Effects of Volunteer Activity on Psychosocial Adjustment Among the Elderly

1987

William R. Criss

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THE EFFECTS OF VOLUNTEER ACTIVITY ON PSYCHOSOCIAL ADJUSTMENT AMONG THE ELDERLY

BY

WILLIAM ROBERT CRIS
B.A., East Tennessee State University, 1978

THESIS

Submitted in partial fulfillment of the requirements for the Master of Science degree in Clinical Psychology in the Graduate Studies Program of the College of Arts and Sciences University of Central Florida Orlando, Florida

Spring Term 1987
ABSTRACT

This research was carried out to determine if psychosocial adjustment improves for elderly persons engaged in volunteer activity. Questionnaires were completed by 27 persons aged 60 or over before and two months after beginning volunteer activity at one of 33 Florida community hospitals. A control group of 37 persons without hospital volunteer experience also completed these two questionnaires, which covered several aspects of psychosocial adjustment, including self-esteem, life satisfaction, sense of control, optimism, anxiety, depression and somatization. An analysis of covariance with repeated measures indicated that there was no significant improvement in subjective well-being associated with volunteer activity after accounting for the influence of background factors. Recommendations for future research include greater control over the variability of the volunteer setting and the importance of involving persons initially experiencing low levels of psychosocial adjustment, factors which may be responsible in this case for the lack of significant treatment effects.
ACKNOWLEDGEMENTS

Special appreciation is extended to Dr. R. Tucker for his time, patience and encouragement. Dr. W. Allen also shared his wide knowledge of community contacts and previous research. Dr. D. Kraemer was extremely generous in sharing his expertise in statistical analysis.
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CHAPTER I
INTRODUCTION

The problems of the elderly include the loss of important roles, declining health and income, and decreased opportunities to interact with others. These difficulties may affect psychological well-being through a reduced sense of one's worth and personal efficacy without involvement in meaningful behavior such as that provided by participation in volunteer organizations.

With advancing years, many sources of personal meaning are lost as important roles such as work, family-rearing, and marriage are given up, and the new role of retirement is ambiguous and lacks acceptance in the social structure. When the elderly feel they are living without purpose and are not needed, they may downgrade themselves and their contributions to others, and experience feelings of apathy and inadequacy (Butler, 1975).

When physical health is perceived as limited, activity and morale may decline. While stress and decreased psychological well-being have been linked with physical illness (Edwards & Klemmack, 1973), preoccupation with nonexistent illness frequently occurs in the elderly experiencing isolation and decreased self-esteem (Busse, 1982).

Low income was identified as the most genuine hardship reported by 64% of one group of elderly studied (Tissue, 1972), and morale was lowest for those experiencing income dissatisfaction. Additionally,
for older adults of all races, women outnumber men and constitute the most economically disadvantaged category of persons in the United States (Huth, 1983).

Another difficulty for the elderly which may result from financial decline or accompany the loss of important roles is the decreased opportunity for social interaction. Without friendships to share personal problems, there is an increased chance of psychiatric disorders (Kessler & McLeod, 1984). The average woman can expect almost two decades of late-life widowhood (Huth, 1983), this status being associated with low levels of morale (Hutchison, 1975). The elderly appear to benefit little from having adult children living nearby in terms of reduced loneliness (Keith, 1983). This is probably due to dissimilar concerns and interests or resentment by the children toward forced role reversal or their formal obligation to their parents (Arling, 1976).

Other limitations on interpersonal contact have existed. Personal networks may have been disrupted by pressured residential relocation (Damon, 1982), and difficulties with transportation (Berg & Dahl, 1978). The role of caretaker for disabled relatives living at home is most frequently assumed by middle-aged and elderly women (Shanas, 1979), and the extensive responsibilities restrict socialization when respite care services are not available. A survey of 5,811 elderly persons examined 19 variables and found loneliness to be the second best predictor of tranquilizer use (Eve, 1979).
While disengagement theory has claimed that declining social interaction is a predictable, inevitable pattern of aging that originates internally as a desired and preferred choice regardless of activity (Cumming & Henry, 1961), attributional research has interpreted this behavior as a reversible phenomenon caused by the environment in the form of avoidance of negative labeling by others and the over-attribution of problems to aging (Rodin & Langer, 1980).

Transnational research has indicated that elderly activity is not diminished by health difficulties until the individual is well into his seventies (Shanas et al., 1968) and volunteer opportunities can be found that are easily performed by the elderly (Babic, 1972). Other research has supported health satisfaction as a more important determinant than actual health status for the elderly (Maddox & Douglas, 1973).

Many studies have offered support for the value and benefits of volunteer activity for the elderly. Increased feelings of usefulness and accomplishment in providing service to others can result (Dye et al., 1973). Involvement in volunteer organizations may neutralize the negative effects of isolation and loneliness by meeting the socio-emotional needs of participants (Taietz, 1976).

