St. Catherine University

SOPHIA

Doctor of Physical Therapy Research Papers   Physical Therapy

4-2014

Volunteering as an Occupation in African-American Women in a Rural Community

Kayla Clafton
St. Catherine University

Melissa Danielson
St. Catherine University

Danielle Glenn
St. Catherine University

Samuel Vukov
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/dpt_papers

Recommended Citation

www.manaraa.com

VOLUNTEERING AS AN OCCUPATION IN AFRICAN-AMERICAN WOMEN IN A
RURAL COMMUNITY

by
Kayla Clafton
Melissa Danielson
Danielle Glenn
Samuel Vukov

Doctor of Physical Therapy Program
St. Catherine University

April 2014

Research Advisor: Jyothi Gupta PhD., OTR/L., FAOTA

Abstract

BACKGROUND AND PURPOSE: Current research in the United States suggests that people over age 65 are more likely to volunteer on a given day than those in any other age group. Given the demographic trends, increased needs for community social services, and the fiscal reality, it is likely that older adults, through their volunteering efforts, will meet some of the unmet needs of the community. There is a dearth in the literature on studies that examine the motivations for volunteering in different racial and/or ethnic groups, in rural and urban low-income areas. The purpose of this study was to understand the factors that influence volunteering in older African American women in a poor, rural and racially segregated community.

METHODS: The study used a mixed-methods design with a quantitative and a qualitative component. The Volunteer Functional Inventory was administered to members of the ακα sorority chapter in Clarksdale. Survey results were analyzed by descriptive statistical analysis. The qualitative data was obtained by interviewing six community elders using open-ended questions about volunteering. Framework Analysis guided the data analysis process. Trustworthiness and rigor was established by data triangulation.

RESULTS: Qualitative results revealed themes relating to both the individuals and the community of Clarksdale. Overarching themes pertaining to individuals that emerged were related to individual beliefs, values, and benefits of volunteering. Themes that emerged about the community had a temporal aspect; inescapable racial inequality spans the past and present, with the theme of loss of community illustrating the present situation, and the theme of rebuilding community spanning the present and the future.
Quantitative results show that the participants were motivated to volunteer by their values, desire for a greater understanding of their community issues, and for enhancing social relationships. Additionally, with increasing age, a desire for enhanced psychological well-being also becomes an important motivator. Satisfaction was ranked high and was unanimous.

CONCLUSION: These results provide insights into personal attributes of volunteers as well as the health benefits of volunteering. Physical therapists can promote healthy aging in communities, improve community health and well-being, and thereby fulfill the core values of the profession.

The undersigned certify that they have read, and recommended approval of the research project entitled...

VOLUNTEERING AS AN OCCUPATION IN AFRICAN-AMERICAN WOMEN IN A RURAL COMMUNITY

Submitted by:

Kayla Clafton
Melissa Danielson
Danielle Glenn
Samuel Vukov

In partial fulfillment of the requirements for the Doctor of Physical Therapy Program

Advisor _____ Date: April 29, 2014

Acknowledgements

Table of Contents

Chapter 1: Introduction

In 2011-2012, 64.5 million people or 26.5% of the population completed some type of formal volunteer work in the United States.[1] There is a need for volunteers in order to cut government spending while still addressing social issues, which has lead to more research being conducted in order to uncover what motivates people to volunteer. One study[2] found that Americans are more likely than Canadians to mention altruistic reasons, rather than personal reasons, for volunteering ($p<.01$), which the authors speculate is due to the smaller role of the U.S. government in assisting people and providing for the public good.

Numerous studies have found that people who are married, educated, and of a higher socioeconomic status are more likely to volunteer [3,4] with retirees devoting the most time to volunteering out of any age group.[5] Both men and women over 65 years old are more likely to volunteer than people in any other age group on a given day.[1] By 2030, people age 65 or older will make up 19 percent of the US population.[6] It's important to understand the motivations and benefits behind volunteering, especially in an older population in order to determine effective ways to utilize volunteers to meet community needs. Additionally, volunteering may serve to meet personal needs by keeping people engaged in community work and learning. Furthermore, research on volunteering suggests multiple health benefits for volunteers.

The benefits of volunteering include psychological benefits such as increased sense of purpose, increased personal competence, and increased life satisfaction, especially in the older adult population.[7, 8] Physical benefits include increased physical activity,

strength, energy, and walking speed.[9,10] One study[11] found that volunteers with low socio-economic status were more likely to have poor health (whether they volunteered or not). However, volunteers with a lower economic status were more likely to be happy compared to non-volunteers with a low economic status.[11] Future research should further investigate the relationship between lower socio-economic status and specific health benefits of volunteering.

One study[2] noted that volunteers with lower levels of education and socioeconomic status were more likely to report altruistic reasons for volunteering, such as volunteering in order to give back to the community or help those in need, instead of volunteering for personal reasons. They also found that non-whites were significantly more likely than Whites to report altruistic reasons for volunteering ($p<.001$).[2] Future research should investigate *why* this population of volunteers is motivated more by altruistic reasons compared to the majority of volunteers, who are motivated by both altruistic *and* personal reasons.

While research on volunteering has increased over the past twenty years, there remain unanswered questions regarding the habits and motivations of older adult volunteers, volunteers with lower socio-economic status, and non-White volunteers. Our investigation is centered on the community of Clarksdale, Mississippi. Clarksdale is located in Coahoma County with a population of approximately 17, 648 people in 2012. Since 2000, they have had a population drop of 14.5%.[12] The median household income in 2011 was $23,655,[12] less than half of the US median household income of $50,502[13]. In 2009, 48% of residents in Clarksdale had an income below the poverty level, and 51%

of children in Clarksdale are living below the poverty level.[14] Approximately 77% of

poor families are headed by single-mothers, and 77% of poor residents in Clarksdale are

unemployed. The 2012 Graduation rate for African American children in Clarksdale MS

was 54.5%.[14] The purpose of this study was to better understand the factors that influence

volunteering by older African American women in a low-income, rural and racially-

segregated community, where volunteer services are essential.

Chapter 2: Review of the Literature

INTRODUCTION

Volunteering can take two forms: formal and informal. Formal volunteering is "voluntary services attached to and organized through organizations". Informal volunteering is "work that takes place in the absence of such organizations", such as helping a neighbor or friend,[15] it is not organized and is influenced more by self-perceived obligations.[16] It has been found that people who volunteer "informally" are also more likely to volunteer for a formal organization.[17]

Volunteering has been defined in many different ways. For example, "Volunteerism is a planned action, a long term behavior, it occurs within an organizational context and involves 'non-obligated' helping".[18] Another definition of volunteering is the "human effort that adds value to goods and services" or "productive activities" including labor, and includes four principles. First, volunteer work is a productive activity. Second, volunteering includes action on behalf of the collective good to some degree. Third, there is an ethical relationship between the volunteer and the recipient. Finally, different types of volunteering are related to each other.[16]

FACTORS BEHIND THE DECISION TO VOLUNTEER

Demographics

In some sense, volunteering appears to be a gendered occupation. The majority (58-66%) of volunteers have been found to be female.[1,3,18, 19] Women have been found to volunteer more hours than men, possibly because of an increased "helping identity" in women.[19]

Women tend to feel more obligated to volunteer than men, and were especially compelled by altruistic reasons.[20] It was found that women who volunteered in hospitals were more dependable volunteers than men, and were more likely to have a positive impact on the organization compared to male their male counterparts.[15] The authors suggest this finding may be due to different socialization patterns of women and men.[15] Furthermore, regardless of health, income, or age, women help more friends and acquaintances' than men.[21]

Retired volunteers devote more time than employed, or homemaker volunteers. In today's society, people are living longer, enjoying longer retirements, and there is a societal emphasis on staying active. Furthermore, today's older adults are more educated and have fewer children than previous generations. This may contribute to older adults spending more time volunteering.[22] Choi and colleagues[17] found that men and women working for pay were less likely to volunteer with an organization. Tang[3] also found that the majority of older volunteers were unemployed. Additionally, older volunteers spend more time each month helping those in need compared to younger volunteers (6.97 hours per month compared to 3.28 hours per month, respectively).[21] When it comes too informal volunteering however, working males were less likely to volunteer informally. On the other hand, women who worked were just as likely to engage in informal volunteer activities.[17] Overall, older adults were found to spend less time helping friends and family members outside of their immediate family[21]. Interestingly, Komp and colleagues[23] found a slight downward trend in volunteer behaviors with retirement when looking at older adult trends in the U.S., Germany, Denmark, and Greece. They also

found that age alone is not a good predictor of who is likely to volunteer in later life.

This study did not distinguish between formal and informal volunteering. Similarly,

Wilson and Musick[16] found that age is negatively associated with both formal and

informal volunteering. This may be due to a decline in social obligation, as

grandchildren get older and parents die. Further education and higher incomes (over

$40,000) are positively associated with volunteering,[3, 18] and higher levels of education

are associated with more *formal* volunteering.[19] For every year of education someone

receives, they are 34% more likely to volunteer in an educational setting, 19% more

likely to volunteer in a political setting, and 5% more likely to volunteer in a religious

organization.[24] One study[3] found that 80% of older adult volunteers had a bachelor's

degree or higher. It is suggested that people who are educated feel a strong sense of

altruistic and civic obligation, and also tend to be more religious.[20] They may have more

of a helping identity or be exposed to more opportunities for volunteering than those with

lower levels of education.[19] Education seems to particularly have an impact on the

decision to volunteer.[19] However, in hospital volunteers, one's education level was not a

predictor of volunteer dependability or the amount of impact the volunteer had on the

program in hospital volunteers.[15] Data averages from 2007 to 2011 suggest that people

over 25 years old with at least a bachelor's degree were more likely to volunteer

compared to people with less education, but they spent the least amount of time

volunteering.[1] For example, people with less than a high school diploma spent on average

3.1 hours volunteering on a particular day compared to those with a bachelor's degree or

higher, who spent an average of 2.1 hours volunteering on a typical day.[1] Income has

been positively associated with number of group memberships, which may indirectly contribute to more volunteering.[21] Specifically, higher socioeconomic status has been positively correlated with formal, but not informal, volunteering.[16]

