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VOLUNTEER SUPPORT FOR THE INSTITUTIONALIZED ELDERLY

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A neglected topic in discussions of services for the institutionalized elderly seems to be the question of whether the residents of nursing homes are receiving adequate support from volunteers. Undoubtedly, voluntarism is playing an important part in the provision of services and emotional support for the aged population, among them the elderly that are institutionalized. But because of the child-centeredness and youth-orientation of American society, it is possible that work with the elderly may not be attracting volunteers in proportion to the needs of this population. This may be especially true of the elderly in institutions because work with this group does not hold out the promise of dramatic accomplishments, and the work itself is depressing and threatening to many. It also seems that nursing home residents may be more isolated from family and community than is generally realized, as suggested by a finding in the Detroit area that about a third of the residents lack family ties while a similar percentage has no regular visitors (Barney, 1973). It is likely that the malpractices which have given the nursing home industry a bad public image have also discouraged volunteering in proprietary homes. This discouragement may be compounded with a fear of exploitation and with the feeling that profit-making homes should contract for any services that are needed.

These questions arose as a result of experience gained in teaching a class in gerontology in which students did field work in nursing homes, among them some homes in Detroit's inner city. It was immediately obvious that some homes were almost totally lacking in volunteer support. The development of volunteer support became a cause for concern among the students, who wished that volunteers were available to take their place at the end of the semester. These concerns also suggested the need for research on volunteers. Several types of studies suggested themselves. For example, it would be useful to compare the extent of volunteer support for different segments of the population in order to determine whether, in fact, there is a bias against the elderly, especially against those in nursing homes. It might be useful to investigate

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what types of people are attracted to volunteer work in nursing homes. Some assessment is needed of the ongoing level of volunteer support for nursing homes, with an attempt to identify factors that may influence the level of support (e.g., the location of the homes and the type of home ownership). The work to be reported here falls in the last category. This type of study was done because it seemed the quickest and most direct way of breaking ground in this area.

#### INTERVIEW DATA

There were two parts to this study. The first part was based on lengthy interviews with the social activity directors in six nursing homes in the Detroit area. These homes varied in ownership (five proprietary, one non-proprietary), size (53 - 500 residents), location (three inner-city, three suburban), levels of care (two were primarily homes for the aged; one home was entirely skilled care; three homes combined skilled and basic care), and amount of staff time devoted to the recruitment and direction of volunteers (from zero to 26 hours per week). The interviews sought to determine the number of volunteers serving each home, the amount of time given by the volunteers, and the types of services they performed during 1973. Comparisons between homes focused on regular volunteer activity (i.e., activity taking place throughout the year) as opposed to seasonal activity (i.e., activity occurring in conjunction with holidays, such as Christmas). This focus seemed appropriate because regular activity appeared most meaningful from the point of view of the residents.

The small number of interviews obviously could not yield any generalizations, and since homes do not typically keep careful records of volunteer time, the measures of volunteer support cannot be considered highly accurate. Nonetheless, the data did provide useful leads for further investigation. They indicated, first of all, that homes vary greatly on the amount of volunteer support. The number of volunteers per home ranged from five to 151, a range that in proportion is considerably greater than the range in the number of residents. The ratio in the number of volunteers to the number of residents was from 1:1.4 to 1:15.0. In terms of the number of volunteer-hours per resident per month, the range was from one-third of an hour to 2.5 hours per resident per month.

The lowest volunteering rates were in inner-city homes, irrespective of whether the homes were proprietary or non-proprietary. Since none of these homes invested much effort on volunteers, the effect of such effort in the inner city could not be judged. However, the data on suburban homes shed some light on this point, and also disclosed additional factors. Of all the homes studied, the one with the highest level of support was the proprietary home which was the most expensive in terms of the rates charged to private patients (and did not accept patients on Medicaid). This home made only a modest investment of staff time on volunteers (six hours per week). Its high level of support could be attributed in part to its attractiveness and wholesome atmosphere, and in part to its location in a neighborhood that was convenient and accessible to various groups that promoted volunteering, including

some youth groups, such as the Red Cross Candystripers. In addition, this home benefited from some questionable practices. As a rule, the services that homes obtain from volunteers fall into two broad categories: (1) interaction with the residents, such as friendly visiting, arts and crafts, and personal services, such as shopping or transportation, and (2) group activities including religious services and entertainment. However, in the one suburban home under discussion, volunteers also aided in housekeeping duties, such as making beds, feeding patients, sometimes helping to bathe patients, keeping records, and so on. Mainly teen-age volunteers served in these capacities, and often they receive recognition from their organizations for their efforts. In effect, this particular home was able to charge high rates partly because the unpaid labor of its volunteers helped it to provide good services. For proprietary homes, this is an improper practice which in the long run will alienate potential volunteers, and it should be discouraged.

