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CHARACTERISTIC PROFILE OF FEMALE
VOLUNTEERS IN THERAPEUTIC SETTINGS

by

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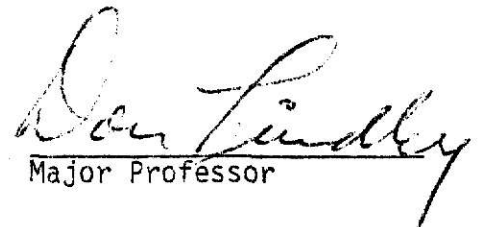
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Chapter 1

THE PROBLEM

Volunteers are widely recognized as an important resource to the effective coordination, conduction, and evaluation of programs in the health, social, and physical domains of study. Due to the lack of communication of researchers and practitioners in over 30 fields of knowledge and practice, information about voluntary action has been minimal.

According to Cull, there is an interest and a need to research member composition of various types of voluntary groups in terms of age, sex, socioeconomic status, and education. (10:142)

Statement of the Problem

The purpose of this study was to determine the characteristics of female volunteers in three therapeutic settings in Rochester, New York, in October, 1979. More specifically, the study attempted to:

1. Determine the characteristics of members in the three therapeutic settings in terms of: age, marital status, social class, education, and religion.
2. Determine the reasons and motivations for females to volunteer.
3. Determine the importance of volunteer work to the individual.

Limitations

Certain factors were present in this study and were not controlled.

1. Validity of the questionnaire form was not controlled for the subjects' accuracy and consistency of interpretation.

2. Those completing the questionnaire may have been affected by adverse environmental, physical, emotional, and/or social factors.
3. Results were dependent upon the completion and return of the testing instrument by the volunteers.

Delimitations

The following delimitations describe the boundaries of this study.

Data was collected in October, 1979, from a cluster sampling of women, ages 18 years and older, in three therapeutic settings within the geographical area of Rochester, New York. The three settings included: Monroe Community Hospital, Rochester General Hospital, and St. Ann's Home.

Definitions of Terms

These definitions related to the study serve to clarify terms.

Therapeutic setting

A setting, such as an institution or facility, meeting the physical, emotional, and other basic human needs through medical and applied therapy techniques.

Characteristic profile

A set of characteristics found common to a specified group of participants.

Cluster sampling

Three therapeutic settings were chosen from an entire population. Each of these three therapeutic settings were sampled to provide clusters of volunteers for study.

Volunteer

This term is synonymous with voluntary action, volunteerism, and voluntarism. A volunteer is a person who joins an association, group or relationship on their own free will.

Voluntary association

Those organizations joined freely by individuals wishing to engage in activities, causes, or offer their services. Within the scope of this study, therapeutic settings are service-oriented voluntary associations.

Chapter 2

REVIEW OF RELATED LITERATURE

This review focuses upon the history of volunteerism in the United States, definitions and typologies of voluntary action, motivational factors, and characteristics of members influencing rates of social participation in voluntary associations.

History

Volunteerism in America is a tradition with the basic objective of eliminating problematic situations through individual and group action. (20:5) Whenever man has needed help, there has been a volunteer to assist in his need. (10:5) Volunteers, a part of American tradition, affect health, education, recreational, and social programs. (20:6).

Industrialization and urbanization in the 19th century created numerous problems in areas of migration, child labor, the rehabilitation of workers injured in industrial accidents, and immigration to the United States. Because governmental agencies and services were insufficient in coping with these problems, volunteer groups developed. Other early concerns in volunteerism were directly related to specific diseases, health and welfare, and the mentally ill. (20:7-9).

Throughout the depression of the 1930's, a great increase in volunteerism was visible in hospitals, civic and church groups, and recreation programs; during World War II various volunteer offices developed to meet the needs of women, youth, and the handicapped. According to the 1971 U.S. Department of Labor Statistics, 22 million Americans volunteered

in one form or another; sixteen percent of all Americans 14 years and older volunteered. (29:13) A fast growing area of volunteerism has been with the rehabilitation settings. A study by Levin (1969) showed 300,000 volunteers participated in volunteer programs in rehabilitation settings. In the study, 72.9 percent of the facilities incorporated volunteers into recreational activities for the handicapped; 76.7 percent counseled, tested, and supervised clients; 55.7 percent were involved in fund raising; and 46 percent used volunteers in aiding their public relations program. (10:7) The volunteers in rehabilitation settings enhanced the quality of care, prevented depersonalization, and contributed complementary services and skills to agencies. (29.5)

Scott (1957) contributed this development and growth of volunteerism early in American's history to: "1) the changing function of the family, church, and state, and their loss of control over the individual; 2) the democratic and Protestant principles of freedom for individual choice; 3) the articulation of minority groups; 4) the increased division of labor; and 5) the increased secularization." (37:315)

Definitions

Definitions of voluntary associations, voluntarism, and voluntary action vary throughout the literature. A definition by Smith (1972) distinguished "voluntary action" from other human actions. "Whether individual or collective, an activity may be termed voluntary if performed for reasons other than: 1) expectation of direct remuneration; (b) coercion of law, custom physical threats, or other sociopolitical force; or (c) compulsion of physiological needs." (38:111)

Membership in voluntary associations is the free choice of the individual. Associations vary in size, are usually non-profit, and are

organized to pursue mutual interests to achieve common goals. These organizations aid in the transitional process of urbanization. Through membership there is a combining of primary and secondary social experiences and relationships for individuals. (40:89-92)

Voluntary associations consist of people united consciously for a specific purpose. There are definite rules for entrance and the position and responsibility of members is defined. The groups are nonprofit and relatively long lasting. (39:473) Scott also defined voluntary associations as usually non-profit in nature but viewed the groups as freely organized to pursue mutual and personal interests or achieve common goals. (37:316)

When researching British and American voluntary associations, Morris (1965) discovered membership was in no sense obligatory, and a formal constitution was present. (34:187)

Gordon and Babchuk (1959) proposed a theory of voluntary associations in typology form using three criteria: 1) the accessibility of membership, 2) the status defining capacity of the association, and 3) the function of the organization for the individual whether it was expressive or instrumental. (18:22)

Motivation

The motives to join voluntary associations are discussed in the literature. Warriner and Prather (1965) focused on voluntary associations as possessing assumed "value functions." Members assume that the activity they engage in contributed to the production of a particular consequence. This may or may not be the stated function of the association. There are four varieties of "value functions": 1) the provision of pleasure in the performance itself for the participant, 2) the

sociability factor, 3) the symbolic function reaffirms or evokes a valued belief system, and 4) the activities producing goods, services, or change in an objective have a productive function. (41:140)

In a study of voluntary associations in slum areas, Babchuk and Gordon (1962) elaborated upon the associations as being expressive or instrumental. In an expressive group, one achieves immediate and continuing gratification from the organizations' activities. The organizations are internally oriented, and the activities are ends in themselves. Satisfaction in instrumental groups is gained through participation in activities occurring outside the organization. The activities are means of accomplishing external, long range goals. (5:25)

Incorporating the typology of Babchuk and Gordon, Jacoby (1966) researched the effects of influence and primary relationships on associational membership in expressive and instrumental groups. An expressive group, characterizing a primary group, achieved gratification through personal relations. The relationships are considered by members as highly valuable or as an end. People tend to join expressive organizations due to the personal influence of others. The cause of an instrumental organization is external to the organization; personal influence is less important in recruiting new members than expressive groups. Those possessing the need or ability for fellowship and close interpersonal relationships often belong to primary groups, expressive-instrumental organizations; those people lacking skill in these areas are likely to only join instrumental associations. (24:77-84)

