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EXPLAINING VOLUNTEERING IN OLD AGE:

A SOCIAL REINFORCEMENT PERSPECTIVE

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ABSTRACT

Explaining volunteering in old age:

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Volunteering has been widely accepted as potentially a very good means to engage older persons and to maximize their contribution to society. There is a need to understand the entire process of volunteering, the reasons that motivate older persons to participate in volunteer services and activities and to appreciate why committed elderly volunteers continue to involve themselves in volunteering. The present study attempts to explore the possible motivational and sustainable aspects in the process of volunteering guided by a social reinforcement perspective. It further aims to propose an explanatory model for the initiation and sustainability of volunteering involving older persons in Hong Kong. A theoretical framework of the study focuses on the social reinforcement perspective within the cognitive-behavioral approach in explaining the volunteering process in terms of antecedences, pre-conditions, actual experience and consequences of volunteering.

A questionnaire was distributed to explore the different aspects of volunteering, including the patterns of volunteer services, volunteer involvement, reasons for and effects of volunteering and personal profile of the volunteers. The target of the study was hospital volunteers aged 60 or above. The research design was a mail questionnaire survey using self-administered procedures. A total of 287 elderly respondents, 63 men and 224 women aged 60 to 86 years, drawn from the database of the Hospital Authority were assessed. The response rate was 30.3% with 1,359 valid responses.

The study showed that older volunteers satisfied the pre-conditions for volunteering, such as having good health, free time and financial stable. The present study revealed that a great majority (74%) of the older volunteer respondents was inspired by altruistic

reasons of wanting to help and to feel contented and approximately half were initially motivated by the altruistic motive of social responsibility. Social motives of seeking social exposure, making new friends and sharing of experiences were other important initial reasons. These factors were sustained when respondents reported the reasons for their continued participation in volunteering. The respondents perceived obvious positive changes in physical, psychological, cognitive and social well-being and they were satisfied and gratified with the volunteering experiences. The research also revealed the positive changes in volunteer's life satisfaction, exposure and experience, self-appraisal and confidence.

The positive outcomes of volunteering, such as enhanced self-esteem, life satisfaction and personal exposure help to affirm the initial intention of volunteering, which in turn reinforces the continual participation in volunteer services with the evidence of consistent findings of both initial and continual participation in volunteering.

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Chapter 1: Introduction

This introductory chapter discusses the importance of older volunteerism, and the background, rationale, objectives and significances of the study.

1.1 Background to the study

Ageing is inevitable for every person. It is generally accompanied by life changes and role transition, attributing losses to both family and society, when they move from full-time work or part-time work to retirement; parenthood to grandparenthood. Old age period represents the final stage of the life span development of an individual.

As suggested by Erikson (1968), there are eight psychosocial stages that human beings would come across throughout their life course. The first stage of trust vs. mistrust, the second stage of autonomy vs. shame and doubt, the third stage of initiative vs. guilt, the fourth stage of industry vs. inferiority, the fifth stage of identity vs. role confusion, the sixth stage of intimacy vs. isolation, the seventh stage of generativity vs. stagnation and the last stage of integrity vs. despair. Erikson reckons that people, at the later years of life, i.e. the final stage of Integrity vs. Despair, would look back and evaluate what they have done during their earlier life stages. If the previous stages have been developed properly and positively, i.e. they have made contributions to the society and future generations and achieve generativity, then they will have a sense of satisfaction and experience integrity in later life period. However, if the earlier stages have not been developed positively and stagnation occurs, then they will feel despair and gloomy in this final stage (Erikson, 1968). Thus, whether older persons experience integrity or

despair depends on their past and present contribution and participation as well as whether they are stagnated or generative. The need for generativity becomes increasingly important as the ages increase, when people grow in old age, they tend to find meaning in their lives as comfort for the fact of death. (Erikson, Erikson & Kivnick, 1986)

Furthermore, there are two common adaptation processes describing life after retirement or entry into old age, both of which are grounded in social theories of gerontology. The first, from the view of *disengagement theory*, states that older persons disengage and withdraw from participating in the society. Disengagement is viewed as an adaptive behavior, which allows older people to maintain a sense of self-worthiness while adjusting through withdrawal from the loss of prior roles, e.g. occupational or parental roles and perceive this as positive consequences in order to be well-adjusted (Cumming and Henry, 1961). Secondly, some older persons are seen to continue to contribute actively to their family, offsprings and communities or societies as suggested by *activity theory.* This suggests that the well-being and satisfaction of older persons is significantly enhanced by maintaining the activity level as if they were still at the middle age. The more active the older person is, the greater their satisfaction in adjustment in later life and higher positive self-esteem (Bengtson, 1969).

There are some limitations to the two theories and it is controversial to conclude whether being active or disengaged is better for the older persons in adapting and adjusting to their later life. The activity approach still commands the most support by gerontologists, who hold the view that maintaining a certain level of activities and participation could

help enhance and improve the well-being of the older persons. Against this background, the study embarks to ask whether volunteering in an old age is indeed driven by the want for being active, leading to a more satisfactory way of living.

In addition, volunteering has recently been gaining increasing importance both in Hong Kong and worldwide although, it was somewhat overlooked in the past. The United Nations announced 2001 was International Year of Volunteer, which indicated its increasing significance.

Volunteering has been seen as a way in which older persons can remain active and productive although there are many other perspective, as discussed in chapter 2 and 3. It also enables elderly people to uphold their self-esteem, self-respect and develop a sense of purpose and achievement; make full use of their leisure time; expand their social circles, and generate positive and beneficial effects on physical, psychological and social well-being. Voluntary work can compensate for role losses in which the elderly people substitute new roles for lost ones in order to maintain their places in society and keep them active.

In addition, volunteering stems from the free will and care for others. It can benefit both the recipient and the giver; bringing happiness to the service recipient, and a sense of satisfaction and actualization to the volunteer. Thus, volunteering at old age is desirable to provide certain level of involvement in community in order to gain greater satisfaction in adjustment in later life.

A number of studies have linked volunteering to better health status, improved life satisfaction, and increased social ties. There is growing evidence that people spend in their free time in volunteering is strongly associated with their social well-being (Kwan and Chan, 1997). In addition, a study comparing volunteers and non-volunteers whose age 65 and above has shown that volunteers has a significantly higher degree of life satisfaction, a stronger will to live, and fewer symptoms of depression and anxiety (Hunter and Lin, 1981).

Hong Kong is a quite rapidly ageing society, with the older population is growing due to economic development and improvements in health care, nutrition and social care. On the one hand, the ageing society can be viewed negatively as it drains resourcesm especially in social care and welfare. On the other, it can be considered positively as a great social achievement and increase of free and available human capital. There is an increasing need to enable the older person to participate in volunteering so as to tap the positive outcomes of successful, productive and healthy aging and thus enhance the quality of life. Since older people represent the great potential, untapped and valuable human resources for the society, if we know how to mobilize and educate them to participate in volunteer services, there is a tremendous potential for older volunteerism that the ageing of the baby boom represents.

1.2 Rationale for the study

Some older volunteers may only participate in volunteer activity once or on a case by case basis and may even withdraw after the initial volunteering. This may be due to the barriers to volunteering, which, as identified by researchers, may include employment

and family obligations, health and financial circumstances, lack of knowledge of volunteer programmes, perceived lack of skills, lack of transportation and many others (Wacker, 1998). Nonetheless, some other elderly volunteers will stay and continue to participate in voluntary services on a long-term regular basis; they become committed older volunteers.

Thus, it is important to learn about the whole process of volunteering. What factors motivate older people to volunteer and encourage them to continue volunteering for extended period of time? In addition, it is worthwhile to understand why those committed elderly volunteers remain involved in continuous volunteering from their experiences and point of views in particular.

More importantly, there is a need to recognize the significance and value of older volunteerism, and develop appropriate strategies for facilitation, promotion and support so as to improve elderly volunteering in Hong Kong. However, there lacks academic study to date on the explanatory model for the whole process of initiation and sustainability of volunteering in old age, in particular, on why the elderly stay and continue to commit in volunteering in Hong Kong. Hence, it is important to understand the motivation, continuation and the reinforcing effect of volunteering.

1.3 Significance of the study

From knowing the reasons for the initiation or motivations and the maintenance of older volunteering, it may then be possible to understand better the recruitment, mobilization and sustenance of volunteers. It is hoped that the study can provide some insights for the

development of volunteering (especially in old age) in Hong Kong. Therefore, the study has both academic and policy relevance.

The respondents are drawn from hospital volunteers, of whom a sizable number (20%) are older persons. The participation of older persons in volunteering in health services can perhaps help eliminate and minimize the negative images held by the public.

1.4 Objectives of the study

In view of the growing importance of volunteering in old age, there is a need to understand why committed older volunteers continue to volunteer and to identify the motivational and sustainability aspects and the reinforcing effect of volunteering in its process. Thus, this study attempts to investigate the volunteering process and its continuity, and it is an attempt to provide an explanation of the volunteering among older persons in Hong Kong. This is not so much a topic for formal hypotheses, rather a number of linked research questions have been formulated which are outlined as follows:

Objective 1

To explore the possible motivational and sustainable aspects in the process of volunteering guided by a social reinforcement perspective.

Research Question 1: What are the antecedents and consequences of older volunteering?

Objective 2

To propose an explanatory model for the initiation and sustainability of older volunteering in Hong Kong.

Research Question 2: What are the intentions of older volunteers in initially becoming involved in volunteering?

Research Question 3: Why do the older volunteers continue to participate in volunteering?

Chapter 2 Definitions, concepts, development and patterns of volunteering

This chapter deals with the brief history of volunteering, and outlines its key concepts. A summary of what have been researched in the subject will also be given. It adopts an overview of the international literature and interspersed with the literature from Hong Kong and that looking at volunteering in different age groups and gender.

2.1 A brief history of development of volunteering

There is no one pattern for volunteering development that can be applied to all parts of the world. Variations in political, economic, social and cultural history and development tend to shape the distinctive volunteerism development in respective countries. This part of the overview tries to describe the major features and characteristics of the development of volunteering generally and then specific in Hong Kong. The voluntary provision of services has its long history and tradition in many countries. The development of volunteering can be traced back to the pre-war years. Volunteerism was at its incubation during the pre-war era.

The nature of voluntary service provision is mainly mutual-aid and self help. Beveridge (1948) defined mutual aid as “its origin in a sense of one’s own need for security against misfortune, and realization that, since one’s fellows have the same need, by undertaking to help one another all may help themselves” (Beveridge 1948). The view of volunteerism also was defined in terms of the forerunner “barn-raising” ethic during this initial prewar period, in which people gave service and time in response to a familiar individual and community need. These normative values of “mutual-help” and

“barn-raising” nature of service provision form the principle of volunteerism and play a primary role in the welfare of communities in many parts of the world, particularly in the health and social welfare sector. The neighbor guilds is an early examples of mutual aid, they supplied food and shelter for members in need.

In addition, the image of missionary service had greatly influenced the idea of volunteer action, of which some were shaped by church and charity notion. Philanthropy and charity have a long history in western societies, in Britain, Europe and North America. The roots of charity are religious in nature. The natures of charity are not specifically Christian, with other religions such as Buddhism and Judaism encouraging ‘love and charity’ towards humanity (Warburton and Oppenheimer, 2000).

Religious bodies organized most health provision during pre-war times. Hospitals, under the auspices of the religious bodies, relied on members of religious organization for staffing. Moreover, Ellis and Noyes (1990) noted that the nuns, served as nurses, claimed to be full-time volunteers who received food and room in exchange for their services.

The community has relied extensively on volunteers to do certain charitable, civic and religious works. Therefore, many community services such as law enforcement, firefighting, fire protection, nursing, health care began as volunteer efforts, in many countries; some activities are still mainly voluntary, such as the Australian rural fire brigades and the United Kingdom and Australian life guards. At this earliest stage of volunteering development, the voluntary services, based on the normative value of

mutual help, provide locality ties, charity, philanthropy and are largely remedial and relief in nature.

The next stage of volunteer development started during the postwar periods. The rises of voluntary associations or organizations at that time were connected to the development of volunteering.

Ellis and Campbell (1990) noted that these associations were called ‘voluntary’ because they were founded by individuals who recognized a need or cause and formed an organization with private funds for nonprofit purpose. They were funded by a group of wealthy philanthropists who combined together to support a charitable cause (Smith, Rochester and Hedley, 1995). These voluntary, non–profit associations played the major role in organizing the volunteer efforts to provide services at different aspects and the volunteer work thus became more organized.

Furthermore, women notably led volunteer efforts especially in the postwar era. Nursing the sick, antislavery, prison reform, and illiteracy were examples of traditional female-dominated volunteer roles. The mainly middle-class women in their middle ages became accustomed be the core of the traditional source of volunteerism. With an increase in labour-force participation, married women switched into the paid workforce, thus lowered their own availability of free time to act as volunteers.

Some people regard volunteerism as contrary to professionalism, of which volunteers are unavoidably amateurs. They are the primary advocates for service to the poor, the

elderly and the sick. This “amateur” image of volunteerism gradually changed into one of the paraprofessional during the postwar years. For instance, human services such as education, social work and health care, have acquired professional standing. Therefore, organizations in these fields are more likely to include volunteers in decision-making process. Nowadays voluntary service is viewed as a partner in the professionalizing process (Ilsley, 1990). In addition, many support aspects and ever mainstream volunteering activities may receive a partial cost subsidy or reimbursement of expense (Phillips and Blacksell, 1994). This does not necessarily undermine their essentially voluntary ethos.

The perception of volunteerism changed from charity and missionary action to involvement, learning and service action. A fall in church attendance in many places has reduced a vital source of volunteers. Religion seems to be declining in its importance, particularly in Europe, Australia and some other parts of the developed world. Instrumental orientations seem to have increased in these countries; especially among younger cohorts have shown more instrumental and less religious attitudes toward volunteering compared to the older cohorts (Anheier and Salamon, 2001).

In addition, cross-national attitudes toward volunteerism have changed in recent years. United Nations Volunteers (UNV) was created by the General Assembly in 1970 to identify and place professionally qualified people in development and humanitarian programmes requested by developing countries (AVS, 1999). On November 20, 1997, The General Assembly of the United Nations declared the year 2001 as the Year of the Volunteer, and December 5 was designated to International Volunteer Day (Anheier and

Salamon, 2001).

With the demographic ageing of many populations and the development of community care, the number of volunteers and demand for health and social welfare services has increased internationally. Volunteerism in other fields such as sports, leisure and environmental work is also growing (Sheard. J, 1995). The coming generation of retirees in many countries may have various needs, motivations, expectations and barriers to become volunteers and eventually forming a huge volunteer forces (Heartbeat Trends, 2001).

2.1.1 Local volunteer development in Hong Kong

In Hong Kong, the nature and pattern of development of volunteering are similar to and influenced by many Western countries. However its starting point and pace of development show a slight difference. In the prewar period, volunteering were not well-developed and organized like many other western societies. Before 1948, service provision was mainly in the form of mutual-aid and self-help on the principles of helping others, such as within small informal kinship and clan groupings.

The concept of voluntary action in Hong Kong's prewar era was shaped and influenced by missionary, charity and philanthropy notions. Thus the normative values of mutual help and charity and philanthropic association played a primary role in the welfare provision in the society because there were no formal welfare services provided by government at that time.

Local volunteering development underwent some changes after the Japanese occupation (1941-45), and the subsequent rebuilding of Hong Kong socially and physically, because this postwar rehabilitation period required huge service provision. Moreover, a large population influx from China seeking shelter in Hong Kong after the Chinese Liberation brought a large proportion of new Chinese immigrants and created numerous social problems including poverty, lack of schooling for the immigrant children, great pressure on accommodation, growth of squatter settlements, and general problems. Many philanthropic, charitable associations and some social service agencies (Non-governmental organizations) were established to provide welfare services for people in need. These include many notable organizations such as Po Leung Kuk (**保良局**), Tung Wah Group of Hospitals (**東華三院**), Hong Kong Caritas (**明愛**), HK Federation of Youth Groups (**青年協會**), Boys and Girls' Clubs Association (**小童群益會**), HK Family Welfare Society (**香港家庭福利會**) etc. All these agencies provided food and shelter for the poor and informal education to many new Chinese immigrant children who were without schooling. Furthermore, some domestic voluntary associations under the banner of mutual-aid were created during these postwar period. They were clansmen's associations, the kai-fong associations and mutual-help groups.

Lui (2002) stated that local voluntary agencies are the key factor in promoting Hong Kong people's commitment to volunteering. They provide long term social services and help people encounter and overcome hardship and difficulties. Many Hong Kong people benefit from the welfare and services provided by the voluntary agencies. At the same time, they realize the importance and contribution of volunteering through the contacts with other members and voluntary agencies.

The Hong Kong Government expanded its responsibility for service provision after the war, as seen from the establishment of the Social Welfare Department (SWD) in 1948. The Hong Kong Government did not seem to be positive in encouraging and supporting volunteerism at this juncture, the White Paper on Social Welfare for many years made scant reference to volunteering. However, after 1998, there were tremendous developments, when the SWD decided to take the lead in promoting and encouraging volunteering by launching a territory-wide Volunteer Movement subsequently within an established structure (The Hong Kong Federation of Youth Groups).

The first non-profit organization for the development of volunteering in Hong Kong was called The Agency for Volunteer Service (AVS), which was established in 1970. The mission of the agency was to play a proactive role in building a caring society through the promotion and development of sustainable volunteerism and develop partnership with all sectors of the community in a bid to mobilize and organize individuals, groups and organizations to provide quality volunteer services (AVS, 1999).

2.2 Defining volunteering and related concepts

There was no precise and clear-cut definition of the terms “volunteer” and “volunteering” (Handy, 2000). Indeed, it is unlikely that a single definition could embrace the different notions and expressions of volunteering across cultures, people and places, as volunteering takes on different form and meanings in different societies. Numerous studies of volunteering are based on different definitions. Some emphasize social needs, some focus on volunteering as non-paid employment; some include both

formal and informal volunteering, while others comprise only formal voluntary services (Fisher and Schaffer, 1993).

Volunteers

A volunteer is a person who performs voluntary activity. Wilson and Musick (1999) defines someone who contributes time to helping others generally with no expectation of pay or other material benefit to himself or herself. In Webster's *Third International Dictionary*, 'volunteer' is defined, as "One who enters into or offers himself for service of his own free will" (Gove, 1986).

The Agency for Volunteer Service (1994) defines a volunteer as "anyone who chooses to act in recognition of others' need out of social responsibility without regard to material reward". The International Federation of Red Cross regards volunteers as "individuals who reach out the borders of their paid employment and of their normal responsibilities to contribute time and service to a not-for-profit cause in the belief that their work is beneficial to others and satisfying to themselves" (International Federation of Red Cross, 2000).

Volunteering

Volunteering is a process of voluntary work or service in which three key elements have been identified. They were (1) an activity not aimed towards financial reward; (2) an activity undertaken according to an individual's own free-will; and (3) an activity to benefit someone other than the volunteer (The Hong Kong Federation of Youth Groups, 2000).

Moreover, Fisher and Schaffer (1993) regard volunteering as an activity intended to help others, not done primarily for material gain, and not based on obligation. Fisher, Mueller and Cooper (1991) also provide a similar definition of volunteer work as a form of helping behavior that is non-obligatory and is not done for monetary compensation.

In addition, volunteering involves the commitment of time and energy for the benefit of the community, and is undertaken freely without concern for financial gain (National Centre of Volunteering, 1998). Volunteering thus involves commitment of time. It also implies the availability of social and personal resources that lead to willingness to donate time to the community without financial reward.

The United Nations (1999) defined volunteering in a broader sense as "contributions that individuals make as non-profit, non-wage, and non-career behavior for the well-being of their neighbors, and society at large". Many types of collective action and mutual self-help are included in this relatively broad definition.

In Hong Kong, the Social Welfare Department (SWD) defines volunteering as "services provided by an individual or groups who contribute their time and effort for a non-profit purpose in the belief that their activity is beneficial to others or to the development of society".

The national surveys of volunteering carried out by Social and Community Planning Research on behalf of the Volunteer Centre (UK) in 1981 and 1991 defined volunteering

as “Any activity which involves spending time, unpaid, doing something which aims to benefit someone (individuals or groups), other than or in addition to close relatives, or to benefit the environment” (Field and Hedges 1984, Lynn and Davis Smith 1991).

