with the guiding research questions.

The wording for the three role-related questions within the survey that yielded qualitative data were as follows:

For workers: In what ways has your volunteer work through RSVP helped you in your paid work?

For caregivers: In what ways has your volunteer work through RSVP helped you in your caregiving?

For informal volunteers: In what ways has your volunteer work through RSVP helped you in other volunteer and helping work (not caregiving)?

From the responses, two types of coding were explored. The first, guided by research question 1 above, was to identify specific benefits derived from formal volunteering that were applied to other social roles. The second was to identify the strategies that older adults used to combat role conflict. This research question was originally slated to be explored via a RSVP director survey (planned subsequent to this study). Instead, volunteer data were gathered from write-in responses to the role-related questions and the final open-response question on the survey. Role conflict reduction strategies, for the purposes of this analysis, entail any action taken by the respondent, or a property or aspect of their multiple roles, that was seen as helping to reduce or avoid role conflict.

## **Role-Related Benefits**



**Direct benefits.** Role-related benefits derived from formal volunteering included benefits that were both directly and indirectly applied to different social roles. Direct benefits included new skills and techniques that could be applied to other roles, new information and resources, new role opportunities, networking and connecting, and respite. See Table 1 below for a breakdown of the direct benefit code applications across roles.

Table 1

*Code Application Frequency by Role for Direct Benefit Codes*

Code Assigned	Worker Count ( <i>n</i> = 40)	Caregiver Count ( <i>n</i> = 98)	Informal Volunteer Count ( <i>n</i> = 244)
New skills/techniques	13 (32.50%)	24 (24.49%)	87 (35.66%)
New information/resources	10 (25%)	30 (30.61%)	48 (19.67%)
New roles/opportunities	8 (20%)	5 (5.10%)	59 (24.18%)
Networking/connecting	6 (15%)	1 (1.02%)	45 (18.44%)
Respite	3 (7.5%)	38 (38.78%)	5 (2.05%)

Note: *n* = total direct benefits code applications for given role

***New skills/techniques.*** Respondents were able to identify various skills and techniques learned via their volunteer work that they were able to apply to their paid work, caregiving, and informal helping roles. These skills and techniques included general personal and interpersonal skills that could be applied generally to their different roles, such as being a better communicator/listener and improved social skills, time management, organizational skills and more specialized skills. Sample quotes from across roles with regard to more general personal and interpersonal skills include the following:

*... I've learned how to handle seniors and veterans in a more caring way. #8346 (worker)*

*Increased sensitivity to my work clients- understanding financial concerns they may face. #8871 (worker)*

*It helps me to schedule my other commitments each week. #716 (caregiver)*

*[I] learned to listen more, look for solutions that fit the person, be friendly and smile, don't promise what you cannot deliver. #8626 (caregiver)*

*It has helped me become better organized. #317 (informal volunteer)*

*[Formal volunteering] enables me to get along better with others. #202 (informal volunteer)*

Responses from paid workers also noted skills and techniques that were specific to their employment roles such as increasing skills in working with children, learning different methods of teaching, along with specialized training in areas such as tax preparation and exercise instruction as illustrated by the two quotes below:

*In my paid work I am with small children and since I tutor elementary school children for RSVP it helps me bond with the children. I learn so much about how this younger generation thinks and what is important to them... #9059*

*The volunteer work I do with RSVP and my current paid position are similar in that I teach various exercises to senior people. I learn about seniors in different ways which I then incorporate in various teaching methods and understanding of seniors. #8099*

For caregivers, new skills and techniques were used to improve the care provided to their care recipient through offering insight into new methods of care including changing how they interact or present information to care recipients, healthier meal preparation, and the use of hospice techniques:

*[RSVP] has given me the opportunity to see many different facets and approaches to provide better care and service as a caregiver. #556*

*My duties at our senior nutrition site is [sic] to help serve meds and read the menu and nutrition facts. This helps me to be a better caregiver by serving healthy meals. #603*

*[I] learned not to correct people for memory lapses. #548*

*[I have] slowed my delivery of information to accommodate the person with whom I am caring for. #8392*

Informal volunteers, like paid workers, use their formal volunteering through RSVP to develop and hone specialized skills sets which can then be applied to their informal volunteer roles in a similar fashion to how workers apply their skills in the workplace. Such specialized skills noted by respondents were diverse in nature and included skills in home repair, fundraising, committee work, public speaking skills, skills for identifying and referring individuals for assistance, computer skills, sorting and organizational skills, business skills related to book sales, tutoring, team work skills, leadership skills, and office skills:

*RSVP has improved my building and repair skills. #9024*

*I also use sorting skills to help in a clothes closet our church sponsors for foster and adopted children. #166*

*I have learned techniques for fund raising and committee work. #8934*

*I am developing more effective leadership skills. #8277*

***New information and resources.*** In addition to increased skills, respondents noted that formal volunteering provided them with new information and resources that could be applied to their other roles. Information and resources gathered through formal volunteering were used by the individual themselves or could be retained and shared with others through connecting and networking (see section below for specific examples of the connecting and networking concept). For workers, new information and resources included new information about benefits programs, specialized topical information and resources that could be applied to their paid work, research

that could be used within their jobs, new knowledge of administrative topics, along with new volunteer information that could be relayed to others in the work place:

*RSVP gives you more insight to all the programs and services available to our seniors and all people who need some kind of help with: Medicaid, Medicare, Social Security, etc... #8797*

*It helps me understand tax issues better. # 9174*

*Volunteering at the public library helps me to stay abreast of educational trends and book choices of the students I come in contact with in school in my job as a substitute teacher. #515*

Caregiver respondents discussed new information and resources from the context of their own caregiving experiences and volunteer-related exchanges. In this regard, learning from RSVP volunteering was often framed as new “ideas” or “advice” gained from other volunteers or service recipients that enhanced their own caregiving. Additional learning was identified around programs and resources (such as Medicare, insurance, financial and aging services) that could support them as caregivers or support their care recipients:

*The folks I work with as a volunteer have many of the same physical, mental and daily living challenges as the parent I give care to. Hearing their perspectives during our conversations gives me a greater appreciation for the struggles and frustrations of my parent. I also occasionally receive some useful advice. #8740*

*My RSVP assignment has given me information on Medicare services that are helpful in my caregiving responsibility. #8767*

*I help my mother with managing her finances and healthcare so my work with SHIP around Medicare has been quite helpful in educating me about senior healthcare issues. #8957*

*I get to talk to others who do caregiving and get ideas on how to do things more efficiently. #546*

For informal volunteers, information and resources gained from formal volunteering and applied to informal volunteering included information about new organizations, groups, and programs (Medicare, social service programs, health resources) that could be shared with others or otherwise accessed to provide support to others in the community. Additional knowledge gained included information about early childhood concepts that could be applied to informal helping both in the community and with grandchildren. Respondents also discussed gaining new knowledge about local events and current events:

*I am aware of community resources to share with others in need. #675*

*Volunteering with elementary age students helps me to understand the current educational expectations that might impact my own grandchildren. #8562*

*Keeping informed about local activities. #801*

*Keeps me updated with current events. #548*

***New roles/opportunities.*** In addition to new skills and learning, respondents identified new role connections and opportunities arising out of their formal volunteer role. Such opportunities included new opportunities for paid employment and informal volunteer roles. Responses in this category suggest that, for some older workers, formal volunteering provided a pathway into new employment opportunities:

*The training I received from RSVP as a group exercise instructor in [Name of exercise program redacted] qualified me in my paid job as an exercise instructor, and Life Coach for the pre-diabetes program at the YMCA. #8887*

*I started out as volunteer serving/clean-up for lunches served twice a week at our Senior Center. I am now a part-time employee of the county working in the kitchen at the Senior Center for the past year. #8188*

*Volunteering at the county museum led directly to my current job with that museum. #8484*

Very few caregivers identified new opportunities or roles as a result of their formal volunteering. When such benefits were identified, they were framed as new opportunities more broadly or new caregiving opportunities:

*Letting me know about other opportunities within the community. #8685*

*[Formal volunteering] opened other opportunities for caregiving. #768*

Informal volunteers articulated new roles and opportunities for additional informal helping within the community. Such new opportunities ranged from joining a community theater, helping at a local hospital, participating in historical preservation efforts, helping local veterans, and supporting other local organizations. In some instances, formal volunteering led to new initiatives and projects spearheaded by the respondent:

*I volunteer with a digitizing project in records preservation. Through this project, I became involved with another non-profit history preservation project. This has led to volunteering with a veteran's group in a lawn care project for the nonprofit. One led to another, and that led to another, so to speak. #8484*

*[I have] made many positive connections with others who volunteer with multiple agencies or programs. Due to these connections, I have become involved with other agencies. #8695*

*Both my work through RSVP and Lion's Club have connected with joint activity which I have initiated. #122*

*The door is open and makes it easier to find other opportunities. #677*

**Networking/connecting.** Write-in responses indicated that formal volunteering offers opportunities for networking and connecting with others, particularly for informal volunteers and paid workers. Formal volunteering through RSVP offers workers the opportunity to meet new

people, connect with others, and socialize in ways that benefit their paid employment. For informal volunteers, RSVP volunteering offers the opportunity to connect other community members with resources and assistance. In some instances, the RSVP volunteer served as a “bridge” between different organizations and entities and could share resources and information across settings for mutual benefit. For example, respondents discussed how they have been able to share information about RSVP with others in their community to encourage volunteering and create new initiatives and projects:

*I have met people I probably would not have met otherwise. Expanded the people I know, and might see in other places. #225 (worker)*

*...positive people contact and interaction. #369 (worker)*

*meet new people and make connections in my volunteer opportunities. #8672 (worker)*

*[RSVP has helped me to] coordinate with community agencies. #450 (worker)*

*[Formal volunteering has] created a network of like-minded individuals. #102 (informal volunteer)*

