The Effects of Volunteer Participation on People with Cognitive Impairment

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Frankamp, Hannah; Grosh, Alison; and Hunt, Linda, "The Effects of Volunteer Participation on People with Cognitive Impairment" (2014). Innovative Practice Projects. Paper 49.  
http://commons.pacificu.edu/ipp/49

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Description
Evidence suggests older adults benefit when engaging in volunteer and art activities. The purpose of this study is to explore how individuals with mild to moderate cognitive impairment benefit from volunteering in a program that produces artistic and creative work. Participants living in the assistive living sector of a faith-based community were invited to participate in a group activity that consisted of making greeting cards for others' use. These individuals recently lost the ability to participate in their previous volunteer positions due to cognitive decline. Interested participants volunteered in weekly sessions constructing greeting cards for the purpose of donation to larger community. Findings based on participants' feedback included a newer sense of purpose through a sense of confidence and self-efficacy, satisfaction with giving back to their community, and appreciation for the positive social opportunity. Participants voiced surprise at their ability to successfully engage in the activity. They assumed lack of skills. Findings based on feedback from the caregivers included noticing higher positive affect in participants after the card-making sessions; excitement expressed at having cards available for others' use; and participants looking forward to the art group each week. Volunteering combined with creative work may enhance purposeful living.

Disciplines
Occupational Therapy

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Abstract

Evidence suggests older adults benefit when engaging in volunteer and art activities. The purpose of this study is to explore how individuals with mild to moderate cognitive impairment benefit from volunteering in a program that produces artistic and creative work. Participants living in the assistive living sector of a faith-based community were invited to participate in a group activity that consisted of making greeting cards for others’ use. These individuals recently lost the ability to participate in their previous volunteer positions due to cognitive decline. Interested participants volunteered in weekly sessions constructing greeting cards for the purpose of donation to larger community. Findings based on participants’ feedback included a newer sense of purpose through a sense of confidence and self-efficacy, satisfaction with giving back to their community, and appreciation for the positive social opportunity. Participants voiced surprise at their ability to successfully engage in the activity. They assumed lack of skills. Findings based on feedback from the caregivers included noticing higher positive affect in participants after the card-making sessions; excitement expressed at having cards available for others’ use; and participants looking forward to the art group each week. Volunteering combined with creative work may enhance purposeful living.
Volunteering is known to strengthen civil society, and has been found to improve the quality of life in older adults. As the aging population increases, volunteer work is an opportunity for older adults to maintain involvement in their communities after they have retired from the workforce. This paper explores the expressed benefits older adults with dementia believe they gained from participating in an art based volunteer activity. In addition, observations from others describe how volunteer activity can improve the lives of those with dementia. The purpose of this study is to explore how individuals with mild to moderate cognitive impairment can benefit from participation in a volunteer activity coupled with creative work.

**Benefit of Volunteer Activity**

**Physical Benefits**

There is much evidence for the positive association between older adults volunteering and physical health. In one study that examined the relationship between volunteer behavior and trajectories of physical health in adults older than 65 years, volunteer behavior was associated with improved self-rated health and decreased functional dependency (Tang, 2009). It is important to note however, that the number of chronic conditions for individuals did not decrease. Another study found that performing more than 100 yearly hours of volunteer or paid work has significant protective effects against the later occurrence of poor health and death (Luoh & Herzog, 2002). Similar results were also found in a study that explored whether volunteering is protective of hip fractures later in life (Warburton & Peel, 2008). Researchers concluded that when controlling for social activity, physical activity, social support and health status, volunteering activity in older age remains significantly protective of hip fracture risk.
Sneed and Cohen (2013) conducted a study over the course of four years to determine if older adults who participate in volunteer work are at risk for hypertension. The researchers found that participants who had volunteered at least 200 hours in the 12 months prior to the baseline tests were less likely to develop hypertension, than their non-volunteering counterparts, and those who volunteered 200 hours or more per year were 40% less likely to develop hypertension over a four-year follow-up. It is important to note that these findings were independent of age, race/ethnicity, baseline health status, education, sex, marital status, employment status, baseline blood pressure, extraversion, agreeableness, and chronic illness.

**Psychological Benefits**

In addition to the benefits around hypertension that were found by Sneed and Cohen (2013) it was also revealed that volunteering for at least 200 hours was associated with increased psychological well-being, compared to the non-volunteer subjects. Similar results were also found in a study that looked more specifically at the number of hours volunteered, and the effect on well-being in older adults (Windsor, Anstey, & Rodgers, 2008). Researchers found that the optimum number of volunteer hours was between 100-199 after controlling for employment status, physical health, and education.