Furthermore, Chambre (1987) defined that volunteering, like work, provides the structure of a paid job, a place to go to and to dress for, the gratification derived from a job well done, and the basis for the social relationships in a work setting. However, volunteering is unlike work because it is unpaid.

Philosophies behind volunteering

Ilsley (1990) claimed that altruism and free will are necessary to the definitions of volunteerism. It implies selfless commitment to others and to the good of society. It is an act performed voluntarily to help someone else when there is no expectation of receiving a reward. Many writers have supported this concept of volunteerism that if volunteer work is not conducted in a spirit of altruism, it is not true volunteerism.

However, theorists such as Karl argue that voluntarism is not a function of altruism at all. The volunteer can gain some benefits. Thus, there is only relative altruism, no absolute altruism - self-interest exists in the voluntary service (Ilsley, 1990). In addition, Clary and Sybder (1991) suggest that only reciprocal altruism is biologically based. We help others in hopes of being helped in return at some other time. This would not be true "altruistic" behavior as defined by the authors, but “pro-social behavior”. Pro-social behavior is voluntary behavior, which intended to benefit another. There are different kinds of pro-soical behaviors, for example, sharing, helping and comforting.

2.3 Reasons, types, and patterns of volunteering

2.3.1 Reasons for volunteering

There are many possible reasons for people participating in volunteering and many studies about those reasons, yet what is known about the motivations to volunteer is neither systematic nor consistent (Cnann and Cwikel, 1992). Volunteers have multiple motives, which differ from their relations and continuation as a volunteer. The motivation to volunteer is dynamic rather than static. Sometimes, the reasons for volunteers joining volunteering different entirely from the reasons for staying.

Motivation to volunteering is evidently multi-factorial and complex. Snyder and Ridge (1992) proposed that individuals volunteer for six reasons: to express deeply held feelings about the importance of helping others (values), to fit in better with one's social network (social), to relieve negative feelings (protective), to feel needed and important (esteem), to gain a greater understanding of the world (understanding), and to obtain career-related benefits (career).

Barker (1993) later provided a good classification of motivational factors why an individual participates in volunteering: altruistic, instrumental and obligatory activities. Altruistic motives comprise the perception of a sense of solidarity for the poor, compassion for the needy, giving hope and dignity to the disadvantaged. Instrumental motives are defined as a desire to gain new experience and new skills, to do something worthwhile in one's spare time, meet personal satisfaction and people. Obligation motives involve moral and religious duty, contributing to the local community, and

repaying debt.

Phillips (1982) comments that the initial motivation to take part in volunteering may be altruistic, while the decision to continue volunteering is more likely to be dependent on the evaluation of costs and rewards rather than purely on altruistic motives. Wardell et al (2000) find that majority of the volunteers are motivated by their altruistic motives when they start volunteering. However, after building up good relationships with other staff and service recipients, social affiliation became a key reason for their continual commitment of voluntary work.

According to the findings of a study by the Hong Kong Young Women's Christian Association in 1996, most volunteers continued to volunteer because they wanted to serve other people (87.5%), treasured the volunteer relations (71.9%), self-understanding (67.2%), and understanding of the society (57.8%). The study showed the major difference between the initiating and continuing reason of volunteering, which had the distinct reason to "treasure the volunteer relations".

Ilsley (1990) distinguishes two types of volunteers who showed different motivations. Those he called novice volunteers participated in volunteering for groups of motives comprising of fun, a change of pace, humanitarian, idealistic and spiritual, other directed (based on someone else's desires or expectations), personality-based, repayment, self-enhancement, social and elimination of negative feeling. For experienced volunteers, their motivations arose from values, and the changes in motivation observed often result from value shifts brought about by the volunteer experience.

The most commonly reported motivational factor is altruism. A variety of studies (Independent Sector, 1999, 2001; Safrit, King, Burcsu, 1993; Guseh and Winders, 2002) report that volunteers are motivated to action primarily for altruistic reasons. Anderson and Moore (1978) conducted a research through Canada's 49 volunteer bureaus. The results showed that "the desire to help others" and "feel useful" consistently dominated other responses. These findings are similar to those locally, in the survey conducted by the Hong Kong Federation of Youth Groups in 2000, which found the major reasons given for volunteering were "to help people in need"(62%), "Many people volunteer, so should I"(46%) and "To kill time"(42%) (Hong Kong Federation of Youth Groups, 2000).

(i) Reasons for volunteering across ages

People at different ages and generations tend to have different outlooks on life, often life-cycle, experience related, which may change their attitudes towards volunteering. Therefore, motivations may vary with age. Dean and Morton (1995) found that the older volunteers were more motivated by gaining social benefits and a more meaningful leisure activity (Wardell at el. 2000). Gaskin (1998) suggested the instrumental motivations for young people to participate in voluntary services, in order to gain work experience, qualifications and skills. Chapman (1985) found that university student volunteers tended to involve themselves in voluntary work since they were interested in career-related work experience.

Morrow and Mui (1989) found that when compared to younger volunteers, older

volunteers were less motivated by material rewards and status. However, they were more likely to be motivated by having free time and by religious concerns. "To be needed" can be a goal in volunteering. And older volunteers are more likely to say that they are volunteering to be needed. This is perhaps a reflection of the loss of meaningful roles in late adulthood as in the role loss theory of aging, and the need to replace these roles with activities that give the individuals self-worth.

In addition, older volunteers are probably less motivated by family and job-related factors for volunteering. They are motivated by the nature of the voluntory work and the gratification derived from it (Parnes, 1981). According to the National Survey on Volunteer Activity (1987) conducted in Canada, older volunteers are less likely to participate in voluntary work out of self-interest, while they are more likely to volunteer for factors of obligation and social value (Chappell and Prince, 1997). Zenchuk (1989) further showed that older volunteers are more likely to be motivated by a sense of obligation to the community and by religious obligation.

(ii) Reasons for volunteering by gender

Anderson and Larry (1978) surveyed differences between male and female volunteers. Men and full-time working women stated that they volunteered for self-fulfillment and personal development. Those over 60-year-old and unemployed women were more likely to volunteer to feel useful and to occupy their spare time. Men were more motivated than women in using volunteering to acquire employment-related experiences and skills.

Moreover, many women see their volunteer work as an extension of their roles as wives and mothers. For example, Wilson and Musick (1997) found that females scored higher on measures of altruism and empathy, attached more value to helping others, felt more guilty when they have not been compassionate. Daniels (1988) discovered that women believed they were expected to cater for the personal and emotional needs of others.

The survey conducted by the Hong Kong Young Women's Christian Association found that, for volunteer women, helping others was a most important reason participating in volunteer services (56.9%), while understanding society (43.1%) and self-understanding (41.5%) also motivated them to volunteer.

2.3.2 Patterns of volunteering: types, time spent, duration

Voluntary service is classified as formal or informal. Formal volunteerism refers to service that cater for social need or needs defined by an organization which is performed in a coordinated way. Voluntary activities are arranged through or for formal organizations or government programs, for example, hospital and social welfare agencies. Informal volunteerism can be defined as spontaneous expression of service in response to a personally perceived social need, conducted freely, without the integration of a formal organization. It is based on a predetermined purpose but on a general ethic of reciprocal support and includes services for neighbors and other people within the community (Ilsley, 1990).

Voluntary service has many kinds. Volunteers are recruited to work in a variety of roles in providing human services, independent living assistance, literacy assistance, housing

rehabilitation, medical care service, home help service and escort service. In addition to the diversity of roles and types of volunteering, some voluntary services require a long-term commitment, while others are episodic.

The 1991 Commonwealth Fund survey identified six types of volunteer activities including working in the office, serving others directly as a coach or tutor, fund-raising, serving on the board of a volunteer organization, performing manual labor, and doing other volunteer activities (Scott, 1995).

According to the Volunteer Centre UK research in 1981 and the Volunteer Centre UK research in 1991, there was an increase (from 44% to 51%) in the proportion of the population taking part in voluntary activities in Britain in that decade. The percentage of people participating in volunteering service weekly and monthly has also risen. There has been a slight increase in the average number of hours per week spent in volunteering (Sheard, 1995).

About 45.5% of 2,032 respondents aged over 15-years-old were found, in a study conducted by the Hong Kong Federation of Youth Groups in 2002, having volunteered in the 12 months prior to the survey. Most of them chose to work through social service organizations (41.8%), followed by schools and educational bodies (34.8%) and religious bodies (29.4%) (The Hong Kong Federation of Youth Groups, 2002). According to the survey conducted by Agency for the Voluntary Service in 2002, “Visiting” is the most popular type of voluntary service, with about 38% of volunteer respondents’ participation. Moreover, the second popular service was associated with

recreational events (21%) and other services are "medical services" (7%) and "fund raising activities" (6%).

(i) Patterns of volunteering across ages

The relationship between age and volunteering is apparently complex - volunteering among teenagers increases until they reach the age of eighteen, then it starts to decline, and remains low until the late twenties, when it rises again. It reaches a peak from the age of 40 to 55, and then it gradually decreases (Pearce, 1993). Other researchers have recorded a peak in volunteering when individuals are in their 40s and 50s (Action 1975, Gallup Organization 1987).

Recent studies have shown relatively high rates of volunteering among the youngest cohort of older persons. Older volunteers contributed more time proportionately to their voluntary activities than other age groups. They tend to spend more hours per week in voluntary work than younger people. They are generally more committed to their volunteer service, and tend to stay with the organization longer (Lynn and Davis Smith, 1991).

There are significant differences in the types of organization for which younger and older adults volunteered. A survey conducted by the Independent Sector (1998) identified that only 22% of older volunteers work with an educational institution. While in Sundeen's (1990) study, the elderly people who took part in voluntary work were less likely to spend time on a political organization than those younger volunteers. Religious-based volunteering is the most common type among older volunteers, of

which about 65% of them donated time to their church (Independent Sector, 1998). Willigen (2000) found that 66% of older persons involved in volunteering at their church in contrast to nearly half of younger adults. In addition, the younger volunteers were more likely to participate in voluntary work for a school or other educational institutions. They engaged in volunteering as an extension of their other roles, involving in local associations, whereas elderly people were more likely to involve in volunteering at senior centers. Senior volunteers may also be involved in various types of volunteering service, for instance, to visit elderly or disabled people, assist in clerical work, escort disabled people in shopping and assigning the conduct of activity (Fisher and Schaffer, 1993).

(ii) Patterns of volunteering by gender

A strong image of a typical volunteer is a woman, particularly a married woman and indeed generally, more women than men are involved in volunteering across all age groups. However, recent studies showed that gender difference in volunteering are starting to diminish at all ages. A survey conducted by Gallup in 1983 identified that 56 % of women and 43% of men were volunteers, which showed a narrowing gap in the trend of men and women involved in voluntary work (Chambre, 1987). Indeed, this difference might not be as apparent among elderly people as in the general population because retirement reduces male-female difference with respect to work roles. In Hong Kong, according to the Agency for Voluntary Service's annual service report (1998-99) in 1998, about 77% of the registered volunteers were female, only 23% were male.

Furthermore, female volunteers tend to participate in caring, person-to-person tasks and

fewer of the public, political activities, and they are less likely to be found in leadership positions (Cnaan and Goldberg, 1991). The studies suggests that volunteers of different gender take part in different types of volunteer activities, with women tending to be more engaged in health and social welfare services, fund-raising, church-and school-related activities, while men tending to involve in committee work, sports, hobbies, advice work and transport (Lynn and Davis Smith, 1991).

Gallagher (1994) found that older men were more likely to act as treasurers, to supervise volunteers, and conduct fund-raising and recruiting members. By contrast, older women were more likely to act as speakers and perform secretarial work. Argyle (1959) and ACTION (1975) both reported that men joined professional associations and lodges that were functional for their careers, while studies found women were more likely to join religious or service organizations.

(iii) Volunteering across different social classes

Social class, socio-economic status, influences the decision of an individual to participate in volunteering and the types of volunteer work. Chambre (1987) found that people who are better educated, more affluent, and in more prestigious jobs have a greater tendency to get involved in voluntary work.

Volunteering is more frequent among higher socio-economic groups - professionals, academics and managers than any other groups. There are 34% of the volunteers in the upper and upper-middle-class stratum and 21% of lower-middle class and 16% of lower social status (Barker, 1993).

Pearce (1993) noted that those with higher incomes, educational levels, occupational status, and own more properties are more likely to participate in voluntary work. Thus, individuals with higher socio-economic status are more likely to volunteer. Socio-economic status is also consistently associated with the kinds of organizations joined. Blue-collar volunteers are more likely to join churches, unions and sports clubs, with the middle and upper classes concentrated in general interest, business and professional, service, cultural, educational, and political pressure groups (Cousens, 1964).

Volunteering also varies with education, with more highly educated people being more likely to volunteer than the less educated. A cross-national study found 37% of volunteers hold college degrees and 18% hold less than high school equivalent (Barker, 1993). Parnes (1981) found that there were noticeable differences in the proportion of volunteers with different levels of schooling. Fewer than 10% with fewer than nine years of education took part in volunteering when compared to about 25% of high school graduates and nearly 50% of college graduates. A similar result occurred for volunteers in different occupations. About 12% of unskilled blue collar and service workers, 25% of clerical workers, 33% of sales workers, managers, and 40% of professionals had participated in voluntary work.

According to the local survey conducted by Agency for the Voluntary Service in 2002, about 34% of 1,555 respondents, aged over 15 or above, were in the level of tertiary education or above, while 57% were in the secondary education level. In addition,

about 24% of the respondents were clerical or service workers, 23% students, 22% professional or semi-professionals and 10% housewives (Chung, Pang and Law, 2002).

Reasons for these social status differences in volunteering have been suggested. For example, people with higher social status have greater financial resources, especially the participation in voluntary work costs time and money. People could otherwise perhaps spend their time to work and earn additional income. Thus, there are tangible costs that may lower the chances that some low-income groups taking part in volunteering throughout their lives, especially in old age (Chambre, 1987).

In summary, volunteering is a life-long fulfilling activity, especially in old age. As different people participate in volunteering for different reasons, older persons may likewise wish to be involved under more or less the same considerations. It has been noted that people who volunteer are mainly those who have resources including time, financial security and friendship networks. These people tend to be older persons, come from a more educated background and are female. These consistent patterns of volunteering involvements suggest that there is a background process which can explain why people and in particular, why older persons, who are generally retired and laid back, do voluntary work. More importantly, relatively few studies look into the reasons for engaging into volunteerism and its sustainability, especially in an Asian context. Therefore, the present study, which will contribute to the academic literature, aims to adopt a cognitive-behavioral perspective to explain the process.

Chapter 3 A Cognitive-Behavioural Perspective on Volunteering: the Social Reinforcement Process

A reinforcement process of volunteering is the main focus of this study. The aim is to explore the possible motivational and sustainable aspects of volunteering. This chapter presents a review of the literature on the theoretical perspectives of 1) the Behavioural approach, 2) the Cognitive approach, and 3) the Cognitive-Behavioural approach, which provide the theoretical support for the formulation of the research framework on volunteering.

Cognitive-behavioural approaches originate from the behavioral model and cognitive perspectives. The literature on behavioral perspectives is initially reviewed, followed by cognitive perspectives and cognitive-behavioural perspectives.

3.1 The Behavioural Perspective

Behavioural studies focus on behavior but generally without reference to mental and cognitive processes. They focus on the extrinsic side of action and behaviour and assume the behaviour is directly strengthened and weakened by its immediate responses and consequences. The origin of behaviourism can be traced back to Pavlov who developed and defined the principles of behaviorism. “Classical conditioning”, developed by Pavlov, forms the basis of behaviourism. Conditioning is the learning process of behaviour that connects to the stimulus, which represent the central path of behavioural perspective. Classical conditioning and operant conditioning are the two major conditioning approaches.

Pavlov considered classical conditioning as a form of learning through a pairing or association of a neutral stimulus with a stimulus that produces the response, which often are automatic. Classical conditioning is a simple conditioned and unconditioned stimuli association, a straightforward input-output analysis and a systematic relationship between incoming stimuli and outgoing responses (Mohr, 1996).

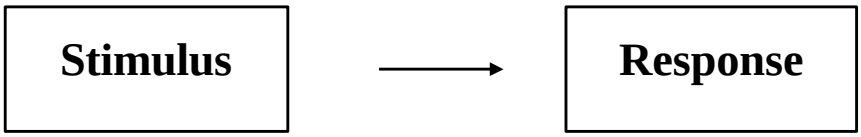

Fig. 3.1 Diagram of Stimulus-response

Thus, the main theme of classical conditioning is the stimulus-response (S-R) association or connection. It is a simple theory of stimulus-response learning (Fig. 3.1). It suggests one-sided determinism, i.e. unidirectional environmental determinism; which explains human behaviour as the product of environmental forces and regulated by external stimuli (Bandura, 1985). However, classical conditioning is mostly criticized by its simple, instinctive, drive conditioning, because it focuses exclusively on the instinctive behaviour and action. In addition, Pavlov underestimated the importance of cognitive process, such as thoughts and perceptions when investigating the learning process. It only deals with observational behaviour and only focuses on “stimulus” and “response”.

3.1.1 Operant Conditioning

American psychologist Edward Thorndike (1911) first labeled operant conditioning. He formulated the "law of effect", which states that the consequences of a response determines whether the subsequent response will recur in the future. This forms the basis for operant conditioning.

B. F. Skinner, (1971) following Thorndike, further studied operant conditioning. The heart of Skinner's theory was the concept of reinforcement. Skinner developed the "law of acquisition" - the acquisition of new responses occurs because of our experiences of rewards or punishments. The more pleasurable the environmental feedback, the more likely that people would repeat the behavior in similar circumstances (Turner, 1986).

Moreover, operant conditioning is not one-sided, unlike unidirectional environmental determinism of classical conditioning. It shows a dynamic interaction between environment and individual and the relation between the response and reinforcement contingency. The root principle of operant conditioning is that behavior is a function of consequences. Behavior is largely regulated and controlled by its consequences. External influences, not internal thoughts and feelings, shape the behavior and action.

A simple A-B-C approach describes operant conditioning. Fig 3.2 shows an antecedent event (A) which produces a behavior (B) and consequence (C) arises as a result of the behavior. Behaviour is shaped by the consequence.

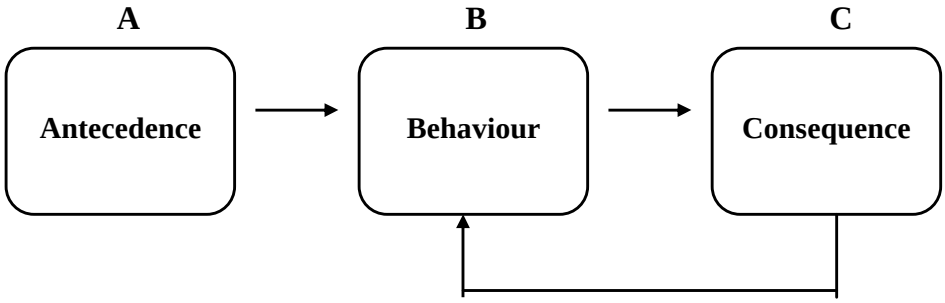

Fig 3.2 Diagram of simple A-B-C approach of human behaviour

In addition, operant conditioning refers to contingencies of reinforcement, and a form of learning, in which the consequences of behaviour lead to changes in the probability of its occurrence. This is an operant conditioning if reinforcement contingency results in an increase in the frequency of the operant behaviour with the occurrence of the antecedent stimulus. The behaviour is strengthened and repeated if followed by reinforcement or diminished if followed by punishment. Operant conditioning mainly focuses on the external side of human behaviour, which emphasizes the consequence and external forces.

a) *Reinforcement*

Reinforcement is a key principle in behavioral analysis. It is a stimulus or an event when produced by a response, presented or removed contingent upon a behavior. It makes those responses more likely to occur in the future. Learning a response to a stimulus is often related to reward following the response. This effect of reward is called reinforcement (Pavlow 1927). Reinforcement for behavior can be derived externally, or

internally, i.e. external or self-reinforcement. In addition, Granvold (1994) categorized reinforcers into a tangible form, like a prize, or in an intangible form, such as praise or attention. Moreover, reinforcement can be classified as positive reinforcement or negative reinforcement, whether positive or negative, it strengthens behaviour (Schwartz and Robbins, 1995).