*The organization I volunteer for with RSVP interacts with other volunteer organizations that I am a member of also. The cross-fertilization of being in all of these organizations helps all of the leaders know what the other organizations are doing, where they can work together on things, and share ideas that come up in one organization and are also useful in others. #9147 (informal volunteer)*

*I can spread the word about RSVP. #9089 (informal volunteer)*

**Respite.** The respite code category was applied most frequently to caregiver responses. Responses in this category underscore the benefit that formal volunteering provides in relieving stress and providing a temporary reprieve from caregiving responsibilities. This relief comes

from the distraction provided by volunteer activities, the social aspects of volunteering, and the opportunity for self-care. For workers, formal volunteering offered a beneficial break from work stress and likewise for informal volunteers as formal volunteering provided a break from other family and community helping responsibilities:

*My husband has Alzheimer's and is in a care facility that is 160 miles from our home. One day a week, I drive to see and spend time with him. He has been there for over three years. My volunteer work helps me to relax and think of something besides his care and how I will pay for it.* #581 (caregiver)

*For the short time I am volunteering at RSVP, it is like a vacation from my caregiving. I am able to put my worries on hold...* #8013 (caregiver)

*RSVP gives me peace and a chance to escape from my caregiving of my mother with dementia.* #286 (caregiver)

*It gives me a break. It's nice to talk to people who smile, laugh. A hug or just being encouraging helps me have a better week.* #144 (caregiver)

*[Volunteering] gives me a break from work and refreshes me.* #8954 (worker)

*[Volunteering] relieves work stress.* #8443 (worker)

*Volunteer work through RSVP gives me a much needed break from my family commitments.*

*These commitments are not truly caregiving but approach it. I love being out and about and seeing other people.* #8615 (informal volunteer)

*[Volunteering] gives me respite time.* #286 (informal volunteer)

**Indirect benefits.** In addition to the more direct role-related benefits noted above, respondents noted a variety of more indirect benefits that provided more global benefits to volunteers that could be applied to a number of different social roles. These benefits included



socialization, personal growth, a greater perspective and awareness of the needs of others, positive emotional benefits, the opportunity to stay busy and active, and physical and cognitive health improvements.

***Socialization.*** Responses indicating that volunteering offers an opportunity for socialization included examples related to meeting new people, socializing with others, and building connections with those who are “like-minded.” Such socialization can also lead to friendships that provide further support to the individual:

*...maintain connections with like-minded individuals... #9170 (caregiver)*

*It [formal volunteering] has widened my circle of friends. #721 (informal volunteer)*

*I have met people I probably would not have met otherwise. #225 (worker)*

***Personal growth.*** Personal growth responses within the data consisted of responses where volunteers noted positive personal impacts resulting in an increased sense of gratitude, compassion, confidence, empathy, patience, self-esteem, and a renewed sense of purpose as a result of formal volunteering:

*I enjoy working with people both in my paid job and my volunteering. They both give me a purpose in life... #9053 (worker)*

*Have more compassion for others. #466 (informal volunteer)*

*I have more self-confidence than I did before. #242 (informal volunteer)*

*[Volunteering has helped me] to be more empathetic & compassionate! #540 (caregiver)*

*[I have] developed more patience and empathy. #8446 (caregiver)*

*It [volunteering] helps me be thankful for what I have and the things I can do for myself. #612 (caregiver)*

**Greater perspective.** Formal volunteering brought older adults into contact with individuals in need within their communities and exposed them to new situations, people, and perspectives. For some, this experience left an impression that built a sense of awareness of the needs of others and of the needs and conditions within the broader community. This experience of increased awareness, also helped volunteers identify where they might be of assistance to others, created a sense of gratitude for their own personal circumstance, and helped them to see the value of volunteer work to others:

*Be more aware of people in need.* #8486 (worker)

*I am more aware of other's needs and their lack of what I sometimes take for granted.* #613  
(worker)

*It [formal volunteering] helps me realize I might need help as I age.* #722 (caregiver)

*It increased my understanding of the need to participate as a volunteer even if it is limited.*  
#8871 (caregiver)

*[formal volunteering] helps me appreciate the variety of challenges people face in life.* #8235  
(caregiver)

*I see and understand more of what some people deal daily [sic]...* #8286 (informal volunteer)

*I can better appreciate people whose background and life situation differ from mine.* #275  
(informal volunteer)

*An appreciation of volunteers and the benefits to the community.* #483 (informal volunteer)

**Positive emotional benefits.** In-line with existing research on volunteering, respondents noted a variety of benefits that can be categorized as positive emotional benefits. These emotional benefits include feelings of enjoyment, happiness, joy, and satisfaction:

*I find meaning and satisfaction both in my volunteer activity and in my paid work. #9052*

(worker)

*Volunteering provides a smile and is very rewarding. #9012 (worker)*

*I enjoy volunteering. We have fun. #722 (caregiver)*

*Through volunteering with RSVP I am a happier person. #8237 (informal volunteer)*

In a similar vein, respondents noted that formal volunteering provides a means to accomplish something, be useful, or helpful to others which in turn fosters a sense of positive emotional well-being. This category also includes responses that indicate that volunteering is a means to express altruism. This helpfulness may also include the experience of feeling appreciated for the assistance provided:

*[I have a] feeling of satisfaction and achievement. #8147 (worker)*

*[Volunteering] made me realize how good this makes me feel. I feel useful and appreciated.*

*#8314 (caregiver)*

*I enjoy volunteering! I feel useful and needed & wanted - self-satisfied. #540 (informal volunteer)*

***Staying active/busy.*** Several respondents noted that formal volunteering keeps them active and busy and is a means of avoiding becoming inactive or stagnant in retirement. Formal volunteering helped volunteers to remain active during times when they were not working or performing other role responsibilities or provided them with an opportunity to get out of the house in general and “off the couch”:

*[Volunteering] represents different ways to stay active now that I am mostly retired. #8957*

(worker)

*It [volunteering] gives me extra motivation to get up and not be glued to the TV and put on my Sunday best and get to moving and really have fun and enjoy myself. #549 (caregiver)*

*It [volunteering] kept me active after I retired. I didn't want to be a couch potato. #440 (informal volunteer)*

***Physical and cognitive health benefits.*** A smaller set of responses noted physical health and cognitive health-related improvements associated with volunteering. Such responses discussed the connection between volunteering and having more energy, staying “in shape,” having more stamina, and maintaining good health overall:

*I volunteer playing piano for the [organization name redacted] and that keeps me in shape for my piano students. #8594 (worker)*

*My physical condition has improved and I have more energy. #9032 (caregiver)*

*I am more physically fit. #8888 (informal volunteer)*

### **Sources of Conflict**

As noted above, while the qualitative write-in response questions were not designed to elicit information specific to sources of conflict between social roles, this information was provided within the write-in responses to the role-related benefits questions as well as the final open comment question on the survey. In reading the responses, any instance where respondents noted that one or more roles presented barriers to formal volunteer participation, role conflict was noted and coded within the data as a separate code from the benefits code set. In addition to these role-related barriers and sources of conflict, additional barriers noted were not role-specific but could be role-related. For example, having limited time to engage with formal volunteering may or may not be related to time spent in other roles. Health-related barriers were also noted as a source of role conflict or the need to reduce volunteering.

**Role conflict.** While overall, both quantitative and qualitative findings from this study suggest low levels of current role conflict among volunteers, write-in responses provide a valuable window into role conflict. Such responses provide insight into potential role conflict conditions that may arise for volunteers. Role conflict responses within the data were coded based on the primary role that respondents noted as presenting challenges to formal volunteering. Predominantly, respondents discussed past, present, and potential role conflict in terms of a lack of time and energy available for volunteering once obligations for a given role were met. In some instances, responses discussed past role conflict along with the resolution of this conflict when role obligations transitioned or ended. For workers, this meant that retirement brought additional time and opportunity for volunteering and for caregivers the passing of a loved one or alternative care arrangements opened up new avenues for pursuing volunteer interests.

**Worker conflict.** Based on responses, worker conflict generally created time constraints for those who currently volunteer and work. Workers discussed how time constraints limited both current and past volunteer participation. Examples of worker conflict noted within the responses include the following:

*I give my time to volunteering only when [I'm] not working, so it is limited. #515 (informal volunteer & worker)*

*[I] drive 42 miles one way to work. Volunteering is very difficult at this time. #8455 (worker)*

*When I quit working, I will do a lot more volunteering. #792 (worker)*

*Until I retired, I was unable to volunteer. #460 (informal volunteer)*

*I most recently took on 2 part-time jobs and have taken a temporary leave from my RSVP jobs. I plan to resume my RSVP duties this summer. #476 (open response comment)*

*At this time I can balance this all. If I did not need to keep working, albeit part-time, I would probably spend more hours in a volunteer position. #8873 (worker)*

**Caregiver conflict.** Caregiver conflict often arises out of perceived time constraints, or a general lack of time across roles, for volunteers. However, due to the often physical nature of caregiving, it also creates constraints on energy and stamina for volunteers. Examples of caregiver-related conflict included the following:

*I believe God has given me certain gifts and now that I am retired and several family members requiring caregiving have died, I have time to use these gifts. #9130 (informal volunteer)*

*Until the death of my parent with dementia in 2014, I invested so much of myself emotionally, mentally and physically in her for those 11 years that I was exhausted and just wanted to take a break from everything. During the same years I was helping her, I was working part-time, doing other volunteer work, and helping with the grandchildren. It was beginning to take a toll on me. I quit working and stopped volunteering because it became too hard to do it all and she was my priority. After her death, I had to decide how often and in what causes I wanted to invest my time. My husband retired in the meantime. In another year, we both knew we were ready to volunteer in some capacity when I saw an article about the RSVP program. Now both of us are RSVP volunteers. #8569 (open-response comment)*