Data from the Worlds Values Survey suggests that socioeconomic status and education are negatively associated with altruism, and non-whites are significantly more likely than whites to volunteer for altruistic reasons (p<.001).[2] For example, non-whites were more likely to list "giving back to the community", or "helping those in need" as reasons to volunteer.[2] Whereas, Older African American women for example, reported feeling an obligation to share their knowledge and wisdom as well as give back to those in need in the community.[25] Volunteering also helped to strengthen their own identities as both black women and as "community mothers".[25] Similarly, Mbanaso[26] found that African Americans were less likely to put the aging generations in nursing homes and more likely to care for them in their own homes. Grandparents in African American homes were more likely to be caring for children and the children were overall satisfied with their grandparents as caretakers.[26] However, over half of kids living with their grandparents have been found to have trouble in school, ranging from behavioral issues to academic problems.[27] In contrast, other research has found that African Americans spent *less* time volunteering and helping immediate family but more time helping friends compared to Whites.[21] In regards to formal volunteering, studies have found that Caucasians formally volunteer more than African Americans. [16,28,29] However, there was no effect found between race and informal volunteering.[16] As of 2012, the majority of formal volunteers in the U.S. were white (79%), followed by African Americans (9.3%).[1]

It is interesting to note that people in a community of the same race are more likely to volunteer within their community. This is evident in African American communities with a central church.[30] African Americans who regularly attend a religious service volunteer more hours a week when compared to those who do not.[29] Interestingly, African Americans who were "strong believers" and attended church one or more times a week were twice as likely to volunteer as "weak believers" with similar church attendance.[29] African Americans who volunteer tend to have a lower education, lower income, and more physical disabilities compared to Caucasian Americans.[31] For African Americans, socioeconomic status and level of education attained does not predict volunteering behaviors.[29] African Americans tended to volunteer more hours in supportive, non-skilled areas and experienced more benefits from volunteering while European Americans were often tutors and reported less benefits.[31]

There are differences in the pattern of volunteerism between urban and rural communities. In rural communities, a majority of the volunteers completed high school (80%) whereas in the urban setting only a little more than half (60%) had a high school diploma.[26] Urban volunteers were more likely to be aware of community resources at hand and give them to those in need.[26] Immigrants are more likely to volunteer internationally in their parent country. African American Muslims are more likely to serve close to home where they feel comfortable in order to avoid the possibility of negative stereotyping when they leave their communities.[30]

Immigration status also plays a role in volunteer patterns and one's eagerness to volunteer. Overall, people who have immigrated to the United States are less likely to

volunteer. If someone immigrated before the age of ten years old, they are more likely to volunteer than people who came to the US later in life.[32] Other factors that may affect an immigrant's desire to volunteer include becoming a US citizen, not having children, smaller city/town, higher income, higher education, being a homeowner and having a part time job.[32]

Religion

Certain aspects of religion appear to influence one's decision to volunteer. For example, more attendance of religious activities is correlated with more religious and secular volunteer work. Volunteers demonstrate more "behavior religiosity" than people who do not volunteer.[4, 16,20] More time spent doing religious activities is positively correlated with time spent formally volunteering.[4,16] However, research suggests that religion is related to formal but not informal volunteering.[4,16] Additionally, people who are married are more likely to volunteer in religious roles compared to those who are not married.[4,5,20]

When children are young, having religious parents does not influence one's probability of volunteering, but religious parents are more likely to raise religious children, which impacts the likelihood of volunteering. Private religion is correlated with volunteering, and religious people are more likely to feel an obligation toward helping others.[20] When studying hospital volunteers, Zweigenhaft and colleagues[15] found that women identifying religion as "very important" volunteered more hours per month and were rated as having the most impact on the volunteer program. While religion was a

predictor of the amount of impact a volunteer had, it had no impact on the dependability of the volunteer.[15]

Personality and Emotional Attributes

One's personality and attitudes about the world both influence the likelihood that they will volunteer and are impacted by the act of volunteering. Kuehne and Sears,[7] for example, found that older adults volunteered more frequently and spent more time volunteering if they had a positive attitude about their life situation, had a positive self-concept, or had a sense of purpose in life. Through volunteering, people report an increase in self-esteem and an increased sense of purpose and personal competence. This study was conducted with a Family Friends Program, where volunteers help the families of children with a chronic illness or disability.[7] Similarly, Matsuba and colleagues[19] identified a "helping identity" as a contributing factor to volunteering. People with this "helping identity" think more about contributing to the well-being of others, or feel their efforts can positively impact others. They also feel they can control their contributions to others and are more committed to volunteering.[19]

Elshaug and Metzer[33] compared volunteer food-preparers and firefighters to paid food-preparers and firefighters in Australia. They found that volunteers (in both settings) tended to be more extraverted, agreeable, and demonstrated more warmth, positive emotion, trust, and altruism compared to the paid workers in a similar setting. Volunteers were also more likely to believe in the good intentions and honesty of others.[33] Additionally, volunteers in both settings scored higher than paid workers on "tender-mindedness" and altruism, suggesting a concern for the welfare of other people.

Furthermore, the volunteers were more sympathetic and empathetic to others compared to the paid workers.[33]

Personality predictors and consequences of volunteering may vary with age. Omoto and colleagues[34] found that older adults reported feeling more obligated to help society and had a greater commitment to volunteering compared to younger volunteers. Older adults also reported more benefits gained through volunteering compared to young and middle-aged adults, including more satisfaction. Interestingly, older adults reported a small increase in self-esteem with volunteer work, while young and middle aged adults experienced a slight decrease in self-esteem when volunteering.[34] This increased self-esteem was correlated with feeling fewer obligations to society, which was also unexpected. Omoto and colleagues[34] caution that the change in self-esteem was small and should be further investigated in the future research.

Emotional health may also have an impact on the decision to volunteer. Men were less likely to volunteer either formally or informally if they reported depressive symptoms.[17] Women, on the other hand, were less likely to volunteer formally if they had depressive symptoms, but were just as likely to informally volunteer compared to women not reporting depressive symptoms. Women may see helping activities as a duty, and thus participate in informal volunteering regardless of their own emotional health or time constraints.[17] This is perhaps most likely due to socialization and the societal norm of gendered aspects of caregiving.

Social Influences

Studies have found that social influence is a contributing factor in the decision to volunteer.[35] People who have more frequent contact with friends are more likely to volunteer.[20] One study[21] found that helping friends and volunteering were mutually supporting activities: assisting friends was a predictor for time spent volunteering, and time spent volunteering was a predictor of helping friends. However, the amount of time spent volunteering decreased the amount of time spent helping non-immediate family members.[21] Wilson and Musick[16] found a slightly different relationship as their research suggests formal volunteering promotes informal helping but not the other way around. Taniguchi[36] found that more time spent with friends was positively correlated with both formal volunteering and informal volunteering, with a large effect for informal volunteering. Time with family was also correlated with the amount of time spent informally volunteering. A study[15] of hospital volunteers age 14-89 found that older adults are motivated to volunteer through social rewards, while younger volunteers are drawn to volunteering by personal and economic rewards. A more recent study[34] of hospital volunteers of all ages contradicts this, as they found that while younger people had smaller social networks than older adults, they were motivated more by interpersonal relationships to volunteer. Older adults, however, were motivated more by service or community obligation.[34]

Social ties make volunteering more likely. [16,19,37] This may be mediated by obligations, reputations, encouragement, contacts, or access to information.[16] Interestingly, length of time one has lived in a community did not predict volunteer

behavior, but having stronger community ties did. Other predictors included time spent with family and friends, being a member of associations, and having more civic memberships. These predictors suggest that face-to-face social ties may impact one's volunteering activities.[37] A study[19] conducted a year later supported these findings when it was reported that people volunteered more hours if they were more involved in their community.

Women are more likely than men to have social interactions[16] and more frequently indicate friendships as a determining factor in their decision to volunteer.[21] Women are more likely to informally volunteer more compared than men, and are more likely to believe in the importance of helping others.[16] The authors[16] suggest that caring and nurturing may be embedded in sex-role definitions. On the other hand, men belong to more associations than women but do not necessarily volunteer more. Men are more likely to join organizations or groups to make friends, not due to the influence of friends.[21]

A more recent study[17] of non-institutionalized older adults found that men were more likely to volunteer for an organization if they had a higher level of education, income, perceived importance of religion or were born in the United States. Informal volunteering for men was positively associated with years of education and negatively associated with old age.[17] For women, they were more likely to volunteer with an organization if they had higher income, higher education, and less activities of daily living (ADL) impairments. For informal volunteering, higher family income, more perceived importance of religion, and more children were predictors of volunteering up to

200 hours a year, but again ADL impairments were negatively associated with volunteering.[17] Women caregivers were less likely than non-caregivers to volunteer 1-200 hours per year, yet interestingly there was no difference between caregiving and non-caregiving in people who volunteered over 201 hours a year.[17] This suggests that those people who are very committed to volunteering were not stopped by the role of caregiver. Overall, informal volunteering has been associated with functional health, education, valuing help, church attendance, social interaction, functional health, and the female gender. Formal volunteering is associated with number of children, social interaction, human capital, and religiosity.

Motivations and Barriers to Volunteer

Volunteers over the age of 55 reported altruistic factors as reasons to volunteer, giving examples such as helping others and "for the good of humanity". Psychosocial factors also played a role, as volunteers wanted to meet people, learn new things, keep busy, feel needed, and continue the "work" role.[7] Volunteers who mention altruistic reasons for volunteering are more likely to be volunteering ten years later (p<.07).[20]

Factors that motivate individuals to volunteer may vary by sociocultural context of the country. Evidence from 907 Americans and 739 Canadians over the age of 18 suggests that volunteers in different countries are motivated by different factors. Americans are more likely than Canadians to report altruistic reasons (over personal reasons) for volunteering (p<.01), potentially because of the smaller U.S. government role in assisting individuals.[2] It has been suggested that the need for volunteers grows as government spending is cut.[20] Americans rated religious beliefs as a more important

reason to volunteer compared to Canadians, so perhaps more religious involvement underscores the tendency to mention altruistic reasons of volunteering.[2]

Warburton and colleagues[38] focused on what type of structural factors impacted a person's decision to volunteer in a group of participants 50 and older. The authors identified nine possible *barriers* that decreased a person's likelihood to volunteer. The nine barriers identified include: 1. financial burden and the cost of volunteering 2. not having the time secondary to other commitments 3. no flexibility in the organizations looking for volunteers 4. the feeling of an existing age barrier and being too old to volunteer 5. poorly managed organizations looking for volunteers 6. concern of experiencing an age discrimination 7. not being able to find a place to volunteer where the activity is engaging 8. feelings of being excluded by existing volunteers and looked at differently as a "new" volunteer 9. inability to volunteer in a way that their special skills are being utilized.[38] In a two-phase study questioning volunteers and non-volunteers on both these nine barriers to volunteering and nine incentives to volunteering, they found that in order to increase participation in volunteering they need to increase the flexibility and provide more diverse volunteer opportunities.[38]

Long Term Volunteering.