Positive reinforcement refers to a process in which an event (a reinforcer) is presented following a behavior and there is an increase in the future likelihood of that behavior. It strengthens a response by presenting a stimulus after a response. Negative reinforcement is a process in which an event, or a reinforcer, is removed or reduced following a behavior and there is a subsequent decrease in behavior. It strengthens a response by reducing or removing an aversive stimulus (Pierce and Epling, 1995).

Reward or reinforcers can be illustrated in terms of intrinsic and extrinsic [behaviour]. Payne (1997) defined intrinsic rewards as those internal feelings, or thought, such as satisfaction and pride, but this reinforcement is more difficult to use and define. Extrinsic rewards refer to those rewards provided or given by outsides. It can be divided into primary and secondary extrinsic rewards or reinforcers. Primary extrinsic rewards refer to those reinforcers meeting basic needs such as food or avoiding pain. Secondary rewards refer to those reinforcers that people have learned, such as value, material (e.g. money), social (e.g. love), approval (e.g. privileges), activity (e.g. hobbies). These extrinsic reinforcements are socially arranged rather than being the natural consequences of behavior (Bandura, 1986).

There are continuous reinforcement schedules and intermittent reinforcement schedules under the perspective of reinforcement. Continuous reinforcement schedule means a response that is continuous and is always reinforced. However, in the real world, reinforcement is not always consistent or continuous. Reinforcement is likely to be intermittent; behavior persists even if reinforced only intermittently.

An intermittent schedule of reinforcement refers to responses that are sometimes reinforced, while sometimes not. They apply when behaviour is not always reinforced. They can be divided into ratio and interval schedules. A ratio schedule reinforces after a set number of occurrences, while interval schedule occurs after a set period of desired behavior (Schwartz and Robbins, 1995).

i) A fixed-ratio schedule is a schedule of reinforcement that reinforces a response after a set and fixed number of responses.

ii) A variable-ratio schedule is a schedule of reinforcement that reinforces a response after an unpredictable number of responses.

iii) A fixed-interval schedule refers to a schedule of reinforcement that reinforces a response only after a fixed and specified period of time, following the previous reinforcement.

iv) A variable-interval schedule refers to a schedule of reinforcement that reinforces a response at unpredictable and varying time intervals, following the previous reinforcement.

b) Punishment

Punishment is an aversive event and consequence that decreases the subsequent behavior. It is a process by which the frequency of an operant behavior is suppressed (Baldwin and Baldwin, 2001). The effect of punishment is opposite to reinforcement; i.e. an aversive stimulus contingent acting upon a certain response, which decreases the frequency and likelihood of preceding behavior in similar circumstances in the future.

c) Extinction

Extinction refers to the fact that the frequency of a behavior could be decreased by either administering punishment or withholding reinforcement. It occurs if the association between conditioned responses and stimuli is not kept up. The conditioned response fades away and becomes unconnected with the stimulus. If a previously reinforced operant response is no longer followed by reinforcing consequence, the frequency of the operant declines, and extinction occurs. Operant extinction occurs when the reinforcement contingency that produces operant conditioning is removed. Frequency of reinforcement also affects the extinction of a response. Behaviors are eliminated and disappeared more quickly when they are reinforced continuously and the reinforcement is then stopped, than whey they are reinforced intermittently (Pierce and Epling, 1995).

3.2 The Cognitive Perspective

The cognitive perspective emphasizes the internal thought rather than the external form in human behavior analysis. Self-reinforcement involves awareness of one's behavior, evaluating the positive aspects of that behavior, and self-administering contingent positive consequence (Rehm, 1977). Self-reinforcement refers to a process in which

individuals enhance and maintain their own behavior by rewarding themselves with rewards that they control whenever they attain self-prescribed standards (Bandura, 1986).

Cognitions are seen as both the cause and the effect of an experience. Cognitions are influenced by past and present environmental input and shape the environment by giving it meaning and selecting actions to change it. The theoretical premise of the cognitive perspective is an individual's affect. Behaviours are largely determined by the way in which the person constructs the world. Therefore, behavior is largely a function of cognitive process.

The cognitive approach is developed from and posts challenges to behaviorism. There is the inclusion of cognitive factors in the cognitive perspectives, which alter behaviorism. Cognitive theory integrates principles of both operant conditioning and classical conditioning into a more unified theory of behavioral change. The cognitive perspective explores the capacity of human minds and cognitive process to control how stimuli affect behavior (Werner, 1982). The focus of the cognitive approach is primarily on cognitive thinking and intrinsic part of human behavior rather than on external forces. A cognitive process attempts to make sense of what they did, and justify the behavior with positive (rewarding) experience and action.

Cognitive psychology differs from behaviorism on several points. First, the cognitive approach focuses on the process of thinking rather than merely responding to stimuli. The important factors are cognitive and mental processes and events, not

stimulus-response connections. The emphasis is on the mind and thought, not on behavior and consequence. Behavioral responses are sources for making inferences and drawing conclusions about the mental processes accompanying them. Second, behaviour is directed by thoughts, not only regulated and modified by external consequences. The individual actively chooses the stimuli received from the environment (Schultz, and Schultz, 1999).

The basic assumption of the cognitive model is that human beings are not only affected by stimuli and response, but also the behaviour is determined by thinking - thinking shapes and modified behaviour. The Greek philosopher Epictetus stated “Man is disturbed not by things but the views he takes of them” (Wind and Mike, 1990). Alfred Adler noted, “It is very obvious that we are influenced not only by ‘facts’ but also by our interpretation of facts” and “a person’s behavior springs from his opinion” (Granvold, 1994).

Cognition is defined as a function that influences one’s experiences and the occurrence and control of future events. Cognition is generally viewed as an appraisal of events from the past, present and future perspective (Beck, 1995). According to the cognitive perspective, cognitive process is like information processing. Cognition refers to the intervening variable within an information-processing system. Cognitive processes are responsive to external inputs. In modifying and controlling these inputs, they generate consequent behavior. At the same time, cognition comprises the store of past experiences and their meanings, knowledge which is transposed into rules and regulate how an individual will interpret and respond to the particular input (Goldstein, 1982).

Aaron Beck's *Cognitive Therapy and the Emotional Disorders* (1976) is one of the definitive works on cognitive theory. Beck emphasized the consciousness part of human behavior. "There is a conscious thought between an external event and a particular emotional response", thinking and mind shape emotion and behavior. Beck (1987) noted that individuals are not passive receptacles of environmental stimuli or physical sensations, but are actively involved in constructing their own realities.

3.2.1 Social Cognitive theory

One of the cognitive theories in contemporary psychology is Albert Bandura's (1986) social cognitive theory (Social Learning Theory). He describes human behavior as being reciprocally determined by internal dispositions and environmental influences. He views human behavior as reciprocal determinism (Fig.3.3). Human functioning is explained in terms of a model of triadic reciprocality in which behavior, cognitive and other personal factors, and environmental events operate as interacting determinants of one another (Bandura,1977). From the view of social learning, psychological functioning is illustrated by a continuous reciprocal interaction of personal and environmental determinants. Self-regulatory processes adopt an important role (Bandura, 1986).

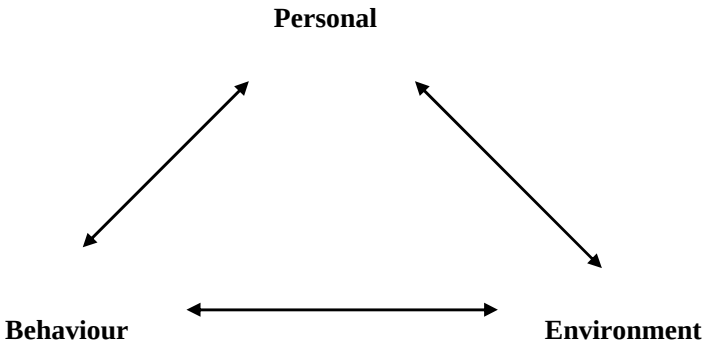

Fig 3.3 Reciprocal determinism of human behaviour

Source: Bandura (1986)

Social learning theory explains human behaviour in terms of a continuous reciprocal interaction among cognitive, behavioual and environmental determinants. Behaviour partly creates the environment, and the environment influences the behaviour in a reciprocal fashion. People are thus not seen simply as reactors to external influence and stimuli, but they select, interpret and transform the stimuli that impinge upon them through self-generated inducements and consequences. They can exercise some influence over their own behavior.

Bandura's social cognitive theory focuses on the observation of the behaviour of human beings in interaction. He claimed that an individual is not a passive recipient of all reinforcement and punishment. He emphasized the importance of rewards or reinforcements in acquiring and modifying behaviour. Individuals modify their environment and choose to do particular things so that they have a greater expectation of pleasant rather than unpleasant outcomes (Hardy and Heyes**,** 1994).

Bandura agreed that there is no direct link between stimulus and response (S-R connection), or between behaviour and reinforcement, as Skinner noted. Instead, the behavior is determined by external stimuli and by the reinforcement they provide and the person's cognitive thinking process, which is the mediating mechanism between stimuli and response.

In his view, behavioural responses are not automatically governed by external stimuli, unlike a machine or a robot. Instead, reactions to stimuli are self-stimulated, generated, and initiated by the person (Bandura, 1977). "Stimuli influence the likelihood of particular behaviours through their predictive function, not because they are automatically linked to responses by occurring together. In the social learning view, contingent experiences create expectations rather than stimulus-response connections." An external reinforcer modifies behaviour when the person is consciously aware of the response that is being reinforced and anticipates receiving the same reinforcer for acting in the same way the next time when the similar situation arises. Social learning theory provides the underlying approach for cognitive-behavioural perspective.

3.3 The Cognitive-Behavioural Perspective

From the cognitive-behavioral perspective, people are rational. They have the ability to influence and control their own lives, so that they can think and create their own way of living. If actions are determined only by external rewards and punishments, people would constantly shift to different directions to conform to the momentary and

immediate influences impinging upon them. However, consequences do not automatically enhance every response they follow. If behavior is reinforced by every momentary effect it produced, people would be overburdened with so many competing response tendencies that they would become immobilized (Bandura, 1986). Hence, behavior is not only determined or directed by external consequences, but also by the internal cognitive process of thinking. Therefore allying with intrinsic and extrinsic factors helps maintain behavior.

Thus, the cognitive-behavioural perspective does not only study behaviour in its extrinsic aspects, but it also considers the intrinsic aspects. Both a cognitive component and interaction process between the inner self and the external environment are integrated to the cognitive-behavioural approach. In other words, it combines both the extrinsic-oriented behavioural approach and the intrinsic-oriented cognitive approach. Beck (2000) stated that there is an interaction of intrinsic motivation and extrinsic motivation that is based on a person's perception of whether he or she is the controlling agent in getting rewards or is at the mercy of outside agents.

In addition, the cognitive-behavioural perspective emphasizes the interaction of personal and environmental factors in influencing changes. The cognitive-behavioural model describes human behaviors as reciprocally determined by the cognition, personal factors and external influences, which shows a reciprocal determinism between the environment and person. An individual does not live in isolation but in a dynamic context, with reciprocal influence, interaction and interdependent outcome (Bandura, 1987).

Granvold (1994) suggested that people will judge their behaviour after applying the reinforcement or punishment model. The subsequent cognitive thinking process occurs in response to the interpretation of the meaning of the behaviour, and how they perceive the stimuli. The external environment exercises the influence as information source and judgment on how to achieve positive outcomes.

Moreover, the likelihood that behaviour is influenced by the incidents following it and raised by expected reward or reinforcement. Response consequences induce behaviour antecedently by producing expectations of similar consequence on future occurrence. Bandura (1997) found that the consequences are greatly regulated by behaviour and that reinforcement of behaviour can be obtained from oneself or externally. Behaviour is thus regulated by the interaction of self-generated and external sources of influence.

From the cognitive-behavioural perspective, an individual will self-interpret the outcomes through cognitive process of thinking. The original intention of the behaviour is confirmed after self-interpretation, evaluation and recognition of those external feedbacks of that behaviour. In other words, people will self-encourage and reinforce to continue to participate in that action through positive external reaction and self-recognition of those outcomes.

3.4 Theoretical Framework

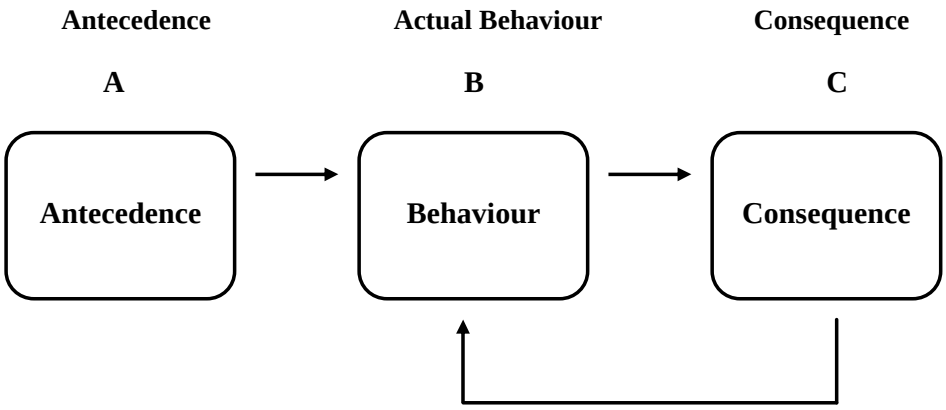

Fig. 3.4 A simplified A-B-C model of the process of volunteering

In an attempt to understand volunteerism, it is important to study the process of volunteering. There are three stages of volunteer process, the antecedents of volunteerism (A) are identified as the first stage of the volunteer process. The second stage focuses on the experiences of volunteering (B). The third stage concerns the consequences of volunteerism (C). This thesis develops and adopts a simplified A-B-C model (Fig.3.4) which describes the process - the antecedent event (A) produces a behaviour (B) and consequence (C) arises as a result of the behaviour (See Fig 3.5 and Fig. 3.6).

The antecedents of volunteering are the initial intention and motivation which inspire the individual to participate in volunteer services. The antecedent event can be a reason for volunteering. The actual experiences of volunteering then followed by these intentions

and motivations. After volunteering, consequences arise from the experiences of volunteering. They are the outcome of voluntary involvement. Positive or negative consequences will occur after the participation of volunteering, Figure 3.5 shows that when the positive outcomes appear, the volunteers will continue to involve in voluntary services, and the behaviour will be strengthened and maintained. On the contrary, the volunteers will withdraw or even quit the voluntary involvement if the negative outcomes take place, following the participation in volunteering.

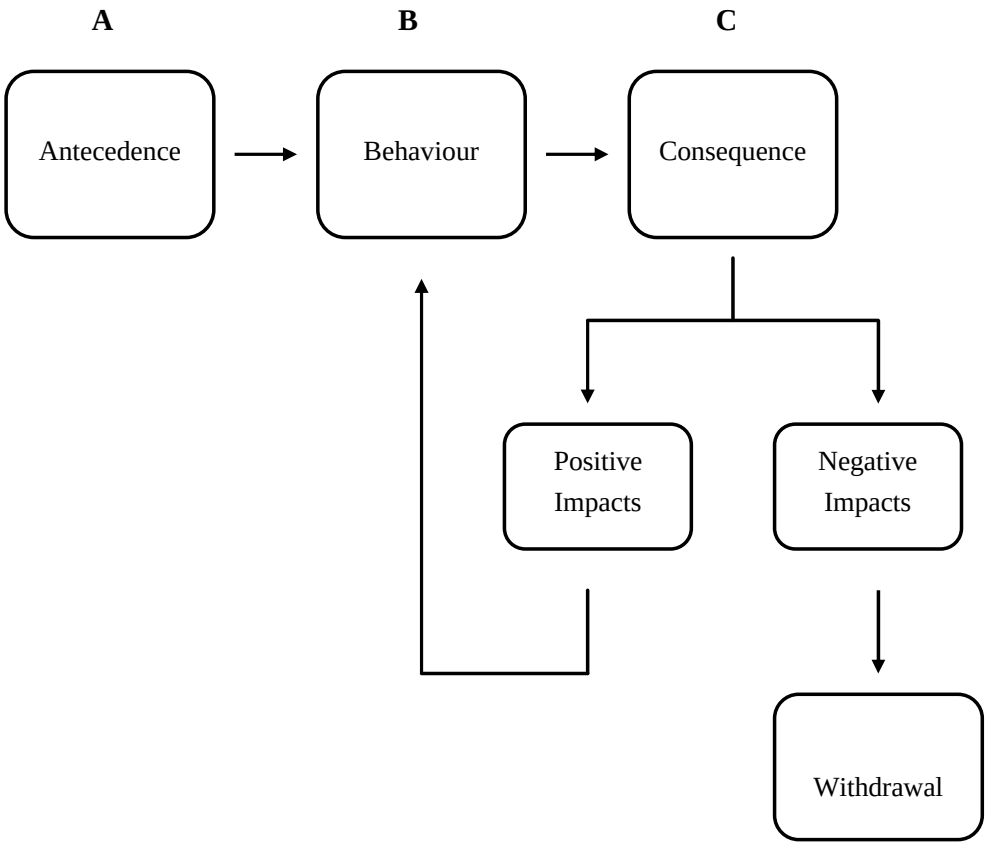

Fig. 3.5 Further consequences of volunteering – simplified outline

3.4.1 Antecedents of volunteering

The decision and the intention to participate in volunteering is a multifaceted phenomenon. It is important to learn about the antecedents that lead people to volunteer and encourage them to continue volunteering for extended periods of time. Motivational, dispositional, and experiential considerations are the antecedents of volunteering.

(i) Motivational considerations

Motivation is a theoretical concept that explains why people choose to engage in particular behaviors at a particular time. Theories of the social cognitive perspective identify motivation or intention as a necessary and sufficient condition of behavior. Intention is an important social-cognition factor representing the primacy of reasoning, which is a determinant of behavior (Granvold, 1994).

Motivation can be understood as the conscious desire to fulfil a particular need or set of needs. Such needs may concern the primary necessities of living (food, shelter, security) or higher intentions involving self-enhancement or self-extension. In addition, according to Maslow's "Hierarchy of Needs", there are five levels of needs and intentions. Physiological needs (hunger and thirst satisfaction, avoidance of pain and discomfort), safety needs (a non-threatening atmosphere including security, predictability, and stability), love and belongingness needs (the fulfillment provided by affiliation with others including affection and identification), esteem needs (the desire for advancement, competence, reputation, attention, appreciation, prestige and self-respect), and the need for self-actualization.

Moreover, Cronbach in his “Organization of Needs: Five needs”, presents the need for competence and self-respect, the need for independence, the need for approval by peers, and the need for approval by authority. Maslow stresses internal psychological drives. Cronbach emphasizes the interactive social contingencies that encourage motivation to learn.

Motivations for volunteering are complex, as noted in Chapter 2. There are many reasons why people participate in volunteering, and many studies about those reasons, yet what is known about the motivations to volunteer is neither systematic nor consistent (Cnann and Cwikel, 1992). Volunteers have different multiple motives and these motives differ from their relations to continuation as a volunteer. The motivation to volunteer is dynamic rather than static. The reasons why volunteers tale part in volunteering in the first place differ markedly from the reasons for their persistence.

a. Altruistic motivations

Eisenberg (1982) defined altruism as voluntary and intentional behaviour carried out for its own end to benefit a person, as a result of moral conviction in justice and without expectations for external rewards. Altruism is considered as a concern for the welfare of other. It refers to actions taken to benefit another for reasons other than extrinsic reward.

Altruism implies selfless commitment to others and to the good of society. It is an act performed voluntarily to help someone else when there is no expectation of receiving a

reward. It also comprises motivations concerning about meeting the needs of other people, which help easing lives of and solving problems for others (Morrow and Mui, 1989).

Piliavin and Chang (1990) further claimed that altruism is an act which appears to be motivated mainly out of a consideration of the need of others instead of one's own need. It is the expression of deeply held values and convictions about the importance of helping others. A functional analysis of volunteerism based on Clary and Sybder (1991) claimed that when voluntary activity is based on altruistic concern for others in need, humanitarian values or desire to contribute to society, volunteering serving as a value-expressive function for the individual.

