

Volunteering and well-being

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Clinical Scenario

The relationship between health and occupation is the core philosophy of occupational therapy (Wilcock, 1991, as cited in Black & Living, 2004). Participation in meaningful occupations has demonstrated to have an influence on the restorations of health and well-being (Black & Living, 2004). The benefits of engaging in occupation for older people are well documented in occupational therapy literature, and as the older population is increasing working with this client group is becoming a growth area for occupational therapists. Therapists need find additional ways to engage this population, and volunteering could act as an occupation to do this.

Clinical Question

In older adults does volunteering have an effect on increasing well-being or decreasing depression?

Summary of search, best evidence appraised, and key findings

There is a lack research on the use of volunteering as an occupation with the older population. There is fair amount of research on the benefits of volunteering which was based on longitudinal studies. However theses studies were based on information gathered from health survey data, and not research carried out by the authors.

When searches were carried out there were plenty of hits returned by the key words however very few were suitable. The word volunteer returned hits of clinical trials where 'volunteers' participated not volunteer in the context of unpaid work. Therefore a lot of time was spent carrying out searches to find appropriate information.

The two articles, Yuen, Huang, Burik & Smith (2008) and Fees & Bradshaw (2003), were chosen for this review as they were considered 'best' evidence. The key findings of both articles identified that volunteering does have positive effect on the well-being of the older adult. Both authors also identified that this area requires further research with more in-depth studies.

Clinical bottom line

There is some evidence to suggest that volunteering has an effect on increasing older people's well-being or decreasing depression. Further research and of high quality is required to establish the effectiveness of volunteering on older adults' well-being.

Limitation of this CAT

This critical appraisal has been peer reviewed by one lecturer as part of an assignment.

Search strategy

To identify relevant articles, a search of CINAHL, OT Seeker, Cochrane Library and ProQuest Medical Library databases was conducted.

The search terms used were

Patient/client group: Old* or elder* or senior or aged or geriatric

Intervention: Volunteer* or voluntary* or unpaid work

Comparison: N/A

Outcomes: Depression or well-being or mental health

Where the articles were not available online a search of the Bill Robertson Library was carried out to locate the journal articles. A manual search of reference lists in relevant articles produced additional articles.

Inclusion/exclusion criteria**Inclusion criteria:**

- Focuses on elderly population (aged over 55)
- Published in English
- Articles less than 10 years old
- Article is available via online database in full text or at Bill Robertson library.
- Focuses on healthy population

Exclusion criteria:

- Studies based on longitudinal survey data
- Publication not available in English
- Articles over 10 years old
- Research not carried out by authors

Results of the search

Study Design/ Methodology of Articles Retrieved	Level	Author (Year)
Randomised control trial	2	Yeun, Huang, Burik & Smith (2008)
Qualitative- phenomenological	5	Fees & Bradshaw (2003)
Mixed method- quantitative & qualitative	4	Brown, Mefford, Chen & Brown (2009)

Best Evidence

The two articles identified as 'best' evidence and selected for this critical appraisal are

- Yeun, Huang, Burik & Smith (2008). This was chosen because it was specific to occupational therapy, had a pre-post intervention design allowing for change to be measured.
- Fees & Bradshaw (2003). This was chosen as it was the only qualitative article found that was relevant.

These two articles represent different types of evidence (quantitative and qualitative), both attempt to answer the clinical question and they both also met inclusion/exclusion criteria.

Summary of Best Evidence

Title: Yuen, H. K., Huang, P., Burik, J. K., & Smith, T. G. (2008). Impact of participating in volunteer activities for residents living in long-term-care facilities.

1. Aim of study: The aim of this study was to test the hypothesis that residents who engaged in a volunteer activity would report higher levels of well-being than the control group. The study used mentoring English as a second language students as the volunteer activity.

Study design: Randomised control trial.

Setting: The research took place at five long-term-care (LTC) facilities in Charleston County, South Carolina, USA.

Participants:

Older adults: Participants (n=28) were recruited through group meetings at the facilities and through referral by the facilities. There was set inclusion/exclusion criteria.

Inclusion criteria: aged 60 or older, reside in a LTC facility, speak English as a first language, able to have an appropriate conversation for at least an hour, have intelligible speech, have a Mini-Mental State Examination (MMSE) score of 19 or higher.

Exclusion criteria: uncorrectable hearing impairments, maladaptive behavioural patterns, overt psychotic symptoms, terminal illness with a life expectancy of less than 6 months.

A total of 47 older people agreed to participate and signed the informed consent form. From this 39 were found suitable after baseline assessment however 11 residents withdrew before post-intervention assessment. Demographics are based on the 28 residents remaining. The mean age of the residents was 83.4 years (range 64-96), with 20 females, 8 males taking part.

Students: Students were recruited from three English as a second language (ESL) schools during class meetings or through referral from their English-language teachers.

Inclusion criteria: aged between 18-44, spoke English as a second language, demonstrate ability to describe their personal background in a few basic English sentences.

The mean age of the students was 33.5 years (range 20-42).

