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THE ROLE OF VOLUNTEERING IN SUCCESSFUL AGEING:
IMPACTS ON PSYCHOLOGICAL WELL-BEING OF OLDER PERSONS

CHAN SIN YUI, SHARON

MPHIL

LINGNAN UNIVERSITY

2006

THE ROLE OF VOLUNTEERING IN SUCCESSFUL AGEING:
IMPACTS ON PSYCHOLOGICAL WELL-BEING OF OLDER PERSONS

by

CHAN Sin Yui, Sharon

A thesis
submitted in partial fulfillment
of the requirements for the Degree of
Master of Philosophy in Social Sciences
(Sociology)

Lingnan University

2006

ABSTRACT

The Role of Volunteering in Successful Ageing: Impacts on Psychological Well-Being of Older Persons

by

CHAN Sin Yui, Sharon

Master of Philosophy

The thesis looks at volunteering, an activity in which time is freely given as a gift to benefit other people, groups and society. Formal volunteering, as opposed to informal helping, entails stronger commitment via organisations that offer more or less organised assistance often on an individual basis. The thesis suggests that older retired persons provide an invaluable pool of formal voluntary workers amidst the growing need for social services and fewer resources for social welfare expenditure. This pool will grow even more in the future. Moreover, the research looks at the experiences of social engagement in older and associations between volunteering and psychological well-being (PWB) of older persons, including improved self-esteem and life satisfaction. This is novel research on this aspect of volunteering in Chinese societies.

The research was informed by activity theory, role theory and the concepts of successful ageing and productive ageing. It was essentially as qualitative study with the aims of identifying motivations for volunteering, the role(s) of volunteering, related effects on PWB of older persons, and perceptions of benefits and impacts of volunteering on older persons' PWB. PWB was measured on two foci, subjective well-being (life satisfaction, self-esteem, positive/negative affects) and objective well-being, including depression, anxiety, social impairment and hypochondriasis, the four identifiable elements of distress covered in the General Health Questionnaire (GHQ-12). Data were gathered from two groups of 60-to-75-year-old retired respondents, volunteers (n=56) and non-volunteers (n=21), through the use of triangulation (focus group interviews, in-depth case interviews and questionnaire). The responses were processed using mainly qualitative data and descriptive analysis, followed by a comparison of GHQ-12 score difference between volunteers and non-volunteers.

The thesis has sufficient data, novelty and academic merit. It also has some very useful findings, showing that volunteering in old age can be inspired by self-motivation, can be encouraged by others and can be seen as a way to show gratitude to society. Volunteers were found to have significantly higher level of self-rated health, life satisfaction, self-image and PWB. Volunteering seems to alleviate volunteers' negative emotions. Interestingly, although older volunteers perceive

volunteering mainly as a leisure activity, they are aware of some type of optimal level of social participation, implying that adverse effects of excess participation in volunteering on PWB may be being recognized among older persons. The thesis should provide ample material for publications in the refereed journals.

DECLARATION

I declare that this is an original work based primarily on my own research, and I warrant that all citations of previous research, published or unpublished, have been duly acknowledged.

(CHAN Sin Yui, Sharon)
October, 2006

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List of Abbreviations

AVS	Agency for Volunteer Service
CGHQ	Chinese version of General Health Questionnaire
CSSA	Comprehensive Social Security Allowance
GHQ	General Health Questionnaire
GHQ-12	12-item General Health Questionnaire
GHQ-20	20-item General Health Questionnaire
GHQ-30	30-item General Health Questionnaire
GHQ-60	60-item General Health Questionnaire
HKSAR	Hong Kong Special Administrative Region
MTV(s)	Motivation(s) to volunteer
NGO(s)	Non-governmental organisation (s)
NV	Non-volunteer(s)/Non-volunteer group
OWB	Objective well-being
PWB	Psychological well-being
RSVP	The Retired and Senior Volunteer Program
SA	Successful Ageing
SOC	selective optimization with compensation
SWB	Subjective well-being
V	Volunteer(s)/Volunteer group
WHO	World Health Organization

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Chapter 1 Introduction

Population ageing is taking place all around the world, and Hong Kong is no exception. According to the Census and Statistics Department (2004), the older population will make up nearly a quarter of our population in 30 years, resulting in a decreased working population. Population ageing in Hong Kong presents a number of challenges. For example, many policy-makers and researchers have been emphasizing the possible relationship between increasing elderly dependency ratio and the growing demand for government welfare services (e.g. Johansson, 2000). However, this is based on an assumption that older persons are becoming less healthy as they age. If they remain healthy, growing number of older persons would not make such implication. In the last two decades active engagement in social and productive activities among older persons drew researchers' attention and it is proved in recent studies that this engagement, such as volunteering, can enhance older persons' psychological well-being (e.g. Greenfield and Marks, 2004).

In this introductory chapter, the background of the study will be discussed, followed by the objectives derived from the rationale, and how significant this study as well as its results will be.

1.1 Background of the study and Rationale

1.1.1 Ageing Population: Challenges and Opportunities

In Hong Kong, according to Census and Statistics Department (2001; 2005), the triangular population pyramid of 2001 will be replaced by one with a more cylinder-like structure in 2031 (as shown in Figure 1.1).

Figure 1.1 Population Pyramid (2001 and 2031)

Source:

The Government of HKSAR (2001), *Population Policy*.

The proportion of population aged 65 and over is projected to grow remarkably, from 11.2 % in 2001 to 26.8% in 2033 (Table 1.1). At the same time, the proportion of population under 15 is expected to decrease from 16.4% in 2001 to 10.7% in 2033 (Table 1.1).

Table 1.1 Hong Kong Population in 1991-2005

	Year	Population	Elderly (65+)	Proportion of the elderly	Children (0-14)	Proportion of Children
Actual	1991	5 752 000	502 400	8.7%	1 198 700	20.8%
	2001	6 724 900	753 400	11.2%	1 104 100	16.4%
	2005	6 935 900	836 400	11.2%	1 005 400	14.5%
Projected	2013	7 386 900	978 000	13.2%	899 600	12.2%
	2023	7 970 200	1 548 500	19.4%	922 600	11.6%
	2033	8 384 100	2 248 100	26.8%	895 300	10.7%

Source: Council for Sustainable Development (2006), *Enhancing Population Potential for a Sustainable Future* (p.11)

This demographic change, together with early retirement and increased life expectancy (Table 1.2), are expanding the number of years and proportion of lives spent in retirement, thus causing great public concern on whether the social welfare and security system will still be financially viable in the future. Therefore, Hong Kong is now facing the challenges of the potential costs of ageing population (Hang Seng Bank, 2004; Lam, Ho and Wong, 2003). This public anxiety can also be justified by an increase in the calculated elderly dependency ratio and ratio of older Comprehensive Social Security Allowance (CSSA) recipients to old age population.

Table 1.2 Life Expectancy at Birth in Hong Kong (2001-2033)

	Year	Male	Female
Actual	2001	78.4	84.6
	2003	78.5	84.3
	2005	78.8	84.4
Projected	2013	80.3	86.0
	2023	81.6	87.1
	2033	82.5	88.0

Source: Council for Sustainable Development (2006), *Enhancing Population Potential for a Sustainable Future* (p.13)

In order to highlight the challenges stemming from population ageing, scholars and social policy makers have defined the elderly dependency ratio, in which the total population above 65 and under 15 is compared to that between 16 to 64 (Brown, 1996). Although not all persons aged 65 or above are “dependent”, this ratio can give an approximate indication of how large a proportion of older population is relying on the working population. The elderly dependency ratio thus becomes a popular analytical tool for trying to assess the "burden" of an ageing population (Crandall, 1991; Crown, 1993; Cruikshank, 2003).

Table 1.3 Dependency Ratios in Hong Kong

	Year	Child	Elderly	Overall
Actual	2001	227	155	382
	2003	216	161	387
	2005	197	164	361
Projected	2013	163	178	341
	2023	168	282	449
	2033	171	428	598

Source: Council for Sustainable Development (2006), *Enhancing Population Potential for a Sustainable Future*, (p.15).

In Hong Kong, the elderly dependency ratio is currently increasing and is expected to double from 155 (for every 1000 individuals 15 to 64 years old) in 2001 to 428 in 2033, as shown in Table 1.3 (Council of Sustainable Development, 2006).

It is believed that this high and increasing elderly dependency ratio also has important implication for health care, especially long term care services (Department of Health, 2005). As Phillips and Chan (2002) asserted, long-term care needs to be conceived most broadly and should contain an array of social services, healthcare and personal care provided at home, in the community, and in institutions. The CSSA granted to the older population is another number that arouses social awareness. The ratio of older CSSA recipients to old age population had increased from 0.15 in 1998 to 0.17 in 2004, and was projected to reach 0.2 this year, i.e. one in every five old persons would be receiving CSSA (Census and Statistics Department, 2005; Chow and Chai, 2000; Ho, 2002). As of April 2005, these older recipients constitute over 50% of the total number of CSSA recipients cases (Social Welfare Department, 2005).

1.1.2 Volunteering: a Choice to Contribute?

Internationally, while some policy-makers emphasize the potential threats of population ageing, what has been called the "moral panic" approach (Walker, 1992), some make a louder call for civic engagement from the greying power: Huge social forces and resources are provided by the large numbers of baby boomers who are entering retirement age. For instance, in United States President George W. Bush's

2002 State of the Union Address, he asked every American, especially senior citizens, to contribute at least a couple of years to serving others. By offering such concrete encouragement, expanded opportunities to volunteer, enhanced volunteering and increased use of volunteers has become the main criteria in many government grants (Grossman and Furano, 2002). Organizations with volunteer programmes increasingly depend on the services provided by their volunteers.

Uncounted Contributions

In the United States, United Kingdom and other countries, older volunteers are making remarkable contributions. However, not everything that counts can be counted easily, as what older persons contribute through volunteering is their life experience, skill, wisdom and warmth to the other generations (United Nations Department of Public Information, 2002). Still, quite a lot of literature tried to quantify the contribution by older volunteers economically. For example, in the US, according to the Mariott Senior Volunteerism Study (Marriott Senior Living Services, 1991), senior Americans provide 3.6 million hours of voluntary service annually, which is estimated to be equivalent to US\$15.3 billion of productivity (Fischer and Schaffer, 1993).

1.1.3 Volunteering: A Choice to Age Well?

Apart from economic and social contributions, volunteering can also debunk the myths of growing older and is a lifestyle choice for active and successful ageing. For

instance, one of the public perceptions towards older persons is that older persons are frail. In fact, according to WHO (1999), a vast majority of older persons remains physically fit well into old age. As well as being able to taking care of themselves in daily living, they continue to play an active and important role in community life.

Successful Ageing

Remaining active and staying healthy is the key to successful ageing. Successful ageing refers to reaching one's potential and arriving at a level of physical, social and psychological well-being in old age that is good for both oneself and others (Gibson, 1995). This can be achieved by minimising disease and disability, and maximising (or at least maintaining) physical and cognitive function.

Figure 1.2 Successful Ageing

Source: Rowe and Kahn (1998)

According to the model of successful ageing (Fig. 1.2), psychosocial adjustment to the ageing process is one of the major pillars (Tate, Lah and Cuddy, 2003). It includes joining activities in which participants can maintain connection to other persons and productivity, and avoid diseases and disability (Rowe and Kahn, 1998; Strawbridge, Wallhagen and Cohen, 2002). Here, active participation is emphasised, in which the quality of later life depends on what older persons do for themselves, and that a suitable *choice* of lifestyle can prevent a number of diseases from developing (Gingold, 1992). Volunteering can satisfy such needs and can provide older persons with opportunities to adjust better to the ageing process (Chambre, 1987; Fisher and Schaffer, 1993; Hunter and Linn, 1980; Musick and Wilson, 2003; Smith, 2001).

1.2 Purposes, Objectives and Research Questions of This Study

It is widely perceived that active engagement in social and productive activities, such as volunteering, is beneficial to older persons, as shown in the successful ageing model, which will be further explained in a later section. However, only limited literature paid attention on the mechanism for promoting psychological health by volunteering and the barriers of volunteering in later life. This exploratory study aims to examine how psychological well-being (PWB) of older persons can be enhanced by involvement in voluntary services. Why do some older persons choose to commit themselves to voluntary work while others do not? And, supposed that volunteering is beneficial to older persons, there should be differences in well-being, especially psychological ones, between volunteers and non-volunteers. How then does the

volunteering experience impact on older volunteers' well-being? These concerns sum up to the objectives and research questions for this study as follows:

Objective 1

To explore the effects of volunteering on psychological well-being (PWB) of older volunteers by comparing the volunteers and non-volunteers

Research Question 1

What are the differences in PWB between older volunteers and non-volunteers?

Research Question 2

How does volunteering affect the PWB of older volunteers?

Objective 2

To make suggestions to volunteering programmes provided by elderly centres regarding the recruitment, maintenance, and retention of volunteers.

Research Question 3

How can the government, non-governmental organizations (NGOs) or other organizations enhance recruitment and retention of older persons?

1.3 Significance of the study

Although it has been shown by numerous studies that volunteering contributes to improved well-being outcomes for its participants, very limited literature has documented the mechanism of how volunteering, or the volunteering experience, affects psychological well-being specifically of older persons. This study can fill this research gap by providing a general picture of how volunteering influences the well-being of older volunteers. From knowing why a large number of older persons in Hong Kong still apparently stay away from volunteering, this study could hopefully offer deeper insights into how to further developments of volunteering in old age locally, and even alter the negative social images of older persons.

Chapter 2

Literature Review

In this chapter, two key concepts, namely psychological well-being (PWB) and volunteering, will be elaborated by reviewing relevant literature.

2.1 Volunteering

2.1.1 Concepts

There has been growing public and government interest in volunteering in recent decades, but the definition of term itself is still frequently debated. Different literature presents different definitions of volunteering, but all of them share a number of similar characteristics.

Volunteers

It is extremely difficult to define what a volunteer is, just as there is no standard answer on volunteering. According to the Agency for Volunteer Service (1994:1), a volunteer is “anyone who chooses to act in recognition of others’ need out of social responsibility without a regard to material reward”. In reality, a volunteer usually come into the public’s sense as simply the “do-gooder” or “helper” (Wardell, Lishman and Whalley, 2000:229).

Although volunteering usually involves contribution of time without coercion or remuneration (Smith, 1994), such a simplistic definition may not be able to cover the wide variety of situations volunteers might be involved in. These will be discussed in the following sections.

Volunteering and Voluntary Work

Before proceeding, it is imperative to distinguish between volunteering and voluntary or volunteer work. Intuitively, one would think of voluntary work as the work done when someone is volunteering. Bell (1999) provided a more in-depth explanation of volunteering:

Volunteering is an act committed in free choice. It is a decision taken in response to our own personal value and belief system at the deepest point. The process follows a wish to change something, a free choice to consider the wish, a prizing or valuing of the personal wish and finally the decision to act upon the wish and to make it happen. (p. 33)

According to her, volunteering is a process, which starts when the volunteer first has a desire to help. The volunteer would then, on his or her own, weigh the pros and cons of this desire according to his or her own beliefs and values. Should he or she find that this desire is worthy of pursuing, he or she would make the decision to go ahead and do something to fulfil the desire. This whole action, from having the desire to help to really doing something to help, is what she called “volunteering”. With this in mind, it is easy to explain voluntary work. Voluntary work is simply the

work done in the course of volunteering, that is, the thing done in the “do something to fulfil the desire” step stated above.

It might be easier to visualize the difference between these two ideas using an example in everyday life: Suppose A were thirsty. B saw this and immediately had the idea of getting A a drink. B pondered about this, and believed that it was of worthy cause to run all the way to the kitchen to pour a cup of water for A. So B went and got A some water. In this story, B is involved in the act of volunteering, as he had the wish to help, considered the wish freely, and put the wish into action. The actual process of running to the kitchen to get the water, then, would be the voluntary work B had done.