The kinds of volunteer associations most frequently chosen by the elderly have been those where peer relations are present, as in age homogeneous groups (Trela, 1972) or in groups with one's own sex (Payne & Whittington, 1976), race (Clemente & Sauer, 1976), or socio-economic class (Riley & Foner, 1968). Participation has also been
more likely when types of organizations preferred by the elderly are available, such as church-affiliated, fraternal, and veterans' groups (Ward, 1979).

While the value of volunteer activity for the elderly has been studied extensively, much of this research has been descriptive, using a single assessment and providing only correlational data. With no examination of previous social activity or other on-going social interaction, several alternate explanations of increased morale exist. Increased satisfaction may have been present before participation in volunteer activity or due to a life-long pattern of increased activity, or some other on-going experience of social activity. Studies using similar correlational data have concluded that socio-economic status and perceived health, as factors strongly associated with elderly morale, allow increased participation in volunteer organizations (McLaughlin, 1983). Other research considered subjects already involved in volunteer activity (Grote & Baumhover, 1975), or focused on changes in participation (Graney, 1975), or without a measure of morale (S. Cutler, 1977). The question remains as to whether older persons with any level of income, educational background or self-perceived health can benefit from participation in volunteer activity in terms of subjective well-being.

A recent study by Hunter and Linn (1981) incorporated the most useful elements of three decades of research on elderly volunteerism and subjective well-being, along with limitations commonly found as well. A single structured interview was used to gather data for all
subjects, comparing a group of elderly persons currently involved in volunteer activity to a group with no interest in volunteer activity. Previous participation for both groups was unspecified. A hospital setting provided common experiences and uniformity of procedures for participants. Variables reflecting an indepth evaluation of self-perceptions and other factors associated with elderly morale were used. Since no differences between the groups were found on most demographic or background variables, participation in volunteer activity appeared to be responsible for increased optimism, perception of life satisfaction, and fewer reported symptoms. In summary, while Hunter and Linn considered elderly volunteers in an appropriate setting with a number of relevant measures when finding significant differences, a single evaluation of intact groups provides only correlational data and is insufficient for a conclusion about a causal relationship.

This research effort attempted to replicate the work of Hunter and Linn using a similar hospital setting and the same dependent variables, but with evaluation of additional related factors, such as self-perceived health, extent of previous social activity, and extent of concurrent interpersonal contact. A repeated measures design was used to detect the presence of a functional relationship between volunteer activity and subjective well-being for the elderly. Comparisons were made between persons participating in their first volunteer experience in at least three years and persons not engaged in volunteer activity and with similar previous inexperience.
If involvement in volunteer activity effects psychosocial adjustment for the elderly, the following changes are hypothesized:

1. Significant increases in satisfaction with life are expected for elderly volunteers.

2. Volunteers will experience an increased sense of status and worth which will be reflected in a measure of perceived self-esteem.

3. Significant increases are expected for volunteers in the area of one's perception of control over self and environment.

4. Optimism will increase significantly after the elderly participate in the volunteer activity.

5. Anxiety, depression and preoccupation with personal symptoms are expected to decrease for volunteers and increases will occur among the nonvolunteers.
CHAPTER II
METHODOLOGY

Subjects

All subjects in this study were 60 years of age or older, without volunteer experience in the past three years.

The experimental group was formed as interested persons applied for and were approved for volunteer status at one of 33 hospital auxiliaries around the State of Florida. Directors invited newly accepted volunteers to participate in this research project. There were 27 subjects for this group, 22 females and 5 males, after seven persons dropped out, one male and three females.

Subjects were obtained for the control group from seven residential complexes with high concentrations of elderly. Activity coordinators agreed to invite as many of their residents as possible to participate in the research. There were 37 persons to act as controls, 23 females and 14 males. Two persons dropped out of the study, one male and one female.

Materials

An information and release form was used to inform all subjects of the general purpose of the study and the right of participants to withdraw their involvement at any time in accordance with the ethical standards of the American Psychological Association (see Appendix A).
Along with the instructions for completing the questionnaire (see Appendix B) the six-page questionnaire itself was used to gather background and health-related information (see Appendix C) and to assess psychosocial adjustment (see Appendix D). In assessing psychosocial adjustment the 80 item questionnaire included 11 items from Rotter's Locus of Control Scale (1966) to measure internal versus external orientation. The Life Satisfaction Index-Z (Neugarten, Havighurst, & Tobin, 1961) provided 15 items and has been used more than any other measure of elderly morale. There were 20 items used to assess self-esteem that came from three different scales included in the Hunter and Linn study (Brown, 1961; Coopersmith, 1967; Rosenberg, 1965). Five items from Ellison's Will to Live Scale (1969) were used to evaluate the level of optimism among the elderly. Three factors from the Hopkins Symptom Checklist, anxiety, depression and somatization provided 29 items to measure symptomatology (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974).

