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The importance of meaningful participation: health benefits of volunteerism for older adults with mobility-limiting disabilities

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Abstract

Volunteerism has been increasingly recognised as a health promotion activity for older adults. However, volunteerism has largely been the domain of those who are in good health with few to no physical limitations, and there is limited information about the experiences of older adults with disabilities. This study explores why older adults with mobility-limiting disabilities engage in volunteer work and their perceptions of the personal benefits of volunteering. Twenty older adults, from three Midwest towns in the United States of America, participated in semi-structured, in-depth, face-to-face interviews. Participants in this study identified as having serious difficulty walking or climbing stairs due to a health condition and had volunteered in the last year. Participants were selected purposively for maximum variation in terms of type of disability/impairment, race, gender and age. The constant comparative method of analysis was used to identify themes from their discussions. When asked about why they volunteer and the personal benefits of volunteering, participants discussed seeking out activities that were meaningful to them for both altruistic and more self-directed reasons. They identified a number of physical and emotional health benefits that they saw as directly and indirectly related to being able to participate in these meaningful activities. Findings from this study suggest that, for older adults with disabilities who are interested in volunteer activities, volunteerism can be a beneficial health promotion activity and a potential mechanism for increasing opportunities for meaningful inclusion and participation in their communities.

Keywords: volunteerism; health promotion; older adults with disabilities; health benefits

Introduction

As countries around the world seek to identify opportunities to maintain and improve the health and wellbeing of their ageing populations, volunteerism has increasingly been recognised as a public health priority, due to significant physical and mental health benefits associated with participation (Carr *et al.*, 2015; Gonzales *et al.*, 2015). Volunteerism provides an opportunity for older adults to engage in meaningful activities that provide a sense of purpose and that have been associated

with important physical, emotional and cognitive health benefits for older adults (Greenfield and Marks, 2004; Harris and Thoresen, 2005; Lum and Lightfoot, 2005; Hong and Morrow-Howell, 2010; Tang *et al.*, 2010; von Bonsdorff and Rantanen, 2011; Fried *et al.*, 2013; Anderson *et al.*, 2014; Parisi *et al.*, 2015; Milbourn *et al.*, 2018).

As interest in volunteerism as an approach to enhancing health and wellbeing has increased, so too have calls for increasing opportunities for older adults from underrepresented populations to participate in and potentially benefit from volunteer work (McBride, 2006; Martinez *et al.*, 2011; Gonzales *et al.*, 2015). In particular, older adults with disabilities have received relatively limited attention; yet, given the health concerns often associated with having a disability, they are a population that may particularly benefit from participating in volunteer activities.

Historically, adults with disabilities have lower rates of participation in volunteer activities (Shandra, 2017). To understand their lower participation rates and how participation might be improved, it is important to identify similarities and differences with the general older adult population. While they have many things in common with their non-disabled peers, older adults with disabilities have also had unique experiences, shaped by their disability, and experience a large number of health disparities and barriers to health promotion activities, as compared to their non-disabled peers (LaPlante, 2014; Brucker and Houtenville, 2015; Krahn *et al.*, 2015).

This paper reports on an exploratory, qualitative research study of older adults with mobility-limiting disabilities who actively engage in volunteer activities in their communities. While there are many categories of disability, including sensory, cognitive, and physical, mobility-limiting disabilities are the most common (Schur *et al.*, 2013; Erickson *et al.*, 2014) and are the focus of this study. Volunteerism is defined in this study as participation in activities structured by an organisation, with little to no financial compensation (Cnaan *et al.*, 1996). This study explores why older adults (50+) with mobility-limiting disabilities choose to engage in volunteer work and their perceptions of the personal benefits of volunteering. The results of the study suggest that volunteerism provides a meaningful way for participants to engage with their communities and provides important benefits for their health and wellbeing.

Literature review

In the United States of America (USA) and countries around the world, the number of older adults is increasing rapidly. Indeed, by 2030, individuals aged 65+ will constitute 20 per cent of the US population, and the global population of older adults is expected to double to more than two billion by 2050 (Ortman *et al.*, 2014; World Health Organization, 2018). Within this growing demographic are a large and potentially increasing number of older adults with disabilities (Lin *et al.*, 2012; Ward and Schiller, 2013). This increase is driven by a number of factors, including increased risk of developing a disability with age (Erickson *et al.*, 2014), increased rates of chronic conditions and disability among recent cohorts of older adults (Lin *et al.*, 2012; King *et al.*, 2013), and increased survival rates and life expectancy of millions of adults ageing with an existing disability (Kemp

and Mosqueda, 2004; Schur *et al.*, 2013). Importantly, the population of older adults with disabilities includes individuals who were born with or developed a disability early in life, also known as ‘ageing with a disability’, and those who have experienced a progression in chronic conditions, declines in functioning, and/or experienced an accident or injury, also known as ‘ageing into disability’ (Verbrugge and Yang, 2002; Kemp and Mosqueda, 2004).

Individuals ageing with and into disability face a number of barriers to health promotion and have been identified as a population that experiences major health inequities compared to the general public. Indeed, across all age groups, people with disabilities are more likely to report lower levels of both physical and mental health, are more likely to be socially isolated and are less likely to be physically active than their non-disabled peers (Motl and McAuley, 2010; Thompson *et al.*, 2012; LaPlante, 2014; Brucker and Houtenville, 2015; Krahn *et al.*, 2015; Froehlich-Grobe *et al.*, 2016). Indeed, in a study of older adults with and without functional limits, Thompson *et al.* (2012) found that, while many older adults with functional disabilities reported being in good physical and mental health, older adults aged 65+ with disabilities had an average of eight more physically unhealthy days in a month compared to their same-age, non-disabled peers. People with disabilities also tend to have fewer social contacts, fewer social supports and are less likely to be engaged with their community (Schur *et al.*, 2013; Putnam, 2015). Finally, older adults with disabilities, particularly those ageing with disabilities, are nearly twice as likely to be physically inactive compared to their non-disabled peers (Rimmer *et al.*, 2004; Motl and McAuley, 2010).