Most studies on volunteer motivation found a majority of volunteers give altruistic types of responses when asked why they volunteered. These surveys showed that "wanting to help", "doing good" and "having a sense of social responsibility" were the most common reasons for volunteer participation. The most commonly reported motivational reason is altruism. Okun (1994) found that the desire to help others was reported most frequently as a major factor for volunteering, with 83% of the volunteers in the study being mainly motivated by altruistic values. Clay, Snyder and Ridge (1994) reported that over one-third of the older volunteers respondents said the motive of volunteering was that they wanted to help people or to improve things.

A variety of studies (Independent Sector, 1999, 2001; Safrit, King, and Burcsu, 1993; Guseh and Winders, 2002) reported that volunteers are motivated to action primarily for

altruistic reasons. Anderson and Moore (1978) conducted a research through Canada's 49 volunteer bureaus. The results showed that "the desire to help others" and "feel useful" consistently dominated the responses.

Social responsibility is also one of the altruistic motivations for volunteering. While volunteerism can be viewed as responsibility in helping those who depend on us, an individual intends to help those "less fortunate" than themselves. They have a sense of social responsibility in making some contribution, permits them to give back to the community. They provide an unconditional contribution to the community. Chinese elderly volunteers want to devote their later life volunteering in order to serve and contribute to the community.

The study by the Hong Kong Young Women's Christian Association in 1996 showed that most hotline volunteers join in voluntary work because they wanted to help others (93.8%). Furthermore, the survey conducted by the Hong Kong Federation of Youth Groups in 2000 found that about 62% of 867 young people aged 15-39 stated that "to help people in need" is the major reason for volunteering. Furthermore, a survey by the Agency for Volunteer Service in 2002 found that about 40% of the respondents claimed that the main reason they took part in volunteering was that they wanted to help others (AVS, 2002).

b. Egoistic motivations

People may involve in volunteer activities either for "ego-defense" function or for "ego-extension" function, in order to conform for feelings of security, superiority and

coping with inner conflicts, anxieties, and uncertainties concerning personal worth and competence. People may look upon volunteering as a way of providing self-protection (Clary and Sybder, 1991). Also volunteering seeks safety, or a feeling of superiority, relieving negative feelings, such as alleviating feelings of loneliness and coping with personal unhappiness.

"Ego-extension" function, served by volunteering, expects an individual to contribute to personal growth, self-improvement and fulfillment. Voluntary action offers many kinds of learning opportunities which are powerful motivators to volunteers. Volunteers may gain new insights into the people they have contact with, and also opportunities to acquire new skills and competencies. "To be needed", "feel useful" and "valued" are goals in volunteering. People are more likely to say they are volunteering as to be needed. They may feel that they are useful members of the society by helping others.

c. Reciprocal motivations

Social norms such as reciprocity form another category of motives, which inspire an individual in helping others - in a way of paying back what others have given to them or helping others is a duty that should not be undermined (Schulz, 1990). Volunteering in some path can be explained by reciprocal in nature. People should help those who help them and those who receive assistance first would be more likely to help in return.

The debt perspective postulates that everyone will compensate and reward those providing help. People who received help from others are more likely to be involved in volunteering services in order to provide reciprocal help. An individual who was

helped by others in his earlier life will be more likely to be active in volunteering in his later life. The underlying values of this reciprocal motive are mutual help and support (Cheung and Kwan, 2000).

d. *Social motivation*

Volunteerism serves as a social-adjustive function, expressing the normative influences of friends, family, and some people may perceive volunteering as providing a way to make social contacts, new social opportunities and solidify ties through volunteering (Clary and Sybder, 1991). Leisure perspective defines volunteerism as a form of leisure activity. Voluntary work is the choice of their leisure activity. If they enjoy it and the work is meaningful, they will choose to involve in these voluntary services (Fisher and Schaffer, 1993).

Volunteers want to fill up gaps in social lives, fill up the occupational fulfillment left by retirement, and make full use of the leisure time by meeting and talking with other people. Volunteering can also give a means to expand social circles, enrich social life; make new friendship; form social relationship and provide social interaction for the volunteer. Volunteers are also motivated by the affiliative needs - needs on relationships, positive regard from others and to mix with other people.

(ii) Experiential considerations

a. Life experience

The earlier life events and life experiences will influence the decision and intention of the individuals to participate in volunteering. Traumatic life event affect the tendency of

volunteering, since they had mastered a bad experience, this could inspire them to get involved in volunteer services. Also the previous life experience will in turn affected the life values, attitudes and intention to engage in volunteering.

b. Previous volunteer experience

Past volunteering experience is also an essential determinant of future volunteering. According to social cognitive theory, previous volunteer experience furnishes a critical learning experience (Bandura, 1986). Learning by enactment is an alternative to learning by modeling vicarious behaviour and internalization of social norms and information.

Background of voluntarism is part of a pre-existent life style. Past involvement in volunteer work is a significant indicator of current volunteering, especially for older volunteerism, since those volunteering in his or her earlier life are more likely to participate in voluntary work. A study by Payne (1977) discovered that 68% of older volunteers had prior volunteering experience, which show that if volunteering earlier in volunteer's life, they are more likely to be volunteering in older age.

Piliavin and her associates found that previous volunteering cultivates the development of a volunteer role identity (Penner and Finkelstein, 1998). The role identity model of volunteerism uses role theory and social structure in which volunteerism occurs to explain the behavior. With increased commitment and continued volunteering, the volunteer's self-concept is changed. The role of the volunteer becomes part of his or her personal identity. People aim to make their behaviour consistent with a volunteer role identity, which in turn drives the behaviour of the volunteer.

(iii) Dispositional considerations

Personal factors and characteristics of the self can influence an individual's intention and motive to participate in volunteering, specifically the way we think about ourselves, such as the level of self-esteem, self-perception, autonomy and mastery of environment, which affect personal goals, values and motives.

a. Self-esteem

According to Bandura's social cognitive theory (1982), self-efficacy is described as one's sense of self-esteem or self-worth, efficiency and competence in dealing with problems. Both low self-esteem and high self-esteem serve as dispositional considerations in affecting the individual's participation in volunteer services.

People who have low self-esteem may feel strongly that they are marginalized; they may show loss of confidence and feel redundant, helpless and even have little chance or hopelessness in coping with situations. When they encounter problems, they are likely to give up if their initial attempts fail. They believe there is nothing that they can do to make a difference. Eisenberg (1986) found that people with low and medium self-esteem maybe more likely than those with high self-esteem to use pro-social behavior (volunteer involvement) as a means of avoiding rejection or obtaining social approval. Thus, volunteering can help to enhance self-esteem, regain positive self-image and build self-confidence (Miriam, 2000). They have the need to feel appreciated and have a sense of belonging.

Jarymowicz (1977) found that high and consistent self-esteem was associated with greater social sensitivity. High self-esteem describes the self positively. People with high self-esteem appear to be more likely to engage in volunteering (Piliavin & Charng, 1990). People who have positive self-image, high self-confidence and self-esteem would like to be involved in challenging work, participate in meaningful activities, such as helping others in need. Hence, they are in higher possibility to participate in volunteer activities.

b. Autonomy and mastery of the environment

Autonomy and mastery over one's environment are personal characteristics that influence the values and motives of volunteer involvement, in turn it affects their intention to participate in volunteering. People who have high autonomy believe they are in control of strengthening in their own life, they have their own ideas, judgments and power. Besides, some individuals regard themselves as able to shape and master the external situation, and they are not powerless with respect to outside forces.

People who feel that they can highly master their external environment and autonomy are those who have a greater sense of internal locus of control, and they regard themselves as capable on producing a particular outcome (Rotter, 1954). They are more likely to try their best to achieve their goals; they view themselves as having more choices in making decisions. In addition, they can overcome both the individual's and the other's problems and difficulties. Thus, people with high autonomy and control of external environment are more likely to participate in volunteering, because they believe individuals are in control of their lives. The life events are contingent on one's own

behaviour. They will put their efforts into helping others to overcome their hardship in order to control their own lives.

3.4.2 **Pre-condition of volunteering**

Even with the presence of the antecedences of volunteering for an individual as discussed earlier, such as having altruistic motives, they may not necessarily be involved in volunteering. The intention and decision of volunteering participation still depends on the pre-condition of volunteering.

Pre-conditioning is an important situational factor, which comprises health status, financial condition of people and availability of free time among other things. It may influence the decision of engagement in volunteering, whether to support, discourage or hinder the involvement. If the pre-conditions cannot be satisfied, they may become an obstacle or a barrier.

(i) Health status

Current health status of an individual is an important pre-condition for individual to decide to participate in volunteering. Since good health is important for daily activity as well as voluntary participation, if the health status of an individual is poor, even though he or she has the motivation to volunteer, poor health condition would become a constraint the involvement in voluntary activity. Therefore, good general health status of an individual is an underlying situational factor for volunteering.

(ii) Financial status

The financial status of an individual is another pre-condition that can affect the choice or the determination of involvement in volunteering. Although the individuals may have the antecedence of volunteering, such as an altruistic motive, they may choose not to join in volunteering if they are in financial difficulty. Thus, people without financial difficulty may be better suited conditionally for condition of volunteer participation.

(iii) Availability of free time

The availability of free time is another significant pre-condition for people to decide to involve in volunteering. Even if the individuals have the intentions and motives for volunteering, the time factor would constraint their participation in volunteering if there is a lack of free time. The availability of time and readiness to engage in voluntary services are important considerations and conditions that influence the decision of volunteer involvement.

3.4.3 Actual Behaviour (Volunteering)

The actual experience of volunteering involves the services rendered by the volunteers and their interactions with others during the serving process. There are many types of voluntary participation. For instance, volunteers involve with elderly persons, disabled people or patient visits in the private nursing homes or hospitals, organize or assist in fund raising activities, provide escort services for the disabled person or the older person, counseling, tutoring and assist in clerical work. They also participate in church or religious related and school related activities and get involves in health and medical services, which provide some simple personal care task for the patients.

According to Chung, Pang and Law (2002), “visiting” is the most popular type of voluntary service. Among 1,555 Hong Kong respondents, aged over 15 or above, about 38% of those volunteer respondents participated in visiting activities. Moreover, the second popular voluntary service was associated with recreational events (21%) and other services in descending order are “medical services” (7%) and “fund raising activities” (6%).

Religious-based volunteering is apparently the most common type among older volunteers, among whom about 65% of them donate time to their church (Independent Sector, 1998). Willigen (2000) found that 66% of older persons involved in volunteering at their church, in contrast to nearly half of younger adults. In addition, younger volunteers were more likely to participate in voluntary work for school or other educational institution, whereas the older people were more likely to be involved in volunteering at senior centers.

Some volunteers participate in volunteering as a long term commitment, while others were involved for short-term or episodic nature. Recent studies have shown relatively older volunteers contributed more time proportionately to their voluntary services than other age groups. They tended to spend more hours per week in volunteering than younger people. They were generally more committed to their volunteer service, and tended to stay with the organizations longer (Lynn and Davis Smith, 1991).

In the Marriott Senior Volunteerism study (1991), a representative national sample in America of 962 people on 60-years-old or above, 44% reported that they participated in

voluntary work in the previous year. In Hong Kong, the study conducted by Chung, Pang and Law in 2002, indicated about 22% of respondents had participated in organized volunteering before. The study showed that the average number of times for participating in organized volunteering 12 months prior to the survey was about 11.9 times, and the average hours of participation was 35 hours in the past year.

Furthermore, about 45.5% of 2,032 respondents aged over 15 were found in a study by the Hong Kong Federation of Youth Groups in 2002 to have volunteered in the 12 months prior to the survey. Most of them chose to work through social service organizations (41.8%), followed by schools and educational bodies (34.8%) and religious bodies (29.4%) (The Hong Kong Federation of Youth Groups, 2002).

During the process of volunteering, volunteers would interact with the service recipients. Since they provide services to them directly or indirectly. At the same time, they communicated with the other volunteers and worked with the staff. These interactions with other people are likely to influence the outcomes of volunteering.

3.4.4 Consequences of volunteerism

There are some impacts of volunteering on the volunteers in terms of physical, psychological, cognitive and social well-being and these effects of volunteering might reinforce the continual commitment and participation in volunteering.

(i) Physical well-being

Most volunteers say they gain positive impacts on physical well-being from the

volunteer experience. Luks and Payne (1991) found that volunteers perceived their health as far better than the health of other people at their age. Volunteering can inoculate, or protect the individuals, especially older person from the hazards of physical decline, retirement and inactivity (Fisher and Schaffer, 1993).

Older persons who participate in volunteering will perhaps note a greater impact on their perceived physical well-being than other age groups of people. Since they may be in comparatively poor health status compared with younger or middle age groups. Willigen (2000) found that older volunteers experienced greater positive changes in their perceived health than younger adult volunteers.

A number of recent studies, all using longitudinal data, showed numerous beneficial outcomes from volunteering. Volunteers subsequently enjoyed better physical health in old age, and scored higher on measures of functional ability (Moen et al 1992) and were at lower risk of mortality (Oman et al 1999, Sabin 1993). Musick, Herzog, and House (1999) documented in an eight-year study of more than 1,200 adults over the age of 65 that volunteers have a lower risk of dying than non-volunteers. Volunteering is thus seen to improve health, but it is also most likely that healthier people are more likely to volunteer, therefore good health is preserved and maintained by volunteering; it keeps healthy volunteers stay healthy.

(ii) Psychological well-being

Volunteerism has been associated with improved morale and self-esteem (Midlarsky and Kahana, 1994). Enhancing self-esteem, regaining positive self-image and building self-confidence through volunteering are the significant benefits, which affected the psychological well-being of volunteer. Individuals with low self-esteem and self-pride may gain relatively larger influence on their psychological well-being in terms of enhanced self-confidence and self-esteem, since they have a need to feel appreciated and confidence, boosting self-esteem arise from volunteering thus benefits them most.

Another study compared volunteers and non-volunteers age 65 and over and reported that volunteers had a significantly higher degree of life satisfaction, a stronger will to live, and fewer symptoms of depression and anxiety (Hunter and Lin, 1980). Many people who participate in volunteer service expressed greater life satisfaction and content. Feedbacks from the receipients were the most satisfying part of being a volunteer. Willigen (2000) found that older volunteers experienced greater increase in life satisfaction over time as a result of their volunteer hours than younger adult volunteers.

Having a sense of purpose and a sense of belonging are also among the benefits of volunteering. After the volunteer experience, the volunteers might feel they find a purpose of life, which provides a sense of direction and gives structure and purpose for the day. Gray and Kasteler (1970) found that after one year of work as foster grandparents, older volunteers were better adjusted and more satisfied with their lives than a comparable group of older person who were not involved in the programme.

Since people without purpose and belonging in their lives may have no meaning and fewer goals in life , volunteering may provide a good way for older people to acquire purpose and meaning of life. Hence, finding purpose in life imposes greater impacts on the psychological well-being for those people without purpose in their lives.

(iii) Cognitive well-being

Hunter and Linn (1980) reported that volunteering could contribute to a feeling of usefulness and self-respect. Volunteers gained a sense of importance. Positive feedback from others could foster feelings of usefulness. Earning respect and recognition from the recipient, peer and organization would make the volunteers feel useful and valuable. Valued recognition, affirmation, and admiration are the benefits, derived from volunteering. Thus it provides a means of reaffirming a sense of usefulness and self-respect.

This may especially apply to people, such as older persons, who feel useless and have negative self-images, for whom volunteering will impose a larger influence of gaining a sense of usefulness and importance in their cognitive well-being.

Volunteers would gain better understanding of their talents, strengths and weaknesses after the experience of volunteering. Hence, better self-understanding would claimed as a positive impact after acquired from volunteering, this provides a chance to know where the volunteer’s strengths and weaknesses lie.

In addition, volunteers acquire and gain knowledge through volunteer participation, especially for programs or activities which offer opportunities for new or specific skills and knowledge learning.

(iv) Social well-being

There is evidence that the manner in which individuals spend their free time in volunteer service is strongly associated with their social well-being (Kwan and Chan, 1997). Most volunteers have found companionship, developed and enriched their social networks through volunteering. They might gain affiliation with other volunteers sharing common aims, interests and values, and they would meet people and make friends from different backgrounds.

Due to the narrow and inactive social life of some retirees, they may gain greater impacts on their social well-being from expanding and enriching the social networks and circles. Volunteering has also been seen to widen the social exposure of the volunteers, making the volunteers out and become more active, enriching their daily activities and filling in leisure time. In addition, the volunteers have learned some organizational and communicational skills through volunteering, which were the positive impacts of volunteering

Figure 3.6 summarizes the social reinforcement perspective of volunteering. In the diagram, the relation between antecedences, pre-conditions, the act of volunteering itself and the possible range of consequences should be noted. This will form a useful

framework for the research and subsequent discussions of the findings in the context of the established literature. This is discussed in more detail in the following section.

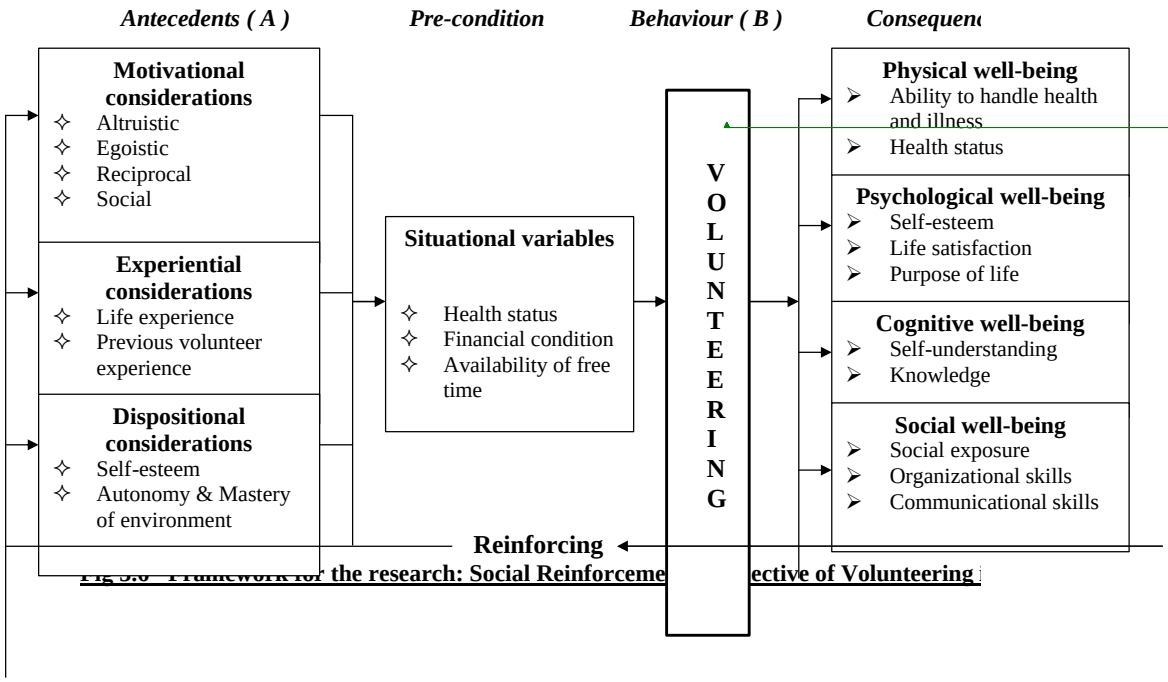

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Fig 3.0 Framework for the research: Social Reinforceme ective of Volunteering

3.5 A refined theoretical framework for the study: the social reinforcement of volunteering

This thesis will study the social reinforcement process of volunteering. It will adopt the proposed theoretical framework based on the previous studies. There are antecedents, pre-conditions, actual behavior and consequence during the volunteering process. Antecedents will be classified into three sources – motivational, dispositional and experience considerations that inspire the volunteers to involve in volunteering. Consequences will be categorized into four aspects – physical, psychological, cognitive and social, which refer to the outcomes or impacts derived from the act of volunteering. The consequences of volunteering have reinforcing impacts on the continual commitment of volunteering. Then, it will provide an explanatory framework for initiation and sustainability of volunteering. The theoretical framework for the social reinforcement process of volunteering is outlined in Fig.3.6. It should be noted that the framework cannot apply to non-volunteers.

A cognitive-behavioural perspective is used to explain the volunteering process, which proposes both intrinsic and extrinsic aspects of the process which are important in inspiring, maintaining and sustaining volunteer participation.