The importance of an organized volunteer program was most apparent in a suburban proprietary home whose staff members devoted considerable time to this purpose (26 hours per week). Despite a relatively poor location, this home achieved a 1:3 ratio of volunteers to residents. This home did not use volunteers for any housekeeping duties but emphasized interaction and friendly visiting with the patients, with careful planning, encouragement, and recognition from the staff. Overall, the interview data suggested that, except in unusual circumstances, a proprietary nursing home must devote considerable effort to achieve a high level of volunteer support. A comparison with non-proprietary homes on this point was not possible.

#### SURVEY DATA

The second part of this study consisted of a survey conducted in collaboration with the Volunteer Action Center of the Detroit Metropolitan area and with the endorsement of the Michigan Health Care Association (representing proprietary nursing homes) and the Michigan Non-Profit Homes Association. Questionnaires were mailed to 150 homes in the tri-county Detroit area and in several adjoining communities. The questionnaires inquired about the following: (1) the number of volunteers serving each home during the preceding 60 days, (2) types of services received, (3) unmet needs for volunteers, (4) the age groups to which volunteers belonged (i.e., teen-age, adult, senior) and (5) the usefulness of various sources and methods for the recruitment of volunteers. Each home was also asked to indicate whether it had a coordinator for volunteers. Information on basic characteristics of each home (e.g., number of occupants) was also requested. It should be noted that volunteer support, as defined in this questionnaire, allowed for several activities, and therefore differed from the definition followed in the interviews.

Seventy-five homes (50%) filled out and returned the questionnaire. Like the interview, the responses revealed great variability in the amount of volunteer support attracted by individual homes. (See Table I for a summary.) The number of volunteers per home ranged from zero to 105, with an average of 20 and a median of 11. (Medians were calculated as well as means because of the extreme values for some homes.) The median ratio of volunteers to occupants

was about 1:10. Support for inner-city homes (counting both proprietary and non-proprietary) was considerably less than that for suburban homes (an average of about 12 volunteers per home versus an average of 23; a median of eight versus a median of 13; and for volunteers per resident, a median ratio of 1:12 versus a ratio of 1:9). Non-proprietary homes (of which there were 14, counting both inner-city and suburban) enjoyed greater support than the proprietary homes (an average of 32 volunteers per home versus 17; a median of 14 versus 10; and a median ratio of 1:5 versus 1:10). When type of ownership was controlled so that inner-city proprietary homes were compared with suburban proprietary homes, suburban homes were considerably better off (average of 20 versus 10 volunteers per home; median of about 12 versus six and a median ratio of about 1:10 versus a ratio of about 1:25). When non-proprietary homes in the inner city were compared with the same type of suburban homes, the suburban homes attracted more volunteers in absolute terms (average of 37 versus 19 per home and median values of 17 and 13), but non-proprietary homes in the two types of location were about equal with respect to ratios of volunteers to residents (1:5 for suburban and 1:4 for inner city).

Although the differences in virtually all of these comparisons were substantial, not all differences were statistically significant when tested with *t*-tests and median tests. In summary, the data gave strong indications of effects by type of ownership and by suburban vs. inner-city location. These effects appear stronger with respect to the absolute number of volunteers per home than they do with respect to the ratio of volunteers per resident. The lack of statistical significance in some comparisons is attributable to the great variability among homes. Additional statistical analyses may help to define the indicated effects more precisely and may be able to identify the contribution of variables such as the size of the homes which has not yet been fully explored.