In another study Jacoby (1965) elaborated upon correlates of instrumental and expressive orientations to associational membership. Associations performing instrumental functions may be differentiated from those functioning expressively by: 1) the members of the two types

of organizations vary according to sociological variables, and 2) the differences in socialization of members into instrumental and expressive groups. In instrumental groups long range external goals are important; one partakes in activities not providing immediate and personal gratification in order to achieve these goals. In the expressive organization the person finds the same kinds of gratification in the activities of the association as in primary relationships with others. Jacoby tested his hypotheses: 1) the larger the number of friends reported by the respondent, the more likely one was to be expressively oriented to the association in which one holds membership; and 2) the people joining expressive organizations are influenced through personal friends more often than those joining instrumentally oriented groups. Results indicated that members of expressive associations had a greater need or desire for close, personal ties with others; personal influence motivates people to join expressive organizations. (25:163-174)

Dixon and Smith (1972) categorized voluntarism into five areas:

1) service oriented, the most traditional form of volunteerism, is dedicated to helping others; 2) issue oriented/cause oriented involves a public issue aimed at altering the environment or society; 3) consummatory/self-expressive encompass volunteer activities pursued for personal expression and realization without focusing on external goals; 4) occupational/economic interests of its members; and 5) philanthropic/funding volunteers work for non-profit organizations in areas of health, education, welfare, religion, politics, and the environment. (10:111)

Schoonmaker stated that psychological principles and actions motivate the volunteer rather than physical force or economic rewards. People often volunteer to satisfy their own needs and desires which vary from individual to individual. Maslow defined the basic hierarchy of

human needs, present in individuals as: 1) need for safety; 2) love, status, and acceptance by the group; 3) general adequacy; 4) creativity; and 5) self expression. (29:10)

Routh (1972) considered volunteer work and volunteer participation in activities to be a constructive use of free time. In this time, many fulfill their need to be loved, liked, wanted, or accepted. Routh also stated other reasons: 1) the compulsive drive to help and serve people, thereby gaining a sense of worthwhileness; 2) the volunteer needs to experience self-actualization or self-realization by giving his time to the world; and 3) the experience will be of significance to a present or future career. (36:17) Balfanz viewed the volunteer as altering their motives of helping others to volunteering in order to fulfill their own self-development and challenge. (29:11)

Characteristics of Members

Sex

DeTocqueville concluded that the extent of voluntary associational membership in democracies was related to society's urbanism, "democratization of social and political life", and equalitarianism. Curtis (1971) found that one-third of the individuals in America and Canada held two or more memberships in voluntary organizations. When union membership was excluded, there was a very small difference in the membership rates of males and females. The high rate of affiliation in the United States and Canada was believed to be a result of greater emancipation and personal autonomy of females than in other countries of the world. (11:873)

A 1940 study showed women having greater participation levels than men in organizational activities. In a door-to-door study of 708

residents of Franklin, Indiana, 187 females and 139 males of "lower class" and 192 females and 190 males of "middle class" income status were surveyed by Mather. Females held 3.2 memberships, while males only held 2.4 memberships each. (31:381)

Patterns of voluntary group participation of a panel of adults were studied over a four year period by Babchuk and Booth (1969). Membership was considered as: 1) date joined, 2) purpose of the group, 3) commitment and involvement in the group, 4) frequency of attendance, and 5) committee memberships held. Over the four years memberships generally remained stable with 76 percent maintaining at least one of the same memberships continuously; 56 percent retained two or more memberships continuously; 56 percent retained two or more memberships. Males and females differed considerably in their pattern of affiliation. Males were more likely to belong, held more multiple memberships, were more variable and less stable, and they belonged to categorically different types of associations. Among the married, changes in membership were due to interfamilial pressures. (3:150-153)

The greater membership rates of women than men may be explained through a study by Lowenthal and Havens (1968). A sample of 280 people in a panel study of community resident aged, sixty years and older, were interviewed three times at annual intervals. The voluntary reduction in social activity (unrelated to widowhood, retirement, or physical impairment) did not have negative effects on morale or mental health status. Lowenthal and Haven followed the notion that the establishment of a close relationship is a level of existence throughout life. Women tended to show a greater sensitivity to close relationships and greater versatility in choice and number of relationships. Perhaps the establishment of a greater number of relationships affect their adaptability for

survival, and therefore, outliving men. (30:20-22)

Booth (1972) also concluded that women in all social strata showed stable patterns of participation through life; membership rates for males and females contradicted the findings of Mather, Lowenthal and Haven. Incorporating interview data from 800 adults, 45 years and older, from two urban communities, Booth established that males had a greater number of friends than females; female relationships appeared to be affectively richer and showed a greater commitment in time to group activities. Women tended to participate more in expressive groups and men in instrumental groups. (7:183-191)

The sex of the participant is not the only determinant in participation level. Age and position of the person in the life cycle influences membership levels.

Age

In studying social structure and social participation through a questionnaire answered by 1000 participants in 1955, Foskett inferred that age was not significant in its relationship to participation, but the relationship reflected the operation of income and education. (16:436)

Wright and Hyman (1958) saw serious limitations in previous studies since sampling procedures did not provide adequate data. The findings were related to limited universes of local communities, cities, or specified social classes. Wright and Hyman incorporated two nationwide surveys by the National Opinion Research Center (NORC) in 1953 (N=2809) and 1955 (N=2379), including male and female respondents 21 years and older, contained one or more questions on voluntary association membership. The information obtained aided in establishing patterns and the magnitude of participation. In addition to the national data available,

supplemental NORC studies included: 1) Denver, a medium metropolitan area in 1949; 2) New York City, 1951, a large metropolitan area; and 3) Findley, Ohio. At all age levels it was determined that membership was not a major characteristic of Americans. Possessing no memberships were viewed in 47 percent of the families and 64 percent of the adults surveyed. Only 31 percent of families belonged to one organization, 12 percent to two organizations, and five percent belonged to three. (43:285-287)

Babchuk and Edwards (1965), focusing on affiliation as the sole measure of participation in voluntary associations, acknowledged that age had a linear relationship with participation. Participation increased from young adulthood until 50 or 60 years of age, then declined. This finding was recognized to be complicated by socioeconomic status. (4:152)

In a 1962 study it was found that as age increased, affiliation and participation changed from one type of association to another. Children tended to affiliate and participate in expressive organizations; mature adults, particularly male, belonged to instrumental or instrumental-expressive organizations. With the onset of old age, instrumental activity decreased and expressive group participation increased. These results showed variations in the obtained integration for the individual at different stages of the life cycle. (5:118-120)

The study of Hausknecht (1962) was based upon statistics drawn from samples from the entire population and may be generalized to society. The American Institute of Public Opinion (AIPO) was conducted in 1954 with a sample size of 2000. NORC surveyed 2379 in 1955. There are discrepancies between AIPO and NORC results due to the number of questions asked, reliability and validity. In relation to age and membership, the normal curve is slightly skewed toward the upper age ranges. When

age was controlled, males under 40 years of age had a higher membership rate than females; over 40 years old, females had greater membership rates than males. At each income level the older age individuals had greater membership rates than younger. As individuals assume career and family responsibilities, membership increased. The membership rates of widowed and the divorced resembled the rate for single individuals.