Other factors considered as possible contributors to the outcome of this study included the following demographic and health-related data: age, sex, marital status, number of years in school or professional training, household composition, parental birthplace, religious feeling, perceived social status, extent of adult organizational involvement, extent of social interaction outside of volunteer activity, nature of retirement decision, diet, smoking behavior, alcohol consumption, stressful life events in past year, hospitalizations, prescribed medications, surgical history, ability to perform
various daily activities, experience with pain, and self-perceived health.

All questionnaires were distributed with stamped and addressed return envelopes.

Procedure

Initially, efforts were made to involve the cooperation of a volunteer auxiliary associated with a newly opening community hospital. This would have allowed the use of a single setting and over 70 first-time volunteers. Another desired experimental condition was the use of first-time volunteers who were low in morale before their volunteer activity. Unfortunately, these conditions were not possible due to the failure to secure the participation of an emerging auxiliary and the subsequently fewer number of subjects.

An alternate approach relied upon using as many different hospital auxiliaries as possible to obtain a sufficient sample size, and accepting all persons willing to participate in volunteer activity and this research as well.

To assure a sufficient number of new volunteers, supplemental recruitment strategies were employed. Community agencies responsible for seeking out new volunteers or having frequent contact with the elderly were asked to cooperate by referring those interested to hospital auxiliary programs in their area. Several radio and television stations ran public service announcements to encourage older persons to consider hospital volunteer activity. Six congregate meal sites for the elderly were visited, and these groups were told of the
need for older volunteers at hospitals, and the public transportation available to them.

Out of 40 hospital auxiliaries initially contacted, seven declined to participate. Directors of the remaining 33 hospital auxiliary programs agreed to invite newly accepted volunteers to cooperate with this research effort.

Both volunteers and nonvolunteers completed a pretest and a posttest questionnaire, two months apart. The experimental group began their involvement in volunteer activity immediately after completion of their first questionnaire, and the control group was asked only to complete the two questionnaires at the same time periods.

**Data Analysis**

Pre- and posttest measures of psychosocial adjustment along with background and health-related variables were collected for both groups of subjects. Analysis of covariance with repeated measures was used to determine if psychosocial adjustment changed significantly for volunteers compared to nonvolunteers after controlling for the influence of covariates.
CHAPTER III

RESULTS

Preliminary elimination of unrelated covariates measured once is possible when there are no differences of significance between groups (Anderson et al., 1980). This was accomplished using the $t$-test for continuous data and the chi-square analysis for noncontinuous variables. The IBM 4381 and the Statistical Package for Social Sciences (SPSS Inc., 1986) were used to make these comparisons. As can be seen in Table 1 and Table 2, of these variables only age was significantly different for the two groups. This covariate along with all 10 variables assessed twice were part of an analysis of covariance with repeated measures, using the Bio-Medical Data Package (University of California-Los Angeles, 1977) with the IBM 4381. Descriptive statistics calculated in the process for covariates measured twice and dependent variables are shown in Table 3 and Table 4. The analysis of covariance procedure was used to examine the data for the presence of significant differences between groups, between times or an interaction of the two, as well as any significant covariate influence. These results can be found in Tables 5 through 11.

To show the presence of a treatment effect resulting in one or more areas of increased psychosocial functioning, significant differences must be found between groups and over time, or at least a
TABLE 1
COMPARISON OF VOLUNTEERS AND NON-VOLUNTEERS ON CONTINUOUS DATA MEASURED ONCE

<table>
<thead>
<tr>
<th>VARIABLE</th>
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<th></th>
<th></th>
<th>NON-VOLUNTEERS</th>
<th></th>
<th></th>
<th>T-TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>MEAN</td>
<td>S.D.</td>
<td>N</td>
<td>MEAN</td>
<td>S.D.</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>26</td>
<td>67.35</td>
<td>5.93</td>
<td>35</td>
<td>74.94</td>
<td>8.23</td>
<td>-4.19*</td>
</tr>
<tr>
<td>Education in years</td>
<td>26</td>
<td>13.27</td>
<td>1.95</td>
<td>36</td>
<td>13.39</td>
<td>4.04</td>
<td>N.S.</td>
</tr>
<tr>
<td>Days hospitalized, past 6 months</td>
<td>27</td>
<td>.33</td>
<td>1.54</td>
<td>36</td>
<td>1.31</td>
<td>1.30</td>
<td>N.S.</td>
</tr>
<tr>
<td>Surgical operations, in lifetime</td>
<td>27</td>
<td>2.52</td>
<td>2.23</td>
<td>37</td>
<td>3.46</td>
<td>2.48</td>
<td>N.S.</td>
</tr>
</tbody>
</table>

Note. N.S. = not significant.