Kuehne and Sears[7] found that older volunteers who were more educated, had a higher income, reported higher life satisfaction scores, and those who volunteered for additional other organizations were more likely to stay with the program long-term (more than 9 months) ($p<.05$). More training hours and role recognition from the public appreciating volunteer contributions are institutional factors that are associated with

longer volunteer time in older adults. Long term volunteering was also associated with less incentive, which is likely because programs that were giving incentives were more costly for volunteers to begin with.[7] An Australian study[33] found that adults who had volunteered the longest were the ones who volunteered the most hours each week. People who excelled at concentrating on a task, were easy going, energetic, active, and dedicated the most time to volunteering.[33]

Chacon, Vecina, and Davila[18] found the best predictor of volunteer duration is intention. Volunteer satisfaction is helpful in predicting how long someone will volunteer short-term, and appears to indirectly relate to volunteer duration through its positive relationship to behavioral intention. A volunteer's organizational commitment and role identity were other factors that helped to predict long-term volunteer commitment.[18] Older adult hospital volunteers spent more time volunteering and reported a greater commitment to volunteering compared to middle-aged or younger hospital volunteers.[34] A previous study on hospital volunteers found that older volunteers were more dependable than younger volunteers.[15]

BENEFITS OF VOLUNTEERING

Health Benefits

Volunteers tend to report better health than people who do not volunteer. [8,11,39] A study by Van Willigen[8] has found that the effect of volunteering on perceived health changes with age. Older adults volunteers report 2.5 times greater perceived health than younger adult volunteers. Van Willigen[8] also found that marital status changes the effect

of volunteering on perceived health. Married older adults who volunteer have higher perceived health than people who are not married.[8]

Volunteering has been shown to have a positive effect on the functional status of older adults.[10,39,40] A study by Barron et al.[10] found that individuals with any level of baseline health from poor to excellent reported increases in strength and energy with volunteering. Individuals with lower baseline health reported improvements in health that were greater than or equal to the improvements reported by individuals with higher baseline health. This article[10] suggests that individuals at any level of baseline health may benefit from volunteering as a community based approach to health promotion. For both African American and Caucasian American older adults, productive engagement (which includes paid work, formal volunteering and informal volunteering), was moderately correlated with better functional status.[28] Interestingly, productive engagement was associated with better perceptions of health for Caucasian older adults but not for African American older adults.[28]

Tan and colleagues[9] showed that through intentional volunteering, people were able to increase the calories burned. With aging, the population was shown to decrease the amount of energy used. However, volunteers (who volunteered three times a week) were able to reverse this and actually increase the amount of energy expended.[9] The normal association between increasing age and decreasing function has been shown to be weaker in individuals who volunteer. Volunteering seems to buffer the negative effect of age on functional decline.[39] A prospective study by Okun et al.[40] found that volunteering also seems to provide a buffering effect on the association between functional limitations

and mortality. Barg et al.[41] looked at volunteers who volunteered as peer coaches for talking to people about hypertension. The volunteer peer coaches found personal benefit in being more aware of their own habits, helping others, and creating a healthier community in general.[41] Similarly, volunteers working with patients with cancer in the community had a more positive attitude toward the diagnosis of cancer and were less likely to consider it a death sentence (t > .005).[42]

Psychological Benefits

Older adults who volunteer report greater psychological benefits compared to younger adults volunteers. For example, senior volunteers reported higher amounts of life satisfaction compared to seniors who do not volunteer.[8] Older adults who volunteered on a hotline for latchkey children felt happier after they were able to talk to the children.[43] The children could call for any reason, but the focus was on having someone to talk to. The older adults felt like the conversations were beneficial because they were able to help a future generation.[43] Van Willigen[8] suggests that older volunteers may experience greater benefits from volunteering because of the meanings they attach to the experience. Older volunteers may see volunteering as a good reason to get out of the house, while younger volunteers may see volunteering as just another task to get done in the day.[8]

Volunteering is highly associated with happiness, and volunteers from all socio-economic status levels report equal amounts of happiness.[11] Individuals of relative low socio-economic status who do not volunteer experience more unhappiness compared to those from the same socio-economic status who do volunteer.[11] A cross-sectional study by Okun and colleagues[44] surveying 4,161 adults found that volunteers with more chronic

health conditions reported bigger increases in positive affect and resilience compared to volunteers with less chronic health conditions. The normal association between increasing age and increasing depression is weaker in individuals who volunteer. In other words, volunteers report less depression than individuals of the same age that do not volunteer.[39]

Amount of Volunteering and Wellbeing

Volunteering can be beneficial and lead to increased levels of wellbeing even when done in very low amounts.[39] A study by Windsor[45] shows an optimal frequency of volunteer work to be between 100 and 800 hours per year. At this level, individuals reported the highest wellbeing scores.[45] Morrow-Howell[39] found that the highest reported levels of wellbeing were at 100 hours of volunteer work per year. A study by Van Willigen[8] found that perceived health increased with additional volunteer hours until 100 hours per year was reached. After this point, perceived health began to decrease.

VOLUNTEERING AND OLDER ADULTS

According to Mutcheler and colleagues[46], the growing nature of the older generation and the choices they make in regards to use of their free time is of increased concern. Positive and active aging models have been developed to discuss why it's important for older generations to remain active in their communities.[47] However, originally viewed simply as a means of staying active, older adults now find themselves influencing and contributing to their communities.[48] The United States is seeing an increase in opportunities and improved conditions that allow the older volunteer to have more of an impact when compared to prior generations.[49]

Older adults tend to feel a stronger sense of obligation, especially civic obligation, towards volunteering.[20] Older adults age 55-74 were likely to agree that upon leaving their paid work role they should engage in volunteer services within their community.[46] According to Van Willigen,[8] younger generations had an increased number of volunteers when compared to older populations. However, older populations were more likely to contribute more volunteer hours compared to younger generations. Additionally, older volunteers, while spending much time engaged in formal volunteering, may be participating in higher levels of informal volunteering, including helping a friend or caring for a relative.[50]

Scott and colleagues[51] conducted a study that looked at older volunteers who volunteered in childcare settings. In the study, they compared a group of volunteers who worked with childcare to three other groups (a group who did Meals on Wheels, a group of older adults who volunteered in various settings, and a group who was not involved in volunteer work). They hypothesized that the group that worked with children would have the highest rates of generativity, meaning they would have a higher level of concern for others. It was discovered that all four groups had relatively high generativity rates (assessed using the Loyola Generativity Scale), however, the highest levels of generativity were in the volunteers who worked in various settings.[51]

CONCLUSION

Several factors have been associated with volunteering including certain demographics, social influences, religion, and personal attitudes. It is also indicated that volunteering may provide benefits to both the volunteer and the community as a whole.

As the age wave continues throughout the United States retired adults will become the majority of our population. We will be relying on these adults to participate in volunteer activities in order to maintain our many community programs and resources. Currently, there is not enough literature that examines motivations for volunteering, especially within different racial and/or ethnic groups and in both rural and low-income areas. Specifically, what is it about the person that makes them want to volunteer and continue to volunteer? The purpose of this study was to better understand the factors that influence volunteering by African American women in a low-income rural and racially segregated community, where volunteer services are vital to many members of the community.

Chapter 3: Methods

The research questions for this study were: What motivates older adults in a rural community to volunteer? What are the perceived benefits of volunteering? This study used a mixed-methods research approach, as it was best suited to answer the study research questions that required real-life contextual understandings, multi-level perspectives, and cultural influences. A triangulation design was used whereby both quantitative and qualitative data were collected, analyzed individually, and converged for interpreting and enhancing the validity of the study results.[52] The Institutional Review Board of St. Catherine University approved this study.

Qualitative Study:

Data was gathered through in-depth interviews using open-ended questions generated based on literature and conceptual framework of this study (Appendix A). Participants were selected with intentionality to represent active older adults engaged in volunteering within their community. A single researcher, Dr. Gupta, who has established relationships in the community, conducted a total of 6 six initial interviews. These interviews lasted an average of 1.5 hours. Follow-up interviews were conducted with three of the 6 participants to clarify some questions that were not captured well in the initial interview.

The qualitative analysis was performed using the Framework Analysis method.[53] It involves the following five steps: 1) familiarization; 2) identification of a thematic framework (coding sheet); 3) indexing (coding); 4) charting (putting coded data into tables); and 5) mapping and interpretation.[54] All individual interviews and focus groups

were transcribed verbatim. Once all of the transcripts were generated, the researchers

familiarized themselves with the data and developed a list of recurring initial thematic

categories, which was then used to create the code sheet. The codes were developed

based on literature, and the conceptual framework of the International Classification of

Functioning, Disability & Health (ICF) model.[55] These *a priori* codes were transferred

onto a coding sheet, and guided the coding process, that also included deductive codes

that emerged from the data (Appendix B). First a random transcript was read by all

researchers, and compared for coding; consensus process was used to reach agreement on

coding. Subsequent transcripts were read, coded, and compared across all researchers. A

coded line of data was kept if three out of the four researchers agreed on the code

assignment.

Following the completion of the coding of all transcripts, a spreadsheet was

developed to begin charting the data. Each of the codes had a separate section on the

spreadsheet and each sentence that was coded was charted under the appropriate heading.

The completed chart and transcripts representing the entire qualitative databank

were reviewed again, and thematic analysis was initiated. Through an iterative process,

categories and emerging themes were combined, and then overall themes were

developed. Peer checking occurred at every stage in the process to ensure reliability,

trustworthiness, and accuracy of the data analysis process.

Quantitative Study:

The quantitative data was gathered with the Volunteer Functions Inventory (VFI),

an instrument that measures the function served by volunteerism, by asking questions

about the reasons why people volunteer and outcomes of volunteering (Appendix C).[56]

The instrument measures volunteerism across the following six dimensions: values,

understanding, and enhancement, social, career, and protective. The tool has been used

widely and has published psychometrics.[57] The test-retest correlation for the values scale

was .78; for understanding and enhancement scale, .77; for social and career, .68; and for

protective, .64 (all ps < .001), indicating that the individual VFI scales are stable over a 1-

month interval. Exploratory and confirmatory analysis suggests a reliable and replicable

six-factor structure, one that was preferable to two reasonable alternative solutions.

Internal consistency by computing Cronbach's alpha coefficients for each of the VFI

scales: career,.89; enhancement, .84; social, .83; understanding; .81; protective, .81; and

values, .80.[57] As well, the individual scales of the VFI demonstrated substantial internal

consistency and temporal stability. These results therefore offer evidence that each of the

VFI scale measures a single, stable, non-overlapping construct that coincides with a

theoretically derived motivation for volunteering.[57] Additional demographic information

was collected from the survey participants (Appendix D).