If people merely volunteer for extrinsic reasons and reward, without any intrinsic reinforcers, they will probably just react to the external response of their volunteering activities. The external reinforcement itself strength their likelihood of volunteer involvement, without any internal force or factor. The volunteers only respond to the consequence and the positive external reinforcement without any cognitive evaluation

and interpretation of the volunteer participation and outcomes. However, human beings do not only react to the stimuli or reward. Their behaviours are also regulated by their internal cognitive thinking and evaluation. People who become involved in volunteering have to think and appraise their volunteer experiences, self-interpret the way they perceive the stimuli and rewards, which are given by the volunteer involvement, in order to sustain the volunteering.

If people only volunteer for intrinsic reasons or reinforcers, without any extrinsic reason, they will enjoy and continue to commit in the volunteer involvement at the initial stage of volunteering. Since they volunteer for their own reasons, they will interpret and evaluate the positive aspect of volunteer experience. While solely self-reinforcement is inadequate in sustaining the volunteer participation in the long run, they need external recognition or support in response to their volunteer behaviour. The extrinsic and external reinforcement and forces are also important in maintaining the continual commitment in volunteering, thus both intrinsic and extrinsic rewards and forces are needed inspire and continue the volunteering.

Social reinforcement of volunteering

Learning a response to a stimulus is often related to reward following the response. This effect of reward is called reinforcement (Pavlov, 1927). Reward that follows the reaction can be illustrated in terms of the tangible and intangible. Response consequences have various functions - such as to deliver information, serve as motivators through encourage value and to serve strengthen responses automatically (Bandura, 1977).

From the perspective of the cognitive-behavioural perspective, the continued commitment to volunteering can be explained by the self-reinforcing cycle of volunteer process of antecedent, experience and consequence. The consequences of volunteering affirm the initial intention of volunteering, which in turn reinforces the continued participation in volunteer service. The positive outcomes of volunteering, which is interpreted by the volunteers, such as improved health status, enhanced self-esteem and life satisfaction, recognition from others, and enriched social network, will confirm the primary antecedent to repeat volunteering again, which serves to reinforce the continual commitment in volunteering.

Social reinforcement, such as positive feedback, recognition and praise from the service recipients, family and peer support and acceptance, and gratification and satisfaction were gained through interpreting the volunteering experience positively and help in motivating the continued commitment to volunteering.

Volunteers gain some positive outcomes in terms of physical, psychological, cognitive and social well-being through their volunteering experiences. Individuals are not simply the reactors to the consequences. Psychological functioning is illustrated by a continuous reciprocal interaction of personal and environmental determinants, and self-regulatory processes adopt an important role (Bandura, 1997). Thus, volunteers will self-interpret these outcomes through cognitive appraisal of volunteer expectations. The original intention of volunteering may become confirmed after self-interpretation and recognition of those external feedbacks of volunteering. They finally come to justify

and evaluate the same intention to repeat the self-affirmative cycle. In other words, the argument is that volunteers will self-encourage and reinforce to continue participation in volunteer services through positive external reaction and self-recognition of the outcomes of volunteering and affirming the primary intention. Hence, the consequences of volunteering have reinforcing impacts on the continuous commitment of volunteering.

Since the likelihood of behaviour is influenced by the incidents following it, subsequent responses induce behaviour antecedently by producing expectations of similar consequence on future occurrence. The likelihood of particular behaviour is raised by expected tangible and intangible reward. Bandura (1997) found that the consequences are greatly regulated by the behaviour and that reinforcement of behaviour can be obtained from oneself or externally. An individual has self-reactive capacities that enable him or her to exercise some control over his or her feelings, thoughts, and actions. Behaviour is thus regulated by the interaction of self-generated and external sources of influence and the external consequences exert the greatest influence on behaviour when they are compatible with those that are self-produced.

The self-reinforcing cycle of volunteering shows the patterns of behaviour compliance of an individual, as there are motives behind the volunteers that inspire them to participate in volunteering, impacts or benefits arise after these experiences. Volunteers think they have gained after the self-recognition of these positive outcomes. The external reward provides self-satisfaction, reinforcing the behaviour to repeat, which produces compliance with their initial intention of volunteering, and further reinforces the continual commitment in volunteering. Hence, continued participation in

volunteering can be illustrated by behavioural compliance through social reinforcement. The positive outcomes of volunteering will have reinforcing impacts in continual commitment, of which the self-interpreted gains of volunteering will comply with continual volunteering.

To conclude, this chapter has presented a review of the literature on the theoretical perspectives of the behavioural, cognitive and cognitive-behavioural approaches. The social reinforcement approach within the cognitive-behavioural perspective appears to be the most effective in explaining the volunteering process. The proposed theoretical framework of the volunteering process therefore concerns the antecedences, pre-conditions, volunteering experience, consequences and the reinforcing effects thus produced. The following chapter discusses the research design whereby this proposed theoretical framework can be explored.

Chapter 4: Research design, methodology and analysis

This chapter outlines the research methodology of the study, including the research design, sampling method and size, instruments, measurements, method of data collection and analysis

4.1 Research Design

This study focuses on the motivation, sustainability and the reinforcing effects of volunteering. It attempts to investigate older persons who are participating in volunteer activities.

The present study uses a cross-sectional survey design. There were two stages, a pilot study in the first phrase and a mass survey in the second phrase. The pilot study was conducted to assess the feasibility, reliability of the questions and the scales of the present study. During the second stage, 3,000 structured self-administered questionnaires were distributed to all age groups to explore the different aspects of volunteering, including the patterns of volunteer services, volunteer involvement, reasons for and effects of volunteering, personal profile of the volunteers.

4.2 Sampling Frame: Method and Size

The target of the study is volunteers aged 60 or above, which defined as elderly volunteers in the present study. There are different age classifications for older persons, the age of 60 is claimed as the usual and common lower boundary to define the age of the elderly in Hong Kong. Since the official age limit of applying most of the

community support services, social security and assistance, such as Day Care Centre for the Elderly, Home Help Service and Portable Elderly Comprehensive Social Security Assistance Scheme, is aged 60 or above . Thus, this study defined the elderly volunteers as aged 60 or above.

The volunteers who aged 60 or above and voluntarily work for hospitals or units under the Hospital Authority (HA) in Hong Kong is the target of the present study. Hospital Authority is an independent organization that is accountable to the government to manage all public hospitals in Hong Kong. It manages a central office and 43 public hospitals/institutions with a total of 29,022 hospital beds, which represents around 4.2 public hospital beds per 1,000 population.

The study targets older hospital volunteers for several reasons. First, there is no central registry of volunteers in Hong Kong and therefore it is difficult to draw a representative sample across the sectors. Ideally, the representative sample should be drawn from the whole of the Hong Kong population, but census data does not record people's voluntary involvements. Secondly, the hospital volunteers, as studied elsewhere, are one of the volunteer groups with clear objectives, motivation and commitments. This fits better to the purpose of the research, though the findings might not be able to be generalized to represent the general older public. Thirdly, there is an opportunity for a representative sample to be drawn from all hospitals in Hong Kong as the Asia Pacific Institute of Ageing Studies, APIAS (the research centre to which the researcher was attached) was commissioned to conduct a volunteering study with a wider scope (cover more on management model of hospital volunteering), which permitted a free additional input to

their original questionnaire.

The total population of Hong Kong Hospital Authority volunteers is estimated to be about 11,318 [11,300] of whom some 9,000 are active (i.e. volunteer at least once a month for the last six months) in rendering voluntary service at the 40 hospitals or units under the Hospital Authority. Among the active volunteers, about 20% are active older hospital volunteers (some 1800 are expected to be aged 60 or above). The larger survey aimed to draw a hospital representative sample of 1500 volunteers by random block sampling from the list provided by Hospital Authority.

First, the 40 HA hospitals were divided into clusters. An initial list of 10 hospitals was selected from the master list and questionnaires were then distributed to the selected hospitals proportionately according to the number of active volunteers listed. Then the sample of the elderly volunteer respondents was extracted from this larger survey for the present study. A total of 3,000 questionnaires were sent during the first round. A second round of 1,782 questionnaires was sent to another 12 hospitals. This gives a total of 4,782 questionnaires (see p. 74 for response rates).

4.3 Measurement Tools

4.3.1 Operational definition of variables

As noted earlier, it is very complicated to give a definite concept of volunteering and generally a particular definition is chosen for fitting the particular purpose of the study. The present study used an organizational base of volunteering, referring to services

provided by an individual organized by an organization who contribute their time and effort for a non-profit purpose in the belief that their activity is beneficial to others or to the development of the society.

A structured self-administered questionnaire, which consisted of five parts, was used as the research instrument (Appendix I shows the questionnaire). Ideas for measuring volunteering-related issues largely emerged from a pilot study and the literature review in the previous chapters. The first section included 6 questions about the nature, type and frequency of volunteering service. The second section included 10 questions about the initial and continuing reasons of volunteering. The third section sought the perceptions of respondents about the effects of volunteering in terms of physical, cognitive, psychological and social well-being in nine questions. An eleven-point Likert scale was used. The respondents being asked to give a score ranging from (– 5) = significant deterioration; (0) = no change; (5) = significant improvement according to the self-perceived changes and effects as a result of their services at hospitals. The fourth section consists of the personal perceptions and experiences, a total of 18 questions with a five-point Likert scale was used, ranging from (1) = strongly disagree, (3) = neutral, (5) = strongly agree. Finally, the last section gathered demographic information on the respondents.

4.2.2 Measurement

Both Semantic scales and Likert scales were used. Semantic differentials asked respondents to choose between two opposite positions, such scale being a good way to tap contrasting feelings about certain “stumuli”. Likert scales are commonly used in

question formats to rank strength of responses. They are clear to follow and can avoid creating a biased pattern of respondents of such items (Babbie, 1998).

4.4 Data Collection

During the pilot study (November - December 2001), data were collected from 83 volunteers in all ages (16 volunteers aged 60 or above) in 22 hospitals who were gathered at Hospital Authority Headquarter and were asked to fill in a self-administered questionnaire containing 186 items. This was used to test the reliability of the scales and questions used in the final questionnaire. It also helped verify the content validity and to refine the questionnaire. After data analysis, the reliability of the scale of the questions had a Cronbach alpha of 0.7-0.9, and the length of the original large questionnaire (APIAS) was shortened to contain 127 items, however no items needed to be deleted from the original questionnaire for the present study.

The survey, in the form of structured self-administered questionnaire, was conducted between February and March 2002. The Hospital Authority headquarter office distributed the questionnaires to volunteers through the volunteer coordinators in each selected hospital, this is the same kind of mail questionnaire, the volunteers who received the questionnaire have to fill in a self-administered questionnaire independently and return the questionnaire to their affiliated hospital. A total of 4,782 questionnaires were distributed to all ages of volunteers in 22 hospitals and 1,449 questionnaires (of which 1,359 were valid) were received in return. This achieved a response rate of 30.3%, this rather low response rate is a usual deficiency for all mail questionnaires, and nevertheless, this response rate is fairly good for a mail questionnaire. In all, 287 elderly

volunteers aged 60 or above responded to the questionnaire and form the sample for this research.

4.5 Methods of data entry and analysis

Data entry, processing and analysis of the present study were undertaken using the statistical package SPSS 11.0 for Windows. The results were analyzed using principally descriptive statistics. Screening questionnaire before data input and cleaning were carried out by a professional interviewer employed in the survey sponsored by HA.

Chapter 5 Research Findings and Discussion

This chapter presents the findings from the survey. A total of 287 elderly volunteers successfully responded to the survey. This chapter is divided into seven sections:

1. The first section describes background information of the respondents including personal characteristics, health status, educational attainment and occupational status.

2. The second section describes the pre-conditions for volunteering.

3. The third section considers the antecedences of volunteering in terms of motivational, experiential and dispositional considerations.

4. The fourth section presents the patterns of volunteering in terms of types, frequency and length of voluntary work.

5. The fifth section discusses the consequences of volunteering in terms of effects of volunteering, volunteer satisfaction and overall happiness and satisfaction.

6. The sixth section analyzes the reasons for continuing volunteer participation and its consistency.

7. Last but not least, the seventh section attempts to provide an overall discussion of the findings.

The source of table 5.1 - 5.19 is the questionnaire survey.

5.1 Personal characteristics of the respondents

5.1.1 Age

Regarding the age distribution, half of the elderly respondents (52.2%) were in the age range of 60-69 (generally regarded as young-old) and nearly 40% of the older volunteer respondents were in the age range of 70-79. (generally regarded as middle-old). The

remaining (4%) were aged between 80-86 (generally regarded as old-old). The average age of respondent in the present study was 69.3 (Table 5.1).

Table 5.1 Age of the respondents

No.	Variable	60-69	70-79	80-89	Mean	S. D.
		Number		(%)		
41	Age	150	125	12	69.31	6.09
		(52.2)	(43.8)	(4)		

5.1.2 Sex

Table 5.2 showed that among the 287 elderly volunteer respondents, there were more older women (78%) than older men (22%). This finding reflected the general gender pattern of volunteer participation in old age.

Table 5.2 Sex of the respondents

No.	Variable	Number	(%)
42	Sex		
	Male	63	22.0
	Female	224	78.0

5.1.3 Marital status

Over half of the older volunteer respondents were married and with children. While one-fifth of the elderly respondents were widowed, separated or divorced rate remained low at 3.2% only (Table 5.3).

Table 5.3 Marital status of the respondents

No.	Variable	Single	Married	Married and With children	Separated / divorced	Widowed
		Number				
	Marital status					
43		17	46	147	9	46
		(6.1)	(16.5)	(52.7)	(3.2)	(21.5)

5.1.4 Educational level

In terms of educational attainment, Table 5.4 showed that a great majority (76.6%) of elderly respondents did not attain a secondary level of education. Roughly one tenth of them had received tertiary or university education or higher, and the rest (12.3%) reported no schooling or were uneducated.

Table 5.4 Educational level of the respondents

No.	Variable	Primary	Secondary	Tertiary	University Or higher	Uneducated
		Number				
	Educational level					
44		112	107	27	4	36
		(39.2)	(37.4)	(9.4)	(1.4)	(12.3)

5.1.5 Occupational status

Table 5.5 showed that almost half of the sample respondents were retired, and another nearly half were housewives. These findings reflected the general pattern that older persons tend to retire when they are at old age. Most of the older volunteers were women, thus this refers to housewives.

Table 5.5 Occupational status of the respondents

No.	Variable	Full Time	Part Time	Housewife	Student	Retired	Unemployed
		Number (%)					
	Occupational status						
45		4	5	134	0	137	1
		(1.4)	(1.8)	(47.7)	(0)	(48.8)	(0.4)

5.2 Pre-condition for older volunteering

A pre-condition refers to an important situational factor in this case for volunteering, which can include health status, financial condition and availability of free time of an individual. It may influence the decision of volunteering engagement. The finding of health status, financial condition and availability of free time of volunteer respondents are show as below.

5.2.1 Health status

The current health status is an important pre-condition for older persons to engage in volunteering. The general health conditions of the elderly volunteer respondents were in average good. About 40% of elderly volunteer respondents considered themselves to be in good to excellent health. Around half of the respondents reported themselves in average condition and only about 5% of the respondents considered their health to be in bad or very bad conditions (Table 5.6).

Moreover, a great majority of older volunteers (70%) were not suffering severe illness. Among the respondents who reported long-term illness, the most common long-term illness was high blood pressure (36.5%), followed by arthritis (23.7%) and high cholesterol (21.2%) (Table 5.7). These long-term diseases are not serious or acute sicknesses and they did not impair the physical functional ability and daily activities of the elderly volunteers who were not frail.

Table 5.6 Self-evaluation of health Very Bad to Very Healthy scale: 1 to 5

	1	2	3	4	5	Mean	S.D.
	Number (%)						
	1 (0.4)	13 (4.8)	143 (53.2)	100 (37.2)	12 (4.5)	3.41	0.67

Table 5.7 Experienced long-term illness

No.	Variable	Number	(%)
	Had experienced long-term illness		
37.1	No long-term illness	50	18.2
37.2	High blood pressure	100	36.5
37.3	High cholesterol	58	21.2
37.4	Diabetes	42	15.3
37.5	Heart disease	28	10.2
37.6	Stomach disease	20	7.3
37.7	Arthritis	65	23.7
37.8	Kidney disease	4	1.5
37.9	Cancer	14	5.1
37.10	Lung disease	1	0.4
37.11	Asthma	13	4.7
37.12	Don't know	17	6.2
37.13	Others	34	12.4

5.2.2 Financial status

The majority of the respondents did not report their personal or direct earnings when asked about their personal monthly income. This is most likely explained by the fact that they were either housewives (47.7%) or retired persons (48.8) (Table 5.5). They had no income or were not sure of the total or accurate amount of direct earnings or any personal income after retirement. This applied to housewives, since some of them were financially dependent on their children or relatives.

5.2.3 Availability of free time

The availability of free time is another significant pre-condition for volunteering. The findings revealed that most of the respondents took part in hospital volunteering once or more than once per week and nearly half of them had participated in volunteer services for more than 11 hours per month. This suggested that they were ready to volunteer and had free time to participate in volunteering.

5.3 Antecedences of volunteering in old age

In attempt to understand volunteering, it is important to study the process of volunteering. The antecedents of volunteering are identified as the first stage of the volunteer process, representing the initial intention and motivation, which inspires the individuals to participate in volunteer services. The antecedent event can be a reason for volunteering. Findings of the antecedences of elderly volunteering will be presented and discussed into three main aspects of motivational, experiential and dispositional considerations that were illustrated in the previous chapter regarding the framework of volunteering model.

5.3.1 Motivational considerations (Table 5.8)

As proposed in the research framework in Chapter 3, motivational considerations in terms of altruistic, egoistic, reciprocal and social motives are suggested as the initial intentions that inspire an individual to participate in volunteering. The findings regarding initial reasons for volunteering in terms of motivational considerations are follows:

Table 5.8 Reasons for initial volunteering

No.	Variable	Number	(%) Rank
	Reasons for initial volunteering		
RV7a	Wanted to help and felt contented	198	(76.4) *1*
RV7b	Exposure and make new friends	53	(20.5) *5*
RV7c	Share one's experience	52	(20.1) *4*
RV7d	Social responsibility	130	(50.2) *2*
RV7e	Learn new knowledge & skills	44	(17.0) *7*
RV7f	Self-enhancement & challenge	25	(13.5) *9*
RV7g	Approval from family / friends / medical staff	45	(17.4) *6*
RV7h	Wanted to make good use of free time	70	(27.0) *3*
RV7i	Reciprocity	26	(10.0)*10*
RV7j	Medical services are more important	36	(13.9) *8*

The respondents were asked to choose up to three initial reasons for volunteering and rank the importance of the initial factors, the first reason represent the most important one, second reason represent the second important reason and third reason represent the third important reason for volunteering.

Initial reasons for volunteering

Altruistic motives

Table 5.8 indicated that the altruistic reason of wanting to help and feel contented about one's helping behavior (76.4%) was the most important initial factor in motivating older persons to take part in voluntary services. Altruistic reasons of wanting to help others, therefore, constitute an important reason for motivating and sustaining the voluntary work. In addition, another altruistic motivation regarding the social responsibility was claimed as the second primary motive (50.2%) inspiring voluntary participation at old age.

The findings reflected the common phenomenon of an individual claiming the altruistic intention for their initial volunteering, which can broadly be explained by the underlying philosophy of volunteering with the intention of wanting to help others. The same idea was noted in Fisher and Schaffer (1993) that volunteering is generally regarded as an activity intended to help others. It is not done primarily for material gain. Most volunteers, especially older volunteers, were motivated by altruistic factors in volunteering in the initial stage.

In addition, it seems that Chinese older persons in this study were mostly inspired by the altruistic reason for their initial volunteering as well, revealed in the present sample. It can be suggested by the influence of traditional slogans, such as, *"Volunteering is giving an extra helping hand", "To give is more fortune than to receive" and "Helping is the basis of happiness"* in the Chinese society. The themes behind these usual slogans, practically and fundamentally, affect and induce the general attitudes of older persons in their motivation of volunteering, since they internalize the value of giving and helping is

virtue and basis of happiness, thus they are more likely to be involved in volunteering.

Furthermore, social responsibility is an additional altruistic motivation of volunteering for elderly as shown in the present study. The above findings indicated that the most commonly reported motivational reason is altruism, which is supported by the literature and research findings in local and international studies covered in Chapter 3 (Okun, 1994; Phillips, 1982; Wardell, et al 2000; Clay, Snyder & Ridge 1994; AVS 2002).