*Volunteering is difficult when one has a full time job plus caregiving responsibilities. In retirement, it is much easier to do both - if only because of the time aspect. I wish I had been retired when my mother needed my care. It would have been much less stressful. #789 (open-response comment)*

*The reason I'd be a better RSVP worker without caregiving is simply because I'd have a little more time to volunteer. #8689 (caregiver)*

*Right now I am the 24/7 main caregiver for my wife who is now in a wheelchair. Therefore, my work as a volunteer is limited to times she can come with me. #576 (open-response comment)*

*My answer above would have been much different had this survey come to me last year - I was helping in caregiving 24-32 hours/week for almost nine months. I would not have been able to keep my job or volunteer if this situation had continued in perpetuity. #363 (caregiver)*

*I was a caregiver for my husband for 8 years. He had Alzheimer's and has since passed away. I had to give up my RSVP work while caring for him, but I am now a facilitator for an Alzheimer's support group. #420 (open-response comment)*

***Informal volunteer conflict.*** Similar to worker conflict and caregiver conflict, informal volunteer conflict arises from commitments within the community or family that create time constraints for those who wish to engage in additional formal volunteering pursuits:

*If I was not so involved in church activities, I would volunteer more often with RSVP. #9188 (open-response comment)*

*I don't volunteer as much because calendar is always so full helping my family get back and forth to school and attending their school activities. #410 (open-response comment)*

*The more you give your time, the more the church and community call on you which causes an overload. #180 (open-response comment)*

*My volunteering is limited at present because one of my grandsons was born with a heart defect and I help my daughter with housework and also babysit. My grandson is 7 and has had 3 open heart surgeries! #166 (open-response comment)*

*Since my friends have been moved to nursing homes, I spend some time with them formerly used for RSVP activities. #8744*

**Health-related barriers.** In addition to time and energy constraints placed on volunteers by role conflict, health-related barriers were noted by respondents. These comments referred to specific health conditions and more general health status that impacted their ability to participate in formal volunteer work. Additional comments also referred to aging more broadly as a barrier with the implication that health declines were connected with aging overall:

*I do not volunteer more than 1 day per week because of my age related hip and knee problems.*

#671 (informal volunteer)

*I wish I didn't have physical limitations so I could be more available to give more of myself.*

#8778 (open-response comment)

*Physical limitations prevent me from doing more volunteer work. Until 6 months ago, I also volunteered once a week at our no-kill cat shelter, animal protection association. Because of back pain, I can no longer do this, but I really loved it.* #661 (open-response comment)

*I was recently diagnosed with breast cancer and have opted to take chemo/radiation to help prevent the cancer coming back by 50%.* #238 (open-response comment)

*I expect to die within the next year. I am eager to see the delights of the next life! I've had a long, fulfilling life and I'm ready to go. Just today I resigned one of my volunteer jobs that was quite intensive, about 3 hrs/month, proofreading. I enjoyed it, but was finding myself over-extended, and we all need to evaluate declining energy periodically.* #503 (open-response comment)

**Time-related barriers.** The final category of barriers noted within the data were barriers related more generally to time without reference to a particular role or factor creating this barrier:

*...RSVP has offered other options. However, I don't have the time to take advantage of them.*

#8953 (informal volunteer)

*Too busy for anything else.* #215 (informal volunteer)



*Right now I am pretty busy with other obligations, so I don't do much for RSVP. #8190 (open-response comment)*

### **Conflict Reduction Strategies**

Write-in responses suggested that time management and flexible scheduling, along with key characteristics of the formal volunteer assignment itself facilitated participation in multiple roles. For example, some respondents identified that formal volunteer assignments required similar skillsets to those developed and honed through other social roles. While information about conflict reduction was not directly solicited from respondents via survey questions, this information was provided spontaneously in responding to the role benefits questions. As such, any strategies used by volunteers, or factors related to volunteer work that helped to reduce or avoid conflict were noted and coded as conflict reduction strategies.

**Similarities across roles.** As noted, volunteering can lead to the acquisition of new skills and knowledge for the volunteer that are carried over into work, caregiving, and informal volunteer roles. Based on write-in responses, one condition that facilitated the uptake and transfer of skills and knowledge was a sense of continuity or similarities between volunteer roles and other social roles. In essence, pursuing volunteer opportunities that require similar skills and interest may create the conditions necessary for success in that role and in others. Write-in responses suggested that formal volunteer work assignments that leveraged similar skillsets and interests across roles could result in positive feelings about the volunteer experience and potentially protected against role conflict as evidenced by the following quotes:

*My training and continuing ed have also given me the tools to work effectively, sensitively, and ethically with seniors. Training and experience from my previous career also help with all aspects of volunteerism especially fundraising. #690 (caregiver)*

*I enjoy my volunteer work at the Public Library because in my earlier life I was a Public Librarian. I believe in the mission of Free Public Libraries. It's a great opportunity to give back to the community.* #789 (informal volunteer)

*The two volunteer activities [formal and informal] seem to complement one another.* #613 (informal volunteer)

*[I] tutor math at middle school [through RSVP] which helps me to relate to my tutoring at [informal volunteer organization name redacted].* #307 (informal volunteer)

**“Something different.”** Worker, caregivers, and informal volunteer respondents noted that formal volunteering provided a different experience than their other roles which was generally discussed as a positive attribute. This difference, whether through a different routine or type of activity, can provide a sense of “balance” to one’s life. For caregivers in particular, this difference created the conditions necessary to experience respite as noted above. This sense of balance and the variety offered by volunteering can be viewed as a means of reducing role conflict. In this manner, some volunteers benefit from connecting with formal volunteer opportunities that provide different experiences or skillsets from their other roles. Examples of responses that illustrate this concept include:

*It's a nice variety because they are so different.* #8832 (worker)

*[Volunteering] has stimulated my mind and helped be creative. It balances my experiences...* #8278 (worker)

*Working with children and establishing a relationship with them is very rewarding. It provides a more balanced view of life from reading with the young, mentoring a junior high student and visiting elderly people.* #8062 (caregiver)

*[Volunteering provides a] change of pace and perspective* #8675 (caregiver)

*RSVP at the airport is totally different than what I consider "caregiving." People only need you for a short period of time at the airport and are generally more than happy with information they receive. When I am caregiving, it is a constant worry about "doing the right thing" and being frustrated with grandkids, parents, doctors, etc. depending on who I am providing care to at the time. #8013 (informal volunteer)*

*I worked for [company name redacted]. The RSVP role is much less stressful and just forcing me to find a balance and structure to my daily commitments. #9191 (informal volunteer)*

**Other strategies and factors.** In addition to volunteer assignment attributes that helped to ease role conflict, additional strategies emerged from the data that volunteers used to ameliorate or avoid role conflict. Largely, these strategies focused on maximizing limited time resources and included approaches like time management, role reductions or transitions in roles, and flexible and seasonal scheduling as illustrated below:

*Because I work full time (professor at a community college) I can only volunteer at a thrift store during the summer. It is also difficult to keep up with activities at my church. But I love my job and am not ready to retire yet. #759 (open-response comment)*

*I am fully retired (now 76 years old) I look very forward to continuing to add to my volunteer activities. #745 (open-response comment)*

*Volunteering is generally done while my sister is otherwise busy. #296 (caregiver)*

*My caregiving is only for a segment of time when I visit my mother. I schedule my RSVP type of volunteering around it. #8670 (caregiver)*

*RSVP is mostly in the summer when I'm not working (sub teacher), so it all fits well together and keeps me from boredom in the summer. #656 (worker)*

*I work part-time and they [my employer] give me time off for RSVP. #9095 (worker)*

*I participate in an RSVP program that I do at home at my own pace. This allows me great flexibility around caring for my disabled husband. #364 (caregiver)*

Responses within this category also included a focus on prioritizing time in order to pursue what “matters most” or to maintain time for self-care, as illustrated in the following comments:

*I arrange my time to do the things that make me happy. #8509 (open-response comment)*

*I am as busy as I wish to be. I do the things that matter most to me. #8632 (open-response comment)*

*I also limit the number hours I volunteer each week so I have enough personal time. #8338 (open-response comment)*

Finally, a subset of responses underscored that in addition to time, money is also an important resource needed to pursue volunteering and reduce role conflict. These financial resources originate from paid work, savings, or even volunteer reimbursements:

*I am now financially able to give back to the community by volunteering my time or money. #609 (open-response comment)*

*Offering a small financial gratuity would help any senior citizen who volunteers... #186 (open-response comment)*

*There is a mileage stipend offered that helps pay for gas used delivering meals that helps volunteers on a budget while wanting to help the program thrive. #8064 (open-response comment)*

### **Additional Themes Noted**

Additional themes less central to the role conflict/role enhancement inquiry emerged from the data. While not explored in-depth in this study, these themes provide additional avenues

of exploration for future volunteerism studies. These themes included responses describing how different social roles have made respondents better volunteers and positively impacted their formal volunteer work. These responses were coded as “the other way around” as the focus of the current study was on how formal volunteering benefits or creates conflict with other social roles. Subsequent study could focus on the dynamic interplay between roles rather than a unidirectional exploration of the current study and look at both the impact of volunteering on other roles and the impact of other roles on volunteering. An additional theme emerged from responses that indicated a spiritual or religious connection with volunteering. In these responses, volunteers discussed how volunteering fulfilled religious or spiritual needs for them, a factor that may serve to reduce conflict or at least encourage formal volunteer participation. These responses typically referenced “God” or discussed how volunteering is a “blessing” or that respondents were “blessed” to be able to participate in formal volunteering. Additional response themes also included responses that provided both compliments and complaints specific to local RSVP programming.

