UNIVERSITY OF SOUTHERN QUEENSLAND

EXAMINING PSYCHOLOGICAL WELL-BEING IN OLDER AUSTRALIAN VOLUNTEERS

A thesis submitted by
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Abstract

This dissertation examines factors relating to the Psychological Well-being of the baby boomers (born between 1964 and 1946) and builders (born between 1945 and 1925; McCrindle & Wolfinger, 2009), who are actively engaged in volunteer-based organisations in Australia. Previous research has suggested that prosocial behaviours such as volunteering (defined herein as offering help with no, or at most token, payment and done for the benefit of both other people and the volunteer; Morrow-Howell, 2010) are crucial to the way older members of society maintain and enhance their resilience and well-being (Jansenn, Van Regenmortel, & Abma, 2011). Other factors such as an individual's coping efficacy (efforts to adapt to the environment by maintaining control over the events; Bandura, 1997); and social support (process by which emotional, instrumental or financial aid is obtained from one's social network; Bowling, 1994) have also been linked to successful ageing (Desmond & MacLachlan, 2006; Moyle et al., 2010). This research is important because together these factors suggest that building community resilience (positive adaptation in challenging circumstances; Ryff & Singer, 2002) may be one possible approach to addressing some of the issues associated with a rapidly ageing population (Beard et al., 2011), a challenge facing numerous developed countries around the world (Australian Bureau of Statistics, 2009). Identifying factors that contribute to older people's well-being could prove crucial for quality health outcomes for retirees and could potentially lessen the strain on the public health sector (Beard et al., 2011).

General consensus in the literature suggests that there are no clear indicators of Psychological Well-being (Brown, Bowling, & Flynn, 2004; Pavot & Diener, 2008). Although quantitative methods of analysis have shown reliable measures for feelings and perceptions (e.g., Greenglass, Schwarzer, & Taubert, 1999a; Wagnild & Young 1993), it may be inappropriate to quantify some of the finer nuances of the nature of human being. Previous research has also typically investigated well-being in older people in clinical settings (e.g., Conradsson, Littbrand, Lindelöf, Gustafson, & Rosendahl, 2010; Kimm, Woong, Gombojav, Yi, & Ohrr, 2012; Swami, et al., 2007) rather than in an everyday context. The current research addresses these gaps in the literature by recruiting adults (healthy males and females born in or prior to

1964) who are actively engaged in community organisations within Brisbane and surrounding regional towns in South East Queensland.

Lawton's (1991) model of quality of life was used as a theoretical framework for this research. An integrated mixed-method research approach (quantitative and qualitative; Creswell, 2007) was applied in the current research. Using quantitative and qualitative methods together has the potential to enhance our understanding of human nature and the social reality of older Australian volunteers to a greater extent than using quantitative methods alone. Two studies were conducted using a mixed-method sequential explanatory design underpinned by the assumptions of pragmatism. Study 1 is quantitative in nature and involved a survey capturing demographic data and asking older people questions from the following scales: the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), the Perception of Well-being Measure (Lopez & de Snyder, 2001), the Resilience Scale (Wagnild & Young 1993); the Proactive Coping Scale (Greenglass, Schwarzer, & Taubert, 1999a), the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), the Multidimensional Scale of Perceived Social Support (Zimet, Powell, Farley, Werkman, & Berkoff, 1990); and an adapted version of the Inventory of Motivations for Hospice Palliative Care Volunteerism (Claxton-Oldfield, Wasylkiw, Mark, & Claxton-Oldfield, 2011).

In Study 1, *t*-tests revealed no significant differences between the baby boomers and builders on all measures except for small differences for Leisure (aspect of Motivations for Volunteering), suggesting that the current sample is fairly homogenous. The regression analyses from survey data revealed that Resilience, Proactive Coping, General Self-efficacy (aspects of Coping Efficacy), Social Support, and Civic Responsibility (aspect of Motivations for Volunteering) all positively predicted Psychological Well-being. The results imply that older individuals who actively contribute to other people's lives enhance their well-being by demonstrating positive coping skills, extending supportive social networks, and strengthening Resilience. Non-significant results were found for Self-promotion and Leisure (aspects of Motivations for Volunteering), indicating that these aspects are not important motivators for engagement in the community in the current sample of older people.

Mediation analyses in Study 1 revealed that Resilience is an important mediator of the relationships between: (a) Coping Efficacy and Psychological Well-being (via indirect only effect); (b) Social Support and Psychological Well-being (via indirect and direct effects); and (c) Civic Responsibility and Psychological Well-Being (via indirect only effect). These results indicate that the extent to which older people engage in proactive coping strategies, exhibit self-efficacy, and express values of Civic Responsibility do not directly improve their well-being; rather, these factors influence the level to which older people exhibit positive adaptation (Resilience), which, in turn, influences their level of Psychological Well-being. Study 1 demonstrated a positive dual effect of Social Support on Psychological Well-being: (a) Social Support was shown to influence well-being by instrumental goals (enhanced coping and relief from distress; Cohen & Wills, 1985) through illustrated mediating effect of Resilience; and relational goals (relationship formation and maintenance; Duck & Silver, 1990); and (b) the direct positive effect on Psychological Well-being. These findings indicate that levels of Resilience and satisfaction with life in older people who volunteer in the community may partly reflect their perceived quality of relationships and support received from others.

Study 2 was qualitative in nature and involved semi-structured interviews undertaken to gain a greater understanding of the factors identified in Study 1 as important to Psychological Well-being. Study 2 demonstrated that people who choose to volunteer find contributing to their communities a satisfying and meaningful activity. Important aspects of engagement in the community included being an active member and improving the community, sharing experiences through connecting with others, being able to manage commitments, and having an ongoing need for learning. This proactive attitude seemed to manifest in volunteers' confidence in taking on new challenges and making the most of their experiences. Study 2 findings also demonstrated that older people who actively engage in the community may view this activity as an opportunity that can benefit themselves and others, rather than an obligation that must be fulfilled.

Together, the findings demonstrate that older people's active engagement in volunteer-based community organisations benefit their health and well-being in several ways. Firstly, findings from Study 1 and Study 2 demonstrate that older people view social support networks as a vital component of their perceived well-

being. Social support provides access to emotional support as well as additional resources and knowledge relevant in retirement, and potentially buffers against negative experiences such as cognitive losses or loneliness associated with ageing. Secondly, active engagement in volunteer-based community organisations provides opportunities for acquiring and practising new skills within a supportive environment that promotes mutual trust, acceptance, and a sense of belonging which, in turn, can enhance older people's Coping Efficacy and mastery over their environment.

Thirdly, a new and important contribution of the current research is that the value of Civic Responsibility positively predicts well-being in older people. This finding implies that as older adults strive for emotional fulfillment, they seek opportunities to connect with others and contribute in a meaningful way. The responsibility to help others and the underpinning feelings of empathy, guilt, and/or regret found in Study 2 may prompt older people to self-reflect on their past achievements and challenges, and inspire them to feel both valuable and capable, and strengthen their empathy and need for deeper connections with others. Therefore, promoting reflection of prosocial values such as Civic Responsibility may be a crucial first step for engaging older people in critical thinking about how they would like to manage their health and well-being during retirement. Together, the findings suggest that creating community initiatives that value older people's knowledge and experience enable continued opportunities for demonstrating and learning new skills which, in turn, may not only reinforce their self-worth, but also enhance older people's coping skills, and extend their social support networks, leading to strengthened Resilience and well-being. Future studies are recommended to be undertaken to examine how individual differences (i.e., educational level, physical health, marital and volunteer status) moderate the effect of civic engagement on older people's subjective appraisal of their well-being.

Certification of Dissertation

This thesis is entirely the work of Sylwia Wood, except where otherwise acknowledged. The work is original and has not previously been submitted for any other award, except where acknowledged.

Student and supervisors' signatures of endorsement are held at USQ.

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Chapter 1 - Introduction

1.1 Context and Background

The question of what makes people happy has occupied the human mind for centuries. In recent years, an increasing number of scholars and politicians have been interested in understanding what being happy and having "a good life" really means. Governments have begun to create policies based on findings which show that happiness is influenced by societal circumstances (Selin & Davey, 2012). The circumstances include not only social and economic conditions, but also extend to the societal structure of ageing populations (Rechel, Doyle, Grundy, & Mckee, 2009). Australia's population, like that of most developed countries, is ageing as a result of lower birth rate and increased life expectancy (Australian Bureau of Statistics, 2014). It is predicted that by 2056 Australia's population will include a significantly greater proportion of people aged 65 years and over (24%), compared with 13% in 2007 (Australian Bureau of Statistics, 2009). The proportion aged 85 years and over is projected to increase from 1.6% in 2007 to between 4.9% and 7.3% in 2056 (Australian Bureau of Statistics, 2009).

Higher old-age dependency ratios create challenges to maintain the pensions, health, and other public services needed by a growing number of older people (World Health Organization, 2002). Baby boomers' retirement from the workforce is expected to have a major impact on Australia's economic and social quality of life. Baby boomers are the first generation to face their retirement age with a relatively healthy life and different expectations to previous generations (Noone, 2012). While the value systems of the builders (born between 1925 and 1945) is built on experiences of hardship of World War II and the Great Depression, baby boomers (born between 1946 and 1964) have enjoyed more stable and secure period in Australian history (McCrindle & Wolfinger, 2009). The values of builders are reported to relate to saving, mutual obligation, loyalty, commitments and moral responsibility; on the other hand, baby boomers are described as people with clear rules of "right and wrong", "everything in moderation", and beliefs that authority figures should never be questioned (McCrindle & Wolfinger, 2009). Literature suggests that having different values shaped by world history, baby boomers expect to retire with substantial assets, have greater economic and electoral power, and higher expectations of their place in society (Healy, 2004).

According to surveys conducted with 309 working people aged 25 years and over, and 319 retired people or in retirement aged under 75 years, the majority of working Australians and retirees (73% and 76%, respectively) have positive expectations of retirement with the most popular retirement activities being travel, hobbies, and free time to devote to oneself and others (King, 2008). While working Australians are most likely to be interested in travel (58%), retirees are most likely to be interested in hobbies/special interests (34%; King, 2008), volunteer work (27%), DIY/gardening (27%), and sports activities (26%, King, 2008). Having time to enjoy activities, access to health care, and spending time with family were identified as "extremely important" factors for a "good life" in retirement (Mathews et al., 2007). Another survey of 1,507 respondents on attitudes to ageing conducted as part of the National Psychology Week 2007 survey revealed that the word "retired" reflects ceasing paid work rather than other forms of non-paid work such as volunteering (e.g., child care) that may happen during retirement (Mathews, Lindner, & Collins, 2007). These survey results indicate older people's interest in community engagement and awareness of the potential positive effect that participation in the community activities can have on their well-being. Research on mental health and well-being of older people, particularly on the positive aspects of active ageing, has not been sufficiently investigated compared to younger generations (Pachana, 2013). Therefore, identifying factors that promote active engagement in the community and improve well-being of the baby boomers and builders is paramount and of primary interest to the present research.

For the purpose of the current research, people born in or prior to 1964 qualified to participate in this research and are referred to in text as "older people". The term "older people" is a concept that depends on the purpose for which it is used (Gill, 2006). The rationale behind involving participants as young as 49 (baby boomers' generation age cut off; McCrindle & Wolfinger, 2009) was to include community members who retired early, or experienced issues that prevented them to continue working full-time such ill health, divorce, or mental health issues. People aged 49 and over represent the baby boomers and builders' generations that have reached maturity in their personal and professional development, and may have already retired or are beginning to think about their retirement. Although health issues experienced by participants may be a confounding factor, the current study

focused on healthy male and female adults, whose state of well-being is characterised by a physical and mental potential that satisfies the demands of life (Bircher, 2005). The current research recruited participants from community organisations where maintaining autonomy and independence for the older people is a key goal for healthy and active ageing. To this end, this research recruited participants from volunteer-based organisations that provide opportunities for older people to actively engage in community while promoting autonomy and independence.

1.2 Psychological Well-being in Older People

Research suggests that active ageing and well-being are important dimensions of quality of life (Felce & Perry, 1995; Hellstrom, Persson, & Hallberg, 2004; World Health Organization, 2002). Active ageing allows people to realise their potential for physical, social, and mental well-being throughout the life course while providing them with adequate protection and care when they need it (World Health Organization, 2002). The word "active" in this context refers to "continuing participation in social, economic, cultural, spiritual, and civic affairs, not just the ability to be physically active or to participate in the labour force" (World Health Organization, 2002, p. 12). The concept of well-being refers to a general feeling of satisfaction and acceptance of oneself and the environment (Lawton, 1983). Well-being is a meaningful outcome and it includes global judgments of life satisfaction and feelings ranging from depression to joy (Frey & Stutzer, 2002; Pavot & Diener, 2008). Life satisfaction is defined as a subjective assessment of the quality of one's life and is regarded as one of the main components of successful ageing (Phelan, Anderson, Lacroix, & Larson, 2004).

Research indicates that the economic and social models of the past 50 years are not well suited to societal changes associated with the current ageing population, and adaptation measures are needed to mitigate the effects of the retirement of the baby boomers' generation (Organisation for Economic Co-operation and Development, 2005). Enhancement in quality of life is recognised as one such measure and has been increasingly included in the public health agenda (World Health Organization, 2002). Quality of life is generally defined as those factors that make people satisfied with their current life situation, past life experiences, and hopefulness for satisfaction with future life circumstances (Kelley-Gillespie, 2009).

A growing body of literature links attitudes and states of mind to physical health in older people (Pachana & Laidlaw, 2014). Research indicates that quality of life is subjective and dependent on individual perceptions (e.g., Bowling, 1996). It has been suggested that subjective self-rating of *psychological well-being* is more powerful in explaining the variance in quality of life than objective economic or socio-demographic indicators (Bowling & Windor, 2001). For example, engaging in enjoyable activities and having positive mood has stronger association with self-rated health than physical health indicators (Benyamini Benyamini, Idler, Leventhal, & Leventhal, 2000).

Psychological well-being (a subjective evaluation of satisfaction of one's life) is a comprehensive concept related to positive emotions, such as happiness or joy and a general satisfaction with one's life (Shirai et al., 2006). Psychological well-being is understood as the generalised mental health outcome resulting from an evaluation of a person's level of competence and perceived quality in all domains of life (Lawton, 1991). A meta-analysis confirms that psychological well-being is a protective factor for survival in both healthy and unhealthy populations (Chida & Steptoe, 2009). For example, studies have shown that people who score highly on measures of psychological well-being have lower rates of depression, hypertension, diabetes, and respiratory tract infections than those with low scores (Richman et al., 2005; Wood & Joseph, 2010).

1.3 Resilience in Older People

Research suggests that psychological well-being is a fundamental element of *resilience* that enables people to not only cope with adversity but also reach their full potential (Friedli, 2009). Resilience is a multifaceted construct that covers many concepts related to positive patterns of adaptation in the context of adversity (Masten & Obradović, 2006). Two co-existing concepts are central to resilience. Firstly, there is the presence of a significant threat or risk to a given person's well-being (Luthar, Cicchetti, & Becker, 2000). Secondly, there is evidence of a positive adaptation in this individual despite the adversity encountered (Luthar, Cicchetti, & Becker, 2000). Although old age is often accompanied by feelings of loss and other developmental stressors, research shows that the majority of older people are capable of mitigating the impact of these stressful events in everyday life (Hardy, Concato, & Gill, 2004).

Research suggests that the way older people maintain and enhance resilience may depend on several factors. An individual's *coping efficacy* and *social support* have been identified as important constructs that can potentially contribute to positive adaptation and improve psychological well-being (e.g., Desmond & MacLachlan, 2006; Iacoviello & Charney, 2014; Moyle et al., 2010). Coping efficacy is an individual's efforts to adapt to the environment by maintaining control over the events (Bandura, 1997). Social support is referred to as an interactive process by which emotional, instrumental, or financial aid is obtained from one's social network (Bowling, 1994). Furthermore, social resources such as social support have been understood to enable engagement in helping behaviors (such as *volunteering*) in later life (Thoits & Hewitt, 2001). Volunteering can be defined as "long-term, planned, pro-social behaviours that benefit strangers and happen in an organised setting" (Penner, 2002, p. 448). Volunteering has been recognised as having the potential to enhance well-being (e.g., Cattan, Hogg, & Hardill, 2011; Morrow-Howell, Hinterlong, Rozario, & Tang, 2003) and resilience (Janssen, Van Regenmortel, & Abma, 2011) in older people. Together, the evidence from prior research suggests that older people's well-being can be improved by having effective coping strategies and a supportive network of family and friends, potentially leading to enhanced resilience; and that volunteering provides opportunities to obtain and maintain coping and social resources. Therefore, identifying how such factors contribute to psychological well-being could prove crucial to quality health outcomes for retirees, and have the potential to lessen the strain on the public health sector (Beard, et al., 2011).

1.4 Rationale for Current Research

An examination of factors impacting psychological well-being in older age is warranted for several reasons. Firstly, general consensus in the literature suggests that there are no clear indicators of psychological well-being (e.g., Brown et al., 2004). The current indicators (e.g., positive emotions and moods such as happiness and contentment; the absence of negative emotions such as depression; and positive functioning) generally fail to measure what people think and feel about their lives (Diener, 2000; Diener, 2009; Diener & Seligman, 2004). Diener (2000) suggests that a number of factors appear to influence people's subjective well-being including temperament and personality, values and goals, and cultural and societal factors.

However, positive aspects of mental health have not yet received the same attention in research as have indicators of poor mental health (Brown et al., 2004). The current research addressed this gap in the literature and examined subjective quality of life indicators that have the potential to positively impact older people's well-being. The following concepts were examined and are discussed in greater detail in Chapter 2: capacity for positive adaptation (resilience), utilisation of proactive coping strategies (coping efficacy), maintenance of social support networks (social support), and exhibition of prosocial behaviours (volunteering).