(22:12-33)

A cross-sectional study by Curtis (1971) concluded that affiliation by age approximated a normal curve. Affiliation and multiple memberships were lower for younger adults, increased with age, leveled off in the late 40's, and gradually decreased in the 50's and later years. (11:873)

Family Life Cycle

From membership records and a return of questionnaires by 1115 members of a large leisure organization in the Pacific Northwest, Harry (1970) concluded that children had an inhibiting effect on the social participation of parents. The effects differed by sex of the parent, and whether participation was measured by associational membership or attendance at meetings. The presence of young children had an inhibiting effect of membership or attendance of either sex. (21:825)

Scott (1957) addressed the problem of determining the relationship between variations in sex, age, education, religion, occupation, marital and family status, nativity, residence, home tenure, and social status, to the degree that people participated in voluntary associations. Voluntary participation was determined by the number of voluntary organizations one belonged to. In regards to family status, the presence of children was found to effect membership rates. Parents with one child had greater membership rates than parents with two or more children. (37:316-323)

Knoke and Thomson (1977) hypothesized that due to related role obligations, an individual's position in the family life cycle affected one's involvement in voluntary associations. Low membership in associations in pre-marriage was due to the time spent in establishing a career and mate selection. With marriage and entry into the labor force, affiliation increased. With young children present, involvement of the parents' time and energy in the family increased. This involvement was greater among women in traditional non-working mother roles. Pre-school children tended to decrease voluntary association membership more in women. Participation in the community increased as children entered school and both parents and children entered youth-centered associations. Parental participation was the greatest as children left the home. Parents possessed increased amounts of free time and the influence of the "empty nest" may have encouraged them to participate. With aging and illness, participation decreased as retirement and deaths disintegrated social bonds. With data from a 1967 NORC study (N=2549) and a 1974 NORC study (N=1484), trends of participation in voluntary associations is curvilinear was substantiated. (27:49-61)

Data from a 1972 Center of Political Studies (CPS) American National Election Survey (N=2597) and a 1974 NORC General Social Survey (N=1352) were analyzed to examine age differences. After removing the effects of education and income, the curvilinear pattern of participation was explained by the socioeconomic variations present among the different age groups. For both males and females, association memberships increased between the ages of 35 to 45. Levels remained stable or increased through age 75. Membership levels were greater for males at all age levels. A temporary decrease was evidenced in memberships for women 45 to 54 years old due to their withdrawal from youth-centered organizations

and return to the labor force. Males showed a decrease in membership at 65 to 74 years of age as they decreased membership in work related associations and entered retirement. Cutler claimed that lower membership in the older age group was due to differences of socioeconomic characteristics than at any other age strata. Therefore, if socioeconomic status was the same, membership rates would be similar. (12:43)

Social Class

Education, income level, and occupation are interrelated factors when viewing their effect on levels of participation in voluntary associations.

Foskett (1955) researched social participation in two towns randomly selecting a total of 1112 adults to survey. Each subject was questioned about their participation in: voting in elections; discussions with other family members; membership in organizations and associations; active participation in local educational and governmental issues; and community affairs. General Community Participation Scores were compiled with the following results: 1) there was a continuous and marked rise in the mean score with the increased level of formal education; and 2) there was an increase in social participation with higher income levels. Education and income do not act independently. The two variable combined are either present or absent which resulted in their affect on participation. (16:432-437)

In the study by Scott (1957), membership rates were found to increase as the level of education increased. Participation also increased with higher levels of social status. Non-affiliation was higher in the lower social class, manual occupations, and those with an elementary education. (37:317-320)

Axelrod (1956), in the Detroit Area Study, investigated urban structuring and social participation in the early 1950's. A formal organization was defined as a voluntary, private, non-profit association with the decision to enter made by the individual. Of the 749 individuals interviewed, 63 percent belonged to formal groups. Participation rates differed among the levels comprised of interrelated factors of education, income, and occupation. Those with higher income levels showed greater involvement. More specifically, 75 percent of the subjects with a college degree had at least one membership while only 50 percent with a grade school education held memberships. Axelrod considered education, income, and occupation as determinants of social status. This social status, once achieved, must be maintained through memberships in certain associations. Accompanying social status was the obligation to participate in community activities. (2:14-17)

In their 1958 study, Wright and Hyman discovered that regardless of the index for socioeconomic status that was incorporated (family income, education, occupation of head, or home ownership) a person of higher status positions belonged to more associations than lower status individuals. (43:288)

Freeman (1957) believed analyses of the relationships between membership and social class were limited in the past. The correlation between memberships in voluntary associations and social class, though statistically significant, was low. Freeman incorporated the following criteria in determining social class status: salary, rent, education, occupation, class, self-identification, residential and job mobility, and attitudes toward the community. It was then determined the use of a large number of variables to measure social class failed to increase social class as a predictor of membership in voluntary associations.

Mobility and community attitudes were significantly associated with association membership; mobility and community attitudes were relatively independent of each other besides being independent from social class. (17:533)

Hausknecht (1962) also found that as education increased, membership increased. As compared to 78 percent of the college education, only 39 percent with the least education belonged to voluntary associations. As income increased, so did membership; forty six percent of the lowest income groups were members, while 69 percent of higher income groups belonged to organizations. Hausknecht also viewed the relationship of community size to membership rates. In each community size, membership increased as income increased. In smaller cities 55 percent of the least educated were members, and only 22.5 percent of the college educated were members. In large cities, the opposite was true with 38 percent of the least educated and 58 percent of the college education belonging to groups. It was hypothesized that the greatest membership was found in smaller urban communities because: 1) the availability of leisure opportunity investments offered in a metropolitan area may not entail membership, therefore, voluntary associations compete with other leisure areas; 2) the number of people in the metropolitan area make it easier to satisfy needs which in a small community can only be satisfied within a voluntary association; and 3) the voluntary associations may induce individuals in small towns a greater sense of belonging. (22:17-35)

Philips (1969) concentrated on the relationship between "interaction-opportunities" and social class, social participation, and happiness. It was implied that: 1) the lower the social class position, the fewer opportunities were available for voluntary social participation;

2) the fewer opportunities for voluntary social participation, the greater the investment was in those participation opportunities that were available; 3) the greater the investment in participation activities, social participation was more strongly related to positive and negative feelings and happiness; and 4) the lower the social class position, the more strongly was social participation related to positive and negative feelings and happiness. Therefore, the social structural variable of "interaction-opportunities" may be an important determinant of levels of participation and interaction with others. Though "interaction-opportunities" were not measured directly in this research, the conclusions were: 1) middle class males and females have more time for social interaction and participation than working class members; 2) lower class members may not have the necessary funds to maintain membership fees and transportation; and 3) higher social class and education provided skills that may facilitate participation. (35:14)

Foskett (1955), in agreement with Philip's findings, stated that participation levels were not only related to income levels and education, but variations in membership levels may be a result of other influences such as learned behavior. The role behavior theory was used to explain these variations as behavior is primarily a learned phenomenon and is influenced by an individual's position in the social system. Therefore, people of differing education and income levels occupy different social positions. These social positions require certain types of behavior and skills. (16:436)

Parsons viewed every societal system as having two problems: 1) coping with the physical environment (instrumental function); and 2) controlling behavior (expressive function). Voluntary associations aid in performance of these societal tasks. Because of the wide

variety of tasks and levels of difficulty, varying degrees of skills are needed by the members. (8:427)