Egoistic motives

Table 5.8 also showed that some respondents did report their initial reason of volunteering was a drive to learn new knowledge and skills (17%) when they started involvement in volunteering. Another 13.5% of elderly volunteer respondents claimed that their primary intention for voluntary services was seeking self enhancement and challenge.

The findings reflected that some older volunteers were initiated out of “egoistic” motivations of learning new knowledge, skills and seeking self-enhancement and challenge, especially for gaining some medical and health knowledge if they volunteered in health care services in hospitals. Here, the term “egoistic” is used in a neutral sense of self-improvement. Moreover, some older volunteers who wanted to seek and face challenges, so they regarded volunteer involvement as a means to gain personal growth and self-improvement.

However, the “egoistic” cause of self-enhancement and challenge was not as most

prominent or common motive as in inspiring the elderly volunteers at the primary stage of volunteering. Most of the time they are not aiming for great challenges, notable self-improvement, enhancement and great life development or growth during the final stage of their life.

Reciprocal motives

Among the respondents, about 10% reported that they were initially motivated by reciprocal reasons in their volunteering involvement (Table 5.8). As some of the volunteers received help from others in the past, they would be more likely to provide reciprocal help and services during volunteering in return.

It is notable that both older hospital volunteers participate in voluntary services from an initial motive of reciprocity. Some older persons who might have received help from others in their earlier life experience had an intention to pay back and contribute to others in the form of voluntary work in their later life. In addition, about 60% of the older volunteer respondents stated that they had undergone an operation or stayed in hospital before (Table 5.9). This hospital-specific experience in the past that they had received the help, care and medical services from the staff (e.g. nurses, doctors) and other people (e.g. volunteers) perhaps motivated them to provide reciprocal support and help through volunteer involvement in medical health care in hospitals.

Social motives

Table 5.8 illustrated that there was about 20.5% and 20.1% of the respondents considered social motive of seeking exposure, making new friends and sharing one's

experience as one of their concern of volunteering respectively.

The findings revealed the common social motives and needs of the older persons. As most of them are retired, their social networks become reduced, older persons intend to engage in volunteering in order to expand their social circles, make new friendship and form social relationship through social interaction with others. Therefore, the social motive of seeking exposure and making new friends is an important reason for motivating the elderly in volunteering initially.

Shared experience as the motive of volunteering is common among elderly persons, which is supported by the findings. This can be explained by the view that older persons have passed through many different life stages, encountered difficulties and have lots of life experiences and histories. Thus, they would like to share their experiences with one another in order to gain more social interactions. In addition, some older volunteers take part in volunteering to spend their free time by talking with people and sharing their experiences. The elder generation is looking for sharing and thus this social motive is regarded as a common initial reason for older volunteers in its volunteering participation.

Moreover, this social motive of sharing one's experience is particularly common among hospital volunteers (i.e. the present sample target). About 30% of the respondents had suffered serious illnesses previously throughout their life span and over half had undergone operation or stayed in hospital before (Table 5.9). These specific hospital and personal health experiences were especially valuable to participate in volunteering in

medical health care services, because they had shared similar experiences. They wanted to share their own personal sickness and hospital experiences with the service recipient (patients) to provide support and help in order to gain affiliation during the volunteering work, such as patient visit and patient support group.

Wanted to make good use of free time

Table 5.8 further showed that about 27% of the elderly volunteer respondents regarded the reason for making good use of free time as an initial motive for volunteering. Since most of them were housewives and retired, they had availability of free and leisure time. Thus, the older volunteers intended to participate in volunteer services to make good use of their free time. The findings of this initial reason reflected the older volunteers were willing to spend and make good use of their time and thus were motivated in volunteering. Volunteer involvements offer a good means for them to kill times, fill gaps in their social lives, fill the vacant in occupational fulfillment left by retirement, and give structure and purpose to their day.

Approval from others and the belief of medical services are more important

Furthermore, about 17% and 14% of the respondents respectively reported that reason for approval from family or friends or medical staff and reasons of considering medical services were more important and were the important initial causes of volunteering (Table 5.8). Particularly the volunteers in the present study were currently performing volunteer services in hospitals where they chose volunteering in medical and health care services. Thus, they were more likely to regard the medical health care services were more in need of volunteering which was their primary intention of volunteering in

hospital. In addition, approval and recognition from others is important consideration for their initial voluntary engagement. The older volunteers want to feel useful and valued. They needed recognition and approval from their family, friends and medical staff, hence they intended to take part in volunteering so as to gain the recognition from others.

To conclude, altruistic and social motives were the two most common initial motivational reasons for older persons to participate in volunteering revealed in the present study. In particular, the altruistic reason of wanting to help others and feeling contented was the most significant initial factor for volunteering. Reciprocal and egoistic motives were also important primary motivational factors for volunteering for older volunteers. In short, all of the findings presented here, including the altruistic, egoistic, reciprocal and social motives, match with the antecedences of volunteering in the proposed theoretical framework in Chapter 3.

5.3.2 Experiential considerations

Life events and previous volunteer experiences have an influence on the decision and intention to participate in volunteering. The findings concerning the previous volunteer experience and life experience in the present study are discussed below.

Previous volunteering experience

Prior volunteering experience is an important antecedent of volunteering. Among the respondents, the mean length for elderly hospital volunteers was 5.06 years. The maximum length was 50 years, for a volunteer who started the voluntary service as early

as 1950. The findings showed they were committed volunteers and have a long and extensive history and experience in volunteering, particularly in hospitals.

This finding also indicated that older volunteers had had earlier volunteer experiences, especially past volunteer involvements in hospitals. This will motivate and affect their intention and decision to participate in volunteering, particularly volunteer in hospital in their old age.

Life experience

Table 5.9 showed that about 30% of the older respondents had experienced severe illness before. In particular, they had undergone an operation or stayed in hospital before. In addition, a great majority of the respondents (86%) reported they had experienced serious sickness, injuries or death of closed relatives and friends (Table 5.9).

The findings revealed that some of the elderly respondents had come across a distinctive and traumatic life event, such as having suffered serious illness, or undergone operation in their earlier life. These personal histories of severe sickness or stays in hospital for a long period of time could inspire and influence their motivation and tendency of volunteering in medical and health care voluntary services. Since they had undergone the suffering and pain during sickness and operation, they had overcome a bad experience, which in turn affected their life values, attitudes and intention to engage in volunteering.

The traumatic and grief experiences of death, serious illness or injuries among close

relatives and friends might also influence and inspire the intention and tendency of volunteers in volunteering in medical and health care sector, because they had experienced the hard feelings that imposed great impacts and influence on their values and induced their volunteer participation.

Table 5.9 Life experience

	Frequency	**%**
Experienced serious illness before	72	29.9
Had undergone operation or stayed in hospital	146	58.9
Experienced serious sickness, injuries or death of closed relatives & friends	217	86

5.3.3 Dispositional characteristics

Dispositional characteristics of the self can influence personal values, goals and an individual's intention and motive to participate in volunteering. In order to identify the dispositional characteristics and inclinations of older volunteer respondents, the present study measures the mastery of one's self, one's life and mastery of external environment. The findings of dispositional consideration of autonomy and mastery over environment are presented as follows.

Table 5.10 and Table 5.11 respectively showed that the overall mean scores in autonomy

and environmental mastery were 3.65 and 3.48 respectively (a scale of 1 to 5). This reflects that the elderly volunteer respondents were in general scores high in master over the environment and their autonomy, as they believed the individuals were in control of their lives and events were dependent on one's behavior.

The findings indicate that older volunteer respondents were in control of both their own life and the external environments. They were more likely to try their best to achieve their goals. They regarded themselves as having high autonomy and choices in decision making and control over their own lives. Therefore, this personal inclination influences their personal goals and beliefs, which also induce their intention to help others to overcome the hardship and difficulties during volunteering. For example, one of the findings revealed that they judged themselves by what they think is important, not by the value of others. This had a high mean score of 3.79 (on the scale of 1 to 5), which suggested that they have high autonomy which influences their intentions to volunteer (Table 5.10).

In addition, they believed they were in control of external condition and had mastered their environment. These underlying beliefs and values of environmental mastery would influence the volunteers to feel that they can overcome the problems and difficulties and thus intended to continue to engage in volunteering. For example, one of the findings revealed that they felt they were in charge of the situation in which they lived in general, with a high mean score of 3.66, which showed they were in strong control over the external environment that affected volunteering their motivation and intentions. However, there is bimodality of responses in one aspect, which nearly 33% and 28% of

the respondents showed they have difficulty and without difficulty in arranging their life in a way that is satisfying to them respectively. It showed that not most of the older respondents have difficulty or no difficulty in arrange their own life (Table 5.11).

Table 5.10 Autonomy

		Strongly Disagree				Strongly Agree		
		1	2	3	4	5	Mean	S.D.
No.	Variable			Number	(%)			
	Autonomy							
AU1 (28)	Being happy with myself is more important to me than having others approve of me.	0 (0)	4 (2.0)	28 (14.3)	134 (68.4)	30 (15.3)	3.97	0.62
AU2*- (23)	I tend to be (not) influenced by people with strong opinions.	3 (1.2)	42 (16.3)	106 (41.2)	91 (35.4)	15 (5.8)	3.28	0.85
AU3 (33)	I have confidence in my opinions, even if they are contrary to the general consensus	0 (0)	14 (5.6)	87 (34.8)	129 (51.6)	20 (8.0)	3.62	0.71
AU4 (22)	I judge myself by what I think is important, not by the values of what others think are important.	2 (0.8)	13 (5.2)	55 (22.1)	145 (58.2)	34 (13.7)	3.79	0.77
AU5 (20)	My decisions won't be affected by others.	4 (1.6)	27 (10.5)	74 (28.7)	126 (48.8)	27 (10.5)	3.56	0.87

Overall AU Mean: 3.65 S.D.: 0.47 Alpha: 0.5749

* AU2 is the reverse question.

Table 5.11 Environmental mastery

		Strongly Disagree				Strongly Agree		
		1	2	3	4	5	Mean	S.D.
No.	Variable			Number	(%)			
	Environmental mastery							
EM1 (29)	In general, I feel I am in charge of the situation in which I live	1 (0.4)	21 (8.4)	76 (30.5)	114 (45.8)	37 (14.9)	3.66	0.85
EM2 (27)	I am quite good at managing the many responsibilities of my daily life	0 (0)	15 (5.9)	110 (43.0)	109 (42.6)	22 (8.6)	3.54	0.74
EM3 (31)	I often feel overwhelmed by what I have to do on a day-to-day basis	3 (1.5)	11 (5.6)	59 (29.9)	110 (55.8)	14 (7.1)	3.61	0.77
EM4 (34)	I am good at juggling my time so that I can fit everything in that needs to get done.	0 (0)	7 (2.8)	95 (37.5)	122 (48.2)	29 (11.5)	3.68	0.71
EM5*- (21)	I have (no) difficulty arranging my life in a way that is satisfying to me.	8 (3.1)	72 (28.2)	83 (32.5)	84 (32.9)	8 (3.1)	3.05	0.93

Overall EM mean: 3.48, S.D.: 0.52, Alpha: 0.6041

*****EM5 is the reverse question.

5.4 Patterns of Volunteering

The actual experiences of volunteering involved the types and frequency of services rendered by the volunteers. The findings related to the nature of services and frequency of volunteering are illustrated as follows.

5.4.1 Types of volunteer services performed

Among the respondents, about one-third reported that they participated in patient visit and another one-third participated in dispensary work when they were asked what kind of volunteering service they had been involved in before. The other volunteer respondents performed other types of voluntary services, such as reception (14.2%), cotton ball and stick making (10.7%), recreational activities (10%), snack / rehabilitation shop (9.3%) and patient support group (6.4%) (Table 5.12).

The findings revealed that the older volunteer participated in two main types of volunteering, one is direct patient care (personal services) and another one is indirect services (supportive work). Among the volunteers, many are involved in supportive and committee work, such as dispensary work, cotton ball and stick making, and library service. This can be explained by the intention of volunteering that for some elderly volunteers who are initially motivated by making good use of free times and making new friends. These indirect services offer chance for them to kill and spend free time constructively and make new friends. In addition, some other volunteers participated in personal care services, for example, patient visits and escort service, as they are inspired by reasons of sharing their experience. Since most of them have experienced in serious illness, undergone an operation or stayed in hospital, they want to share their personal

health and hospital experiences to serve recipients through those personal care volunteering services, in particular patient visits.

Table 5.12 Nature of services performed by volunteers

No.	Variable	Number	(%)
	Nature of volunteer services		
2.1.	Patient visit	93	(33.1)
2.2	Escort service	22	(7.8)
2.3	Personal care / Home visit	12	(4.3)
2.4	Grief service	11	(3.9)
2.5	Religious support	8	(2.8)
2.6	Patient support group	18	(6.4)
2.7	Reception	40	(14.2)
2.8	Snack / Rehab shop	26	(9.3)
2.9	Library service	39	(13.9)
2.10	Environmental work	7	(2.5)
2.11	Publicity and Publication	2	(0.7)
2.12	Recreational activities	30	(10.7)
2.13	volunteers' committee	12	(4.3)
2.14	Dispensary work	96	(34.2)
2.15	Cotton ball and stick making	28	(10.0)
2.16	Festival decoration	17	(6.0)
2.17	Others	58	(20.6)

5.4.2 Frequency of volunteer service

A great majority (75.3%) of older volunteer respondents provided their services weekly or more than once a week (Table 5.9). Table 5.13 showed that about one-third of older volunteer respondents had participated in volunteer services for 6 – 10 hours per month, and about half had engaged in volunteering for more than 11 hours a month. In short, the findings revealed that the existing older hospital volunteers are active and committed and participated in volunteering of a high frequency.

Table 5.13: Frequency and average hours per month of volunteering at the hospital

Frequency of volunteering at the hospital	**Frequency**	**%**	**Average hours of volunteer service per month**	**Frequency**	**%**
Once or more than once per week	207	75.3	*0-5 hours*	46	16.5
Two or three times per month	36	13.1	*6-10 hours*	92	33.1
Once per month	9	3.3	*11-15 hours*	67	24.1
Several times per year	8	2.9	*16-20 hours*	26	9.4
Irregularly	15	5.5	*21 hours or more*	47	16.9

5.5 Consequences of volunteering in old age

The consequences of volunteerism are identified as the final stage of the volunteer

process. Consequences arise from the experiences of volunteering, the outcome of voluntary involvement. The findings regarding the consequences of volunteering in the present study will be presented and discussed under three main aspects of self-perceived effects of volunteering, volunteer satisfaction and overall life satisfaction and happiness.

5.5.1 Self-perceived impacts of volunteering

There are some effects of volunteering on the volunteers in terms of physical, psychological, cognitive and social well-being and these impacts of volunteering will reinforce the continual commitment and participation in volunteering. More than half (62%) of the elderly volunteer respondents reported that they had noted an improvement and positive changes in their physical health, in which the mean score in change in physical health is 1.95 (on a scale of -5 to 5) (Table 514).

Volunteering exert an impact in preserving and keeping their good health, thus the result revealed that there are positive changes but not great and significant improvement in physical health status.

In terms of psychological well-being, Table 5.14 showed obvious positive changes in respondent's life satisfaction. About 77.9 % of volunteer respondents reported that they had experienced improvement in life satisfaction, with a mean improvement of 2.57 (on a scale of -5 to 5). The study also found that 76.9% of volunteer respondents reported they gained positive effects and improvement in self-appraisal and confidence, while the mean score was 2.35 (on a scale of -5 to 5). The overall mean score of changes in psychological well-being after volunteering was 2.47.

The findings reflected the fact that the volunteers perceived they had experienced greater positive changes in psychological well-being out of four different aspects, especially the positive improvement in life satisfaction. These positive improvements of enhancing self-confident and life satisfaction through volunteer participation are the main significant benefits gained by the volunteers. This can be supported by the general view that this self-intentional and voluntary work, i.e. volunteering, has place greater impact on the psychological health. They especially wanted to help others and felt contended when they participated in volunteering at the beginning. Volunteer involvement would fulfill their needs and eventually they felt pleased and contented, which affected their satisfaction and psychological well-being. In addition, older people may feel lost psychologically and may not have goals during their later life, thus volunteer participation is more likely to provide meaning and purpose to life and help them maintain their active life. It will exert greater impacts on psychological well-being.

Furthermore, among the sample, Table 5.14 showed that the majority of older volunteer respondents reported that there were positive changes in medical knowledge and health consciousness (82%) and changes in self understanding (79%). The mean score of these changes were 2.39 (on a scale of -5 to 5) and 2.30 (on a scale of -5 to 5) respectively. The overall mean score of changes in cognitive well-being was 2.32.

The above findings indicate that the older volunteers benefited from acquiring knowledge through volunteering. Since they are involved in hospital and health care

services and interacted with the patients, nurses, doctors and social workers during the volunteer participation, they particularly gained medical and health knowledge. Moreover, the involvement in volunteering provided an opportunity to know where the volunteer's strengths and weaknesses lie, as the volunteers have to perform different types of voluntary works in the hospital setting and work with different people with various backgrounds and characteristics. Hence, they gained better understanding of their talents, strengths and weaknesses after the experience of volunteering, which show positive impacts in self understanding.

In terms of social well-being, about 83.5% of the respondents claimed that they had noted improvement and showed apparent positive changes in life exposure and experiences. The mean score in this item is 2.40 (on a scale of -5 to 5). Another 77% of respondents showed that there were positive changes in social and communication skills. The mean score concerning this change is 2.22 (on a scale of -5 to 5) and 60% of them reported that there were changes in organizational skills and the mean score is 1.50 (on a scale of -5 to 5). The overall mean score regarding the changes in social well-being is 2.01 (Table 5.14).

The finding showed the greatest effect of volunteering on life exposure and experience. Since most of the elderly volunteers are retired, their social networks and lives had narrowed and reduced, so volunteer involvement thus have a greater impact on their life experience and widened their exposure. In addition, volunteering can offer a chance for the older volunteers to enhance their social interaction with others, such as patients, nurses and doctors. They meet many people with different backgrounds, personalities,

established friendship, and explored their new insights, these experiences exerted positive impact on their social and communication skills. While the findings reflected that there are about 40% of the older volunteer respondents in the present study reported no change in organizational skills after volunteering, it can be explained by the nature of service, which they performed. Only a few of them were involved in organizational and committee work, such as volunteers' committee, snack shop, while they were mainly involved in patient visit and dispensary work that did not require and provide organizational training opportunity.

In short, the overall mean score of effects of volunteering is 2.27, and the mean score revealed that the volunteers were generally positive about the changes in physical, psychological, cognitive and social aspects after they have become hospital volunteers. The volunteer participation particularly imposes greater positive impacts on psychological and social well-beings in terms of changes in life satisfaction and social exposure and life experience. All these self-perceived positive consequences of volunteering had some impacts on the further voluntary involvement. These benefits thus influenced and reinforced the continued participation in voluntary services.

Table 5.14 Effects of volunteering Significant Deterioration - Significant Improvement

(scale: -5 to 5)		Deterioration (-5 to –1)	No Change (0)	Improvement (1 - 5)	Mean	S.D.
No.	Variable	Number (%)				
	Physical well being					
IV1 (9)	Change in physical and mental health	4 (1.6)	93 (36.2)	160 (62.2)	1.95	1.90
	Cognitive well being					
IV3 (10)	Change in medical knowledge & health consciousness	1 (0.4)	43 (17.3)	204 (82.2)	2.39	1.63
IV4 (11)	Change in self-understanding	1 (0.4)	50 (20.5)	193 (79.1)	2.30	1.67
Overall Cognitive-well being mean: 2.32, S.D.:1.56, Alpha: 0.9007						
	Psychological well being					
IV7 (12)	Change in self-appraisal & Confidence	1 (0.4)	59 (23.5)	191 (76.1)	2.35	1.79
IV8 (13)	Change in life satisfaction	1 (0.4)	56 (21.8)	200 (77.9)	2.57	1.86
Overall Psychological well being mean: 2.47, S.D.: 1.75 Alpha: 0.9191						

	Social well being					
IV9 (14)	Change in social and Communication skills	2 (0.8)	54 (22.0)	180 (77.2)	2.22	1.66
IV10 (15)	Change in organizational skills	1 (0.4)	90 (38.8)	141 (60.8)	1.50	1.59
IV11 (16)	Change in personal exposure and experience	0 (0)	41 (16.5)	207 (83.5)	2.40	1.58
Overall Social well being mean: 2.01 S.D.: 1.44 Alpha: 0.8925						

Overall Impact of volunteering mean: 2.27, S.D.: 1.38 Alpha: 0.9576

5.5.2 Volunteer satisfaction

Table 5.15 shows that the overall volunteer satisfaction means score of the respondents in the sample is 3.72 (on a scale of 1 to 5). This suggested that the volunteers were greatly satisfied with their volunteering experiences. The findings showed that they were enjoying the volunteer involvement, with a high mean score of “the service has given them a lot of joy“ is 4.13 (on a scale of 1 to 5). They also appreciated serving the patients, with a high mean score of “serving the patients is one of the best things I have had in my life” is 3.77 (a scale of 1 to 5). They valued the services that they provided to the patient with a high mean score of 3.59 (a scale of 1 to 5).