Secondly, previous research has typically investigated well-being in older people in clinical settings, sampling patients with diagnosed mental health problems or college student research populations (e.g., Conradsson et al., 2010; Kimm, et al., 2012; Swami, et al., 2007). Relatively little research has been conducted in populations of older people outside clinical or community long-term care environments in Australia, which could lead to a biased perspective on the psychological well-being in older people (Lawton et al., 2001). A growing number of studies from the United States, UK, Canada, and Australia suggests a positive association between older people's well-being and engagement in volunteering (e.g., Anderson et. al, 2014; Cattan et al., 2011). Research in ageing has recognised the potential for volunteer activities to enhance the quality of later life (Morrow-Howell et al., 2003), and provided strong evidence for the positive effects of volunteering on quality of life, improving both mental and physical health. The current research addressed this gap in the literature by recruiting healthy adults who have retired or are in the process of retirement and who are actively engaged in community organisations, either in a volunteering capacity or via engagement in other community activities. Examining subjective indicators of well-being of older adults who lead an active lifestyle has the potential in provide insight into successful and healthy ageing.

Thirdly, the existing concepts of quality of life do not sufficiently address and cannot completely explain the experience of well-being (Wahl, Brenner, Mollenkopf, Rothenbacher, & Rott, 2006). Research has shown that the experience of well-being is highly subjective (e.g., Smith, Fleeson, Geiselmann, Settersten, & Kunzmann, 1999; Sousa & Lyubomirsky, 2001). Traditionally, research was approached as an either/or choice between quantitative design (testing hypothesis)

and qualitative design (drawing patterns from concepts and insights; Creswell, 2007). Creswell (2007) proposed that using a combined approach with quantitative and qualitative data collection and analysis offers an important way to produce more robust measures of association; while allowing for the existence of multiple paths to meaning (Wheeldon, 2010).

Although quantitative methods of analysis have shown to be reliable measures of feelings and perceptions (e.g., Greenglass et al., 1999a; Wagnild & Young 1993), they may be inappropriate to quantify the finer nuances or the nature of the human being. Older persons' unique context and perspective are important for understanding human behaviours (Laidlaw & Pachana, 2009). That is, although retired people may have similar experiences, there is no single right way to indicate what individuals need to do to feel well and happy. The current research addressed this gap in the literature and measure older people's well-being using quantitative and qualitative methods - an integrated multi-method research approach (Creswell, 2007), as it has the potential to enhance our understanding of human nature and the social reality of older Australian volunteers in their full complexity. In particular, using a qualitative approach, the current research will help explain older people's life experiences and perspectives of volunteering in the community and how engagement in community impacts on their perceived well-being.

1.5 Aim and Research Questions

The aim of the current research was to examine factors that impact on the psychological well-being of the baby boomers and builders' generations who are in transition to retirement or who have already retired. Non-clinical samples of older people, including those actively volunteering in social community groups were invited to participate in this research. The main aim was to extend previous research and examine the nature of relationships among psychological well-being, resilience, coping efficacy, social support, and volunteering (using quantitative survey data). This research also aimed to elaborate on the factors contributing to the psychological well-being of older people by exploring individuals' experiences and realities (using qualitative data from semi-structured interviews to deepen understanding from the quantitative survey data). Together, both methods (survey and interviews) will help to strengthen our understanding of volunteering in older people and how it impacts on psychological well-being.

This research consists of two studies. Study 1 was quantitative in nature and the key research questions included: (a) what are the predicting factors of psychological well-being in older people; and (b) what are the indirect effects among the factors relating to psychological well-being in older people. Study 2 was qualitative in nature and key research questions were generally designed to provide deeper meaning of the results from Study 1 and included: (a) what are the experiences of older people who engage in volunteering and other social activities in the context of their retirement; and (b) how does volunteering in community organisations impact on older people's well-being.

Mixed methods design has been used in this research. Given the current research has sought a deeper understanding of participants' perceptions of psychological well-being, the combination of the two types of data provided a more complete picture of the experience of psychological well-being than could have been provided by the quantitative analysis alone (Creswell & Plano Clark, 2011). In mixed methods research, the aim is not to view the quantitative and qualitative methods separately, but rather to view them for what they both add to the research (Creswell & Plano Clark, 2011). As the current research is based on subjective phenomena (i.e., psychological well-being), qualitative data was used to tell the story that the more static quantitative data presents (Tashakkori & Teddlie, 2010). *Complementarity* was the reason for combining the quantitative and qualitative data, as it is used when researchers seek elaboration, enhancement, and clarification of the results from one method with the results from another (Greene, Caracelli, & Graham, 1989).

1.6 Mixed Methods Design

In social sciences research, mixed research methods have become increasingly popular and can be considered a stand-alone research design (Creswell, 2007; Greene et al., 1989; Tashakkori & Teddlie, 2010). It is defined as the collection or analysis of both quantitative and qualitative data in a single study where data are collected concurrently or sequentially, and involve integration of the data at one or more stages in the process of research (Hanson, Creswell, Clark, Petska, & Creswell, 2005). Using both forms of data allows researchers to generalise results from a sample to a population and to gain a deeper understanding of the phenomenon of interest (Hanson et al., 2005). Using two types of research approach, the validity

and credibility of the research findings can be improved (Denzin & Lincoln, 2005; Patton, 2002). In the current research, the results of scale-based measurements in Study 1 were supplemented by contextual, interview-based information obtained in Study 2.

1.6.1 Mixed methods and pragmatism. A range of perspectives exist as to when and where mixed methods actually fit in the framework design. Tashakkori and Teddlie (2010) considered mixed methods research as a methodology. Creswell (2007) argued that as a methodology, mixed methods research focuses on philosophical assumptions, such as *pragmatism*, which then adds a complexity to the research. The theory of pragmatism is understood to link the empirical approach (i.e., the one and only truth that is to be discovered by objective inquiry that underpins quantitative research methods) and the subjective approach (i.e., constructivists inquiry of qualitative research; Tashakkori & Teddlie, 2010). In pragmatism, the meaning of a concept is determined by the experiences or consequences following from belief; that is, our truths are obtained when our values and evidence provide warrants, and these truths continually change (Johnson, Onwuegbuzie, & Turner, 2007). In other words, our beliefs and values determine our attitude and opinions; hence our actions are a result of our beliefs and values. Beliefs are assumptions (attitudes of acceptance) that we make about the world (Corsini, 2002), and our values stem from those beliefs. Our values are things that we deem important and can include concepts like equality, honesty, education, effort, perseverance, and loyalty. Prosocial values of volunteering have been recognised to have potential for enhancing quality of late life in older people (Morrow-Howell et al., 2003), thus, are of primary interest to the current research.

Although controversial, pragmatism is slowly being accepted as offering greater diversity to inquiry than the singular approach of quantitative methods (Tashakkori & Teddlie, 2010). Creswell (2007) stated that all research needs a foundation, and that this foundation originates from the "worldview" or theoretical framework chosen by the researcher. It may be argued that the mixed methods design integrates a philosophical worldview, pragmatism, focusing on the consequences of the research, where the research question is more important than the methods used, and that multiple data collection methods inform the study (Creswell & Plano Clark, 2011). Morgan (2007) refers to mixed-methods as a "pragmatic"

design of data collection and analysis as "it is impossible to operate in either an exclusively theory or data-driven fashion" (p. 71). Patton (2002) argued that being adaptable while gathering relevant information is a valid approach to successful application of theory and practice. Research suggests that pragmatism is suitable for mixed-methods design as it synthesises ideas by using both quantitative and qualitative methods where a deeper and richer understanding of the information could be obtained (Teddlie & Johnson, 2009).

In pragmatism, a multi-stance approach allows the researcher to include both qualitative and quantitative perspectives, and accepts that both objective and subjective knowledge are valuable to the research (Creswell & Plano Clark, 2011). From this perspective, Creswell (2007) and Greene (2007) emphasised it is the technique or methods of data collection and analysis that are the key to mixed methods research. The researcher collects data according to "what works" when addressing the research problem (Creswell & Plano Clark, 2011), allowing to unlock the process of inquiry to all possibilities in a practical way (Tashakkori & Teddlie, 2010). As there are multiple influences that affect the process of retirement and successful ageing, the chosen theoretical framework, pragmatism, was crucial for conducting the research as it focused on the logical link between the two paradigms of inquiry, quantitative and qualitative. The quantitative inquiry focused on testing hypothesised relationships among the concept of psychological well-being and related constructs. The qualitative inquiry focused on the exploration of real life experiences of volunteers and the examination of how these experiences influence their well-being in the context of retirement. The mixing of the two paradigms was justified as it helped the researcher obtain useful answers to the research questions (Tashakkori & Teddlie, 2010), leading to a greater understanding of the subjective phenomena such as psychological well-being. The following section discusses a particular type of mixed methods applied in the current research termed *mixed-method sequential explanatory design*.

1.6.2 Mixed methods sequential explanatory design. In the current research, mixed method sequential explanatory design was applied (Creswell & Plano Clark, 2011) and consisted of two distinct phases: quantitative in Study 1 followed by qualitative in Study 2. In phase one, quantitative (numeric) data was collected and analysed. The qualitative (text) data was then collected and analysed

to elaborate on the quantitative data. Supplementing quantitative data in Study 1 with qualitative data from participants' lived experiences and perspectives (Study 2) enhanced the understanding of human nature and the social reality of older people, reflecting the complexity of the phenomenon of psychological well-being. The process of mixed-method sequential explanatory design applied in the current research is outlined in Figure 1.1.

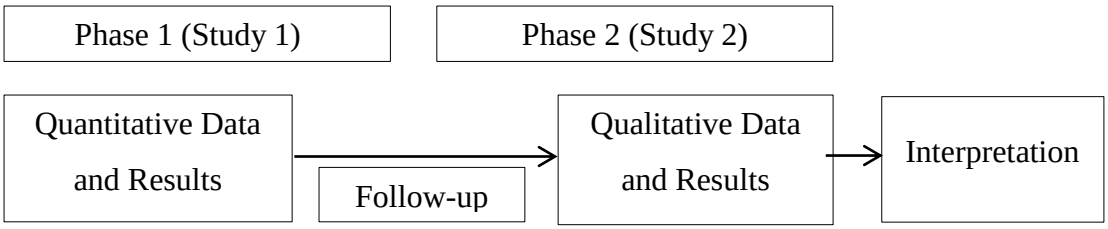

Figure 1.1. A mixed method sequential explanatory study to measure and explore the nature of psychological well-being among the baby boomers and builders' generations. Adapted from "Study B: An Example of the Explanatory Sequential Design" by N. V. Ivankova and S. L. Stick, 2000. In John W. Creswell & Vicki L. Plano Clark, *Designing and Conducting Mixed Methods Research* (pp. 301-331).

This pragmatic approach provided a rigorous research design that was important in guiding the researcher when making methodological and analytical decisions to examine the complex research phenomenon of psychological well-being. In Study 1, quantitative data was collected from a sample of older people who were involved in volunteer-based community organisations. A survey collected demographic data as well as data relating to the following key constructs of interest: psychological well-being, resilience, coping efficacy, social support, and volunteering. In Study 1, data was used to identify statistically significant associations among factors relating to psychological well-being in older people, as well as differences between the baby boomers and builders' generation. Correlation, regression, and mediation analyses were used to analyse data in Study 1 using statistical programs (SPSS and AMOS; IBM, 2013). The quantitative data was useful in identifying participants' demographic characteristics to guide sampling criteria for the qualitative phase of the research (Study 2), as recommended by Creswell and Plano Clark (2011). The overall findings from Study 1 were also used to steer semi-structured interviews conducted in Study 2 to gain a deeper

understanding of the relationships observed in quantitative Study 1 (Creswell & Plano Clark, 2011; Tashakkori & Teddlie, 2010). Study 2 was conducted with a subsample of 10 participants (selected from Study 1) and involved semi-structured interviews that provided the participants with an opportunity to share their experiences as volunteers in community organisations. Finally, results from Study 1 and Study 2 were integrated and discussed. Figure 1.2 illustrates the application of the sequential mixed method explanatory design in the current research.

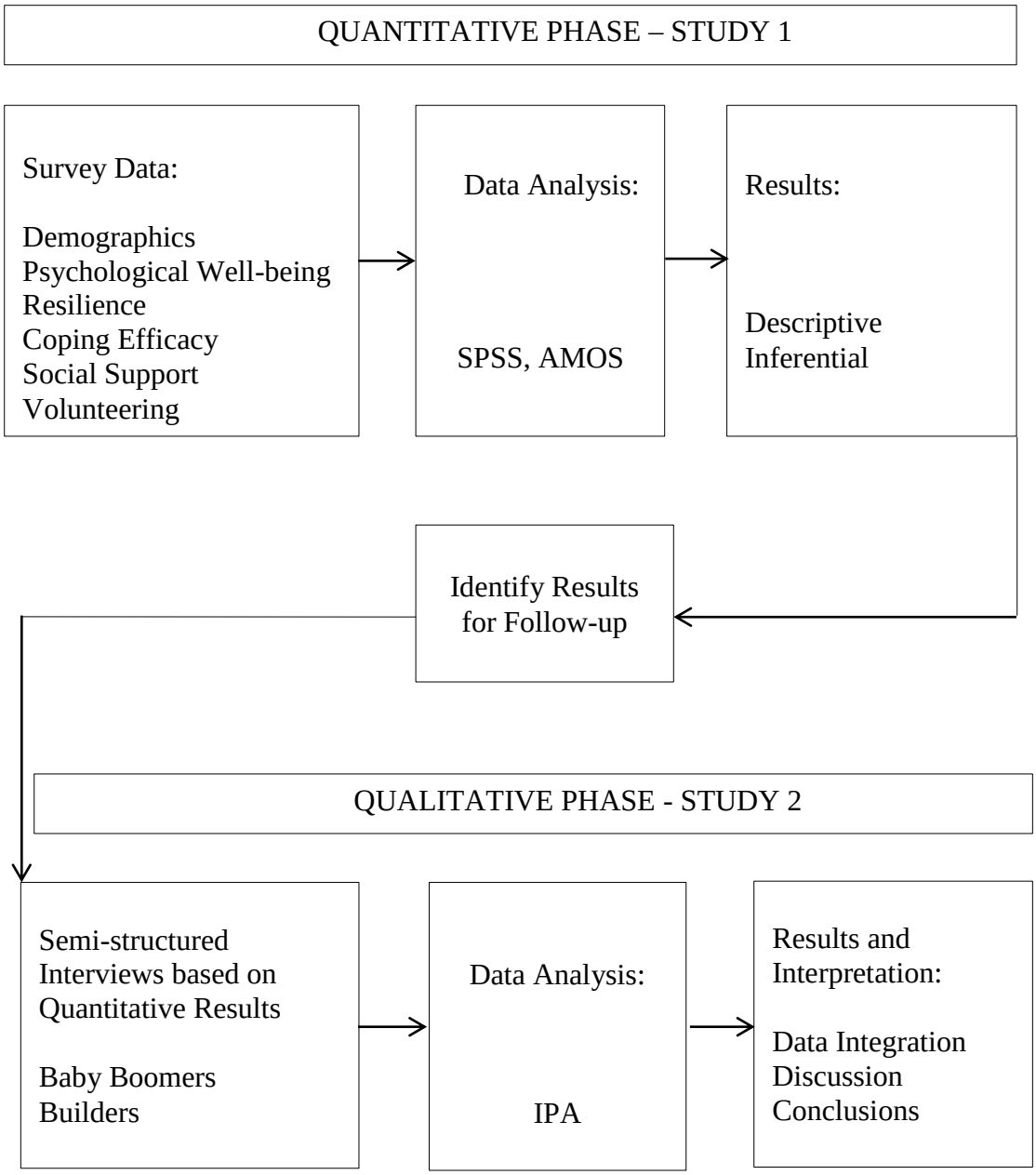

Figure 1.2. A mixed methods sequential explanatory study to measure and explore the nature of well-being in older Australians. Adapted from "Study B: An Example of the Explanatory Sequential Design" by N. V. Ivankova and S. L. Stick, 2000. In John W. Creswell & Vicki L. Plano Clark, *Designing and Conducting Mixed Methods Research* (pp. 301-331).

1.7 Limitations

Identifying and examining relevant factors that have the potential to improve psychological well-being may help older people to make informed decisions in relation to their health and well-being during retirement. However, there are several limitations to the current research. Firstly, although coping efficacy, social support, and volunteering have all been identified as factors that can lead to enhanced resilience and psychological well-being, other objective indicators such as physical functioning or socioeconomic factors such as size of residence (not measured in the current research) cannot be excluded. Secondly, the findings from Study 1 are representative of a specific group of older people who are actively engaged in the community organisations around Brisbane metropolitan areas and small regional towns in South East Queensland. The sampling methods for Study 1 included survey distribution through organisations' monthly newsletters and brief presentations during community meetings within the organisations. Thus, the sampling method may impose limitations on the variation of the responses received. The responses should not be generalised to a general population of the baby boomers and builders' generation. Thirdly, the majority of the participants in Study 1 (90%) reported to volunteer; however, the results also included responses from people who did not report volunteering, neither informally nor formally. Therefore, inferences from the Study 1 results cannot be interpreted by grouping the participants as volunteers and non-volunteers. Finally, Study 2 represented the voice of a small group of participants (n = 10) when compared to the total population and therefore, although relevant, cannot be generalised or transferred to become the voice of the broader population. However, in order to obtain realistic perspectives from selected individuals, data collection warrants a small group of participants (Smith, 2004).

1.8 Structure of the Thesis

Chapter 2 presents the theoretical framework that underpins the methodology used in this research. A discussion of the relevant factors relating to the models of psychological well-being is presented. Chapter 3 outlines the methodology for the quantitative Study 1 and describes the participants, recruitment process, data collection protocols, and analysis techniques used therein. Findings from Study 1 are presented and discussed in Chapter 4. Chapter 5 outlines the qualitative

methodology for conducting Study 2. Chapter 6 presents findings from the qualitative data analysis. Chapter 7 presents a discussion of the integrated findings from Study 1 and Study 2; and concludes the thesis, offering a discussion of the strengths, limitations, implications for theory and practice of the current research.