*p < .001.
<table>
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<tr>
<th>VARIABLE</th>
<th>VOLUNTEERS</th>
<th></th>
<th>NON VOLUNTEERS</th>
<th></th>
<th>χ²</th>
<th>N.S.</th>
</tr>
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<td></td>
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<td>MEAN</td>
<td>S.D.</td>
<td>N</td>
<td>MEAN</td>
<td>S.D.</td>
</tr>
<tr>
<td>Sex</td>
<td>27</td>
<td>1.82</td>
<td>.40</td>
<td>37</td>
<td>1.62</td>
<td>.49</td>
</tr>
<tr>
<td>Marital status</td>
<td>27</td>
<td>2.52</td>
<td>.58</td>
<td>36</td>
<td>2.42</td>
<td>.65</td>
</tr>
<tr>
<td>Parental birthplace</td>
<td>27</td>
<td>1.78</td>
<td>.42</td>
<td>37</td>
<td>1.76</td>
<td>.44</td>
</tr>
<tr>
<td>Religious feeling</td>
<td>27</td>
<td>3.41</td>
<td>.75</td>
<td>37</td>
<td>3.43</td>
<td>.99</td>
</tr>
<tr>
<td>Social class</td>
<td>27</td>
<td>2.89</td>
<td>.64</td>
<td>37</td>
<td>2.81</td>
<td>.62</td>
</tr>
<tr>
<td>Social participation</td>
<td>27</td>
<td>2.19</td>
<td>.68</td>
<td>36</td>
<td>2.50</td>
<td>.56</td>
</tr>
<tr>
<td>Retirement status</td>
<td>27</td>
<td>1.15</td>
<td>.46</td>
<td>37</td>
<td>1.49</td>
<td>.77</td>
</tr>
</tbody>
</table>

Note. N.S. = not significant. Sex scored 1 = male, 2 = female. Marital status scored 1 = single, 2 = widowed, 3 = married. Parental birthplace scored 1 = foreign born, 2 = born in the U.S. Religious feeling scored 1 = very religious, 2 = religious, 3 = somewhat religious, 4 = not very religious, 5 = not at all religious. Social class, perceived, scored 1 = lower, 2 = working class, 3 = middle, 4 = upper-middle, 5 = upper. Social participation scored 1 = seldom, 2 = occasional, 3 = frequent. Retirement status scored 1 = chosen, 2 = required, 3 = not applicable.
## TABLE 3

**COMPARISON OF VARIABLES MEASURED TWICE FOR VOLUNTEERS AND NON-VOLUNTEERS**

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>VOLUNTEERS</th>
<th>NON-VOLUNTEERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRETEST</td>
<td>POSTTEST</td>
</tr>
<tr>
<td></td>
<td>MEAN</td>
<td>S.D.</td>
</tr>
<tr>
<td>Diet</td>
<td>1.37</td>
<td>.49</td>
</tr>
<tr>
<td>Pain</td>
<td>1.81</td>
<td>.85</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>1.78</td>
<td>.64</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>1.33</td>
<td>.88</td>
</tr>
<tr>
<td>Self-care</td>
<td>1.00</td>
<td>.00</td>
</tr>
<tr>
<td>Self-perceived health</td>
<td>1.89</td>
<td>.58</td>
</tr>
<tr>
<td>Social contact</td>
<td>2.93</td>
<td>.27</td>
</tr>
<tr>
<td>Number in household</td>
<td>1.62</td>
<td>.57</td>
</tr>
<tr>
<td>Number of medications</td>
<td>1.41</td>
<td>1.74</td>
</tr>
<tr>
<td>Tmeds</td>
<td>1.85</td>
<td>.99</td>
</tr>
<tr>
<td>Stressful events</td>
<td>.41</td>
<td>.64</td>
</tr>
</tbody>
</table>

Note. Diet scored 1 = well balanced, 2 = somewhat balanced, 3 = very unbalanced. Pain scored 1 = none, 2 = mild, 3 = moderate, 4 = occasionally severe, 5 = always severe, 6 = always very severe. Alcohol and tobacco consumption are scored 1 = none, 2 = light use, 3 = moderate, 4 = heavy. Self-care scored 1 = very little or no help needed, 2 = occasional help needed, 3 = help needed regularly. Self-perceived health scored 1 = excellent, 2 = good, 3 = fair, 4 = poor, 5 = very poor. Social contact scored 1 = seldom, 2 = occasional, 3 = frequent. Tmeds scored 1 = no medications, 2 = one or two medications, 3 = three or four medications, 4 = five or six medications, 5 = seven or eight medications, 6 = nine or ten medications.
<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>VOLUNTEERS</th>
<th></th>
<th>NON-VOLUNTEERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRETEST</td>
<td>POSTTEST</td>
<td>PRETEST</td>
<td>POSTTEST</td>
</tr>
<tr>
<td></td>
<td>MEAN</td>
<td>S.D.</td>
<td>MEAN</td>
<td>S.D.</td>
</tr>
<tr>
<td>Locus of control</td>
<td>15.00</td>
<td>1.89</td>
<td>14.58</td>
<td>1.74</td>
</tr>
<tr>
<td>Optimism</td>
<td>6.36</td>
<td>1.79</td>
<td>6.73</td>
<td>2.88</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>30.22</td>
<td>4.99</td>
<td>30.00</td>
<td>3.90</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>37.96</td>
<td>4.73</td>
<td>37.59</td>
<td>4.72</td>
</tr>
<tr>
<td>Somatization</td>
<td>17.84</td>
<td>3.50</td>
<td>17.76</td>
<td>4.37</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7.77</td>
<td>1.77</td>
<td>7.35</td>
<td>1.55</td>
</tr>
<tr>
<td>Depression</td>
<td>16.16</td>
<td>3.61</td>
<td>14.92</td>
<td>3.52</td>
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## TABLE 5