Method: The study was approved by the Institutional Review Board at the Medical University of South Carolina. Once the residents agreed to participate in the study they signed the informed consent form. Their cognitive status was then assessed by a research assistant using the MMSE. Those that scored 19 and above were eligible for the study, then a baseline measurement was taken using the Geriatric Depression Scale (GDS) and the Life Satisfaction Index-A (LSI-A), to assess their depressive symptoms and life satisfaction. Residents were also asked to assess themselves using self rated health questions, rating their physical health on a 5-point scale. Demographic information was also collected. After the baseline, residents were randomly assigned to the 2 groups (mentoring or usual-care).

Residents in the intervention group were then each assigned an ESL student to mentor. The aim was for them to meet with the student twice a week for 12 weeks. The first session was conducted with teachers from the ESL school where they introduced the students to the mentoring group. The teachers also provided the residents with information on how to mentor the students. The students had to prepare activities and questions prior to each meeting and have these checked by the project teachers. The residents and the students had to arrange the visitation times between themselves.

At post-intervention and then again at a three month follow-up, all the residents were assessed by the same research assistant using the three baseline assessments and the MMSE. The residents were also asked about their perceptions of the mentoring role and the quality of the role at the post-intervention.

Results: The mean number of student visits was 19.6 (range: 1-24), with 79% of residents having 19 or more mentoring sessions with the students. To examine the effects of volunteering on the 'well-being' of the residents, a multivariate global statistical test (GST) was used. This combined and analysed the change scores in the three outcome measures to then measure well-being. The results of using the GST supported the hypothesis that the residents who participated in the volunteer activity would report higher levels of well-being than those in the control group. Using the GST the results showed that there were significant differences observed in the well-being between the two groups from baseline to post-intervention ($p = .047$) and from baseline to 3 month follow-up ($p = .029$).

Original authors' conclusion: Results supported the hypothesis that the residents who volunteered will report higher levels of well-being than the residents in the usual care group. They also found that those effects remained at 3 months following the end of the

programme. However when they looked at the mean scores in the three outcome measure across the three time periods they found that residents' well-being deteriorated across the study, however the usual care group (control) deteriorated quicker than the mentoring group. The authors concluded that participating in a volunteer mentor programme served as a protective factor against health deterioration among the residents of a LTC facility. The authors recommend that further research should be done through a longitudinal, multisite, randomised controlled trial to validate their findings.

2. Critical appraisal:

Taylor (2007) suggests that the following areas should be looked at when critically appraising quantitative research.

Study purpose and literature: The purpose of the study was clearly stated, and a wide range of relevant literature was reviewed.

Ethics: The study received approval from the Institutional Review Board at the Medical University of South Carolina. Informed consent forms were signed by the older participants prior to the study commencing.

Participants: There are clear inclusion/exclusion criteria for the older adults and an inclusion criteria for the students. The participants were randomly assigned to the two groups. However the residents within each facility with similar baseline MMSE scores were first paired together then randomly assigned, this was to prevent the facilities having impact on the results. The research assistants read all the assessments to the residents to try to elicit more engagement and to reduce demand, aiming to improve the reliability of the responses.

Blinding: The residents could not be blind to the intervention as they were either assigned a student to mentor or not. However to avoid disappointment and resentment by the residents in the control group, they were told that there may not be enough students and that they would be offered one as soon as more became available. The research assistants who carried out the assessments were blind to the purpose of the study.

Sample: There were no significant differences in the number of residents assigned to the two groups across the facilities. Also no significant differences in the demographic characteristics between the two groups. All participants were accounted for throughout the study and at follow-up.

Results: All residents were assessed using three outcome measures (GDS, LSI-A, and self-rated health) and the MMSE. However the results were analysed using a multivariate nonparametric global statistical test (GST), which even though it was explained was challenging to follow. There is a table showing the results of the individual outcome measures over the three time periods, however there is no statistical analysis of the individual outcomes. Significant differences in well-being between the two groups was observed, but no clinical significance was given. Limitations of the study are addressed and recommendation for future research identified.

Summary/conclusion: This study shows good validity around the method and the way in which it was carried out. The results support the hypothesis of the beneficial effects of volunteering for the residents. However more interpretation could have been done with the results to enable the outcome measures to be more clearly understood. The authors have identified some limitations of the study and they have also provided recommendations for further research.

Title: Fees, B. S., & Bradshaw, M. H. (2003). PATH across the generations: Older adults' perceptions on the value of intergenerational contact

1. Aim of study: To develop an understanding, from the older volunteers' perspective, on the value of the intergenerational experience both on the personal level and for the youth.

Study design: Qualitative- phenomenological

Setting: Five rural community PATH (Personal Actions To Health) sites across the state of Kansas, USA.

Participants:

Older adults: The sample for this study was predominantly Caucasian, and ranged in age from 55- over 90 years. Total sample size is 42, and of these 35 were female. Participants for this analysis were part of larger study of PATH intergenerational programme. The five sites where the research took place were randomly selected from all the participating PATH sites across the state. All the older adults of these five sites were invited to attend focus groups.