Chapter 2 – Literature Review

2.1 Introduction

This chapter provides an overview of literature relevant to identifying factors associated with improved well-being in older people. The importance of active ageing is discussed in the context of the ageing population. This is followed by a discussion of how the construct of psychological well-being fits within a framework of quality of life. The literature review provides a detailed discussion of the following constructs: resilience, coping efficacy, social support, and volunteering. The chapter concludes with the research aims and provides a rationale for each hypothesis.

2.2 Importance of Active Ageing in Retirement

The number of people aged 65 and over is projected to grow from an estimated 524 million in 2010 to around 1.5 billion in 2050 (Suzman & Beard, 2011). In the historical context, the ageing population is a remarkable human success, reflecting contributions of public health, medicine, education, and economic development (Johnstone & Kanitsaki, 2009), and reflects a combination of declining birth rates, leading to fewer young people, and increased life expectancy (Beard et al., 2011). However, the increased life expectancy means that not only do financial resources need to be managed over an extended life span (Fenge et al., 2012), but also that the period of retirement can stretch across a number of decades. This means that all countries will have a much shorter period to adjust and establish infrastructure and policies necessary to meet the needs of the ageing population (Beard et al., 2011).

As international interest in ageing and its impacts increases, international organisations work to provide a framework that applies to the communities worldwide. For instance, in 2002, the World Health Organization created a report called “Active Ageing: A Policy Framework” that outlined guidelines for active ageing (World Health Organization, 2002). The term “active ageing” refers to ongoing involvement in activities ranging from the social, economic, and cultural to routine activities of daily living throughout the entire life-course (Walker, 2002). Stenner, McFarguhar, and Bowling (2010) critically reviewed 42 transcribed interviews with British people aged 72 years and over for the meaning of active ageing. The authors found that the concept of active ageing is understood in relation

to physical, cognitive, psychological, and social factors, and that these factors co-exist in complex combinations (Stenner, McFarquhar, & Bowling, 2010). For example, the phrase "keeping active" involved multifaceted (physical, mental, or social) activities that ranged from interests and hobbies, looking after family, having social interaction, doing voluntary work, being part of the community, and driving and (Stenner et al., 2010). The World Health Organization (2002) adopted the term active ageing to describe the process of "optimising opportunities for health, participation, and security in order to enhance quality of life as people age" (p. 12). It is envisioned that through adoption of active ageing, an individual can extend a healthy life expectancy and experience quality of life despite challenging circumstances such as frailty or disability.

Traditionally, ageing has been associated with retirement (ceasing paid work) and dependency (World Health Organization, 2002). In the developed world, the age at which a person becomes eligible for retirement pensions has become a default range between 60 and 65. However, research shows that many people continue to work over the age of 60, and remain active in the informal work section such as domestic work and small-scale self-employed activities (World Health Organization, 2002). Heaven and colleagues (2015) argue that retirement presents an opportunity to improve health and well-being by a way of adjusting lifestyle behaviours. As ageing takes place within the context of friends, work associates, and family members, older people who retire from work can remain active contributors to their families and communities.

Prior research indicates that having a positive attitude to ageing may contribute to better quality of life in older adults (Bryant et al., 2012). The World Health Organization (2002) proposed that the relationship between ageing and quality of life is complex and requires the provision of a supportive environment, including well-designed living conditions, access to economic resources, social environment, and appropriate health care (see Figure 2.1).

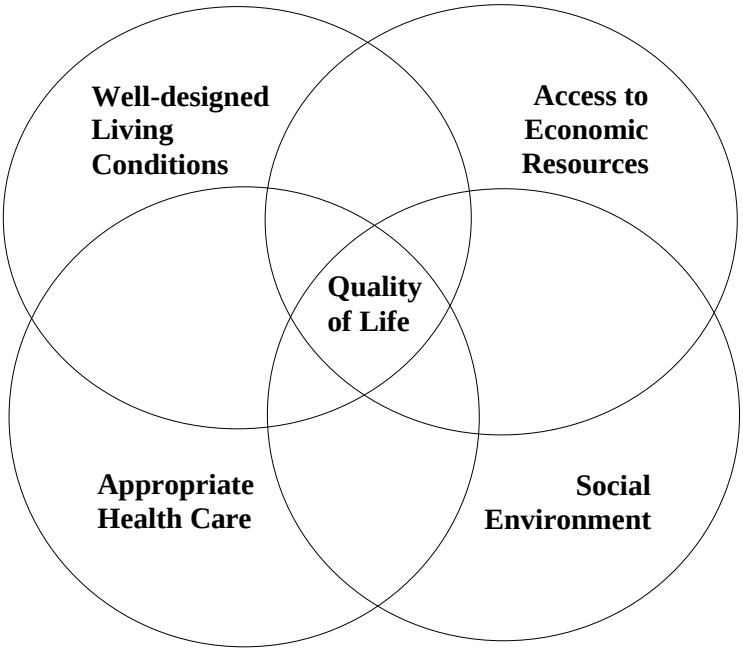

Figure 2.1. Proposed conditions for promoting active ageing and optimising opportunities for improved quality of life in older adults by World Health Organization. Adapted from "Active ageing: A policy framework" by World Health Organization, 2002, p. 19.

2.3 Quality of Life

Quality of life is a concept of increasing interest to researchers in the study of ageing. Quality of life is generally defined as those factors that make people satisfied with their current life situation, past life experiences, and hopefulness for satisfaction with future life circumstances (Kelley-Gillespie, 2009). It has traditionally been examined through the lens of medical and health sciences, with data primarily collected from ill patients in health care settings (e.g., Bowers, Fibich, & Jacobson, 2001; Glass, 1991, Lawton, 1991). However, as research has broadened into social sciences and other fields, stronger emphasis on all facets of quality of life has emerged (Lawton, 1991).

Prior research has suggested that quality of life is a multifaceted construct that includes many contributing factors (Bowling, 2011). However, there is no consensus regarding how best to define quality of life and well-being in older people. Traditional social science models of quality of life have been based primarily on the overlapping concepts of "life satisfaction", "happiness", "social well-being", and "morale" (Andrews, 1986; Andrews & Withey, 1973). Scales to measure quality of

life appear to have been previously applied in an ad hoc fashion without theoretical justification (Brown et al., 2004). Brown and colleagues (2004) addressed the issue of the lack of consensus regarding the meaning of the term "quality of life", and systematically reviewed literature between 2001 and 2003. This review culminated in a taxonomy of quality of life that suggested that no single concept can adequately capture what it means to age successfully (Brown et al., 2004). The taxonomy reveals that quality of life can theoretically encompass a wide ranging array of domains and include the following indicators: objective (e.g., standards of living, health, and longevity; Muntaner & Lynch, 2002; Sherman & Schiffmam, 1991); subjective (e.g., psychological well-being; Lawton, 1991; Ryff, 1989); psychological (e.g., efficiency and adaptability; social competence; control; autonomy; self-efficacy or self-mastery; and optimism-pessimism; Bowling et al., 2003; Grundy & Bowling, 1999; Larson, 1978); social health (e.g., social networks, support and activities; integration within local community; Bowling, 1994; Bowling & Grundy, 1998); social cohesion (e.g., trustworthiness arising from social connections between people; Putnam, 1995; 2001; Rogerson, Findlay, Morris, & Coombes, 1989); and environmental (e.g., place of residence; Schaie, Wahl, Mollenkopf, & Oswald, 2003).

The large number of quality of life indicators suggests that physical and mental health is linked in very complex ways (Pachana & Laidlaw, 2014). This is reflected in how quality of life has been operationalised in the literature. For instance, the World Health Organization has developed an instrument measuring quality of life in consultation with 15 centers around the world (World Health Organization, 1997). The measure of quality of life incorporates six domains: (a) physical health (e.g., energy, pain, and rest); (b) psychological (e.g., appearance, negative and positive feelings, and self-esteem); (c) level of independence (e.g., mobility, activities of daily living, and work capacity); (d) social relationships (e.g., personal relationships, social support, and sexual activity); (e) environment (e.g., financial resources, freedom, health care accessibility, home environment, and transport); and (f) spirituality and religious/personal beliefs (e.g., religion and spirituality; World Health Organization, 1997).

2.3.1 Quality of Life indicators. Lawton and colleagues (1999) argued that a clear separation of objective indicators (e.g., standard of living) and subjective

indicators (e.g., subjective well-being) of quality of life is not possible. Although definitions of quality of life are varied, most definitions include an inherent subjective evaluation of various aspects of one's situation in relation to a desired outcome (Brown et al., 2004). Subjective indicators involve some evaluation (e.g., expression of satisfaction/dissatisfaction, values, and perceptions) of one's life circumstances (Brown et al., 2004); and are based on the model of subjective well-being as defined by people's hedonic feelings or cognitive satisfaction (Diener & Suh, 1997).

Studies have found that indicators of subjective well-being are surprisingly stable into very old age (e.g., Smith et al., 1999). Subjective well-being is perceived through filters of personality and cognitive and emotional judgment; and it implies a positive self-appraisal (McDowell, 2010). Since it is inherently an evaluation, judgments of life satisfaction have a cognitive component (Sousa & Lyubomirsky, 2001), based on the comparison of one's life with imposed expectations, which lead to a global assessment of life (Pavot & Diener, 2008). Rudiner and Thomae's (1990) work provides support for the notion that cognitive representations affect life satisfaction. Cognitive representations are influenced by expectations about a situation and by those aspects of the situation that the individual regards as important (Rudinger & Thomae, 1990). Expectations may be set low or high and may themselves change over the life course and in response to personal circumstances (Felce & Perry, 1995). Therefore, an older person can report feelings of emotional well-being despite physical constraints. Similarly, social well-being is judged not only by objective measures such as number of friends, but by how satisfactory individuals judge their social network to be.

An individual's assessment of subjective well-being is inherently subjective, and is, therefore, subject to falsification or bias (Lawton et al., 1999). For example, Schwarz and Strack (1999) argued that subjective well-being is likely to be affected by moods; thus, assessments of well-being can often be transient and may simplify the complexities of life experiences by drawing feelings at the time of judgment as a source of information. However, Pavot and Diener (2008) suggested that while mood occasionally affects well-being, the effect is not strong and often exerts only a small influence on judgments of satisfaction. Furthermore, subjective indicators are still needed in the setting of policy goals, based on what people need and want, as

objective indicators alone do not provide sufficient information (Veenhoven, 2002). Thus, while social desirability and other biases inevitably threaten subjective measures (Veenhoven, 2002), researchers prefer the measures of reported well-being and/or life satisfaction (e.g., Diener, Emmons, Larsen, & Griffin, 1985; Diener & Suh, 1997; Felce & Perry, 1995).

The present research is based on the idea that some aspects of everyday life are reported based on subjective criteria (e.g., judgments of satisfaction in life and/or perceived well-being). Accordingly, subjective measures of quality of life of older people were adopted in the current Study 1. This is examined in more detail in the subsequent section.

2.3.2 Subjective indicators of Quality of Life. Psychological well-being is referred to as a subjective evaluation of satisfaction of one's life and includes concepts related to positive emotions such as happiness or joy, feeling lucky, and a general satisfaction with one's life (Shirai et al., 2006). Subjective self-ratings of psychological well-being have been found to be more powerful in explaining the variance in quality of life than objective economic or socio-demographic indicators (Bowling & Windsor, 2001). Research suggested that among the most frequently empirical associations with both well-being and quality of life reported by older people are a sense of personal adequacy or usefulness, social participation and social support (e.g., Grundy, Bowling, & Farquhar, 1996). Ryff (1989, as cited in Ryff & Keyes, 1995) summarised the theoretical literature on concepts relating to psychological well-being and proposed a multidimensional model of well-being that comprises six distinct components of positive psychological functioning. These dimensions encompass positive evaluations of oneself and one's past life (self-acceptance), a sense of continued growth and development as a person (personal growth), the belief that one's life is purposeful and meaningful (purpose of life), the possession of quality relations with others (positive relations with others), the capacity to effectively manage one's life and surrounding world (environmental mastery), and a sense of self-determination (autonomy; Ryff & Keyes, 1995).

Another model encompassing psychological well-being was proposed by Lawton (1991). Lawton's (1991) model represents a new era in measurement by focusing on the intervening psychological mechanisms of quality of life, and offers a strengths-based approach which can be used to foster an individual's well-being.

According to Lawton (1991), quality of life is not a dimension but rather a collection of dimensions where quality may be judged from the outside ("objective") or the inside ("subjective"). Quality of life is neither an attribute of the person nor of the environment, but of the person-environment system (Lawton, 1991). Lawton's (1991) model of quality of life comprises four dimensions (two objective dimensions and two subjective dimensions).

The two objective dimensions are represented by: (a) behavioural competence indicators (e.g., health and caring for self); and (b) objective environment indicators (e.g., housing, safety, security, and privacy). The two subjective dimensions are represented by: (a) perceived quality of life indicators (e.g., autonomy, relationships, decision making, and self-esteem); and (b) psychological well-being indicators (e.g., life satisfaction, Lawton, 1991). Behavioural competence and perceived quality of life are central domains of quality of life (Lawton, 1991). The perceived quality of life domain measures how satisfactory the person considers his or her life to be in a series of the most important domains of everyday life and includes autonomy, control, internal self, communication, relationships, family, connectedness, spiritual well-being, dignity, decision making, emotional reactions, and reflecting self-esteem (Lawton, 1991). The second subjective dimension, psychological well-being, is the ultimate outcome in the model; it is defined as sum of competencies and satisfactions of a person's competence and perceived quality in all domains of contemporary life (Lawton, 1991). The psychological well-being domain is the ability of a person to accommodate to loss and to assimilate positive information about self and includes indicators of mental health, judgments of life satisfaction, and positive-negative emotions (Lawton, 1991).

Lawton (1991) argued that the four domains (behavioural, environmental, perceived quality of life and psychological well-being) encompass all possible indicators of quality of life, allowing for every individual's quality to be located within a theoretically determined structure. The four domains overlap each other reflecting the dynamic nature of interaction among the domains. The four-domain structure does not dictate operationalisation of measurement of quality of life; rather, it provides a way of accounting for the universe of domains of quality of life (Lawton, 1991). Lawton suggested that the subjective perceived quality of life

dimension allows for limitless detailing of specific dimensions; therefore, categories of perceived quality of life should be "custom-selected to match the purpose of the inquiry" (Lawton, 1991, p. 10). The model is particularly pertinent to the aims of the current research as it provides a theoretical framework for examining the interaction among the subjective domains of quality of life such as outcome indicators of psychological well-being (i.e., life satisfaction) and perceived subjective quality of life indicators relevant to the population of older people. For this reason, the current research uses Lawton's (1991) model to examine the nature of the relationships between the two subjective domains: psychological well-being and perceived indicators of quality of life. Following is a discussion of how the two domains have been operationalised in this research. Key literature findings relating to the improvement of well-being of older people are presented, followed by a detailed discussion of each indicator of quality of life relevant to older people in the context of community engagement.

2.3.3 Psychological Well-being indicators. Psychological well-being has been associated with successful and active ageing and it is considered an important dimension of quality of life (Felce & Perry, 1995; Hellstrom et al., 2004; World Health Organization, 2002). Indeed, research shows that life satisfaction, as the psychological component of well-being, has the potential to influence older peoples' quality of life, including their physical health. Life satisfaction has been studied extensively and is the most frequently investigated indicator of well-being (Wahl et al., 2006). For example, a longitudinal study with an 11.8-year follow-up found that elderly people with a lower life satisfaction were at risk of increased mortality from all causes including cardiovascular disease and cancer (Kimm et al., 2012). In addition, research on the health and life satisfaction of the elderly has shown that their opinions on life satisfaction vary with the state of their health (Simons, 2002; Stolar, MacEntee, & Hill, 1992). For instance, life satisfaction negatively correlated with loneliness and depression (Swami et al., 2007).

Lower social support has also been suggested as an important reason for decreased life satisfaction among older adult populations (Newsom & Schulz, 1998). For example, low well-being among older people has been associated with loneliness, lack of social activities, impaired indoor and outdoor mobility, dependence in activities of daily living, and living in institutions (von Heideken

Wagert et. al., 2005). Therefore, the current research uses subjective evaluations of Life Satisfaction and Perceived Well-being as measures of Psychological Well-being in older people.

2.3.4 Factors Influencing Psychological Well-being. The primary challenges associated with ageing in communities are how individuals find fulfillment, at what age they retire and their quality of life once they do retire (Beard et al., 2011). Building community resilience has been seen as one possible approach to address the issues associated with the rapidly ageing population and attend to the altered needs of those living longer (Beard et al., 2011). According to the Australian Government Social Inclusion Board (2012), community resilience means that communities are not only able to respond to challenges, but also able to do it in a creative way by attending to community needs and, thus, fundamentally transforming the basis of communities. Bowling (2008) argued that theories of active ageing promote the importance of measures that enhance resilience such as maintaining a societal role and activities that are meaningful in the community context. For instance, gerontologists have recognised the potential of volunteer activities to enhancing the quality of later life (Morrow-Howell et al., 2003). A review of 22 studies conducted mostly in United States, Canada, and Australia between 2005 and 2011 revealed a positive association between older people's well-being and engagement in volunteering (Cattan et al., 2011). Although causality is difficult to determine, the construct of motivations for volunteering is viewed as an important factor that has the potential to improve older people's well-being. While volunteering may not be perceived as a motive, empirical evidence shows that it is linked with improved coping mechanisms, high self-esteem, and improved quality of life (e.g., Taghian, D'Souza, & Polonsky, 2012).

Social resources such as social support have also been shown to enable engagement in helping behaviors in late life (Thoits & Hewitt, 2001). Research suggested that keeping active, fostering relationships and community connections can lead to enhanced resilience (Moyle et al., 2010). Social support is of particular importance for older people because later life is associated with major stressors such as increased risk of chronic conditions, loss of function, income, or spouse (Tajvar, Fletcher, Grundy, & Arab, 2013). Social support has been linked to several health outcomes in older people such as psychological adjustments, reduced mortality,

better coping with upsetting events, and improved efficacy (e.g., Lyyra & Heikkinen, 2006; Motl, McAuley, Snook, & Gliottoni, 2009). Moreover, research showed that coping strategies such as problem-focused strategies and social support-seeking positively influence Psychological Well-being (Desmond & MacLachlan, 2006). Such findings suggest that active engagement in community has the potential for building an enhanced resilience in older people where notions of social support seeking and coping strategies can lead to better Psychological Well-being.