In addition to primary conditions, individuals with disabilities often develop secondary conditions that can increase the risk for other health conditions and accelerate the ageing of organ systems (Hitzig *et al.*, 2011). In general, the most common secondary health conditions for individuals with a disability appear to be pain, fatigue and depression (Kinne *et al.*, 2004; Field and Jette, 2007; Jensen *et al.*, 2013). Reports of depression are common among people with a disability (Krahn *et al.*, 2015). For example, people with mobility impairments are nearly ten times more likely to be depressed or anxious compared to their non-disabled peers (Iezzoni *et al.*, 2001), and estimates of the prevalence of depression among people with disabilities suggest that about one in three experience moderate or severe depression (Kemp and Mosqueda, 2004).

Predictors of volunteering for older adults

Previous research suggests that education and income, gender, race/ethnicity and health/functioning are important predictors for volunteerism among adults and older adults (Choi, 2003; Tang, 2006; Adler *et al.*, 2007; Kaskie *et al.*, 2008; Musick and Wilson, 2008; McNamara and Gonzales, 2011; Tang *et al.*, 2012; Niebuur *et al.*, 2018). For example, in a systematic review and meta-analysis of volunteerism among adults and older adults, Niebuur *et al.* (2018) found that higher education and income levels are associated with a greater likelihood of participation. Their findings also indicate that women are more likely than men to volunteer in the USA, but that this pattern may not be true for other countries. Race is also an important predictor of volunteerism, with findings from several studies suggesting

that non-Hispanic White people participate in formal volunteering at higher rates than African American, Asian or Hispanic people (Adler *et al.*, 2007; Kaskie *et al.*, 2008; Musick and Wilson, 2008; Tang *et al.*, 2012; Johnson and Lee, 2017; Neibuur *et al.*, 2018). The higher rates of participation among White adults are likely due to the fact that they are often more likely to be asked to volunteer (Musick and Wilson, 2008).

Health and functioning is also an important predictor of participation for adults and older adults. Declines in physical and/or mental health and functional ability reduce the likelihood that older adults will continue to volunteer (Butrica *et al.*, 2009; Niebuur *et al.*, 2018; Papa *et al.*, 2019). Indeed, having at least one activity of daily living or instrumental activity of daily living limitation or experiencing poor health or declines in physical/mental health reduces the likelihood of starting or staying involved in formal volunteer activities. For many older adults, a decline in health is a common reason why they stop volunteering (Choi *et al.*, 2007; Butrica *et al.*, 2009; Tang *et al.*, 2010; Papa *et al.*, 2019). Unfortunately, many secondary datasets and studies of volunteerism among older adults have not included information about the age of onset of functional limitations or disability, increasing the difficulty in distinguishing between participation among those ageing with a disability who experience health declines and those who have developed a disability in later life (Morrow-Howell *et al.*, 2009, 2014; Lee and Brudney, 2012; Putnam *et al.*, 2016).

In addition to these key predictors, research also suggests that social capital plays an important role in helping older adults learn about and participate in civic engagement opportunities (Tang, 2006; Musick and Wilson, 2008; Choi and Chou, 2010). Social capital, such as the number of friends and informal social integration, significantly increases the likelihood of volunteering (Tang, 2006). As being asked to participate is one of the most common ways for people to become involved in civic engagement activities, particularly volunteerism, a larger social network can increase the likelihood of being asked (Tang, 2006; Musick and Wilson, 2008; Tang and Morrow-Howell, 2008; Morrow-Howell, 2010).

While people may volunteer for a wide variety of reasons, research suggests that older adults seek out activities that they find meaningful because it provides them with an opportunity to both express altruistic values, such as the desire to give back to or help others, and to satisfy more personal needs, such as increasing social connections, learning new skills, and enhancing mood and self-esteem (Larkin *et al.*, 2005; Okun and Michel, 2006; Principi *et al.*, 2012; Cheek *et al.*, 2015; Chen and Morrow-Howell, 2015; Okun *et al.*, 2015). For example, in a qualitative study of 37 older volunteers preparing for intensive volunteer experiences with faith-based organisations, Cheek *et al.* (2015) found that making a meaningful difference was a major reason why older adults volunteered and continued to participate. Similarly, in a study of 860 older adults from three European countries, Principi *et al.* (2012) found that values associated with altruistic beliefs were the most important factor related to motivations to volunteer, as compared to the more self-directed reasons, such as boosting self-esteem or enhancing one's career. Finally, in a study of 510 volunteers in the Experience Corps programme, Chen and Morrow-Howell (2015) found that altruistic (33%) and a combination of altruistic and self-benefit (36%) motivations were the most common reasons given for volunteering.

Predictors of volunteering and community participation for people with disabilities

Similar to volunteerism among adults and older adults in general, several factors appear to be important predictors of participation in volunteer and/or community-related activities for adults and older adults with disabilities. Consistent with the research on volunteerism discussed above, adults with disabilities who have higher levels of education and income are more likely to volunteer (Campolieti *et al.*, 2009; Rak and Spencer, 2015). While there do not appear to be any studies comparing rates of participation based on diagnostic condition, it appears that secondary conditions influence the participation of adults with disabilities in community activities, such as volunteerism. In particular, pain, fatigue and depression appear to be associated with lower participation rates (Cardol *et al.*, 2002; Benka *et al.*, 2016).