The participants for the quantitative study were the members of two sorority

chapters in the area during their monthly sorority meeting. The informed consent form

(Appendix E), the VFI survey, and the demographic information page were distributed,

collected and mailed to researchers by a sorority member. The survey results were

tabulated and descriptive statistical analysis performed.

Chapter 4: Results

Qualitative Data Analysis.

Qualitative data analysis revealed overarching themes relating to both the individual and the community level in Clarksdale (Table 1). Themes pertaining to individuals were related to individual beliefs, values, and benefits of volunteering that gave insights into personal attributes that may promote volunteering as well as unintended health benefits of volunteering. Themes that emerged about the community had temporal undertones and were as follows: inescapable racial inequality spanning the past and the present, with the theme of loss of community illustrating the present situation, and the theme of rebuilding community spanning the present and the future.

Personal Beliefs and Values. Three personal beliefs and values were commonly expressed across participants; care and concern for others, social responsibility, and a life guided by faith. One participant expressed the trait of compassion toward others when she explained:

> "It give you satisfaction but it also I do it because I want these children to survive and I want them to succeed and thrive and they can't do it unless there is somebody out there pushing them."

The importance of helping those in need was a common thread expressed across all participants. The following quotes illustrate the value of altruism demonstrated by the women.

> "…I don't do it for any benefit or any pay. I do it because it needs to be done."

> "I don't need kudos, I don't need anybody to say 'Job well done.' I don't do it for any of that."

Throughout the interviews we saw an indication of care and concern for others that extended beyond any potential personal benefit. Social responsibility was apparent in one participant, who explained,

> "Well when you work all your life it's very hard to go home, close the door, and sit down. You see things that, you know, need your input. Why stay home when you know you have enough help and strength that you could do these kinds of things."

Another participant described her dedication by saying,

> "If I see something that needs to be done and if I can't do it I am going to find someone who can."

These quotes demonstrate social responsibility and the sense of obligation the participants felt towards their community. Underlying these intrinsic values is a strong belief system, which is summed up by the following statement that was conveyed in more than one interview:

> "We are placed on this Earth for a reason".

The belief system in the lives of these women was manifested through both religious participation associated with the church and through personal spiritual beliefs. Participants demonstrated commitment to religion by attending church, praying, and reading scripture.

> "Some mornings I read the scripture, some mornings I don't, but I do say my prayers every morning and thank the Lord for this day."

The spiritual lives of these women were centered on faith and commitment to serving others. One participant describes herself, when speaking about her children, in the following quote that she also attributes to her reasons for volunteering with at-risk youth:

> "I was an instrument to give birth to His [God] miracles."

Other participants described a similar feeling of serving others in order to do His work.

> "So I tell people, it's really not me, it's the Good Lord motivating me."

Faith is a way of living and being for these women and is not only a motivating factor for helping behaviors but is a source of strength and energy as illustrated by the following quote.

> "I just get up and get started and my little saying is, 'Lord there is nothing that can happen today that you and I cannot handle.'"

Health and Wellbeing Gains. These personal beliefs and values seamlessly guide the giving nature of the participants, unintentionally leading to gains in health and wellbeing for the women in the study. Participants initially had a very difficult time talking about and naming personal benefits they received from volunteering. They emphasized, repeatedly, that they did the work to help people, because there was work to be done, and not for personal health gains. Upon further questioning, some unperceived and unintended benefits to health and wellbeing were identified from their comments. One participant explains:

> "I am 77 years old and wake up every morning and feel like I am 22 years old."

Physical, psychological, and psychosocial wellbeing were identified as areas that were positively influenced by volunteer activities. One participant described benefits of movement that benefits her physical health:

> "I truly believe that if I were to go and sit down I would probably really get exactly sick."

Engaging in community volunteer work increased energy in participants, which allowed them to continue their helping behaviors.

> "Doing good what does it do for you?...Well, it keeps me going that's one thing, it keeps me going".

One patient described a benefit to psychological health when she explained,

> "It keeps you alert because you never know what will come your way. You are always solving problems."

Another participant talked about how volunteering has a calming effect on mental health.

> "…When I go to bed at night, I go with a free mind and a free conscience. My head hits the pillow and I go to sleep. I don't lay there worrying."

Psychosocially, a life of service to others has provided participants with life balance, fulfillment and gratification, a sense of purpose, and a sense of belonging in their community. One participant describes,

> "My philosophy has been 'Home, job, and church.' Those are three things, and if those are in balance, everything is fine."

Every participant described the fulfillment they get from volunteering. For example, when one participant was asked what she gets from interactions through volunteering activities, she replied,

> "The satisfaction of knowing that I've helped somebody. I've helped you make a step in a different direction."

Another volunteer described the gratification she receives from volunteering in her own community.

> "It makes me feel that I have done something very special for someone who has done something special for me."

The fulfillment gained from these interactions contributes to a sense of life purpose for these women.

> "Right now I have a reason to get up and go everyday…and it is not like 'Oh lord here is another day."

Additionally, a sense of community belonging developed through volunteer activities, and was identified as a contributing factor to health and wellbeing.

> "So I was very happy to be here because all of my life I wanted to get back here to help the people who helped me."

Racial Inequality. The women interviewed were not only influenced by personal attributes but also by the environment in which they grew up. An overarching theme throughout the interviews was a sense of inescapable racial inequality, both past and present. When these women were growing up,

> "Black children went to school only six months a year, white children went nine months…."

Discrimination was prevalent, as evidenced by one woman who described the process of starting a community program:

> "The farmers resented Head Start getting set up here. So, we had to have a biracial board…Do you know, all of the whites walked off of that board…They… did not want Head Start here…it would educate negroes and [then] they wouldn't go to the field [to work]."

Other racial inequalities experienced by these women contributed to their involvement in volunteer positions and jobs later in life. One participant described her motivation for becoming involved in NAACP.

> "…I was the president of NAACP, I had to do this because when NAACP was first organized here in 1953, black people could not openly be members of the NAACP."

Another women recalled how her decision to take a job at a hospital was inherently impacted by past experiences of racial inequality.

"So I didn't know what I was getting into, but I did it because I was the only black RN there and I thought this would be a good thing for the black race."

Interestingly, integration provided challenges of its own and impacted the

cohesiveness of the African American community.

"All of us lived on one side and we were like pretty much a family and then we realized that we can go over there and do some things over there that we could not before and those of us who got over there we forgot about those who did not have what it takes or could not move."

The current situation in Clarksdale gives a good example of the inequalities present even

today. When asked if the public schools are mostly kids of color, one participant

responded,

"Well, you got elementary schools on what I call 'the other side of the tracks,' there's some white in that because its their neighborhood. So those kids would get exposed. And then if you got them on the high school level, they'll get exposed to the others. But still, it's not that much exposure when you look at the majority of the children; it's not that much exposure. But in my volunteer work, I cross lines and I can get them to give me stuff for my clients that I need."

The current consequences of segregation and the resulting inequality and fear that

developed are apparent in community of Clarksdale. One participant describes the racial

divide that exists in today's community.

"When mass was at 5 o'clock in the evening, all the white people wouldn't come because they were afraid that they were going to get mugged over here."

A similar story about early mornings in the Wal-Mart parking lot highlights the fear that

some Clarksdale residents have of the younger African American generation.

"There are little old ladies out in their cars (saying), 'We're so happy you made it. Would you walk in with us so that they won't bother us? So that

those little black boys won't bother us?' They think that they're going to
be mugged."

Another account of the kids in Clarksdale described that people will donate things for

charity but do not want to come and work with the children in the community.

"You still have a lot of Blacks here who don't want to come and work
because they say the children are too bad."

This quote demonstrates that even within racial groups, there is a hesitation to reach out

to the younger generations because of current social problems present in the youth of

Clarksdale. It is apparent in each participant's interview that racial inequality and

segregation have shaped their community and the resulting stereotypes have impacted the

opportunities of those remaining within this community.

Loss of Community. The racial inequalities that have defined the history of

Clarksdale and continue to persist have contributed to a loss of community. The essence

of a struggling community is captured by the following quote.

"Life is too short and there are too many signs of disrest around us, and
too many catastrophes and things that happen for us not to be able to sit
down and be people."

There are numerous factors that have contributed to a sense of lost community: decreased

community involvement, diminished role of the church, disintegration of family

structure, and resource deficits leading to social problems. Decreased community

involvement is an ongoing and underlying issue in Clarksdale.

"[In today's community]… it's very seldom that you find African
Americans volunteering…they always say 'how much I'm going to get
paid' and they look for some money."

The people who actively work to promote change in the community are dwindling.

Talking about past community involvement one participant recalls:

> "It was very, very hard to make the little progress we did here, it took a lot
> of time, it took-and it was just a few people who were persistent about
> bringing about this change. As time passed those people became fewer."

Another area with decreased community participation is the church. The church use to be

an important place for social engagement and service; this is not continued in today's

society in Clarksdale.

> "The young parents do not get the kids up to attend church… parents don't
> emphasize religion like they used to.".

Another participant expressed similar views about how the value of church involvement

has decreased over the years.

> "Churches used to be the place where everything happened at church.
> Now people just don't go to church."

The diminished role of the church may be related to the disintegration of family structure

in Clarksdale.

> "Parents [are] now much younger and all they think about is what I want,
> what am I going to get me. Rather than putting my child's needs- do I have
> time for my child. To me parenting is the problem."

With younger parents, the family unit has also changed leading to changes in other areas

of the community.

> "The family structure now has become a one parent. And right now, you
> have parents who are 8th grade, I said 8th grade dropout or maybe a 7th
> grade dropout, okay, they can't read and do that math that the children
> have. And so I'm saying that the home structure has changed and that
> makes the education system also change too."

A number of participants identified the education system as a major contributing factor to the current problems in Clarksdale.

> "It seems as if all of the teachers they need a bit more classroom management, you know, that's what they need."

The education system is an important community resource that is lacking in effectiveness due to a lack of discipline. One participant recalls her education as a child:

> "Back then, what the teacher said went, there was no argument, no nothing. It was well disciplined. A lot of learning going on, and I always told them, if I got a whipping at school, I got another one when I got home. Because they would send letters home to your parents saying 'your child misbehaved today, she had to be spanked.' You know, they would just let your mama know. And first thing, my mama was an educator too, was 'what did you do?' Well, she got this note already sent, so you better tell the truth because she's going to believe the note over you anyways. And then you got another one, I'm not sending you to school. But parents today are much younger. They dropped out. And they're not training the children, the children are just sort of being born and raising themselves".