The question has been asked if there is a difference in benefit for older volunteers compared to those of younger age groups. A study that looked into life satisfaction and perceived health of both older and younger volunteers found that older adults experiences greater increases in these areas as a result of their volunteer hours compared to the younger age group (Van Willigen, 2000). Prosocial behaviors such as altruism, volunteering and even informal helping have been found to contribute to the maintenance
of life satisfaction and positive affect, even in older adults who live in retirement communities (Kahana, Bhatta, Lovegreen, Kahana & Midlarsky, 2013).

Motivations for Volunteer Activity

Supports

Volunteer work is believed to be one of the few formal opportunities to maintain involvement for older adults after they have exited the workforce (Morrow-Howell, 2010). The rate of volunteering does not significantly decline until the age of the mid 70s, and older adults who have more social and human capital have a higher tendency to volunteer (Morrow-Howell, 2010). Older adults also place an importance of the views and influence of others when making the decision to volunteer (Warburton, Terry, Rosenman, & Shapiro, 2001). Motivation to volunteer not only is based on personal belief systems and needs, but also because others in the social circle support them in their activity. Religious affiliation has also been found to increase voluntary involvement (Lam, 2002). In other words, there is a great importance of personal support and a broader social context when making the decision to volunteer (Warburton, Terry, Rosenman, & Shapiro, 2001).

Barriers

Active engagement has the potential to give individuals pleasure and a worthwhile activity, however cost factors such as the feeling of being tied down can also be an issue (Warburton, Terry, Rosenman, & Shapiro, 2001). Volunteering does not happen in isolation of other activities, and the balance of activities matters most for the individual (Morrow-Howell, 2010). Time and commitment can be an issue for volunteers of any age, however there is an assumption that older people have more time than...
younger volunteers (Warburton, Terry, Rosenman, & Shapiro, 2001). It has also been found that adults who choose not to volunteer often base their decision on being “too old”. Health is not described as the reason, but ageist assumptions tend to be made, and decisions will be based on this alone. (Warburton, Terry, Rosenman, & Shapiro, 2001)

Dementia and Volunteer Activity

Diagnosis & Activity Decline

As discussed above, volunteering has been shown to increase well-being in older adults. However, there is currently very little in the literature that addresses volunteering as a continued occupation for individuals with dementia or the benefits that volunteering may provide to those with a dementia diagnosis.

According to the Alzheimer’s Association (2013), approximately 5.2 million people in the United States have been diagnosed with Alzheimer’s disease or other types of dementia. It is not unusual for individuals living with dementia to be lacking in appropriate activities for engagement. When meaningful activities are not considered for individuals with dementia, occupational deprivation is a key concern. Failure by the system (i.e. nursing homes and society at large) to understand these needs deprives individuals a sense of well-being by removing the opportunities that help to create this sense of value (O’Sullavan & Hocking, 2013). Harmer and Orrell (2008) recognized the difficulty in identifying the meaningful occupations of people with dementia. As previously shown, a link between engagement in meaningful activity and well-being has been well established in the literature. Unsurprisingly, this is believed to be true for individuals with dementia just as it is for those without.
Menne, Kinney, and Mohardt (2002) studied 6 individuals with dementia who all stated they wished to continue the lifestyle they had become accustomed to over the years. They were seeking continuity with their pre-dementia behavior specifically in typical daily activities. There was also a brief discussion about helping others, “It is possible for those in early stages of dementia to still be helpful and accommodate others who seek their aid” (Menne, Kinney, & Mohardt, 2002, p. 375). Continued engagement with helping others adds to quality of life and enables the individual to maintain their values regardless of the dementia diagnosis.

**Facilitation from Environment**

One part of occupational engagement is the identification of occupations in which persons with dementia can participate without feeling overwhelmed. Another is creating a supportive environment for the identified occupations to take place. The social environment in particular can have a profound effect on facilitating occupational engagement (Teitelman, Raber, & Watts, 2010).

The physical environment has a significant effect on participation as well. Morgan-Brown, Newton, and Ormerod (2013) found that the interactive occupation and social engagement of residents was increased when there was a more home-like environment. Residents spent more time in communal living spaces and were more likely to be active and engaged in the home-like environment as compared to a traditional nursing home setting. The well-being of residents with dementia showed improvement in this study when factors like supportive staff and organizational initiative along with the physical change in the environment were taken into account. Perrson and Zingmark (2006) also suggest the importance of a supportive environment that is compensatory.
For many older adults, volunteering has been an occupation that has been meaningful throughout their lives. One way to encourage continued participation in volunteer opportunities is to ensure that the social environment supports this participation.