## **CHAPTER 5**

### **DISCUSSION AND IMPLICATIONS**

#### **Discussion of Results**

The inquiry for this study sought to explore both role conflict/role strain and role enhancement concepts to understand how multiple roles impact volunteering. Like the existing literature in the field, findings from this study support both role strain and role enhancement theory perspectives. Devoting time to multiple roles is associated with a feeling of role conflict for volunteers. However, for many respondents, volunteering provided distinct benefits to their other roles and served to reduce role conflict by providing opportunities to learn new skills, meet new people, connect with new opportunities, and experience a sense of respite. Findings also suggest that the experience of role conflict is a complex one that is not readily impacted by any one role or individual factor.

Preliminary results from this first phase of study indicate that, at least for the RSVP program population, role conflict is likely low among volunteers who remain active within the program. This may be due to the fact that those individuals experiencing high levels of role conflict are likely to self-select out of formal volunteer service. Data analysis findings suggest that while role conflict is a statistically significant predictor of volunteer satisfaction, it is less powerful as a predictor than factors like health or income. In addition, given the significant differences noted between workers and non-workers and caregivers and non-caregivers, role conflict should be considered as part of a constellation of factors that influence the volunteer experience for these two groups. Qualitative findings suggest that while these groups differ in their conflict scores compared to counterparts who do not hold such roles, they are also able to identify benefits from volunteer participation.

## **Role Conflict**

Role conflict is a personal sense of conflict that occurs when one's social roles overlap or compete with one another such that fulfilling one or more roles impedes the fulfillment of other roles. This experience of role conflict can lead to a state of role strain in which the individual is no longer able to successfully manage multiple social roles (Goode, 1960; Creary & Gordon, 2016). Based on this theoretical underpinning, hypothesis one posited that role load and role conflict are positively correlated concepts. The quantitative results from this study suggest that this is likely the case. While the correlation between these variables was significant, it was weak in magnitude. The strongest association between role load and conflict was between role load as measured in hours (as opposed to total roles) and conflict measures.

Qualitative data also support this finding as volunteers who discussed conflict in their write-in responses identified time-related barriers to volunteer participation as well as conflict resolution strategies focused on time management. In this respect, time can be seen as a contributing factor to role conflict. In line with the role theory framework, time is considered a resource that helps to balance competing role demands. A lack of time available to devote across roles leads to time-based role conflict (Creary & Gordon, 2016). This conflict can arise out of the cumulative time demands across roles or the overwhelming demands of a one focal role that strips time away from other roles.

Based on role theory, those with lower conflict are able to more successfully manage their multiple roles compared to those with more conflict as they have more available resources to address role competition. As an extension of this concept, hypothesis two focused on the extent to which role conflict is a predictor of volunteer satisfaction, intent to remain, and

volunteer participation. Based on findings, the strongest connection between conflict and the three outcome variables was noted between conflict and satisfaction. Conflict was not found to be related to intent to remain and overall volunteer participation.

These findings suggest that other factors may be more closely connected with intent to remain and volunteer participation. Correlational analysis demonstrate that satisfaction and self-rated health and well-being are more closely related to intent to remain than role conflict. The health status association was further supported by Mann-Whitney U testing which found that individuals with higher levels of health and well-being had higher levels of satisfaction and intent to remain in the volunteer role. Volunteer participation was found to be related to education and income (negatively in both cases) more so than role conflict. These findings support existing literature in the field that has found that even though older adult with higher socioeconomic status are more likely to volunteer in general, those with lower socioeconomic status devote more time to the volunteer role (Tang et al., 2010). Qualitative findings further support that health-related challenges may limit volunteer participation. This finding was supported within the quantitative data by a significant, but weak, correlation between health and well-being scores and volunteer participation.

A recent study released by the Corporation for National and Community Service supports role conflict findings of this study and affirms the importance of not only health as an intervening factor in the decision to remain within the volunteer role but also that work and caregiving are key roles that potentially impact volunteer work. This newly released study, a national longitudinal study with Foster Grandparent (FG) and Senior Companion (SC) volunteers, found that 44% of those volunteers who leave formal volunteer service do so as the



result of personal health issues (Cox & Nerino, 2018). Tang et al. (2010) also found that health is factor that impacts exit from volunteering.

Hypothesis three focused on replicating findings from previous studies that indicated that role load (either in hours or total roles) impacts personal outcomes for older adults (Baker & Silverstein, 2008; Rozario, Morrow-Howell, & Hinterlong, 2004; Taniguchi, 2012). Findings from the current study suggest that role load in hours is not a predictor of any volunteer outcomes of interest (intent to remain, participation, and satisfaction). As found in other studies of this nature, total roles held, and not total role hours, is a predictor of volunteer participation. Correlational analysis reveals a negative association between total roles held and volunteer participation. As time commitments across the board increase, so too does the potential for role conflict. This study found that such time commitments do not affect satisfaction, intent to remain and volunteer participation. However, it is the accumulation of multiple roles, rather than overall time constraints, that impact volunteer participation.

Hypothesis four sought to identify whether or not role load could serve as a proxy for role conflict. As noted above, prior large-scale studies examining the impact of multiple roles on volunteering have utilized large scale databases from national surveys. In the absence of role conflict measures, these studies have indicated a connection between role load and personal outcomes. For example, Baker and Silverstein (2008) noted that for some grandparent caregivers (those who were not continuous caregivers) fulfilling multiple roles was associated with increased stress among caregivers and for other groups of caregivers holding multiple roles was associated with lower stress levels. The Rozario, Morrow-Howell and Hinterlong (2004) study demonstrated that caregivers with multiple roles reported better health overall. However, these results also point to a selection bias whereas individuals with better health are better able to

maintain multiple roles. To further explore this relationship, the current study utilized health as a control variable and in doing so was better able to identify the connection between roles and volunteer outcomes.

Findings from the multiple regression analyses suggest that while role conflict does outperform role load hours and role load total in predicting satisfaction, role load total outperforms conflict in predicting volunteer participation. Neither measure emerged as a significant predictor of intent to remain. These findings both support current studies in the field but also suggest that not all configurations of the role load measure predict the same outcomes for volunteers. Not all role load measures are created equal and intent to remain is influenced more significantly by health and age factors.

Findings overall suggest that there may in fact be other moderating factors at play that influence role conflict as the relationships between role load, conflict, and volunteer outcomes are not straightforward. An overarching finding is that health and age maintain important connections to conflict, role load, intent to remain and volunteer participation. From an energy scarcity perspective, conflict arises out of a lack of personal resources to manage multiple role demands (Marks, 1977). These resources largely include time but also would encompass factors such as health and personal coping mechanisms. Based on study findings, poor health is a contributing factor to whether or not volunteers can continue to manage their multiple responsibilities and whether or not they see an extended future for themselves in volunteering.

Given the weak connections noted between conflict scores and volunteer outcomes, it is likely that potential sources of conflict for current volunteers lie in the commitments to other roles rather than originating in the volunteer role itself as the volunteer role was the source of multiple benefits to older adults and to the additional roles they hold. This is supported by the

recent CNCS longitudinal study with FG and SC volunteers which found that work and caregiving were cited as reasons for leaving volunteer service with 19% of volunteers who left volunteering reported doing so in order to take care of a sick relative and an additional 15% exiting to pursue formal employment to earn extra income (Cox & Nerino, 2018).

### **Role Enhancement and Conflict Management**

Reflecting on the qualitative study findings, it is clear that volunteering provides a variety of role enhancement functions for volunteers. These findings may further elucidate the lack of strong connections between conflict and volunteer outcomes. Just as health and time can serve as moderating resources in role conflict models, according to role enhancement perspectives, role benefits help to create synergy and reduce potential conflict across roles (Marks, 1977; Rozario et al., 2004). This is particularly the case for older workers in the study who used new skills and resources obtained via their volunteer work to support their formal work roles. Caregivers too noted new skills and resources that they were able to use to enhance their caregiving.

A particularly significant finding from among the qualitative findings was that volunteering served as a pathway to new roles and opportunities. For some volunteers, volunteering created potential for new employment roles and new informal helping opportunities as a result of new found connections in the community. Findings from this study are supported by Cho and colleagues' (2018) inquiry on post-retirement and employment and volunteering, noting a facilitative connection between the two roles. Additional support for this finding comes from a CNCS (2013) study, which analyzed large-scale census data to identify the connection between volunteering and employment. The CNCS study found a statistically significant connection between volunteering and subsequent employment among those who were either unemployed or those individuals not currently participating in the workforce. One limitation of

the CNCS study, as noted by its authors, was that it was unable to draw a direct cause and effect line between volunteering and employment. Findings from the current study expand on the CNCS study and strengthen the causal connection between volunteering and employment by providing self-reported examples from older adults of how their volunteer work led directly to an employment opportunity.

Furthermore, role enhancement findings expand on a growing body of literature surrounding the benefits of volunteering. Existing literature has identified a host of largely personal benefits derived from volunteering such as new learning, improved health, and improved social connections (Barron et al., 2009; Corporation for National and Community Service, 2012; Konrath et al., 2012; Morrow-Howell et al., 2009; Warburton & Onyx, 2003). However, the unique contribution of this study to that body of literature is examining volunteer-related benefits through a role lens. This lens has expanded out the findings from identifying personal benefits to identifying how those benefits are then applied in the context of other social roles. Such findings create opportunities to tap and support new cohorts of volunteers, such as caregivers and workers who may otherwise not engage in volunteering.

The benefits noted by caregivers are also of interest. Existing literature has identified that despite the stress and strain that often accompanies caregiving, caregivers are more likely to volunteer than non-caregivers (Burr et al., 2005). Findings from the current study tell us why caregivers may be more likely to volunteer and remain in such roles as respondents identified that their caregiving benefits from increase knowledge and skills as well as the opportunities for socialization and respite that are provided by volunteering. The specific examples of benefits provided by caregivers suggest that volunteering can be configured as a caregiver support activity, a concept that is largely absent from the older adult volunteer literature.