**ANALYSIS OF COVARIANCE WITH REPEATED MEASURES: SELF-ESTEEM**

<table>
<thead>
<tr>
<th>COVARIATES</th>
<th>GROUP DIFFERENCE</th>
<th>PRE-POST DIFFERENCE</th>
<th>INTERACTION</th>
<th>FIRST COVARIATE</th>
<th>SECOND COVARIATE</th>
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<tr>
<td>Age</td>
<td>.7157</td>
<td>.2038</td>
<td>.5505</td>
<td>.2356</td>
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</tr>
<tr>
<td>Diet</td>
<td>.9509</td>
<td>.3961</td>
<td>.6418</td>
<td>.0455**</td>
<td>.5014</td>
</tr>
<tr>
<td>Pain</td>
<td>.3853</td>
<td>.4094</td>
<td>.9424</td>
<td>.4790</td>
<td>.0206**</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>.8321</td>
<td>.2605</td>
<td>.8588</td>
<td>.7385</td>
<td>.1972</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>.8590</td>
<td>.3774</td>
<td>.7653</td>
<td>.5413</td>
<td>1.0000</td>
</tr>
<tr>
<td>Self-care</td>
<td>.7652</td>
<td>.2986</td>
<td>.6649</td>
<td>.3121</td>
<td>.0247**</td>
</tr>
<tr>
<td>Self-perceived health</td>
<td>.2574</td>
<td>.3753</td>
<td>.7633</td>
<td>.0018***</td>
<td>.8786</td>
</tr>
<tr>
<td>Social contact</td>
<td>.7233</td>
<td>.3606</td>
<td>.7407</td>
<td>.0132**</td>
<td>.3244</td>
</tr>
<tr>
<td>Number in house</td>
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<td>.3847</td>
<td>.7700</td>
<td>.6695</td>
<td>.9723</td>
</tr>
<tr>
<td>Number of medications</td>
<td>.7991</td>
<td>.3176</td>
<td>.7720</td>
<td>.3510</td>
<td>.5423</td>
</tr>
<tr>
<td>Tmeds</td>
<td>.8175</td>
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<td>.5245</td>
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<tr>
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**Note.** Tabulated values are p values.

** = .05 or less.

*** = .01 or less.
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Note. Tabulated values are p values.

* = .10 or less.

*** = .01 or less.
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Note. Tabulated values are p values.

* = .10 or less.

** = .05 or less.
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Note. Tabulated values are p values.

* = .10 or less.

** = .05 or less.

*** = .01 or less.
## TABLE 9

**ANALYSIS OF COVARIANCE WITH REPEATED MEASURES: DEPRESSION**

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**Note.** Tabulated values are p values.

* = .10 or less.

** = .05 or less.

*** = .01 or less.
## TABLE 10

**ANALYSIS OF COVARIANCE WITH REPEATED MEASURES: SOMATIZATION**

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**Note.** Tabulated values are p values.

* = .10 or less.

** = .05 or less.

*** = .01 or less.
### TABLE 11

**ANALYSIS OF COVARIANCE WITH REPEATED MEASURES: LIFE SATISFACTION**

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**Note.** Tabulated values are p values.

* = .10 or less.

** = .05 or less.

*** = .01 or less.
significant interaction between these two must be indicated. No such results were found.

The only dependent variable to be significantly different for the two groups was optimism, or will to live. While that difference was highly significant with volunteers having the greater levels of optimism initially, no significant difference was found over time or with an interaction.

One variable that did appear to change over time, but for both groups, was life satisfaction, even after the effects of eight covariates were removed. There was no significant interaction of other influences with the improvement of this variable. Due to the conservative alpha level required by this statistical procedure and the marginal values of significance however, this must be cautiously considered a trend or suggestion of a change only.

For the remaining variables, self-esteem, locus of control, somatization, anxiety and depression, only on occasion were covariates significantly different for the two groups.

One other observation worth noting is the consistency of values for covariates pain and self-perceived health, as well as their extreme significance for the variable life satisfaction ($F(1, 47) = 16.56, p < .0005$; and $F(12, 51) = 25.05, p < .0001$).
CHAPTER IV
DISCUSSION

While treatment effects were not found in this study, other results seemed to be consistent with previous research.