The study by Babchuk, Booth and Knox (1968) complemented the theory presented by Parsons. In 1961, 150 individuals, ages 21 to 60 years old, of the midwestern plains states, were interviewed. Detailed interviews questioned their organizational affiliations in: 1) church, 2) job related groups, 3) recreation groups, 4) fraternal-service organizations, 5) civic political groups, 6) adult leadership in youth programs, and 7) other groups. Membership was the only indicator of affiliation. White collar workers were categorized as middle class, blue collar workers as working class, and household workers and laborers as lower class. The middle class had greater membership in all organizations and instrumental groups than working class and the lower class. The lower class and working class had greater memberships in expressive groups than the middle class; lower class individuals had greater participation levels in civic and political groups (instrumental) than the working class. It was concluded that the lower class had a high rate of political participation due to the activities of the ethnic minorities within that class; the middle class had greater socialization for instrumental roles through education and work than the lower social class. (8:438)

The findings of a 1961 study of patterns of women's participation in voluntary association contradicted findings of other studies that association membership increased substantially with social class. Women's boards in six Chicago hospitals, three upper class and three middle class, were studied by Moore. Members of the women's boards in the higher prestige hospitals held 2.5 memberships in other organizations, particularly in the areas of health and welfare, cultural and

social organizations. Women in the middle prestige hospitals held 2.3 memberships in other organizations. Membership in social and religious associations appeared more prevalent for this group. One factor responsible for the differing rates was the role of motherhood. The onset of this role proved to be a greater deterrent to activity for women in the middle class than to women in the upper class. Though the findings of Moore contradicted other studies' results, the conclusion was similar. Participation in associations differs between social classes and the functions an association performed varied depending whether one belonged to the middle class or upper class. (33:592-598)

In 1969 Hyman and Wright conducted a secondary analysis of trends of voluntary association membership of American adults. The 1962 NORC survey was comparable to the one used in their study of 1955. It surveyed the memberships of 1775 adults in local associations, excluding union memberships. Data from less comparable national surveys, 1960 and 1967, were used to supplement their findings and update indications. Several conclusions were made: 1) a membership in voluntary associations was not held by the majority of Americans; 2) a small percentage belonged to two or more associations; 3) a small increase was noted in voluntary association membership between the mid-1950's and early 1960's; 4) a membership was directly related to socioeconomic status; 5) an increase in associational membership had occurred in all social strata; and 6) an economic status seemed to have had a greater affect on membership than one's station of origin. (23:294)

Religion

Among the religiously affiliated, Tomeh (1973) discovered that Protestants are more frequently members in voluntary associations than

Catholics. (40:99) Hausknecht (1962) incorporated statistics from samples of the entire population of the NORC survey. When controlling for community size, population 50,000 to one million, 36 percent of Jewish affiliated persons belonged to one organization, and nine percent belonged to two or more. Of the Protestants, 19 percent belonged to one organization, 18 percent to two or more. Organizational membership of Catholics was the lowest of the three religions. (22:52)

When relating participation levels to the religious affiliation of organizational members, Protestants had more memberships than Catholics. Protestants held 2.54 memberships while Catholics had 1.12. (37:321)

Wright and Hyman (1958) discovered differences in rates of membership in voluntary associations when viewing religious affiliation. Whether family or individual, Jewish individuals had the greatest membership rates. In surveying family membership, 56 percent of Catholic families held memberships; fifty one percent of Protestant families did. Individual membership of Protestants was greater than that of Catholics. (43:287)

Integration Hypothesis

The study of Babchuk and Edwards (1965) also examined the integration hypothesis and its relation to membership in voluntary associations. Voluntary associations are designed to be integrative for one's personality system, the social system, or both. Factors in evaluating the integration hypothesis included: 1) the extent of affiliation, 2) the amount of participation, and 3) the type of voluntary associations joined. Information was gathered on 1208 associations in Lincoln, Nebraska, as to: 1) the number at local, county, state, or national levels; 2) the number of instrumental, instrumental-expressive, and

expressive groups; and 3) the distribution pattern throughout the community. Of the sample, 25 percent were classified in terms of functions, locus, origin, and meeting location. Expressive organizations comprised two-thirds of the local organizations and were distributed throughout the community. The remaining one-third had national affiliates. Most of the volunteer associations viewed as integrative, focused on personality systems. They tended to be organized around local neighborhoods. A greater proportion of associations at other governmental levels served to be integrative for the social system; they were located throughout the community and were more often instrumental. (3:149-162)

Summary

Throughout the literature on volunteers and participation in voluntary associations, certain factors characterized participants: 1) the males held greater number of memberships; 2) the participation level increased through adult life and then declined after 50 or 60 years of age; 3) the position in the family life cycle influenced membership; 4) the higher the social class (determined by education, income, and occupation) the greater number of memberships were held; and 5) the Protestant affiliated individuals tended to belong to more organizations than Catholics.

This study focused on female volunteers participating in service-oriented voluntary associations. The characteristic profile established for each individual setting may aid the Directors of Volunteers in the three therapeutic settings surveyed in recruiting volunteers and understanding the basic motives for volunteering.

Chapter 3

PROCEDURES

The procedures of this study involved the determination of subjects, collection of data, pilot study, and methods of data analysis.

Selection of Subjects

Subjects for this study were women, 18 years and older, volunteering in therapeutic settings in Rochester, New York, in October, 1979. Surveys were made available to volunteers in each of the therapeutic settings. Completion of the questionnaire by the volunteer was voluntary.

Description of Therapeutic Settings

The following therapeutic settings were chosen to be surveyed. The types of services they provide to the community vary in each facility.

Monroe Community Hospital serves as the main facility for long term care of the chronically ill and aged in Monroe County. The 634 bed facility emphasizes rehabilitation, and intensive, long-term medical and surgical treatment for people of all ages.

Rochester General Hospital, a 535 bed facility, provides interdependent services to the Rochester population: emergency care, surgery, pediatrics, rehabilitation, obstetrics/gynecology, and mental health services.

St. Ann's Home, a private non-profit health related facility, furnishes medical care and therapies to 354 elderly residents of all religious affiliations and ethnic backgrounds.

Characteristics of Rochester, New York

Monroe County with a population of 711,917 borders the southern shore of Lake Ontario, contains the major city of Rochester. According to the 1976 estimate of the U.S. Bureau of the Census Population Reports, 296,233 people resided within the City of Rochester. Using the 1970 Census of Population, the median income of 150,252 families was \$12,202 per year; 82,841 families had children under 18 years of age. The mean years of education for the 177,014 females, 25 years and older, was 12.2. Of the 225,162 females 16 years and older, 45.2 percent were in the labor force. Income level, presence of children, education, and participation in the labor force influence an individual's participation in voluntary associations.

Collection of Data

In July, 1979, administrators of Monroe Community Hospital, Rochester General Hospital, and St. Ann's Home were contacted by telephone. Upon explanation of the purpose of the study, permission was granted to meet with the Director of Volunteers in the three institutions. With a letter of introduction to the Directors of Volunteers, from Dr. Donald Lindley, Department of Health, Physical Education and Recreation, Kansas State University, the study was explained: its purpose, procedures, and the testing instrument. The Directors of Volunteers granted their permission and aid in administering the questionnaires. A sample questionnaire was given to each Director, thereby participating in the pilot study. At the second meeting with the Directors of Volunteers, the method of administering the questionnaires in October, 1979, was decided.

Pilot Study

The questionnaire consisted of 12 questions in order to collect demographic and background information about the subjects.