**Managing role conflict.** While the preponderance of data collected, both qualitative and quantitative, point to an overall low level of conflict among volunteers, qualitative responses do provide some examples of strategies that older adult volunteers use to avoid or address role conflict. For some, these strategies include connecting with volunteer roles that use similar skillsets as other social roles. For others, finding a volunteer experience that was different from existing roles was a strategy used to avoid burnout and create a sense of novelty. Other responses provide additional support for role conflict theory and the “trade-offs” that must be made to address limited time resources. Responses that provided support for role conflict include those that discussed how volunteers have used time management, time prioritization, flexible scheduling and role reductions to reduce perceived conflict with the volunteer role.

### **Implications for Volunteer Recruitment and Retention**

As volunteer programs seek to engage older adults and as older adults themselves look to connect with volunteer service, it will be imperative that both programs and individuals are able to address the real-world challenges of juggling multiple responsibilities. From an applied perspective, this study offers insights and programmatic approaches that can be implemented to better recruit and retain older adult volunteers, especially those who are likely to hold multiple responsibilities in their families and communities. Quantitative findings suggest that workers and caregivers have higher conflict scores than those who do not hold those roles. On the other hand, workers and caregivers were able to identify role-related benefits they derived from their volunteer work. These findings together suggest that those volunteers who hold caregiving and/or worker roles outside of formal volunteering are key populations of volunteers that programs can tap and support. As such, volunteer programs should look at how to best engage and retain these two groups through the strengthening of role-related benefits such as increased

skills, knowledge, and socialization and social connections. For example, offering volunteer opportunities that lead to the attainment of a particular skillset such as tax preparation skills and tutoring experience may lead to new and improved work-related skills or new employment opportunities. Opportunities for social connections among volunteers, particularly with other caregivers, should be offered to reduce caregiver isolation. Furthermore, recruitment relationships could be forged with employers and caregiver organizations to recruit such individuals into volunteer service.

Since study findings suggest that health impacts volunteering and volunteer outcomes, poor health could be addressed through volunteer supports provided that boost health such as in-services on wellness topics; group yoga or exercise sessions for volunteers; and volunteer work that provides the opportunity for continued physical activity and social contact. Formal volunteer programs can use this information to assist in focusing on the “double bottom line” which includes fostering both community impact but also positive personal outcomes for volunteers. Addressing health among volunteers is likely to pay additional dividends in terms of volunteer participation and retention over the long term.

Role load findings support existing literature which demonstrates the impact of multiple roles on volunteering. In particular, this study has found that role load is inversely related to formal volunteering. Here too findings suggest that while conflict is important, the burden of multiple responsibilities alone, whether or not they produce a feeling of conflict, impacts volunteering. This information can be used to help identify older volunteers who may need additional volunteer supports in order to successfully engage with volunteering.

Overall findings from both the qualitative and quantitative data inquiry support the growing body of evidence that formal volunteering largely creates positive outcomes for

volunteers as opposed to role conflict. When such role conflict was noted, it was more likely to be correlated with personal factors such as health than factors related to volunteer job satisfaction. This is both good and bad news for volunteer programs. The good news is that so long as volunteers are satisfied with their formal volunteer experience, they are likely to also report positive benefits. However, the bad news is that much of the role conflict that could lead volunteers away from their RSVP placements (such as conflict resulting from caregiving and work responsibilities) may be largely external to what an individual volunteer program can influence.

Programs can encourage role enhancement and help volunteers reduce role conflict by offering a variety of volunteer opportunities that leverage similar skills as other roles while also offering opportunities that provide novel experiences for the volunteer as respondents articulated both similarity and difference as being appealing aspects of their volunteer work. Respondents noted that volunteering offered them “a change of pace” or “a different focus” from other roles. While others talked about using similar skills across roles as the former librarian in this study who enjoyed her RSVP library volunteer work and the middle school math tutor who leveraged his skills as an RSVP tutor. Program administrators should also focus on discussing the types of experiences volunteers do and do not want to have within their program and avoid the assumption that someone who has a role background in a particular field would be interested in volunteering in the same type of field. Flexible scheduling, including seasonal volunteer assignments and time-limited assignments, was another mechanism noted within the qualitative responses that assisted volunteers in navigating their multiple roles.

Study results also indicate that volunteer programs could benefit from additional recruitment emphasis on baby boomer volunteers. While volunteer hours were found to be lower

among this group, intent to remain in formal volunteering was higher when compared to their older counterparts. Furthermore, baby boomer volunteers were more likely to report working in paid employment in addition to formal volunteering as compared to older volunteers. This indicates that the flexible scheduling and other volunteer accommodations mentioned above are likely to be beneficial strategies for baby boomer volunteer recruitment and retention.

### **Study Limitations**

One limitation of this study was that it recruited older adults who have remained within the volunteer role and were active volunteers at the time of survey administration. By definition, individuals experiencing role conflict at the time of the study were likely to be individuals who had the personal resources, at that point in time, to successfully manage their multiple social roles and resulting conflict. Likewise, those experiencing high levels of enhancement may be overrepresented in the sample as these are individuals who are deriving some benefit from continued participation in formal volunteer work. In addition, without the use of a longitudinal design, it is difficult to identify if role conflict ultimately leads to the cessation or truncation of volunteer participation. The study may have yielded different results if the sample population encompassed volunteers who had volunteered in different programmatic contexts or those who had recently exited volunteer service.

In addition, statistical analysis revealed significant skew in the outcome and predictor variables of interest for the conflict study, namely conflict, satisfaction, and intent to remain within volunteering. As a result, the exploration of conflict was limited by this lack of variation within the data. Future studies to further explore conflict should deliberately over-recruit participants who exhibit role conflict or those who have recently exited formal volunteering



within the sample to create more variability and opportunity for stronger relationships between variables to emerge.

Between groups comparisons such as differences in role commitment by various demographic factors provided in the Results section should be interpreted with caution as most group sizes, other than the age groupings of “baby boomer” and “not baby boomer,” were uneven in their distribution. This is true for the white/non-white, married/not married, female/non-female, good health/less than good health, education, and income groupings.

An additional limitation to this study is its primary quantitative focus on role conflict as opposed to giving equal consideration to role enhancement. With role conflict as the focal concept of the study, the role enhancement exploration is limited to the write-in responses provided by participants. A related limitation is the use of a survey instrument to collect data on both role conflict and role enhancement perspectives. The use of a survey instrument has allowed for the robust collection of quantitative data but otherwise limited the opportunity to collect rich qualitative data on role enhancement, that might have been possible through interviews. The focus on role conflict as the primary concept coupled with survey data as the main data collection method leaves room for future in-depth studies on role enhancement and conflict exploration in relationship to multiple social roles.

As described in the methods section, an established measure of role conflict, the Work and Family Conflict Scale, was used for this research as a means of measuring the amount of subjective role conflict experienced by older adult participants. This measure, while established within sociology and role theory specifically, has not been modified or validated for use with the target population of study. This study demonstrates a novel application of this particular instrument to gerontology. This presents both an opportunity to refine the measure for additional

uses but limits the ability for comparison with other gerontological studies on role load. As such, an additional set of analyses was introduced using role load as a proxy for role conflict and exploring the extent to which role load can serve as a stand in for role conflict as other studies have done. The inclusion of role load as a variable in the study indicates that prior studies on role load may not directly translate over to, or otherwise serve as a proxy for, the concept of role conflict, depending on the volunteer outcomes of interest.

### **Future Research Directions**

Given the limitations noted above, including the skewness of study data, future studies should seek to engage a more representative sample of older adults that will demonstrate variation in role conflict measures allowing for more robust connections to be drawn between the variables of study. As this study identified workers and caregivers as key populations, future studies could approach the role conflict examination not only from a volunteer program point of entry but through existing groups of caregivers and workers. Such a study is likely to identify more role conflict variation with regard to volunteering. Furthermore, a longitudinal study would also offer more insight into the development and resolution of role conflict over time for volunteers. Such a study could follow a cohort of volunteers over time and periodically measure role conflict and volunteer outcomes like satisfaction, intent to remain, termination of the volunteer role and participation. Statistical modeling could be applied to create a “risk profile” that would identify those volunteers most at-risk of leaving the volunteer role. Such a tool would have concrete application value for volunteer managers who wish to strengthen their volunteer retention. Qualitative data collection from such a study would then complement findings to further explore both the benefits as well as conflict related to volunteer participation and how those may change over time. A study that engages those who have left volunteering recently

could also examine the extent to which role conflict was a consideration in volunteer exit. Data from such a study would offer contrasting data to the data collected through this study from current volunteers who have chosen to remain within the volunteer role.

The scope of the current study was focused on role strain and role enhancement concepts and as such, a significant amount of qualitative data was coded that was not ultimately relevant to the current inquiry. These valuable qualitative data offer additional opportunities for follow-up study. Several of the themes coded in the data provide interesting new avenues for exploring the perceived benefits of volunteering and volunteer programming preferences that could be explored more in-depth. For example, write-in responses that focus on how volunteering fulfills a religious or spiritual connection could be explored in more depth. Volunteers also offered spontaneous feedback about the RSVP program itself which could be further analyzed for themes around programmatic configurations that are most attractive to volunteers. Additional studies could also use analysis techniques that connect quantitative and qualitative data to create worker and caregiver “profiles” that would help to inform recruitment and retention efforts for these groups.

In addition to the current study, an RSVP director survey was conducted in the fall of 2018 to identify programmatic perspectives on role conflict and strategies for supporting older adults with multiple social roles. The findings from the RSVP director survey will be examined to identify convergence with regard to volunteer and program views on strategies for reducing conflict. Using findings from the current study and the RSVP director survey, tipsheets and other translational materials will be developed for both older adult volunteers and volunteer program administrators to assist both stakeholder groups in navigating role conflict and maximizing role-related benefits connected with volunteering.