The increase in life satisfaction for both groups over time may be explained as resulting from the impact of just being in a scientific study. Awareness of their unique status and the extra attention being paid to their feelings and perceptions could likely influence all persons but especially the elderly who often have fewer opportunities for social activity. This has been called the Hawthorne Effect (Argyle, 1963) and tends to increase morale independently of other factors.

The extremely significant values for self-perceived health indicate support for other research (Markides & Martin, 1979) in that self-perception of one's health is an important factor in determining satisfaction with life in general, for volunteers and nonvolunteers alike. The amount of pain experienced seems to be significant also in its impact on morale according to these data, although this variable has not been previously associated with elderly morale.

The significantly greater levels of optimism among volunteers before their participation in this study suggests that for these persons morale was adequate. This was due partially to better health, more frequent social contacts and younger age.
Problems with the research design may have contributed to the lack of significant results in this study. Random assignment of subjects to one of the two groups was highly desirable but ethically and practically impossible. The inability to use randomization has been a major obstacle to rigorous research in the area of elderly volunteerism and morale. A repeated measures design with an extensive covariate analysis and the use of first-time only volunteers was expected to compensate for this shortcoming. Variability of the volunteer experience was a serious problem due in part to the use of 33 community hospitals. Because the individual assignments were based on patient need and the wishes of each volunteer, and duties at some sites were not available at others, the type of activity was a difficult variable to control.

An alternate explanation for the lack of significant results is possible. If reduced levels of activity such as that following retirement is associated with problems of low morale (Bell, 1975), volunteer activity may be especially beneficial for those persons needing to replace feelings of usefulness lost with retirement. As volunteers initially low in morale were not able to be used in this study and all subjects appeared to be functional and without significant problems, basically satisfied and happy persons may have been sampled. On an absolute basis, most of the measures of morale were relatively high, and optimism was significantly higher for volunteers before beginning the volunteer activity. This seems to support other research (Bell, 1974) suggesting that older persons who choose
volunteer activity are frequently persons with at least satisfactory levels of morale. People who could benefit most from volunteer activity many times do not choose to participate, while persons in this study initiating volunteer activity apparently did not have the kinds of psychological needs that would be impacted by the effects of this experience and were using it as a means of maintaining already high levels of morale. Control subjects in this study who ostensibly could have chosen to participate in volunteer activity but had not, had significantly lower levels of optimism.

One recommendation for future research would be to reduce the variability of the volunteer experience. If multiple sites for volunteer activity must be used, then a greater effort is needed to elicit the feelings and perceptions of the volunteers regarding their experiences. Aspects such as reactions to supervisors, other volunteers and patients, as well as scheduling demands and extent of appreciation by the community all could influence the volunteer experience. This additional information might be used to determine uniformity of experience as well as to show more explicitly the unique interactions of individuals with different volunteer activities.

The ideal approach attempted unsuccessfully in this study would be to enlist the cooperation of a volunteer auxiliary associated with a newly operational facility such as a community hospital. This would provide a common setting for a large number of first-time volunteers to be able to share a more uniform experience.
A final recommendation for future research would be to more aggressively seek out a population initially experiencing a negative socioemotional state, persons more in need of a substitute for lost activity. These persons might have needs which could more clearly demonstrate the hypothesized beneficial effect of volunteer activity.
APPENDIX A

INFORMATION AND CONSENT

YOU ARE BEING ASKED TO PARTICIPATE IN A RESEARCH EFFORT TO EVALUATE CHANGES IN THE SUBJECTIVE WELL-BEING OF THE RETIRED PERSON IN RELATION TO THEIR ACTIVITIES.

YOU WILL BE GIVEN TWO QUESTIONNAIRES, TWO MONTHS APART, EACH OF WHICH WILL TAKE AN HOUR OR LESS TO COMPLETE.

THESE QUESTIONNAIRES WILL ASK ABOUT HOW YOU FEEL AND WHAT YOU THINK ABOUT YOURSELF AND YOUR LIFE. YOUR IDENTITY AND YOUR ANSWERS WILL BE KEPT COMPLETELY AND STRICTLY CONFIDENTIAL. YOU ARE FREE TO WITHDRAW FROM PARTICIPATION AT ANY TIME.

THANK YOU VERY, VERY MUCH FOR YOUR COOPERATION.

YOUR SIGNATURE WILL INDICATE YOUR CONSENT TO PARTICIPATE IN THIS RESEARCH, AND YOUR KNOWLEDGE OF THE ABOVE INFORMATION.

_________________________  ______________
SIGNATURE                 DATE
APPENDIX B

INSTRUCTIONS FOR QUESTIONNAIRE

UNDER THE SUPERVISION OF THE UNIVERSITY OF CENTRAL FLORIDA, WE ARE CONDUCTING A RESEARCH EFFORT TO BETTER UNDERSTAND THE PROBLEMS FACED BY THE RETIRED PERSON AND TO INCREASE THE KNOWLEDGE OF FACTORS RELATED TO PERSONAL ADJUSTMENT AND SATISFACTION.