Additional attention must be called to some of the volunteering rates revealed by this survey. As previously noted, for the entire sample of homes there was a ratio of about one volunteer to every 10 residents. Not only is this a low ratio on its face; but in addition, one has to consider the question of how much time a single volunteer spends in a nursing home. On the average this amount of time is probably quite small, and when averaged over residents it becomes almost infinitesimal. In some homes (in seven or eight per cent) there were no volunteers at all. The percentage of such homes in fact is probably even higher because it is likely that the homes which failed to return questionnaires had even lower volunteering rates.

It was not possible in this survey accurately to assess the importance of volunteer coordinators. The title by itself may not be very meaningful because it is often given to an individual who has other duties (e.g., nursing) that compete with the task of organizing volunteers. However, in 10 of the 14 homes with the highest ratios of volunteers to residents, the responsibility for volunteers rested with a staff member such as a social activity director who apparently devoted a significant amount of time to volunteers.

Almost without exception, the nursing homes which returned questionnaires indicated that they considered volunteer support essential for the welfare of their residents. Only three proprietary homes reported the use of volunteers for improper housekeeping functions. The services most commonly provided by volunteers were religious services, friendly visiting, and entertainment. For all homes combined, the type of volunteer service that ranked highest as an unmet need was transportation. The service that ranked lowest as an unmet need was religious support. By a wide margin, the church was rated as the most useful source of volunteers. Appeals to organizations and word-of-mouth methods of recruiting were rated much more effective than radio or TV appeals. Inner-city and suburban homes varied slightly on these questions, as did proprietary and non-proprietary homes. Most strikingly, suburban homes reported that on the average 23 per cent of their volunteers were teen-agers, but in the inner-city only three per cent were teen-agers.

It should be apparent that none of the foregoing findings can be considered conclusive or definitive since many of the measures were imprecise, and it is very likely that the sample which returned the questionnaire is biased. The odds are, however, that the nursing homes which returned questionnaires are more conscious of the value of volunteers and enjoy more volunteer support than the homes which did not return questionnaires. On this basis, one is entitled to speculate that the findings overstate the current level of volunteer support. In any event, the findings undeniably demonstrate that there is great variability among homes with respect to this problem. The challenge is at least to bring the volunteer-poor homes up to the level of those that appear to be volunteer-rich. The level of volunteer support should be approached as one aspect of the quality of care in a nursing home.

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**TABLE I**  
**Number of Volunteers and Ratio of Volunteers to**  
**Residents in a Sample of Detroit Nursing Homes**

	No. of Volunteers			Volunteers per Occupant			
	Range	Average	Median	Range	Average	Median	Ratio <sup>a</sup>
All Homes (n = 69)	0-105	19.9 (23.8)	10.9	0-1.25	0.18 (0.21)	0.108	1: 10
All Inner-city (n = 20)	0-50	11.8 <sup>b</sup> 12.9	8.5	0-0.50	0.14 (0.16)	0.08	1: 12
All Outer-city Suburban (n = 49)	0-105	23.2 (26.4)	12.9	0-1.25	0.19 (0.23)	0.11	1: 9
All Proprietary (n = 55)	0-100	16.9 <sup>c</sup> (19.0)	10.4	0-0.84	0.15 (0.16)	0.10	1: 10
All Non-Proprietary (n = 14)	1-105	31.7 (35.6)	14.5	0.01-1.25	0.29 (0.32)	0.19	1: 5
Inner, Proprietary (n = 16)	0-30	9.9 <sup>d</sup> (10.1)	6.5	0-0.47	0.11 (0.13)	0.04	1: 25
Outer, Proprietary (n = 39)	0-100	19.7 (26.4)	11.6	0-0.84	0.17 (0.23)	0.10	1: 10
Inner, Non-Proprietary (n = 4)	1-50	19.2 (21.3)	13.0	0.01-0.50	0.24 (0.22)	0.24	1: 4
Outer, Non-Proprietary (n = 10)	3-105	36.7 (39.8)	17.5	0.02-1.25	0.31 (0.37)	0.19	1: 5

Note: Standard deviations are in parentheses

<sup>a</sup>Estimated on the basis of the median number of volunteers per occupant.

<sup>b</sup>Significantly less than Outer-city, Suburban homes (p < .02).

<sup>c</sup>Significantly less than Non-Proprietary homes (p < .02).

<sup>d</sup>Significantly less than Outer, Proprietary homes (p < .05).