## **Chapter Summary**

In summary, this study found support for both role enhancement and role conflict among volunteers who remained active in the volunteer role. Findings support existing research in the field with regard to enhancement and conflict and expand knowledge through a multiple role lens. This expansion has led to insights into key groups of volunteers, namely caregivers and workers, and their potential volunteer program support needs. Implications presented include recruitment and retention through offering a range of volunteer assignment opportunities and flexible scheduling approaches. These findings could be further expanded through future longitudinal studies and studies that recruit volunteers who have recently exited the formal volunteer role. The ultimate goal of such inquiry is to solidify research-informed practices that increase recruitment and retention of older adult volunteers; a goal that is mutually beneficial for older adults and the programs and communities they serve.

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## APPENDIX A

### TABLES

Table A1

*Matrix of Study Variables*

<b>Variable</b>	<b>Scale</b>	<b>Predictor Variable</b>	<b>Outcome Variable</b>
Role conflict	ordinal	X	
Volunteer Satisfaction	ordinal		X
Role Load (# of social roles)	ratio	X	
Intent to Remain	ordinal		X
Volunteer Participation	ratio		X
Age	ratio	X	
Health and Well-being	ordinal	X	
Demographics: Gender, Marital Status, Race, Income, Education	categorical	X	

Table A2

*Demographic Comparison Between Prior National Study of RSVP Programs and Current Study in Percentages*

<b>Variable</b>	<b>JBS Study (N = 849)</b>	<b>Current Study (N = 1,697)</b>
Age		
76 yrs or older	40	31.2
66-75 yrs or older	39	49.8
55-65 yrs or older	14	17.7
Age missing	7	1.3
Gender		
Female	72	72.4
Male	25	26.6
Another gender	—	0.2
Gender missing	3	.8
Race		
White	86.7	90.6
African-American	4.1	5.2
Asian	0.3	0.6
Pacific Islander	2.7	0
Native American	0.7	0.3
Multi-race	2.5	1.2
Other/Another race	0.8	0.3
Race missing	2.5	1.8
Education		
Less than HS	3	1.4
HS or GED	26	14.3
Some college or associates	31	31.1
Bachelor's degree or more	36	52.6
Education missing	4	0.6
Household Income		
<\$20,000	14.44	10.6
Above \$20,000, Not specified	15.89	—
\$20,000 to less than \$40,000	18.50	19
\$40,000 to less than \$60,000	13.42	18
\$60,000 to less than \$80,000	6.06	14.6
80,000 to less than \$100,000	3.46	10.3
Above \$100,000	5.50	14.1
Income missing	22.72	13.4

TABLE 2 CONTINUED

Marital Status	51	61.1
Married/partnered	29	20.6
Widowed	11	10.8
Separated/divorced	5	6.3
Single/other	4	1.2
Marital status missing		

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Source: JBS International. (2015). *First report of the national evaluation of RSVP volunteers*. Retrieved from <https://www.nationalservice.gov>



Table A3

*Descriptive Statistics and Distribution Analysis for Predictor and Outcome Variables*

Variable	N	Median	M	SD	Skewness	Kolmogorov-Smirnov
Role conflict	1288	5.00	7.49	5.05	2.84	0.32
Role load (hours)	1668	14.00	33.82	64.17	5.31	0.30
Role load (total)	1672	1.00	1.19	0.80	0.22	0.26
Satisfaction	1574	18.00	16.84	3.08	-1.73	0.16
Intent to remain	1667	7.00	6.47	1.09	-2.72	0.41
Volunteer hours	1643	16.00	22.62	24.04	2.72	0.20

Note: All data are unadjusted

Kolmogorov-Smirnov test of normality with Lilliefors Significance Correction,  $p < 0.01$  for all K-S statistics in the table.

Table A4

*Pearson Correlations Between Predictor Variables, Outcome Variables, and Covariates*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Role conflict	1												
2. Role load (hours)	.21**	1											
3. Role load (total)	.08**	.76**	1										
4. Satisfaction	-.09**	-.03	-.05	1									
5. Intent to remain	-.08**	.04	.02	.26**	1								
6. Volunteer hours	.00	-.12	-.10**	.05	.07**	1							
7. Age	.01	-.18**	-.18**	.04	-.11**	.08**	1						
8. Female	-.08**	.17	.01	.03	.05*	-.07**	-.04	1					
9. Married	.04	.00	.01	-.02	.03	-.01	-.23**	-.28**	1				
10. White	-.07*	-.01	.00	-.02	.00	-.04	.06*	-.04	.09**	1			
11. Education	-.06	.07**	.11**	-.05*	.00	-.15**	-.19**	-.11**	.15**	.01	1		
12. Income	-.04	.00	.04	-.07**	.04	-.11**	-.23**	-.24**	.50**	.11**	.47**	1	
13. Self-reported health	-.23*	.08**	.11**	.07*	.18**	-.06*	-.09**	.01	.14**	.12**	.20**	.30**	1

\* $p < 0.05$ , \*\* $p < 0.01$ , two-tailed.

Note: natural log adjusted variables used for predictor and outcome variables 1, 2, 4, and 5, and 6 due to skewness of data

Table A5

*Multiple Regression Analysis of Hypothesis 2: Role Conflict as a Predictor of Volunteer Outcome Variables*

Variable	Volunteer Satisfaction		Intent to Remain		Volunteer Participation	
	$\beta$	$R^2$	$\beta$	$R^2$	$\beta$	$R^2$
Model 1		.01		.01		.00
Role Conflict	-.09**		-.08*		.00	
Model 2		.02		.04		.03
Role Conflict	-.08*		-.04		-.03	
Age	.03		-.10**		.04	
Income	.10*		.00		-.08*	
Education	-.02		-.05		-.12**	
Health	.08*		.17**		-.02	
Married	.04		.01		.04	
White	-.03		-.01		-.04	
Female	.01		.04		-.09**	

Note: Adjusted  $R^2$  reported in table\* $p < .05$ , \*\*  $p < .01$

Table A6

*Multiple Regression Analysis of Hypothesis 3: Total Role Load as a Predictor of Volunteer Outcome Variables*

Variable	Volunteer Satisfaction		Intent to Remain		Volunteer Participation	
	$\beta$	$R^2$	$\beta$	$R^2$	$\beta$	$R^2$
Model 1		.00		.00		.01
Total Role Load	-.05		.02		-.10**	
Model 2		.01		.04		.04
Total Role Load	-.05		-.01		-.08**	
Age	.03		-.10**		.03	
Income	-.10**		.00		-.08*	
Education	-.02		-.05		-.12**	
Health	.10**		.18**		.00	
Married	.04		.01		.04	
White	-.02		.00		-.03	
Female	.02		.04		-.09**	

Note: Adjusted  $R^2$  reported in table\* $p < .05$ , \*\*  $p < .01$

Table A7

*Multiple Regression Analysis of Hypothesis 3: Total Role Load Hours as a Predictor of Volunteer Outcome Variables*

Variable	Volunteer Satisfaction		Intent to Remain		Volunteer Participation	
	$\beta$	$R^2$	$\beta$	$R^2$	$\beta$	$R^2$
Model 1		.00		.00		.00
Total Role Load Hours	-.03		.04		-.01	
Model 2		.01		.04		.03
Total Role Load Hours	-.03		.01		.00	
Age	.03		-.10		.04	
Income	-.10**		.00		-.08*	
Education	-.02		-.05		-.12**	
Health	.10**		.18		-.01	
Married	.04		.01		.04	
White	-.02		.00		-.03	
Female	.02		.04		-.09**	

Note: Adjusted  $R^2$  reported in table\* $p < .05$ , \*\*  $p < .01$

Table A8

*Multiple Regression Analysis of Hypothesis 4: Total Role Load and Conflict Together as Predictors of Volunteer**Outcome Variables*

Variable	Volunteer Satisfaction		Intent to Remain		Volunteer Participation	
	$\beta$	$R^2$	$\beta$	$R^2$	$\beta$	$R^2$
Model 1		.01		.01		.01
Role Conflict	-.08**		-.08**		.01	
Total Role Load	-.04		.03		-.10**	
Model 2		.02		.04		.04
Role Conflict	-.07*		-.04		-.02	
Total Role Load	-.04		-.01		-.08**	
Age	.03		-.10**		.03	
Income	-.10*		.00		-.08*	
Education	-.02		-.05		-.12**	
Health	.09**		.17**		-.01	
Married	.04		.01		.04	
White	-.03		-.01		-.03	
Female	.01		.04		-.09**	

Note: Adjusted  $R^2$  reported in table\* $p < .05$ , \*\*  $p < .01$

Table A9

*Multiple Regression Analysis of Hypothesis 4: Total Role Load Hours and Conflict Together as Predictors of Volunteer Outcome Variables*

