INTERESTS AND SKILLS OF VOLUNTEERS IN AN OMBUDSMAN PROGRAM: OPPORTUNITIES FOR PARTICIPATION

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ABSTRACT
Volunteers’ reasons for interest in and skills they could employ as resident advocates in nursing facilities under the auspices of an ombudsman program were obtained from applications of 778 individuals. A unique feature of the research was that interests and skills were assessed prior to volunteer participation. In contrast to motivations for volunteering, skills of volunteers are infrequently studied; yet, they have implications for training and performance. Age, education, employment, and prior volunteer experience affected reasons for interest and skills. Less education, unemployment, older age, and fewer prior volunteer experiences may identify those with greater obstacles to participation who may benefit from additional education and training. Data from application forms may be used to suggest needed areas of instruction.

INTRODUCTION
This research provides insight into pathways by which individuals became volunteers in an ombudsman program in nursing facilities, experiences that piqued their interest in a difficult activity, and their perceived strengths. Volunteering is an important area of study in the field of human development because it increasingly sustains human service programs for both the young and old, because it provides meaningful activities that continue to integrate persons into the larger society, and because it may empower and have positive effects for both volunteers and the recipients of their efforts.

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The extent of involvement of older persons in volunteering suggests its importance. A high percentage of older persons volunteer, a significant proportion of volunteers are older persons, volunteer efforts of some elders comprise a substantial portion of their activities, older persons disproportionately volunteer in capacities in which they serve other elders, and they are a resource to meet needs of vulnerable groups of various ages (Caro & Bass, 1995; Fischer & Schaffer, 1993; Okun, Barr, & Herzog, 1998; Van Willigen, 2000; Wheeler, Gore, & Greenblatt, 1998).

Motives and reasons for volunteering give meaning to and shape behavior (Wilson, 2000). For those who select volunteers, motives and perceived skills may indicate something about the future behavior and performance of the applicant. Knowledge about applicants’ motives and reasons for interest in volunteering can inform the recruitment process. Organizations may use assessments of motivations of current volunteers to develop profiles of participants in different areas of activity (Clary, Snyder, & Stukas, 1996). If volunteers participate to meet specific personal needs and goals and if opportunities are available to attain them, it is more likely that they will persist in their work. Demographic correlates of interests and skills may become a part of the profile of participants.

In this research, the first objective was to consider volunteers’ reasons for their interest in and available skills they could employ as resident advocates in nursing facilities under the auspices of an ombudsman program. Among their tasks, volunteers may review care, identify, report, and sometimes resolve complaints of residents in nursing facilities. A second objective was to investigate demographic characteristics that were associated with reasons for interest in or skills volunteers believed they would bring as resident advocates to an ombudsman program. Demographic correlates of interests and skills were used to suggest areas of needed instruction and education of volunteers in an ombudsman program.

THE CONTEXT OF ADVOCACY IN NURSING FACILITIES

The legislation for nursing home reform that requires states to establish nursing home ombudsman/advocacy programs has been described elsewhere (Filinson, 1995; Harris-Wehling, Feasley, & Estes, 1995; Huber, Borders, Netting, & Kautz, 2000; Netting, Huber, Paton, & Kautz, 1995). The office of the long-term care ombudsman is to “investigate and resolve complaints made by long-term care residents; monitor laws, regulations, and policies affecting long-term care . . .” (Netting & Hinds, 1984, p. 13).

The health, safety, welfare, and rights of residents in long term care facilities are the focus of the tasks of volunteer advocates. The ombudsman program was a product of the 1970s, “a decade of heightened and zealous concerns with patients’ rights” (Monk, Kaye, & Litwin, 1984, p. 8). The program was to increase accountability of long-term care services’ “. . . Ordinary regulatory mechanisms
do not work with services which have disabled, powerless people as their clientele” (Monk, et al., p. 9).

Provision of training for volunteers and promotion of citizen participation in an ombudsman program are a part of the mandate to protect vulnerable residents in nursing facilities. The establishment of a community presence in long-term care facilities, in large part, is formally accomplished by volunteers. Indeed, volunteers who act on behalf of residents who experience difficulties are lynchpins in the community presence in long-term care facilities although views of volunteers in ombudsman programs are infrequently studied.