This idea of volunteering and voluntary work would be utilized in this study, but as will be discussed in the next section, there is not a widely accepted definition of volunteering, and scholars continue to struggle with how to accurately describe and measure it (Carson 1999).

Difficulties in Defining Volunteering

One thing that can be inferred from reviewing different literature on volunteering is that defining the term is no easy task. Carson (1999) listed various challenges in trying to define volunteering:

1. When volunteering is considered “a cultural activity that is conditioned by multiple factors including ethnic traditions, religious beliefs, and legal regulations” (p. 68);
2. Should the volunteers’ families or friends be considered clients;
3. Informal vs. formal volunteering;
4. The presence of compulsory participation and remuneration.

To illustrate the first point, take the United States for example. In this country many consider a “nation of volunteers”, *volunteering* can be perceived, from a social capital perspective, as the “currency that helps sustain the social contract, and to build the social bonds” (Baldock, 2004:584). Bell (1999), however, proposed that volunteering stems from the “long established, ancient tradition of sharing. As such, many communities have been linked by strong unwritten social pacts where people have taken as a norm the imperative of sharing their skills, time, ideas, and energy with their neighbours.” In the same paper, she also explored the effect of personal belief on volunteering: “Volunteering is an act committed in free choice. It is a decision taken in response to our own personal value and belief system at the deepest point” (Bell, 1999:33). The difficulty here is that traditions and beliefs vary from country to country, and it is unlikely that a single definition can cover the different manifestations of volunteering across cultures (Carson 1999). In this example, it can easily be seen that different cultures have different perceptions of volunteering. Many people in the US see volunteering as a way to foster social ties, while in some other cultures, volunteering is seen as an imperative act for the survival of their

people.

Regarding the second point, some researchers held a more encompassing view of the people who could be included as clients in the definition of volunteering, stating that as long as one is helping someone else, that could be considered volunteering. For example, various researchers suggested that volunteering can be routinely identified as work that is unpaid, that benefits other individuals or organizations, and that is taken on freely (Kincade, Rabiner, Bernard, Woomert, Konrad, DeFries et al, 1996; Musick and Wilson, 2002; Mutchler, Burr and Francis, 2003; Zweigenhaft, Armstrong, Quintis and Riddick, 1996). Fischer and Schaffer (1993) shared the same view, defining volunteering as “an activity intended to help others, it is not done primarily for monetary compensation or material gain, and it is not based on obligation.” On the flip side, some groups had a stricter definition. The United Kingdom based “The Volunteering Unit”, in a 1995 publication, considered volunteering “the commitment of time and energy for the benefit of society and the community; the environment; or individuals outside of one’s own immediate family. It is undertaken freely and by choice, without concern for financial gain” (cited by Wardell et. al. 2000, p. 229). Van Willigen (2000) also provided a broad conceptualization for voluntary work, which he recognized to be unpaid work done for those who have no contractual, familial or friendship relationship with the volunteers. These definitions of volunteering require the people being helped by the volunteer to be unrelated to the volunteer, but Carson questioned the appropriateness of this criterion. The point he held was that it is unclear how the voluntary work

performed for family members is different from the same work performed for a stranger.

Next is the question of formal versus informal volunteering. As will be further explained below, formal volunteering is organized through organizations, while informal volunteering is not. It is a standard approach to only focus on formal volunteering while excluding informal volunteering. For example, Dekker and Halman (2003) summarized volunteering according to several common elements, namely volunteering is (1) non-obligatory; (2) done for the sake of benefits of others (the whole society or specific organization); (3) unpaid; and less commonly, (4) carried out in an organized context. Whereas Herzog and Morgan (1993:120) defined voluntary work as “work without pay in a formal organization such as a church, hospital, or school”, and that “formal volunteer work has a more purely altruistic or philanthropic character”. Voicu and Voicu (2003:144) further defined volunteering as an activity “(that is) formal, nonaltruistic and uncommodified”, and “through which the individual spends a part of his time, without any wage, by free choice, in a formal way, within an organization, working for the benefits of others or of the entire community”. Carson (1999) pointed out the problem with this, suggesting that some racial and ethnic groups or nationalities might be more likely to engage in informal rather than formal volunteering, and that the exclusion of informal volunteering might unfairly depict the volunteer behaviour of these groups.

Finally, on the topic of compulsory participation, both Chanan and Lightfoot (1990)

and Carson (1999) pointed out that there is an increasing trend for schools to require students to fulfil some kind of public or community service requirement to graduate (26% according to Metz and Youniss 2005). Although they are routinely referred to as volunteers, it is unlikely that there would be 100% compliance if not for the requirement (Carson 1999). Should they be considered volunteers then? There are also volunteer programmes that provide stipends or scholarships to their participants, for example, Peace Corps and Americorps programmes in the United States. Their participants are generally regarded as volunteers, but since they are remunerated, should they be considered so? Some considered remunerated voluntary work to be acceptable. Brown (1999), when defining voluntary work in the notion of productivity, stated that it can be any activity that has a value greater than any token paid or remuneration received, including non-paid overtime work in workplace. This point is echoed by Blacksell and Phillips (1994), and Meijjs and his colleagues (2003), who argued that voluntary work without any wage for expenses might hinder people with limited financial resources to participate. Thus, it is acceptable for volunteers to have their expenses, such as travel and meals, reimbursed.

Although there are so many factors to consider when trying to define volunteering, and the current definition for it is so diverse, some similarities, or fundamental characteristics, of volunteering could be drawn. Before presenting this, the different ideas proposed by the various researchers are summarized in the Table 2.1.

The United Nations Volunteers (1999) suggested that volunteering can be conveyed

in different forms and meanings in different social settings. This is clearly seen from the table, in which different authors have different ideas of what contributes to the definition of volunteering. Despite of this, there are certain factors that most of them commonly agree on, namely: (1) unpaid / no financial gain; (2) on free will / non-obligatory; and (3) benefit others. This is in agreement with the United Nations Volunteers' (1999) view on volunteering: "First, such activity should not be done for financial rewards, although reimbursement of expenses may be allowed. Second, the activity should be done voluntarily. Third, the activity should benefit someone rather than the volunteer".

Regarding the third point just mentioned, a number of literature suggested some grey areas in motivations to volunteer, that is, volunteers can also find such an activity rewarding and avail themselves to the opportunity to improve their life (Conrad Glass and Jolly, 1997; Hunter and Linn, 1981; Menec, 2003; Moen, Dempster-McClain and Williams, 1992; Musick and Wilson, 2002; Pushkar, Reis and Morros, 2002). Smith (2001) also held a different viewpoint from the idea of "one-way benefits from volunteers to others", stating that although volunteering must benefit the community, it can also be rewarding to the volunteers, often in intangible ways. This will be further discussed in a later section.

Formal and Informal Volunteering

As explained above, volunteering in a broader sense contains multiple definitions

with different components. In the past, volunteering could be defined using simply a few elements: service to someone beyond oneself, being willing to contribute time and effort without expecting a pay, and donating time and effort on top of one's normal responsibilities. Thus, merely assisting friends, neighbours and family members outside his or her own household could already be considered volunteering. Clearly, voluntary work in such informal settings differs greatly in structure and organization from those formally organized by groups, although their content might be quite similar (Fischer, Mueller and Cooper, 1991; Musick, Wilson and Bynum, 2000; Mutchler, Burr and Caro, 2003; Williams, 2002; Wilson and Musick 1997a).

Hence, volunteering can be distinguished into two different types: *formal* and *informal*. Some voluntary work is similar to paid work in that volunteers are asked to perform defined tasks for specific time periods within the context of a formal organization. This is typically regarded as *formal volunteering*, i.e. helping others via groups or organizations. On the other hand, *informal volunteering* means voluntary work that is done personally or not through an organization. This includes helping friends, neighbours and family members inside or outside the household, or working voluntarily after hours without getting any extra pay.

Table 2.1 Different Definitions of “Volunteering”

Author(s) (Year)	Attributes of Volunteering					
	Unpaid / No financial gain	On free will / Non- obligatory	Benefit others	Benefit outsider only	Formal	Altruistic
Bell (1999)		✓	✓			
Chanan and Lightfoot (1990)	✓	✓				
Dekker and Halman (2003)	✓	✓	✓		✓	
Fischer and Schaffer (1993)	✓	✓	✓			✓
Herzog and Morgan (1993)	✓				✓	✓
Kincade et al (1996)	✓	✓	✓			
Li, Li, and Wang (2002)	✓	✓	✓			
Musick and Wilson (2002)	✓	✓	✓			
Mutchler et al (2003)	✓	✓	✓			
Pidgeon (1998)		✓	✓			
Van Willigen (2000)	✓			✓		
Voicu and Voicu (2003)	✓	✓	✓		✓	
Wardell et al (2000)	✓	✓	✓	✓		
Zweigenhaft et al (1996)	✓	✓	✓			

2.1.2 Present Models of Voluntary Work

As mentioned in the previous section, a number of factors have been considered as determinants in the definition of volunteering. These factors can be summarised through five models of voluntary work. According to Thoits and Hewitt (2001), these four models are:

1. Volunteer motivations model;
2. Values and attitude model;
3. Role-identity model/group identity model;
4. The volunteer personality model; and
5. The personal well-being model.

The first model, volunteer motivations model, emphasises on the individuals' motivations and goals in volunteering. It had been suggested that volunteering can serve different functions for different people, and sometimes multiple functions for a single individual (Omoto and Snyder, 1990). People volunteer because of different reasons, for instance, to be happy, to learn new things, to make friends, to reduce threats of role loss after retirement, or a combination of these reasons.

A second model, values and attitude model, focuses on the relationship between volunteering and individuals' belief in the importance of social responsibility. These values and attitude positively affect the patterns of volunteering. For example, in

Bekkers' (2005) investigation on the predictive value of personality characteristics, political values and social conditions for civic engagement in Netherlands, citizens with greater interest in politics were more likely to be members of voluntary associations and were more likely to volunteer for an association.

The third model, role identity model or group identity model, suggests that individuals are motivated to help people with whom they are collectively identified (Simon, Sturmer and Steffens, 2000). For example, feminists will be more likely to help females who were treated unfairly. In this model, identification with a needy or disadvantaged group may become a motivating factor for volunteering.

The fourth model, the volunteer personality model, points out that personality could motivate voluntary work. Penner and Finkelstein (1998), Eisenberg (2000), and Atkins, Hart and Donnelly (2005) demonstrated that empathy and positive emotionality are associated with prosocial behaviour. These results implied that people who have positive personality might be more likely to volunteer.

The fifth model, the personal well-being model (a model derived from the fourth model, the volunteer personality model), suggests that personality, physical and mental health are necessary resources for becoming engaged in community services (Atkins et al., 2005). Not surprisingly, for people who have similar levels of physical and mental health, those who are confident about themselves are more likely to participate in volunteering.

2.1.3 Benefits and Rewards of Volunteering

While contributing to the society, volunteering can also be rewarding to older volunteers. Prolonged lifespan implies that older persons, as they age, would experience many undesirable events and hardships. For example, according to Freedman (2000/01), isolation and lack of purpose could increase older persons' risk of deterioration and illness. Volunteering may play an important role in tackling these problems by helping older persons retain their status and social contact (Chambre, 1987; Kerschiner, 1998), neutralising the effects of loneliness (Hunter and Linn, 1980-81), adding purpose to life (Haskell, 2004; Sewell Jr., 1988; Smith, 2001), fostering a sense of usefulness (Cruikshank, 2003; Musick et al., 1999), and creating structure for daily life (Bradley, 1999/2000).

Reciprocal Nature of Rewards

The President of American Society of Safety Engineers, Mr. Gene Barfield, stated that (2005), "Volunteering is giving, not taking, contributing, not counting", but this understanding of "volunteering" is changing. According to Wilson (2000), volunteering means any activity in which time is given freely to benefit another person, group, or organization. Recall the "grey area" in the traditional definition of volunteering discussed in the previous section. It can be seen that Wilson's notion still failed to include the benefits of volunteering on the volunteers. However, a growing number of literature is showing that the benefits of volunteering are

reciprocal, that is to say, both the givers and the receivers can benefit (Beisgen and Kraitchman, 2003; Bell, 1999:28, 30; Chambre, 1987; Fischer and Schaffer, 1993; Greenfield and Marks, 2004; Menec, 2003; Morrow-Howell, 2000; Musick and Wilson, 2003; Reed and Selbee, 2003).

As a Transition to Retirement

Productive engagement and strong social networks contribute to prolonged health, especially PWB. Serving, as a form of productive engagement, can foster strong social networks among older persons and thus is advantageous to them. A number of literature suggests that older persons can benefit from volunteering as a way to serve (Beisgen and Kraitchman, 2003; Chambre, 1987; Fischer and Schaffer, 1993; Greenfield and Marks, 2004; Menec, 2003; Morrow-Howell, 2000; Musick and Wilson, 2003, Reed and Selbee, 2003).

Volunteering helps improve the health of the older volunteers by providing the older persons with a new role to compensate for job roles that might have been lost with retirement. To many, retirement means a transition from engagement to disengagement, and from being employed to unemployed. Volunteering remains one of the potential alternatives to complete retirement for retirees – an alternative that could buffer many losses one might face with the withdrawal from the work role (Walford, 2005).

Another function of volunteering is to “satisfy communication needs, fill unused time, neutralize the effect of loneliness and create a functional, status-bearing role” after retirement (Hunter and Linn, 1980:205). This was also observed by Haskell (2004), in which he found that in addition to renewed sense of purposes in later life, his respondents also indicated volunteering as a way to show gratitude to the society and to those who gave them a helping hand, and a way to obtain a sense of usefulness and success. This is because volunteering offers an avenue for exercising skills and talents gained through a lifetime of experience (Lipson, 1994).

2.1.4 The Profile of Older Volunteers

Who volunteers?

Traditionally, older persons are thought of as the major recipients, instead of providers, of voluntary services. In reality, though, as members of groups who are perceived to have higher demands in social services and lower level of civic engagements, they are actually increasingly participating in volunteering. In his study, Bradley (1999/2000) found that the volunteering rate among those aged 65 or above substantially increased from 11% in 1965 to 40% in 1990, and a survey by “Call to” (2000) found that 45% of people between 65 to 74 of age and 35% of those over 75 volunteered.

Various factors contribute to this growth. Specifically, Chambre (1993) noted that

changes to traditional values, demographic composition and volunteer programme settings have resulted in increasing participation in volunteering, with the largest growth found among the older population.

In some studies, age and marital status were found to have a significant influence on older persons' willingness to volunteer. Married people are more likely to volunteer than those who are widowed or not married (Bowen, Anderson and Urban, 2000). However, this situation tends to reverse in the older age groups (e.g. the oldest olds). This is because as women get older, they are more prone to become widows. Thus, although it is inevitable that social participation in all forms declines with age, the percentage of widows who volunteers in the higher age groups would still become bigger. (Chambre, 1993).

Why volunteer?

Motivations to volunteer are complex. Research studies identified a variety of factors that motivate older persons to engage in volunteering. According to Omoto and Snyder (cited in Kuntz, 2001), there are two broad reasons. The first one is altruism, a feeling of moral or religious obligation to help others, or hetero-centredness, meaning focused on others. The other is egoism or self-centredness, in which volunteers expect to get some benefits from such participation for themselves. Lee (2003) shared similar opinions. Despite altruism, in which the need of others is the only emphasis, older volunteers may also benefit themselves from such activity.

These reasons of volunteering are not mutually exclusive of each other, as no volunteer can be classified purely according to either type of motives. Rather, volunteers are more likely to be driven by a combination of such.

Snyder and his colleagues (Clary and Snyder 1999:157; Clary, Snyder, Ridge, Copeland, Stukas, Haugen et al., 1998:1517-1518) further developed a multidimensional set of motivation to volunteering (MTV) from a functional perspective, including:

1. *Career*: to gain career-related experience;
2. *Enhancement*: to develop psychologically through volunteer activities;
3. *Protective*: to reduce negative feelings, such as guilt, or to address personal problems;
4. *Social*: to strengthen social relationships;
5. *Understanding*: to learn more about the world; and
6. *Value*: to express or act on important values like humanitarianism.