Social support and social capital are also key factors for participation in community and volunteer activities for adults with disabilities. Emotional support from family and friends is particularly important to participation (Hawkins *et al.*, 2015). Indeed, having someone to talk to and provide support when volunteering becomes difficult or stressful appears to be significant for the wellbeing of older volunteers with disabilities (Trembath *et al.*, 2010). Although it has received relatively less attention in the discussion of factors that impact participation, social capital has been suggested as a major topic for further exploration, as greater capital may help individuals with disabilities access the resources they need to overcome environmental and attitudinal barriers to participation (Hammel *et al.*, 2015). Importantly, people with disabilities tend to have less social support and higher rates of social isolation than their non-disabled peers (Schur *et al.*, 2013).

Similar to the literature reviewed above, people with disabilities also volunteer for both altruistic and self-benefit reasons. Several studies suggest that a major reason that individuals ageing with a disability participate in social and community activities, particularly volunteerism, is to give back and contribute to society (Balandin *et al.*, 2006; Hammel *et al.*, 2008; Trembath *et al.*, 2010). In particular, people ageing with a disability are likely to view volunteering as a way to counter negative assumptions about people with disabilities, particularly beliefs that people with disabilities are the recipients and not the providers of services (Hammel *et al.*, 2008).

Beyond individual-level predictors, aspects of the natural and built environment, as well as social attitudes, can act as facilitators or barriers to participation for people with disabilities. Focusing specifically on the built environment, people with major physical impairments and wheelchair users may face a variety of barriers, such as cracked or problematic construction of sidewalks, intersections, dropped kerbs and ramps (Clarke *et al.*, 2008; Trembath *et al.*, 2010; Rosenberg *et al.*, 2012; Schur *et al.*, 2013; Hammel *et al.*, 2015; Harris *et al.*, 2015). In addition, inaccessible architectural features of buildings, such as toilet cubicles that are not compliant with the Americans with Disabilities Act, narrow doorways, and a lack of ramps or elevators, limit participation among people with disabilities (Schur *et al.*, 2013; Hammel *et al.*, 2015; Nilsson *et al.*, 2015). Transportation-related barriers, such as the cost of modifying vehicles to make them usable, and inaccessible or expensive public transportation, can make it

more difficult for people with disabilities to participate in community and volunteer-related activities (Trembath *et al.*, 2010; Hammel *et al.*, 2015; Barclay *et al.*, 2016; Reinhardt *et al.*, 2016). Beyond physical and environmental barriers, negative social attitudes can reduce opportunities for people with disabilities to participate in social and civic activities (Trembath *et al.*, 2010; Barclay *et al.*, 2016; Hammel *et al.*, 2008, 2015; Reinhardt *et al.*, 2016).

Benefits associated with volunteering and community participation

Volunteerism has been suggested as a potential approach for increasing the well-being of older adults, as having the opportunity to participate in meaningful activities has been associated with a wide array of benefits. While concerns have been raised about the limited robustness of many studies (cross-sectional *versus* randomised control trials) and the lack of clear insight into the causal mechanisms that bring about the benefits (Jenkinson *et al.*, 2013), findings from several studies suggest that participation is associated with improvements in physical and mental health, self-esteem and life satisfaction. The results also indicated participation is associated with reductions in depressive symptoms and lower mortality rates (Greenfield and Marks, 2004; Harris and Thoresen, 2005; Lum and Lightfoot, 2005; Carlson *et al.*, 2008, 2009; Hong and Morrow-Howell, 2010; Tang *et al.*, 2010; von Bonsdorff and Rantanen, 2011; Fried *et al.*, 2013; Anderson *et al.*, 2014; Parisi *et al.*, 2015; Berg and Johansen, 2017; Milbourn *et al.*, 2018). In addition, results from randomised control studies of the benefits of participation in Experience Corps, an intergenerational volunteer programme that placed older adults in public schools for two years, include improvements in physical functioning and increases in physical activity (Fried *et al.*, 2013; Parisi *et al.*, 2015; Varma *et al.*, 2016). In a recent study from Norway, the older adult participants described their volunteer work as contributing to their wellbeing and as a health promotion activity (Berg and Johansen, 2017).

There appears to be less research on the health benefits of volunteerism for people with disabilities compared to older adults without disabilities. However, research does suggest that there are other important benefits for adults and older adults with disabilities, such as increasing opportunities for socialisation, fostering a sense of purpose and learning new skills (Balandin *et al.*, 2006; Trembath *et al.*, 2010; Hansji *et al.*, 2015; Stancliffe *et al.*, 2015; Silverman *et al.*, 2017). In addition, volunteering can provide an important opportunity for people with disabilities to use their own skills and knowledge, and contribute to and make a difference in the lives of others (Balandin *et al.*, 2006; Trembath *et al.*, 2010).

Given the health challenges that many older adults with disabilities may experience and the benefits associated with participation, members of this population could potentially benefit from participation in volunteer activities. While older adults with disabilities are less likely to participate, exploring the experiences of those who do volunteer and how volunteerism may improve their health and well-being can help inform volunteer recruitment and retention strategies and can provide insights into health promotion interventions for people with disabilities, particularly older adults. This is not to suggest that older adults with disabilities should or must volunteer. Indeed, in a critical gerontologist framework, it is

important not to emphasise volunteerism and productivity as the only ways that older adults can give back to others and their communities and have a more meaningful life (Martinson and Minkler, 2006). This critique is particularly relevant for older adults with disabilities, who are likely to face more individual and environmental barriers to participation. Rather, the goal of this study is to explore the health benefits of participation for older adults with mobility-limiting disabilities in order to highlight how important it is to make volunteer opportunities more available and inclusive for older adults with disabilities who are interested in volunteering.

Methods

In this exploratory, qualitative research study, in-depth, face-to-face, semi-structured interviews with older adults with a mobility-limiting disability were conducted to investigate their experiences and perceptions relating to engaging in volunteer activities. Mobility-limiting disability refers to individuals who identify as having serious difficulty walking or climbing stairs (Brault *et al.*, 2007). A qualitative approach was used for this study, as there is little information about volunteerism among older adults with mobility-limiting disabilities, and volunteerism among older adults has largely been explored with quantitative methods. While these studies have provided a wealth of information, a qualitative inquiry allows for a deeper and potentially more holistic investigation of why participants engage in volunteer activities and the meaning they ascribe to their participation (Creswell, 2014).