The questionnaire was administered to a panel of four: Dr. Donald Hoyt, Educational Services, Kansas State University, and the three Directors of Volunteers in the forementioned therapeutic settings. Criticisms and suggestions were made on the questionnaire as to its suitability for the purpose of the study, clarity and conciseness of directions and questions, amount of time needed to complete the questionnaire, and the usefulness of the study's results to the therapeutic settings' volunteer programs. The questionnaire was then revised. The questionnaire containing 21 questions may be found in Appendix A.

Administration of Questionnaires

The privacy of the subjects was guaranteed; the study and procedures were approved by the HPER Departmental Subcommittee of the University Rights and Welfare Committee.

A postcard reminder was mailed to the Volunteer Directors on September 24, 1979, one week prior to the mailing of the testing instruments.

The questionnaires, 110 to each setting, a cover letter, and a pre-stamped return envelope were mailed from Manhattan, Kansas, to each of the therapeutic settings on October 1, 1979. The cover letter is contained in Appendix B.

At each setting, the questionnaires were placed adjacent to the volunteers' time sign-in book in the volunteer locker room. A sign was posted requesting female volunteers to complete the survey. Upon completion of the questionnaire the surveys were inserted into a collection envelope. When all questionnaires were completed, the envelope was

mailed to the researcher. The only code identification was an Arabic numeral in the upper right hand corner of the questionnaires to identify each institution.

Follow-up Procedures

If within four weeks from the date of mailing, the questionnaires had not been returned to the researcher, a postcard reminder was sent; a telephone contact followed when the testing instrument had not been received after five weeks.

After receiving the questionnaires from the therapeutic settings, a thank you letter was mailed to each of the Directors of Volunteers. The directors were also requested to complete a follow-up questionnaire concerning volunteer interest and disinterest in completing the 21 question survey.

Analysis of Data

The results of the questionnaires were recorded on data cards. The number of responses (absolute frequency) and percent (relative frequency) for each question were computed for the three individual therapeutic settings and for the composite total of the volunteers surveyed. Cross tabulations were made for each setting and the composite total: age range by membership in organizations, and educational level by membership in organizations.

Chapter 4

RESULTS AND DISCUSSION

The survey of female volunteers, 18 years and older, in three therapeutic settings in Rochester, New York, was completed. The number (absolute frequency) of responses to each variable was computed. Cross tabulations of selected variables were made and the results for each variable are presented.

Data Analysis

The results of this study are based upon the return of 97 (29.4%) of the total questionnaires (N=330) mailed to the three therapeutic settings. From Monroe Community Hospital 42 (37.3%) of the questionnaires were completed and returned, 46 (42.7%) from Rochester General Hospital, and nine (8.2%) from St. Ann's Home.

A follow-up questionnaire on volunteer interest and disinterest was sent to the Directors of Volunteers at the three therapeutic settings. A summary of the responses are found in Appendix C.

Age

The number (%) of volunteers by age range is presented in Table 1. Membership rates differ among the age ranges with women 50 years of age and older comprising 72.2 percent of the volunteers surveyed.

Age was cross tabulated with membership in other organizations and is depicted in Table 2. As age increases, membership in other voluntary organizations also increases. Volunteers in the 50 to 59 years old and 60 years and older ranges held the highest membership rates in:

TABLE 1

Number (%) of Volunteers
by Age Range

Age Range ¹ of Respondents	Total (%) (N=97)
18-24	5 (5.2)
25-39	6 (6.2)
40-49	15 (15.4)
50-59	26 (26.8)
60 +	44 (45.4)
Total N(%)	96 (99.0)
No Response (%)	1 (1.0)

¹ in years

church/synagogue, N=48 members; social/card playing, N=23; business, civic, or professional groups, N=17, and "other", N=34.

TABLE 2

Number of Volunteers by Age Range
and Membership in Organizations

Organizations	Age Range of Respondents ¹					Total (N=97)
	18-24 (N=5)	25-39 (N=6)	40-49 (N=15)	50-59 (N=26)	60+ (N=44)	
Church/synagogue	3	4	13	18	30	68
Business, civic or professional	-	3	3	3	14	26
Parent-teacher association	-	1	4	3	2	8
Social/card playing	1	0	4	9	14	28
Issue/action oriented	2	2	3	2	13	22
Charity/welfare organizations	-	-	3	6	11	20
Other	1	2	4	6	28	41

¹ in years

Discussion

Female participation in voluntary associations increased with age in the three therapeutic settings studied and in other organizational memberships. These results contradict the findings of Hausknecht and Babchuk and Edwards that the participation level increases through adult life and then declines after 50 or 60 years of age.

Marital Status

Married women comprised 57 (58.8%) of the volunteers surveyed; the next highest, 18 (18.6%), was among the widowed. The results are presented in Table 3.

TABLE 3

Number (%) of Volunteers
by Marital Status

Marital Status of Respondents	Total (%) N=97
Single	16 (16.5)
Married	57 (58.8)
Widowed	18 (18.5)
Separated	2 (2.1)
Divorced	3 (3.1)
Total N (%)	96 (99.0)
No Response (%)	1 (1.0)

Family Life Cycle

Of the 77 (79.4) volunteers responding to the questions, 61 (62.9%) had no children under 18 living at home; eleven (11.3%) had one child under 18 years old living at home. The number (%) of volunteers with children under 18 years old living at home is displayed in Table 4.

TABLE 4

Number (%) of Volunteers with Children
Under 18 Years Living at Home

Number of Children	Total (%) N=97
None	61 (62.9)
One	11 (11.3)
Two	5 (5.2)
Total N (%)	77 (79.4)
No Response (%)	20 (20.6)

Discussion

The factors of marital status and the number of children under 18 years old living at home influence the participation rates of females in voluntary associations. This study found that membership rates were highest among married women in all three therapeutic settings. The absence of children living in the home may tend to facilitate participation as the mother is freed from the task of raising her children.

Income Range

Table 5 indicates the membership rate of respondents by family income range per year. Of the 86 (88.6%) volunteers responding to this question, 61 (62.8%) reported family income per year of \$15,000 or more, 22 (22.7%) had incomes in the range of \$5,000 to \$14,999.

TABLE 5

Number (%) of Volunteers by
Income Range Per Year

Income Range ¹ of Respondents	Total (%)
Less than 4,999	13 (13.4)
5,000 - 14,000	22 (22.7)
Over 15,000	61 (62.8)
Total N (%)	86 (88.6)
No Response (%)	11 (11.4)

¹in U.S. Dollars

Occupation

In viewing the volunteers' current employment in a paying position, 77 (79.4%) reported no occupation; six (6.2%) held professional careers. The number (%) of volunteers by occupation is listed in Table 6.

TABLE 6

Number (%) of Volunteers by Occupation

Occupation of Respondents	Total (%) N=97
None	77 (79.4)
White Collar	1 (1.0)
Blue Collar	1 (1.0)
Professional	6 (6.2)
Other	12 (12.0)
Total N (%)	97 (100.)

Those previously employed in a paying position stated the two most important reasons for no longer working. Table 7 indicates that 30 volunteers had no financial need to work, 28 were retired, and 22 stopped working to care for their children.