These multi-dimensional motivations reveal both the complexity of the MTVs and the reciprocity of volunteering in terms of rewards perceived by the volunteers.

Unlike younger citizens, older persons are more likely to reduce the time they invest in work and homemaking. Some question whether it is still necessary for older persons to gain career-related experience through volunteering, while some literature

argued the differences in motivations and volunteering patterns of older persons as opposed to other age groups. Chappell and Prince (1997) supported the view that older volunteers have different MTVs and participate in different voluntary activities from middle-aged volunteers, and that older volunteers who take social obligations and values importantly tend to be involved in service provision, while those who volunteer out of self-interest engage more in information sharing. In Okun's (1994) study of the relationship between MTVs and the frequency of volunteering by older persons, the first three motives were "to help others" (83%), "to feel useful or productive" (65%) and "to fulfil a moral obligation" (51%). In a later study, Okun and her colleagues (2003) tried to draw relationships among the age of the participants and the various MTVs. As expected, age is a significant inverse predictor of the Career MTV. This is reasonable, considering that younger people, with a long career path ahead of them, should be more interested in gaining career related knowledge than older persons. At the same time, 60- to 69-year-old volunteers showed considerably higher motivation to make friends than those in the 70 or older group, implying that when faced with retirement and relocation, older persons or new retirees may choose to involve in volunteering to replenish their diminishing social networks.

Older Volunteers in Hong Kong

Information from both the Government and NGOs suggests an increasing number of older volunteers. For example, as shown in Table 2.2, Volunteer Movement had seen

an increasing number of older volunteers registered with them, from 35,671 in 1998 to 75,223 in 2005.

Table 2.2 Age Distribution of Registered Volunteers in Hong Kong (1998-2005)

Year	Age 12 or below	Age 13-25	Age 26-59	Age 60 or above	Total
1998	7,923	78,277	51,273	35,671	173,144
1999	9,120	80,777	54,220	36,271	180,388
2000	14,120	105,590	72,100	45,159	236,969
2001	16,536	115,615	84,972	48,517	265,640
2002	22,640	158,234	112,298	58,250	351,422
2003	31,548	203,370	140,261	67,531	442,710
2004	34,293	216,799	150,485	69,277	470,854
2005	40,631	240,278	171,645	75,223	527,777

Source: Volunteer Movement, *Volunteer Movement Participating Organizations & Registered Volunteers*. 2005.

Despite the doubling of the number of older volunteers, the Census and Statistics Department (2003; 2005) figures showed that only less than 8% of the older population is volunteering. Compared to the rates of volunteering in older population in other countries, such as 28-36% in the US (Hendricks and Culter, 2004), the figure in Hong Kong is fairly small, implying that a huge pool of potential older volunteers with rich life experience and free time remains untapped.

2.2 Health and Well-Being

Health, or well-being, is an important concern in social gerontology. In general, health is perceived according to WHO's (2003) definition:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health and well-being are elusive concepts. In numerous research studies, health was equalized to well-being, but they differ from each other in everyday usage. Referring to Cambridge Online Dictionary (2006), health means “the condition of the body and the degree to which it is free from illness, or the state of being well”, while well-being means “the state of feeling healthy and happy”. The former involves clinical assessment and the latter deals with perceived, felt and self-evaluated goodness towards the global functioning as a human being. Thus, it is possible that someone on medication might report his or her health as “excellent” simply because they feel well, but according to a practitioner’s point of view, he or she may not fulfil the clinical standard of excellent health because he or she is on medication. Therefore, to minimise any misunderstanding, when psychological condition is concerned in the future discussions in this study, the term “mental health” or “psychological health” would be avoided because of their medical connotation (Lazarus and Lazarus, 2006), and the phrase “well-being” will be used, as in the term “psychological well-being”.

2.3 Psychological Well-Being (PWB)

2.3.1 Concepts

There had been many attempts to describe PWB in concrete terms, resulting in a list

of qualities that constitutes a psychologically healthy person, but at present there is no general agreement on how it should be defined.

PWB can be seen as the mental health branch of a group of factors that affects people's everyday life (Lawton, Winter, Kleban and Ruckdeschel, 1999). For example, PWB can be interpreted in terms of *life satisfaction* (Butler, 2002; Conrad Glass and Jolly, 1997; Moen et al, 1992; Onyx and Warburton, 2003; Van Willigen, 2000; Public Health Agency of Canada, Wilson, 2000), *self-esteem* (Lansford, Antonucci, Akiyama and Takahashi, 2005; Moen et al, 1992; Musick and Wilson, 2003), *self-efficacy* (Lansford et al, 2005) to *depression* (Hunter and Linn, 1981; Lam, Ho and Wong, 2003). It can also be viewed in a multidimensional way, which includes the absence of negative emotion, the presences of positive experiences, and global life satisfaction (Diener, Suh, Lucas and Smith, 1999).

2.3.2 Subjective Well-Being and Psychological Well-Being

In later literature, in addition to subjective factors, objective (or interpersonal) characteristics are taken into consideration in the theoretical modelling of PWB. Subjective evaluation of psychological health was challenged by those who claim that subjective well-being (SWB) is only one aspect of PWB (for example, see Diener, Suh, and Oishi, 1997). Additional factors were outlined beyond SWB, such as environmental mastery, personal growth and purpose in life, which are important to psychological health (Ryff, 1989; Ryff et al, 2002). In her work on SWB and

PWB, Ryff (2002) defined SWB as “global life satisfaction and scales of positive and negative affect” (p.1011), while PWB entailed “perception of engagement with existential challenges of life” (p.1007). Such definitions provide a better-rounded theoretical basis for PWB, which includes not only the subjective sense of wellness but also objective issues such as psychiatric and behavioural references.

Subjective Well-Being (SWB)

The conceptualization of PWB has been changing throughout the decades. In early literature, PWB was usually portrayed as happiness, or a balance of an outcome of positive and negative affect (Lucas, Diener and Suh, 1996). In Bradburn and his colleagues’ studies on understanding the psychological reactions of normal individuals to events in his or her everyday life, PWB was seen as a function of two independent dimensions, positive and negative affect (Bradburn and Caplovitz, 1965; Bradburn, 1969). This model of PWB specified that “an individual will be high in psychological well-being in the degree to which he has an excess of positive over negative affect” and “will be low in well-being in the degree to which negative affect predominates over positive” (Bradburn, 1969:9). In other words, general PWB can be expressed as the balance between positive and negative affect, which are independent from each other.

Life satisfaction, unlike happiness, is a judgment - a long-term assessment of overall value and completeness of one’s life (Fleeson, 2004; Ryff, Keyes and Shmotkin

2002). Fried and Mebrotra (1998:54) defined life satisfaction as “a person’s subjective sense of well-being. It is typically associated with the relationship between a person’s goals and achievements, and it is also linked to socioeconomic status, health, and family and community attachment”. In other words, satisfaction with one’s life implies contentment with his or her life, and the level depends on how one accepts the life circumstances or the fulfilment of one’s wants and needs for one’s life as a whole (Sousa and Lyubomirsky, 2001)

Life satisfaction is consisted of four dimensions: (1) a sense of responsibility for the events in his or her life; (2) the presence of congruence between the goals he or she wanted and the goals achieved; (3) pleasures derived from his or her everyday activities; and (4) a happy and optimistic mood tone. In addition, ratings of life satisfaction tend to be more stable than affective aspects of well-being (Campbell, Converse and Rodgers, 1976; Larson, Mannell and Zuzanek, 1986; Ryff, 1989), and it seems to be one of the powerful indicators to measure the level of psychological well-being of older persons (see, e.g. Lang 1999; Siu and Phillips, 2000).

Self-esteem is a sum of relative weights given to both valued and disvalued aspects of self-concept (Bengtson, Reedy and Gordon, 1985). In other words, self-esteem is a function of one’s perceived level of success in relation to one’s ideal expectations of self (James, 1980). Whether self-esteem changes with age is still questionable, because it depends on whether individuals perceive their roles and identities to be salient to their sense of self, and whether they perceive the quality of their

performance in those salient roles to be competent (Nuttbrock and Freudiger, 1991). Literature on self-esteem in old age had produced different findings, with some studies showing a decline (e.g. Ranzijn, Keeves, Luszcz and Feather, 1998) and others showing an increase or no change (e.g. Erdwins, Mellinger and Tyer, 1981; Gove, Ortega and Style, 1989) as age increases. In Reitzes, Mutran and Fernandez's (2000/01) study of social psychological consequences of retirement, self-esteem reflected theoretically and empirically distinct dimensions of well-being. It could be sensitive to changes in social status in the transition into retirement. Thus, self-esteem is more likely to be influenced by retirement in different ways.

Objective Well-Being (OWB)

In literature involving volunteering and PWB within the field of social gerontology, well-being had been investigated most commonly in terms of life satisfaction (Ryff, 1989; Van Milligen, 2000). To address the substantial limitations in previous research, this study focuses on not only subjective (self-evaluation on positive and negative emotions and quality of life), but also objective assessment (perception on the ways of going through any challenges in life). Objective assessment of PWB is usually related to psychiatric morbidity or illness through clinical means, particularly depression. However, the word "morbidity" or "illness" implies most psychological dysfunctions are yet unresolved problems (Lazarus and Lazarus, 2006). In Goldberg's (1972) construction of a questionnaire to detect general psychiatric conditions in community settings and non-psychiatric clinical settings, psychological

disorder was identified in two main aspects: inability to carry out one's normal "healthy" functions, and the appearance of new phenomena of a distressing nature. An individual falling into any of these states could be considered as disturbed, emotionally stirred up, and altered in these two aspects from his normal self (Goldberg, 1978).

2.4 Role Theory

Role Theory is a one of the oldest central theories in social gerontological and psychological studies developed before 1960s. According to Castillo (n.d.), Role Theory hypothesizes that roles define who a person is, determine one's self-concept and affect one's behaviour. Roles give people a sense of worth and achievement and help shape their behaviour and self-concept (Hooyman and Kiyak, 2005).

Age norms open and close off the roles that one should perform according to his or her chronological age. According to Hooyman and Kiyak (2005), age norms are the assumptions of age-related capacities and limitations. Most people in the society have age-normative expectations towards the appropriate age at which older cohorts enter their third age. Because many roles are age-structured, loss in work role, family role and other opportunities for meaningful and productive social engagement result in loss of identity, self-esteem and psychological health for an individual (Herzog, House and Morgan, 1990).

Within various social roles, work role is enormously significant to self-esteem, social interaction and identity. Parsons (1949) considered the loss of work as the central issue of ageing, which resulted in loss of purpose in life. For instance, retirement is an adjustment of one's principle role, usually a paid-work role, a role that is central to a person's identity (Kim and Moen, 2001). Roles are formed based on a set of behavioural expectations that constitute a particular status (Passuth and Bengtson, 1988). Older persons tend to face an ever decreasing number of roles, which consequently limits their active participation in the community. This decrease in social participation can lead to feelings of depression and usefulness in one's later years.

Volunteering has psychological advantages for older persons. Learning to deal with role loss in retirement age can in fact maintain or enhance older persons' psychological well-being. Roles also seem to become vague with age and therefore there is a decrease in self-concept. Role Theory suggests that retirement can be a stressful event for individuals because of the loss of a fundamental social role. Because people are seldom socialized to ageing, this results in role loss and uncertainty accompanied the retirement (Marshall, 2004). For older persons, it has often been said that there are no roles available, unless a role of retirees is accepted as valid. In this sense, ageing was termed the "roleless role" (Gelfand, 2003). For example, many older male persons wish to return to work after retirement because of the rolelessness or the lack of fulfilment during retirement. Volunteer role may facilitate the maintenance of one's identity and well-being after retirement by

providing its participants with a work-like lifestyle.

Figure 2.1 Relationship between Older Volunteers And Non-Volunteers in Purpose in Life across Major Role-identity Absences

Source: Greenfield and Marks (2004)

A number of research studies show a significant relationship between role loss and psychological well-being. A research done by Kim and Moen (2002) on marital, parental and employment status suggested that an absence in any one of the major roles is associated with negative psychological well-being. It was also found that “many role losses” is a risk factor for poorer psychological well-being (Coleman, Antonucci and Adelman, 1987; Hong and Seltzer, 1995). Greenfield and Marks (2004) found in their study that volunteering serves as a protective factor against declined psychological well-being as well as a larger number of role losses (Figure 2.1). These research findings suggest that older persons who volunteer may perform

better in psychological well-being than those who do not.

2.5 Activity Theory

The second theory, Activity Theory, is a functionalist theory which claims that a successful old age can be achieved only by maintaining roles and relationships (Powell, 2001). In this perspective, Activity Theory postulates that older individuals who are engaged in a variety of social activities throughout their lives are more likely to continue to be actively involved as they age (Havighurst, Neugarten, and Tobin, 1968). Havighurst and his colleagues developed the Activity Theory based on the assumption that older persons who are more active tend to be happier and better adjusted to later life, and the concept that happy older persons are active and engage more in activities. The central idea of Activity Theory is that a high level of engagement in activities, especially those with social and interpersonal functions, can be maintained throughout life and are predictive of life satisfaction.

Activity Theory also assumes that older persons age successfully when they stay active in their later life, and literature in recent decades has shown a positive relationship between active involvement in social activities and well-being (for example, see Passuth and Bengtson, 1988). This theory also emphasizes on continuous social interaction, which plays a major role in the development of self-concept among older persons. In other words, one's self-concept and the roles one holds are correlated. Thus, older persons should substitute new roles for those they

lose in old age so as to maintain a positive sense of self. This synchronizes with Chambré's (1987) model of how older persons can adapt better to the ageing process with role substitution in an activity perspective. Active engagement in community services allows older persons to maintain a stable level of social involvement as various commitments reduce with age. Older persons can obtain the same gratification from newly developed roles as those previously acquired from the lost roles. High level of activity positively affects older persons' level of well-being, even though the activities might be quite different from those in the earlier roles, because activity promotes people's feeling about themselves, which in turn is beneficial to their overall sense of well-being.

Some literature on Activity Theory paid substantial attention on the link between activity and life satisfaction, which is one of the most important components of psychological well-being. Early works, such as Lemon, Bengston and Peterson's (1972) investigation on the relationship between social activity and life satisfaction, proposed that social activities, especially those involving friends, can in all cases be related to life satisfaction. This might be due to the case that our emotional lives depend on how we are praised and construe what is happening in our relations with others. Emotions are the result of the outcomes of our goals and beliefs as we view them. It takes two forces to create emotions: Personal and the environment. The relationship between them is what counts (Lazarus and Lazarus 2006). Katz (1996) considered old age as a time of individual growth and renewed social relationships, and satisfaction in life comes from social interaction and engagement – the more

active the older persons are, the higher their life satisfaction and morale would be. Menec (2003) suggested that both the frequency of participation in activities and their level of intimacy are important for life satisfaction - the greater the frequency of activity, the greater the life satisfaction; the more intimate the activity, the greater the life satisfaction.

As Activity Theory suggests that if certain roles and activities are lost due to old age, it is important to develop a new set of roles and activities to replace them. Replacement of roles and activities is compelling for the older persons because it enhances their life satisfaction. Therefore, older persons, especially the new retirees, can be emancipated from the stress of role loss. By engaging in social activities that improve social network and relationships, older persons are more likely to receive benefits needed for good psychological well-being, such as self-esteem and life satisfaction. However, while Activity Theory is extensively applied in social gerontological research today, it has been strongly criticized (Burnett-Wolle and Godley, 2005). First, the researchers who developed the theory lack empirical support (Lemon et al., 1972). Moreover, while this theory suggests that participation in activity and social relationships leads to better psychological well-being, this link disappears with declining physical health.