Method: Institutional Review Board on Human Subjects at Kansas State University reviewed and approved the focus group protocol and questions. The focus groups explained the purpose of the study, got participants to sign informed consents, discussions about activities and interactions with the youth, the adults were also asked the main questions for the research:

- Do you think a relationship with an older adult is important for youth? Why?
- What have you learned from the interactions, that is, how has it affected your life?

All sessions were audio and videotaped and a research assistant also took notes. Sessions lasted between 35 and 60minutes.

The transcripts from the focus groups were prepared and reviewed for accuracy. The first author and a student, who was blind to the purpose of the study, read and analysed the manuscripts separately. "Comments that appeared repeatedly across the sites (min 2 sites) were cluster as a theme under each question. The themes were then compared, discussed and clarified." (p. 212)

Findings:

Importance of an intergenerational relationship for youth

Two themes emerged from this question.

- Importance of having a relationship with someone outside their family. The older adults having time to spend with the children and offering them encouragement and advice. To know that others cared about them.
- The relationship also helps the children to learn about the adults' perspectives on life, and personal experiences.

Impact of intergenerational interactions on older adults

Three themes emerged from this question.

- The older adults experienced an affirmation of their own lives. The older adults spoke about feeling important and making a difference in the children's lives.
- They spoke about how they experienced a sense of well-being. There were constant comments about "feeling good, feeling young, appreciating what they had and currently have, feeling wanted, feeling needed and loved, as well as feeling more alert to their environment, particularly children." (p. 213)
- Working with the children helped to create a deeper understanding and appreciation of the challenges the children face.

Original authors' conclusion: The author's concluded that participation in the programme had a positive influence on the older adults and that the greatest benefit was the relationship that developed. The older adults perceived that they had knowledge and skills to share with the youth. Also none of the adults suggested that they participated in the PATH programme for social reasons, such as to see their own friends or 'get out'. The authors also mention that the adults perceive that there was an effect on their well-being and that they benefited from being with the children. Also the older adults feel some responsibility to support the development of children living in their area.

2. Critical appraisal:

Trustworthiness of the results:

Taylor (2007) suggests that in order for results to be trustworthy they must have credibility, transferability, dependability and confirmability. The following is a critique of the article using these guidelines.

Credibility: There is evidence of triangulation as the data was gathered through notes being taken during the focus groups and by the groups being audio and video taped. There is no mention of any member checking which would have allowed the participants to verify the information collected.

Transferability: The author has described the setting of the PATH sites and programmes in detail, with background information on PATH and its purpose. However there is little information on the demographics of the members of PATH and the participants of the study, other than they are seniors. This could make it difficult for readers to transfer the research to their own setting.

Dependability: The method used to gather the research is clearly explained, listing the questions asked to the participants. The method of analysis is also explained, stating how themes were clarified. The analysis was also peer reviewed by a student who was blind to the purpose of the study.

Confirmability: Having the student involved in the interpretation of the themes could give confirmability to the study as it could reduce bias by involving someone else in the analysis. However the student is an honours student in life span development therefore they may not be regarded as an expert, which is advised. Member checking would have allowed for greater confirmability.

Interpretation of results: The themes of study are presented; however not all the themes are clearly explained or laid out. Comments from the participants are included in the results but not for every theme, which would give them more weight.

The results of this study do show that participation in the PATH programme had a positive effect on the older adults.

Summary/conclusion: The trustworthiness of this study is slightly lacking and could have been improved. The results show that there was a positive effect on the older adult participants, however having more participant comments would give this more clarity.

Implications for practice, education and future research

The clinical question asked whether volunteering has an effect on increasing well-being or decreasing depression in older adults. The two articles critiqued here both addressed this question. This review found some evidence to support the clinical question

The study by Yuen, Huang, Burik and Smith (2008) was a randomised control trial, which enabled comparisons to be made between the intervention and the control group. The results of this study showed that the older adults in the intervention group reported higher levels of well-being. Therefore the intervention used in this study supports the clinical question asked here in this critical appraisal. This study does have some weaknesses in that it does not report any clinical significance. The authors did state the limitations of the study; the high dropout rate reducing the sample size dramatically. The authors also provided information on how occupational therapists could use the information, and possible areas of practice. Recommendations for future research were also included.

The study by Fees and Bradshaw (2003) demonstrated that participation in the PATH programme had a positive effect on the older adults. The study showed some themes around the impact of participating in the intergenerational programme for the older adult volunteers. The themes included the positive sense of well-being the adults experienced. However the study lacked in trustworthiness, as more information is required to support their conclusion.

The level of evidence found by this review is not of the highest quality, however it still provided some evidence into the use of volunteer work having a positive effect on the well-being with older adults. The research reviewed in this critical analysis did not show that volunteering has a negative effect on the well-being either. The information contained in the articles could be useful for occupational therapists working with older adults to use with their clinical judgement. Occupational therapists should be aware of the wide variety of volunteering roles available to their clients and make their own judgements on the most suitable. The client should also be involved in the decision making process and they may have more interest in some roles than others. Both articles indicated that this is an area where further research is necessary.

References

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