TABLE 7

Most Important Reasons for no Longer
in a Paying Position

Reasons	Number of Responses
No financial need to work	30
Retirement	28
Caring for my children	22
Loss of interest in job	4
Other	10
Total	94

Table 8 includes the number (%) of volunteers and spouse's occupation. Of the volunteers surveyed 57 (58.8) responded; seventeen (17.5%) had spouses with white collar jobs, 15 (15.5%) held professional positions, and nine (9.3%) had blue collar jobs.

Education

Membership rates are highest for women with a high school degree and those possessing some post secondary education but did not graduate, 25 (25.8%) and 27 (27.8%), respectively. Table 9 presents the number (%) of volunteers by education level.

TABLE 8

Number (%) of Volunteers
by Spouse's Occupation

Spouse's Occupation	Total (%) N=97
White Collar	17 (17.5)
Professional	15 (15.5)
Blue Collar	9 (9.3)
Other	16 (16.5)
Total N (%)	57 (58.8)
No Response (%)	40 (41.2)

TABLE 9

Number (%) of Volunteers
by Education Level

Education Level of Respondents	Total (%) N=97
Less than high school	9 (9.3)
Some high school but did not graduate	6 (6.2)
High school graduate	25 (25.8)
Some post secondary but less than 4 year degree	27 (27.8)
Bachelor's degree	15 (15.5)
Some post bachelor's but no degree	6 (6.2)
Graduate or professional degree	6 (6.2)
Total N (%)	94 (97.0)
No Response (%)	3 (3.0)

The educational level of volunteers was cross tabulated with their membership in other organizations. Volunteers with a high school degree, some post secondary but less than a four year degree, and a bachelor's degree possessed 51 of the 68 memberships in church/synagogue groups. Those with a high school degree and some post secondary but less than a four year degree held nine and seven, respectively, of the 30 social/card playing memberships, and six and seven, respectively, of the 20 charity/welfare organizational memberships. Volunteers with some post secondary education but less than a four year degree had 12 of the 27 memberships in "other" organizations. Table 10 presents the cross tabulation of educational level and membership in organizations.

Discussion

Income, occupation, and level of education attained are interrelated variables in determining social status. Membership in voluntary associations is influenced by the combined effect of these factors.

The results of this study support the present literature that states that as income levels increase, membership levels also increase. Financially, money is available within the family for transportation and other related costs; 77 (79.4%) had no present paying position, with 30 (30.9%) of the volunteers having no financial need to work.

In relation to highest level of education attained, membership rates follow a normal curve in this study. Memberships increase through high school graduates and those with some post secondary education, and then memberships gradually decrease. This curve, as seen in membership within the three therapeutic settings surveyed, may be attributed to the females' knowledge of resources available in the community. This knowledge and contact is greatest among those with a high school and some

TABLE 10
Number of Volunteers by Educational Level and Membership in Organizations

<u>Organizations</u>	<u>Education Level of Respondents</u>						
	Less than high school	Some high school but did not graduate	High school graduate	Some post secondary but less than 4 year degree	Bachelor's degree	Some post bachelor's but no degree	Graduate of pro- fessional degree
Church/synagogue	5	2	18	20	13	5	5 68(73.9)
Business, civic, professional	2	1	--	8	4	4	5 23(25.0)
Parent-teacher association	--	--	4	2	1	1	2 10(10.9)
Issue/action oriented	--	--	5	8	4	1	4 22(23.9)
Social/card playing	2	3	9	7	4	3	-- 28(30.4)
Charity/welfare organizations	1	1	6	7	3	2	-- 20(21.7)
Other	3	2	4	12	4	--	2 27(29.3)

post secondary education. Membership rates in other organizations also follow this normal curve; the need and ability for relationships, memberships, and performance may be facilitated by education and income levels.

Motivational Factors

The number of volunteers and reasons for volunteering are recorded in Table 11. The highest indicated choice was "Helping" with 34 responses for first choice; "I needed to feel like my life was more worthwhile" was second highest with 21 responses for first choice. Choice three with 11 first choice responses was "My religion teaches me to help those in need". Other reasons are listed in Appendix D.

TABLE 11

Number of Volunteers and Reasons for Volunteering

Reasons	1 st	2 nd	Choices		Total
			3 rd	4 th	
Helping Others	34	36	23	17	110
I needed to feel like my life was more worthwhile	21	16	88	5	130
My religion teaches me to help those in need	11	10	9	7	37
Other	5	8	6	6	25

Table 12 presents the number (%) of volunteers and aspect liked "best" about their volunteer work. "Helping" accounted for 52 (52.6%) of the responses. "Friends made" was the response of 29 (29.8%) volunteers.

TABLE 12

Number (%) of Volunteers and Aspect
of Work Liked "Best"

Characteristic	Total (%) N=97
Helping Others	52 (52.6)
Friends made	29 (29.8)
Other	10 (10.3)
Total N (%)	91 (93.7)
No Response (%)	6 (6.3)

The number (%) of volunteers and aspect of work liked "least is displayed in Table 13. "Nothing" was reported by 19 (19.6%) of the respondents; "Not enough time to do what one wants to do" was responded by nine (9.3%) volunteers.

TABLE 13

Number (%) of Volunteers and Aspect
of Work Liked "Least"

Characteristic	Total (%) N=97
"Nothing"	19 (19.6)
Not enough time to do all one want	9 (9.3)
Distance from home	5 (5.2)
Lack of concern for patients by staff	2 (2.1)
Other	21 (21.5)
Total N (%)	56 (57.8)
No Response (%)	41 (42.2)

The number (%) of volunteers by residence is displayed in Table 14. Rochester was the place of residence for 25 (25.8%) of the volunteers and 28 (28.9%) lived in the town of Irondequoit. Of those volunteering at St. Ann's Home, five lived in Irondequoit; twenty-one volunteers at Rochester General Hospital lived in Irondequoit, ten in Greece, and seven in the City of Rochester. Monroe Community Hospital had the highest residence rate, 16 in the City of Rochester.

Table 15 presents the number (%) of volunteers by religious affiliation. Of the total responses, 47 (48.5%) were Protestant and 45 (46.5%) were Catholic.

Discussion

Responses to the questions of why one volunteered, what was liked "best" and "least" about their volunteer work, area of residence, and religious affiliation, are reflected as positive motivational factors. The volunteers stated their reasons for volunteering and they coincided with what they liked "best" about their volunteer work. If the needs of the volunteers are being met, then they may continue to volunteer for a long period of time.

The membership of Protestants, 47 (48.5%), was similar to the membership of Catholics, 45 (46.4%).

The City of Rochester and Irondequoit have the higher residency rates of 25 (25.8%) and 28 (28.9%), respectively. St. Ann's Home and Rochester General Hospital are located on the north side of the city within one-half mile of the Irondequoit town line. Monroe Community Hospital, on the south side of the city, draws volunteers from Rochester and those suburbs in the southern section: Pittsford, Rush, Gates-Chili, and Brighton.

TABLE 14

Number (%) of Volunteers by Residence

Residence	<u>Voluntary Associations</u>			
	St.A (N=9)	Roch (N=46)	MCH (N=42)	Total (%) (N=97)
Rochester	2	7	16	25 (25.8)
Irondequoit	5	21	2	28 (28.9)
Webster	2	1	--	3 (3.1)
Pittsford	--	1	4	5 (5.2)
Rush	--	--	4	4 (4.1)
Fairport	--	1	2	3 (3.1)
Greece	--	10	2	12 (12.4)
Penfield	--	3	1	4 (4.1)
Gates-Chili	--	--	4	4 (4.1)
Brighton	--	1	4	4 (4.1)
E. Rochester	--	--	1	1 (1.0)
Brockport	--	--	2	2 (2.1)
Other	--	1	--	1 (1.0)
Total N (%)	0	46	42	97 (100.)