Chapter 3 Theoretical Framework

The conceptual framework of this research study is grounded within the concepts of *Successful Ageing* by Rowe et al (1998), fundamentally supported by *Role Theory* developed by Parsons (1942) and George (1990), (2) *Activity Theory* of aging developed Havighurst, Neugarten and Tobin (1964), Neugarten et al., (1961) and Lemon et al. (1972), and *productive ageing* by Caro, Bass and Chen (1993), Moen (1995) and O'Reilly and Caro (1994). These theoretical concepts and explanations describe psychological changes in a lifelong process, especially in old age. Based on the two traditional social gerontological theories, Activity Theory and Role Theory, the theoretical framework of this study was developed within the ideas of Successful Ageing to provide a new lens for the examination of the role of volunteering in old age in enhancing its older participants' psychological well-being. Basically, Activity Theory, Role Theory and Successful Ageing suggest that more of some things can be better – that is, older persons can accomplish better well-being by involving in more activities, gain more roles and adjust themselves in old age with better lifestyle.

3.1 Work, Retirement and Role Change

In a work-oriented city like Hong Kong, work for many people is not simply a means to earn a living. Apart from a source of income, it is also a basic source of identity and a platform for social network formation. For most people having a job, work serves other functions than one of earning a living. Talcott Parsons (1942)

highlighted this social phenomenon, by assuming from a social role perspective that work is a central activity in people lives and retirement uncovers the loss of work role and the beginning of isolation. In the research study of the meaning of work among a national sample working men in the U.S., Morse and Weiss (1955) indicated that although the working men had enough money to support themselves, they would still want to work because work gives them a feeling of being tied into the larger society, having something to do, having a purpose in life. Those leaving the workforce may experience stress, social isolation and lower levels of psychological well-being (Mein, Higgs, Ferrie and Standfeld, 1998; Moen and Fields, 2002). For most of the older persons, retirement from their job is a milestone. This is not only a life transition, but also a transformation that may be related to psychological well-being. Like what Kim and Moen (2002) mentioned in their study, retirement experience on the one hand may promote a sense of well-being, as workers move out of demanding and stressful careers; but on the other hand, the retirement transition may lead to declining well-being, as individuals lose their occupational attachments, their social network of co-workers and a major source of their identities. In other words, retirement, which may perceived as a marking stage of loss of work role, may lead to numerous undesirable life conditions because of lacking adjustment and adaptation to such transition.

Different adjustment patterns to change among individuals can be identified by examining the shifts in role activities that accompany life transitions (Carter and Cook, 1995). Roles are composed of activities and behaviours that a person should perform, and it may be fundamental in studying one's adjustment to change (Geroge,

1990). Retirement can be considered as a transition that involves role changes. Role activities that might diminish are usually related to work functions that involve contacts with colleagues. This diminution is largely influenced by retirement. Such influence of role loss in post-retirement age on individuals depends on the meaning of work to individuals, the availability of role substitutes, and proper retirement adjustment, for example exploration of alternative role source. Here, activities such as volunteering might serve this function regarding its opportunities for meaning, role enactment and productivity in nature (Herzog and House, 1991).

Volunteering has been recognised to have positive psychological advantages for older persons (Van Willigen, 2000). As older persons are more prone to major role-identity absence in retirement, those with such absences would derive great psychological outcomes from volunteering.

3.2 Successful Ageing

How can people age successfully? This is an age-old question in the study of successful ageing, and different people would come up with different answers: People age well if they do not smoke, do not abuse alcohol, maintain a healthy weight, exercise regularly, and do not break their connections to the society. However, these laymen points of view differ drastically from those of the experts.

In recent years, the concept of successful ageing has gained considerable attention in the field because of changing demographic trends and social forces. This concept

involves quite a wide range of general agreements. For example, Glass (2003) referred to successful ageing as the capacity of functioning across cognitive, social and emotional domains within pathological states, whereas Freund and Baltes (1998) used the selective optimization with compensation (SOC) model as an outcome measure of successful ageing. Rowe and Kahn's (1987; 1998) proposed theory of successful ageing described older persons who had a low level (or avoiding) of disease or disability, a high cognitive and physical functioning capacity, and an active engagement with life as successful (as shown in Fig. 2).

Figure 3.1 Successful ageing

Source: Rowe and Kahn (1998), *Successful Aging*.

Unlike successful ageing, which conceptually emphasizes on how older persons can arrive at a level of physical, social and psychological well-being in old age, productive ageing can be thought of practically as engagement over a lifetime in paid or unpaid work that produce goods or services valued by the self and society (Levkoff, Chee and Nuguchi, 2001). It also views older persons as representing (1) an opportunity rather than a crisis, (2) a solution rather than a problem, (3) an asset

rather than a burden, (4) a recourse rather than a drain on resources, and (5) a group that can make social, economic and cultural contributions rather than one that merely constitutes an expanding portion of the population (Kerschiner and Pegues, 1998:1447). One of the ways older persons are able to represent these perceptions is by providing help to others.

3.3 Theoretical framework of the Present Study

Figure 3.2 Theoretical Framework of the Present Study

Based on the arguments of Activity Theory, which states that well-being, especially life satisfaction, will be enhanced by active engagement in activities, and Role Theory, which claims that self-concept will decrease as people lose their roles in transition (for example, retirement), it could be postulated that volunteering can

make older persons age successfully by helping retired persons remain active and compensate for their role loss by adding new roles, such as transferring their caregiving roles from their adult children to the needy in our society, resulting in an improvement in their psychological well-being. Rowe and Kahn's concepts of successful ageing will also be adopted, which suggests that older persons can age successfully by meeting clinical standards of health and psychosocially adjusting to the ageing process.

Chapter 4 Research Design and Methodology

This is a qualitative study with combined methodologies. In order to explore the mechanisms of how volunteering affects the PWB of older persons and examine the differences in PWB of older volunteers and non-volunteers, three different methods were utilized, including in-depth case interviews, focus group interviews and survey.

Using several qualitative methods allowed researchers to meet the aims of the study within the Chinese social context. The different methods of data collection ensured that the relevant issues were explored and by comparison, the validity and reliability of the findings could be determined.

4.1 Sampling

The sampling frame included older persons aged 60 to 75 who had retired for less than a year. They came from three elderly centres, namely, *Sai Cho Wan Lutheran Centre for the Elderly* in Lam Tin, *Hong Kong and Macau Lutheran Church Kei Fuk Elderly Centre* in Kowloon Bay, and *Yan Oi Tong Wu Chung District Elderly Community Centre* in Tuen Mun. The method of sampling was purposive – a non-random method of sampling designed to enhance understanding of selected individuals or groups' experiences with similar characteristics (Devers and Frankel, 2000). All the participants were selected by either the directors or the social workers from the mentioned elderly centres.

4.2 Methods and Data Collection

The data for this study were collected between October 2005 to April 2006. Multiple research methods were used to describe, understand and explain the effects of volunteering on the well-being of older persons. This was done by first holding *focus groups discussions* to obtain all respondents' personal characteristics, including their self-perceived subjective well-being and reasons for volunteering, until saturation. To see how volunteering impacts PWB, intervention study was employed on two respondents who faced unfavourable life conditions. They were asked to volunteer for 6 months, and their PWB before and after volunteering was assessed using *in-depth case interviews* and *questionnaire* (questions for volunteer patterns, demographic information of the respondents and General Health Questionnaire, GHQ-12). Finally, differences in questionnaire scores were used to compare the psychological conditions between volunteers and non-volunteers. All data from focus groups and interviews were tape-recorded and transcribed for descriptive analysis.

4.2.1 Pilot Tests and Construction of Questionnaire

Three pilot tests were conducted on a separate but smaller sample (n=13), including volunteers and non-volunteers, in September 2005. Ideally, an experimental intervention approach would be the best method to manifest the effect of volunteering. The original proposal was that young-old and young-middle-old persons were selected. They should be new retirees who had little (less than three months) or no volunteering experiences and exhibited mild depressive symptoms,

with socio-economic factors and personal characteristics (such as age, retirement status and income) controlled. The participants would be divided into two groups: experimental group (volunteer group) and control group (non-volunteer group). The experimental group would receive the intervention and volunteer experience for a period of time on a regular basis, while the control group would not. This design has an experimental and a control group, both of which were pretested and protested to evaluate the effects of intervention on psychological well-being.

Problems Encountered in Pilot Tests and Solutions

These criteria for choosing the samples were given to the staff of the elderly centres, but several problems arose. First of all, it was challenging for the staff to select mildly depressed older persons to participate in the interviews. Emotional disturbance was the major worry for the staff. A case in Fu Tai Estate can uncover the difficulties. Fu Tai Estate provides more than 200 flats for older persons who live alone. The director of The Neighbourhood Advice-Action Council Fu Tai Neighbourhood Elderly Centre recommended me to take an attempt on going on a home-visit and preliminarily interview a living-alone older woman who suffered a low level of depression prior to the data collection process. The older woman cried for more than two hours after discussing her situations in later life. The home-visit was compelled to suspend. Secondly, all the staff reflected that it was unlikely to select appropriate samples according the sampling requirement. Apart from the difficulties of screening the mildly depressed older persons with similar socio-economic status, most of the elderly centres' members who were volunteers had

already been volunteering for certain period of time. Thirdly, some respondents were illiterate, and could not complete the questionnaire themselves if the interviewers did not read every question aloud. It took more than two hours to finish the focus groups and questionnaires in the first pilot test. This time-consuming process had made the whole data-collecting process incomplete, because the rooms prepared for interviews were occupied by other activities. These problems weakened the opportunity to carry out the experimental intervention research design.

In accordance with the feedback from the pilot tests, improvements to clarify some items in questionnaire and modifications of the research design were made. That is, all the question guidelines for focus groups (including self-rated health, subjective well-being and volunteering experiences) and the questionnaires, sampling requirement were revisited after the pilot tests.

First of all, by using GHQ-12 as a screening measure, participants with relatively low scores of GHQ-12 were invited to engage in a small-scale intervention case study instead of choosing those with mild depressive symptoms. Second, the sampling requirement was relaxed (for example, financial status and educational attainment) so as to be able to select more respondents. Third, to make the least disturbance to the schedule of activities, the time limit for the interviews was set to be not longer than one and a half hour. All answers for each question in GHQ-12 were marked with numbers, in order to make answering easier. More interviewers were engaged in the interviews marking down the answers and helping participants to complete their questionnaire.

4.2.2 Focus Group Interviews

Focus group is a form of group interview. Powell et al (1996:499) defined focus group as “a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research”.

Although focus group is a form of group interviewing, it is important to distinguish between the two. Group interview involves interviewing a number of people at the same time, the emphasis being on questions and responses between the researcher and respondents. Focus group, however, relies on interaction within the group based on topics supplied by the researcher (Morgan, 1997). A moderator guides the interview while the group discusses over topics raised by the interviewer. Morgan (1998) recommended a focus group to contain six to eight participants who come from similar backgrounds, and the moderator should be trained to work from a predetermined set of discussion topics.

Focus group interview is a qualitative research method. It is a fundamental way of listening to and learning from people. The purpose of this research method is to draw the respondents' attitudes, feelings, beliefs, experiences and reactions in a way that would not be feasible using other methods, for example, observation or questionnaire surveys. Despite the limited ability to generalize findings to a whole population because of the small number of people participating and the likelihood of non-representative sample, interaction among participants enables them to ask questions,

as well as re-evaluate and reconsider their own understandings of their specific experiences (Gibbs, 1997).

In this study, focus groups were conducted by both a researcher and a moderator. None of the respondents was previously known to either the researcher or moderator. Seventeen focus group interviews were conducted with 77 respondents in mid-October, 2005. Two groups of respondents, volunteers and non-volunteers, were selected by the staff of the elderly centres in accordance with the sampling criteria.

Focus groups were conducted in convenient locations in the elderly centres with a separate room. There were three to eight respondents in each focus group, and each interview lasted for 45 to 70 minutes. Respondents were asked to discuss their volunteering experiences and their perceptions of the impacts of volunteering on their psychological well-being. The semi-structured question guide was used, consisting of a set of open- or semi-open questions. These questions included, for example, “What do you expect from volunteering?” The discussion guide included questions used to explore their attitude towards volunteering and their perceived rewards from volunteering. Focus group interviews were carried out until no new information could be obtained from the last two interviews, i.e. saturation. The interviews were recorded and transcribed for descriptive analysis.

4.2.3 Questionnaire Survey

Survey is a very old quantitative research technique. In survey research, according to Colorado State University (2006), the researcher selects a sample of respondents from a population and administers a standardized questionnaire to them. Using the method of survey, it is possible to collect data from large or small populations. The questionnaire can be a written document that is completed by the person being surveyed, for example, in a face-to-face interview. This questionnaire, combined with case study, is expected to yield two data banks: statistical data and case analysis data (Miller and Salkind, 2002). This could be done by first portraying the results in a correlational pattern and then interpreting through case study to display processes and patterns. The outcome is an illustration of the relationships between the results obtained by these two methods.

The Components of the Questionnaire

In this study, the questionnaire consisted of three sections: the General Health Questionnaire (GHQ-12), demographic information (including sex, age, marital status, income, educational attainment and living arrangement), and their volunteering patterns and experiences.

GHQ (Goldberg, 1972; 1978) is the most widely employed self-administered measure of psychiatric disturbance in the world. As a screening questionnaire, GHQ is intended to verify forms of psychiatric disorders and does not make clinical

diagnoses. It is also advantageous to use GHQ-12 as it takes much less time to complete. Although under normal circumstances, it only takes six to eight minutes to complete the GHQ-60 and three to four minutes for GHQ-30 (Goldberg, 1978), in the pilot test of this study, some older persons took an hour to finish GHQ-30, which seriously affected the flow of the interviews and the running of the elderly centres. Since GHQ-12, compared with other versions, has more or less the same sensitivity and specificity (Table 4.1), GHQ-12 was used in this study.

Table 4.1 A Comparison of the Sensitivity and Specificity Results for Four Versions of the General Health Questionnaire

	General practice patients		Hospital outpatients	
	Sensitivity %	Specificity %	Sensitivity %	Specificity %
GHQ-60	95.7	87.8	80.6	93.3
GHQ-30	91.4	87.0	64.5	91.6
GHQ-20	88.2	86.0	64.5	96.7
GHQ-12	93.5	78.5	74.2	95.0

The GHQ has been translated from English to different languages, and in its different forms, the GHQ has been used in various cultures (e.g. Naughton, 1993; Jacob, Bhugra and Mann, 1997), including the Chinese culture (Lau and Mak, 1992; Yan and Tang, 2001). There have been a number of studies on the comparability of both English and Chinese versions of GHQ (CGHQ) (Chan, 1985), and the reliability and validity of GHQ in Chinese social context. The reliability and validity of the CGHQ-30 has been investigated (Chan and Chan, 1983), with Shek's (1987) further clarification on the reliability of CGHQ-30. Then, the CGHQ-20 was developed based on the CGHQ-60 (Chan, 1993). As a scale, the CGHQ-20 was found to be comparable to the full CGHQ-60 for screening purpose.

Nowadays the shorter version, CGHQ-12, is widely used in a wide variety of clinical groups (Wan and Martin, 2006). A “yes-no” response format of the CGHQ-12 was used with older persons (Chi and Boey, 1992; Lam and Boey, 2005). The suggested cut-off scores for the GHQ-12 is seven points or above (Boey and Chiu, 1998).

The surveys were conducted after the focus groups. The questionnaire was preferably self-administered. Respondents who were able to fill in the questionnaire by themselves were kindly requested to do it in a self-administered way to avoid embarrassment of letting others know their psychological conditions. An interviewer also read every detail in the questionnaire aloud so that respondents with little educational attainment would still be able to complete the questionnaire by themselves. For example, the interviewer read aloud in the following way: “Have you recently been able to concentrate on whatever you’re doing? Is yes, please tick Box Number One. If Not, please tick Box Number Two”. Other interviewers were also ready to provide additional assistance to the respondents with vision, hearing and reading problems to finish the questionnaire.