Ombudsman programs are based on the assumption that community involvement will have a “watchdog” effect on behalf of residents and increase accountability among staff and administrators of nursing homes (Monk, et al., 1984). Such accountability may be attained informally or at the other extreme by litigation. The potential tension in such situations has contributed to views of the tasks of volunteers in ombudsman programs as stressful: “The work of the ombudsman is the most difficult in the field of Aging” (Monk et al., 1984, p. 165); “. . . as volunteer jobs go, the ombudsman job is a tough one” (Nelson, 1995). It was in this environment that individuals applied to become volunteer advocates.

Ombudsman programs and practices of individuals are highly variable between states and even within some states. Volunteers’ orientations to their work vary and may include those of advocate, therapeutic supporter (friendly visitor), mediator, and educator (Harris-Wehling et al., 1995; Monk et al., 1984). Activity may range from aggressive partisan advocacy to emotional support and visiting.

**REASONS FOR INTEREST**

Motivations for involvement in specific programs may include some reasons applicable to volunteering in general, but others may be related to aspects of a particular type of program (Coffman & Adamek, 1999; Kovacs & Black, 1999). Research on motivation for volunteering most often has assessed responses to the general concept of participation in unpaid efforts.

Primary categories of motivations to volunteer include: “altruistic, ideological, egoistic, material/reward, status/reward, social relationship, leisure time, and personal growth” (Fischer & Schaffer, 1993, p. 43). The majority of volunteers describe some variation of wanting to help others as their primary reason for participating (Fischer & Schaffer, 1993; Guterbock & Fries, 1997). Some researchers suggest that motivation to do good for others is really egoistic because it also benefits the helper. Others conclude that volunteering is a unidimensional concept, including both altruistic and egoistic reasons for participation (Cnaan & Goldberg-Glen, 1991).

Even so, volunteers often differentiate between a concern for helping others and personal satisfaction derived from doing good for others (Keith, 1999). In another study, 87% were motivated to help other people or to make the community
a better place to live (72%, Guterbock & Fries, 1997). Somewhat fewer persons were prompted to participate by the opportunity to be with people they enjoyed (56%), perhaps a more egoistic reason.

Situations that elicit strong helping responses are those in which there is immediate vulnerability for individuals (e.g., risk of organ failure), no other available helpers, and the potential for a direct, positive outcome (e.g., saving a life) (Fischer & Schaffer, 1993). In the context of the current research, volunteers reviewed the care received by residents in nursing facilities through regular personal visits with them, elicited, and sometimes resolved complaints. Certainly circumstances of residents in some facilities may correspond to the characteristics of situations thought to prompt helping responses in volunteers. Nursing home residents, for example, are often vulnerable, sometimes with few available helpers to report and resolve their complaints, and may be in life threatening and/or abusive circumstances (Monk et al., 1984).

**DEMOGRAPHIC CHARACTERISTICS, INTERESTS, AND SKILLS**

Identifying demographic characteristics associated with self-reported interests and skills may assist in establishing needed areas for training and targeting groups of individuals who could benefit most. Knowledge of the context of volunteers’ interests and skills may assist in recruiting the most able persons to carry out the functions of resident advocates as well as insuring that individuals in need of particular types of training receive it.

There has been some research on demographic characteristics and reasons for interest in participation by volunteers (Black & Kovacs, 1999; Clary et al., 1996; Rumsey, 1997). In the present research, age, gender, formal education, employment, and amount of volunteer experience were considered in relation to interests and skills. Age, gender, education, and employment have been studied in relation to the decision to volunteer more often than in relation to motivations (Wilson, 2000).

A study of relationships between age and motivations for volunteering indicated that altruistic reasons, for example, were prevalent regardless of age (Black & Kovacs, 1999). Among older volunteers, Rumsey (1997), however, observed that newer and veteran volunteers did not differ in altruism.

Among their reasons for participation, older volunteers tended to focus on personal growth, availability of free time, and religious beliefs. Younger persons more frequently emphasized material rewards and career development (Caro & Bass, 1995), use of skills, and gains in knowledge through volunteering (Rumsey, 1997). There was also an association between age and the type of tasks volunteers performed. Younger volunteers tended to be involved in direct care whereas older persons more often participated in clerical, office work, and fund raising (Black & Kovacs, 1999).
Types of activities preferred by volunteers may vary by gender. Women expressed preferences for education and health-related assignments whereas men chose recreational and work-related tasks (Fischer, Mueller, & Cooper, 1991). Men more often reported altruistic reasons for volunteering whereas women more frequently noted social reasons for their participation (Morrow-Howell & Mui, 1989).