The findings reflected the elderly volunteer respondents in the present study were greatly satisfied with their volunteer participation; they especially enjoyed the volunteering experiences, appreciated and valued the experiences in serving the patients

and viewed these experiences as the best thing in their life. Feedbacks from the recipients such as valued recognition and respects were found to be the most satisfying part of being a volunteer. Satisfaction with volunteering were gained through the positive self-interpretation and appraisal of volunteer participation experiences. The findings also found that the services they performed were valuable. All these positive feedbacks, beliefs and satisfaction from the volunteering experiences would help reinforce their continual involvement in volunteering, as they enjoy and treasure the experience and feel valued. However, the findings revealed that not all older volunteers are satisfied with their volunteering experiences.

Table 5.15 Volunteer satisfaction

		Strongly Disagree				Strongly Agree		
		1	2	3	4	5	Mean	S.D.
No.	Variable			Number	(%)			
	Volunteer satisfaction							
VS1*- (18)	I have (no) some doubts about the value of my Service to the patients.	6 (2.5)	23 (9.5)	72 (29.9)	102 (42.6)	38 (15.8)	3.59	0.95
VS2 *- (26)	I have (no) some doubts about my ability to perform the service.	3 (1.2)	32 (12.5)	87 (30.4)	112 (43.9)	21 (8.2)	3.45	0.86
VS3 (25)	Serving the patients is one of the best things I have had in my life.	1 (0.4)	14 (5.5)	77 (30.4)	111 (43.9)	50 (19.8)	3.77	0.84

VS4	I feel very close to the	3	31	119	72	13	3.29	0.82
(35)	patients.	(1.2)	(12.8)	(49.2)	(29.8)	(7.0)		
VS5	Over time, the service has	0	1	39	153	78	4.13	0.67
(24)	given me a lot of joy.	(0)	(0.4)	(14.4)	(56.5)	(28.8)		
VS6	I like my present service	1	2	50	159	44	3.95	0.66
(30)	assignments.	(0.4)	(0.8)	(19.5)	(62.1)	(17.2)		

Overall VS Mean: 3.72, S.D.: 0.46, Alpha: 0.6227

* VS1 and VS2 are reverse questions.

5.5.3 Overall satisfaction of older volunteering

Happiness and life satisfaction

Table 5.16 and table 5.17 illustrated that near half of the respondents stated that they were happy and satisfied with their life. The mean score of happiness is 5.77 (a scale of 1 to 7) and the mean score of life satisfaction is 5.71 (a scale of 1 to 7). The overall happiness and life satisfaction mean score is 5.71 (on a scale of 1 to 7).

The findings revealed that the older volunteers were generally happy and quite satisfied with their lives. It showed the overall satisfactions of volunteers to be high and the overall consequences and impacts from volunteer participation were positive.

Table 5.16 Happiness Scale structure: Very Unhappy to Very Happy

	1	2	3	4	5	6	7		
	Very Unhappy	Unhappy	Rather unhappy	Average	Rather happy	Happy	Very happy	Mean	S. D
No.	Variable			Number (%)					
	Happiness								
18	1 (0.4)	1 (0.4)	1 (0.4)	39 (13.8)	40 (14.2)	135 (47.9)	65 (23.0)	5.77	1.03

Table 5.17 Life satisfaction Scale: Very Dissatisfied to Very Satisfied

	1	2	3	4	5	6	7		
	Very Dissatisfied	Dissatisfied	Rather Dissatisfied	Average	Rather Satisfied	Satisfied	Very Satisfied	Mean	S. D
No.	Variable			Number (%)					
	Life satisfaction								
17	0 (0)	0 (0)	3 (1.1)	42 (15.1)	41 (14.7)	140 (50.4)	52 (18.7)	5.71	0.98

Overall happiness and life satisfaction: Mean: 5.71, S.D.: 0.88, Alpha: 0.7104

5.6 Reasons for continuing volunteering

Table 5.18 shows that altruistic reasons for wanting to help and feeling contented (69.5%) and social responsibility (49%) are the major factors for continual volunteering. The third and fourth most important motives for continuing services were social reason of

exposure and making new friends (24.7%), and wanting to make good use of free time (23.2%). The next reason was another social reason of sharing one's experience (18.9%). In addition, some 17% and 18.5% of the older volunteer respondents reported that learning new knowledge, skills and setting priority to medical services were their respective reasons for continuing.

Table 5.18 Reasons for continuing volunteering

No.	Variable	Number	(%)	Rank
	Reasons for continuing volunteering			
RV7.1a	Wanted to help and felt contented	180	(69.5)	1
RV7.1b	Exposure and make new friends	64	(24.7)	3
RV7.1c	Share one's experience	49	(18.9)	5
RV7.1d	Social responsibility	127	(49.0)	2
RV7.1e	Learn new knowledge & skills	44	(17.0)	6
RV7.1f	Self-enhancement & challenge	41	(15.8)	8
RV7.1g	Approval from family / friends / medical staff	36	(13.9)	9
RV7.1h	Wanted to make good use of free time	60	(23.2)	4
RV7.1i	Reciprocity	23	(8.9)	10
RV7.1j	Medical services are more important	48	(18.5)	7

The respondents were asked to choose up to three sustained factors for volunteering and rank the importance of the continuing reasons, the first reason represent the most important one, second reason represent the second important reason and third reason

represent the third important reason for sustained volunteering.

Table 5.19 shows both initial and continuing reasons for volunteering. The findings revealed that the importance of the primary causes were sustained when the volunteer respondents reported the reasons for their continual participation in volunteering. There is a general consistency between the initial and sustained causes of volunteering. The altruistic motives of wanting to help and feeling contented and social responsibility are the most significant initial reasons for volunteering and likewise these altruistic reasons are the main reasons to encourage and reinforce them to continue to participate in volunteering. Furthermore, the social motive of seeking exposure and making new friends and making good use of free time are the next important group of primary reasons for volunteering. This becomes the next major group of reasons in motivating and reinforcing them to continue in volunteering. Hence, the findings revealed that the sustained reasons for volunteering generally match with the initial reasons. This confirms that the primary intention for volunteer participation and tends to repeat the cycle and process of volunteering.

Nonetheless, the reasons for continuing volunteering were not necessarily the same as the reasons for initially wanting to volunteer. The sustained causes are not always the same as the initial motives. Since different outcomes and effects arise after volunteer participation, the volunteers gain through their volunteering experiences, which would consequently offer additional and unexpected experiences and insights for volunteers initially unexpected by them. These unexpected impacts and outcomes might inspire and encourage them to continue to volunteer for another reason that different from the

primary intention. It can be seen from the present study that when respondents were asked to rank the importance of the reasons for their continual involvement in volunteering, some factors have gained an increased rating.

Table 5.19 shows that the reasons for seeking exposure and making new friends and the belief that medical service is more in need of volunteers than other social services have gained increasing importance. They range from 20.5% to 24.7% of volunteer respondents reporting they volunteer for exposure seeking and making new friends. This can be explained in that the volunteers may gain positive impacts of expanded social networks and social exploration. These positive outcomes will reinforce and inspire them to continue their involvement. At the same time, this may reflect that social affiliations and seeking exposure as significant reinforcers to sustain the volunteering involvement.

Moreover, table 5.19 shows that 18.5% of older volunteer respondents believed that medical service is more important for sustaining their volunteering service. The table reveals the increasing importance when compared with 13.9% of volunteer respondents reported it as initial reason for volunteering. This may reflect that the volunteers may strengthen and intensify the belief concerning the greater importance of medical service though the volunteering experience in hospital. Thus, they tended to alter their sustained reason for volunteer participation. This view can also be claimed as a significant reinforcer to sustain volunteer involvement.

Table 5.19 Reasons for volunteering

Question no.		Initial Reason			Continuing Reason		
		Number	(%)	Rank	Number	(%)	Rank
7a	Wanted to help and felt content	198	(76.4)	***1***	180	(69.5)	***1***
7b	Exposure and make new friends	53	(20.5)	***4***	64	(24.7)	***3***
7c	Share one's experience	52	(20.1)		49	(18.9)	
7d	Social responsibility	130	(50.2)	***2***	127	(49.0)	***2***
7e	Learn new knowledge & skills	44	(17.0)		44	(17.0)	
7f	Self-enhancement & challenge	25	(13.5)		41	(15.8)	
7g	Approval from family / friends / medical staff	45	(17.4)		36	(13.9	
7h	Wanted to make good use of free time	70	(27.0)	***3***	60	(23.2)	***4***
7i	Reciprocity	26	(10.0)		23	(8.9)	
7j	Medical services are more important	36	(13.9)		48	(18.5)	

5.7 Summary and conclusion

In view of the growing importance of volunteering in old age, there is a need to know and understand the entire process of volunteering, what reasons motivate older persons to volunteer and why committed elderly volunteers continue to be involved in volunteering for a long period of time. There is a lack of academic study to date on the whole process of initiation and sustainability of volunteering, especially on why older persons remain and continue to commit to volunteering, especially in Asian and Hong Kong context. Thus, the present study in a pioneering attempt to investigate the

volunteering process and provide an explanation of volunteering. A review of the literature about volunteering and theoretical perspectives concern behaviour and human psychology (behavioural, cognitive and cognitive-behavioural approaches) suggested that the social reinforcement approach within the cognitive-behavioural perspective appeared to be the most effective in explaining the volunteering process. A proposed research framework of the volunteering process concerning the antecedences, pre-conditions, volunteering experiences, consequences and the reinforcing effects was thus developed.

The present study, which was based on the research framework, was then conducted to explore the different aspects of volunteering, including the pre-conditions, initial and sustainable reasons for, effects of volunteering and the patterns of volunteer involvement. In short, the findings fulfill the components of volunteering process, as proposed in the framework.

Accordingly, the following section discusses whether the present study has accomplished the objectives stated in Chapter 1. The first objective was to explore the possible motivational and sustainable aspects of volunteering guided by a social reinforcement perspective and identify both the antecedences and consequences. The second objective was to propose an explanatory model for the initiation and sustainability of volunteering at an old age in Hong Kong.

5.7.1 *Exploration of motivational and sustainable aspects of volunteering*

The results of the present study showed that it could achieve the objective of exploration

of the motivational and sustainable aspects of volunteering. The findings identified the antecedences, pre-conditions and consequences of volunteering in the whole process, which corresponded to the proposed components and elements in the motivational and maintenance aspects of volunteering process in the framework discussed in Chapter 3.

First, the present study supported that pre-conditions are important for an individual, which would influence their decision to take part in volunteer activities as suggested in the proposed framework of volunteering. The health status of an individual is claimed as the important situational factor of volunteer involvement. Good health is essential for an individual to volunteer, since poor health will tend to constrain volunteer participation, even though he or she has the motivation and intention to volunteer. The health status of older volunteers in the present sample are generally good in terms of physical functioning. Thus, the present sample shows that the older volunteers satisfy the pre-condition of volunteering.

In addition, financial conditions or circumstances are another pre-condition for an individual to volunteer. While the present study finds the majority of the older respondents did not report their personal or direct earnings. This is most likely explained by the fact that they were either housewives or retired persons.

In addition, the availability of free time is another important pre-condition for the older volunteers to take part in volunteering. Most of the surveyed persons were either retired or housewives. The findings also revealed that a great majority of the respondents took part in volunteering in hospital once or more once a week and nearly half of them

participated in voluntary services for more than 11 hours a month. Thus, the present study reflected that the older volunteer respondents had achieved the pre-condition of availability of free and spare time.

Secondly, the findings showed that the initial motives, dispositional and experiential considerations were the antecedences of volunteer participation. The respondents were often inspired by the altruistic motives such as wanting to help and feeling contented; social responsibility, egoistic motives of learning new knowledge and skills; self-enhancement and challenge. They were also motivated by reciprocal motives and social motives of seeking exposure, making new friends and sharing of one's experiences from their initial volunteer involvement. All these motivational considerations matched with the projection of the antecedences to the volunteering process proposed in the framework.

Moreover, dispositional and experiential considerations, which were proposed in the framework as affecting the intentions and value to be involved in volunteering, were also supported by the findings for the present study. The older volunteer respondents' dispositional characteristics of autonomy and mastery over external environment and the experiential considerations of their previous life events, experiences and volunteer experiences would influence the intention of the older respondents in volunteering participation. Thus, the study helps to identify the antecedences of the volunteering process.

Finally, the present study found that volunteering participation provides satisfaction and

benefits the physical, psychological, cognitive and social well-being of older volunteers. All these effects and satisfactions, particularly in positive ways, are the consequences of the volunteering process that match with the predication of the outcomes in volunteering process proposed in the framework. The findings showed that there are physical effects of changes in physical health, psychological effects of changes in self-appraisal, confidence and changes in life satisfaction. It also showed cognitive effects of changes in medical knowledge, health consciousness and changes in self-understanding; and social effects of changes in social, communicational skills; changes in organizational skills; and changes in personal exposure and experiences after involvement in volunteering. The findings also revealed the older volunteer respondents are quite satisfied with their volunteering experiences. All these positive consequences will influence and reinforce further voluntary involvement. These benefits thus have reinforcing impacts on the continued participation in volunteering.

5.7.2 *An explanatory model for the initiation and sustainability of older person's volunteering behaviour in Hong Kong*

The findings in the present study showed that it achieves the objective by providing an explanation of the initiation and sustainability of volunteering process proposed in Chapter 3, concerning the social reinforcement perspective of volunteering process.

The framework proposed that there are four stages in the volunteering process: antecedences, pre-conditions, actual volunteering experiences and the consequences of volunteering. The antecedent events (the initial reason for volunteering) together with

the pre-condition produce a behaviour (volunteering experience), and consequence (effects of volunteering) arise as a result of the behaviour. The whole process of volunteering is the explanatory model for initiation and sustainable aspects of volunteer participation.

The findings in the present study showed the initial intentions, pre-conditions, the impacts and the continuing reasons for and sustainable conditions of volunteer participation in the entire volunteering process. First, the study revealed the initial reasons that motivate the voluntary involvements. A great majority (74%) of the older volunteer respondents in the present study were inspired by the altruistic reasons of wanting to help and feeling contented. Approximately half of them were also initially motivated by an altruistic motive of social responsibility. The older volunteers were also inspired by social reasons of making new friends and sharing of experiences, the egoistic reasons of seeking challenge and sharing one's experiences and motive of reciprocity.

The study also indicated that the older volunteer respondents were generally autonomous and had a high level of mastery over the external environment. These dispositional characteristics may influence the intention of the initial volunteer involvement. The findings also showed that the volunteer respondents had previous volunteer experiences, especially earlier volunteer participation in hospital; and they often have gone through a traumatic life event, such as a serious illness or undergone operation in their earlier life. These earlier volunteer experiences and personal histories appear to motivate their intentions and decisions to participate in volunteering, particularly volunteering in hospital at their old age.

Secondly, the intention and decision of volunteering participation still depends on the existence of a pre-condition for volunteering. The pre-condition is an important situational factor, which comprised health status, financial condition and readiness of free time of people. The study finds that the overall health status of volunteer respondents is generally good to average. They are assumed have the availability of free time.

Thirdly, the finding also showed there are some impacts of volunteering on the volunteers in terms of physical, psychological, cognitive and social well-being, and these outcomes and consequences of volunteering will reinforce the continual commitment and participation in volunteering. The overall mean score of effects of volunteering was 2.27 (on a scale of -5 to 5). The mean score indicated that the volunteers were generally positive about the changes in physical (1.95), psychological (2.47), cognitive (2.32) and social (2.01) aspects after the involvement in volunteering. The volunteer participation particularly imposes greater positive impacts on psychological and social well-being in terms of changes in life satisfaction (2.57) and changes in social exposure and experience (2.40). All these self-perceived positive consequences of volunteering will influence the further voluntary involvement. These benefits thus encourage and reinforce the continual participation in volunteering.

The present study reveals the reasons for continuing in volunteer participation. The findings show that the altruistic reasons of wanting to help and feeling contended (69.5%) and social responsibility (49%) are the most significant reasons for continued

volunteering. They are also the most important initial reasons and the main reasons for encouraging and reinforcing them to continue to participate in volunteering. The third and fourth motives for continuing were the social reasons for exposure and making new friends (24.7%), and wanting to make good use of free time (23.2%). The next most important group of primary reasons was also the next major group of sustainable reasons for volunteering. In addition, 17% and 18.5% of the older volunteer respondents respectively reported that learning new knowledge, skill and regard taking part in medical services were important as their continuing reasons. The findings show that the reasons for sustainable volunteering generally matched with the initial reasons. They also show the confirmation of the primary intention for volunteer participation tends to be repeated in the cycle and process of volunteering.

In addition, the maintenance and continuation of volunteer participation still depended on the sustainable conditions for volunteering. The findings revealed that the older volunteer respondents achieve the sustained situations concerning overall average health status. They are assumed to be in no financial difficulty and most of them are willing and have availability of free time. The findings reflected that the older volunteers satisfied these sustained conditions of volunteering, which supports and maintains their continual commitment in volunteer participation.

The above research findings regarding the process of initial reasons, pre-conditions, consequences and the continuing reasons and sustained situations of volunteering have demonstrated the reasonable validity of the explanatory model of the entire volunteering process. Consequences of volunteering have a reinforcing effect, as the volunteering

experience provides positive impacts to the volunteers. These benefits likewise have a reinforcing impact on continued commitment to volunteering.

The study showed a social reinforcement in encouraging sustainable volunteering in that there are interactions with the external environment and other people through the volunteering experience. Volunteers work and interact with the patients, staff and other volunteers and friends. They gain some responses and feedbacks from other persons during the volunteer activities. These external feedbacks will influence the well-being and satisfaction of the volunteer. If these external responses are positive, such as positive feedback, recognition and praise from the service recipient, family and peers support and acceptance, gratification and satisfaction, they thus impose positive impacts on volunteers and at the same time provide reinforcing effects in continual commitment.

However, the older volunteers do not only respond or react to external outcomes and consequences. Since individuals have their own values and perceptions. They will go through a cognitive appraisal process and self-interpretation of these outcomes and external feedbacks, making sense of them before they take any action or behaviour. After their self-appraisal of the volunteer experiences, they will make their own judgments. They will self-internalize, recognize and appreciate if they have positively perceived the volunteering experiences. The findings in the present study show that the older volunteers are generally quite satisfied with their volunteering experiences, with a high overall mean score in volunteer satisfaction of 3.72 (on a scale of 1 to 5). This shows that they perceive and interpret the volunteer experiences in a positive and appreciate way, which helps to motivate their continued commitment to volunteering. However, the

findings also show the fact that not all older volunteers are satisfied with their volunteering experiences.

Other positive outcomes of volunteering perceived by the volunteers include improved health status, enhanced self-esteem and life satisfaction, gained knowledge, and enriched exposure and social network. These will influence the intention and eventually confirm the initial antecedences to repeat volunteering. This is supported by the consistency between the initial and sustained reasons for volunteer participation, thus the consequences serve as an reinforcement to the continued commitment to volunteering. Therefore, the outcomes, external feedbacks from others and self-interpretation and recognition about the volunteering involvement and outcomes will help affirm the original intention of volunteer participation and ultimately reinforce their continued commitment.