St.A. = St. Ann's Home

Roch = Rochester General Hospital

MCH = Monroe Community Hospital

TABLE 15

Number (%) of Volunteers and
Religious Affiliation

Religion of Respondent	Total (%) N=97
Catholic	45 (46.4)
Protestant	47 (48.5)
Jewish	1 (1.0)
Other	2 (2.1)
None	1 (1.0)
Total N (%)	97 (100.)

Importance of Volunteer Work

The number (%) of volunteers and the importance of volunteer work is presented in Table 16. Their volunteer work was viewed as being very important by 38 (39.1%) volunteers and as important by 32 (32.9%) volunteers. No volunteer rated their volunteer work as unimportant.

TABLE 16

Number (%) of Volunteers and Importance
of Volunteer Work

Importance	Total (%) N=97
Unimportant	-----
Moderately important	10 (10.3)
Important	32 (32.9)
Very important	38 (39.1)
Of utmost importance	11 (11.4)
Total N (%)	81 (83.5)
No Response (%)	16 (16.5)

Women volunteering five to ten hours per week comprised 51 (52.6%) of the respondents, 26 (26.8%) volunteered three to four hours per week, and 15 (15.5%) volunteered more than ten hours per week. The number (%) of volunteers and hours/week volunteered may be found in Table 17.

TABLE 17

Number (%) of Volunteers and
Hours/Week Volunteered

Hours/Week	Total (%) N=97
One to two	2 (2.0)
Three to four	26 (26.8)
Five to ten	51 (52.6)
More than ten	15 (15.5)
Total N (%)	94 (96.9)
No Response (%)	3 (3.1)

Table 18 presents the number (%) of volunteers and number of years volunteered. Of those surveyed, 17 (17.5%) volunteered less than one year, 31 (32.0%) volunteered one to five years, 24 (24.7%) volunteered six to ten years, and 11 (11.3%) volunteered eleven to fifteen years, and 14 (14.5%) more than 16 years.

TABLE 18

Number (%) of Volunteers and
Number Years Volunteered

Number of Years	Total (%) N=97
Less than one	17 (17.5)
One to five	31 (32.0)
Six to ten	24 (24.7)
Eleven to fifteen	11 (11.3)
more than sixteen	14 (14.5)
Total N (%)	97 (100.)

Discussion

Of the volunteers surveyed, 70 (72.0%) viewed their volunteer work as important or very important to themselves. Only 11 (11.4%) considered their time of utmost importance. The number of hours per week volunteered may indicate the importance of membership as 77 (79.4%) volunteers spend three to ten hours per week of their free time at the therapeutic setting. Volunteering appears to play a valued role in the volunteers' lives, but not the major role. Many women have spend one to five years volunteering at the therapeutic setting, 31 (32.0%); twenty four (24.7%) have volunteered six to ten years, and 25 (25.8%) volunteered over

eleven years. The volunteers show a trend of continued service.

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine the characteristics of female volunteers in three therapeutic settings in Rochester, New York, in October, 1979. More specifically, the study attempted to:

1. Determine the characteristics of members in three therapeutic settings in terms of: age, marital status, social class, education and religion.
2. Determine the reasons and motivations for females to volunteer.
3. Determine the importance of volunteer work to the individual.

Subjects from three therapeutic settings in Rochester, New York, voluntarily completed the questionnaires. The settings included: Monroe Community Hospital, Rochester General Hospital, and St. Ann's Home.

Data was collected to obtain demographic and background information about the volunteers:

1. Characteristics of members
2. Reasons and motivations
3. Importance of volunteer work

Results were analyzed by means of computation of the absolute and relative frequency for each question for the three individual therapeutic settings and for the composite total of the volunteers surveyed. Cross tabulations of specified variables were also made.

Conclusions

Limitations of this study were:

1. Validity of the questionnaire form was not controlled for the subjects' accuracy and consistency of interpretation.
2. Those completing the questionnaire may have been affected by adverse environmental, physical, emotional, and/or social factors.
3. Results were dependent upon the completion and return of the testing instrument by the volunteers.

On the basis of the results of this study and within its limitations, the following conclusions appear warranted:

1. Volunteer participation levels in the three therapeutic settings increased with age of the participants.
2. Of the volunteer respondents, three-fifths came from the annual income range of \$15,000 and over.
3. The volunteer respondents with a high school degree and those possessing some post-secondary education comprised 53.6% of the volunteer respondents.
4. The absence of children under 18 years old from the home may be a contributing factor to the increased participation levels of women 55 years and older. With no children to care for, greater amounts of free time are made available.
5. The volunteer service of the volunteers is deemed to be important and their needs may be satisfied through their membership in the three therapeutic settings surveyed.
6. The area of residence of the volunteers surveyed was related to the therapeutic setting in which the women volunteered.

Recommendations

Results and discussion of this study indicate the need for further investigation in the following areas:

1. It is recommended further studies be conducted to investigate the characteristic of ethnicity in membership rates in voluntary associations.
2. It is recommended further studies be conducted to discover the process of referral to the voluntary associations for prospective members.
3. It is recommended further studies be conducted to investigate the membership trend of females, 65 years and older, participating in service-oriented voluntary associations.
4. It is recommended further studies be conducted to discover if reasons for volunteering are different for different age levels.
5. It is recommended further studies be conducted to investigate the altering of reasons given for volunteering with one's aging and changing position in the family life cycle.
6. It is recommended further studies be conducted to establish a characteristic profile of male volunteers in therapeutic settings.
7. It is recommended further studies be conducted to investigate characteristics of members at voluntary associations other than service-oriented voluntary associations.

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APPENDIX

APPENDIX A

QUESTIONNAIRE

Thank you for your willingness to spend a few minutes in answering this survey. Your time is greatly appreciated.

The purpose of this survey is to gather information concerning the characteristics of female volunteers. You have the choice to omit answering any questions you feel violate your privacy. Your participation is voluntary. Confidentiality is guaranteed. Results will be summarized by groups and will not be associated with an individual in any manner. (Guidelines by Kansas State University)

DIRECTIONS:

1. Do NOT put your name on this questionnaire.
2. Please circle the best response for each question unless the question asks for written information. Thank you!