In their review of the literature Jirovec and Hyduk (1998) documented the lifelong connection between education and voluntarism. Educational level is positively associated with volunteering (Caro & Bass, 1995). Persons with more education are most active and tend to give more time. Education is especially linked to competencies that are useful in formal volunteering, e.g., verbal and written communication skills and self-confidence.

Jirovec and Hyduk (1998) observed an association between level of education and type of volunteer activity. Older volunteers with higher levels of education participated more frequently in intergenerational programs with younger persons. The considerable skills that may accompany formal education especially prepare volunteers for organizational volunteering. Because of its salience in predisposing persons to volunteer initially, I expected formal education would differentiate among skills volunteers believed they had to offer. In a similar way, employment may contribute to skills that are used in a volunteer setting. I anticipated that employment would also distinguish among interests and skills of volunteers. Skills may be generated in employment that are independent of education. For some volunteers, employment may provide surrogate skills in lieu of formal education, whereas for others prior volunteer experiences are sources of skills that transfer from one setting to another.

Because volunteers have infrequently directly described skills they believe they bring to their work, there is less information about demographic correlates of skills on which to base hypotheses. Indeed, in one study, adequacy of skills did not seem to be of great consequence to potential volunteers. Among persons willing and able to volunteer, but who were not volunteers, lack of skills needed to be an effective volunteer were viewed as a major barrier by 8.5% and a minor barrier by 31% (Caro & Bass, 1995). Volunteers may believe they have sufficient skills or that they will be trained.

There is little direct research on the association between clearly identified competencies of volunteers and the tasks they perform. One study, however, suggested a limited relationship between skills of volunteers and the activities they undertook. In research on the relationship between the possession of professional or technical skills and responsibilities of older volunteers, Caro and Bass (1995) found these skills were associated with driving a vehicle but not related to most other activities of volunteers including providing direct service, serving on a board or committee, working in an office, or working with one’s hands.

The present research contributes to knowledge about factors that prompted interest in a specific volunteer activity, i.e., work in an ombudsman program that is
recognized as quite difficult. The research is unique to the extent that reasons for volunteering and skills were identified prior to the time individuals were appointed as volunteer resident advocates rather than asking them to think retrospectively about their motivations or competencies. Because of limited prior research on correlates of competencies that volunteers believe they have specific, directional hypotheses were not stated.

### PROCEDURES

#### Sample

The sampling frame was all individuals who were volunteer resident advocates in each nursing facility located in eight Area Agencies on Aging in a midwestern state. There were 1808 volunteer resident advocates in an ombudsman program distributed throughout 320 care facilities and listed on a roster at the time the research was conducted. Resources were available to survey 1000 volunteers. A two-stage cluster design was used in which the cluster (first-stage sample unit) was a nursing facility and the element within the cluster (second-stage sample unit) was a volunteer. Because of the small number of nursing home facilities in relation to the total sample size, each facility was included in the sample with certainty. The sample size of 1000 was allocated roughly in proportion to the number of volunteers in a facility to generate a sample that would be approximately self-weighting. Deviations from proportional allocation were implemented to ensure an adequate number of volunteers were sampled from small facilities and to place a cap on the number of persons selected from the largest facilities. A sample size of 999 volunteers resulted.

About 78% (\(N = 778\)) of the volunteers randomly selected from eight Area Agencies on Aging participated in the study and returned a mail questionnaire designed by the researcher. In the present research, data were analyzed from both an application form filed by the 778 volunteers prior to their acceptance into the program and from their mail questionnaire. In the application form individuals described their reasons for interest in the ombudsman program, noted their skills, and provided information about prior volunteer experiences. The questions on the application form were designed for use by program administrators in selection of volunteer resident advocates. Applicants completed the application form and mailed it to the administrative office. Demographic data were available from the mail questionnaire.