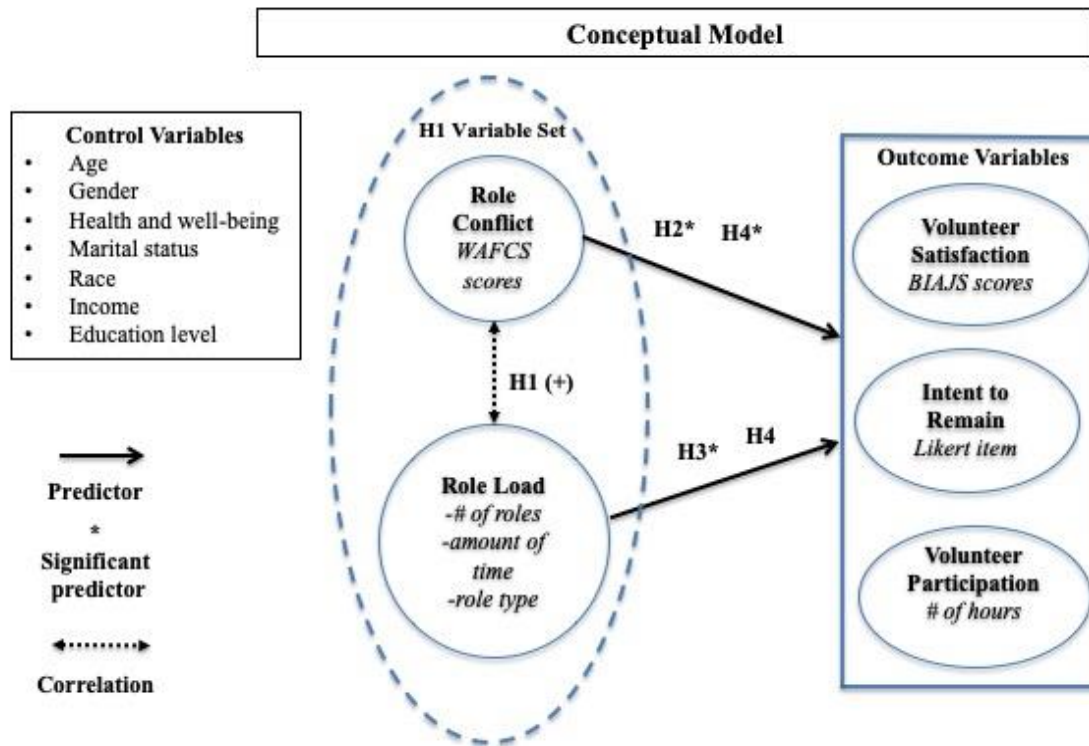
Variable	Volunteer Satisfaction		Intent to Remain		Volunteer Participation	
	$\beta$	$R^2$	$\beta$	$R^2$	$\beta$	$R^2$
Model 1		.01		.01		.00
Role Conflict	-.09**		-.09**		.00	
Total Role Load Hours	-.01		.05		-.01	
Model 2		.01		.05		.03
Role Conflict	-.07*		-.04		-.03	
Total Role Load Hours	-.02		.02		.01	
Age	.03		-.10**		.04	
Income	-.10*		.00		-.08	
Education	-.02		-.05		-.13**	
Health	.08*		.17**		-.02	
Married	.04		.01		.04	
White	-.03		-.01		-.04	
Female	.01		.04		-.09**	

Note: Adjusted  $R^2$  reported in table

\* $p < .05$ , \*\*  $p < .01$

## APPENDIX B

### FIGURES



H1: Role load and role conflict are positively correlated.

H2: Role conflict is a significant predictor of volunteer satisfaction, intent to remain, and volunteer participation.

H3: Role load is a significant predictor of volunteer satisfaction, intent to remain, and volunteer participation.

H4: Role conflict will remain a significant predictor of volunteer outcomes when entered into the analysis model together with role load.



*Figure B1.* Conceptual Model

## APPENDIX C

### STUDY MATERIALS

#### RSVP Program Profile Form

**Study Title: “Juggling Multiple Roles: An Examination of Role Conflict”**

Thank you for your interest in this research project! To register your interest in participating as a survey site, please complete the information below. This will assist in creating a study that is representative of RSVP programs across the country. I will make every effort to include all interested RSVP sites. In the event that I am not able to accommodate all interested sites, the information you provide below will allow me to identify sites that will give the best mix of potential study participants.

I will be in touch shortly to follow-up with you about participating in the study

**Your Name:**

**Title:**

**Your contact information:**

Phone including area code:

E-mail:

Name of your RSVP program:

**Mailing information for your RSVP program (will be used for mailing project materials):**

Address:

City:

State:

Zip:

**The survey is designed to be given online or by mail. Which method would work best for your volunteers? (Select one)**

Paper survey by mail

Online survey

**How long has your RSVP program been in operation? (fill in) \_\_\_\_\_ years**

**Approximately how many volunteers do you serve annually through your RSVP program?**  
(fill in)\_\_\_\_\_ volunteers

**Approximately how many individual volunteer sites does your program host?** (fill in)  
\_\_\_\_\_ sites

**What are the primary geographic area(s) that your agency serves?** Please check all that apply.

- ☐ Rural
- ☐ Suburban
- ☐ Metropolitan area(s)
- ☐ Other (please specify):\_\_\_\_\_

**Approximately how many volunteers do you host who are from a racial background other than white?** Please use your best guess and check one.

- ☐ 0-5%
- ☐ 6-10%
- ☐ 11-15%
- ☐ 16-20%
- ☐ 21-25%
- ☐ 26-30%
- ☐ More than 30%

**What type of organization or agency do you represent?** (please check one)

- ☐ Private non-profit
- ☐ DHHS or government-based
- ☐ Area Agency on Aging
- ☐ University or college affiliated
- ☐ For-profit
- ☐ Other (please specify):\_\_\_\_\_

**What state is your program located in (Drop down box of state options provided)?**

**Which RSVP program areas does your program address?** (check all that apply)

- ☐ Disaster services
- ☐ Economic opportunity
- ☐ Education
- ☐ Environmental Stewardship
- ☐ Healthy futures
- ☐ Veterans and military families
- ☐ Community priorities (Please briefly specify): \_\_\_\_\_

**Is there anything else you would like to share about your RSVP program?**

**Volunteer Study Intro Letter**

Dear RSVP Volunteer,

Your local RSVP program will be taking part in a national study on older adult volunteering being carried out by Jennifer Crittenden, a doctoral student, at the University of Maine. Within the next week or so you will receive more information about this study. This mailing will include a survey packet for you to review and submit.

Please consider taking part in this survey when you receive it. Your response is very important and will help to contribute to research about how older adults juggle their volunteer work and other life obligations. What we learn from this study will be used to improve how volunteer programs support volunteers like you.

Sincerely,

Jennifer Crittenden, MSW  
Doctoral Candidate  
Assistant Director  
University of Maine Center on Aging

## **Informed Consent**

As a current RSVP volunteer, you are invited to take part in a national research study about how older adult volunteers manage the roles they have in their life. This research study is titled “Juggling Multiple Roles: An Examination of Role Conflict and its Relationship to Older Adult Volunteer Satisfaction and Retention.” This study is being carried out by Jennifer Crittenden, a doctoral student from the University of Maine under the direction of Dr. Sandra Butler a professor from the University of Maine School of Social Work. Your RSVP program has helped us to reach out to potential participants for this study.

This research seeks to understand how older adults juggle the multiple roles they hold in their lives. These roles include being an RSVP volunteer, caregiving for a loved one, working for pay, and other types of volunteering outside of the RSVP program. This research will help us better understand if taking on multiple roles at once creates strain and how volunteers, like yourself, are able to manage that strain or even benefit from multiple roles. You must be a current RSVP volunteer to take part in this study.

### **What will you be asked to do?**

If you agree to take part in the study, you will be asked to complete and return the survey that you received with this letter. This survey should take about 15-20 minutes to complete. The survey asks questions about your volunteer work, paid work, caregiving, and other kinds of help you might be providing. The survey will also ask you some questions about yourself.

### **Confidentiality**

All responses are confidential. Do not write your name on the survey. Your survey will be returned directly to the University of Maine. The survey you return and the information on it will be kept indefinitely. Only study personnel will have access to your individual survey information. A report of findings will be shared with RSVP programs nationally. No individual responses will be shared with RSVP program staff.

Surveys that are returned will be kept in a locked drawer in a secure office at the University of Maine Center on Aging. The principal investigator (Jennifer Crittenden), her advisor (Sandy Butler), and trained graduate student assistants will have access to the surveys. Information from the surveys will be stored on a secure and password protected computer at the Center on Aging.

Participants will have an opportunity to fill out a separate gift card form and return it with their survey. This form will be stored separately from your survey information. Gift card entry information will only be used for the purposes of drawing gift card recipients (20 total) and will be destroyed at the end of the study (approximately September 2018). None of your responses will be linked to your personal information (like your name or address).

## **Risks**

- The risks to you include the time and inconvenience associated of reading and answering survey questions.
- Some participants may feel uneasy answering survey questions about their personal life experiences as a caregiver, worker, and volunteer. If you are experiencing frequent and significant negative emotions, we encourage you to contact your primary care provider.
- You may skip any questions that make you feel uncomfortable or end the survey all together.

## **Benefits**

- There are no direct benefits to you for doing this survey.
- Some participants may enjoy sharing their views on the topic of volunteering and other roles they hold.
- Though not a direct benefit to research participants, this research will help build an understanding of how older adults manage multiple demands in their life. This information will help volunteer programs to better recruit and keep their older adult volunteers.

## **Voluntary Survey**

- You can decline to take part in this survey.
- You may skip any questions you do not wish to answer.
- Submitting a survey will let us know that you consent to take part in the study.

## **Compensation**

- Included in this survey packet is an entry form for a gift card drawing.
- Those who return a completed survey will be given the opportunity to enter into a drawing for a \$50 Walmart gift card. A total of twenty \$50 Walmart gift card recipients will be drawn from among those who submit a survey and return a gift card entry form.

## **Questions**

If you have any questions about the survey or want more info on this study, please contact Jennifer Crittenden at 207-262-7923 or [jennifer.crittenden@maine.edu](mailto:jennifer.crittenden@maine.edu) or her advisor for this project, Dr. Sandra Butler, at [sbutler@maine.edu](mailto:sbutler@maine.edu) or 207-581-2382. If you have questions about your rights as a research participant, contact Gayle Jones, Director, University of Maine Office of Research Compliance, at 207-581-1498, or by email at [gayle.jones@maine.edu](mailto:gayle.jones@maine.edu).

## Volunteer Survey

Please complete this survey and return in the postage paid envelope provided. This survey is double-sided. Please fill out both sides of each page. Do not write your name on this survey.