QUESTIONS:

1. Sex:

- a. Female b. Male

2. Your Age Range:

- | | |
|-----------------------|--------------------------|
| a. 18 to 24 years old | f. 45 to 49 years old |
| b. 25 to 29 years old | g. 50 to 54 years old |
| c. 30 to 34 years old | h. 55 to 59 years old |
| d. 35 to 39 years old | i. 60 to 64 years old |
| e. 40 to 44 years old | j. 65 years old and over |

3. Current Marital Status:

- | | |
|--------------|-------------|
| a. Single | d. Widowed |
| b. Married | e. Divorced |
| c. Separated | |

4. Religion:

- | | |
|---------------|-------------------|
| a. Catholic | d. Other religion |
| b. Protestant | e. None |
| c. Jewish | |

5. Family Income Level per year:

- | | |
|-----------------------|-------------------------|
| a. less than \$2,999 | e. \$10,000 to \$14,999 |
| b. \$3,000 to \$4,999 | f. \$15,000 to \$24,999 |
| c. \$5,000 to \$7,999 | g. \$25,000 and over |
| d. \$8,000 to \$9,999 | |

6. What city, town or suburb do you currently live in?

(Please write in): _____

7. Highest Grade Level in school attained: (Circle only one)
- Less than high school
 - Some high school but did not graduate
 - High school graduate
 - Some post secondary education but less than 4 year degree
 - Bachelor's degree
 - Some post bachelor's work but no degree
 - A graduate or professional degree (M.S., D.O.S., Ph.D., etc.)
8. How many years have you volunteered in hospitals or nursing homes?
- Less than one year
 - 1 to 5 years
 - 6 to 10 years
 - 11 to 15 years
 - 16 to 20 years
 - More than 20 years
9. How many hours per week do you currently volunteer in this hospital or home?
- One hour
 - 2 hours
 - 3 hours
 - 4 hours
 - 5 to 10 hours
 - More than 10 hours
10. If you are currently employed in a paying position, please state your occupation and how many hours per week you work:
- Occupation: _____
- Hours per week:
- 1 to 10 hours
 - 11 to 20 hours
 - 21 to 30 hours
 - 31 to 40 hours
 - More than 40 hours
11. If you were previously employed in a paying position, why do you no longer work? Rank the 2 most important reasons or state other reasons:
- ☐ Caring for my children
 - ☐ No financial need to work
 - ☐ Retirement
 - ☐ Loss of interest in job
 - ☐ Other _____
12. How many children have you raised? (State number): _____
13. How many children ~~under~~ 18 years old are living at home?
- None
 - 1
 - 2
 - 3
 - 4 or more
14. What are the ages of your children? (State ages): _____
15. What is your spouse's current occupation:
- (Please write in): _____
16. What do you like best about your volunteer work?
- (Please state): _____
- _____
- _____

17. What do you like least about your volunteer work?

(Please state): _____

18. Other volunteers have stated the following reasons for volunteering. How do they apply to you? List in rank order. Place (1) next to the most important reason; (2) next to the second most important reason; etc.

- () Others have helped me or my family when we needed help.
- () My religion teaches me to help those in need.
- () I have nothing else to do.
- () I have a special interest in trying to help people.
- () A friend or relative suggested that I volunteer.
- () I needed to feel like my life was more worthwhile.
- () It is stressed in my business organization that I volunteer.
- () I wanted some experience in helping other people.
- () I may need help some day.
- () Other: _____

19. How do you view the importance of your volunteer work for you at this time?

- | | | | | |
|-------------|-------------------------|-----------|-------------------|-------------------------|
| a. | b. | c. | d. | e. |
| unimportant | moderately
important | important | very
important | of utmost
importance |

20. Please indicate which of these kinds of groups you belong to. Place an (X) to the left of each type of organization you belong to.

- () Church or synagogue
- () Business, civic, or professional groups
- () Parent-teacher association
- () Neighborhood improvement associations
- () Social or card playing groups
- () Sport teams, athletic organizations
- () Political clubs or organizations
- () Issue or action oriented groups
- () Charity or welfare organizations
- () Other: _____

21. Which of the above groups do you participate in on a regular basis. List your groups and how much time per week you spend in each:

	GROUP	TIME PER WEEK
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

THANK YOU! PLEASE RETURN TO THE ENVELOPE PROVIDED.

APPENDIX B

**Department of Health, Physical
Education and Recreation**

Ahearn Gymnasium
Manhattan, Kansas 66506
913-532-6765

October 1, 1979

Dear

As discussed in our summer meetings, please find 110 questionnaires enclosed to be completed by female volunteers, 18 years and older. Note that the age group being surveyed has changed.

Please place the questionnaires in the pre-arranged location near the volunteer sign-in book on October 8, 1979. Once a questionnaire is completed, the individual should return the questionnaire to the collection envelope marked "A" to ensure confidentiality. After all questionnaires have been completed, place envelope "A" inside the pre-stamped return envelope. Two weeks, October 8-19, are being allowed for the completion of the questionnaires. Please return the questionnaires no later than Friday, October 19, 1979:

Anne T. Gearhart
HPER Department
203 Ahearn
Kansas State University
Manhattan, Kansas 66506

According to the guidelines for Human Rights as established by Kansas State University, participation in this study is voluntary. The volunteer may omit answering any questions they feel may violate their privacy; confidentiality is guaranteed. Results will be summarized by groups and will not be associated with an individual in any manner.

Thank you very much.

Yours truly,

Anne T. Gearhart

APPENDIX C

The two therapeutic settings responding to the follow-up questionnaire made these general comments:

1. The elderly volunteers at St. Ann's Home were not too interested in the questionnaires; more people would have answered if given more time.
2. The purpose and directions of the questionnaire were clear to the volunteers at Rochester General Hospital; another week may have netted more responses.

APPENDIX D

"Other" Reasons for Volunteering

Satisfaction not equated by dollar value

Child in hospital - know they need volunteers

Do not want to stay home and become dull and boring to others

Purely selfish - aid in my career

Satisfaction in helping others

Pleasant

Suggested to me by my minister

Feel needed and useful

Lord led me here (3)

Help others with no return expected

Gain experience in the field

CHARACTERISTIC PROFILE OF FEMALE
VOLUNTEERS IN THERAPEUTIC SETTINGS

by

ANNE T. GEARHART

B.S., Springfield College, 1978

AN ABSTRACT OF A MASTER'S THESIS

submitted in partical fulfillment of the

MASTER OF SCIENCE

Department of Health, Physical Education and Recreation

KANSAS STATE UNIVERSITY

Manhattan, Kansas

1980

PURPOSE

The purpose of this study was to determine the characteristics of female volunteers in three therapeutic settings in Rochester, New York, in October, 1979. More specifically, the study attempted to:

1. Determine the characteristics of members in three therapeutic settings in terms of: age, marital status, social class, education, and religion.
2. Determine the reasons and motivations for females to volunteer.
3. Determine the importance of volunteer work to the individuals.

PROCEDURES

Subjects from three therapeutic settings in Rochester, New York, voluntarily completed the questionnaire. The settings included: Monroe Community Hospital, Rochester General Hospital, and St. Ann's Home. Data was collected to obtain demographic and background information about the volunteers:

1. Membership characteristics
2. Reasons and motivations
3. Importance of volunteer work

RESULTS

Characteristics of members were analyzed by the number and percent of responses for each question for the three individual settings in the study. Cross tabulations were made for: 1) age by organizational membership, and 2) education by organizational membership. The volunteers ranked their reasons for volunteering: 1) "I needed to feel like

my life was more worthwhile," 2) "I have a special interest in helping others," and 3) "My religion teaches me to help those in need." Motivational factors for women to volunteer were: 1) proximity of residence to the setting, 2) the number of children living home, and 3) social status. Volunteers in therapeutic voluntary associations rated their work as important.

CONCLUSIONS

On the basis of the results of this study and within its limitations, the following conclusions appear warranted:

1. Volunteer participation levels in the three therapeutic settings increased with the age of the participants.
2. Of the volunteer respondents, three-fifths came from the annual income range of \$15,000 and over.
3. The volunteer respondents with a high school degree and those possessing some post-secondary education comprised 53.6% of the volunteer respondents.
4. The absence of children under 18 years old from the home was a facilitating factor for women 55 years and older to join voluntary associations.
5. The volunteer service of the volunteers is deemed to be important and their needs may be satisfied through their membership in the therapeutic settings surveyed.
6. The area of residence of the volunteers surveyed was related to the therapeutic setting in which the women volunteered.