Volunteers ranged in age from 32 to 91 years (\(M = 69\); median = 71, \(SD = 10.14\)). Income was reported in eight categories ranging from less than $5,000 to $75,000 or over. The median category was $25,000-34,999. Education varied from less than a high school diploma (6%), a high school diploma (36%), some college, including a two year degree (31%), to a four-year degree (11%) or graduate work (16%). Twenty eight percent of the volunteers were in paid
employment and 72% did not work outside the home. Those who were not employed included the retired, homemakers, the disabled, and persons looking for work. Volunteers rated their health from excellent to very poor. Eighty-five percent had good or excellent health, 14% fair, and 1.3% poor or very poor health. Seventy-six percent of the volunteers were women and 24% were men. The number of previous volunteer experiences ranged from none to 40 (\(M = 4.6\), median = 4.0, \(SD = 3.58\)). The sample of applicants was quite homogenous. The majority were women in their 60s and 70s who were not employed outside the home. Recently Goss (1999) observed that most of the increase in volunteering in the past few decades was attributable to involvement of older women.

**Measures**

**Reasons for Interest**

In the application form applicants were asked to state reasons for their interest in becoming a resident advocate in the ombudsman program. The question was open response. Researchers derived six categories from the open response questions about applicants’ reasons for participation (Table 1). The intent was for the categories to be both inclusive and concise. The researchers worked independently and then discussed any differences. After the list of categories was agreed upon by the researchers, two persons coded the responses (inter-rater agreement, 97%). Inapplicable answers and nonresponse were omitted.

**Skills**

In an open response question on the application form, applicants described skills they had that would be useful as a resident advocate. Following the procedures described above categories were identified and responses were coded (inter-rater agreement, 96%). Although a measure of actual skills would have been useful, information available from the application form consisted of applicants’ estimates of their competencies that were used by the state office on aging to select volunteers. Most volunteers did not provide more than two responses each to the questions about interests and skills. The first two responses were analyzed.

**Demographic Characteristics**

Measures of age, gender, education, and employment status were included on the mail questionnaire. The number of volunteer experiences was drawn from the application form. Depending on the type of analysis, except for employment status, these measures were used both as continuous and dichotomous variables.
Analyses

The data on interests and skills were qualitative and were coded into nominal categories. Chi square tests and percentages were used to consider bivariate relationships between demographic characteristics, interests, and skills. In the bivariate analyses of interests and skills, which had multiple, nominal categories, personal characteristics were dichotomized. Age was grouped into: 1) under age 70 (42%); and 2) age 70 and above (56%). Education was categorized into high school education or less (42%) and education beyond high school (59%). Employment status was coded as employed (28%) and not employed (72%). Prior volunteer experience was dichotomized into less than four activities (46%) and four or more (54%).

### Table 1. Interests and Skills of Volunteer Advocates in an Ombudsman Program

<table>
<thead>
<tr>
<th>Reasons for interest</th>
<th>First response Percent (N = 699)</th>
<th>Second response Percent (N = 517)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community service/assist others</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>Friends/relatives in facility</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>Occupation/training/experience with aged</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Need for advocacy</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Requested participation</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Contact with a facility</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social skills (visit/contact with residents)</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>Occupational skills and training</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Listening skills</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Skill in caring for the sick and aged</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Organizational and leadership skills</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Understanding difficulties of aging</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Familiarity with facilities</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Advocacy skills</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

*aNumber of respondents vary because of inapplicable responses or nonresponse.*
Discriminant analyses were used to determine how gender, age, education, employment status, and volunteer experience simultaneously differentiated among reasons and skills given by applicants. In the multivariate analyses, gender and employment status were dichotomized, whereas age, education, and volunteer experience were coded as continuous variables. Discriminant analysis is a multivariate statistical technique that may be employed to identify characteristics that differentiate among two or more groups. Standardized discriminant function coefficients indicate the relative contribution of a particular variable to the function. The interpretation of these coefficients is similar to that given to beta weights in multiple regression. Coefficients, then, represent the relative discriminating power of a variable when others are simultaneously examined in the same model. Discriminant analyses were used to determine whether selected personal characteristics of volunteers differentiated among types of reasons and skills.

RESULTS

Reasons for Interest in Becoming an Advocate

Volunteers indicated reasons why they were interested in becoming a resident advocate. Qualitative descriptions of volunteers’ reasons for their interests were coded into six general categories: community service, placement of friends/relatives, occupational training and experience with the aged, need for advocacy, requested participation, and contact with a nursing facility (Table 1). I describe the first responses from most to least frequent. The second responses, which are not in rank order, are noted at the same time as the first responses.