### SECTION I

This set of questions will ask you about volunteer work, caregiving, paid work, and unpaid help you provide to neighbors and friends. Please skip any sections/questions that do not apply.

#### *RSVP volunteering*

1. How long have you been a volunteer with RSVP? \_\_\_\_ Years \_\_\_\_ months
2. In a typical month, how many hours do you volunteer for the RSVP program? (fill-in for all RSVP assignments): \_\_\_\_\_ hours

#### *Work for pay*

3. In a typical month, how many hours do you work for pay? (fill-in): \_\_\_\_\_ hours

If you answered 1 or more hours above, please answer the questions in section 4a and 4b below. **If you do not work for pay, skip to question 5.**

For the following scale, please rate how much you agree with the statements by circling the number that best reflects your agreement. 1= very strongly disagree and 7 = very strongly agree.

SECTION 4a	Very strongly disagree	Very strongly agree
QUESTION		
1. My RSVP volunteer performance suffers because of my paid work commitments.	1 2 3 4 5 6 7	
2. Paid work-related concerns often distract me while I am volunteering with RSVP.	1 2 3 4 5 6 7	
3. If I did not have paid work I'd be a better RSVP volunteer.	1 2 3 4 5 6 7	
4. My paid work has a negative impact on my day to day RSVP volunteer duties.	1 2 3 4 5 6 7	
5. It is difficult for me to concentrate when I am volunteering with RSVP because I am so exhausted by my paid work responsibilities.	1 2 3 4 5 6 7	

4b. In what ways has your volunteer work through RSVP helped you in your paid work?  
Write-in:

### *Caregiving*

5. In a typical month, how many hours do you spend helping a friend or relative age 18 or older who has trouble taking care of him or herself because of a physical or mental illness, disability, or for some other reason? (includes caring for them directly or arranging for their care by others)?  
(fill-in): \_\_\_\_\_ hours

If you answered 1 or more hours above, please answer the questions in section 5a and 5b below. **If you are not a caregiver, skip to question 6.**

For the following scale, please rate how much you agree with the statements by circling the number that best reflects your agreement. 1= very strongly disagree and 7 = very strongly agree

SECTION 5a							
QUESTION	Very strongly disagree			Very strongly agree			
1. My RSVP volunteer performance suffers because of my caregiving commitments.	1	2	3	4	5	6	7
2. Caregiving-related concerns often distract me while I am volunteering with RSVP.	1	2	3	4	5	6	7
3. If was not a caregiver, I'd be a better RSVP volunteer.	1	2	3	4	5	6	7
4. My caregiving has a negative impact on my day to day RSVP volunteer duties.	1	2	3	4	5	6	7
5. It is difficult for me to concentrate when I am volunteering with RSVP because I am so exhausted by my caregiving responsibilities.	1	2	3	4	5	6	7

5b. In what ways has your volunteer work through RSVP helped you in your caregiving?  
Write-in:



### *Other Kinds of Helping*

6. In a typical month, how many hours do you spend providing unpaid help to others outside of your work with the RSVP program?

Include time you spend doing any of these:

- ✓ Volunteering with your religious community
- ✓ Doing community work
- ✓ Helping a neighbor or family member with rides, shopping, errands, or childcare.

✗ Do not include the help you provide as a caregiver that you noted in question 5 above.

(fill-in): \_\_\_\_\_ hours

If you answered 1 or more hours of helping in question 6 above, please answer questions 6a, 6b, and 6c below. **If you do not give unpaid help in your community, skip to question 7.**

6a. Please indicate the types of volunteer/helping work you included in your answer to question 6 above. (Check all that apply)

- ☐ Volunteer with my religious community
- ☐ I help neighbors or friends with errands or rides
- ☐ I help care for grandchildren or other children in my family
- ☐ Volunteer on my own in the community
- ☐ I volunteer with a community group (Kiwanis, VFW, community garden group, etc.)
- ☐ Other (please describe): \_\_\_\_\_

For the following scale, please rate how much you agree with the statements by circling the number that best reflects your agreement. 1= very strongly disagree and 7 = very strongly agree

SECTION 6b							
QUESTION	Very strongly disagree			Very strongly agree			
1. My RSVP volunteer performance suffers because of my other unpaid helping commitments.	1	2	3	4	5	6	7
2. Unpaid helping-related concerns often distract me while I am volunteering with RSVP.	1	2	3	4	5	6	7
3. If I did not have unpaid helping commitments, I'd be a better RSVP volunteer.	1	2	3	4	5	6	7
4. My unpaid helping has a negative impact on my day to day RSVP volunteer duties.	1	2	3	4	5	6	7
5. It is difficult for me to concentrate when I am volunteering with RSVP because I am so exhausted by my unpaid helping responsibilities.	1	2	3	4	5	6	7

6c. In what ways has your volunteer work through RSVP helped you in other volunteer and helping work (not caregiving)? Write-in:

## SECTION II

For the next set of questions, please circle one response for each statement.

7. In general, would you say your **health** is:

Excellent                  Very good                  Good                  Fair                  Poor

8. In general, would you say your **quality of life** is:

Excellent                  Very good                  Good                  Fair                  Poor

9. In general, how would you rate your **mental health**, including your mood and your ability to think?

Excellent                  Very good                  Good                  Fair                  Poor

10. In general, how would you rate your **satisfaction with your social activities and relationships**?

Excellent                  Very good                  Good                  Fair                  Poor

11. In general, please rate how **well you carry out your usual social activities and roles**. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

Excellent

Very good

Good

Fair

Poor

12. How often have you been **bothered by emotional problems** such as feeling anxious, depressed or irritable?

Never

Rarely

Sometimes

Often

Always

### SECTION III

For the next set of questions, please circle one number for each statement that best reflects your agreement. For the questions below 1= strongly disagree and 5 = strongly agree.

QUESTION	Strongly disagree					Strongly agree				
13a. I find real enjoyment in my RSVP volunteer work	1	2	3	4	5					
13b. My RSVP volunteer work is unique	1	2	3	4	5					
13c. I like my RSVP volunteer work better than the average person	1	2	3	4	5					
13d. My RSVP volunteer work requires me to be healthy and fit	1	2	3	4	5					
13e. Most days I am enthusiastic about my RSVP volunteer work	1	2	3	4	5					
13f. My RSVP volunteer work is time consuming	1	2	3	4	5					
13g. I feel fairly well satisfied with my RSVP volunteer work	1	2	3	4	5					

14. Do you see yourself volunteering with RSVP a year from now? (circle one)

1  
Certainly  
Not

2

3

4

5

6

7  
Certainly

(circle one)

1                      2                      3                      4                      5                      6                      7  
Certainly                      Certainly  
Not

- ☐ White  
☐ African-American  
☐ Asian  
☐ Pacific Islander  
☐ Native American  
☐ Multi-Race  
☐ Another Race: (Please write-in): \_\_\_\_\_

20. What is your household income? Include all forms of income for your household.

(check one)

- ☐ Less than \$10,000
- ☐ \$10,000-\$19,999
- ☐ \$20,000-\$39,999
- ☐ \$40,000-\$59,999
- ☐ \$60,000-\$79,999
- ☐ \$80,000-\$99,999
- ☐ \$100,000 and above

21. Counting yourself, how many people are included in the income above? (write-in):  
\_\_\_\_\_people

22. What is your marital status? (check one)

- ☐ Married or have a partner
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Single
- ☐ Other (please fill in):\_\_\_\_\_

23. What is the highest degree or level of school you have completed? (check one)

- ☐ Eighth grade or less
- ☐ Some high school
- ☐ High school graduate or GED
- ☐ Some college courses
- ☐ Associate's or vocational degree
- ☐ Four-year college degree
- ☐ Some graduate school
- ☐ Graduate degree

<b>Thank you for your time!</b>
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## **BIOGRAPHY OF THE AUTHOR**

Jennifer Crittenden was born in Augusta, Georgia and graduated from the Maine School of Science and Mathematics in Limestone, Maine. Jennifer received her Bachelor's in Psychology with a second major in child development and family relations in 2003. She went on to receive her Masters in Social Work from the University of Maine in 2005 followed by an Interprofessional Graduate Certificate in Gerontology in 2015. Jennifer has over 14 years of academic research experience starting as a graduate assistant at the UMaine Center on Aging in 2004 and moving up to serve as a research associate, a fiscal and administrative officer, and assistant director at the Center. During her tenure in these roles, she has been involved in implementing and evaluating a wide range of research, training, and community service initiatives including serving as the Program Manager for Encore Leadership Corps, an innovative volunteer leadership program for Mainers 50+ and serving as Project Manager for the National Institutes of Health-funded Balancing Act Clinical Trial, a research study testing a falls prevention program among older adults with visual impairments. With an applied research focus, all projects and grant-funded programs under her management entail the translation of academic research into professional and public education programs, events, and dissemination activities.

Jennifer is a member of a number of organizations and professional groups including the Maine Gerontological Society (a society fellow and past board member), the Scholars Strategy Network (previous graduate fellow), and the Gerontological Society of America where she has served as the co-chair of the Rural Aging Interest Group. Jennifer also serves as an advisor for the Tri-State Learning Collaborative on Aging, a regional collaborative focused on building community and program capacity for addressing aging issues in the New England region.

In addition to her professional work in research, Jennifer has served as a grant reviewer for local and national funders including the Maine Community Foundation and the Health Resources and Services Administration (HRSA). She has also served as an undergraduate admissions reader for the University of Maine Admissions Department and a graduate MSW admissions reader for the UMaine School of Social Work. She has taught at the undergraduate and graduate level as an adjunct faculty member for the UMaine School of Social Work and the UMaine Interprofessional Graduate Certificate in Gerontology.

Jennifer is a candidate for the Doctor of Philosophy degree Interdisciplinary in Gerontology from the University of Maine in May, 2019.