**Meaningful Activity**

**Defining.** There appears to be a spectrum of change as the dementia progresses as to what constitutes a meaningful activity (Harmer & Orrell, 2008): People in early stages tended to find more importance in activities that were typical activities of daily living because this provided more continuity and it felt meaningful to be able to contribute (Menne, Kinney, & Morhardt, 2002); People in mid-stage dementia appeared to be most interested in activities to which they could relate; and people in late-stage dementia were most engaged with sensory-motor type activities. It has been suggested that role-based, task specific occupations that are procedural in nature are responsive to rehabilitation (Ciro, 2013).

Harmer and Orrell (2008) found that the main factors contributing to a meaningful activity were based on values and beliefs as related to the individuals past roles, interests and routines. Reinforcing a sense of identity and belonging also contributed. They also found that individuals felt it was valuable to be able to make a contribution. The residents in this study spoke about the “need to feel useful” and other aspects of social inclusion like concern for others, autonomy and belonging. One way to identify meaningful activities is to investigate what occupations the individual preferred in the past. This can be discovered by conversations with the individual, their family members, or caregivers (provided the caregiver has taken the time to familiarize themselves with the individual).
Listening to individuals with dementia and allowing them space to express their own experiences and what is meaningful provides respect and dignity, or “personhood” for the individual. (Menne, Kinney, & Morhardt, 2002).

Continued participation in volunteer activities could be extremely beneficial for individuals who, prior to a dementia diagnosis, found volunteering to be meaningful and life-giving. More research needs to be done on this area.

Crafts as meaningful activity. The use of arts and crafts activities has been explored as an intervention for people with dementia. In a study that observed responses in well-being from people in late-stage Alzheimer’s who engage in simple art activities, it was discovered that the participants showed behavioral signs of self-transcendence and well-being during the creative activity (Walsh, Lamet, Lindgren, Rillstone, Little, Steffey, & ... Sonshine, 2011). Craft activities have also been examined as a way to calm people with late stage Alzheimer’s who become easily agitated. In a case study of a woman with late stage Alzheimer’s the subject was frequently agitated and non-responsive to medication. Researchers introduced a simple craft activity, and observed changes in the subject including calmness, focused attention, smiling, and gratitude during the activity (Peisah, Lawrence & Reutens, 2011).

Methods

Population

For the purpose of this study, Friendsview Retirement Community (Friendsview) was identified as a model community to explore the effect of engaging in volunteer activity in people with cognitive impairment in late adulthood. Friendsview was founded in 1958 to provide affordable housing and healthcare in a Christ-centered Community for
people of Quaker faith or with similar values. The Quaker belief system is interpreted and expressed in a variety of ways around the world, but all subscribe to traditional values of pacifism, social equality, integrity, and simplicity (Quaker Information Center).

In a report by Wagner and Winkler (2013) that described the result of focus groups among the residents of Friendsview it was revealed that the organization provides various opportunities for residents to participate in leisure, social, and work-related activities. Commitment to Quaker values and beliefs has been linked to an active lifestyle of the residents, emphasizing the need to serve others within the community. There are countless opportunities at Friendsview to influence community growth. This may be accomplished through involvement in committees, participating in volunteer opportunities, and by helping neighbors when possible. Many residents are involved in volunteerism or as a member in one or more of the 33+ committees that focus on enhancing the life at Friendsview. Residents are given the opportunity to be involved in their community for as long as their desire and cognition is present. Accommodations for physical deficits can even be made if the individual wishes to continue their role in committees and volunteerism.

This study narrows its focus to the Assisted Living section of Friendsview. Participants were selected based on their interest to volunteer, and were required to be residents of Assisted Living. Initial recruitment for this study involved the researchers introducing themselves to the residents of Assisted Living during a resident council meeting. The researchers presented at the meeting and described the opportunity to create a new committee within Assisted Living. Residents were informed that the committee would be their own to build, with assistance from facilitators if necessary.
Encouragement was given by informing residents that all ability levels and skills were acceptable. The researchers also provided all residents with fliers describing the date, location and time of the first meeting.