Community Service/Assistance to Others

The most frequent motivation for volunteering was a desire to perform community service and to act on their positive feelings toward older persons whom applicants believed were in need of help (28%, Table 1). For example, two volunteers shared their thoughts. “I would be interested to fill a need, to be of service, to be an advocate for those that need a caring and impartial liaison.” A farmer summarized his interest in volunteering, “I have a desire to share my time and abilities with my community. Because I am semi-retired, I have time to be of service to others.” Another noted, “When I heard about the program, it occurred to me that this would be a way to give to the residents more than a friendly visit or a smile. It is a way to give back a small portion for their hard work in developing our community.” Such reciprocity through community service continued to be important after applicants became volunteers and was a reason for sustained participation. A comparable proportion of applicants mentioned community service as a second reason for their involvement (Table 1).
Friends and Relatives in Facilities

Although general aspects of altruism may have been the basic motivation for the participation of many, reasons of some persons were directly related to the context of volunteering. An illustration of this was that relatives or friends residing in the particular facility in which volunteers applied to work or in a facility elsewhere drew them to volunteer. These factors prompted one-quarter to become advocates. Substantially fewer applicants (8%) listed the presence of significant others in facilities as a second motive for participation (Table 1).

Occupation, Training, and Experience

A current or prior occupation, training, or experience with the aged fostered an interest in volunteering for 17% of the applicants. These earlier experiences, providing either formal or informal learning, enhanced interest in serving as advocates. A similar proportion of applicants mentioned occupationally related second reasons for their involvement (Table 1).

Need for Advocacy

Some applicants directly commented on the need for resident advocates (12%) as their first reasons for participation. In instances, this view was based on prior experience in the facility. Applicants said that advocates were needed who were dedicated to “overseeing care,” “protecting rights of the aged,” “ensuring fair treatment,” “protecting rights of those with little or no family,” and the “vulnerable aged.” These perceived needs for action were reasons to participate.

Sometimes interest in improvement of the facility was based on observations of practices that needed to be altered. “At present, the care center has several problems. I would like to see it get back to giving better service. I have friends there.” In their second response, 19% of the respondents noted the need for advocacy prompted their involvement in the ombudsman program.

Request for Participation and Contact with Facilities

Ten percent and 3%, respectively, of the applicants gave as their first and second reasons for participation that they were asked to serve. “A friend told me about the opportunity and the need and asked me to serve.” Another 9% indicated contact with a facility motivated them to volunteer. These motivations were independent of relatives and friends who were residents. For some, social ties included employees of the facility. “I feel most of the employees view me as a friend also. Many of them are either my former students or parents of former students.” Substantially more (20%) of the applicants attributed contact with a facility as a second reason for their involvement.

With two exceptions, both involving contract with facilities, motivations for participation that were mentioned first and second were largely comparable. This
parallels the literature that shows a majority of persons are motivated by a desire to help others or to serve the community (Guterbock & Fries, 1997).

Skills of Volunteers

Volunteers had ideas about the personal skills they would use in their work as advocates. They described skills they believed they had that would be useful as a resident advocate. Their first and second responses were coded into eight categories (Table 1). Volunteers drew on a variety of skills ranging from social skills to those obtained through an occupation or training.

Social Skills

In their descriptions, volunteers frequently noted social skills as those they would apply (20%). Representative examples of social skills volunteers thought would be helpful often emphasized cheerfulness and changing the outlook of residents. “I could be one more person to stop in to say hello and brighten the days a little bit. . . . I enjoy having hymn sing-alongs, help the patients to look on the bright side, and to be satisfied.” “To be pleasant, smiling, to bring a bright light to an otherwise routine day.” “I feel I am very good with older people and relate to them well. I have an outgoing personality—can talk to anybody.” Volunteers who found strength in this area primarily emphasized the ease and success with which they could visit and make contact with residents. Fourteen percent of the applicants mentioned social skills as the second type of competency they would employ.