Recruitment and data collection

Prior to commencing research activities, approval was sought and granted by the Institutional Review Board at the University of Kansas. Several steps were taken to protect the confidentiality and wellbeing of participants. First, the participants initiated contact and expressed interest in the study after learning about it from the recruitment flyer. This reduced any chance of coercion and increased privacy as participants were free to choose to participate and could contact the researcher in their preferred manner (phone or email). Second, participants were informed about the purpose of the study and the potential risks and benefits of participating through a written informed consent process prior to any data collection. The researcher informed them about the study and answered any questions. As part of the informed consent process, participants were informed of the steps that would be taken to increase confidentiality: (a) participants would be assigned a pseudonym, and this would be used to store the audio recordings and transcripts of interviews; (b) a master list with participants' names and pseudonyms would be stored in a separate, password-protected file; (c) any identifying information (*e.g.* name of the volunteer organisation) would not be included in reports or articles; and (d) all data would be stored on a password-protected computer.

For this study, a key informant, who has aged with a disability and has knowledge and connections with the ageing and disability communities in the state, helped in the development, implementation and evaluation of the study. A key

informant is an individual who is knowledgeable about the topic, has important professional or social connections, and is willing to share expertise and help the researcher make useful connections (Padgett, 2008).

Twenty participants were recruited from three Midwest towns in the USA via fliers posted at libraries and online, and snowball sampling was used when the key informant and other participants recommended others to participate in the study. Participants in the study were aged 50–80, self-identified as having serious difficulty walking or climbing stairs, and were selected purposively according to the following criteria: (a) type of health condition and age of onset; (b) gender; (c) race; (d) age; and (e) education level. Priority was given to the first criterion in order to develop a sample that was both balanced between those ageing with and into disability, and included a variety of health conditions and assistive devices. Six potential participants were not included in the sample because they did not meet the inclusion criteria of identifying as having serious difficulty walking or climbing stairs.

Participants in the study were invited to select the location of the interview, to ensure that it would be accessible and convenient for them. Interviews occurred in participants' homes, places of work and out in the community (coffee shops, libraries and an Independent Living Center). Participants completed a short questionnaire to collect demographic information and learn more about their volunteer work. Semi-structured interviews were then conducted with participants to facilitate a discussion in which the participants explored similar topics and allowed the researcher to ask probing questions to gain further insights and understand better the participants' experiences and meaning ascribed to those experiences (Creswell, 2014).

Participants were then asked exploratory questions about why they volunteer, barriers and facilitators, and the costs and benefits of participation. Field notes, which are useful for understanding the context and provide an important source of triangulation, were recorded during interviews and throughout the research process (Padgett, 2008). These notes centred on the major purpose of the study and included observations about the home environment, ability of the person to navigate built environments where interviews took place, and observations of other people's interactions or reactions to participants. The interviews ranged from 50 minutes to two hours. Participants were compensated US \$40 for their time.

Participant characteristics

Participants had an average age of 66. The youngest participant was 55 and the oldest was 80. The sample consisted of more women (70%) than men (30%) and tended to be non-Hispanic White (75%), more highly educated (75% with college or more) and have higher incomes. Half of the participants were married or in a domestic partnership, and half rated their health as good or very good.

In terms of employment status, nine of the participants said that they were retired; this included individuals who are on disability (receiving disability benefits) and considered themselves to be disabled and retired. The ages of participants who listed themselves as retired ranged from 60 to 80. Two participants listed themselves as on disability and were 58 and 59 years old. Three participants

listed themselves as employed full-time and were 61–69 years old. Four participants listed themselves as employed part-time and their ages ranged from 56 to 66. One participant, aged 55, said that he was a full-time student, and one participant, aged 67, listed herself as unemployed. Interestingly, she noted that she was volunteering with many different organisations as a way to make connections and become employed.

In terms of their volunteer work, all of the participants except one had volunteered throughout their lives. The lone participant had not volunteered in her youth, but she noted that she wanted to continue to use her skills and to give back to others and thought that volunteerism would provide her with meaningful work. There was considerable variation in the type and number of organisations that participants volunteered with and the number of hours they contributed in the past year. Research suggests that people with disabilities often volunteer or are involved with disability-related organisations and may have fewer opportunities to participate in education-related, coaching/sports or mentoring activities (Yanay-Ventura, 2019; Shandra, 2020). In this study, participants who had aged with a disability and those who acquired a disability in mid-life volunteered for at least one disability organisation or an organisation that had a focus on inclusion and accessibility. However, this group also volunteered for a variety of organisations that did not necessarily have a disability/inclusion focus, such as religious organisations, schools, ageing-related organisations and city/community task forces. In a sense, they brought a disability focus to these organisations. Participants who aged into a disability did not focus on disability-related issues and volunteered for various community non-profits, such as food banks and animal shelters, and those serving a variety of populations, such as those experiencing homelessness and the LGBTQ+ community.

Most of the participants tended to focus their volunteer work on a few organisations, with 11 of the participants noting that they volunteered with one or two organisations. Seven participants spread their work out among three or four organisations and two participants volunteered for more than five organisations. Similarly, the number of hours that participants contributed varied widely, with some volunteering more sporadically throughout the year and others working 30–50 hours a week.