A lack of community resources through community-wide citizen involvement, stable family environments, and quality education has contributed to many social problems, such as a high crime rate.

> "Children who wanted to come back home are not coming because of our crime-this is the number one problem."

Clarksdale also has a struggling economy and many people rely on government assistance.

> "See children for too long have seen their parents go to the mailbox and get the check out. That has crippled America, and that is some of the reason the crime is so high…People feel the checks coming... Right, right, right. The giveaways, they have no respect for earning their own living. They have no respect for people."

The same participant reflects on her upbringing and how her family environment shaped

her views and attitudes toward government assistance.

> "I can never thank my father and mother enough for teaching us to live
> without using government subsidy".

Rebuilding Community. The final theme that emerged from the data relates to

rebuilding the community of Clarksdale through collaboration.

> "But I think the whole thing is collaboration, get rid of the turfism and you
> got to build trust. That is really important."

Another participant expresses a similar viewpoint and calls for more communication and

involvement from members of the Clarksdale community.

> "I see things that people can do, if we would do them together and what an
> accomplishment would happen if we would do it together."

Working together toward a better community does not have to be through "formal

volunteering" alone, in fact informal volunteering plays a big part in promoting

community cohesiveness,

> "So that's why every time I got to an organization, I said, people don't
> have to belong to something to volunteer you know".

Three subthemes emerged related to increasing the sense of community; role modeling

volunteer behavior, creating a positive family environment, and making changes to the

education system. All of our participants had role models who demonstrated altruistic

behavior; this is missing today for the most part in younger families. The following quote

illustrates the description of one participant growing up:

> "I think it has to be a thing where you show them. My mama showed us,
> you know, we were working right along beside her and doing volunteer
> work. And that's going to have to be what you do the next generation. You
> got to model the behavior for them, you've got to take them. I talk to my

parent, like when they're out for breaks, take them and let them do something at church. Or let them volunteer in the community, let them do something for a senior citizen within their neighborhood."

The participant's parents passed down the importance of volunteering to them, and likewise they have passed down volunteering behaviors to their children. For example, on participant talked about her daughter and son-in-law,

"They take on to the community, they look up these people just like we did-who is it that needs you, you know, and what is it you can do to help them. That's the way of life in the Maiden family."

A positive family environment involves not only being a role model for helping behavior, but also being present in a child's everyday life. One participant describes how life is different today:

"It may be the same problems we had when we came 'long but we had parents who were more involved in our lives."

Another participant recalled there was always someone in the house, whether it was a grandmother, aunt, or friend, and there was always discussion among the neighbors about where the children were. Today, there is nobody around when kids are at home and there is no communication between neighbors. When parents are engaged in children's lives, they're able to instill in them the values that seem to be missing in some of today's youth.

"When time came to go to school, we would go, He (father) would say that you have to go to school, you have to go to church, you have to respect the elderly, you have to do the necessary volunteering for the people around you that need you".

Finally, when a parent is present in the lives of their children, they can help guide them through difficult situations. One participant describes her viewpoint.

"And if we want these children to change, somebody got to do something positive for them to sort of push them in that direction of change. If we

just constantly leave them in a rut, they're going to stay in that rut. And they won't be able to rise above the situation. You've got to sort of push them a little and show them that there's something different out there, there's something better than what they have, so you can begin to work towards that goal. That I can be better than what I am."

Education was identified as another area that can contribute to rebuilding the community. Interviews revealed that the curriculum in schools should be more relevant to better engage the students.

"I think seriously we need to revamp our beginning curriculum, educational curriculum, and we need to have more in them that's going to benefit that child... Now I know he needs to know how to count, how to add subtract and all of this, but it ought to be put into meaningful terms for him so that he will understand They leave out of there not understanding why one plus one equals two. The curriculum needs to be revamped according to the needs of this section of the country. They cannot make us do what they are doing in New York and (expect that) our children will progress. We go to find out what it is they need here…."

The same participant describes that in her school-aged years the teachers knew the families well and were part of the community. Presently, the lack of collaboration between teachers and families seems to lead to the discipline and productivity challenges in the school system. The difficulties this community must overcome to rebuild are reflected in each of the participants' stories, and their unique volunteer experiences have contributed a wealth of knowledge that can help lead the community on a path of rebuilding.

Quantitative data analysis:

Quantitative survey data was obtained for the purpose of corroborating the qualitative findings. Although the survey was completed by 60 individuals only 45 surveys were used in this study. This decision was made so that the survey respondents

shared comparable characteristics to the qualitative study participants. The participants

characteristics are as follows: (1) all participants had at a minimum baccalaureate degree;

(2) religiosity was unanimously identified; (3) a majority (82.2%) were married, in the

past or present and only 17.8% of women identified themselves as single. The

participants volunteered a total of 21.9 hours per week with 9.8 hours in formal

volunteering and 12 hours in informal volunteering activities.

The VFI survey results are summarized in Figure 1. It shows the comparative

rankings between the reasons why people volunteer and the outcomes of volunteering. As

seen in Figure 1, survey questions were representative of seven categories: career,

protect, enhance, social, understand, values and satisfaction. With the exception of

satisfaction, all six categories' questions were further categorized as reason to volunteer

or an outcome of volunteering. The score was calculated as prescribed by the inventory-

scoring sheet. The percent of agreement for each of the categories reported above in

Figure 1 was obtained by dividing the total for each category by the highest score of 35

that is obtainable on the inventory. The three main reasons or motivations for people to

volunteer were their values that included giving back to their community, their need to

understand their community better, and the social aspects of volunteering. The outcomes

of volunteering paralleled the reasons for volunteering but, as shown in the figure, were

consistently ranked much lower. The top three categories, values, understanding and

social, were the same as those for reasons for volunteering. In addition enhance category,

which captures the person's desire to grow psychologically through volunteering, was

also ranked high. These lower magnitudes in the rankings for outcomes are in agreement

with the qualitative findings in which all participants had a very difficult time identifying the benefits they accrued from volunteering. Despite the low scores for perceived benefits, satisfaction derived from volunteering was ranked highly by nearly 93% of participants.

Chapter 5: Discussion

Individual Factors of Volunteering

Data triangulation of qualitative and quantitative results reveals a strong

relationship with personal values and motivations for volunteering. The theme of

personal beliefs and values emerged throughout the qualitative interviews and included

sub themes of care and compassion for others, social responsibility, and being guided by

faith. Altruism was one of the major factors that contributed to the interview participant's

volunteerism. They often expressed that they felt the community needed a role model.

This finding is supported in the literature on volunteerism in the non-white populations.[2]

Volunteering for altruistic reasons has been shown to positively impact the likelihood a

person will continue to volunteer.[20] This may explain why this study's participants have

sustained their volunteering efforts in their communities for several decades, and

continue to do so.

Many of our qualitative interview participants had a strong sense of social

responsibility to their communities. They grew up in an era of intense and blatant racial

segregation, witnessed and participated in the Civil Rights efforts, and were therefore

influenced by the politics of their times. They were witness to the collective struggles of

their people, and feel great pain to see the present situation in their community. The

survey results also found a strong motivation for volunteering to be the desire for a

greater understanding of the community. Research has found that older adults report a

sense of obligation towards volunteering within their communities.[20,40] Many of our

interview participants stated that they volunteered due to a sense of spiritual commitment

and obligation to do God's work. Research has shown that time spent with religious activities is positively correlated with time spent formally volunteering.[4,16]

Although the interview participants had a very hard time articulating what they perceived as benefits to volunteering, they reported unintended gains to their health and wellbeing. The interview participants experienced enhanced physical well-being benefits from volunteering which included a sense of feeling young and energized. A study by Van Willigen[8] found that older adult volunteers report 2.5 times greater perceived health than younger adult volunteers.

Enhanced psychological wellbeing was also reported by participants as an unintended gain to health and wellbeing. They reported increases in alertness and sense of free conscience, which were gained through volunteering. In addition, our survey results found that with increasing age, a desire for enhanced psychological wellbeing becomes an important motivator to volunteering. Psychological benefits from volunteering have also been shown in the research. It has been found that life satisfaction is higher for older adults who volunteer compared to older adults who do not volunteer.[8] Our survey results also found that satisfaction was the largest benefit gained through volunteering.

Enhanced psychosocial wellbeing was reported by our interview participants as an unintended gain of volunteering. The survey results also found that enhancing social relationships was a strong motivator to volunteering. A study by Kuehne and Sears[7] found that older adults were motivated to volunteer due to psychosocial factors such as

the desire to meet new people, learn new things, keep busy, feel needed, and continue the "work role".

Community Factors of Volunteering

Our qualitative research exploring the reasons for volunteering developed three themes and several sub themes, which are similar to the current research. Inescapable racial inequality is a theme that percolated across participants and throughout the interviews. They reported this racial segregation as a motivation to volunteer and make a difference in their community. Growing up in the rural South, interview participants all had the lived experience of racial segregation. This was evident in their references to racism, and racial segregation being the reason that the African-American community members are deprived of community resources. Participants found the racial issues of the present times to be strong motivators to volunteer and make a difference for their people. A qualitative study by Slevin[25] examined the motivations of unpaid community work of retired African-American women. A major theme in this study was how these women started their lifelong volunteer work through the need to fight for racial equality before the civil rights movement.[25] This resonates very well with our study results. A strong undercurrent of the present consequences of segregation on the Black community was evident across participants. They reported this as a chronic and persistent barrier the community faces that they have been fighting against for as long as they remember. Participants state that a continued lack of community resources and volunteering has maintained a sense of segregation within the community, which is perpetuated through fear. Many people are afraid to volunteer or integrate within the African-American

community due to perceived fear of the violence. These characteristics of withdrawal, avoidance, and hypervigilence apparent in the Clarksdale community residents were found to be related to PTSD type symptoms in a study[58] looking at a low-income urban African American community. Gapen and colleagues[58] found that neighborhood disorder and a lack of community cohesion are related to these PTSD type symptoms. In disadvantaged communities, distrust arises when citizens perceive a threat but don't feel they have power over the threat; this may also contribute to developing symptoms similar to PTSD.