Occupational Skills and Training

Some volunteers (20% and 24%, first and second responses, respectively) planned to draw on skills they used in either a present or former occupation or had obtained through training (Table 1). Caring for the sick and aged was an area of competency that for some was closely associated with their occupation. One person, for example, noted numerous skills many of which were associated with her occupation of working with the aged. “As an experienced nurse, I have the ability to develop rapport with the elderly, knowledge of nursing care of geriatric persons, basic knowledge of governmental agencies that oversee nursing home care, and ability to work well with groups or committees. . . .” Thus, some individuals emphasized their formal training and subsequent occupations as experiences resulting in competencies they would bring to their volunteer work.

Listening and Personal Care for the Aged

Closely akin to other competencies were listening skills specifically mentioned by 15 and 13% of applicants as first and second responses, respectively. Often listening was noted along with other skills. For example, “Listening, discernment,
encouragement and empathy are my competencies.” “I would have patience and a listening ear toward residents.”

Some volunteers articulated how they personally had cared for the aged and drew skills from those experiences (13%). In their second response, 10% of the applicants listed skills obtained from caring for others. They contrasted with participants who emphasized skills obtained through formal training and occupational experiences.

Organizational and Leadership Skills

Other volunteers (12%) emphasized their organizational and leadership capacities. They especially mentioned analytical skills and competency in communication. A woman in her 30s described herself as having “strong communication and human relations skills.” “I am investigative, analytical, care for and about people, and I have studied aging and diseases of aging.” Several others articulated specific organizational and leadership competencies. “My skills are the ability to observe and evaluate.” “Experience in an office has taught me to keep records, make reports, become organized and to work with other people. I have always been willing to listen to both sides of the situation in order to make a fair judgment.” “I can type reports, interview patients, articulate my concerns to the administration and if necessary transmit concerns to higher levels of health care monitors in our state.”

Organizational and leadership skills may have been developed in a current or prior occupation. Volunteers’ responses categorized as organizational and leadership skills, however, specifically referred to these kinds of competencies rather than the more general reference to an occupation as a source of capacities volunteers could offer. Eight percent of the applicants noted organizational and leadership skills as a second response (Table 1).

Understanding Difficulties of Aging,
Familiarity with Facilities, and Advocacy

Some volunteers specifically cited their understanding of the difficulties of aging as a basis for their skills (8%) initially and 16% as a second response. As a part of their skills, this group of applicants could identify the problems of older persons and believed they had competencies to address them. They had not usually obtained their knowledge of aging through direct care.

Six and 7% percent of the volunteers in first and second responses, respectively, noted that familiarity with local nursing facilities had provided them with skills that would promote their being advocates. Some of these skills had their origin in considerable prior interaction with residents and facility staff. For these volunteers, knowledge of aging and needs of residents was obtained through contact with facilities.
Fewer persons specifically mentioned advocacy skills (6% and 9%, first and second responses). For example, “I have intensive advocacy and negotiation experience . . . I am deeply committed to this review board concept.” Some of the volunteers may have anticipated the skills they articulated would be used to foster advocacy even though it was not mentioned directly. In summary, skills listed as first and second responses tended to be quite comparable.

**Bivariate Analyses of Personal Characteristics, Interests, and Skills**

Five personal characteristics were considered in relation to volunteers’ qualitative descriptions of their interests and skills (Tables 2 and 3). In the bivariate analyses, age, education, and volunteer experience were associated with first reasons for interest in volunteering. Persons who were older, the unemployed, and those with less volunteer experience more often attributed their participation to being asked (Table 2, column five). Greater education was associated with interests fostered by occupational experiences (column 3). More volunteer experience was related to a desire to serve the community and to respond to needs for advocacy as reasons for interest (columns 1 and 4).

In bivariate analyses of volunteers’ motives listed second, age ($\chi^2(5) = 30.46$, $p < .001$) and education ($\chi^2(5) = 20.49$, $p < .001$) as well as employment ($\chi^2(5) = 23.26$, $p < .001$) were associated with motives for involvement (detailed data on analyses of second responses are available from the author). Younger, better educated, and employed applicants more often mentioned an interest in advocacy as a second motivation for their participation than did their older, less well educated, and unemployed peers.