YOUR ASSISTANCE IN THIS RESEARCH WOULD BE GREATLY APPRECIATED, AND WOULD BENEFIT RETIRED PERSONS EVERYWHERE. IF YOU COULD COMPLETE THE ENCLOSED QUESTIONNAIRE NOW, AND RETURN IT, ALONG WITH THE SIGNED CONSENT FORM, IN THE STAMPED, ADDRESSED ENVELOPE PROVIDED, IT WOULD BE VERY HELPFUL. WITH YOUR PERMISSION, A SECOND SHORTER QUESTIONNAIRE WILL BE GIVEN TO YOU TO COMPLETE THE STUDY. ALL INFORMATION WILL BE KEPT COMPLETELY AND STRICTLY CONFIDENTIAL.

THERE ARE FOUR PARTS TO THIS QUESTIONNAIRE. THE FIRST PART ASKS FOR BACKGROUND AND HEALTH-RELATED INFORMATION, AND THE LAST THREE PARTS CONCERN YOUR FEELINGS ABOUT YOURSELF AND YOUR LIFE.

YOUR SUPPORT FOR THIS PROJECT WILL INCREASE AWARENESS OF THE DIFFICULTIES EXPERIENCED BY PERSONS LIKE YOURSELF. YOUR EFFORTS ARE VERY IMPORTANT TO THE SUCCESS OF THIS RESEARCH AND WE ARE MOST GRATEFUL FOR YOUR HELP. THANK YOU VERY MUCH!
PART I

APPENDIX C
BACKGROUND VARIABLES

PLEASE ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AS POSSIBLE. BE SURE TO ANSWER EVERY QUESTION. ALL ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL. CHECK THE SPACE THAT APPLIES, OR FILL IN THE CORRECT ANSWER.

1. Sex Male ___ Female ___
2. Age ___
3. Single ___ Married ___ Widow or widower ___
4. Number of years completed in school or professional training ___
5. Total number of persons living in household ___
6. Country in which parents were born ____________________________
7. Total number of surgical operations in lifetime ___
8. Total number of days hospitalized in past 6 months ___
9. Total number of medications now taking ___
10. Would you say your diet is generally
    Well balanced ___ Somewhat balanced ___ Very unbalanced ___
11. Do you consider yourself to be
    Very religious ___ Religious ___ Somewhat religious ___
    Not very religious ___ Not at all religious ___
12. Would you say that you belong to the
    Lower class ___ Working class ___ Middle class ___
    Upper-middle class ___ Upper class ___
13. The pain that you experience on the average day is
   None __  Mild __  Moderate __  Occasionally severe __
   Always severe __  Always very severe __

14. About how much alcohol, on the average, do you use?
   None __  Light drinking __  Moderate drinking __
   Heavy drinking __

15. How much tobacco do you smoke?
   None __  Light __  Moderate __  Heavy __

16. About how much help do you need with activities such as bathing,
    grooming, and dressing?
   Very little or no help needed __
   Occasional help needed __
   Help needed regularly __

17. Have there been stressful events in your life lately, such as
    accidents, illnesses, or unusual marital, financial, or legal
    problems?
   Yes __  No __  If yes, how many __

18. Would you rate your overall health as
   Excellent __  Good __  Fair __  Poor __  Very poor __

19. How often do you see or speak with friends and relatives?
   Seldom __  Occasionally __  Frequently __

20. During your adult life, has your participation in organizations
    been
   Seldom __  Occasional __  Frequent __

21. Was your retirement
   A matter of choice __  Required __  Does not apply __

22. How many hours per week, if any, do you work for a volunteer
    organization? __
APPENDIX D

PSYCHOSOCIAL QUESTIONNAIRE

NOW YOU WILL SEE A SERIES OF ITEMS, EACH WITH TWO STATEMENTS. FOR EACH ITEM PLEASE CHOOSE THAT STATEMENT (A OR B) WHICH IS CLOSEST TO YOUR THINKING, EVEN THOUGH YOU MAY NOT TOTAL y AGREE WITH EITHER STATEMENT. CIRCLE THE MATCHING LETTER.

A. Many of the unhappy things in people's lives are partly due to bad luck.
B. People's misfortunes result from the mistakes they make.

A. In the long run, people get the respect they deserve in this world.
B. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

A. Without the right breaks one cannot be an effective leader.
B. Capable people who fail to become leaders have not taken advantage of their opportunities.

A. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
B. Getting a good job depends mainly on being in the right place at the right time.

A. The average citizen can have an influence in government decisions.
B. This world is run by the few people in power, and there is not much the little guy can do about it.

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A. In my case getting what I want has little or nothing to do with luck.
B. Many times we might as well decide what to do by flipping a coin.

A. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
B. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.

A. Most people don't realize the extent to which their lives are controlled by accidental happenings.
B. There really is no such thing as "luck."