Table 1 provides key information about the 20 participants in terms of their age, length of time with impairment and assistive devices that they used. All of the participants were living independently in the community. None of the participants were receiving help from a paid care-giver. They all arranged their own volunteer work and had their own transportation or relied on public transportation, family or friends to get them to their volunteer activities. Seven of the participants were born with a particular health condition (e.g. cerebral palsy) or acquired it early in life (e.g. polio or spinal cord injury) and have aged with a disability. Four of the participants ageing with a disability used a wheelchair all or most of the time. Of those born with a disability, one participant was blind and also had mobility impairments due to her limited vision and arthritis. Three participants acquired disabilities in mid-life from a workplace or car accident and now use power wheelchairs. They are somewhat unique from those ageing with disabilities as they experienced a rather sudden life transition and have had less time to adjust to living with a disability.

Table 1. Participant characteristics (pseudonyms used)

Participant	Length of time with impairment (years)	Assistive device used
Ageing with a disability:		
Chris	55	Manual wheelchair and forearm crutches
Elizabeth	61	Manual wheelchair
Lewis	30	Cane and braces
Nancy	69	Manual wheelchair with power assist, cane and support animal
Paul	67	Manual and power wheelchairs, cane and braces
Randy	69	Cane
Stacey	66	Cane
Acquired in mid-life:		
Alice	4	Powered wheelchair
Ben	20	Powered wheelchair
Martha	20	Powered wheelchair
Ageing into:		
Ashley	20 (limited mobility in last 10 years)	Cane and braces
Barb	20	Cane
Emily	6	Cane and walker
Erin	8	Cane
Jane	8	Cart that can be used for shopping
Lacy	16 (limited mobility in last 12 years)	Cane, walker and braces
Rachel	4–5	None
Sarah	20 (limited mobility last 10 years)	Cane and walker
Susie	43 (limited mobility last 10 years)	Cane and braces
Stan	6	Cane

Ten participants developed mobility limitations due to injury or onset of disease in later life or the progression of a health condition. For example, participants with rheumatoid arthritis lived with the condition for many years and often decades before they began to experience mobility limitations. Other participants experienced severe back problems or stroke. Participants in this group experienced mobility limitations for a relatively shorter time than those who have aged with a disability and all but two used a cane or walker some or all of the time.

Data analysis

The interviews were digitally recorded, transcribed verbatim by a third party and reviewed in order to identify patterns or themes. This study focused on participants' discussions of why they volunteered and the personal benefits of participation, and is part of a larger research programme exploring volunteerism among older adults with mobility-limiting disabilities. The constant comparative analysis method, from the grounded theory framework of Corbin and Strauss (1990), was used to guide the analysis of the data, as this method for analysing data is particularly useful for a qualitative analysis that seeks to develop understanding through the identification of patterns and themes. Using an inductive approach, the researcher first compared units of text within an interview and across interviews with the purpose of identifying codes (e.g. help others). The researcher then categorised these themes into categories or sub-themes (e.g. making an impact) and used these categories to help guide the development of the larger themes (e.g. seeking meaningful participation). Microsoft Word and the software program Atlas.ti 6 were used to organise, manage and store the data.

Rigour of research design

Throughout the study, the researcher drew on several strategies to increase the rigour and trustworthiness of the study, including audit checks, member checks, purposive sampling strategies, review of findings with a key informant and peer debriefings. Three audit checks were done during the course of the study with a colleague who was well versed in qualitative methods. These checks increase the credibility or accuracy of the findings (Lincoln and Guba, 1985) and allow the researcher to review and receive feedback on the initial, intermediate and final development of the coding guide and discussion of findings.

Member checks, purposive sampling techniques to identify information-rich participants and thick descriptions of participants' experiences were used to increase the trustworthiness and transferability of the findings. Member checks serve as an important way to ensure that the researcher's interpretations are an accurate reflection of the participants' experiences (Lincoln and Guba, 1985). The checks were done by paraphrasing the participant's responses throughout the interview and also asking the participant if the summary at the end of the interview was correct. Fifteen of the participants were engaged through follow-up contact in phone interviews and electronic exchanges asking for clarification and further detail. The coding guide and a coded transcript were reviewed with the key informant. This helped to ensure that the codes were a reflection of what the participant discussed, as the participant had the opportunity to review the final coding guide, how each of the codes was defined and how themes were developed from the codes.

In addition, the transferability of the findings is increased through the use of both purposive sampling techniques to identify information-rich participants and thick descriptions of participants' experiences (Patton, 2015). This study compared data from people with different disabilities, experiences and points of view (e.g. those who did more hands-on volunteer work and those who served on boards). This triangulation and thick description can help researchers to be able to gauge

whether the findings reported in this study are useful for understanding volunteerism among older adults with mobility-limiting disabilities in other communities and settings.

Finally, peer debriefings were done with two colleagues, one with extensive practice experience with the disability community and one who had not worked with the disability community. Throughout the study, the researcher discussed aspects of the study with the two colleagues and asked them to provide a critical review of the initial and final findings. Both provided important critical feedback and helped in the development of new insights.

Findings

For the participants in this study, there was a strong connection between being involved in meaningful activities and the benefits of participation in these valued activities. Participants discussed the desire to be with and to help others as reasons why they volunteered. They also described a number of important benefits for their health and wellbeing from being involved in meaningful volunteer activities. These benefits appear to be connected more to the idea of being able to connect with others and the meaningfulness of their contributions than to a particular type of volunteer activity, as the participants were involved in a wide range of activities, such as serving on committees or boards, working with children in schools, participating in various church programmes, taking care of animals and helping people through various non-profit organisations.

Participants discussed experiencing many barriers to participation at the individual, community and environmental levels. In particular, participants discussed experiencing barriers in the built environment of the community and at organisations that made it more difficult to volunteer, such as heavy doors, a lack of elevators, and long distances between parking places and building entrances. Despite these challenges, they felt that it was worth the effort and talked about their passion for volunteering. Indeed, many noted that the only reason that they would stop volunteering was if their health declined too much.