Although the review by Cattan and colleagues (2011) shows encouraging results, there are still major gaps in understanding what factors contribute to Psychological Well-being in the context of retirement. In addition, positive aspects of well-being such as resilience, positive coping, and social support have not received the same attention in research as have indicators of poor mental health, such as depressive symptoms or anxiety (Brown et al., 2004). The current research was designed to redress this gap in literature while focused on the Australian population of retirees, who volunteer in community. The aim of the current research was to extend Lawton's (1991) model of quality of life by examining how Resilience, Coping Efficacy, Social Support, and Volunteering (measures of the perceived domains of quality of life) influence Psychological Well-being in the baby boomers and builders' generation. The theoretical model on which the current research is based is depicted in Figure 2.2. Factors highlighted in boldface are examined in the current research. A detailed discussion of each factor and its relation to Psychological Well-being is presented below.

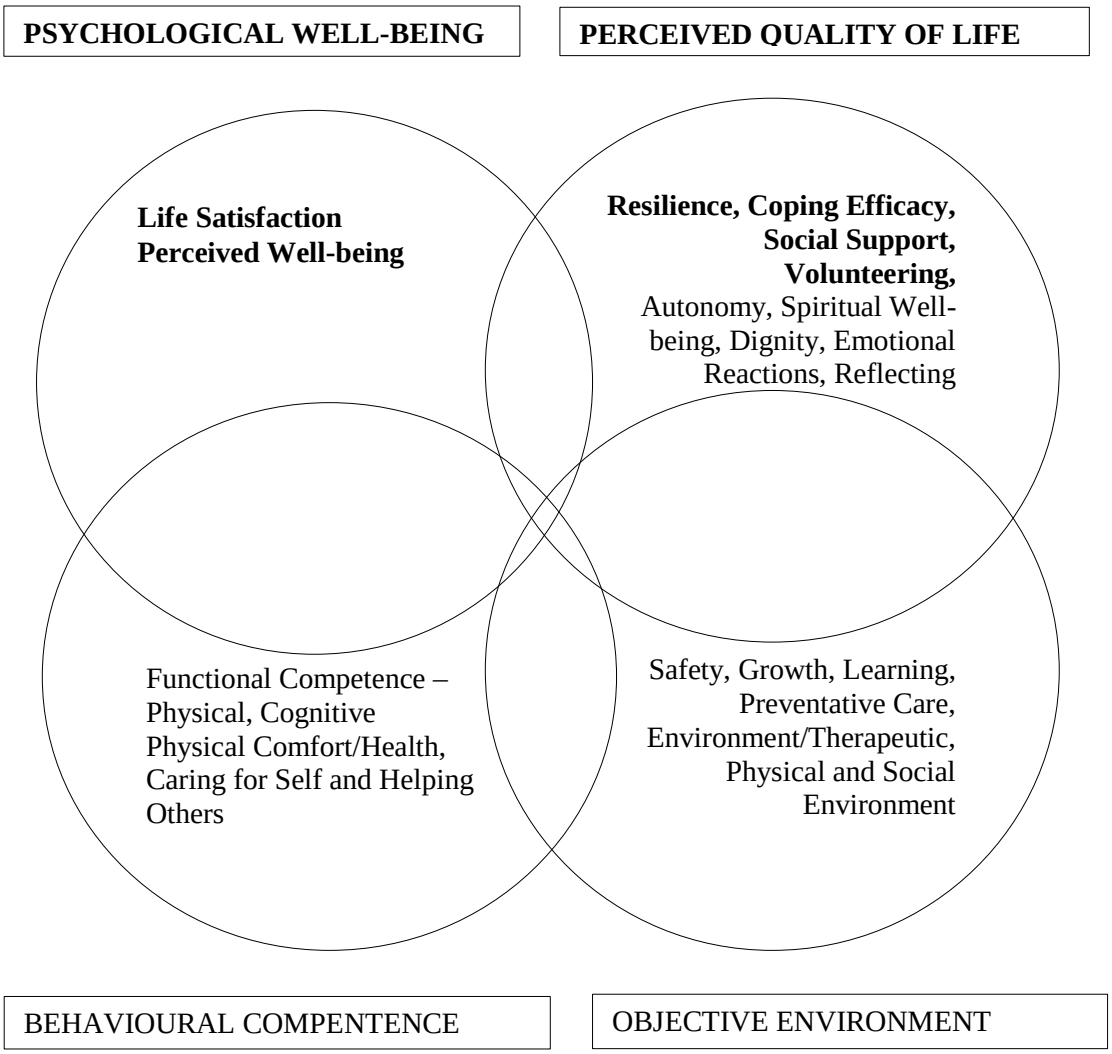

Figure 2.2. Multidimensional model of quality of life for older adults by Lawton (1991). Adapted from "Quality of life, perceptions, and family congruence" . In G. M. A. Kelly, 2007, *Quality of life family congruence in nursing homes*, p. 16.

2.4 Perceived Quality of Life Indicators

2.4.1 Resilience. Resilience has been referred to as the "processes or patterns of positive adaptation and development in the context of significant threats to an individual's life or function" (Masten & Wright, 2009, p. 215). According to Rutter (2012), Resilience is an inference based on evidence that some people will have better outcomes than others when faced with adversity and that negative experiences may have a strengthening effect in Resilience. There is no single definition of Resilience and there is debate about whether Resilience should be seen

as an outcome, a process, or a set of characteristics (Cooper, Flint-Taylor, & Pearn, 2013). Research into Resilience is rooted in positive psychology (Seligman & Csikszentmihaly, 2000). Early development of the concept of Resilience was based on populations of at risk children (Garmezy, 1974, 1985, as cited in Rutter, 2012); and at that time it was understood as an intrinsic trait, making a child resistant to stress (Rutter, 1987). In the late 1980s, however, the focus had shifted from trying to understand the individual trait to understanding multiple conditions such as socioeconomic disadvantage, illness, and stressful life events (Garmezy, 1993). Researchers found that the same type of adversity can result in varying outcomes for children and that effects on children were likely to be shaped by social context (Rutter, 1999). These differences in outcomes for children led researchers to focus on the interacting effects between predisposition and environment.

More recently, Resilience has been seen as an interchangeable construct between risk taking and protective processes that involves influences from the individual, family, and the larger society (Luthar & Cicchetti, 2000). This view implies that Resilience is a dynamic process which requires the individual, community, or society to adapt by resisting or changing in order to reach and maintain an acceptable level of functioning (The United Office for Disaster Risk Reduction, 2009).

The process of ageing can inevitably lead to greater vulnerability and stress about managing daily challenges associated with illness and/or decreasing levels of physical ability. Critical life events may influence human development in later life because they promote uncontrollable and unexpected conditions which, in turn, can challenge individual's Resilience, well-being (Baltes, Lindenberger, Staudinger, 1998), and successful development (Ryff, 1989). Although recent literature suggests that individuals at age 75 and over experience steeper late-life declines (Hulur, Ram, Gerstorf, 2015), research has shown that subjective well-being does not diminish in later life for a large majority of older people (Henchoz, Cavalli, & Girardin, 2008; Staudinger, 1999). This raises the question as to how, in the face of challenges associated with ageing, older adults are able to beat the odds and do well against expectation (Bartley, 2006).

While psychological research into ageing has traditionally focused on decline and depression, there is an increasing emphasis on the characteristics of people who

can be identified as ageing well (Ranzijn, 2002). Contemporary researchers believe that Resilience reflects the need for successful adaptation and involves skills that can be learnt and enhanced (e.g., Nalin & França, 2015). Research suggested that Resilience is not just an attribute or capacity; but also depends on the developmental stage of the individual and available resources that would help maintaining Resilience (Masten, 2001) Masten (2001) defined Resilience as "a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development" (p. 228). This definition implies two conditions: (a) exposure to threat or severe adversity (e.g., trauma); and (b) positive adaptation in spite of such adversities in the developmental process (e.g., competence, accomplishment of developmental tasks, absence of psychopathology, maintenance of well-being; Masten, 2001). This definition suggests that people's Resilience can be measured by "a process of positive adaptation and harnessing resources in order to sustain well-being" (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014, p. 5).

Research suggested that positive adaptation is often determined by learning from past experiences. For example, research on bereavement, terror attacks, and disasters indicated that Resilience is a matter of coping with isolated traumatic events, and that coping may involve strategies that are less effective and even maladaptive when applied in other contexts (Bonanno, 2004). Thus, older people's Resilience may be the result of an accumulated repertoire of coping strategies learnt from past life experiences; however, for the adaptation to challenges associated with ageing to be effective, those coping mechanisms need to be applicable to their current life circumstances (Bonanno, 2004).

Greve and Staudinger (2006) proposed a conceptualisation of Resilience as a constellation between individual resources (capacities, competencies), social conditions (e.g., social support), and the developmental challenge or problem (e.g., obstacles, deficits, losses). One central aspect of Resilience includes the adaptive processes and the dynamic interplay between pursuit of personal (developmental) goals and the adjustment of these goals to constraints, changes, or losses (Ryff & Singer, 2002). This view implies a hierarchical differentiation between Resilience, coping, and social conditions where coping is viewed as processes that can result in Resilience and development (Leipold & Greve, 2009). Coping is referred to as processes (as opposed to a trait or a competence) by which individuals manage

challenges (Lazarus & Folkman, 1984). Social support is referred to as "resources provided by other persons" (Cohen & Syme, 1985, p. 4). Thus, how an older person adapts to the daily challenges associated with ageing may depend not only on their individual resources (e.g., self-efficacy; Bandura, 1997), but also availability of environmental resources such as social support (Cohen & Syme, 1985).

Evidently, how people perceive the available resources (i.e., objectively versus subjectively) will determine how they cope and maintain the control in their surroundings (Heckhausen & Schulz, 1999). For example, when the individual's problem-solving efforts appear ineffective, adaptations are needed so that the problem does not become a permanent source of stress. Adapting one's own level of expectation can lead to regaining a feeling of being in control, which can , in turn, enable the person to reach desired goals (Schwarzer, 1992). In the context of the current research, Resilience can be seen as expression of stability where older people's coping mechanisms are effective in dealing with challenges associated with retirement and ageing.

2.4.1.1 Resilience and Psychological Well-being. A recent study of 164 older adults aged 55 and over living in community centres (i.e., continuing care retirement centres) demonstrated that higher Resilience predicted greater happiness, lower depression, and greater satisfaction with life (Smith & Hollinger-Smith, 2014). Smith and Hollinger-Smith (2014) found that people with greater capacity to savour positive experiences and people with higher Resilience tended to report greater satisfaction with life. Another study of 270 Spanish retirees aged 65 years and over showed that Resilience and the concepts of mastery, adaptability, and perseverance were found to be the main predictors of well-being in retirement (Nalin & França, 2015). These results indicate that satisfaction with life is dependent on older people's levels of Resilience; thus, improving interventions to enhance positive emotions can potentially improve well-being and boost Resilience in older adults.

Based on research to date, limited empirical evidence exists to explain the nature of the relationships between Resilience and well-being in older Australians in a non-clinical setting. In addition, the vast majority of previous research has focused on quantitative data and did not investigate how coping mechanisms, support from family or friends, or volunteering impact on Resilience and Psychological Well-being of older people who are actively engaged in community. The current research

was designed to redress this gap in the literature and examine the impact of Resilience on the Psychological Well-being of older people using both quantitative and qualitative data. Furthermore, the research was designed to examine how older people's resources (coping mechanisms), environmental resources (social support) and actions (volunteering) relate to their Psychological Well-being. Identifying psychological characteristics of those who cope well with the challenges of ageing may help provide directions for preventative interventions, and enable greater understanding of the psychological characteristics of positive and successful ageing (Snyder & Lopez, 2002).

2.4.2 Coping Efficacy. Coping efficacy is an individual's efforts to adapt to the environment by maintaining control over events (Bandura, 1997). The way in which individuals interpret environmental demands can have a dramatic impact on their ability to cope with a particular environment (Folkman & Lazarus, 1984). Folkman and Lazarus (1984) described coping as a goal-oriented process in which individuals use cognitive appraisals and make an effort to manage stressful environmental demands. A concept related to Coping Efficacy is Self-efficacy, referred to as a belief that one can successfully complete tasks at a designated level (Bandura & Locke, 2003), and represents one core aspect of social-cognitive theory (Bandura, 1997). Bandura (1991) argued that self-efficacy determines whether coping behaviour will be initiated, how much effort will be expended, and how long it will be sustained in the face of adversity. Thus, the concepts of Coping Efficacy and Self-efficacy overlap on a conceptual level in that they both refer to learned characteristics that influence attitudes and behaviour, particularly in the face of challenges (Bandura, 1997; Greenglass et al., 1999b; Scholz, Dona, Sud, & Schwarzer, 2002). The current research assumes that the constructs of Self-efficacy and Coping Efficacy are not essentially distinct, but are reflections of a general orientation towards positive and negative expectations of individual's self-belief and capacity for action. Congruent with the current literature, Coping Efficacy was operationalised by using the concepts of Proactive Coping and Self-efficacy (Elliot & Dweck, 2007).

2.4.2.1 Theories of Coping Efficacy. Prior research has suggested that people are often equipped to recognise problems before they occur by being proactive, which includes behaviours such as planning, goal setting, organisation,

and mental simulation (Aspinwall & Taylor, 1997). Proactive coping is defined as an effort to use internal resources (e.g., optimism) and external resources (i.e., time, knowledge, and social support) to prepare for challenging goals and personal growth (Aspinwall & Taylor, 1997). Proactive Coping helps people to reduce or modify impending stress whereby people perceive environmental demands as challenges rather than threats (Greenglass, Schwarzer, Jakubiec, Fiksenbaum, & Taubert, 1999b). Thus, proactive individuals strive for improvement in their environment rather than simply react to adversity, and are likely to display optimism when dealing with difficulties (Schwarzer, 1999).

Schwarzer and Renner (2000) argued that an individuals' optimism operates in two phases: action self-efficacy and coping self-efficacy (Schwarzer & Renner, 2000). A key part of self-efficacy theory is that the stronger an individual's belief in his or her ability to perform a set of actions, the more likely he/she will be to initiate and persist in the given activity (Bandura & Cervone, 1983). Those with lower self-efficacy may imagine failure scenarios and harbor self-doubts, and, therefore, have a greater tendency to abandon attempts in carrying out the intended behaviour (Bagozzi & Edwards, 1998; Bandura & Cervone, 1983). On the other hand, in the action self-efficacy phase of optimism, individuals high in self-efficacy imagine success scenarios, anticipate potential outcomes of diverse strategies, and take the initiative to try to adopt a new behaviour (Bagozzi & Edwards, 1998).

The Coping Efficacy phase of optimism refers to individuals' ability to deal with barriers that arise during the maintenance period (Schwarzer & Renner, 2000). In the Coping Efficacy phase, a person with high levels of coping skills will respond confidently with better strategies, more effort, and prolonged persistence to overcome hurdles (Bagozzi & Edwards, 1998). Once an action has been taken, individuals with high Coping Efficacy invest more effort and persist longer than those with less Coping Efficacy. When setbacks occur, individuals with high levels of Coping Efficacy will recover more quickly and maintain commitment to their goals (Schwarzer, 1999). This view implies that how people behave can often be predicted more through the beliefs they hold about their capabilities than by what they are actually capable of accomplishing (Elliot & Dweck, 2007). Therefore, whether or not the relevant knowledge and skills are present, having confidence in adopting behaviour may be sufficient to initiate it (Bandura, 1997).

In essence, both self-efficacy and outcome expectations play a role in the adoption of health behaviours, the modification of unhealthy habits, and the maintenance of change (Bandura, 1991). The theories on Coping Efficacy suggest that maintaining and improving older people's self-appraisal of their capacity to deal with daily challenges may be crucial for engagement in community activities. Therefore, in the current research, the behavioural change and the maintenance of well-being in older people is anticipated to be a function of the expectations about one's ability to engage in community (self-efficacy) and the expectations about the outcome resulting from performing that behaviour (outcome expectations).

2.4.2.2 Coping Efficacy and Resilience. Research indicated that understanding how older adults cope with daily stress is a key aspect in long-term well-being and adaptation (Diehl, Hay, & Chui, 2012). Studies suggested that coping strategies are important predictors of psychosocial adaptation, where older people possess abilities and strengths to help them buffer against adversity (de Paula Couto, Koller, & Novo, 2011; Masten & Wright, 2009). For example, Desmond and MacLachlan (2006) investigated the relationship between coping strategies such as problem-solving or social support seeking, symptoms of depression and anxiety, and the level of reported adaptation to lower limb amputations in 796 veterans with a mean age of 74 years (*SD* = 12.18). Results indicated that problem solving strategies were negatively associated with depressive and anxiety symptoms, and social support seeking was positively associated with social adaptation (Desmond & MacLachlan, 2006).

A growing number of studies have reported individual differences in Resilience as a source for the adaptive ways people encounter and manage stress. Ong and colleagues (2006) investigated the role that psychological resilience and positive emotions play in stressful situations in later life. They found that individual differences in Resilience underlined variation in emotional responses to stress (higher levels of Resilience contributed to a weaker association between positive and negative emotions; Ong et al., 2006). In addition, experiencing positive emotions helped resilient persons to deal better with daily stressors (Ong et al., 2006). Such findings imply that an essential aspect of problem-focused coping is perceived control where situational appraisals of control determine initiation of effective coping strategies (Folkman, 1984). Individual differences in Coping Efficacy may,

therefore, account for one's capacity to adapt to stressful life events. In the context of this research, older people with proactive attitudes are likely to display an optimistic view of the challenges they face, feel in control over their environment, and actively engage in community activities to reduce stress associated with ageing. Active engagement in communities would, in turn, provide an opportunity for social connection and support, mental stimulation, and learning of new coping strategies, which, in turn, can potentially enhance their well-being.