The loss of community that characterizes the current situation is likely due to decreased community involvement, diminished role of church, disintegration of family structure, and resource deficits and social issues. Interview participants felt that less people are becoming involved in the community leading to an increase of problems in the community and an increased need for volunteers. A study by Omoto and colleagues[34] found that older adults felt more obligated to help society and had a greater commitment to volunteering than younger adults. Decreased role of the church was reported by interview participants as contributing factors to the community issues faced today. Research has found that the amount of time spent doing religious activities is positively correlated with time spent volunteering.[4,16]

Interview participants also reported the strong disintegration of family structure as a contributor to the community problems. A study by Mbanaso[26] found that grandparents were the most likely to be caretakers in African American homes. Over half of children living with grandparents have trouble in school including behavior issues and academic

deficiencies.[27] The interview participants identified resource deficits and social issues as contributing to community problems. A study by Nagin et al.[59] suggests that children of adolescent moms are more likely to experience criminal behavior because of a lack of resources and poor role-modeling behaviors by the parent. More recently, Murray and colleagues[60] identified low socioeconomic status as a risk factor for subsequent criminal problems in a UK cohort. This correlation has been found in previous research and is influenced by the children's lack of participation in education, depression and marital stress of the parents, and inadequate parenting including a poor relationship with the children.[60]

Rebuilding community was another theme that emerged through our qualitative research investigation and is supported by the current research. It has been suggested that strong social ties and a cohesive community can protect against the negative "post traumatic stress" like symptoms of living in a disadvantaged neighborhood.[58] Rebuilding the community toward a more cohesive and collaborative neighborhood will require changes in multiple areas. The sub-theme of role modeling and mentoring that emerged was described by participants as a solution for rebuilding the community through volunteering. Slevin[25] found a similar theme; positive role modeling and mentoring along with an overall close-kit community during childhood contributed to volunteer motivations and contributions later in life.

A positive family environment was also discovered as a sub theme relating to solutions for rebuilding the community through volunteering. Our interview participants reported that the current community issues caused by the disintegration of family

structure could be solved by providing a positive family environment in which kids can grow up. A study by Paradis et al.[61] found that positive family relationships during adolescence is associated with healthy mental and social functioning later in adulthood. Improving education was also discovered as a sub theme related to community solutions, which could be accomplished through volunteering. A better educational system could produce young adult graduates who are more likely to volunteer in order to help improve their community. Research has found that more education is positively associated with volunteering,[3,18] and higher levels of education are associated with more formal volunteering.[4]

Limitations

The researcher who performed the interviews has spent a substantial amount of time in the community over several years and has developed strong relationships with some of the participants of the study. This allowed for open sharing of information by study participants; it is likely that the relationship influenced their participation in the study. This pre-existing relationship may have allowed for more thorough and in-depth responses to interview questions rather than being a limitation.

However, we controlled for any potential biases by student researchers who had no previous exposure to this community. While the faculty advisor guided the process of data analysis, the student researchers independently performed the data analysis, before engaging the faculty member in the process. Our study was done in a small rural community with distinct characteristics that may not apply to most other communities. In other words, the data is stated in a specific socio-cultural context. The community studied

has a racially segregated population that is made up of predominately children or older

adults, with very few middle-aged adults present. Due to the unique characteristics of this

community, a potential limitation of our study includes lack of generalizability.

Additionally, secondary to the research participants living in a small community we have

a relatively low number of participants in both the quantitative and qualitative

components of our research. The qualitative component of this research project had six

participants and the quantitative component of this research had 60 respondents. One

limitation of the quantitative survey component was that some participants did not fill in

the survey completely. In order to correct for this, if a question was not answered we used

the average score for this question as their response.

Lastly, a limitation to our study is the lack of data collection on non-verbal

communication during the interviews. The interview process included tape recording of

the interview session but did not include video or any written notes on participants' non-

verbal communication such as body language. This non-verbal communication could

have potentially influenced data analysis including coding and theme discovery through

unspoken meaning or emphasis.

Further Research

Several implications for further research were identified throughout this process.

A few ideas for future research include:

- Increase the study participants from a wider variety of volunteer settings to

    examine if health benefits span all participants despite the variety of volunteer

    settings.

- A similar study that focuses on formal vs. informal volunteering in this
  community to identify differences between groups.

- A research study on non-volunteers with a similar interview process that would all
  deductive coding to identify barriers to participation in volunteer activities.

Chapter 6: Conclusion

In summary our study demonstrated that volunteerism is mutually beneficial for both the volunteers and the community in need. Additionally, our research indicates that there are unintended health benefits experienced by persons who volunteer. Our participants described benefits that spanned physical, psychological, and psychosocial wellbeing. The benefits of volunteering extend beyond physical health and effect volunteers in a multifaceted manor. Benefits include increased energy and alertness; improved sense of life balance and fulfillment, as well as enhanced life purpose and sense of belonging. As physical therapists, we can and should consider the role that volunteerism and community engagement have on promoting increased health and wellness throughout our patient populations.

Additionally, as physical therapists it is our duty and responsibility to volunteer and endorse services that will promote the general wellbeing of society. The American Physical Therapy Association (APTA) has set forth core values that should be used to guide the profession as a whole. These core values include: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.[62] According to the APTA[62], accountability could include action that helps in achieving society needs and/or goals surrounding healthcare. Altruism includes placing the needs of others before your own personal needs without benefit to yourself. Social responsibility includes advocating for health and wellness throughout society.[62] Throughout these core values and our APTA code of ethics we see a connection between volunteer work and our role as healthcare providers in promoting health and well-being for society. As such, our

profession and we as practitioners of physical therapy should place a high importance on being involved in community volunteer services.

Table 1: Themes and Sub-themes from Qualitative Analysis

Theme	Subtheme
Personal Beliefs and Values	Care and Concern for Others Social Responsibility Guided by Faith
Unintended gains to health and wellbeing	Enhanced physical wellbeing Enhanced psychological wellbeing Enhanced psychosocial wellbeing
Inescapable Racial Inequality	Previous experiences of segregation Current consequences of segregation
Loss of Community	Decreased Community Involvement Diminished role of church Disintegration of family structure Resource deficits and social issues
Rebuilding Community	Role Modeling Positive Family Environment Education

Figure 1: Reasons and Outcomes for Volunteering
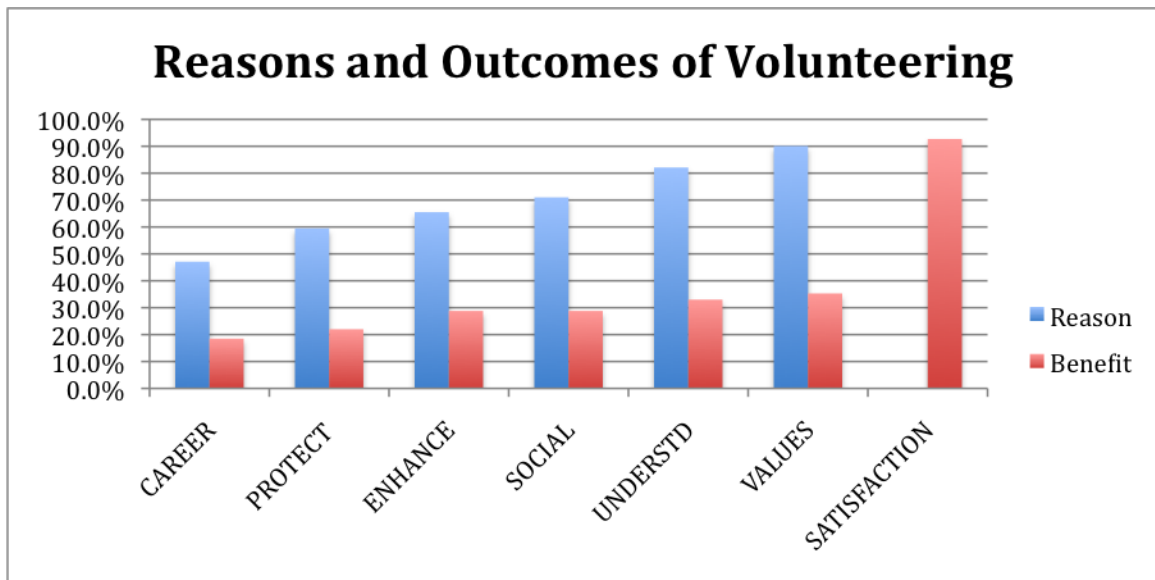
Appendix A: Semi-Structured Interview Guide

1. When did you start volunteering? Tell me about your volunteering experiences.
2. Can you describe the volunteering work you have done in the past? What are your current volunteering activities?
3. What motivates you or makes you volunteer your time to your community? Do you think these reasons for volunteering have changed over the years? If so, how have they changed?
4. Do you benefit in any way from volunteering? Can you describe how you think volunteering helps you?
5. Do you think volunteering in any way keeps you healthy and feeling good? Tell me some ways it has specifically helped your health and well-being?
6. What are some of the challenges you have to deal with as a volunteer? How do you address these challenges?
7. Can you suggest how we can help the younger members of this community to volunteer in this community?

Appendix B: Code Sheet

Thematic Framework Volunteering Study

Category description	Code names
Category #1 – Demographics: -DEMO Includes demographic information that would be included under "participant" description in the results section.	
1. Age, marital status, where live, reason for cessation, when stopped, number of children and where they live, etc.	1. –DEMO
Category #2 – Religion: -REL Description: Includes formal and informal religious attitudes.	
Subcategories 1. Spirituality	1. –REL-SPIR
2. Obligation towards church	2. –REL-CHUR
3. Obligation towards God	3. –REL-GOD
4. Social church group	4. –REL-SOC
Category #3 -Values - VAL Description: Includes humanitarianism, helping less fortunate, good of humanity, altruism, family needs, helping community	
Subcategories 1. Humanitarianism/helping less fortunate/good of humanity, altruism	1. –VAL-ALTR
2. Commitment to community	2. –VAL-COMM
3. Family	3. –VAL-FAM
4. Culture	4. –VAL-CULT
Category #4 – HEALTH- HEA Description: Includes physical and mental health	
Subcategories 1. Improve symptoms of chronic health conditions	1. –HEA-CHRON
2. Improve self-rated health	2. –HEA-SELF
3. Decrease functional dependency/physical limitations	3. –HEA-FUNC

4. Improve mental/psychological health (i.e. depression)	4. –HEA-PSYCH
5. Increase Energy	5. –HEA-ENERG
6. Active/healthy aging	6. –HEA-AGE

Category #5 – Wellbeing-WELL	
Description: Includes life satisfaction, reducing negative feelings, addressing personal problems	

Subcategories	
1. Happiness/joy	1. –WELL-HAPP
2. Improve life satisfaction	2. –WELL-SAT
3. Improve self-esteem	3. –WELL-EST
4. Improving or developing one's own spirituality (through volunteering)	4. –WELL-SPIR
5. Sense of purpose/feeling needed	5. –WELL-PURP
6. Rewarding	6. –WELL-REW