Drawing on previous literature about volunteerism and community participation, participants were asked about why they volunteered and the subjective benefits of participation. Two overlapping themes were identified: (a) seeking meaningful participation and (b) importance of meaningful participation. Both themes include sub-themes that highlight the different dimensions of why participants volunteer and the personal benefits of that participation.

Seeking meaningful participation

Study participants chose to engage in volunteer work because they found it to be meaningful and enriching to their lives. Participants discussed how they sought out volunteer activities as a way to connect with and contribute to the lives of others. They discussed two main ways that volunteerism added meaning to their lives, having the opportunity to contribute to the lives of others and having the opportunity to connect socially with others. These discussions are organised into the sub-themes: (a) making an impact and (b) the social element.

Making an impact

Being able to make a positive impact in their community and on the lives of others and seeing the benefits of their labour were major reasons why 18 of the participants became involved in and continued to volunteer. Some participants focused on the bigger picture and discussed how they wanted to make the world a better place, with Chris noting that volunteering is the right thing to do. Other participants spoke more specifically about their desire to help others. For example, Rachel explained how she sought out a volunteer opportunity at a food bank as a way to give back: 'I want to help other people. I thought it would be a good place to help other people, which I'm finding that it is.'

Participants who had aged with or acquired a disability in mid-life also discussed the desire to make the community more accessible for everyone and wanting to give back to the disability community. For example, Elizabeth explained that she worked on a community accessibility task force as a way to make the community more inclusive for everyone: 'I think the first is just a kind of a belief that you have to create the community you want to live in.' Similarly, Alice, who volunteered in schools, shared similar insights 'by volunteering I feel like I give back to the community and I am educating our students because they are the ones that are going to be the most accepting of all us'. Focusing more specifically on the disability community, Elizabeth and Chris discussed volunteering as a way to be a role model for others with disabilities, and Paul noted that he hoped the volunteer work that he did with a wheelchair basketball team helped the players to be fitter and more active.

The social element

The social element of volunteering was also meaningful and an important reason why many of the participants volunteered. For some, it allowed them to increase their social interactions. For example, Emily explained that she volunteered because 'I like to be around people' and that volunteering provided her with a new way to meet and interact with people:

Well, since I can't do my walking, I used to walk three or four miles a day just to stay in shape. I can't do that anymore. So I have to do something where I can interact with people because I can't do physical.

Likewise, Erin indicated that 'volunteering is my main social outlet'.

Six participants also discussed how volunteering provided the opportunity to make new friends and expand their social networks. For Randy, in particular, volunteering provided an opportunity to try out different activities and to socialise with people in different ways, 'I volunteer to experience community in a different way than professionally. It gives me different roles and uh allows me to develop different kinds of relationships.'

For two participants, Alice and Lacey, it also gave them a chance to reconnect with people that they used to know and work with, with Alice explaining how it gave her a chance to work with kids and begin working again with old colleagues:

Being with kids is refreshing to me. I love that their honesty. Mrs ... your arm didn't grow back. And it's true. So there is a teaching moment for us. I like the

connections back with the people I used to work with. Like I know several people at both of the schools. I run into subs [substitute teachers] that were teachers.

Benefits of meaningful participation

Volunteering enriched the lives of participants, and they discussed a number of benefits from engaging in these meaningful activities. Participants discussed how having activities that added meaning and purpose to their lives was related to their emotional and physical wellbeing. Their discussions are broken down into the three interrelated sub-themes: (a) sense of purpose and enrichment, (b) a reason to be more active and look after your health and (c) takes your mind off of your own struggles.

Sense of purpose and enrichment

Participants discussed how the opportunity to socialise with and help others provided them with a sense of purpose and fulfilment and how this benefited their emotional health. Ben and Lewis explained that it provided them with a sense of satisfaction, with Ben noting 'that is where I get a lot of my sense of satisfaction and purpose in life'. Nancy's and Alice's discussions expanded on this idea, with Nancy explaining 'well it is that whole issue of do you see yourself as dependent or useful? I think of nothing more horrible than feeling you can't do something for others'. Similarly, Alice noted that 'for me it is a sense of accomplishment. It is a sense of giving back. It's walking the talk not just talking the talk'. Susie provided a specific example from her volunteer work to illustrate how volunteering contributed to the lives of others and gave her a sense of fulfilment: 'I would feel really good if I think the tiny little microcosm of the world that I have been with is better than when I got there ... I just feel like I have made a difference in that person's day and that is a good feeling.'

Participants also discussed how volunteering could help boost self-esteem and deal better with depression and low mood. For example, Alice noted that 'sometimes having a disability can be pretty darn depressing', but that volunteering boosts her self-esteem. Rachel explained that helping others helped her feel better about herself. Ben explained how depression was a major issue for him that could make it more difficult for him to volunteer at times, but that he would feel worse if he did not participate. Similarly, Jane and Emily discussed how volunteering helped them to avoid feeling depressed, with Emily noting, 'well I think it keeps me from getting depressed. It [volunteering] keeps me upbeat'.

Participants also explained how being engaged with others was important to their overall wellbeing. For example, Stacey explained that the social aspect is critical to her health and wellbeing, 'Yea, because I would shrivel up and die probably if I wasn't around other people.' Similarly, Erin noted that 'I would be very sedentary because I like to sit and read. I think they have shown over and over that having an active social life is not only good for your mental health but is good for your physical health.' Finally, Paul noted that volunteering can provide you with a social life and keep engaged with the world and without that, 'unless you are inclined to be a hermit, you wind up just dwindling as a human being'.

A reason to be more active and look after your health

Expanding on the idea of emotional health, participants discussed how the desire to be involved in meaningful activities provided them with structure and gave them something to look forward to, which they saw as a way to increase their physical activity and look after their health. Emily summarised this sub-theme, explaining:

It [volunteering] keeps me engaged. It keeps me active. It keeps me involved in my community. So in my mind, it is just all good and it overrides [the bad]. If you have had a busy day volunteering, like for myself, I might come home and be tired and I might want to put my feet up that night but the benefits outweigh the effort. I go back to thinking that it's real easy when you get older ... if you don't feel very good some of the time, it is so easy for people to get in their own little space and turn the TV on when they get up and turn it off when they go to bed.