In contrast, a study by de Paula Couto, Koller, and Novo (2011) did not find a significant interaction between Resilience and stressful events. The study of 111 participants (56 to 85 years; living independently in the Brazilian community) focused on identifying the most frequent stressful life events and the most stressful events for older persons (de Paula Couto et al., 2011). The most frequent stressful events were identified as memory deterioration, deterioration in health/behaviour of a family member, death of a friend/family member, decrease in recreational activities, and personal injury/illness (de Paula Couto et al., 2011). The most stressful events were divorce/marital separation, parent institutionalisation, and child, spouse, or parent death. Results showed that high Resilience was significantly related to high Psychological Well-being ($r = .34$, $p < .05$; de Paula Couto et al., 2011). It was suggested that older people manifest different degrees of Resilience, which, in turn, helps to reduce the impact of stress (de Paula Couto et al., 2011). Although no interaction between Resilience and stressful events was found, Resilience has shown to be an important factor associated with well-being in older people (de Paula Couto et al., 2011).

2.4.2.3 Coping Efficacy and Psychological Well-being. Research showed positive associations between Proactive Coping and aspects of well-being such as Life Satisfaction in community-dwelling older Australians (Sougleris & Ranzijn, 2011). In their study of 109 women and 115 men with mean age of 75 years (*SD* = 6.66), Sougleris and Ranzijn (2011) explored whether Proactive Coping could have a role in personal growth, purpose in life, and Life Satisfaction and found that Proactive Coping was a highly significant predictor of all three constructs. This finding suggests that providing older people with opportunities for enhancing proactive coping strategies is likely to improve their Psychological Well-being.

Research indicated that older people with high levels of self-efficacy are more likely to report having had recent preventive care measures such as recent blood pressure measurement and influenza immunisation, as compared with those with low self-efficacy (Raymond et al., 2011). Similarly, exercise self-efficacy was associated with the amount of physical activity undertaken by older people (Clark, 1996). Past experience, vicarious experiences, and subjective perception of health in 309 older people over 65 years had significant direct effects on self-efficacy and indirect effects on exercise via self-efficacy (Warner, Schüz, Knittle, Ziegelmann, & Wurm, 2011). Another study examined the association between optimist beliefs and Life Satisfaction (Wurm, Tomasik, & Tesch-Romer, 2008). The nationwide longitudinal survey of 1,286 people aged between 40 and 85 years showed that an optimistic view of ageing has a positive effect on subjective health and Life Satisfaction (Wurm et al., 2008). These findings suggest that a positive belief in one's own ability to stay physically healthy can contribute to an increased proactive behaviour that will maintain a desired level of health. Such evidence indicates that well-being of older people can be achieved by assisting their efforts to maintain beliefs about their capabilities to manage environmental challenges. Having a positive attitude toward those challenges may help them strive for improvement rather than react to adversity, further strengthening their self-efficacy.

Overall, Proactive Coping and Self-efficacy (aspects of perceived quality of life) are important concepts in how people initiate effective coping strategies to maintain their well-being in later life. However, it is unclear to what extent the insights of the previous studies are applicable to older people actively engaged in the community. In addition, the majority of research examined the effects of Coping Efficacy and older people's decisions to maintain physical health in rehabilitation settings (e.g., Warner et al., 2011) such as coping with Alzheimer's disease (e.g., De Souza-Talarico, Chaves, Nitrini, & Caramelli, 2009). The current research aimed to redress this gap in literature and examine how the concepts of Proactive Coping and Self-efficacy would influence well-being of older Australians who are considered generally healthy and who are actively engaged in the community in the context of retirement. Understanding of older people's ways of coping has significant implications not only for the planning and delivery of social care services (Glasby et

al., 2012), but also in developing community engagement initiatives that promote proactive attitudes towards ageing.

2.4.3 Social Support. The ageing population in Australia, along with social and economic changes, is likely to have profound impacts on the structure and function of the family, which has traditionally been the main source of support for older people (World Health Organization, 2002). Research suggested that Social Support is a complex and multifaceted concept and, thus, has been defined in many ways.

2.4.3.1 Theories of Social Support. Early research by Vaux (1988, as cited in Bianco & Eklund, 2001) referred to Social Support as a multilayered construct that comprises support networks, support exchanges (that occur between network members and recipients), and perceptions of the support received. Antonucci's (2001) convoy theory of social networks uses a life span perspective as a fundamental basis for explaining the nature of social relationships. The concept of the convoy is conceptualised as social relations that are shaped by personal (e.g., age, personality) and situational (e.g., resources, demands) factors. Social relationships are the key element of well-being and can significantly influence health over the course of life (Antonucci, Ajrouch, & Birditt, 2013). Under ideal conditions, the convoy and members of the convoy provide a secure base that allows an individual to experience the world and successfully meet life challenges (Antonucci, 2001).

Schaefer, Coyne, and Lazarus (1981) proposed a typology of social support and identified five types of Social Support: (a) emotional (e.g., expressions of care and concern); (b) esteem (e.g., encouraging to take action, bolstering other's confidence); (c) network (letting individuals know that help is available and that they are not alone); information (e.g., communication of available options); and (e) tangible (e.g., making a meal for someone who is sick; Schaefer et al., 1981).

Cohen and Syme (1985) provided a broader definition of Social Support referring to it as "resources provided by other persons", and that these resources have both objective (e.g., actual support) and subjective (e.g., perceived support) aspects (p. 4). The perceived social support is a subjective feeling of being supported, and includes an individual's belief that social support is available or is beneficial (Cohen, Underwood, & Gottlieb, 2000). Actual support refers to the objective and tangible

support and can include the provision of assistance for daily activities (i.e., transportation, cooking, cleaning); and/or instrumental support which is related to the provision of advice about particular service needs (Cohen et al., 2000). Both types of support are believed to be health-protective and act as buffers to stress (Tajvar et al., 2013).

While actual support is relevant to well-being, the perceived support may be more important than actual support (Mattson & Hall, 2011). A study by McDowell and Serovich (2007) compared the way perceived and actual social support affected the mental health of men and women living with HIV/AIDS. Results suggested that perceived social support predicted positive mental health, while the effect of actual social support on their mental health was minimal (McDowell & Serovich, 2007). In contrast, a study by Litwin (2011) of older Americans aged 65-85 years investigated the impact of a series of relationship quality indicators (perceived positive and negative ties with family, friends, and spouse/partner). After controlling for age, gender, education, income, race/ethnicity, religious affiliation, functional and physical health, the results revealed that the structure of the social networks seems to matter more than the perceived quality of relationships as an indicator of depressive symptoms (Litwin, 2011). Such contradictory evidence in social research may reflect the diverse measures implemented to study Social Support, but may also reflect the complexity of the Social Support construct. The link between social network relationships and mental health remains unclear, partly because it is uncertain whether the structure of social network is more important than their perceived quality. In essence, although each type of support may have a different contributing role to overall well-being, having access to adequate support for a healthy life through social connections is essential.

The theories of Social Support imply that if people have a support network, they can access tangible support needed to stay healthy (Lakey & Cohen, 2000). Networks are the identified social relationships that surround a person, their characteristics, and the individual's perceptions of them (Bowling, 1994). Lawton and colleagues (1999) argued that, from a quality of life perspective, social networks provide stimulation from outside the person, whether the stimulation is by diversion, companionship, competition, conflict, affirmation, or support. Gottlieb (2000) referred to Social Support more broadly as the "process of interaction in

relationships which improves coping, esteem, belonging, and competence through actual or perceived exchanges of physical or psychosocial resources" (p. 28). The common link among definitions of Social Support is that it implies an interactive process between a person and his or her environment by which health and well-being can be improved.

The impact of Social Support will ultimately depend on the value individuals place on the specific aspects of support, be it the number of relationships or the quality of those relationships (Cohen et al., 2000). Rook (2015) argues that social networks can be a source of positive as well as negative experiences. Social networks can facilitate adaptation to challenges and provide companionship, but they can also be a source of conflict, rejection, and undermining of one's goals (Rook, 2015). The primary interest of the current research was to examine how Social Support is perceived by older people involved in the community. Specifically, this research aimed to investigate older people's subjective judgments of the adequacy of help they will receive or have received during times of need. Therefore, the perceived aspect of Social Support is examined in relation to the subjective domain of Psychological Well-being.

2.4.3.2 Social Support and Resilience. A growing body of qualitative research demonstrated that social interaction can positively influence Resilience. For example, one of the main sources of strength in community-dwelling people receiving care was supportive relationships with family, which helped the residents to make sense of their situation in a less stressful manner and contributed to their feelings of control over their environment, having balanced vision of life, and not adopting the role of a victim (Janssen et al., 2011). The residents indicated that they were supported by family members not only through emotional and practical help, but they were also able to enjoy activities together such as daytrips and going out shopping (Janssen et al., 2011). Similarly, a qualitative study of 58 people over the age of 65 years from Australia, UK, Germany, and South Africa found that older people maintain Resilience via various means such as keeping active, fostering relationships and community connections, as well as practical and spiritual coping (Moyle et al., 2010). This research suggests that the well-being of older people can be enhanced by maintaining and building community networks to successfully manage the transitions of ageing. Such findings indicate that older people who are

actively engaged in community are likely to feel not only competent in dealing with daily challenges, but also empowered from connecting with others, all of which could contribute to an enhanced Resilience.

2.4.3.3 Social Support and Psychological Well-being. Social Support implies that a need of the person is fulfilled by someone in a social network, whether the need be material, informational, or psychosocial. Satisfying a particular need may lead to improved health and well-being. Research has linked Social Support to several positive health outcomes in older people such as reduced mortality, better coping with upsetting events, and improved efficacy (e.g., Lyyra & Heikkinen, 2006; Motl et al., 2009). For example, a study of elderly individuals recovering from hip fractures found that the people who had less social support were five times more likely to die within five years of the fracture than those with high levels of social support (Mortimore et al., 2008). A systematic review of 22 studies investigating the association between Social Support and the health of older people in Middle Eastern countries also revealed strong and consistent evidence for a positive relationship between Social Support and mental health (Tajvar et al., 2013).

The perception of one's Social Support and its perceived quality rather than actual support received was related to mental health (Yeh & Liu, 2003), indicating that the effectiveness of provision of Social Support on mental health depends more on its qualitative aspects than on its structural or quantitative aspects (Antonucci & Akiyama, 1987). For example, a study by Falcon, Todorov, and Tucker (2009) showed that Social Support, particularly emotional support, is protective of psychological health. Another study examined effects of perceived social support and the size of social network on subsequent disability in a group of community dwelling older adults (McLaughlin et al., 2012). McLaughlin and colleagues (2012) found that it was not the size but the satisfaction with social support that counts and demonstrated that lack of satisfaction with Social Support was associated with greater difficulties with activities of daily living (e.g., the degree one can independently care for oneself, do shopping or travel). Such evidence suggests that the well-being of older people can be achieved by assisting their efforts to maintain quality relationships to help them buffer negative effects associated with ageing.

A growing number of studies have suggested that the role of Social Support is also beneficial to Psychological Well-being. For example, a study of 147 people

aged over 55 years who participated in community programs run by the University of the Third Age in Spain found a significant association between Social Support and Psychological Well-being ($r = .18$, $p < .05$; Portero & Oliva, 2007). Similarly, a study of 1,111 individuals aged between 18 and 95 found that Life Satisfaction was predicted by perceived social support (Siedlecki, Salthouse, Oishi, & Jeswani, 2014). In contrast, a review of 22 studies on effects of Social Support on subjective well-being of Chinese older people revealed mixed results (Chen, Hicks, & While, 2014). Social Support received from family improved subjective well-being; however, the results from effects of Social Support received from friends were inconsistent (Chen, et al., 2014). Friend-related support (i.e., regular contact with number of close friends) in 544 community-dwelling people aged 70 years and over was negatively correlated with depression (Chou & Chi, 2003). However, another study showed that the support from friends was unrelated to Life Satisfaction (Yeung & Fung, 2007). Despite the mixed results regarding support received from friends; family support seems to be consistently related to improved subjective well-being. Although causality cannot be determined, these results suggest that older people with higher Psychological Well-being are more likely to establish a social network that supports their needs than people with lower Psychological Well-being.

Although research generally supports the conclusion that Social Support is beneficial for health, the research focus has mainly been on either the physical aspects of well-being (e.g., Lyyra & Heikkinen, 2006) or negative affect (e.g., Chou & Chi, 2003). Social Support theorists (Sarason, Sarason & Pierce, 1990) have also pointed out that because Social Support is an interactive process, and it is influenced by the characteristics of the provider and recipient, and their relationship; and the sociocultural context in which Social Support takes place. This research aimed to address the nature of Social Support by firstly measuring perceived Social Support and its relationship with Psychological Well-being in older people via a quantitative approach in Study 1. This is then followed by exploring the volunteer's characteristics and context that the support takes place via a qualitative approach in Study 2.

2.4.4 Volunteering. The word *volunteer* originates from the Latin word "velle" meaning "to wish" or "to be willing", and it is defined as "an individual who is willing to contribute to or devote him or herself to something" (Chang, Fang,

Ling, & Tsai, 2011, p. 478). Stebbins (2004) defined volunteering as "uncoerced help offered either formally or informally with no or, at most, token payment and done for the benefit of both other people and the volunteer" (p. 5). Volunteering can be categorised as formal, informal, or total. Formal volunteering is defined as any contribution of unpaid time to the activities of formal organisations (e.g., RSPCA, Meals-on-Wheels; Reed & Selbee, 2000). Informal volunteering is any assistance given directly to non-household individual and the assistance is not through a formal organisation (e.g., running a canteen, book keeping services; Reed & Selbee, 2000). When these formal and informal modes of helping are viewed in combination, it can be considered as total volunteering (Reed & Selbee, 2000).

Older community members are living longer, which means people need to support themselves in retirement for longer periods of time. With the ageing of the baby boomers' generation there will be greater numbers of older adults seeking meaningful engagement through activities such as volunteering (Kahana, Bhatta, Lovegreen, Kahana, & Midlarsky, 2013). Worldwide prevalence of adult volunteering varies considerably with estimates of 27% in the USA, 36% in Australia, and 22.5% in Europe, respectively (Jenkinson et al., 2013). Australian Bureau of Statistics (2009) data indicated that around a third of Australians engage in some form of volunteering, with the highest rates among those aged 55-64 years (46%) and 65-74 years (38%).

Authorities around the world see volunteering as a 'low cost' solution for people to participate in their local communities to improve social capital and community engagement (United Nations, 2011). For example, the US Corporation for National and Community Service (CNCS) released its Strategic Plan for 2011-2015 which focused on increasing the impact of national service on community needs, supporting not only the volunteers' well-being, but prioritising recruitment and engagement of underrepresented populations (Corporation for National & Community Service, 2011). Such interventions promoting community participation are regarded as potential resources for reducing social isolation and improving individual health and well-being (Jenkinson et al., 2013).

Literature suggested that volunteering is the most widely studied construct of engagement in prosocial actions (Morrow-Howell, 2010). Research in ageing has recognised the potential of volunteer activities for enhancing the quality of late life

(Morrow-Howell et al., 2003), and provided strong evidence for the positive effects of volunteering on quality of life and improvement of both mental and physical health.

2.4.4.1 Volunteering and Psychological Well-being. Research has indicated that the act of volunteering has a positive influence on Psychological Well-being of older people. Cattan, Hogg, and Hardill, (2011) identified 22 studies published between 2005 and 2011 that addressed the benefits of volunteering on older people's quality of life. Most research has been conducted in the United States, Canada, and Australia using data from longitudinal studies. The majority of studies concluded that there is a positive association between older people's quality of life and volunteering (Cattan et al., 2011). Another study showed that volunteers enjoy greater quality of life than non-volunteers and those respondents with the greatest degree of disadvantage gain the greatest sense of satisfaction with life from volunteering (Wheeler, Gorey, and Greenblatt, 1998). In a longitudinal study by Piliavin and Siegl (2007) older volunteers were more likely to be satisfied with life, and report a stronger will to live.

Thoits and Hewitt (2001) argued that social, physical, psychological, and financial resources enable engagement in helping behaviors in later life. Studies have suggested that volunteering has been found to be associated with better Psychological Well-being, including higher self-esteem, ability to cope with stress in later life and better adjustment to critical life events such as retirement and widowhood (Anderson et. al, 2014; Haski-Leventhal, 2009; Krause, 2009), increased social support (Parkinson, Warburton, Sibbritt, & Byles, 2010), and intellectual stimulation (Cocca-Bates & Neal-Boylan, 2011). While causality is difficult to demonstrate due to observational data and the heterogeneity of the research, evidence suggests that engaging in volunteering activities may provide benefits to social, cognitive, and physical functioning (e.g., Okun, Yeung, & Brown, 2013; von Bonsdorff & Rantanen, 2011). Such evidence indicates that the well-being of older people can be improved by assisting their efforts to volunteer in the community so that they can successfully manage the transitions of ageing. Volunteering in the community may provide opportunities for improving an individual's resources such as self-esteem and effective coping strategies which, in turn, could assist older people in maintaining their health and well-being.

2.4.4.2 Volunteering and physical health. Research has indicated that volunteering has been linked to improved physical health including decreased mortality rates among older people (e.g., Harrris & Thoresen, 2005). A review of 16 quantitative longitudinal studies from the United States showed that volunteering in old age predicted better self-rated health, functioning, physical activity, and Life Satisfaction as well as decreased depression and mortality (von Bonsdorff & Rantanen, 2011). Similarly, another study based on longitudinal data collected between 1993 and 2000 from people aged 70 and over who volunteered at least 100 hours in 1993 showed that volunteers experience less depression, stress, hospitalisation, pain, and psychological distress compared with non-volunteers (Lum & Lightfoot, 2005).