Category #6 – LEARNING OPPORTUNITIES EXPERIENCE-LEAR	
Description: Includes vocational motivations and learning motivations	

Subcategories	
1. Vocational training/developing career skills	1. –LEARN-VOC
2. Learning/acquiring knowledge (about self, community or world)	2. –LEARN-KNOW

Category #7 – Social-SOC	
Description: Includes making friends, social influences, opportunities to interact in a social environment	

Subcategories	
1. Making new friends	1. –SOC-NEW
2. Strengthening social relationships/volunteering with friends	2. –SOC-STREN
3. Gaining a sense of community/to get involved in the community	3. –SOC-COMM

Category # 8 – Material –MAT	
Description: Includes stipends/free lunches/free transportation etc. and resume building motivations (meeting requirements for work or school)	

Subcategories	
1. Stipend (money, food, transportation, gifts, services)	1. –MAT-STIP
2. Resume builder (references, meeting requirements)	2. –MAT-RES
3. Recognition	3. –MAT-REC

Category #9 - Community Issues-COMM
    Description: participants views on changes to their community that they have witnessed over their lifetime and insights into root causes of the problem and potential solutions

Subcategories	
1. PRESENT situation (social issues like teen pregnancy, crime, unemployment, etc)	1. –COMM-PRE
2. Causes for issues	2. –COMM-CAU
3. Solutions/Strategies	3. –COMM-SOL

Category # 10 - Life Experience -LIFE
    Description: experiences that have shaped who the person is

Subcategories	
1. Family Values (work ethic, responsibility, caring for community-volunteering, faith/religion, emphasis on education)	1. –LIFE-FAM
2. Historical events (i.e. history tied to family or events within society)	2. –LIFE-HIST
3. Educational Experiences	3. –LIFE-EDUC
4. Community Life Experiences	4. –LIFE-COMM
5. Race Relations (past vs present)	5. –LIFE-RACE (past vs present)

Category # 11 - Personal Characteristics -PERS
Description: Personality attributes

Subcategories	
1. Leadership (follow-through, risk taking, determination)	1. –PERS-LEAD
2. Spiritual self (how they see themselves as spiritual wellbeing-its who they are)	2. –PERS-SPIR
3. Compassion/Caring	3. –PERS-COMP

Appendix C: Volunteerism Questionnaire

Your organization is involved in a project related to volunteer's reasons and experiences with volunteering. On the following pages are two sets of items that concern your experiences as a volunteer with this organization. The first set, Reasons for Volunteering, presents 30 reasons that people volunteer and asks that you indicate how important each reason is for you for your volunteering at this organization. The second set, Volunteering Outcomes, presents 18 outcomes that can result from volunteering and asks that you indicate whether you have experienced each outcome. You do not need to put your name on the questionnaire.

Reasons for Volunteering

Using the 7-point scale below, please indicate how important or accurate each of the following possible reasons for volunteering is for you in doing volunteer work at this organization. Record your answer in the space next to each item.

Not at all important/accurate for you 1   2   3   4   5   6   7 Extremely important/accurate

Rating
__ 1. Volunteering can help me get my foot in the door at a place where I'd like to work
__ 2. My friends volunteer.
__ 3. I am concerned about those less fortunate than myself.
__ 4. People I'm close to want me to volunteer.
__ 5. Volunteering makes me feel important
__ 6. People I know share an interest in community service.
__ 7. No matter how bad I've been feeling, volunteering helps me to forget about it.
__ 8. I am genuinely concerned about the particular group I am serving.
__ 9. By volunteering, I feel less lonely.
__ 10. I can make new contacts that might help my business career.
__ 11. Doing volunteer work relieves me of some of the guilt over being more fortunate than others.
__ 12. I can learn more about the cause for which I am working.
__ 13. Volunteering increases my self-esteem.
__ 14. Volunteering allows me to gain a new perspective on things.
__ 15. Volunteering allows me to explore different career options.
__ 16. I feel compassion toward people in need.
__ 17. Others with whom I am close place a high value on community service.
__ 18. Volunteering lets me learn through direct "hands on" experience.
__ 19. I feel it is important to help others.
__ 20. Volunteering helps me work through my own personal problems.
__ 21. Volunteering will help me succeed in my chosen profession.
__ 22. I can do something for a cause that is important to me.
__ 23. Volunteering is an important activity to the people I know best.
__ 24. Volunteering is a good escape from my own troubles.
__ 25. I can learn how to deal with a variety of people.
__ 26. Volunteering makes me feel needed.
__ 27. Volunteering makes me feel better about myself.

__ 28. Volunteering experience will look good on my resume.
__ 29. Volunteering is a way to make new friends.
__ 30. I can explore my own strengths.

Volunteering Outcomes

Using the 7-point scale below, please indicate the amount of agreement or disagreement you personally feel with each statement. Please be as accurate and honest as possible, so we can better understand this organization.

Strongly Disagree   1 2 3 4 5 6 7   Strongly Agree

Rating
__ 31. In volunteering with this organization, I made new contacts that might help my business or career.
__ 32. People I know best know that I am volunteering at this organization.
__ 33. People I am genuinely concerned about are being helped through my volunteer work at this organization.
__ 34. From volunteering at this organization, I feel better about myself.
__ 35. Volunteering at this organization allows me the opportunity to escape some of my own troubles.
__ 36. I have learned how to deal with a greater variety of people through volunteering at this organization.
__ 37. As a volunteer in this organization, I have been able to explore possible career options.
__ 38. My friends found out that I am volunteering at this organization.
__ 39. Through volunteering here, I am doing something for a cause that I believe in.
__ 40. My self-esteem is enhanced by performing volunteer work in this organization.
__ 41. By volunteering at this organization, I have been able to work through some of my own personal problems.
__ 42. I have been able to learn more about the cause for which I am working by volunteering with this organization.
__ 43. I am enjoying my volunteer experience.
__ 44. My volunteer experience has been personally fulfilling.
__ 45. This experience of volunteering with this organization has been a worthwhile one.
__ 46. I have been able to make an important contribution by volunteering at this organization.
__ 47. I have accomplished a great deal of "good" through my volunteer work at this organization.
48. One year from now, will you be (please circle your best guess as of today):
A. volunteering at this organization.
B. volunteering at another organization
C. not volunteering at all.

Appendix D: Demographic Information

Circle your answer on appropriate item

Age: Below 30   31-40 years   41-50 years   51-60 years   61-70 years   70 plus

Education completed (check one):
____ Less than high school
____ High school
____ Some college or associate degree
____ Bachelor's degree or higher

Relationship status: Single   Married   Divorced   Widowed
With Partner

Employment status: Unemployed   Employed   Retired   Post-retirement work
Other:_____

Family Income: Less than 20,000   20,000-40,000   40,000+

Religiosity: Do you attend church, read scriptures, pray, volunteer at church events, etc.?
            Yes   No

Do you consider yourself a religious person?   Yes   No

Do you consider yourself a spiritual person?   Yes   No

Typically, how often do you participate in religious activities?

Daily   Weekly Twice a month Monthly   Rarely   Never

Time spent (hours per month) volunteering with organization (formal):

0   1-4   5-10   11-20   21-30   Greater than 30 hours

Time spent (hours per month) helping family or friends (informal volunteering):

 0   1-4   5-10   11-20   21-30   Greater than 30 hours

Health Status: poor   fair   good   excellent

Physical limitations: yes   no
If yes, please briefly explain:
_____

Appendix E: Informed Consent Form

Volunteerism in African American Women in a Rural Community
INFORMATION AND CONSENT FORM**

Introduction:
You are invited to participate in a research study investigating volunteering. Dr. Gupta, and her graduate research students (Danielle Glenn; Melissa Danielson; Kayla Clafton; & Samual Vukov) in the Doctor of Physical Therapy Program at St. Catherine University are conducting this study. You were selected as a possible participant in this research because of your involvement with the volunteering activities in the Clarksdale community. Please read this form and ask questions before you agree to be in the study.

Background Information:
The purpose of this study is two-fold:
(1) To explore the motivations for volunteering in African-American women in a rural community
(2) To understand the function, meaning and benefits of volunteering to volunteers

Procedures:
If you decide to participate, you will be asked to
1. Complete a survey on volunteering.
2. It will take approximately 20-30 minutes to complete the survey.
3. After you sign the consent form, you will complete the survey and put it in the envelope and seal it.

The study has no perceivable risks as far as we can tell. We will be asking you to (a) complete a survey instrument, which is a general questionnaire on volunteering. There are no questions of a probing nature. "There are no direct benefits to you for participating in this research." Your contribution will enhance our understanding of volunteerism in this community.

Confidentiality:
Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, information will not be attributable to any individual. I will keep the research results on a secure computer and only the researchers named in this form will have access to the records while we work on this project. We will finish analyzing the data by end of Fall 2013. We will then destroy all original reports and identifying information that can be linked back to you.

Risk/Benefit Ratio:
The survey questions do not ask information that is of a deeply personal nature but is rather aimed at understanding motivations for volunteering in the community. The benefits to the community from this work is that culturally appropriate strategies and training modules can be developed for engaging young adults in continuing the tradition of volunteering demonstrated by the community adults and older adults.

Voluntary nature of the study:
Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with the DPT Program or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:
If you have any questions, please feel free to contact Jyothi Gupta at 612-559-4560 or email me at jgupta@stkate.edu. You may ask questions now, or if you have any additional questions later, I will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739. You may keep a copy of this form for your records.

Statement of Consent:
You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

_____

For survey participants:
I consent to participate in the study: Yes No

_____

Signature of Participant Date

_____

Signature of Researcher Date

References

1. United States Department of Labor. American Time Use Survey. Bureau of Labor Statistics. October 23, 2013. Available at http://www.bls.gov/tus/charts/voluntee r.htm. Accessed November 13, 2013.

2. Hwang M. Why get involved? Reasons for voluntary-association activity among Americans and Canadians. *Nonprofit & Voluntary Sector Quarterly*. 2005;34(3):387-403.

3. Tang F, Morrow-Howell N, Hong S. Institutional facilitation in sustained volunteering among older adult volunteers. *Soc Work Res*. 2009;33(3):172-182.

4. Taniguchi H, Thomas L. The influences of religious attitudes on volunteering. *Voluntas: International Journal of Voluntary & Nonprofit Organizations*. 2011;22(2):335-355.

5. Chambré SM. Volunteerism by elders: Past trends and future prospects. *Gerontologist*. 1993;33(2):221-228.

6. Department of Health and Human Services. Aging Statistics. Administration on Aging. 2012. Available at http://www.aoa.gov/AoARoot/(S(2ch3qw 55k1qylo45dbihar2 u))/Aging_Statistics/index.aspx. Accessed February 12, 2014.