The idea of not sitting around or lying in bed all day was echoed by five of the participants, with Elizabeth explaining:

I think it is not like direct but if you don't have a reason to get up in the morning it is pretty easy to lay around and do nothing whereas I have this to do and this is expected and I got to contribute to this you are more apt to be more active and stay healthy.

Similarly, Rachel noted that you have to have things to 'get up for' and Erin and Nancy noted that without volunteer activities they would probably spend most of their time sitting around and reading. Finally, Martha and Jane discussed how dangerous being sedentary can be for their health, with Martha explaining that volunteering and staying busy helped her look after her health, 'just getting out and doing stuff. You are always moving around, and keeping busy and that's, you have to. Otherwise, you get those darn pressure sores'.

Volunteerism has also been an important way for Ben to learn how to cope with his condition and for Alice to regain strength and functioning. Ben discussed how volunteering has helped him learn to manage his situation better and has helped him learn about community resources and assistive equipment. Alice explained that working with children in her school provided a fun environment for her to develop more strength and learn new skills after her accident. Alice stated:

And volunteering has actually been my OT/PT [Occupational Therapy/Physical Therapy]. I have learned how to write better. I have learned how to dribble a basketball. I have learned how to shoot basketballs. Who do you think taught me all those things? The children, that is the best OT/PT that I have ever had. The kids just, 'here miss, try this ball', 'well this one is too heavy guys. We'll try this ball'. And we would throw balls and I would catch. They taught me all those skills. I didn't learn that in OT or PT.

Takes your mind off of your own struggles

Participants also discussed how being engaged in meaningful activities and feeling as though you made a difference could help to take their minds off and cope better with the pain that they experience on a daily basis. Three participants talked about how volunteerism helped them push through pain. For example, Martha explained, 'I always have to push myself. I'm like you don't feel like doing it, go do it you will feel better later. I find that if you stay active you don't pay attention to your aches and pains.' Lewis noted that he has a 'happy mind and an unhappy body'. For four other participants, volunteerism was a way to take their mind off the pain. For example, Ashley and Rachel both noted that volunteering helped them to focus on other things besides their pain. Ashley said, 'I tend to, almost like out of body, even I can just like not even be here. It is just like, I don't even know what you would call that. I can distance myself from pain.' Similarly, Nancy explained that in addition to helping to take your mind off your pain, volunteering also reminds you to be grateful for what you have:

It is meeting people. It is getting out of yourself. If you have got pain or a problem and you sit, you stew on it. If you are out with people, you can't do that, especially if you are trying to help them. Some people are worse off than you, it helps you have some gratitude.

Discussion

The aim of this study was to explore why the participants engaged in volunteer activities and their perceptions of the benefits of these activities. Participants discussed wanting to benefit their own lives and the lives of others, and the researcher identified two interrelated themes from their discussions: seeking meaningful activities and the importance of meaningful participation. Both themes provide a rich description of why volunteering was so important to their lives and was connected with many benefits for the participants. The second theme included three sub-themes that provided a deeper understanding of how contributing to others enhanced participants' health and emotional wellbeing. These reflections highlight how important volunteerism can be for older adults with disabilities.

Overall, the predictors of participation among participants in this study are similar to findings from volunteerism among older adults in general. Participants in this study tended to be wealthier and more highly educated, and half of the participants had social support through a spouse. They also all discussed being able to transport themselves or ask friends and acquaintances to transport them, suggesting that they had a reliable social network (Choi, 2003; Tang, 2006; Adler *et al.*, 2007; Kaskie *et al.*, 2008; Musick and Wilson, 2008; McNamara and Gonzales, 2011; Tang *et al.*, 2012; Johnson and Lee, 2015; Niebuur *et al.*, 2018). As people with disabilities tend to have less social support and be more socially isolated (Schur *et al.*, 2013), potentially making it more difficult for them to learn about or be asked to participate in volunteer opportunities, increasing social capital and social connections may be an important approach for increasing volunteerism among this group.

Participants also discussed having both self-directed reasons for volunteering and more altruistic reasons for volunteering, which is consistent with previous research on volunteerism among older adults (Larkin *et al.*, 2005; Okun and Michel, 2006; Principi *et al.*, 2012; Cheek *et al.*, 2015; Chen and Morrow-Howell, 2015; Okun *et al.*, 2015). Interestingly, the discussions of participants who have aged with a disability or acquired one in mid-life centred on the ability to give back to the disability community and to make their communities more accessible and inclusive. This is consistent with previous research on volunteerism and community participation among people with disabilities (Balandin *et al.*, 2006; Hammel *et al.*, 2008; Trembath *et al.*, 2010). While previous research has noted this as a potential benefit of including people with disabilities (Trembath *et al.*, 2010), this study provides important insights into the intentionality of volunteering for older adults ageing with disabilities. Focusing on this as a potential benefit of developing volunteer programmes that provide the opportunity for older adults with disabilities to work on community initiatives that are geared towards accessibility and inclusivity might be a way to both benefit the community and increase the participation of this population.

In addition to having similar motivations for volunteering, participants also discussed their history of volunteering and supporting a wide range of organisations. Previous research has indicated that experiences volunteering as youth or adults increases the likelihood that an older adult will engage in volunteer activities (Morrow-Howell, 2010; Wilson, 2012). Similarly, all but one of the participants in this study discussed having a history of volunteering. In addition, participants volunteered for a variety of organisations. Similar to research related to people with disabilities, participants in this study who aged with a disability and who acquired a disability in mid-life discussed a desire to give back to the disability community and make things more accessible and inclusive for everyone (Hammel *et al.*, 2008; Yanay-Ventura, 2019). Participants who aged into disability, on the other hand, did not have the same focus on disability-related issues and tended to volunteer for organisations that they were interested in or had worked for in the past.