On the other hand, Lum and Lightfoot (2005) also found that there appeared to be no additional benefits to health as the number of volunteer hours increased beyond 100 hours. Similarly, a study of 530 participants engaged in various voluntary groups (i.e., sports and recreation groups, church and service clubs, professional, residential and political organisations) found that the more types of groups people participate in, the worse their physical health was (Ziersch & Baum, 2004). Such evidence suggests that for the volunteering activities to be beneficial an individual may need to monitor his/her level of commitment.

Research has suggested mixed results for the association between mortality rates and volunteering. For example, a longitudinal study of ageing assessed the health and social functioning of a representative sample of 7,527 American community-dwelling older people (aged 70 years and over) and found that frequent volunteers had significantly reduced mortality compared to non-volunteers (Harrris & Thoresen, 2005). However, volunteering behaviour does not always beneficially lower mortality risk. Those who volunteered for self-oriented reasons (e.g., improving mood or self-esteem) had a mortality risk similar to non-volunteers (Konrath, Fuhrel-Forbis, Lou, & Brown, 2012). Those who volunteered for other reasons (e.g., helping others as primary reason for helping) had a decreased mortality risk (Konrath et al., 2012). Thus, it can be argued that although activities within community groups (mental, physical, and social) can help maintain older people's well-being (Menec, Means, Keating, Parkhurst, & Eales, 2011), motives for volunteering and how one manages his and/or her commitment to the volunteering

activities can play a vital role in an individual's experience and overall sense of well-being.

2.4.4.3 Volunteering and Resilience. Increasingly, research on Resilience has focused on ways to improve well-being and stimulate health (e.g., Smith & Hollinger-Smith, 2014). Research has demonstrated that positive adaptation and development is influenced by external factors such as families, communities, and wider contextual circumstances (Masten, 2001). Empirical evidence has pointed to social interaction occurring through volunteer activities as a potential source of resources for enhanced resilience in adults. Musick and Wilson (2003) suggested that volunteering increases the potential for people to be resilient through increased personal and social resources, and that these resources are part of an individual's capacity to make a "psycho-social comeback". Research has indicated that volunteering is particularly beneficial for older people with less social interactions (Musick, Herzog, & House, 1999), and lower levels of income and education resulting in better health and improved self-esteem than their counterparts with higher socio-economic status (Morrow-Howell, Hong, & Tang, 2009; Tang, Choi, & Morrow-Howell, 2010).

Evidence of the positive effects of volunteering on individuals' Resilience and well-being has also been demonstrated by qualitative research. For example, a study involving 29 community-dwelling residents aged 55 years and over receiving long-term care examined how Resilience is related to the availability of sources of strength for older people (Janssen et al., 2011). The study found that despite their limitations, older people wanted to provide practical and moral support to others (Janssen et al., 2011). Mutual responsibility was valued by the residents who felt empowered by the fact that they could contribute to other people's lives in a meaningful way (Janssen et al., 2011). Such evidence suggests that older people can potentially be motivated by the values of responsibility to help others and the need for meaningful interaction. Motivations for volunteering driven by responsibility to help others, either in a form of practical or moral support, appear to be a noteworthy adaptive strategy used by older people that helps them in coping with daily challenges. The concept of motivations for volunteering in the community can, therefore, be seen as an important component of Resilience in older adults because it

can potentially lead to improved well-being while assisting individuals in developing positive methods to adapt to challenging life circumstances.

2.4.4.4 Theories of Motivations for Volunteering. On a conceptual level, there are a number of theories to explain Motivations for Volunteering. For example, the expectancy theory (generally accepted in the literature for explaining work motivations) proposed that people make choices based on estimates of how well the expected results of a given behaviour are going to lead to the desired results (Vroom, 1964, as cited in Van Eerde & Thierry, 1996). Therefore, people will choose to volunteer at a community centre if they think that their effort will be rewarded. If people are motivated by the desire to meet new people, they will be more likely to seek social connections through active engagement in community activities. This theory has been empirically supported in a study by Jenkison and colleagues (2013) who found that people are motivated by beliefs that helping others could improve employment opportunities, widen social circles, or use the activity as a distraction from problems in daily life. In essence, the motivation behind a chosen behaviour is determined by the desirability of the expected outcome.

Snyder, Clary, and Stukas (2000) used a functional approach to explain motivations for volunteering. Clary and colleagues (1998) conducted exploratory and confirmatory factor analyses on data collected from 465 volunteers (age M = 40.9 years, SD = 13.38) from five organisations in the United States. The analyses provided evidence supporting the following six-factor model of motivations for volunteering: values (e.g., “I am genuinely concerned about the particular group I am serving”); understanding (e.g., “Volunteering allows me to gain a new perspective”); social (e.g., “People I’m close to want me to volunteer”); career (Volunteering will help me succeed in my chosen profession”); protective (e.g., “No matter how bad I’ve been feeling, volunteering helps me to forget about it”); and enhancement (e.g., “Volunteering makes me feel important”; Clary et al., 1998). This approach argued that people are motivated to volunteer based on the extent of their beliefs. For instance, the degree one is concerned for others would determine the level of motivations for helping others.

Grube and Piliavin (2000) used social role theory to explain motivations for helping others and argued that individuals are motivated to volunteer by social values adopted from parents and society. As individuals adopt the values, it

becomes a part of them, and the strength of identification have been shown to predict engagement in volunteer behaviours (Grube & Piliavin, 2000) and volunteer satisfaction (Finkelstein, Penner, & Brannick, 2005). For example, values of commitment to the improvement of society and leaving a legacy for the next generation have been cited as prime motivators for older people to engage in social action (Erikson, Erikson & Kivnick, 1986). Erikson (1982, as cited in Santinello, Cristini, Vieno, & Scacchi, 2012) has suggested that the development of community awareness is important for personal development, particularly for the development of identity which involves the search for a sense of self that enables both individual and societal needs to be met.

A common link among the theories of Motivations for Volunteering is that an individual is driven by a value or belief that has the potential to benefit them (e.g., leaving a legacy or gaining new perspectives) and/or others (e.g., improving local community), and that the benefits are likely to occur on the personal as well as community level. That is, even though an individual might be driven by a need to advance his or her career and choose volunteering as an avenue to achieve that; they may also experience a sense of satisfaction from contributing to the community and seeing tangible outcomes (e.g., sense of achievement from helping build a new community shed). Therefore, how one decides to contribute to society reflects a complex interaction between individuals' needs, experiences, and the environmental demands.

In summary, there is considerable debate regarding Motivations for Volunteering (Paine, Hill, & Rochester, 2010). The United Nations (2001) refers to volunteering as an act of free will that benefits the environment, individuals, or groups, other than (or in addition to) close relatives. This definition allows for financial reimbursement of direct expenses accrued while volunteering (United Nations, 2001). This highlights the fact that there are many benefits (either paid or otherwise associated with volunteering) that drive individuals to volunteer in the community. While the definitions of volunteer work vary widely, this research focuses on the volunteer activities that are cause oriented and advance specific beliefs and interests of their participants. Specifically, this research was designed to examine whether and how Motivations for Volunteering or otherwise participating in community organisations (e.g., Men's Sheds, Red Cross, and Salvation Army) can

benefit the Psychological Well-being of older Australians in the context of retirement.

***2.4.4.5 Motivations for Volunteering and Psychological Well-being in older people*.** Research has indicated that motives vary with age, where younger volunteers report stronger career motivations, and older volunteers report social motivations (Planalp & Trost, 2009). In a study of 351 volunteers from 32 hospitals, Planalp and Trost (2009) found that the main Motivations for Volunteering were to help others, learn, foster social relationships, feel better, and pursue career goals. Warburton & Gooch (2007) conducted a qualitative study of 44 volunteers aged 55 and over who were involved in various organisations promoting environmental protection. Leaving a lasting legacy for future generations, learning and personal growth were found to be important motivators for volunteering, as was sharing knowledge about environmental stewardship with younger people through volunteering at schools (Warburton & Gooch, 2007).

Warburton and Stirling (2007) reviewed volunteering among people aged 55 and over in the Australian context. A logistical regression of socio-structural variables (education, work status, income, gender, and health status) and social capital variables (organisational membership, religious affiliation, marital status, and migrant status) analyses revealed that the reliance on bivariate analysis for understanding volunteering may not provide the full picture behind the construct of volunteering. In addition, neither social capital theory nor socio-structural resource theory adequately predicts volunteering in older Australians (Warburton & Stirling, 2007), indicating that older people may depend on the structure of values (e.g., leaving legacy or life-learning), rather than their socio-economic status.

An Australian study showed a positive relationship between older people's Motivations for Volunteering and their perceived quality of life (Taghian et al., 2012). In their study, Taghian and colleagues (2012) constructed a model of Motivations for Volunteering (based on 188 Australian volunteers) which related to individual's attitude formation about Motivations for Volunteering, general attitudes about social contributions, and the types of voluntary work they engaged in. The study found the following constructs were positively associated with the motivation for volunteering: community orientation (e.g., "Important to serve as a volunteer", $r = .20$, $p < .05$), individual's perception of voluntary work (e.g., "Engaging in

voluntary work is beneficial", $r = .25$, $p < .05$); positive attitude (e.g., "In a stressful situation I usually try to look at the bright side of things", $r = .38$, $p < .05$); and self-esteem ("During the past month I was pleased with my personal life", $r = .78$, $p < .01$; Taghian et al., 2012). Self-esteem appeared to be the highest contributor to the formation of the motivation to volunteer (Taghian et al., 2012). Thus, it may be argued that Motivations for Volunteering may be facilitated and strengthened by having a positive orientation to community service, a positive outlook on life and high self-esteem.

Qualitative research suggested positive attitude towards civic engagement as an important construct for well-being of older people. Civic engagement is generally referred to as "older adults' participation in activities of personal and public concern that are both individually life enriching and socially beneficial to the community" (Cullinane, 2008, p. 58). Kruse and Schmitt (2015) conducted a review examining the role of shared responsibility and civic engagement in older people. The review comprised 204 qualitative biographical interviews with people aged 85 years and over, living in six federal states of Germany (Kruse & Schmitt, 2015). The authors found that feelings of shared responsibility (creating, maintaining, or offering something to others) and motives for engagement in family and community were highly prevalent among older people. Intergenerational relationships, positive perceptions of ageing, and supportive environments were among the most important motives for civic engagement (Kruse & Schmitt, 2015). Such findings suggest that the values of civic engagement that are oriented towards the welfare of others (whether it would be a commitment to supporting and interacting with younger people/family members, or traditional voluntary activities in organisations, churches, and community clubs) are important considerations for older people, providing them with a sense of meaning and an opportunity for leaving a legacy.

A related concept to civic engagement is civic responsibility. Civic responsibility is defined as "attitudes and behaviours that are beneficial to society and include prosocial community and political attitudes and behaviours" (Da Silva, Sanson, & Toumbourou, 2004, p. 230). This definition implies a prosocial attitude that motivates people to contribute to society and make life better for others in the community. Civic responsibility was found to be a key construct relating to Motivations for Volunteering in a review of British and American studies in a

hospice care environment (Claxton-Oldfield, Wasylkiw, Mark, & Claxton-Oldfield, 2011). From the review, Claxton-Oldfield and colleagues (2011) constructed a valid and reliable measure listing the following five key Motivations for Volunteering: civic responsibility (e.g., "It is my responsibility to help others"); altruism (e.g., "I want to help those who are facing death"); self-promotion (e.g., "I like the attention I get when volunteering"); leisure (e.g., Volunteering is a hobby for me"), and personal gain (e.g., "I want/need experience in a helping profession").

Empirical research has supported the five-factor structure of Motivations for Volunteering (Claxton-Oldfield et al., 2011), and found that the main motive given for volunteering is altruism (i.e., to "give something back" to their community, or to an organisation or charity that has supported them in some way; Jenkison et al., 2013). In cross-sectional studies of older adults, giving materially (e.g., money or food) or emotionally (e.g., advice) than one received in return was associated with better self-reported physical health (Brown, Consedine, Magai, 2005). However, a review of studies on volunteering and altruistic motives found that they differentially predict mental health outcomes which can suggest that the association between volunteering and mental health cannot be solely attributed to the act of helping others (Anderson et al., 2014).

Leisure activities and spending time with family and friends have also been found to contribute to engagement in volunteering activities. Studies suggest that engagement in leisure activities is important in successful adaptation to retirement and increasing Life Satisfaction (e.g., Gibson, Ashton-Shaeffer, Green, & Autry, 2003; Janke, Davey, & Kleiber, 2006; Nimrod, 2007). In a 6-year longitudinal study, Menec (2003) found that social and productive activities were positively related to happiness, function, and mortality, whereas more solitary activities (e.g., a hobby) were related only to happiness. In leisure volunteering, participants may gain benefits that provide mental Resilience such as self-actualisation, self-expression, feelings of accomplishment, and a sense of belonging (Stebbins, 1996). Nimrod (2007) examined structure of leisure activities and leisure benefits of individuals who have recently retired. The study found that "essentiality" (e.g., "I like being of help to others", or "It's a duty") was the most important leisure benefit during early phase of retirement, making a significant contribution to Life Satisfaction.

A key challenge remains in unpacking the theoretical underpinnings by which volunteers accumulate specific health benefits. Although research has indicated that older volunteers are more likely to be satisfied with life (e.g., Kahana et al., 2013; Parkinson et al., 2010), the focus of research has been on the physical health benefits or negative affect (e.g., lower risk of mortality and lower depressive symptoms; von Bonsdorff & Rantanen, 2011). In addition, while the tentative effects of volunteering on well-being has been shown in some studies (Pillemer, Fuller-Rowell, Reid, & Wells, 2010), it may also be possible that if reciprocity is not experienced, then the positive impact of volunteering on well-being may not be experienced (Tan et al., 2009).

The present research aimed to redress this gap in the literature and extend on the model of Motivations for Volunteering proposed by Claxton-Oldfield and colleagues (2011). Utilising the above discussed five-factor structure of Motivations for Volunteering (Claxton-Oldfield, 2011), the present research aimed to examine whether motivations such as civic responsibility, altruism, self-promotion, leisure, and personal gain contribute to Psychological Well-being of older Australians who are actively engaged in community. Documenting the degree to which each motivating factor is a core component of volunteering in older people is important not only to their well-being but also for provision of effective community interventions for retirees.

2.5 Research Aim and Hypotheses

The main aim of the present research was to identify factors that facilitate Psychological Well-being of the baby boomers and builders' generation who are in transition to retirement or who have already retired. Psychological Well-being has been associated with successful and active ageing and is considered an important dimension of perceived quality of life (Felce & Perry, 1995; Hellstrom et al., 2004; World Health Organization, 2002). Life satisfaction, as the psychological component of well-being, is the most frequently investigated indicator of well-being (Wahl et al., 2006), and has the potential to influence older peoples' quality of life (e.g., Kimm et al., 2012; Simons, 2002; Stolar et al., 1992). Literature on active ageing suggests that indicators of subjective well-being are stable into very old age (e.g., Smith et al., 1999), and although subject to inherent bias (Lawton et al., 1999; Schwarz & Strack, 1999), they can be reliably used as a subjective evaluation of

satisfaction of one's life in older people (e.g., Bowling et al., 1996). Therefore, using Lawton's (1991) model of quality of life, the present research examined two subjective domains of quality of life: Psychological Well-being (measured by Life Satisfaction and Perceived Well-being) and subjective dimensions of perceived quality of life.

Bowling (2008) suggests that theories of active ageing promote the importance of factors related to quality of life. Literature points to the following key constructs as having a positive impact on Psychological Well-being: Resilience (de Paula Couto et al., 2011), Social Support (e.g., Motl et al., 2009) and Coping Efficacy (e.g., Desmond & MacLachlan, 2006). In addition, research suggests that active engagement in the community through volunteering has the potential for enhancing quality of life (Morrow-Howell et al., 2003) and Psychological Well-being in older volunteers (e.g., Anderson et. al, 2014; Cattan et al., 2011). Previous research has typically investigated well-being in older people in clinical settings, sampling patients with diagnosed mental health problems or college student research populations (e.g., Conradsson et al., 2010; Kimm et al., 2012), and it is unclear the extent to these subjective dimensions are applicable in a population of older retirees who volunteer in community organisations. The current research will extend on this work, sampling non-clinical samples of older people who volunteer in community.

2.5.1 Specific Aims of the Quantitative Research. The quantitative aspect of the current research is addressed in Study 1. Specifically, the aim of this dissertation was to redress this gap in literature by examining the nature of the relationships among the proposed subjective dimensions of Lawton's (1991) model of quality of life (i.e., Resilience, Coping Efficacy, and Social Support, and Motivations for Volunteering) and Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being, respectively) in a sample of the baby boomers and builders' generation. The hypothesis testing process comprised two stages. The first stage aimed to address the first research question and examined the influence of each of the predictor variables (i.e., Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering) on Psychological Well-being. The second stage of hypothesis testing aimed to address the second research question and examined the indirect effects among the factors relating to Psychological Well-being. Following is a rationale for each hypothesis.

2.5.1.1 Research Question 1: Testing Regression Effects

Resilience. Resilience has been referred to as the processes or patterns of positive adaptation and development in the face of adversity (Masten & Wright, 2009). The concept of Resilience is determined by a cumulative interaction of factors, namely the nature of challenge, the intrinsic qualities of the individual meeting the challenge, and the past and present environment and experiences (Masten, 2001; Rutter, 1987). Studies indicate that Resilience is an important factor associated with well-being in older people (e.g., de Paula Couto et al. 2011). Prior research suggests that individual differences in Resilience help people adapt and manage stress (de Paula et al., 2011; Masten & Wright, 2009). Mastery of environment and positive adaptability were shown to significantly predict satisfaction in life in older people (Nalin & França, 2015). Therefore, it was hypothesised that Resilience would positively predict Psychological Well-being in older people.