7. Kuehne VS, Sears HA. Beyond the call of duty: Older volunteers committed to children and families. *Journal of Applied Gerontology*. 1993;12(4):425-438.

8. Van Willigen M. Differential benefits of volunteering across the life course. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*. 2000;55(5):S308-S318.

9. Tan EJ, Rebok GW, Yu Q, et al. The long-term relationship between high-intensity volunteering and physical activity in older African American women. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*. 2009;64B(2):304-311.

10. Barron JS, Tan EJ, Yu Q, Song M, McGill S, Fried LP. Potential for intensive volunteering to promote the health of older adults in fair health. *Journal of Urban Health*. 2009;86(4):641-653.

11. Borgnovi F. Doing well by doing good. the relationship between formal volunteering and self-reported health and happiness. *Soc Sci Med*. 2008;66(11):2321-2334.

12. Clarksdale, Mississippi. City-Data.com. 2013. Available at http://www.city-

data.com/city/Clarksdale-Mississippi.html. Accessed February 12, 2014.

13. Amanda Noss. Household Income for States: 2010 and 2011. United States Census Bureau. September 2012. Available at http://www.census.gov/prod /2012pubs/acsbr11-02.pdf. Accessed February 12, 2014

14. Clarksdale, Mississippi Poverty Rate Data. City-Data.com. 2009. Available at http://www.city-data.com/poverty/poverty-Clarksdale-Mississippi.html. Accessed February 12, 2014.

15. Zweigenhaft RL, Armstrong J, Quintis F, Riddick A. The motivations and effectiveness of hospital volunteers. *J Soc Psychol*. 1996;36(1):25-34.

16. Wilson J, Musick M. Who cares? Toward an integrated theory of volunteer work. *Am Sociol Rev*. 1997;62(5):694-713.

17. Choi NG, Burr JA, Mutchler JE, Caro FG. Formal and informal volunteer activity and spousal caregiving among older adults. *Res Aging*. 2007;29(2):99-124.

18. Chacón F, Vecina ML, Dávila MC. The three-stage model of volunteers' duration of service. *Social Behavior & Personality: An International Journal*. 2007;35(5):627-642.

19. Matsuba MK, Hart D, Atkins R. Psychological and social-structural influences on commitment to volunteering. *Journal of Research in Personality*. 2007;41(4):889-907.

20. Son J, Wilson J. Using normative theory to explain the effect of religion and education on volunteering. *Sociological Perspectives*. 2012;55(3):474-499.

21. Gallagher SK. Doing their share: Comparing patterns of help given by older and younger adults. *Journal of Marriage & Family*. 1994;56(3):567-578.

22. Chambré SM. Volunteerism by elders: Past trends and future prospects. *Gerontologist*. 1993;33(2):221-228.

23. Komp K, van Tilburg T, van Groenou MB. Age, retirement, and health as factors in volunteering in later life. *Nonprofit & Voluntary Sector Quarterly*. 2012;41(2):280-299.

24. Tang F. Socioeconomic disparities in voluntary organization involvement among older adults. *Nonprofit & Voluntary Sector Quarterly*. 2008;37(1):57-75.

25. Slevin KF. Intergenerational and community responsibility: Race uplift work in the retirement activities of professional African American women. *Journal of*

Aging Studies. 2005;19(3):309-326.

26. Mbanaso MU, Shavelson J, Ukawuilulu J. Elderly African Americans as intragenerational caregivers. *Journal of Gerontological Social Work*. 2006;47(1-2):3-15.

27. Kelch-Oliver K. African American grandchildren raised in grandparent-headed families: An exploratory study. *Family Journal: Counseling and Therapy for Couples and Families*. 2011;19(4):396-406.

28. Hinterlong JE. Race disparities in health among older adults: Examining the role of productive engagement. *Health Soc Work*. 2006;31(4):275-288.

29. Musick MA, Wilson J, Bynum WB. Race and formal volunteering: The differential effects of class and religion. *Social Forces (University of North Carolina Press)*. 2000;78(4):1539-1570.

30. Mattis JS, Hope MO, Sutton RM, Udoh MS, Doucet F. Researching and facilitating African American global volunteerism. *Review of Faith & International Affairs*. 2012;10(1):29-36.

31. Tang F, Copeland VC, Wexler S. Racial differences in volunteer engagement by older adults: An empowerment perspective. *Soc Work Res*. 2012;36(2):89-100.

32. Sundeen RA, Garcia C, Raskoff SA. Ethnicity, acculturation, and volunteering to organizations: A comparison of African Americans, Asians, Hispanics, and Whites. *Nonprofit & Voluntary Sector Quarterly*. 2009;38(6):929-955.

33. Elshaug C, Metzer J. Personality attributes of volunteers and paid workers engaged in similar occupational tasks. *J Soc Psychol*. 2001;141(6):752-763.

34. Omoto AM, Snyder M, Martino SC. Volunteerism and the life course: Investigating age-related agendas for action. *Basic & Applied Social Psychology*. 2000;22(3):181-197.

35. Greenslade JH, White KM. The prediction of above-average participation in volunteerism: A test of the theory of planned behavior and the volunteers functions inventory in older Australian adults. *J Soc Psychol*. 2005;145(2):155-172.

36. Taniguchi H. The determinants of formal and informal volunteering: Evidence from the American time use survey. *Voluntas: International Journal of Voluntary & Nonprofit Organizations*. 2012;23(4):920-939.

37. Jones KS. Giving and Volunteering as Distinct Forms of Civic Engagement: The

Role of Community Integration and Personal Resources in Formal Helping. *Nonprofit and Voluntary Sector Quarterly.* 2006; 35(2): 249-266.

38. Warburton, J., Paynter, J., Petriwsky, D., Volunteering as a productive Aging Activity: Incentives and Barriers to Volunteering by Australian Seniors. *Journal of Applied Gerontology.* 2007; 333-354.

39. Morrow-Howell N, Hinterlong J, Rozario PA, Tang F. Effects of volunteering on the well-being of older adults. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*. 2003;58B(3):S137.

40. Okun MA, August KJ, Rook KS, Newsom JT. Does volunteering moderate the relation between functional limitations and mortality? *Soc Sci Med*. 2010;71(9):1662-1668.

41. Barg FK, Weiner MG, Joseph S, Pandit K, Turner BJ. Qualitative analysis of peer coaches' experiences with counseling African Americans about reducing heart disease risk. *J Gen Intern Med*. 2012;27(2):167-172.

42. Brown-Hunter M, Price LK. The good neighbor project: Volunteerism and the elderly African American patient with cancer. *Geriatr Nurs*. 1998;19(3):139-141.

43. Szendre EN, Jose PE. Telephone support by elderly volunteers to inner-city children. *J Community Psychol*. 1996;24(2):87-96.

44. Okun MA, Rios R, Crawford AV, Levy R. Does the relation between volunteering and well-being vary with health and age? *Int J Aging Hum Dev*. 2011;72(3):265-287.

45. Windsor TD, Anstey KJ, Rodgers B. Volunteering and psychological well-being among young-old adults: How much is too much? *Gerontologist*. 2008;48(1):59-70.

46. Mutchler J, Burr J, Caro F, From Paid Worker to Volunteer: Leaving the Paid Workforce and Volunteering in Later Life. *Social Forces.* 2003; 81(4):1267-1293.

47. Martinson M, Halpern J. Ethical implications of the promotion of elder volunteerism: A critical perspective. *Journal of Aging Studies*. 2011;25(4):427-435.

48. Folts WE. Introduction to the special issue on elderly volunteerism. *Educational Gerontology*. 2006;32(5):309-311.

49. Kim J, Kang J, Lee M, Lee Y. Volunteering among older people in Korea. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*.

2007;62B(1):S69-S73.

50. Rozario PA. Volunteering among current cohorts of older adults and baby boomers. *Generations*. 2006;30(4):31-36.

51. Scott JP, Reifman A, Mulsow M, Du F. Program evaluation of young at heart: Examining elderly volunteers' generativity. *Journal of Intergenerational Relationships*. 2003;1(3):25-33.

52. Cresswell, J. W., & Plano Clark, V. L. (2007). Designing and conducting mixed methods research. Thousand Oaks: Sage Publications.

53. Ritchie, J., & Spencer, L. (2004). In A. Bryman, & R.G. Burgess (Eds.). *Analyzing qualitative data* (pp. 172-194). London: Routledge.

54. Lacey A. and Luff D. Qualitative Research Analysis. The NIHR RDS for the East Midlands / Yorkshire & the Humber, 2007.

55. World Health Organization. International Classification of Functioning, Disability and Health (ICF). World Health Organization. 2001. Available at http://www.who .int/classifications/icf/icf_more/en/index.html. Accessed February 14, 2014.

56. Clary, E.G., & Snyder, M. The Functional Approach to Volunteers' Motivations. University of Notre Dame Science of Generosity. 1998. Available at http://generosityresearch.nd.edu/assets/13636/clary_snyder_volunteer_function_inventory_scale.p df. Accessed February 14, 2014.

57. Clary EG, Synder M, Ridge RD, Copeland J, Stukas AA, Haugen J, Miene P. Understanding and Assessing the Motivations of Volunteers: A Functional Approach. *Journal of Personality and Social Psychology*. 1998;74(6): 1516-1530.

58. Gapen M, Cross D, Ortigo K, et al. Perceived neighborhood disorder, community cohesion, and PTSD symptoms among low-income African Americans in an urban health setting. *Am J Orthopsychiatry*. 2011;81(1):31-37.

59. Nagin D, Pogarsky G, Farrington D. Adolescent mothers and the criminal behavior of their children. *Law and Society Review*. 1997;31(1):137-162.

60. Murray J, Irving B, Farrington DP, Colman I, Bloxsom CAJ. Very early predictors of conduct problems and crime: Results from a national cohort study. *Journal of Child Psychology & Psychiatry*. 2010;51(11):1198-1207.

61. Paradis AD, Giaconia RM, Reinherz HZ, Beardslee WR, Ward KE, Fitzmaurice GM. Adolescent family factors promoting healthy adult functioning: A longitudinal community study. *Child Adolesc Ment Health*. 2011;16(1):30-37.

62. APTA Board of Directors. Professionalism in Physical Therapy: Core Values. American Physical Therapy Association. August, 2003. Available at http://www.apta.org/uploaded Files/APTAorg/About_ Us/Policies/BOD/ Judicial/ProfessionalisminPT.pdf. Accessed January 12, 2014.