A. In the long run the bad things that happen to us are balanced by the good ones.
B. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

A. Many times I feel that I have little influence over the things that happen to me.
B. It is impossible for me to believe that chance or luck plays an important role in my life.

A. What happens to me is my own doing.
B. Sometimes I feel that I don't have enough control over the direction my life is taking.
HERE ARE SOME MORE STATEMENTS ASKING HOW YOU FEEL ABOUT YOURSELF AND YOUR LIFE. PLEASE SHOW HOW MUCH YOU AGREE WITH EACH ITEM BY CIRCLING THE MATCHING LETTER A, B, C OR D.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

Sometimes I look forward to passing on.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

At my age continuing to live is not so important.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

After all our friends and relatives have passed on, we might as well be gone too.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

You can't help wondering whether anything is worthwhile anymore.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

Sometimes it would be better to be gone and away from it all.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

As I grow older, things seem better than I thought they would be.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I have gotten more of the breaks in life than most of the people I know.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

This is the dreariest time of my life.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I am just as happy as when I was younger.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

My life could be happier than it is now.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

These are the best years of my life.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

Most of the things I do are boring or monotonous.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree
I expect some interesting and pleasant things to happen to me in the future.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

The things I do are as interesting to me as they ever were.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

I feel old and somewhat tired.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

I have made plans for things I'll be doing a month or a year from now.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

When I think back over my life, I didn't get most of the important things I wanted.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

Compared to other people, I get down in the dumps too often.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

I've gotten pretty much what I expected out of life.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

In spite of what some people say, the lot of the average man is getting worse, not better.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

I feel that I'm a person of worth, at least on an equal basis with others.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

Thinking back, in a good many ways I don't think I have liked myself very well.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

I feel that I have a number of good qualities.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

All in all, I am inclined to feel that I am a failure.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

I am able to do things as well as most other people my age.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

When I think about the kind of person that I have been in the past it doesn't make me feel very happy or proud.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree

I take a positive attitude toward myself.
A. Strongly Agree   B. Agree   C. Disagree   D. Strongly Disagree
In almost every respect, I'm very glad to be the person I am.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I wish I could have more respect for myself.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I certainly feel useless at times.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

At times I think I'm no good at all.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I can make up my mind without too much trouble.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I'm popular with people my own age.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I give in very easily.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

If I have something to say, I usually say it.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I often get discouraged at what I am doing.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

Things usually don't bother me.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

My family and/or friends understand me.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I can't be depended on.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

I'm pretty happy.
A. Strongly Agree  B. Agree  C. Disagree  D. Strongly Disagree

THIS IS A LIST OF SYMPTOMS OR PROBLEMS THAT PEOPLE SOMETIMES HAVE.
PLEASE SHOW HOW MUCH THE SYMPTOM HAS BOTHERED YOU OR HAS DISTRESSED YOU IN THE LAST FEW WEEKS BY CIRCLING THE LETTER A, B, C OR D.

A. Not at all  B. A little  C. Quite a bit  D. Extremely

Headaches
A. Not at all  B. A little  C. Quite a bit  D. Extremely
<table>
<thead>
<tr>
<th>Condition</th>
<th>A. Not at all</th>
<th>B. A little</th>
<th>C. Quite a bit</th>
<th>D. Extremely</th>
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<tbody>
<tr>
<td>Nervousness or shakiness inside</td>
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<td>Faintness or dizziness</td>
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<td>Loss of sexual interest or pleasure</td>
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<td>Pains in the heart or chest</td>
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<td>Feeling low in energy or slowed down</td>
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<tr>
<td>Thoughts of ending your life</td>
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<tr>
<td>Trembling</td>
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<td>Poor appetite</td>
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<td>Crying easily</td>
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<td>A feeling of being trapped or caught</td>
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<td>Suddenly scared for no reason</td>
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<tr>
<td>Blaming yourself for things</td>
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<tr>
<td>Pains in the lower part of your back</td>
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<td>Feeling lonely</td>
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<td>Feeling blue</td>
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<td>Worrying or stewing about things</td>
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<tr>
<td>Feeling no interest in things</td>
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</tbody>
</table>
Feeling fearful
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Heart pounding or racing
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Soreness of your muscles
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Trouble getting your breath
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Hot or cold spells
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Having to avoid certain places or activities because they frighten you
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Numbness or tingling in parts of your body
A. Not at all  B. A little  C. Quite a bit  D. Extremely

A lump in your throat
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Feeling hopeless about the future
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Weakness in parts of your body
A. Not at all  B. A little  C. Quite a bit  D. Extremely

Heavy feelings in your arms or legs
A. Not at all  B. A little  C. Quite a bit  D. Extremely

THANK YOU VERY MUCH FOR TAKING THE TIME AND EFFORT TO FILL OUT THIS QUESTIONNAIRE. YOUR COOPERATION IS APPRECIATED AND VERY IMPORTANT FOR THIS NECESSARY RESEARCH.
REFERENCES