*Coping Efficacy***.** The development of coping skills in life is vital in helping older adults adjust to the challenges associated with the ageing process (World Health Organization, 2002). Having the ability to manage stressors in demanding situations appears to underpin available coping resources. Thus, older people who use coping resources are expected to interpret demanding situations as challenges, rather than as threats. Research indicates that when setbacks occur, individuals with high levels of Coping Efficacy will recover more quickly and maintain commitment to their goals (Schwarzer, 1999). Previous research demonstrates a positive association between Proactive Coping and subjective well-being such as Life Satisfaction (Sougleris & Ranzijn, 2011). Based on prior research, it was hypothesised that Proactive Coping, as an aspect of Coping Efficacy, would positively predict Psychological Well-being.

Previous research demonstrates that high levels of Self-efficacy in older people are associated with taking more preventative measures to self-care, leading in turn to better physical health, as compared with those with low self-efficacy (Raymond et al., 2011). An example is exercise self-efficacy, which was found to be associated with the amount of physical activity undertaken by older people (Clark, 1996). Past experience, vicarious experiences, and subjective perception of health had significant direct effects on Self-efficacy (Warner et al., 2011). Such evidence

indicates that the well-being of older people can be enhanced by maintaining beliefs in their capabilities to manage environmental challenges. Therefore, it was hypothesised that Self-efficacy, as an aspect of Coping Efficacy, would positively predict Psychological Well-being in older people.

Social Support. The theory of Social Support implies that if people have a support network, they can access tangible support needed to stay healthy (Cohen et al., 2000). Previous research suggests that Social Support predicts positive mental health (McDowell & Serovich, 2007; Tajvar et al., 2013), and has a positive effect on several health outcomes in older people such as psychological adjustments, reduced mortality, better coping with upsetting events, and improved efficacy (e.g., Lyyra & Heikkinen, 2006; Motl et al., 2009). A growing number of studies suggested that the role of Social Support is also beneficial to Psychological Well-being (e.g., Portero & Oliva, 2007; Siedlecki et al., 2014), and subjective well-being in older adults (Pilkington, Windsor, & Crisp, 2012). Based on this research, it was hypothesised that Social Support would positively predict Psychological Well-being in older people.

*Motivations for Volunteering***.** Literature on ageing suggests that volunteering is the most widely studied construct of engagement in prosocial actions (Morrow-Howell, 2010). Gerontologists have recognised the potential of volunteer activities for enhancing the quality of life in older people (Morrow-Howell et al., 2003). Research provides strong evidence for the positive effects of volunteering on quality of life including stronger will to live (Piliavin & Siegl, 2007), lower levels of depression, stress, hospitalisation, pain, and psychological distress compared with non-volunteers (e.g., Lum & Lightfoot, 2005), and reduced mortality rates among older people (Harrris & Thoresen, 2005; von Bonsdorff & Rantanen, 2011). Research suggests that Motivations for Volunteering are linked with better health outcomes including increased quality of life and social support (Parkinson et al., 2010). Having a positive view of the community and perception of voluntary work is positively associated with quality of life (Taghian et al., 2012). Based on this research, it was hypothesised that Motivations for Volunteering would positively predict Psychological Well-being in older people.

2.5.1.2 Research Question 2: Testing Mediation Effects

In order to answer the second research question about whether there are any indirect effects among constructs related to Psychological Well-being, three hypothesised mediation models were tested. Mediation is a process that explains a causal sequence through which a predictor variable affects a second variable (i.e., the mediator variable) that consequently affects a third variable (i.e., the outcome variable; Preacher & Hayes, 2008). According to Preacher and Hayes (2008), simple mediation occurs when an independent or predictor variable indirectly affects a dependent variable through an intervening or mediator variable.

Research suggests that Resilience is a key concept for a capacity to respond positively and adapt to change, enhancing well-being in older people (Southwick et al., 2014). Prior studies indicate that Resilience is a result of adaptive strategies such as Coping Efficacy (Desmond & MacLachlan, 2006), Social Support (Moyle et al., 2010), and Volunteering (Musick & Wilson, 2003) that older people use to maintain and enhance their well-being. Therefore, mediation effects of Resilience as the mediator were tested in Study 1. The rationale for the three mediation models is presented below.

*Coping Efficacy and Resilience***.** Greve and Staudinger (2006) proposed a conceptualisation of Resilience as a constellation: the fit between individual resources (capacities, competencies), social conditions (e.g., social support), and the developmental challenge (e.g., obstacles, deficits, losses). This view implies that coping is closely linked with Resilience (Leipold & Greve, 2009). Adapting one's own level of expectation can, therefore, lead to regaining a feeling of being in control, and this enables one to reach desired goals. In this view, Resilience can be seen as an expression of stability in the face of adversity (as a result of individual's process of coping). Research demonstrates that individual differences in Resilience may account for one's capacity to cope with stressful life events during retirement. Ong and colleagues (2006) investigated the role that psychological Resilience and positive emotions play in stressful situations in later life and found that experiencing positive emotions helps resilient persons to deal better with daily stressors. Another study by Desmond and MacLachlan (2006) found that proactive coping strategies such as problem-solving was negatively associated with depressive and anxiety symptoms, indicating that individuals who actively seek to resolve their issues are

also less stressed and better able to positively adapt to the challenges they face. Based on this research, it was hypothesised that Resilience would meditate the relationship between Coping Efficacy and Psychological Well-being in older people (Model 1; Figure 2.3)

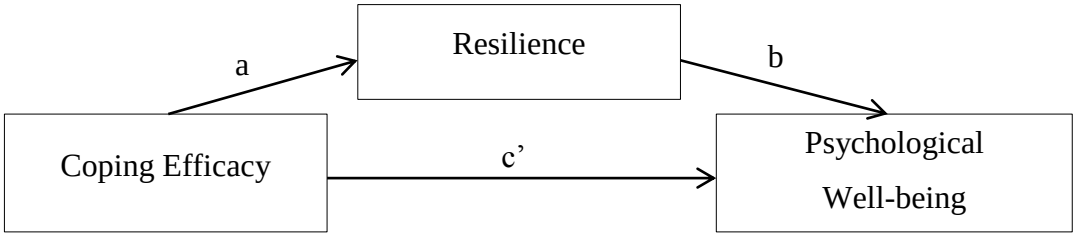

Figure 2.3. Model 1. Study 1 *a priori* hypothesised model of the relationships among the constructs related to Psychological Well-being. a, b = indirect effect of Coping Efficacy on Psychological Well-being through intervening variable of Resilience. c' = direct effect of Coping Efficacy on Psychological Well-being.

*Social Support and Resilience***.** Research has demonstrated that positive adaptation and development is influenced by external factors such as families, communities, and wider contextual circumstances (Masten, 2001). A growing body of qualitative research has shown that the social interaction can positively influence Resilience. For example, a recent qualitative study demonstrated that older people's Resilience can be strengthened by keeping mentally active, participating in the community, and having relationships with others (Moyle et al., 2010). Another qualitative study of Resilience in 22 community-dwelling residents receiving long-term care revealed that one of the main sources of strength and well-being was received from empowering relationships (Janssen et al., 2011). Research found that a belief about one's competence, efforts to exert control, and the capacity to analyse and understand one's situation were interacting with empowering relationships (Janssen et al., 2011). This view suggests that the well-being of older people can be enhanced by maintaining and building community networks to successfully manage the transitions of ageing. By being actively engaged in the community, older people are more likely to receive the necessary support to deal with daily challenges and also feel empowered through connecting with others, all of which could contribute to enhanced Resilience. Based on this review, it was hypothesised that Resilience

would mediate the relationship between Social Support and Psychological Well-being in older people (Model 2; Figure 2.4).

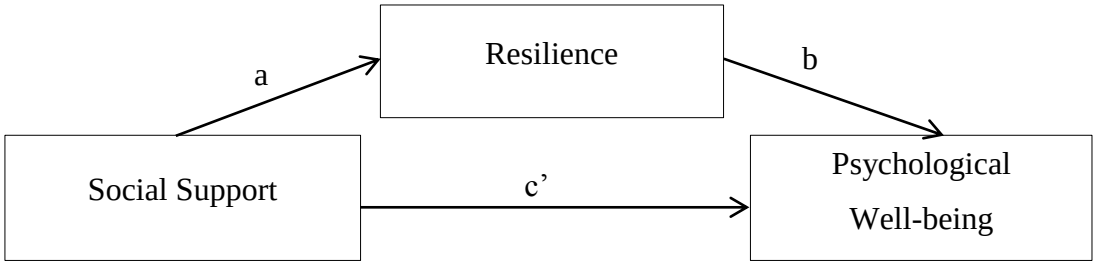

Figure 2.4. Model 2. Study 1 *a priori* hypothesised model of the relationships among the constructs related to Psychological Well-being. a, b = indirect effect of Social Support on Psychological Well-being through intervening variable of Resilience. c' = direct effect of Social Support on Psychological Well-being.

Motivations for Volunteering and Resilience. Resilience can be used to explain the 'well-being paradox' which occurs when older people with limitations in everyday functioning still report a high level of well-being (Greve & Staudinger, 2006). It is a phenomenon of people beating the odds and doing well against expectations (Bartley, 2006). Musick and Wilson (2003) suggest that volunteering increases the potential for people to be resilient through increased personal and social resources, and that these resources are part of an individual's capacity to make a "psycho-social comeback". Empirical evidence points to social interaction occurring through volunteer activities as a potential source of resources for enhanced Resilience in adults. Research indicates that volunteering is associated with better Psychological Well-being (Brown, Hoye, & Nicholson, 2012). Furthermore, positive community orientation and volunteering for leisure may lead to improved Resilience (Stebbins, 1996). Research also suggests that Resilience can be promoted by the power of helping and values of mutual responsibilities, where older people can contribute to other people's lives in a meaningful way (Janssen et al., 2011). Such evidence suggests that providing older people with opportunities to help others may help in their own development of positive adaptation skills, strengthening their Resilience and well-being. Based on this research, it was hypothesised that Resilience would mediate the relationship between Motivations for Volunteering and Psychological Well-being (Model 3; Figure 2.5).

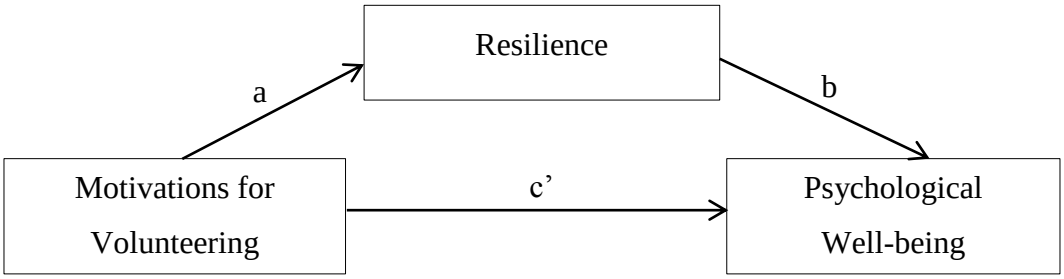

Figure 2.5. Model 3. Study 1 *a priori* hypothesised model of the relationships among the constructs related to Psychological Well-being. a, b = indirect effect of Motivations to Volunteering on Psychological Well-being through intervening variable of Resilience. c' = direct effect of Motivations to Volunteering on Psychological Well-being.

2.6 Summary

Chapter 2 has presented the literature review of relevant constructs relating to well-being and quality of life in older populations. The aim of the current research was to identify factors that facilitate Psychological Well-being of the baby boomers and builders' generation, who are actively engaged in community organisations. The current research employs a two-phase mixed methodology (quantitative and qualitative) approach to answering the key research questions.

The quantitative phase in Study 1 involves hypothesis testing and aimed to address the research questions relating to the influence of each predictor (i.e., Resilience, Coping Efficacy, Social Support, and Motivations to Volunteering) on the outcome variable (i.e., Psychological Well-being) in a sample of older people. Based on the prior research, it is expected that Psychological Well-being would be positively predicted by the following variables: (a) Resilience (de Paula Couto et al., 2011; Masten & Wright, 2009; Nalin & França, 2015); (b) Coping Efficacy (Sougleris & Ranzijn, 2011; Warner et al., 2011); (c) Social Support (Portero & Oliva, 2007; Siedlecki et al., 2014); and (d) Motivations for Volunteering (Parkinson et al., 2010; Taghian et al., 2012). In addition, it is expected the Resilience would significantly mediate the relationships in the following three hypothesised mediation models: (a) a pathway between Coping Efficacy and Psychological Well-being; (b) a

pathway between Social Support and Psychological Well-being; and (c) a pathway between Motivations for Volunteering and Psychological Well-being.

The qualitative phase in Study 2 involves interview data collection and analysis from a subsample of the participants from Study 1. The qualitative research questions relate to volunteering experiences of older people, and the impact of volunteering on older people's well-being, and are addressed in Chapter 5 and Chapter 6. The following Chapter 3 presents the methodology employed to test the hypotheses in Study 1 and describes the demographic description of the sample of participants, measures of each construct, and data collection protocols.

Chapter 3 – Study 1 Methodology

3.1 Ethical Permission for Study 1

Permission to conduct Study 1 was received from the University of Southern Queensland Human Research Ethics Committee with an approval number H13REA186 (see Appendix A). Study 1 has adhered to all relevant guidelines specified in the National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, 2015) and the University of Southern Queensland guidelines (University of Southern Queensland, 2015).

3.2 Participants

In Study 1, 350 paper surveys were distributed along with an invitation letter to participate in the research (see Appendix B). The invitation letter contained a link to a web-based version of the survey in case the participants would prefer to complete the survey online. Out of the 350 paper surveys handed out, 210 surveys were returned, giving a 60% response rate. In total, 123 participants completed the paper version of the survey and 87 participants completed the web version of the survey. Five participants who filled out the web survey had data missing from page three of the web survey (demographic data relating to the volunteering activities). The missing data was caused by a website malfunction at the time of the survey completion. Apart from the missing data on page three, the participants responded to all other questions, therefore, it was deemed appropriate to include their data in the analyses. Two participants chose not to include their names on the paper version of the survey. However, they responded to all survey questions and their responses were included in the data analyses. There were 25 participants who either did not complete the survey or omitted a large part of survey and their data was excluded from the analyses. The participants were grouped into the baby boomers (aged between 49 and 67) and builders' generation (aged between 68 and 88; McCrindle & Wolfinger, 2009). Three participants were aged outside of the age groups defined for each generation. Two participants were 48 years old (one year outside the baby boomer generation cutoff); one participant was 94 years old (6 years outside the builders' generation cutoff). The data from all three respondents outside the age group cut off for each generation was excluded from analyses.

Excluding those responses outlined above, the sample comprised 182 participants aged between 50 and 88 years (M = 67.79, SD = 7.44). There were 121

females (66%) and 61 males (34%). Most participants were retired (78%), though some were engaged in full-time employment (8%), part-time employment (7%); or identified their employment status as "other" and included: carer (*n* = 2), homemaker (*n* = 1), business owner (*n* = 3), aged or disability pensioner (*n* = 3), and part-time farmer (*n* = 1). Over half of the participants were married (56%) and 22% were widowed. Eighty-six percent of the sample lived in a privately owned home, with 60% living with a partner or significant other. Thirty-six percent lived alone and 4% lived with others in a shared accommodation. The majority of the sample comprised Australians (86%); other nationalities included British (3.3%), New Zealander (2.7%), Scottish (1.6%), Egyptian (0.5%), Irish (0.5%), German (0.5%), Vietnamese (0.5%), or dual citizenship (3.2%). Two participants did not state their nationality. Forty percent of participants reported having completed university degree, 22% technical or vocational training, and 10% completed year 10 level of education.

The data was collected from healthy adults born in or prior to 1964 who actively participate in community organisations. The participants were recruited by approaching the leaders from the following community organisations and obtaining permission to invite their members to participate in Study 1: East Creek Community Centre (Toowoomba), Oxley Men's Shed (Brisbane), University of Third Age (Brisbane), University of Third Age (Toowoomba), The Older Mens Network (Toowoomba), Bribie Island Bicycle Group (Bribie Island), The Bribie Island Gleeman and Titanic Musical Company Inc. (Bribie Island), Australian Red Cross Shop (Brisbane), Salvation Army (Salvo Care Line, Brisbane), Condamine Alliance (Toowoomba), Sing Australia (Toowoomba), RSL Care (Toowoomba), Freedom Total Life Care (Toowoomba), Senior Citizens Day Respite Centre (Toowoomba). The survey respondents were considered a convenience sample (i.e., individuals who responded to the survey are characteristic of older people's cohort at similar community organisations across the country).

The majority of participants (90%) reported that they volunteered in either formal capacity (i.e., as part of a formal volunteer-based organisation such as the Australian Red Cross), or an informal capacity (e.g., helping family and friends), or in both capacities. Formal volunteering is defined as any contribution of unpaid time to the activities of formal organisations (Reed & Selbee, 2000). Informal volunteering is any assistance that is given not through a formal organisation (e.g.,

running a canteen, helping neighbours and family; Reed & Selbee, 2000). The responses to the questions about the type of volunteering (i.e., formal and informal) were not mutually exclusive and the differentiation between formal and informal volunteering depended on the participants' interpretation. The volunteering activities ranged from formal organisations (see community organisations listed above) through to bowls clubs and community clubs, choirs, libraries, churches, helping family, friends, and neighbours. Thirty-one percent of respondents volunteered in either formal capacity or informal capacity. These volunteering statistics are slightly lower compared to the Australian population aged 18 years and over (36% of Australians participate in voluntary work), with the highest rate of volunteering (44%) reported by people aged 45 and 54 years (Australian Bureau of Statistics, 2010). In Australia, people aged 65 years and over most commonly volunteer for community organisations (37%); and those who volunteer through organisations are also more likely to be providing informal assistance to others (Australian Bureau of Statistics, 2010). This characteristic was evident in the current study, where 59% of participants reported to volunteer both in a formal and informal capacity.