GHQ-12 scores from volunteers and non-volunteers were then compared for further analysis. Besides, GHQ-12 acted as a screening instrument to help choose appropriate respondents whose GHQ-12 scores were relatively lower, i.e. faced with certain levels of psychological distress, for the intervention study. Finally, one male respondent, who claimed to have never been engaged in volunteering, and one

female respondent, who have been volunteering for less than a month, were selected for the intervention study.

4.2.4 The Intervention Study and the In-depth Case Interviews

Following the focus groups, questionnaire surveys and screening process by using the GHQ-12 scores, at this stage a quasi-experimental and longitudinal study with pretest and protest was employed. It involved six-month interventions, and the pre- and protests with in-depth case interviews by using the same set of question guidelines in focus groups and questionnaire surveys, and comparison of GHQ-12 scores before and after the interventions.

In-depth case interview, a kind of case study, is a type of interview that researchers use to elicit information to achieve a holistic understanding of the respondent's point of view or situation (Berry, 1999). Rather than using large samples to examine limited number of variables, in-depth case interviews, by using open-ended questions, could be used to explore areas suitable for further investigation. In this study, in-depth case interview was used for two case studies involving an intervention, examining a single variable: PWB.

Recruitment and Procedure

The initial screening step consisted of selecting eligible participants with relatively lower GHQ-12 scores and asking for their willingness to continuously and regularly

participate in voluntary activities in the next six months. The two selected respondents, who were found to have encountered some undesirable life events and had lower GHQ-12 scores, were then requested to participate in any voluntary activities at least twice a month. Their participation was regularly checked every month with the respondents themselves and the staff from the elderly centres. In-depth case interviews on their perception of benefits from participating in volunteering and GHQ-12 were conducted with these two respondents after volunteering for six months and the GHQ-12 scores were compared with their earlier scores.

4.3 Variables

4.3.1 Volunteering

Determinants of volunteering were examined from all variables collected in focus group interviews and questionnaire. Volunteering factors were captured through five variables: (1) Period of service (“How long have you been volunteering?”); (2) duration of each participation (“How many hours do you volunteer each time?”); (3) number of organization involved (“How many organizations do you volunteer for?”); (4) nature of voluntary activities (“What kinds of voluntary activities are you currently participating in?”); and (5) frequency of service “How often do you volunteer per week/month?”). Questions regarding the respondent’s personal selection on why they chose to or not to volunteer were also asked to both the volunteers and non-volunteers, for example, motivations and barriers to volunteer.

Predisposing variables, including age, sex, marital status, educational attainment, monthly personal income and living arrangement were also captured.

4.3.2 Self-rated health

Self-rated health is a useful summary of measurement of people's general well-being and was found to be able to predict future health outcomes (Benyamini, Leventhal and Leventhal, 2004). In this study, it was assessed by the question "How would you rate your health at the present time?" and was rated on a 5-point scale (1 = excellent; 2 = good; 3 = fair; 4 = poor; 5 = very poor).

4.3.3 Psychological Well-Being (PWB)

As stated before, PWB is made up of two components: subjective well-being and objective well-being. Subjective well-being consists of three attributes: (1) life satisfaction; (2) self-esteem; and (3) happiness. In this study, three open-ended questions were asked:

1. [Life satisfaction] Now please think of your life as a whole. How satisfied are you with it? (1 = Not satisfied; 5 = completely satisfied)
2. [Self-esteem] What do you think of your self-confidence, self-respect, value and competence?
3. [Happiness] In general, are you happy with your current retirement life?

Objective well-being was interpreted by using the General Health Questionnaire (GHQ-12), which measures any distress respondents might be feeling. A two-point scale was used in this study to rate each problem as present or absent. This questionnaire includes the following four elements:

1. Depression (Unhappiness)
2. Anxiety (psychological disturbance)
3. Social impairment (damaged or diminishing social health)
4. Hypochondriasis (concerns about their health, especially regarding their physical and/or chronic diseases)

Chapter 5 Research Findings and Discussion

This chapter presents findings from this study, along with a detailed explanation of what can be inferred from these results. After introducing the socio-demographic characteristics of the respondents, the motivations and barriers to volunteering will be discussed. The respondents' volunteering patterns will then be investigated, followed by an analysis of the micro-framework on the impacts of volunteering on psychological well-being. Findings from the intervention study will also be presented.

5.1 Socio-demographic characteristics

5.1.1 Age and Sex

Table 5.1 Age and Sex of the Respondents

Characteristics	V (n=56)		NV (n=21)		Total (N=77)	
	n	%	N	%	n	%
Sex						
Male	11	19.6	5	23.8	16	20.8
Female	45	80.4	16	76.2	61	79.2
Age						
Mean	67.2		68		67.4	

Table 5.1 shows the age-sex composition of the respondents. The mean age of the respondents was 67.4, with the volunteering group (V) slightly younger than the non-

volunteering one (NV) (67.2 vs. 68). Female respondents dominated the sample, constituting more than 75% of the V, NV and of course the total.

Although it seems that female are more likely to volunteer, this is in part an illusion, caused by the predominance of females at older ages, in Hong Kong as almost everywhere else. Women live longer than men do, causing the female population to be larger than the male population in the old age group. Another factor contributing to this is that women are concomitantly more likely to become members of elderly centres. In a study by the Asia-Pacific Institute on Ageing Studies in 2002, it was found that the female to male ratio in the elderly centres they worked was around 7 to 3, showing that females do predominate in elderly centre membership.

5.1.2 Marital Status

Table 5.2 Marital Status of the Respondents

Marital status	V (n=56)		NV (n=21)		Total (N=77)	
	n	%	n	%	n	%
Married	40	71.4	7	33.3	47	61.0
Divorced/separated	2	3.6	-	-	2	2.6
Widowed	14	25.0	14	66.7	28	36.4
Never married	-	-	-	-	-	-

It is interesting to note that all respondents were married during some point in their life. In total, 61% of the respondents were still married, with only about 3% of them divorced, all of whom were from the V group. The volunteers were more likely to

have a surviving partner: more than two-thirds (71.4%) of them were still married, compared to only 33.3% of non-volunteers.

5.1.3 Living Arrangements

Table 5.3 Living Arrangements of the Respondents

Living arrangement	V (n=56)		NV (n=21)		Total (N=77)	
	n	%	n	%	n	%
Alone	14	25.0	8	38.1	22	28.6
With spouse only	9	16.1	3	14.3	12	15.6
With child(ren)	5	8.9	8	38.1	13	16.9
With spouse and child(ren)	28	50.0	2	9.5	30	39.0
With relatives	-	-	-	-	-	-
With others	-	-	-	-	-	-

A total of 39% of the respondents reported that they were living with their spouse and child(ren), while 28.6% of them were living alone. The rest were either living with their spouse (15.6%) or their child(ren) (16.9%) only. Comparing V and NV groups, 75% of the volunteers were living with someone else, their spouse, child(ren), or both. This contrasts with the NV, of whom only about 62% were living with other people. Respondents from the NV were more likely to be living with their child(ren) than their counterparts in the V (38.1% vs. 8.9%).

5.1.4 Educational Attainments

Table 5.4 Educational Attainments of the Respondents

Educational attainment	V (n=56)		NV (n=21)		Total (N=77)	
	n	%	n	%	n	%
No schooling/kindergarten	10	17.9	9	42.9	19	24.7
Primary	16	28.6	6	28.6	22	28.6
Lower secondary	19	33.9	3	14.3	22	28.6
Upper secondary	8	14.3	2	9.5	10	13.0
Matriculation	2	3.6	1	4.7	3	3.9
Tertiary or above	1	1.7	-	-	1	1.3

Volunteers were generally better educated than the non-volunteers. 42.9% of the non-volunteers had never gone to school or had received only minimal education. This compares with the 17.9% figure for the volunteers. More than one-half (54%) of the volunteers had had at least lower secondary education, compared to only 29% for the non-volunteers.

5.1.5 Income

Table 5.5 Monthly Income of the Respondents

Monthly Personal Income (HK\$)	V (n=56)		NV (n=21)		Total (N=77)	
	n	%	n	%	n	%
\$1,000 or less	3	5.4	5	23.8	8	10.4
\$1,001 - \$2,000	11	19.6	6	28.6	17	22.1
\$2,001 - \$3,000	13	23.2	8	38.1	21	27.3
\$3,001 - \$4,000	18	32.1	2	9.5	20	26.0
\$4,001 - \$5,000	9	16.1	-	-	9	11.7
\$5,001 or more	2	3.6	-	-	2	2.6

Note: HK\$7.75=US\$1

Financially speaking, volunteers seemed to have higher income than their NV counterparts, with 51% of the V respondents receiving more than HK\$3,000 per month, as opposed to only 9.5% for the non-volunteers. Another point worth noticing is that in the low-income end (less than HK\$1,000 per month), the percentage of volunteers was far less than that of non-volunteers (5.4% vs. 23.8%).

5.1.6 Self-Rated Health Status

Table 5.6 Self-Rated Health of the Respondents

Self-rated health	V (N=56)		NV (N=21)		Total (N=77)	
	n	%	n	%	n	%
5 – Excellent	29	51.8	1	4.8	30	39.0
4 – Good	12	21.4	4	19.0	16	20.8
3 – Fair	15	26.8	10	47.6	25	32.5
2 – Poor	-	-	6	28.6	6	7.8
1 – Very Poor	-	-	-	-	-	-
Mean	4.25		3		3.91	
S. D.	0.858		0.837		1.015	
df	55		20		-	
t	-2.04		3.76		-	
p	0.0436		0.0003		-	

Respondents were asked to rate their own health. Results show that volunteers consider themselves healthier than non-volunteers. On a scale of 1 (Very poor) to 5 (Excellent), volunteers gave themselves a 4.25 (Good), while non-volunteers only gave themselves 3.0 (Fair).

There would be a cause and effect between perceived health status and willingness of volunteering. For example, older persons with better perception of self-health tend to

be more willing to volunteer. However, it might also be the case that older persons who volunteer may perceive their health as “good” or “better” because accomplishment in volunteering can enhance their self-esteem and self-image, and then self-perceived health status.

5.1.7 Self-Rated Life Satisfaction

Table 5.7 Self-Rated Life Satisfaction

Self-rated life satisfaction	V (N=56)		NV (N=21)		Total (N=77)	
	n	%	n	%	n	%
5 - Completely satisfied	6	10.7	-	-	6	7.8
4 - Satisfied	37	66.1	15	28.6	52	67.5
3 - Fair	13	23.2	6	71.4	19	24.7
2 - Not at all satisfied	-	-	-	-	-	-
1 - Not satisfied	-	-	-	-	-	-
Mean	3.875		3.714		3.831	
S. D.	0.574		0.463		0.548	
df	55		20		-	
t	-0.447		0.894		-	
p	0.656		0.374		-	

The respondents were also asked how satisfied they were with their life. Using the same 5 point scale as above, volunteers’ average score was 3.88, while that of non-volunteers was 3.71. As this stage, it should be noted that the scores are similar, and this will be explained in a later section.

Calculation shows that the results are not statistically significant. This will be further discussed in Section 5.5 (p.86).

5.1.8 Self-Perceived Self-Esteem

It is interesting to see that respondents were less likely to provide information on self-esteem. One volunteer respondent even stated she had never thought about it. A possible reason is that volunteers seldom take rewards and expectations into consideration. As mentioned in Siegrist, von dem Knesebeck and Pollack's (2004) research on social productivity and well-being of older persons, the balance between effort and reward at productive activities is experienced as gratifying and reinforcing the provider's self-esteem. Effort-reward imbalance at productive activities in the long run adversely affects well-being of older persons in terms of feelings of inadequate appreciation, being treated unfairly, or suffering disappointments resulting from inappropriate rewards. Yet, it could be possible that self-esteem remains more or less the same if participants do not have any expectation towards the paralleled rewards with efforts in volunteering, i.e. to get back how much they gave in volunteering.

However, this would not be the case for those respondents who treasure the rewards from volunteering. A volunteer respondent commented:

Ms Kwan (V)*:
[Self-esteem?] *Good! Though I'm old, I still go out to enjoy myself and help others. This makes me feel useful and feel better about myself.*

Non-volunteers seemed to have a lower self-perceived self-esteem. Physical strength and ability might be one of the important factors influencing self-esteem (Reitzes and

* Please note that all names used are pseudonyms.

Mutran, 2006). It is not surprising that there is a connection linking physical well-being and self-esteem, because self-esteem is positively related to changes in functional health, including physical health. Self-esteem may change as physical health changes. This phenomenon is manifested in the following remark by a non-volunteer respondent:

Ms Chan (NV):
...[My ability] is sometimes very good, but sometimes I'm very tired – so tired that I don't even want to move.

5.1.9 Self-Perceived Happiness

Volunteers in general felt happier, because volunteering could help distract its older participants from their painful symptoms, and some older volunteers also experienced a reduction in stress caused by chronic illnesses. As one of them said:

Ms Lee (V):
[I'm] very happy. Really happy. See how happy we are! After becoming a volunteer, I feel happier and more optimistic, and I learn to take things easy. Now I pretend I don't have any illnesses. Being cheerful is the best medicine.

It seems that volunteering could alter its participants' attitude towards adverse changes in later life. Here, it remains uncertain whether volunteering, directly or indirectly, affects physical wellness, but it can be postulated that volunteering enhances the sense of happiness and positively changes the volunteers' attitude towards possible decline in physical strength.

By comparison, non-volunteers seemed to have a harder time finding happiness. As one non-volunteer noted:

Ms Ho (NV):

I'm really afraid of public holidays, because the centre is closed, and it's so boring to stay at home, since I live alone. I want to go swimming, but there are just too many people.

In this case, the power of volunteering in establishing social networks can be easily seen. As will be explained in the next section, one of the motivations to volunteer is to make friends. This is because, as discussed before, the social network of retired older persons will decrease as they age. Volunteering can be an alternative for this respondent to reconnect her social ties.

5.2 Motivations to Volunteer (MTV)

As discussed in Chapter 2, motivations to volunteer are complicated and are multidimensional. It seems that motivations serve different functions for different people. To a certain extent, different positive psychological outcomes can be accomplished by satisfying these motivations. Members in the volunteering focus group suggested various reasons for their participation. Listed below are those most frequently stated, in order of the frequency they were given, along with sample quotations from the interviews.

5.2.1 Personal vs Altruistic Motives

As stated before, volunteering is likely to be good way to improve psychological well-being. Being happy is one of the pieces of evidence that psychological well-

being is enhanced. Some respondents volunteered to satisfy their personal emotional needs. Also, some respondents considered volunteering a win-win situation for both themselves and the people they had helped. Considering this, they were more likely to continue volunteering. As two respondents stated:

Ms Ho (V):

There isn't much to gain for us [through volunteering]. The best thing is that we can be happy. What else to expect? Just make everyone happy.

Ms Lam (V):

I will help if I can. Making others happy makes me happy too. I can't help with tasks that are too difficult or too demanding, but I'm still able to handle things like selling flags.

In addition to these reasons for volunteering, the desire to help others was another popular objective. It is interesting to see that older persons consider helping elderly centres as helping themselves. This stems from their sense of belonging towards the elderly centres. Since human beings are generally social animals, as Role Thoery suggests, a person would tend to belong to different groups during different life stages (so-called life cycle or age-related roles). Usually the group he or she belongs to the longest those in the workplace. After retirement, his or her membership in this group will be tend to be lost or at least be much more intermittent and not workplace based. At the same time, their adult children would most likely become independent and move out of the older person's home, the so-called "empty-nest effect". Thus, it is compelling for the older persons to find a suitable group that could substitute for these losses, and the elderly centre would be a good choice. Apart from being able to make new friends, older persons can also join in the activities provided there.