**Intervention**

The new committee created involves residents making greeting cards to be offered for use by people in need. Committee volunteers are expected to craft greeting cards, and place them in a common offering area for donation. It was based on the evidence found by Walsh and others (2011) and Peisah and others (2011) that a craft-based activity was selected for the intervention. Five sessions at the duration of one hour were scheduled for the purpose of the committee intervention with the participants. Facilitators of each session included two researchers, and an additional third party facilitator in the final session. Ten minutes before the beginning of each session, participants were verbally reminded of the committee meeting by the facilitators.

The sessions took place in a common meeting area of Assisted Living, at a conference table suitable for seating over 10 individuals. The facilitators prepared the workspace prior to volunteers arriving, by placing all materials within view and reach at the table. Consideration was paid to the amount of materials placed in the workspace. The facilitators displayed only minimal materials such as decorative appliques, glue, and card paper with the intention of not visually overwhelming the volunteers. Additional materials such as scissors, watercolor paints, and colored pens were also available to be introduced to volunteers by facilitators, depending on the volunteer’s desire.

Materials included colored cardstock paper, pre-cut appliques, glue sticks, and glitter-glue. All materials were prepared in advance by the facilitators to ensure success
of the volunteers. This included the card bases pre-cut and folded, and decorative
appliques pre-manufactured by an electronic cutting device called a Cricut.

Volunteers selected designed and assembled their cards with the provided
materials. Participants who needed additional assistance were aided in their success by
the facilitators. Assistance from facilitators included help with initiation, encouragement,
and sequencing. An additional facilitator was present for the final group session for the
purpose of learning how to properly facilitate the card making committee to ensure its
integrity and progress following data gathering from the researchers.

Exit Interviews

The facilitators conducted interviews during the final ten minutes of each group
session. The interviews were performed in a group discussion format among the
volunteers. For the interviews, the following four questions were asked at each session:

1. Volunteering/helping in today's activity made me feel …

2. What I enjoy most about volunteering/helping in today's activity is …

3. When I help out, I feel ______________________ about myself.

4. I would like to continue volunteering/helping or stop.

In addition to interviews with volunteers, the researchers conducted informal interviews
with care staff to investigate the observed impact of the participants engaging in
volunteer activity.

Close attention was given to building the perceived ownership of the committee
among the volunteers. The facilitators encouraged the volunteers after each session to
share what they desire to be the focus of the following session. Volunteers would share
their ideas of the themes of cards they wished to create in the next session, and the
facilitators ensured to provide materials that fit the proposed theme. The volunteers were also encouraged to create their own formal name for their card making committee by the facilitators.

Results

A total of five people participated in the card-making group over the five sessions. One individual came to every group, one individual came to four sessions, and the other three each came to one group. At the end of each session, exit interviews were conducted. These consisted of four questions, as was discussed above. There were a total of 35 residents living in assisted living at Friendsview at the time of this writing. Each week, the residents participated in deciding the themes for the next session. This included choosing scripture and “greeting card statements” for inserts, and ideas for the decorations. They also participated in developing the name for the group, which eventually was named the, “Need A Card?” group. Evidenced by the exit interviews, three main themes emerged from the card making experience. Perspectives from non-participating residents, and caregivers have been included below.

Service to Community

The primary focus of the group was to provide a means to engage in a volunteer activity that would benefit the community in assisted living. The completed cards were donated to be available for use by other residents in Assisted Living. As has previously been discussed, acts of service are highly valued by the residents at Friendsview. Participants in the card-making group had all previously been part of various committees within the community prior to moving into assisted living. Due to cognitive impairments, they were no longer able to perform the duties required for their former committee tasks. Prior to
this group, opportunities for participation in volunteer tasks within the assisted living area were meager. The “Need A Card?” group provided stimulating engagement in meaningful activity above and beyond the leisure activities provided by Friendsview. The participants each commented as to how nice it was to get out of their room and do something for others.

*The part I enjoyed most about this is sharing and giving. I like it.*

*I think that the people who get these cards will be so thankful.*

*I think it’s such a wonderful thing to make these for other people. I haven’t done anything like this in such a long time.*

*It is really nice to do something helpful instead of just sitting and playing Bingo.*

**Social Interaction**

Social interaction with other residents, as well as the leaders, proved to be an important element of the group. Participants expressed enjoyment in working alongside others, with whom they often shared life stories and experiences.