While previous research has found that volunteerism is associated with a variety of health benefits for older adults (for review, see Anderson *et al.*, 2014; Milbourn *et al.*, 2018), findings from this study expand on this knowledge and highlight how beneficial participation can be for older adults with mobility-limiting disabilities in three key areas. First, consistent with previous research on other older adults, participation in volunteer activities can have an important impact on mental health and emotional wellbeing for older adults with disabilities. Such participation is associated with having a sense of purpose and satisfaction, and helps participants who are experiencing depressive symptoms and low moods. These findings are particularly important given the higher rates of depression among people with disabilities and how depression can negatively impact other areas of life (Iezzoni *et al.*, 2001; Alschuler *et al.*, 2013; Krahn *et al.*, 2015). Indeed, depression has been recognised as a key risk factor for social isolation (Nicholson, 2016), with social isolation also being related to serious physical health consequences and a number of health risks, such as an increased risk of coronary disease (Barth *et al.*, 2010) and mortality (Holt-Lunstad *et al.*, 2015).

Second, participants discussed how volunteerism helped increase their physical activity and functioning. While previous research on volunteerism among older

adults has explored this benefit for older adults in general (for review, see Anderson *et al.*, 2014; Milbourn *et al.*, 2018), this is an important extension, given the lower rates of physical activity among people with disabilities and the narrower margin of health that wheelchair users and people with disabilities often have compared to those without disabilities (Brucker and Houtenville, 2015). Indeed, one participant, who uses a power wheelchair, discussed how keeping busy through volunteer work helped her to avoid pressure ulcers. Beyond just increasing their physical activity, participants discussed how having something to look forward to or where you were accountable to others encouraged them to try to take better care of their health so that they could volunteer. In addition, one participant discussed how volunteerism actually helped her to increase her strength and functioning, beyond what she was able to get from her rehabilitative therapy work. These findings suggest the need to explore further how inclusion in volunteer activities could help to increase physical activity and potentially extend physical and occupational therapy practices for older adults and people with disabilities in general.

Third, findings from this study highlight how volunteering helped several participants cope with pain. Pain is a common secondary condition for many people with disabilities and it can greatly reduce their quality of life (Kinne *et al.*, 2004; Field and Jette, 2007; Jensen *et al.*, 2013). These findings are especially promising for future research and potentially open up new avenues of possible interventions, as coping with pain has not been explored in depth in the literature on volunteerism among older adults. For example, these results expand on previous work on volunteering with an arthritis self-management programme (Barlow and Hainsworth, 2001; Arnstein *et al.*, 2002) by demonstrating that community-based volunteering may be an avenue for pain management. They also suggest that volunteerism could enhance non-pharmacological approaches to pain management (for an overview of non-pharmacological approaches, see Makris *et al.*, 2014).

Overall, this study emphasises how important it was for older adults with disabilities to be able to engage in meaningful volunteer activities. Study participants not only chose activities that they were interested in but also where they had the opportunity to contribute in meaningful ways, leveraging their personal strengths and abilities. The study also highlights how important it is for older adults with disabilities to be part of their community. Indeed, according to Milner and Kelly (2009) and Hall (2009), inclusion is about more than just being in the community; people with disabilities need to be a part of the community and have a chance to engage with others and contribute to the wellbeing of others.

Conclusion and implications

This study enhances our understanding of volunteerism among older adults in the USA by adding the unique perspective of older adults with mobility-limiting disabilities. The study demonstrates that some older adults with mobility-limiting disabilities want to be involved in volunteer activities and that there may be important health benefits for those who participate. In particular, volunteer activities can help to provide a sense of purpose and help with depressive symptoms, can increase physical and emotional health functioning, and can help some individuals cope with pain.

While these findings highlight the important benefits that volunteerism can have for older adults with disabilities who are interested in volunteering, these findings should be interpreted cautiously. People with disabilities face unique barriers to participation at the individual and community level, and some may not have the energy or interest in volunteering. Therefore, participating in volunteer activities should be considered as only one possible approach to health promotion for older adults with disabilities. Future research is also needed on the potential health benefits of other types of social and community participation.

This study has a number of strengths and limitations. The purposeful sampling allowed participants with a wide range of health conditions and assistive devices to share their experiences of volunteering. These findings are dependent on the context and experiences of participants and should be interpreted and applied with care. The average age of participants in this study was 66. Given the small sample size in this study, it was not possible to compare how experiences might differ between age cohorts. While it is possible that volunteerism mostly occurs among younger-older adults with mobility-limiting disabilities, it will be important to explore the experiences of individuals who are older (*e.g.* 75+) as they may have different experiences and challenges to participation.

In addition, this study was conducted in three Midwest cities, one of which is politically and socially progressive, and one smaller town. Further research is needed to understand how different community contexts, such as more-conservative or less-affluent environments, shape participation for older adults with mobility-limiting disabilities. The use of thick description and other methods to increase rigour in this study allows for transferability and can help other researchers compare these findings with their own ideas and research (Lincoln and Guba, 1985).

Overall, this study suggests that despite barriers to participation, the opportunity to engage in meaningful volunteer work has health benefits for older adults with disabilities. Given these benefits, future research is needed to explore how much involvement and what types of volunteer activities may be particularly beneficial to older adults with mobility-limiting disabilities who are interested in volunteer work. It will also be important to explore whether these findings are consistent across different groups of older adults with mobility-limiting disabilities. To the extent that further research helps to articulate better the role that volunteerism can play in the lives of older adults with disabilities, there are potential benefits both to these individuals and to the communities in which they live.

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The author carried out the primary research as part of her PhD and drafted the manuscript.

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