Age, education, employment, and volunteer experience were associated with skills volunteers believed they could offer as resident advocates (Table 3). Younger persons emphasized organizational and leadership abilities whereas older volunteers tended to note their social skills (columns 1 and 4). Individuals with less education emphasized social skills and minimized competencies obtained from an occupation or training (columns 1 and 2). Greater volunteer experience was less often associated with skills attributed to training and more often with organizational and leadership capacities (columns 2 and 4).

Of the demographic characteristics only gender and education were associated with skills listed as second responses ($\chi^2(7) = 25.50$, $p < .001$; $\chi^2(7) = 16.48$, $p < .05$). Men emphasized occupational and organizational/leadership skills more frequently than did women who more often derived competency from their understanding of aging. Volunteers with more education highlighted their occupational skills, and those with less education believed their skills were based on their understanding of aging.
Table 2. Demographic Characteristics and Reasons for Interest

<table>
<thead>
<tr>
<th></th>
<th>Community service (N = 198)</th>
<th>Friends/relatives in facility (N = 174)</th>
<th>Occupation/experience with aged (N = 118)</th>
<th>Need for committee and advocacy (N = 82)</th>
<th>Requested participation (N = 67)</th>
<th>Contact with a facility (N = 60)</th>
<th>( \chi^2 )</th>
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<tbody>
<tr>
<td>Age</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Younger</td>
<td>30</td>
<td>27</td>
<td>18</td>
<td>12</td>
<td>6</td>
<td>8</td>
<td>15.71, 5 df, ( p &lt; .01 )</td>
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<td>Older</td>
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<td>15</td>
<td>11</td>
<td>14</td>
<td>9</td>
<td></td>
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<td>12</td>
<td>12</td>
<td>7</td>
<td>8.12, 5 df, ( ns )</td>
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<td>10</td>
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<td>12.97, 5 df, ( p &lt; .05 )</td>
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Table 3. Demographic Characteristics and Skills of Volunteers

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<tr>
<th></th>
<th>Social skills (N = 137)</th>
<th>Occupational skills/training (N = 139)</th>
<th>Care for sick and aged (N = 90)</th>
<th>Organizational/leadership skills (N = 85)</th>
<th>Listening skills (N = 106)</th>
<th>Understanding difficulties of aging (N = 58)</th>
<th>Familiarity with facilities (N = 42)</th>
<th>Advocacy skills (N = 60)</th>
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<td>( p &lt; .001 )</td>
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<td>5</td>
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<td>( p &lt; .001 )</td>
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</table>
Multivariate Analyses of Interests and Skills

Discriminant analyses of age, education, employment status, volunteer experiences, and first and second reasons for interest and skills were performed. Gender, which was not associated with interests or skills noted in first responses, was omitted from these multivariate analyses, but it was included in analyses of skills described in second responses.

Reasons for Interest

In the analysis of reasons for interest, there were two significant functions (Table 4). Inspection of the first function showed that age and volunteer experience differentiated between those who emphasized the need for advocacy (.32, functions at the group centroids in parentheses) and those who applied because they had been requested to do so (–.49). The involvement of older persons with less volunteer experience depended more on the suggestion of others. In contrast, perception of a need for advocacy as a reason for involvement was accompanied by earlier volunteer experiences.

Education and employment status comprised the second function. Unemployment was associated with a request to participate. The employed were more likely to have been prompted by having friends or relatives in a facility (–.28). The less educated were more often motivated by prior contact with a facility (.22).

Age, education, and employment status were considered in a discriminant analysis of motives for participation that volunteers listed as second responses.

Table 4. Discriminant Analyses of Demographic Characteristics, Volunteer Interests, and Skills

<table>
<thead>
<tr>
<th>Discriminant function coefficients</th>
<th>Interests (N = 699)</th>
<th>Skills (N = 700)</th>
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<tr>
<td>Age</td>
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<td>.46</td>
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<td>Volunteer experience</td>
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<td>.37</td>
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</table>

\[
\chi^2 = 54.60, \quad \chi^2 = 23.25, \quad \chi^2 = 103.67, \quad \chi^2 = 40.12
\]

20 df, 12 df, 28 df, 18 df,

p < .001  p < .05  p < .001  p < .001
In the one significant function ($\chi^2(15) = 58.53, p < .001$, canonical $r = .31$), discriminant function coefficients indicated age (.57) and education (−.51) differentiated among motives listed second. Older volunteers emphasized contact with a facility as a source of interest whereas younger participants and applicants with more schooling were motivated by perceived needs for advocacy. (Detailed data available from the author.)