Therefore, it is easy to understand why they would feel very attached to the centre and consider the centre's business their own business. As Ms Chu said,

Ms Chu (V):

I have time, that's why. Helping others means helping myself too, especially when helping the centre.

Some volunteers did not consider the pros and cons of volunteering, thinking about it merely as a meaningful leisure activity that is good for their health.

Ms Chan (V):

We just want to have fun. Just trying to help each other out.

5.2.2 “To Fill Spare Time”

For most of their lives, work and family responsibilities determine how older persons allocate their time (Chambre, 1987). Having been disengaged from paid work after retirement, the increased amount of free time available could cause different effects on different older persons. To some, this might be a good thing as they have more freedom to do whatever they want to, or to do things they have always wanted to do. But for others, deciding how to spend this extra amount of time might be a nightmare. Especially for older men, since they were used to having a structured life form like getting up and going home at a certain time, one way to tackle with this problem is to give them back the structured life form. As a volunteer respondent said:

Mr. Cheung (V):

The most important thing is that I can kill some time [through volunteering]. It's terrible to stay home alone, facing four walls. It's so boring, and makes me think about unhappy things.

Retirement does not necessarily and automatically mean loneliness and inactivity, which is the worst direction faced by those who move into retirement with no clear agenda (Rosen, 1999). However, for those who really do have this feeling, volunteering also provides a very good platform to foster social interaction among retired older persons. Social interaction can lessen feelings of loneliness (Wagner, Schutze and Lang, 1999). Involvement in social relationship can help combat loneliness and reduce anxiety induced by it. In other words, this motive could also be seen as “self-defence”, that is, when older persons are very afraid or anxious, they choose volunteering as a way of confronting their fear (Kuntz, 2001).

5.2.3 Friendship Formation

As discussed before, the social network of older persons often tend to diminishes with age. A way to compensate for this is to join in activities where older people could meet more people. Also, according to Rook (1991) and Heller et al. (1991), friendship develop most easily when people engage in regular contact structured around shared activities and meaningful social roles. Volunteering provides a comfortable, natural basis for social engagement and friendship formation. As told by one volunteer respondent:

Ms Lee (V):

We volunteer at our centre. By this, we are meeting more people. We have more friends we can talk with, to look after each other, or even just to say hi.

Similar results could also be found in Okun et al's (2003) study on motivations to volunteer, which suggested age is positively related to desire to make friends. Volunteers in the 60-69-year-old age group exhibited significantly stronger friend-making motive than volunteers in the 70 years and older age group. Facing retirement, new retirees may engage in voluntary activities as a way to replenish their social network.

5.2.4 Continuous Learning/Understanding the World

Volunteering provides opportunities for volunteers to absorb new experiences. For most people, their job is a routine and they usually do not have a chance to experience other types of work they might be interested in. Plus, after retirement, older persons might have less opportunity to explore new knowledge and to keep up-to-date with the world. Through volunteering, older volunteers are able to try different kinds of work, allowing them to experience new challenges and explore exciting interests they might not have the chance to get a hand on when they were young. Also, through getting a hand on things they have not tried before, older volunteers can learn more about the world and open up new horizons. As a volunteer respondent said:

Mr. Cheung (V):

Being a volunteer lets me learn more stuff, and helps keep me up-to-date. The world is changing so fast.

5.2.5 Response to a Direct Request

Quite a number of respondents revealed that their reason for volunteering was being directly request by the staff in elderly centre. One of these respondents said,

Mr. Cheung (V):
*The centre asked us to help. They formed a
volunteering group, and asked us if we want to
join. So I joined.*

It is interesting to compare this to a finding in Perry's (1983:113) investigation on the willingness of older persons to volunteer. In his study, the second most frequent reason (21%) for his respondents not to volunteer was simply "no one asked me". In Lasby's (2004) study of the motivations and barriers to volunteering, 27% of the older respondents aged 65 or above stated the same reason. This implies that older persons are quite likely to participate in volunteering provided that they are requested by others. This finding might be helpful in developing a new direction of social policy regarding older volunteer recruitment, which will be discussed in the last chapter.

5.2.6 Inspiration from earlier life events/Humanitarianism

The initiative to volunteer could be inspired by events that happened in the early life of the participants. As the following respondent said,

Ms Wong (V):
*I'm currently volunteering to visit older patients
in hospitals. They're poor. No family. No money. I
know their feelings. Just like my mother. She
passed away a few years ago. The period before*

her going, it was really hard time for her. I wish I could help more older patients who are undergoing what my mother just did.

Older persons will usually have developed a set of values and principles from their life experiences. Knowing the problems that different difficulties might inflict on the victims, along with the society's high regards for charitable and humanitarian activities, many understand the importance to help others, and this motivates respondents to volunteer in order to express or act on these humanitarian concerns (Clary and Snyder, 1999).

5.3 Barriers to volunteering

An important part of the research was to investigate why non-volunteers decide not to join, or, having volunteered, sometimes to give up volunteering? The interesting thing about this is that non-volunteer respondents came up with very similar reasons, many of which are the so-called "barriers to volunteering".

5.3.1 Declining Physical Health and Psychological Constraint

Physical fitness was the most frequently stated barrier. Most of the non-volunteer respondents in this category thought that they were too old to participate. One NV remarked:

Ms Lee (NV):
How can I be a volunteer? I don't walk well, and I don't know much. I used to volunteer when I first came here [elderly centre]. But as I'm getting

older, I don't want to volunteer anymore. It's too tiring and too hard for me.

Another non-volunteered said:

Mr. Law (NV):
[Volunteering?] *How can I join at this age? People would think you are a nuisance. You don't have enough strength to help move stuff, and you can't talk well too. So I'd rather not become a volunteer. I just want a place to sit, and talk with other older people.*

Although the NV did rated self-assessed health status lower than the V group, it should be noted is that all of the non-volunteers were not disabled in this study, and those who cited personal barriers such as declined physical strength were actually able to perform some less physically-demanding activities if they chose to. So why did they choose not to do so?

The actual resistance indeed appears to come from a range of psychological barriers to volunteering. Lack of confidence and self-esteem, anxiety about trying something new, or fear of failing at the volunteer duty, inability to recognize their own abilities and strengths and an assumption that they would not be welcomed or appreciated by a voluntary group are the typical psychological barriers among older non-volunteers (Lautenschlager, 1992). As volunteering is confirmed in this study to have significantly positive psychological outcomes for its older participants, volunteering has the potential to build self-confidence and self-esteem of these non-volunteers. How to encourage these able-bodied older persons to volunteer would be another question for policy makers to ponder upon.

5.3.2 Personal Interests

Apart from physical and psychological constraints, personal interest could also become a barrier to volunteering. One non-volunteer explained why he did not join the volunteer group:

Mr Law (NV):

Usually you won't volunteer unless it suits your own interest. For example, I don't like to swim, so I can't force myself to become a volunteer in swimming activities. Even if I do, I won't be happy... That's why I told you, volunteering or not depends on your own interest. Like for example, if I like to travel, I will become a travel volunteer. For activities like going out to the park, it will depend on your physical ability. Like, if I ask you to go to the park as a volunteer, but your physical condition doesn't allow you to be under the sun, how can you participate? That's why I say, volunteering or not depends on your age and your fitness, and of course, your own interest.

This case depicted how older persons may undergo a self-selection process before volunteering. Self-selection is essential mechanism by which older individuals decide whether they would become participants in volunteering. It is influenced by the individual's perceptions of the outcome of volunteering. Older persons are more likely to participate if the nature and the tasks of volunteering match their lifestyle and personal interests. Older persons, while willing to give back to the community, also have a desire for the volunteering activity they choose to participate in to be meaningful to themselves. This means that while they have the heart to contribute to their community, they also want to do something that could fulfill their personal passion and enjoyment. This implies there is an increasing demand for higher

flexibility in the volunteering and related programmes. As society progresses, older persons might be presented with new situations or encounter changes that could possibly affect their personal interests. Organizers of volunteering programmes should, therefore, try to develop a larger variety of volunteering activities so as to cater to possible changes and growing diversity in individuals' interests.

5.3.3 Tradition Chinese Ways of Thinking

The idea of getting their own things done before helping others could also hinder participation. A non-volunteer stated:

Ms Yuen (NV):

It's already good enough that I've taken care of my own business. Being a volunteer? We can't at this time and at this place. When I was young, maybe. At our age, we need help ourselves too.

This is related to the traditional Chinese way of thinking. As the old saying goes, “*Every family tidies the snow in its own front yard*” (meaning “Everybody minds his own business”, 各家自掃門前雪). In the traditional Chinese way of thinking, preference of helping largely depends on the strength of the attachment between help-providers and clients. Help-providers differentiate clearly between those who are close to them (the so-called “in-group”) and those who are not. Based on this, such differentiation will potentially be likely to affect their willingness to help. A possible suggestion is that elderly centres could try to nurture a sense of belonging among its older members, as this may affect their willingness to volunteer. This

would certainly be part of the Active Ageing Policy Framework (WHO, 2002), which stresses participation and belonging as aims for active ageing.

5.3.4 Family Obligations

Family consideration still ranks high in older persons' priority list, and this is more prevalent among female older persons. Even though they could simply change the mode of volunteering from formal to informal, to volunteer or not in elderly centres sometimes depends on family duties. For example:

Ms Lai (NV):

I used to volunteer more. But I volunteer less because I need to take care of my grandson. Both his parents work and come home really late at night... Now I still help people, like when I see some who's having financial problems, I may give him some money. Or if someone's having problem crossing the street, I will try to help him.

From a Role Theory perspective, care-giving role re-enactment might be expected among older persons, especially older women. More specifically Respondents, especially female non-volunteers, were more likely to re-engage into care-giving role because of the arrival of new family members – their grandchildren. In Hong Kong, the high standard of living requires young couples to work. The immediate and stable availability of their retired older parents makes them a good choice for becoming potential care-givers to the young children. Such family obligation takes time and this additional role ended up as a barrier. In this study, more than a quarter of the female respondents said that they would rather volunteer less if the voluntary activity required regular involvement, because these respondents are more likely to put

family on the top of their priority list in retirement life. Once they became grandmothers, they were more likely to be asked by their adult children to take care of the kids and perhaps also cook for these family members. Such re-engagement in care-giving duties would occupy more of their free time, although they were still very much willing to volunteer. Possible options for them include reducing the time for volunteering or switching to participate in less time-demanding activities.

5.4 The Prevalence of Volunteering

5.4.1 Frequency and Hours spent volunteering

It is surprising that only six out of 56 volunteer respondents could describe the details of their volunteering patterns, especially in frequency and hours spent on volunteering. Of those who could provide this information, they all spent fewer than ten hours per week performing voluntary activities according to their experience. It was difficult to collect such data because respondents often stated that the frequency and hours spent on volunteering depended on their availability. Especially, female respondents showed this problem when they were requested to recall these volunteering experiences. One female respondent said:

Ms Ho (V):

I don't know [the approximate number of hours spent on volunteering]... because I volunteer only when I'm free. If I'm not free, I won't. Sometimes, when his mother [daughter-in-law] is on holiday or day-off, she will bring her son back home for a period of time. During those days, I'll volunteer more.

Older women are generally more likely to have family obligation, especially those with married and working adult children. In this study, more than half of them still had to devote a relatively large amount of time to their families. Those who had grandchildren, in particular, had lower volunteer participation rates. However, it is believed that the effect of this traditional obligation will gradually fade off due to the increasing socio-economic status of women leading to increased participation in the workforce, allowing the couple to have enough income to employ foreign domestic workers to look after their children.

5.4.2 Experience in Volunteering and Number of Organizations

Volunteer respondents in this study were fairly experienced in volunteering in general. More than three-quarters of these respondents reported that they had been volunteering for more than only two year, in which about 10% reported having more than five years of volunteering experience.

Most of the volunteers started volunteering only after becoming members of their affiliated organizations. Thus, they were most likely to take part in the voluntary programmes provided by these organizations. The most common organization is elderly centres, and religious institutions accounted for the second-largest share of volunteers. Apart from the increased opportunity of getting in touch with the idea of volunteering after joining the organizations, the sense of belonging, as described before, could also account for their decision of starting to participate in volunteering.

5.4.3 Voluntary Activities for the Main Organizations

The volunteers joined in many kinds of activities. All older volunteers were involved in at least one voluntary activity. According to their self-reported answers, the most frequently enrolled activities were:

1. Home/hospital visits;
2. Administrative/paperwork;
3. Instant help for the centre/staff;
4. Performance (e.g. drama, singing);
5. Fund-raising (e.g. flag selling);
6. Personal assistance (accompany persons with disability to have regular medical check-ups).

In this study, there was no significant gender difference in participation pattern in voluntary activities among the respondents. However, the voluntary activities they joined were dominantly the so-called “front-line” activities. The term “front-line” refers to the offering of direct care to those in need. One of the possible reasons is that the types of voluntary activities available to the participants are limited.

Some activities have “implied” pre-requisites so that not every person who wished to participate could join. For example, activities that involve people, like home visits, would require its participants to have a certain level of ability in interpersonal skills so that they could carry out their duties smoothly. A simple solution is that officials in the elderly centres could consider channeling participants into different positions

in different tasks according to the different levels of skills and professional knowledge gained by the older volunteers in earlier life stages. Better still, the elderly centres should consider providing training to its volunteers. This could possibly create a three-way winning situation: For the organizers, with a larger number of skilled volunteers, apart from being able to run their activities smoothly, they would have more flexibility when looking for people to help. For the volunteers, training could provide them with opportunities to join in a larger variety of activities, so that they could gain even more experience and knowledge, leading to increased well-being, as described previously. For the clients, well-trained volunteers could provide them with better service, so that they could gain the most benefit from the service provided. However, recently older volunteers complained about the high tuition fee for a volunteer course. The tuition fee for a three-month volunteer training course provided by Agency for Volunteer Services (AVS) costs more than HK\$3,000. Thus, while providing training courses for volunteers, especially older ones, it is a must to consider their affordability.

5.5 Analysis of Micro-Framework of Findings

Recall that discussions in the previous sections have already shown that volunteering could lead to successful ageing (SA). But how exactly does the whole idea work? According to the findings in this study, the following seven paths were developed (See Figure 5.1), namely:

1. Volunteering → Active Engagement (SA);
2. Volunteering → Self-rated Health (SWB);

3. Volunteering $\leftrightarrow$ Life Satisfaction (SWB);
4. Volunteering $\leftrightarrow$ Self-esteem (SWB);
5. Volunteering $\rightarrow$ Happiness (SWB);
6. Volunteering $\rightarrow$ GHQ-12 (OWB);
7. Psychological Well-being $\rightarrow$ High Cognitive and Physical Function + Lower Risk of disease and disability (SA)

Figure 5.1 Micro-framework of Findings

Path One: Volunteering → Active Engagement (SA)

Volunteering is a kind of proactive engagement in later life. Continuity Theory can be used to account for this path of influence. According to Atchley (2000), the central argument of Continuity Theory is that by making adaptations, older persons attempt to preserve and maintain existing internal and external structures and that they prefer to accomplish this objective by using continuity (i.e. applying familiar strategies in familiar aspects of life). In later life, older persons continuously use adaptive strategies derived from applying past experiences to deal with the changes they face. Active participation in social activities, for example volunteering, can be a good means to preserve continuity. Older persons are out of the labour market after retirement. Since working is a good medium for people to interact and to keep in contact with the pace of the society, retirement would lead to decreased involvement in social activities. Volunteering can act as a good substitution for paid work, and provides a good way for retired older persons to keep up-to-date with the ever-changing society.

Path Two: Volunteering → Self-rated Health (SWB)

Findings from this study show that there was a discrepancy between the physical health and self-rated health of the respondents. Many volunteers claimed to have at least one chronic illness, such as high blood pressure or arthritis. Despite of these undesirable health conditions, they still emphasized that they were healthy. One respondent described her experience of volunteering:

Ms Cheung (V):

Why do I volunteer? Because we feel that we are used to working before. So if we can, we will volunteer... Of course it's better if we can volunteer. If we can volunteer, that means we are healthy.