*Just being able to work with you people [has been the most enjoyable part of today]. It gets lonely in my room.*

*It is so nice of you people to come and spend time with us.*

**Self-Efficacy & Confidence**

Participants enjoyed a sense of self-efficacy in knowing that others were enjoying the products of their work. They also gained a renewed sense of ability that they were able to complete a task they had not done in a long time. Only one of the participants had experience with card making prior to this group.
I gave a card to my friend. She’s lonely because her husband has passed and she had no children. She looked like she appreciated it. I think she was happy to have it.

I didn’t think that I had the ability [to make a card]. This surprised me.

This is interesting to me.

This is something to stir up my imagination.

Outside Perspectives

Card making for others was clearly a beneficial experience for the individuals who participated. As was expected, based on the current literature, both acts of volunteerism and engagement in craft activities proved to be beneficial to participants. Non-participating residents also benefitted from the card-making group. The Social Service Coordinator/Activities Director of Assisted Living at Friendsview gathered feedback from residents at the monthly Resident Council Meeting. The “Need A Card?” group was successful and will be continued by the Social Service Coordinator/Activities Director and other volunteers.

Thanks so much for that group! I appreciate using the cards they make!

I’ve taken numerous cards and it’s so nice and so helpful.

One of my friends, his wife passed away and I was happy to find the cards because I didn’t have one.

Discussion

Continued engagement with helping others adds to the participant’s quality of life and aids in maintaining their values despite cognitive impairments. The volunteers who constructed cards all expressed their satisfaction in the opportunity to contribute and give
service to their community. Menne and others (2002) described in their research of people with dementia that the possibility remains for people with these symptoms to be helpful and participate in accommodating others in need. Identifying meaningful activities for people with dementia is a fluid task given the progression of the disorder (Menne, Kinney & Morhardt, 2002). Acts of service are highly valued in the Friendsview community, and the participants in this study were required to leave their prior positions in the committees due to health reasons. Providing the opportunity to again serve the community by constructing cards is consistent with Harmer and Orrell’s (2008) statements that factors contributing to meaningful activities include consistency with previous values, beliefs as related to past roles, interests and routines.

The theme of Social Interaction, where volunteers find motivation through the company of other volunteers is consistent with the research on supports that older adults identify for engaging in volunteer work. Volunteering provides formal opportunity for involvement in their community (Morrow-Howell, 2010), and the behavior is driven by the influence and encouragement of their peer group (Warburton, et al., 2001). Working to construct cards as a group provided residents of assisted living an additional opportunity to work with other peers, who had expressed earlier feelings of loneliness and isolation. Volunteers continually received encouragement from their peer group, and other residents of assisted living, who expressed their gratitude for using the cards that were being created.

When the social environment is supportive and positive, people with dementia can successfully engage in an activity without feeling overwhelmed (Teitelman et al., 2010). The described feelings of self-efficacy and confidence among the participants are
consistent with this understanding. Creating a physical environment is also key to supporting success in occupations for people with dementia (Brown, et al., 2013; Persson & Zingmark, 2006), and we believe our methods of preparing materials in advance, reducing clutter, and conducting the groups in the common area/meeting room contributed to the volunteers’ success and sense of self-efficacy. Older adults who choose not to volunteer often base their decision on ageist assumptions (Warburton et al., 2001), and these ideas can be transformed into self-efficacy and confidence with appropriate adaptations as seen with the statements of the volunteers.

Limitations of this study included the smaller sample size of five people, selection of a gendered activity, and relying on qualitative data alone. All volunteers in this study were female, which is assumed to be because of the assigned activity that involved making greeting cards. According to Menne and other’s (2002) and Ciro’s (2013) statements about meaningful occupations, it may be necessary to explore activities that suit both male and female identities can relate to. In addition, medical records were not accessible and the diagnosis of dementia was not confirmed. Future research needs to explore how various stage of diagnosed dementia would respond and benefit from this type of intervention. Further research is recommended to understand the full impact of volunteer activity in the lives of the participants. Efforts to quantify the quality of life, and physical and cognitive effects in individuals participating in service for their community will be necessary for future studies. Observations that consider the pervasiveness of volunteer activity in overall quality of life in the scope of long-term effects will also be necessary to examine.
Conclusion

This study demonstrated that individuals with mild to moderate cognitive impairment benefit from participation in a volunteer activity coupled with creative work. Establishing a supportive physical and social environment and grading the activity to enable success by the participant is key to creating opportunity for meaningful occupation. Engaging in activities that are important to the individual and reflect the participant’s values, in this case volunteering, proved to be favorable to the overall well being of the individual.
References


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