Chapter 6 Recommendations and limitations to the research

From the present study, it was found that the older volunteer respondents are committed and devoted to hospital volunteers. The high frequency at which the majority of them participate in volunteering once or more than once per week and near half of them provide volunteer services more than 11 hours monthly. Also with the long mean length about 5 years of volunteering in hospital reflects that the older volunteers are not involved in hospital volunteering one-off and not by chance. They take part in volunteer services in a long term manner. In addition, overall the volunteering participation imposes great impact on the well-beings of older volunteers. The quality of life is enhanced and greater adjustment gained in later life. Moreover, they are generally satisfied with the volunteering experiences, which they perceive the services they perform are valuable and important, thus enhancing the self-confidence and continuing the sense of usefulness and productivity. After the presentation and discussion of the findings in the previous chapters, this chapter provides the recommendations and limitations of the current study.

6.1 Recommendations

In order to enhance the quality of life and to tap the tremendous potential for older volunteering and positive outcomes of volunteering, it is essential to recognize the value and to facilitate volunteering at an old age. Various government departments, voluntary organizations and other non-government organizations, particularly organizations involved in elderly services, are strongly recommended to promote and facilitate volunteering in old age, gaining from the following recommendations, which concern

the appropriate strategies for recruiting and sustaining volunteers. The research may therefore be used to provide evidence-based suggestions to improve policy and practice in older persons volunteering.

6.1.1 Volunteer recruitment

It is clear that understanding the needs and expectations of older volunteers are important in planning the volunteering programme. The organizations should take note of the elderly-specific initial reasons for volunteering to devise a programme that caters for their motives and preferences to recruit the older volunteers. They should promote volunteer services which match the expectations and preferences of the older volunteers.

The findings in the present study show that, apart from the most common reasons for initial volunteering of intending to help and feeling contented and social responsibility, many elderly volunteers are initially motivated by making good use of free time, meeting new friends, seeking exposure and sharing their experiences. It is suggested that the organizations can publicize the personal care volunteer services they provided, which meet the preferences of sharing one's experiences, seeking exposure and making new friends for older persons. For those older persons who are inspired by wanting to spend their free time and help others, the organizations can promote the indirect volunteer services, such as supportive and committee work to meet their needs.

Particularly with regard to volunteer services in medical care, the Hospital Authority can refer to the findings in the present study to promote its personal care services, for example, the patient visits to attract new volunteers who have the initial motives of

sharing experiences, seeking exposure and making new friends. They can also promote indirect volunteer services such as dispensary work, reception and library work to attract older persons who are motivated by killing time, helping others and assuming social responsibility.

Furthermore, it is recommended that the organizations can refer to the findings regarding the type of services that the older volunteers mostly preferred to attract new-comers to join the voluntary service. The findings show that the older volunteer respondents most preferred patient visit, dispensary work, reception and library work.

6.1.2 Maintaining volunteerism

The findings relating to reasons for continuing and the impacts of volunteer involvement in the present study are have important implications for sustaining older volunteers in continued volunteering. It is suggested that the organizations should understand and recognize the continuing reasons for volunteering to sustain the older volunteer involvement. The findings reflect that the social reason of making new friends and seeking exposure and the egoistic reason of sharing one's experiences were important driving forces for continued commitment to volunteer services. Thus, the organizations can provide the social networks and group environments for older volunteers to remain engaged in volunteering, since many reported they are inspired by making new friends and sharing for stay. Moreover, people seldom involves in volunteering alone, they generally group with friends.

In addition, policies should be designed in a way that positive reinforcement can be

given to existing volunteers to encourage their continued involvement. Social reinforcement in the form of recognition and appreciation, such as recognition and support from the staff, are important in enhancing their volunteer satisfaction, encouraging and reinforcing their sustained volunteering. It is recommended that the organizations should give regard to the consequences and influences of volunteering in order to maintain the existing older volunteers' involvement. As the positive outcomes of volunteer participation have reinforcing effects on volunteer maintenance, such as gaining the benefits of improvement in terms of social and psychological well-being, this will help reinforce continued volunteering. Older volunteers appear to be generally quite satisfied with volunteering in that they appreciate the experiences of serving the patients and they feel the volunteer services are valued.

The Hospital Authority can refer to the findings in the present study to provide the group environments and devise some recognition, reward programmes in formal or informal ways, such as volunteer reward system, informal recognition and support from the medical staff to encourage them to sustain in volunteering in medical care.

Nevertheless, it should also be considered that, given the growing diversity of baby boomers a variety of motives, preferences and types of volunteering will be seen when planning and devising strategies for recruiting and sustaining volunteers in the future. Since they represent the future potential pool of older volunteers, the changes and diversity of upcoming elderly cohorts may impose a modification in the management of volunteer recruitment and programmes.

6.2 Limitations to the present study

Like all case-studies, the present research inevitably has its limitations. First, there is a theoretical limitation to the study. The present study reviewed the literature on the theoretical perspectives of behavioral, cognitive and cognitive-behavioral approaches, and focused principally on the social reinforcement perspective within the cognitive-behavioral approach in explaining the volunteering process. This theoretical limitation is a potential weakness of the present study as well. Future study preferably should have a more comprehensive overview and consider different perspectives in exploring the volunteering process, such as the social generalization perspective or a combination of various perspectives.

Secondly, the study is limited by its sample. The sample findings could not be directly generalized to include the general Hong Kong volunteer public and to represent the whole of Hong Kong's population, probably not even older persons but can only be generalized to the hospital volunteers of older age. The sample findings incorporated volunteers aged 60 or above who work voluntarily for hospitals or units under the Hospital Authority in Hong Kong. Ideally, the representative sample should be drawn from the whole of Hong Kong older population. However, data from the Census or general household survey do not record people's voluntary participation and there is no central registry of volunteers in Hong Kong. It is thus difficult to draw a fully representative sample and therefore the present study targeted older hospital volunteers. Hospital volunteers are one volunteer group with clear objectives, motivation and commitments.

Last but not least, the present study is limited by the data collection, as there were missing cases found in the data collection and analysis process. For example, the majority of the older volunteer respondents did not report their personal or direct earnings when asked about their personal monthly income (256 missing cases). This can be explained by the fact that most of the respondents in the sample were either housewives (47.7%) or retired persons (48.8%), who do not have incomes or who are not sure of the total or accurate amount of direct earnings or personal income after retirement. This also applies to housewives who may not know or have access to any direct earnings or income since they are mostly financially dependent on their families. Therefore, the numerous missing cases with regard to the financial circumstances of older volunteer respondents found in the present study make it more difficult to test and verify the impacts of financial status on volunteering. As a high proportion of respondents did not report their income, it is difficult to see the relationship between personal resources and volunteering behavior although most literature indicated that financial security is one of the prerequisite for undertaking volunteering. The present study could not draw conclusive comments on this theme from the present sample.

Nevertheless, all in all, it may be concluded that the findings of the study do fulfill the elements of the proposed volunteering process and model. The study has achieved its objectives of the exploration of motivational and sustainable aspects of volunteering and has proposed an explanatory model for the initiation and sustainability of older volunteering in Hong Kong. This provides a sound starting place for policy and for future in depth exploration of the topic.

Appendix I a Original Chinese Version

「義工齊參與、健康共成長」
問卷調查

你好！醫院管理局正進行一項有關醫院義工的調查，希望進一步了解社會人士參與醫院義務工作的動機，維繫他們持續服務的因素，以及透過參與病人服務和健康推廣工作後對個人健康生活的體會和得著。是次調查將有助本局為將來發展義工策略提供更清晰的方向。

我們誠意邀請你協助填寫以下的問卷，其中所收集的資料只會作為調查分析之用，資料絕對保密，多謝你的合作。

第一部分：義務工作經驗

1) 請問你現時為醫管局轄下哪一間醫院或部門做義工？

_____

2) 你曾負責協助哪一類工作？ (可選多項，請把你選擇的答案圈起來)

1. 病房探訪	2. 護送陪診	3. 個人照顧/家訪
4. 哀傷慰問	5. 靈性/信仰支援	6. 病人互助小組
7. 接待工作	8. 小賣部/康復店	9. 圖書館/文書工作
10. 環境美化	11. 設計、宣傳及出版	12. 籌辦康樂活動
13. 義工組幹事會	14. 藥房藥物包裝	15. 製作棉花球、棉花棒
16. 節日佈置及飾	17. 其他，請註明_____	

3) 以上各項服務中，你最喜歡或投入哪一項？ 請填寫該項服務的號數或名稱

_____

4) 你多久會到醫院(醫管局)服務一次？

1. 每周一或數次	2. 每月二至三次	3. 每月一次
4. 每年數次	5. 不定時	

5) 你平均一個月會為醫院(醫管局)做幾多小時義工？

1. 0-5 小時	2. 6-10 小時	3. 11-15 小時
4. 16-20 小時	5. 21 小時或以上	

6) 請問你在哪一年開始為醫院(醫管局)做義工？

年份 _____； 共 _____ 年

第二部分：參與義務工作的原因

7) 你當初為甚麼幫醫院(醫管局)做義工？後來又為甚麼繼續？ (最多可選三項原因，並填上「1」代表最重要的原因，「2」代表第二重要，「3」代表第三重要。)

	起初的原因	繼續的原因
a) 希望能夠幫人，並為此感到快慰	_____	_____
b) 擴闊眼界，認識新朋友	_____	_____
c) 希望與人分享自己的經驗	_____	_____
d) 覺得應該為社會出一分力	_____	_____
e) 學習新知識和技巧	_____	_____
f) 充實和挑戰自己	_____	_____
g) 獲得家人/朋友/醫護人員鼓勵和認許	_____	_____
h) 有空閒時間，希望調劑生活	_____	_____
i) 曾受惠他人，希望作出回報	_____	_____
j) 醫護工作比其他社會服務更需要義工	_____	_____

8) 整體來說，你是否活得快樂？

1	2	3	4	5	6	7
很不快樂	不快樂	頗不快樂	一般	頗快樂	快樂	很快樂

第三部分：義務工作帶來的影響

你認為<u>做了醫院(醫管局)義工後</u>在下列各方面的表現有否改變？

身體健康	明顯轉壞 ←				沒有改變				→ 明顯改善		
9) 自己的身體和精神狀況	-5	-4	-3	-2	-1	0	1	2	3	4	5

認知方面

10) 醫療常識和健康意識 -5 －4 －3 －2 －1 0 1 2 3 4 5

11) 對自我能力的了解 -5 －4 －3 －2 －1 0 1 2 3 4 5

心理健康

12) 自我評價和自信心 -5 －4 －3 －2 －1 0 1 2 3 4 5

13) 對生活的滿足感 -5 －4 －3 －2 －1 0 1 2 3 4 5

社交方面

14) 與人溝通及交往的技巧 -5 －4 －3 －2 －1 0 1 2 3 4 5

15) 組織及籌辦活動的技巧 -5 －4 －3 －2 －1 0 1 2 3 4 5

16) 個人的眼界和人生經驗 -5 －4 －3 －2 －1 0 1 2 3 4 5

17) 整體來說，你是否滿意你的生活？

1	2	3	4	5	6	7
很不滿意	不滿意	頗不滿意	一般	頗滿意	滿意	很滿意

第四部分：個人經驗及看法

請根據你個人的經驗和看法，表達你對下列句子同意的程度：

	1 非常不同意	2 不同意	3 一般	4 同意	5 非常同意
(請把你選擇的答案圈起來)					
18) 我懷疑自己為病人服務的價值。	1	2	3	4	5
19) 我感到生活在自己的掌握之內。	1	2	3	4	5
20) 生活上眾多的要求常令我感到沮喪。	1	2	3	4	5
21) 我通常都不會受其他人的做法影響我的決定。	1	2	3	4	5

22) 我覺得很難對自己的生活方式作出滿意的安排。 1 2 3 4 5

23) 我會用自己的價值準則，而不是別人認為重要的東西，來衡量自己。 1 2 3 4 5

24) 有些人很有主見，當我和他們一起的時候，我很容易受他們影響。 1 2 3 4 5

25) 一直以來，義工服務為我帶來不少歡樂。 1 2 3 4 5

26) 服務病人是我一生中最美好的事情之一。 1 2 3 4 5

27) 我懷疑自己履行服務的能力。 1 2 3 4 5

28) 自己心境愉快比獲得別人的認同更重要。 1 2 3 4 5

29) 生活上的種種職責，我都能應付自如。 1 2 3 4 5

30) 我喜歡現時被指派的服務崗位。 1 2 3 4 5

31) 每日要處理的事令我感到吃不消。 1 2 3 4 5

32) 遇到朋友或家人反對，我會改變初衷。 1 2 3 4 5

33) 即使和主流看法不同，我也對自己的見解充滿信心。 1 2 3 4 5

34) 我善於掌握時間，所以能把各樣要做的事辦妥。 1 2 3 4 5

35) 我感覺和病人很親近。 1 2 3 4 5

第六部分：個人資料

36) 請為你自己的健康評分：

1. 非常惡劣　2. 欠佳　3. 普通　4. 良好　5. 非常健康

37) 你是否長期患有以下病症？

1. 沒有　2. 血壓高　3. 膽固醇過高　4. 糖尿病
5. 心臟病　6. 胃病　7. 關節炎　8. 腎病
9. 癌症　10. 肺病　11. 哮喘　12. 不知道
13. 其他，請註明 _____

38) 你曾否患重病？如有，請列明所患的***全部***重病和年份。

1. 否　　2. 是，請註明：

_____

_____

39) 你曾否因患病、遇意外受傷做過手術或住院？總共多少次？請***全部***列明原因和時間。

1. 否　　2. 是，共 _____次　　請註明每次手術或住院原因：

_____

_____

住院時間

_____

40) 你曾否遇過下列的情況？

	有	沒有
摯親或好友患重病、受重傷或去世	____	____

41) 請問你今年幾歲？ _____

42) 你的性別是　　1. 男　　2. 女

43) 婚姻狀況

1. 未婚　　2. 已婚　　3. 已婚有子女　　4. 分居/離婚　　5. 鰥寡

44) **教育程度**

1. 小學　　2. 中學　　3. 大專　　4. 大學或以上　　5. 未受過教育

45) **職業**

1. 全職　　2. 兼職　　3. 家庭主婦　　4. 學生　　5. 退休　　6. 失業

46) **個人每月收入是 _____**

為方便我們核對問卷的資料，請填寫你的姓氏和聯絡電話，多謝合作。

貴姓 _____女士/先生　　電話 _____

- 全卷完 –

Appendix I b The survey questionnaire (English Version)

Community Partnership –

Health Promotion through Volunteering

Survey

Hello! The Hospital Authority now conducting a research of hospital volunteering, it aims to study the motivations, the continuing reasons and the impacts of hospital volunteer participation. This research helps to provide insights, contribute to the development and strategy of hospital volunteering. The data draw from the present study would only use for analysis, the data are confidential. Thank you for your cooperation.

Part I: Volunteering Experience

47) Which hospital or unit do you belong to?

_____

48) Which type of hospital volunteer service you belong to？ (You can choose more than one choice，circle the answers.)

1. Patient visit	2. Escort service	3. Personal care/Home visit
4. Grief service	5. Religious support	6. Patient support group
7. Reception	8. Snack / Rehab shop	9. Library service
10. Environmental work	11. Publicity and publication	12. Recreational activities
13. Volunteer' committee	14. Dispensary work	15. Cotton ball and stick making
16. Festival decoration	17. Others _____	

3) Which type of service (that listed above) is you most liked?
Please write down the number or the name of the service

_____

4) How often would you work as a volunteer at the hospital?

1. Once or more than once per week	2. Two or three times per month
3. Once per month	4. Several times per year
5. Irregularly	

5) How many hours you work as a volunteer at the hospital per month?

1. 0-5 hours
2. 6-10 hours
3. 11-15 hours
4. 16-20 hours
5. 21 hours or above

6) When did you start to become a hospital volunteer?

Year _____ ; Total _____ years

Part II : Reasons for volunteering

7) What are the reasons for you to work as a volunteer in hospital initially?

What are the reasons for you to sustain the volunteer participation in hospital?

(You can choose three reasons in maximum, and write down "1" representing the most important reason, "2" representing the second important reason, "3" representing the third important reason.)

		Initial reason	Sustained reason
a)	Wanted to help and felt contented	_____	_____
b)	Exposure and make new friends	_____	_____
c)	Share one's experience	_____	_____
d)	Social responsibility	_____	_____
e)	Learn new knowledge & skills	_____	_____
f)	Self-enhancement & challenge	_____	_____
g)	Approval from family / friends / Medical staff	_____	_____
h)	Wanted to make good use of free time	_____	_____
i)	Reciprocity	_____	_____
j)	Medical services are more important	_____	_____

8) In general, are you happy?

1	2	3	4	5	6	7
Very unhappy	Unhappy	Rather unhappy	Average	Rather happy	Happy	Very happy

Part III: Effects of volunteering

What do you perceive yourself after work as a volunteer in hospital; are there any changes in the following aspects?

	Significant Deterioration					No change				Significant Improvement	
Physical well-being											
9) Change in physical health	-5	–4	–3	–2	–1	0	1	2	3	4	5
Cognitive well-being											
10) Change in medical knowledge and health consciousness	-5	–4	–3	–2	–1	0	1	2	3	4	5
11) Change in self-understanding	-5	–4	–3	–2	–1	0	1	2	3	4	5
Psychological well-being											
12) Change in self-appraisal and confidence	-5	–4	–3	–2	–1	0	1	2	3	4	5
13) Change in life satisfaction	-5	–4	–3	–2	–1	0	1	2	3	4	5
Social well-being											
14) Change in social and communicational skills	-5	–4	–3	–2	–1	0	1	2	3	4	5
15) Change in organizational skills	-5	–4	–3	–2	–1	0	1	2	3	4	5
16) Change in personal exposure and experience	-5	–4	–3	–2	–1	0	1	2	3	4	5

17) Are you satisfied with your life in general?

1	2	3	4	5	6	7
Very dissatisfied	Dissatisfied	Rather dissatisfied	Average	Rather satisfied	Satisfied	Very satisfied

Part IV: Personal experiences and perceptions

Please according to your personal experience and perception, express your agreeableness of the following sentences:

	Strongly Disagree		Average	Agree	Strongly agree
(Please circle the answer)					
18) I have some doubts about the value of my service to the patient.	1	2	3	4	5
19) The demands of everyday life often get me down	1	2	3	4	5
20) My decisions usually won't be affected by others.	1	2	3	4	5
21) I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5
22) I judge myself by what I think is important, not by the values of what others think are important.	1	2	3	4	5
23) I tend to be influenced by people with strong Opinions.	1	2	3	4	5
24) Over time, the service has given me a lot of joy.	1	2	3	4	5
25) Serving the patients is one of the best things I I have had in my life.	1	2	3	4	5

26) I have some doubts about my ability to perform the service.	1	2	3	4	5
27) I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5
28) Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5
29) In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5
30) I like my present service assignments.	1	2	3	4	5
31) I often feel overwhelmed by what I have to do on a day-to-day basis.	1	2	3	4	5
32) I often change my mind about decisions if my friend or family disagree.	1	2	3	4	5
33) I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5
34) I am good at juggling my time so that I can fit everything in that needs to get done.	1	2	3	4	5
35) I feel very close to the patients.	1	2	3	4	5

Part V: Demographic Information

36) How would you evaluate your own health?

1. Very bad 2. Bad 3. Average 4. Good 5. Very healthy

37) Have you get the following long-term illness ?

1. No 2. High blood pressure 3. High cholesterol 4. Diabetes
5. Heart disease 6. Stomach disease 7. Arthritis 8. Kidney disease
9. Cancer 10. Lung disease 11. Asthma 12. Don't know
13. Others_____

38) Have you been seriously ill? If yes, please write down the name and the year of illness.

1. No 2. Yes，: _____

---

39) Have you been ill, undergone operation or stayed in hospital? How many times? Please write down the reason and the period.

1. No 2. If yes, how many times? _____

Please write down the reason.

_____

How long have you stayed in the hospital?

_____

40) Have you ever experience the following situation?

	Yes	No
Experienced serious sickness, injuries or death of closed relatives and friends	_____	_____

41) What is your age? _____

42) Sex: 1. Male 2. Female

43) Martial status

1. Single 2. Married 3. Married and with children 4. Separated / divorced 5. Widowed

44) Educational level

1. Primary 2. Secondary 3. Tertiary 4. University or higher 5. Uneducated

45) Occupation

1. Full time 2. Part time 3. Housewife 4. Student 5. Retired 6. Unemployed

46) What is your personal monthly income?

_____

For the purpose of cross-check the information of the questionnaire, please write down your surname and contact number. Thank you for your cooperation.

Surname _____Miss / Mr. Contact no. _____

- End –

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