This line conveys two main points: volunteering can compensate for the loss of work role, and such participation can help the volunteers maintain their functional capacity, such as the ability to help and work, and this is a proof that volunteering can impact on its participants' self-perceived health, even though they may bear quite a number of chronic illnesses.

Volunteering is commonly reckoned to have a positive effect on well-being. However, some respondents were also aware of the possible adverse effect on health brought about by excessive participation. As a respondent said:

Ms Tang (V):

Volunteering is good. Remember: Whatever you do, don't get addicted to it. It's no good.

This is not merely feelings by the respondents. In fact, it has been confirmed in studies that there exists an optimal level of volunteering. Musick (1999) suggested that benefits of volunteering were confined to those who contributed to fewer than 40 hours per year. In another study of hospital volunteers aged over 62, Jirovec and Hyduk (1998) found that volunteers who worked 500 hours each year scored higher on a contentment scale than those either those who worked fewer than 500 and those who work more.

Path Three: Volunteering ↔ Life Satisfaction (SWB)

As discussed before, the self-rated life satisfaction scores for volunteers and non-volunteers do not show significant difference. This may be due to the fact that older persons derive satisfaction from their family rather than from themselves, and they base their level of satisfaction on how well their family members are doing. For example, some older persons said they were satisfied with their lives because all of their children had grown up and were doing alright. Those who still had to take care of their families, on the other hand, would record a relatively lower score in life satisfaction:

Ms Lam (V):

How satisfied am I with my life? Fair, I guess, because I have to cook for my children five days a week.

Another point worthy of note is that, referring back to the section on barriers of volunteering, older persons tend to consider family as their top priority after retirement. Having a lot of family obligations, as shown above, is a cause for lower life satisfaction, and the time these take up could lessen the amount of time older persons could devote to volunteering. Of course, this could work the other way too, as one volunteering respondent noted:

Ms Chin (V):

Now that my children have grown up, I have fewer constraints. But because my grandson likes to have me send him to and pick him up from school, I still have some obligations to the family. But because my daughter-in-law employed a Filipino domestic helper, I have more free time to do my own stuff, or to help at the centre when they need me.

It can be seen that as the amount of free time increases, volunteers would be more likely to help. Thus, it can be inferred that life satisfaction could also affect the degree of older persons' participation in volunteering, as indicated by the double arrow for this path.

Path Four: Volunteering $\leftrightarrow$ Self-esteem (SWB)

Self-esteem has long been proved to have positive relationship and mutual influence with volunteer participation. Older persons with higher self-esteem are more likely to help in volunteering activities. There is also evidence that volunteering could boost the self-esteem of participants, because it makes them believe that they could contribute for the good of others, and gives them a sense of being needed (United Nations Volunteers, 2002). In the following example, the volunteer respondent demonstrated a concrete belief and confidence in her own ability and value as she explained why she should help:

Ms Cheung (V):

The staff [at the centre] is so busy, so we lend them our hands. Flag selling is for older persons, so we should go. You can't ask the staff to do that.

Self-esteem could also be elevated when the volunteers see the results of their effort.

This instant effect could be extremely rewarding to the participants:

Ms Tsang (V):

We go to flag selling at different places, usually places where there are a lot of people passing by. Like the MTR station. You don't go to places where there's no one whom you can sell to... In Kwun Tong MTR station, you can earn a full box of money by selling flags. [I] have much feeling of

*success... I have been volunteering for two years.
Volunteering makes me happy, because I had
been praised by people who were buying flags.*

A sense of achievement on the completion of a task or activity could be one of the rewards volunteer participants are able to acquire in voluntary activities. Apart from the praise that volunteers could possibly earn from people around them, which could be a huge boost to their self-esteem, being able to look at their own work done, especially tangible outcomes such as the banknotes earned from fund-raising, could be remarkably rewarding.

Path Five: Volunteering → Happiness (SWB)

Volunteering could help build up social ties for retired persons, and could give its participants a sense of belonging. Functional perspective of social network suggests that it could provide emotional, instrumental and feedback supports (Fitzpatrick, Gitelson, Andereck and Mesbur, 2005). Rebuilding friendship or social network is essential for companionship and support. This is important because as older persons age, their social network would shrink, and their children would have less time to spend with them as they become independent and have their own families. Belonging to a group might help open up chances for them to make new friends from other walks of life, indirectly increasing their positive affects, making them happier. Said a volunteer respondent:

Ms Wong (V):
*Am I happy? Yes, I'm happy, because I go to have
dim sum often with my volunteering group, do*

exercise with them in the morning, and chat when we meet in the centre.

Moreover, dealing with joyful people and seeing their clients become happier while providing services could make the participants feel passionate, as making people happy is also one of the goals of some volunteers. (Recall the quote from Ms Ho, who said that she was trying to make everyone happy when she chose to volunteer.) Again, being able to see the results of their work, plus working around people who are joyful could help volunteers develop a sense of confidence in their accomplishment. This also echoes the point made in Path Four, in which volunteering was shown to be able to improve self-esteem. If the participants could work in a volunteer-friendly environment on activities that could bring them greater happiness, it is believed that the current volunteers would be more than happy to keep on participating, and this possibly could even attract potential ones to join in. A happy volunteering experience could thus help to retain older persons' participation in volunteering.

Apart from the above, volunteering also provides older persons with a more structured life, something they used to have before retirement but have been lost after that. Purpose to life could also be lost, as retired persons would not have the responsibilities they used to have prior to retiring. This could be a problem, as had been discussed in Chapter 2. Keeping busy is one of the ways to add purpose to life and discourage the new retirees from having too many stray thoughts. Some studies suggest that volunteering could enhance older persons' well-being by discouraging them from thinking about unhappy things. As described by a volunteer respondent:

Ms Chan (V):

After becoming a volunteer, I'm happier than before. Volunteering is fun. I sell raffle tickets for the church, and I also help the centre to sell flags. If I'm free, I enjoy volunteering. I've been selling flags for more than 2 years already. If I'm happy, then I feel healthy, and that's enough. I also have less stray thoughts. Not thinking about too much useless stuff is better for your mind.

From day-to-day experiences, it is easy to conclude that always thinking about unhappy thoughts could make a person feel depressed. If one is depressed, he or she would be even more prone to remembering things that make him or her unhappy. This is a downward spiral that could cause serious problems. Volunteering could therefore help to lift people's spirit through allowing them to join in something that could make them happy, as described in the previous paragraph.

Path Six: Volunteering → GHQ-12 (OWB)

When comparing the General Health Questionnaire scores of volunteers and non-volunteers, it was found that the scores of volunteers were significantly higher than that of non-volunteers (11.7 vs. 8). As GHQ examines the existence of preliminary symptoms of depression, anxiety, social impairment and hypochondriasis, the difference in GHQ-12 performance showed that volunteers were less prone to psychiatric illnesses than non-volunteers.

**Path Seven: Psychological Well-being → High Cognitive and Physical Function
+ Lower Risk of disease and disability (SA)**

With respect to Rowe and Kahn's model or concept for Successful Ageing (Figure 3.1), it should be mentioned that they defined high cognitive and physical functioning capacity as one of the elements for Successful Ageing. Volunteering could provide older persons with opportunities for training their cognitive and physical abilities. For example, older volunteers who are in the singing group might have to memorize lyrics when they visit other places to perform. This provides training for their mind and body, thus increasing, or at least, helping to maintain their cognitive and physical capacity. As one of the volunteers said:

Ms Lam (V):

*I like to work, and I'll continue to volunteer.
Doing something is better than doing nothing. If
you can do it, you'll be healthy. Moving and
exercising are good and must have some influence
on our health.*

Older persons are motivated towards internal continuity. Internal continuity can be defined in relation to a psychological structure of ideas, such as day-to-day decision making, mastery and competence (Atchley, 2000). Continuity of cognitive and physical ability is a major element of the individual's internal capacity to interpret and anticipate changes. Without persistent cognitive and physical ability, there is no predictability to the world. Without predictability, mastery or even competence is not possible. In this study, some respondents agreed that ability to work, or other kinds of productive activities, has a positive effect on health in general. Better perceived health decreases risk of diseases and disability.

Another volunteer indicated the difference before and after volunteering:

Ms Li (V)

Do you believe? I used to have memory problems. For example, I forgot I've promised my friends to go for dim sum, quite often. But, the more I volunteer, the happier I am. Ha, don't know if it's because I'm happier, I don't have the memory problems very often, although I still need my friends to remind me something.

Although happiness has apparently no direct effect (or no proven effect) on memory, it has been proven that anxiety as a negative emotion can interfere with memory in terms of temporary lapse (Restak, 1997). Mental Health Association of Hong Kong (2004) also shared the same view, suggesting that reduction in stress and reminding one another among friends are two good ways to tackle with memory problems. Older persons sometimes may suffer from health problems. Heavy activity burden, together with the anxiety caused by health problems, could cost the older persons large amount of energy. If this continues, the activities that constantly demand a lot of energy could be harmful to the emotional and mental conditions of older persons, leading to memory problems. So, regulating the amount of participation could indirectly help ease memory problems by reducing anxiety and stress in daily life, and help prevent overusing older persons' energy, thus helping to keep older persons in good cognitive and physical conditions. This is in agreement with the discussion in Path Two, where it was concluded that too much participation in volunteering could cause negative effects on its participants.

5.6 Findings from Intervention Studies and Discussion

The cases of two respondents, Ms Wong and Mr Chan, were typical examples showing how volunteering could assist older persons in overcoming undesirable life events. Their background information will be shown in the following paragraphs.

Case Study 1: Experience in Widowhood

Ms Wong, a 63-year-old lady, retired in February 2005, having faced a stressful life event in October 2005: The passing away of her husband. Since then, she had had some depressive symptoms. For instance, she could hardly sleep at night, and even so, she got up very early in the morning. She felt that she could do nothing to overcome such a big incident. Her friends from the elderly centre strongly encouraged her to join the volunteering group organized by the senior members and supervised by the social workers of the centre. Having volunteered for six months, her psychological well-being was enhanced. Her GHQ-12 scores went up from 7 before volunteering to 11 after volunteering for six months.

Death of spouse is a typical event for older women who on average live longer than men, in Hong Kong with a life expectancy of almost five years longer (Please see Table 1.2). According to Fung (2003), more than half of the older female population was widowed, and this number would continue to rise in the future (see Figure 5.5). For a woman, loss of her husband could be a very traumatic experience. Itzin (1983) described the mourning process as consisting of numbing sense of loss, clinging to cherished memories and customs of the deceased, removal of self from ties with others, and eventual reintegration, though it is most likely that the social

relationships would be fewer than before, particularly because of the loss of those stemming from the husband's work and community activities and those shared previously as a married couple.

In fact, volunteering can make a difference. In the evaluation done by The Retired and Senior Volunteer Program (RSVP) to obtain volunteer's perceptions of the impact of such involvement on their own lives, the results supported that the volunteer programme enhanced the quality of life and well-being of senior volunteers who were willing to share their time with others (Ebnet, 1989).

Widowhood, to older women, is like a new stage of her life after living as a wife for years. Ms Wong steadily adapted to such transition by engaging in meaningful activities through volunteering and received emotional supports from her friends, some of whom she met while volunteering. After participating for 6 months, she withstood the hardships by establishing social ties with new friends and found her strengths and interests.

The case of Ms Wong is no coincidence. McIntyre and Howie (2002) highlighted similar findings in their study, concluding that participation in meaningful occupations, for example, volunteering, particularly in the company of neighbours and friends, could facilitate an older woman's adaption to the death of her spouse, and enable her to live a fulfilling and vital life in widowhood. Ms Wong's case is a good manifestation of their idea.

Table 5.8 Older Persons by Marital Status, 2001

Marital Status	Older Persons			Population aged 15 and over		
	Male	Female	Both Sexes	Male	Female	Both Sexes
	Number (% ⁽¹⁾)			Number (% ⁽¹⁾)		
Never Married	17 603 (5.1)	12 856 (3.2)	30 459 (4.1)	918 722 (33.9)	868 797 (30.1)	1 787 519 (31.9)
Now Married	270 782 (78.4)	176 478 (43.9)	447 260 (59.9)	1 673 786 (61.7)	1 651 696 (57.2)	3 325 482 (59.4)
Widowed	48 667 (14.1)	204 804 (51.0)	253 471 (33.9)	60 996 (2.2)	272 626 (9.4)	333 622 (6.0)
Divorced/ Separated	8 132 (2.4)	7 730 (1.9)	15 862 (2.1)	57 483 (2.1)	94 866 (3.3)	152 349 (2.7)
Total	345 184 (100.0)	401 868 (100.0)	747 052 (100.0)	2 710 987 (100.0)	2 887 985 (100.0)	5 598 972 (100.0)

Source: Fung, 2003.

Case Study 2: Fresh Job-Seeker after Retirement

Mr. Chan, a 60-year-old new retiree, was a civil servant in The Hong Kong Treasury before his retirement. Like many retired baby-boomers who had wanted to re-engage in work, Mr. Chan was eager to work again after retirement. He sent more than 30 application letters but got no responses. He was “frustrated”, according to his description. His wife, who had been joining a volunteering group in the elderly centre for a year, invited him to join as well. He became happier later on as he could apply his previous work skills on voluntary activities such as word-processing and data entry, and felt a greater sense of usefulness.

It is not surprising that role loss, especially loss of the work role, associated with retirement, is challenging for older men. Role Theory indicates that work role is the

most important factor in providing social status to men as well as their families (Hooyman and Kiyak, 2005). The social values of work role and the rewards from it could be seen as comprising a large part of the core value system in the society. Meanwhile, performance in the work role could be seen as an integral part of the male's conception of himself and would influence his behaviour and associations.

The number of people holding the work role decreases as age increases. According to Caplan and Schooler (2004), anxiety levels increased with time after retirement for men, but not for women. Fully-retired men had lower level of self-esteem than men who were not fully retired. Such difference may be related to the trajectory of men's occupational histories, as well as to the personal importance and meaningfulness of employment for men. Similar occasion was found in an Australian national survey of mental health and retirement, in which young-old male retirees were significantly more likely to have a common mental disorder relative to men still in the labour force. However, this was not applicable to retired men who stopped working at the traditional retirement age of 65 (Butter, Gill, Rodgers, Anstey, et al., 2006)

Thus, it could be concluded that volunteering could positively influence psychological well-being of older persons. Since some respondents, mainly male respondents, had withdrawn from working life and no longer played the financial support role, they felt empty. Volunteering could provide them with additional roles that could offer some other ways for them to have a feeling of being needed and to apply of the useful skills utilized in their previous jobs. And, a lot of respondents revealed that volunteering makes them happy, and that the positive affects had

surpassed the negative affects in their lives, such as widowhood. Respondents also claimed that as they grew old, they kept on losing friends, and volunteering allowed them to meet new people, thus re-establishing social ties. Finally, volunteering also helped some respondents discover new interests and potentials, allowing them to join in more activities, thus leading to better health, and all these sum up to higher self-confidence and self-esteem for the volunteers.

Chapter 6 Conclusion, Recommendation and Limitation

Conclusion

Volunteering has been proven to be important in improving psychological well-being in later life, which is one of the essential elements in Successful Ageing. Volunteering or the volunteer experience could be seen as a predictor or mediator of a number of attributes, except life satisfaction, in psychological well-being, by means of compensating role loss, maintaining active engagement in social activities, giving more purposes in life, improving their self-concept, and enhanced perceived health. Again, this study encountered difficulties in being precise about causality (case and effect) but it is certainly able to provide some insights into the association between volunteering and PWB.

Volunteering also seems to relieve the stress of loneliness and actually extends the life of a person. It provides an interface of continuity, in terms of roles and level of activity participation, between pre-retirement and post-retirement life, adds purposes to life and provides a schedule and responsibility. Motivations to volunteer imply that psychological well-being could be further enhanced by matching participant's personal interests and the nature of voluntary activities. These benefits of volunteering were highlighted by the comparison of psychological well-being between volunteers and non-volunteers. All the findings in this study in general significantly support the perspective that volunteering is important in the context of Successful Ageing.