Skills

In the discriminant analysis of applicant skills and personal characteristics the first of two significant functions showed older applicants emphasized skills based on familiarity with facilities rather than organizational skills (.68). Education and volunteer experience comprised the second function. More educated applicants expected to rely on occupational skills acquired through training (−.33) rather than social skills (.24). Those with volunteer experience emphasized occupational/training skills (−.33) rather than organizational and leadership skills (.19).

In the significant function in the analysis of skills that were volunteers’ second responses ($\chi^2(14) = 55.27, p < .001$, canonical $r = .30$), discriminant function coefficients indicated gender (.77) and education (−.52) differentiated among the kinds of skills applicants believed they could offer. (Detailed data available from the author.) Men emphasized organizational/leadership and occupational skills more often than female applicants who expected to use social skills.

DISCUSSION AND SUGGESTIONS FOR PRACTICE

There is a longer tradition of research on reasons or motives for volunteering whereas significantly less is known about the skills volunteers believe they bring to their work. Yet, those who recruit volunteers presumably have a set of skills in mind that would assist them in implementation of their programs.

Use of social skills was more often anticipated by those with less education (both men and women), the unemployed, and older persons. For these individuals, there were fewer opportunities to derive interests and skills that for some likely ensued from earlier volunteer experiences, formal schooling, and/or employment. In lieu of educational or employment experiences of volunteers, administrators of ombudsman and other programs who expect more than friendly visiting may need to adapt training to characteristics of volunteers who do not work outside the home and/or have less formal education. This assumes that organizational, leadership, and occupational skills may extend to advocacy and other volunteer activities more readily than social skills that focus primarily on friendly visiting. Jirovec and Hyduk (1998) observed the need to devote attention...
to the obstacles that older adults from lower socioeconomic backgrounds may confront in participating in meaningful volunteer activities. Especially tailored education and leadership training may prepare those with less education for more challenging volunteer roles.

Earlier volunteer activities seemed to shape or perhaps reinforce skills and interests. For example, the multivariate analysis showed a greater focus on advocacy as a reason for interest was developed by persons with a strong background of prior volunteer experiences. A high level of prior volunteer work likely exposed volunteers to circumstances of residents and underscored the need for advocacy among the aged. This suggests that those with less experience as volunteers will benefit from a greater focus on the skills necessary for effective advocacy, perhaps beginning with underscoring the need for advocacy rather than a primary emphasis on friendly visiting.

Characteristics of persons who emphasized advocacy as a reason for involvement contrasted with those of individuals whose first interest in volunteering occurred only when they were asked to participate. Those recruited chiefly because they were asked by others, i.e., “latent” volunteers (Perry, 1983), may have had less opportunity to foster interests on their own. They, for example, were less often in the workplace, were older, and were infrequently involved in other types of volunteering. This suggests that a minority of volunteers may be recruited from among individuals who have limited connections to the community through formal participation and that they may have special needs for training. Having a strong training program in place before “latent” volunteers are recruited is especially important. If little or no formal training is provided, as happened for about one-fifth of these volunteers, then initial disadvantages will likely be sustained, if not increased.

Employment differentiated those who were motivated to volunteer because friends and relatives were or had been residents. Demands of employment may have constrained the time persons had to care for relatives or friends, and for some, later volunteering may have been a way to repay others for earlier assistance or favors. The theme of exchange and repayment characterized the motivations of some volunteers. Persons without time to volunteer earlier had observed needs of family and friends when they were residents and hoped to help others with similar conditions.

In summary, work in long-term care facilities is infrequently a preference of older volunteers (Caro & Bass, 1995). The findings suggested that programmers and trainers should take into account effects of otherwise unmodifiable demographic characteristics to prepare volunteers better for their work. Younger volunteers, for example, may be best approached by building on their existing occupational, organizational, and leadership skills. Persons with considerable experience as volunteers similarly may have leadership and organizational skills that may be transferred to tasks and related needs in another organization. Application forms that include information on reasons for interest, skills, and the method by
which volunteers learn about a program may be useful to identify personal characteristics that result in more immediately usable skills and to suggest needed types of instruction.

REFERENCES