However, volunteering may have its darker side, too. Older persons face a number of problems when deciding whether or not to volunteer. Decline in physical health, unmatched personal interests and voluntary activities, family obligations and traditional way of thinking could work to keep older persons away from this social activity. Older women in grandparenthood are more likely to reduce the amount of participation because of their reengagement in the role of care provider for their younger grandchildren. Among older Chinese population, women are still the main care-givers in the family context. The traditional way of thinking that “Everybody minds his own business” puts certain resistance on helping others, especially if the older persons perceived themselves as “less well-off” than those they would help in volunteering. These barriers make data collection regarding volunteer patterns problematic because of their less stable and irregular participation in volunteering.

To conclude, volunteering is good for older persons as it provides them with numerous surprising benefits. In the future, more empirical studies need to be done to address the multiple natures and directions of influence from volunteering to well-being, the exploration of volunteering patterns among older persons, and how different attributes of volunteering exert their unique forces in well-being improvement.

Recommendations to Policy Makers and Activity Coordinators

Some recommendations for people involved in organizing volunteering activities could be made here. For instance, while enhancing volunteering in old age,

government and NGOs could consider older persons' health conditions, interests, and preferences on voluntary activities. Currently, coordinators of volunteering programmes do not always interview and screen potential volunteers to understand their strengths and interests; they might be more interested in filling needs or slots than trying to match volunteers' interests with the appropriate voluntary activities. In the future, coordinators of volunteering programmes should perform some matching and carry out interviews, and also play an essential role in connecting volunteers with activities that they would find meaningful and suitable.

Flexibility should also be enhanced in the volunteer programmes. A flexible schedule can maintain older persons' irregular but stable engagement in volunteering. Schedules and activities are often restricted and not responsive to the lifestyles and changes in living patterns of the retirees. Choice is a very important concept for the participants both at present and in the future. A wider variety of options concerning schedules, types and length of activity should be provided, as older persons' tastes or preferences change with time, and more often, older persons might need to re-engage in roles they had performed in younger life, such as home makers and care providers for their adult children and grandchildren. Therefore, it is important to have flexibility in time and more options, so that older participants can have the time to satisfy family obligations without disappointing the organizers.

Coordinators and staff from the organizations could actively look for more potential helpers by using the social network of current volunteers. As shown in this study, quite a number of volunteers stated their motivation to volunteer to be "being asked

by others”. Organizations could tap into the huge pool of potential volunteers simply by asking current volunteers to approach their non-volunteering peers and invite them to join, so that those who are willing to help but do not know how to could have their wish come true.

Lastly, elderly centres and volunteer organisations can offer older volunteers training courses at affordable price. As what mentioned earlier, a mildly healthy older person is less able to pay for the tuition fee (HK\$3,000) if he or she, without income, should also cover the medical and daily expenses. Thus, although volunteer is good, course-providers should take the background of a variety of possible learners into consideration on course planning and development.

Limitations to the Study and Suggestions

As with every other research project, there are several limitations to the nature, results and inferences that may be drawn from this study. They will be individually discussed here, along with suggestions for possible ways to solve them.

First, it is unlikely to be able to generalize the research findings in this study to all Hong Kong’s older population, and certainly to wider population, as it is a small scale study and qualitative in nature. Also, the number of female respondents largely outnumbered male respondents so there would be respondent gender bias. Much of the information was provided by female respondents, making the results more gender-biased. Also, this study was limited to Hong Kong, a metropolitan area in

China that is highly westernized, or at least open and internationalized, and the findings could be different in other Chinese social settings. One point worth noting, however, is that the older generations may be more traditional in their way of thinking and thus could mirror the attitudes of other regional Chinese societies such as those in Malaysia, Singapore and perhaps Taiwan. Representative sample could be drawn in future studies, so as to provide a deeper insight into this subject.

Secondly, although it was found that volunteering has positive impacts on older persons' psychological well-being, the reciprocal relationship between well-being and such participation could not be overlooked. That is, as mentioned before, we should encourage older persons to volunteer as it is good for them, but they might volunteer only if they were healthy. An intervention study of larger scale and longer period of time could be employed by choosing respondents whose well-being is undesirable. A control group could also be set up, so the results could be checked and confirmed.

Thirdly, according to Activity Theory, there is a positive relationship between participation in activity and life satisfaction, but the findings here show that the life satisfaction levels off or even decreases with too much engagement. This may be because some participants regarded the successful upbringing of their children as a success, thus reporting that they are satisfied with their lives. Some of them even say that anxiety disappears once their adult children are independent. In future studies, the interviewer should further clarify the term "life satisfaction", or use a more objective questionnaire for the interview.

Fourthly, it is assumed volunteering has certain benefits towards well-being, but it is hard to say if the same kind and the same amount of voluntary activities could provide the same rewards to different older persons. These rewards might vary as older persons perceive “rewards” differently. This could be solved by constructing a more objective scale for assessment, so that the level of reward could be quantified.

Fifthly, factors such as income, education attainment, personality traits and membership of elderly centre, might enhance well-being, which may lessen the effect of volunteering on psychological well-being. Thus, some variables should be put under control, so as to decrease the effects they have on the results.

Although this study bears some definite limitations, its contributions to social gerontological literature should not be denied as it provides an alternative insight to older persons’ perception of how volunteering experiences influence their well-being, especially psychological health. In addition, this study provides an exploratory and preliminary reflection on Chinese older persons’ participation patterns in volunteering and their perception of impacts of such. All of these could contribute to further investigation of gerontological studies related to this field.

Appendix 1
Focus Group Question Guidelines and Questionnaire (English Version)

<p>The Role of Volunteering in Successful Ageing: Impacts on Psychological Well-Being of Older Persons</p>

Question Guidelines for Focus Group Interviews

Good morning/afternoon/evening. Thank you very much for your help. We are MPhil students from Lingnan University. My name is Sharon, he/she is _____. I'm doing a survey of volunteering and psychological well-being of older persons. It aims to study how volunteering affects older persons' psychological well being according to your experience. Your answers will be very much valuable as they can provide grounds for the impact of volunteering on older person's psychological health and a clearer direction on older volunteering development.

The information you provided will only be used for academic purpose and highly confidential.

In a while, we will be asking you some questions, and you are welcome to discuss freely. Please feel free to enjoy the pastries and drinks on the table.

- ☐ To what extent, how would you rate your health at the present time (if 5=very good, 1=very poor)?
- ☐ Now please think of your life as a whole. How satisfied are you with it (if 5=very satisfied, 1=dissatisfied)?
- ☐ What do you think of your self-esteem, i.e. belief and confidence in your own ability and value?
- ☐ In general, are you happy with your current retired life?

For Non-Volunteers

- ☐ What does "volunteering" mean to you?
- ☐ Have you ever volunteered? If so, please talk about your volunteering experiences, and why you did not volunteer anymore.
- ☐ What prevent(s) you from volunteering, if any?

- ☐ Will you volunteer in the future? Why?

For Volunteers

- ☐ What does “volunteering” mean to you?
- ☐ Why do you volunteer? What motivate(s) you to do so?
- ☐ What do you expect towards volunteering?
- ☐ What do you think you will contribute to/gain from volunteering?
- ☐ Would you continue to volunteer? Why?
- ☐ In what circumstances would you stop volunteering?

Now please use an extra few minutes to fill out this form before going. All the information provided will be used only for analysis, and the data are *confidential*.

I will read aloud all questions and answers one by one. You may also fill out the questionnaire yourself and give it to me or my friend.

Questionnaire

Date: _____

Venue: _____

Mode of Interview: ☐ Self-administered
☐ Conducted by interviewer
☐ Others: _____

Section I: General Health Assessment

I should like to know if you have had any medical complaints, and how your health has been in general, over the past few weeks. I'm going to read aloud the questions one by one. Please answer ALL the questions on the following pages simply by ticking the appropriate box (☑) which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

Have you recently:

1. been able to concentrate on whatever you're doing?	1. ☐ Yes
2. ☐ No
2. lost much sleep over worry?	1. ☐ Yes
2. ☐ No
3. felt that you are playing a useful part in things?	1. ☐ Yes
2. ☐ No
4. felt capable of making decisions about things?	1. ☐ Yes
2. ☐ No
5. felt constantly under strain?	1. ☐ Yes
2. ☐ No
6. felt you couldn't overcome your difficulties?	1. ☐ Yes
2. ☐ No
7. been able to enjoy your normal day-to-day activities?	1. ☐ Yes
2. ☐ No
8. been able to face up to your problems?	1. ☐ Yes
2. ☐ No

9. been feeling unhappy and depressed? 1. ☐ Yes
2. ☐ No
10. been losing confidence in yourself? 1. ☐ Yes
2. ☐ No
11. been thinking of yourself as a worthless person? 1. ☐ Yes
2. ☐ No
12. been feeling reasonably happy, all the time? 1. ☐ Yes
2. ☐ No

Section II: Volunteering Experiences

(For Non-Volunteers, please go to Section III)

I would like to know your volunteering experience, frequency and content.

1. How long have you been volunteering?
_____ month(s)/year(s)
2. How often do you volunteer per week/month?
_____ times
3. How long do you volunteer each time?
_____ hours
-

4. What kinds of voluntary services are you participating in?

5. Now, how many organisation(s) do you volunteer for? What are they?

Section III – Demographics and Personal Information

It would help us to know a bit about the people who have answered our questions.

1. Age: _____

2. Sex: 1. ☐ Male 2. ☐ Female

3. Marital status:

1. ☐ Never married

2. ☐ Married

3. ☐ Widowed

4. ☐ Divorced/separated

5. ☐ Others: _____(Please specify)

4. Living arrangement:

1. ☐ Alone
2. ☐ With spouse only
3. ☐ With married children
4. ☐ With grandchildren only
5. ☐ With unmarried children
6. ☐ With other relatives
7. ☐ Others: _____(Please specify)

5. Educational attainment:

1. ☐ None/kindergarten
2. ☐ Primary school
3. ☐ Lower Secondary
4. ☐ Upper Secondary/matriculation
5. ☐ Tertiary education or above

PTO→

6. Monthly income:

1. ☐ \$1,000 or below
2. ☐ \$1,001-\$2,000
3. ☐ \$2,001-\$3,000
4. ☐ \$3,001-\$4,000
5. ☐ \$4,001-\$5,000
6. ☐ \$5,001 or above

--- The End ---

Thank you very much

Appendix 2

Focus Group Question Guidelines and Questionnaire (Chinese Version)

長者參與義務工作： 義務工作於晚年擔當的角色及 對長者心理健康的影響

問題指引

大家好！

謝謝你願意為我的研究功課提供資料。我是陳鮮歡，這是 _____，嶺南大學碩士研究生。現正我正進行一項有關長者義工參與其心理健康的影響的研究。我們希望透過是次訪問，了解參與義務工作對長者心理健康的影響。您只要根據你們的經驗及感受回答問題便可。您的答案非常有用，因為是次調查結果將有助我探討及分析參與義務工作如果影響長者義工的心理健康，並能為未來的義工活動提供更清晰的發展方向。

你所提供的資料只會作學術上的研究用途，並會絕對保密。

請隨便享用桌上的糕點及飲品。

- ☐ 你認為你現在的健康水平如何，若 5=非常好，1=非常差？
- ☐ 現在，請想想你整個生活。你對你的生活有多滿意，若意 5=非常滿意，1=非常不滿？
- ☐ 你對自己的信心、尊重、價值及能力有何看法？
- ☐ 整體來說，你認為你快樂嗎？

非義工受訪者：

- ☐ 你認為義務工作是甚麼？義務工作對你來說是怎麼一回事？
- ☐ 你以前曾經當過義工嗎？若有的話，請談談你當義工的經歷和經驗，以及你沒有再當義工的原因。
- ☐ 現在有甚麼原因阻礙你當義工嗎？若有的話，這些阻礙是甚麼？
- ☐ 將來你會當義工嗎？為甚麼？

義工受訪者：

- ☐ 你認為義務工作是甚麼？義務工作對你來說是怎麼一回事？
- ☐ 你為甚麼做義工？甚麼推動你當義工？
- ☐ 你對參與義工有甚麼期望？
- ☐ 你認為當義工可以付出／得到甚麼？
- ☐ 你會繼續當義工嗎？為甚麼？
- ☐ 在甚麼情況下你會停止／放棄當義工？

現在，請你用數分鐘為我填寫一份問卷。

我會大聲朗讀每一條問題。你亦可以自行填寫問卷，然後交給我或
_____。謝謝！

問 卷

日期：_____

地點：_____

訪問模式：
☐ 自行填寫
☐ 訪問員填寫
☐ 其他：_____

第一部份：一般健康評估

我想知道這幾個星期以來，你有沒有不舒服，和你的健康狀況。如果你覺得那個答案適合你，就在旁邊方格內打個「✓」號。記著我們是想知道你最近和現在的情況，而不是從前的問題。請你盡量回答所有問題，這點十分重要。謝謝合作！

你最近幾個星期：

1. 是不是很難集中精神？	1. ☐ 是
	2. ☐ 否
2. 覺得自己在很多事情上都能幫上忙／能提供
一些意見？	1. ☐ 是
	2. ☐ 否
3. 覺得在很多事情上都很難拿定主意？	1. ☐ 是
	2. ☐ 否
4. 很難開心地過日常生活？	1. ☐ 是
	2. ☐ 否

5. 覺得能夠面對自己的困難？	1. ☐ 是
	2. ☐ 否
6. 大致上樣樣事情都不開心？	1. ☐ 是
	2. ☐ 否
7. 很擔心而睡不著？	1. ☐ 是
	2. ☐ 否
8. 覺得精神壓力大？	1. ☐ 是
	2. ☐ 否
9. 覺得很難克服自己困難？	1. ☐ 是
	2. ☐ 否
10. 覺得很不開心及悶悶不樂？	1. ☐ 是
	2. ☐ 否
11. 對自己失去信心？	1. ☐ 是
	2. ☐ 否
12. 覺得自己是個沒用的人？	1. ☐ 是
	2. ☐ 否

第二部份：參與義務工作資料（非義工請跳至第三部份）

我想知道你曾參與／正在參與的義工服務的經驗、次數及內容。

1. 你當義工已經當了多久？
_____ 個月／年
 2. 你一個星期會參與義務工作多少次？
-

3. _____ 次
每次參與義務工作多久？
4. _____ 小時
你現階段參與甚麼義工活動？
- _____
- _____
- _____
5. 你現階段為多少個組織／機構當義工／提供義工服務？這些組織／機構是甚麼？
- _____
- _____
- _____

第三部份：背景資料

1. 年齡： _____
2. 性別： 1. ☐ 男 2. ☐ 女
3. 婚姻狀況：
1. ☐ 未婚
2. ☐ 已婚
3. ☐ 喪偶
4. ☐ 離婚／分居
5. ☐ 其他： _____（請註明）
4. 居住情況：
1. ☐ 獨居
2. ☐ 與配偶同住
3. ☐ 與子女同住
4. ☐ 與配偶及子女同住
5. ☐ 與親友同住
6. ☐ 與其他人同住
-

7. ☐ 其他：_____（請註明）

5. 教育程度：

1. ☐ 從未受教育

2. ☐ 小學

3. ☐ 初中

4. ☐ 高中／預科

5. ☐ 專上教育

6. ☐ 其他：_____（請註明）

6. 每月經濟來源：

1. ☐ \$1,000 或以下

2. ☐ \$1,001-\$2,000

3. ☐ \$2,001-\$3,000

4. ☐ \$3,001-\$4,000

5. ☐ \$4,001-\$5,000

6. ☐ \$5,001 或以上

問卷完，謝謝你完成整份問卷。

祝你身體健康，生活愉快！

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