Half of the participants in Study 1 volunteered up to approximately 300 hours per year (50%) with an average of 127.20 (*SD* = 87.02) hours and a median of 100 hours per year. Seven participants reported volunteering 1,000 hours or more per year, with 1 volunteering 5,000 and one volunteering 8,640 per year. Volunteering 5,000 or more hours per year would equate to approximately 13 hours or more per day, and, therefore, the reported figures are less likely to have occurred (unless volunteering in the capacity of a full-time carer). Forty-nine percent of the sample reported being involved in non-volunteer social activities such as a sport or hobby (e.g., quilting group, yoga classes, fishing, archery, yacht racing, or walking group). Full demographic characteristics of Study 1 sample are shown in table format in Appendix C.

3.2.1 Comparison of the baby boomers and builders' generations. The sample of 182 participants was represented by 94 baby boomers (average age 62.24; *SD* = 4.29) and 88 respondents from the builders' generation (average age 73.72; *SD* = 5.16). The majority of builders were retired (94%) compared to 62% baby boomers, who also reported to work full-time (14%) or part-time (12%) at the time

of survey completion. Over half of the baby boomers had a university degree (51%) or trade/technical training (25%) as compared to builders with 27% having achieved university level education and 21% trade/technical training. The majority (92%) of the baby boomers and builders (81%) lived in a private home. Thirty percent of the baby boomers lived alone, or with a partner or significant other (66%). Forty-two percent of builders lived alone, and 53% lived with a partner or significant other. When asked to rate physical health, over 85% of the baby boomers reported to have either a "very good" (65%) or "excellent" (20%) physical health, compared to builders who reported to their physical health as either a "very good" (57%) or "excellent" (19%). The majority of the baby boomers rated their mental health as either "very good" (56%) or "excellent" (39%); builders reported to have either a "very good" (52%) or "excellent" (41%) mental health. The majority of the baby boomers reported that being involved in the community is either "very important" (59%) or "somewhat important" (36%) to them, compared to builders with 63% reporting community involvement as "very important" or "somewhat important" (34%). When asked about their levels of satisfaction with interactions with friends, family, and other in community, the baby boomers were either "very satisfied" (61%) or "somewhat satisfied" (37%), compared to builders who reported being either "very satisfied" (73%) or "somewhat satisfied" (24%).

The majority of both the baby boomers (87%) and builders (92%) indicated they volunteered in their communities, with 53% of the baby boomers volunteering in both formal and informal capacities, and 34% volunteering in either capacity. Sixty-one percent of builders reported to volunteer in both a formal and informal capacity, with 26% of builders volunteering in either capacity. Forty-nine percent of the baby boomers volunteered up to 300 hours per year, with an average of 127.74 (*SD* = 95.74) hours per year, with a median of 100 hours. Fifty-one percent of builders volunteered up to 300 hours per year, with an average of 126.64 (*SD* = 78.19) hours per year, with a median of 108 hours. Apart from volunteering activities, over half of builders (55%) participated in activities related to sport or hobby (e.g., playing cards, fishing, or walking group) compared to 44% of the baby boomers.

3.3 Materials

A cross-sectional survey was administered measuring participants' demographic characteristics and the following key variables: Psychological Well-being, Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering. A copy of the survey is shown in Appendix D and E. The first section of the questionnaire asked participants to answer a series of demographic questions related to age, gender, marital and employment status, nationality, formal education, and current living arrangements (e.g., independent or aged care home). In this section of the survey, the participants were also asked about the type of volunteering activity they engage in and general questions about community involvement. These questions were adapted from a study by Ahn, Phillips, Smith, and Ory (2011). In relation to volunteering activity, three questions were asked: (a) formal volunteering (i.e., "Do you currently volunteer in a program run by an organisation that provides volunteer services"); (b) informal volunteering (i.e., "Do you currently volunteer in an informal way"); and (c) hours spent volunteering per year. The responses to the questions about the type of volunteering (i.e., formal and informal) were scored on a 4-point Likert scale ranging from 1 (*yes*) to 4 (*no, I don't think I will*), with lower scores in indicating less or no interest in volunteering. Responses were used to create types of volunteering by classifying volunteering as "none", "formal" or "informal". The reported hours of volunteering per year were classified in five categories: 1 to 100, 101 to 300, 301 to 500, 501 to 1000, and 1000 and over.

In relation to community involvement, the participants were asked about the importance and satisfaction with their engagement in the community. Two questions were asked: (a) "How important is being involved in your community"; and (b) "How satisfied are you with your interactions with friends, family, neighbours, and others in your community". The responses were scored on a 4-point Likert scale. The responses to the question about community importance ranged from 1 (*not at all important)* to 4 (*very important*). The responses to the question about satisfaction with social interactions ranged from 1 (*very dissatisfied)* to 4 (*very satisfied*).

In addition, two questions about physical and mental health status were asked: (a) "In general, your mental health is…"; and (b) "In general, your physical health is…". The responses were rated on a 4-point Likert scale ranging from 1 (*poor*) to 4 (*excellent*). The demographic questions were designed to provide general

information about volunteering experience (e.g., organisations, helping friends and family in an informal setting) and satisfaction with the participants' health and community involvement. The data in the demographic section was used to describe the characteristics of the participants and was not utilised in the main data analyses. A summary of demographic characteristics for the baby boomers and the builder's generation is shown a table format in Appendix C. Below is a description of the measures included in the survey for Study 1.

3.3.1 Psychological Well-being measures. Psychological Well-being was measured by using two scales: the Satisfaction with Life Scale (SLS; Diener, Emmons, Larsen, & Griffin, 1985) and the Perception of Well-being Measure (PWB; Lopez & de Snyder, 2001), respectively. While the Satisfaction with Life Scale measured overall levels of satisfaction with life, the Perception of Well-being Measure asked additional information about an individual's sense of control, self-esteem, and support from close relationships (Diener et al., 1985; Lopez & de Snyder, 2001).

3.3.1.1 Life Satisfaction. Life Satisfaction was measured by the Satisfaction with Life Scale (Diener et al., 1985). This is a 5-item scale, keyed in a positive direction and answered on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The summed scores of all 5 items could range from 5 to 35. The scores ranging from 5 to 9 indicate extreme dissatisfaction with life; scores ranging from 31 to 35 indicate extreme satisfaction with life. An example question from the scale is: "In most ways, my life is close to my ideal". High internal consistency for the items has been found with an alpha coefficient of .89 (Pavot & Diener, 2008). Satisfactory test-retest reliability has been demonstrated for the scale with coefficient of .84 (Pavot & Diener, 2008).

3.3.1.2 Perceived Well-being. Perceived Well-being was measured by the Perception of Well-being Measure (Lopez & de Snyder, 2001). This 11-item scale is derived from the conceptual work on quality of life and well-being by Bowling (2003, as cited in Vazquez, Fenandez, Ortiz, Yamanis, & de Snyder, 2007). All items have face validity and explored participants' perceptions of their own well-being (e.g., "Do you feel that your life is useful?"; "Do you feel satisfied with the present?"). The items are scored on a 3-point Likert scale ranging from 1 (*disagree*) to 3 (*agree*). The summed scores of all 11 items could range from 11 to 33. There

are no established population norms on the Perception of Well-being Measure (Vazquez et al., 2007). Tests scores without norms can be compared to other members of the sampled population (Mertler, 2007). In the current research, the interpretation of scores was based on comparison of two groups (the baby boomers and builders). The scores were interpreted based on their relation to other variables of interest (from results obtained using correlation, regression, and mediation analyses). In general, higher scores suggest higher levels of Perceived Well-being and satisfaction with relationships with others. The Cronbach's alpha obtained from previous studies was .71 (Vazquez et al., 2007), indicating a good internal consistency of the scale.

3.3.2 Resilience. The Resilience variable was measured by the Resilience Scale (Wagnild & Young, 1993). The Resilience Scale measures a level of positive psychosocial adaptation concerning important events in life (e.g., "I feel that I can handle many things at a time"; "I can get through difficult times because I've experienced difficulty before"; Wagnild & Young, 1993). The scale contains 25 items which are rated on a 7-point Likert scale ranging from 1 *(strongly disagree*) to 7 (*strongly agree*). The theoretical total scale scores range between 25 and 175 (low values ≤ 120; high values > 160), with higher scores indicating higher levels of positive adaptation to stressful events (Wagnild & Young, 1993). The Resilience scale has been validated by a review of 12 studies, showing evidence of construct validity, correlating with forgiveness, stress, anxiety, and health promoting activities (Wagnild, 2009). Cronbach's alpha coefficients ranged from .72 to .94 supporting the internal consistency of the Resilience Scale (Wagnild, 2009). The Resilience Scale has been used with a variety of individuals of different ages, socioeconomic and educational backgrounds, and has performed as a reliable and valid measure of Resilience (Wagnild, 2009).

3.3.3 Coping Efficacy measures. Coping Efficacy was operationalised using two scales: the Proactive Coping Scale (Greenglass et al., 1999a) and the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995).

3.3.3.1 Proactive Coping. The Proactive Coping Scale was used to measure Proactive Coping, an aspect of Coping Efficacy. Proactive Coping measures participant's belief in a rich potential of changes that can be made to improve oneself and one's environment (Greenglass et al., 1999a). The 14-item Proactive Coping

Scale is scored on a 4-point Likert scale, ranging from 1 (*not at all true*) to 4 (*exactly true*). A typical item is, "After attaining a goal, I look for another more challenging one". The total scale score can theoretically range from 14 to 56. Greenglass (2014) does not recommend using cut-off score for this measure as people should not be categorised as high or low efficacious. Instead, Greenglass (2014) suggests grouping participants on the basis of the empirical distribution of a particular reference population. In the current research, the scores were grouped according to age cutoffs for each generation (the baby boomers and builders; McCrindle & Wolfinger, 2009). Their scores were also interpreted based on their relation to other variables of interest. In general, high scores reflect individuals who employ proactive coping strategies such as planning, goal setting, and mental stimulation in advance to reduce or modify impeding stressors. Proactive Coping Scale was developed using data from a sample of 248 Canadian students and then tested with a 144 Polish-Canadian adult sample; the scale has displayed a high internal consistency with Cronbach's alpha values ranging between .80 and .85 (Greenglass et al., 1999b).

3.3.3.2 Self-efficacy. The General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) was used to measure Self-efficacy, an aspect of Coping Efficacy. This 10-item scale was used to measure a belief across various domains of functioning in which people judge how efficacious they are both within and outside the work and home environments (Luszczynska, Scholz, & Schwarzer, 2005). The items are scored on a 4-point Likert scale ranging from 1 (*not at all true*) to 4 (*exactly true*) and yielding a total score between 10 and 40. A typical item is, "I can always manage to solve difficult problems if I try hard enough". As in the Proactive Coping Scale, Schwarzer (2014) does not recommend using cut-off score for this measure as people should not be categorised as high or low self-efficacious. In the current research, tests scores were grouped according to age cutoffs for each generation (the baby boomers and builders; McCrindle & Wolfinger, 2009). The total scores were interpreted based on their relations with other variables of interest and did not imply categorisation of participants (i.e., high or low self-efficacious). In general, higher scores indicate higher levels of self-belief in managing a variety of challenging situations.

Meta-analytic studies on the General Self-Efficacy Scale across countries (Germany, $N = 633$; Poland, $N = 359$; and South Korea, $N = 941$) with ages ranging

between 16 and 86 demonstrated good reliability of this psychometric scale (Luszczynska et al., 2005). The General Self-Efficacy Scale has been tested in samples from 23 nations on adolescent and adult populations, where it has yielded internal consistencies of Cronbach alpha values between .86 and .94, and demonstrated convergent and discriminant validity (Luszczynska et al., 2005).

3.3.4 Social Support. Social Support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1990). The 12-item scale measures individual's confidence that adequate support would be available if it was needed. The measure is scored on a 7-point Likert scale ranging from 1 (*very strongly disagree*) to *7* (*very strongly agree*). The scale can be divided into three 4-item sub-scales (i.e. support from family, friends, and significant others). Each sub-scale is calculated when all related four items have been answered. The scale can be measured using a total score or scores for each of the three subscales (e.g., "There is a special person who is around when I am in need"; I have a special person who is a real source of comfort for me"). In the current research, Social Support was measured by a total score (sum of all responses for each individual) with a theoretical score range between 12 and 84.

There are no established population norms on the MSPSS, as norms are likely to vary on the basis of culture, nationality, as well as age and gender (Zimet, et al., 1990). In the current research, interpretation of scores was based on how they related to other variables of interest using results from correlation, regression, and mediation analyses. The participants were also grouped into the baby boomers and builders' generation according to age cut off scores for each generation (McCrindle & Wolfinger, 2009), and the scores on all variables were compared between the two groups. In general, high scores correspond to high levels of perceived social support. This 12-item scale has been tested among 4,467 older persons from the general population with ages ranging between 60 and 84 from seven countries (Melchiorre et al., 2013). The total scale score demonstrates adequate internal consistency, with Cronbach alpha .92; the three subscales (family, friends, and significant others) also show satisfactory reliability, with Cronbach alpha estimates of .90, .94 and.87, respectively (Melchiorre et al., 2013).

3.3.5 Motivations for Volunteering. Motivations for Volunteering was measured using a subscale adapted from the Inventory of Motivations for Hospice

Palliative Care Volunteerism (IMHPCV; Claxton-Oldfield, Wasylkiw, Mark, & Claxton-Oldfield, 2011). The original IMHPCV scale consists of 25 items that asks participants to indicate the degree of influence five motivations (i.e., altruism, civic responsibility, self-promotion, leisure, and personal gain) would have on their decision to become a volunteer (Claxton-Oldfield, Wasylkiw, Mark, & Claxton-Oldfield, 2011). As the current research did not aim to examine volunteering in a hospice care environment, seven questions were excluded from the scale. Five questions (2, 5, 11, 15, and 20) asked about motivations to become a hospice palliative care volunteer and were subsequently excluded as these items were not relevant to the current research aims. Two questions (question 21, "I want to get a foot-in-the-door for potential employment"; and question 25, "I want to work in the medical field") related to future employment opportunities and were beyond the scope of this research and hence were also excluded from the survey. The remaining 18 items were used to measure Motivations for Volunteering and consisted of four subscales: Civic Responsibility (five items), Self-promotion (five items), Leisure (five items), and Personal Gain (three items).

Civic Responsibility refers to motivations that stem from a sense of responsibility to contribute to community. People motivated by Civic Responsibility are likely to volunteer because they seek opportunities to give back to their communities and contribute skills, knowledge, and time in a meaningful way such as improving someone else's well-being. An example of Civic Responsibility item is: "I believe that people should give back to their communities"; or "It is my responsibility to help others". Self-promotion refers to motivations relating to promoting self-image. A person motivated by Self-promotion is likely to seek volunteering opportunities to further enhance self-image in society. An example of Self-promotion item is: "I think that people tend to look favourably on volunteers", or "I like the attention I get when volunteering". Leisure refers to motivations that stem from a hobby and leisure pursuits. People motivated by Leisure are likely to volunteer in activities that are entertaining and pleasurable and that would enhance their physical and mental health. An example of Leisure item is: "I want exciting/involving work", or "I want to meet other people". Personal Gain refers to motivations relating to achieving future goals. A person motivated by Personal Gain is likely to view volunteering as a means to a goal and seek volunteering

opportunities to further enhance their career. An example of Personal Gain item is: "The experience of volunteering would help me with my future goals", or "Volunteering is a requirement to fulfill my involvement in another activity".

The items are scored on a 5-point Likert scale ranging from 1 (*not at all influential*) to 5 (*extremely influential*). The subtotal score could theoretically range between 5 and 25 (for Civic Responsibility, Self-promotion, and Leisure); and between 3 and 15 (for Personal Gain). There are no established population norms for the IMHPCV (Claxton-Oldfield et al., 2011). Test scores without norms can be compared to other members of the sampled population (Mertler, 2007). In the current research, scores were compared between the baby boomers and builders' generation (grouped according to age cutoff for each generation; McCrindle & Wolfinger, 2009). The scores were also interpreted in relation to other variables from results obtained from correlation, regression, and mediation analyses. In general, higher scores indicate higher motivations to become a volunteer. Convergent and discriminant validity were demonstrated using an established measure of empathy (Claxton-Oldfield et al., 2011). Previous research of 2, 141 hospice palliative care volunteers demonstrates support for the factor structure of the IMHPCV (Claxton-Oldfield et al., 2011). A subsequent study conducted on 162 hospice volunteers in Britain has confirmed the factor structure showing adequate internal consistency for Civic Responsibility ($\alpha = .85$), Self-promotion ($\alpha = .83$), Leisure ($\alpha = .73$), and Personal Gain ($\alpha = .78$; Claxton-Oldfield, Claxton-Oldfield, Paulovic, & Wasylkiw, 2012).

3.4 Procedure

The principal researcher approached volunteer-based community organisations within the Brisbane metropolitan area and small regional towns in South East Queensland and offered a short seminar to explain the purpose of the study and the value of the research for members. During each seminar, paper copies of the survey along with consent forms and reply-paid envelopes were provided to the community leader who then distributed them to interested members during subsequent weekly meetings. The participants were informed in plain language of the requirements of the research (see Appendix F). Specifically, the purpose, value of the study, and the opportunity to receive feedback was explained to the respondents. Each participant signed a paper version of the consent form (see

Appendix G) and returned it with the survey. Out of 350 handed out surveys, 123 paper surveys (118 usable surveys with no missing data) were returned via reply-paid envelopes to the principal researcher at the School of Psychology, Counselling, and Community at the University of Southern Queensland, Toowoomba. All interested members of community organisations could complete the paper version of the survey in their own time and place.

The package containing the paper version of the survey included an invitation letter with a link to a web version of the survey (see Appendix B). The web survey was administered by USQ technical services within the School of Psychology, Counselling, and Community. The Psychology Experiment Sign-Ups Database (PESUD) website was used. After loading the survey page via the following link https://psych.sci.usq.edu.au/ols/?p=FIQL2013, the participants were taken to a research information sheet and a consent form. The participants were informed about the details of the study, the study's voluntary nature, and the participants' rights to withdraw at any stage of this research. Data confidentiality was also explained. At the bottom of the page, the respondents were asked to type an identification number in the Consent ID box. After consenting, the participants were instructed to click "Next" to begin the survey. Instructions for completing each survey were included prior to the various items.

The web version of the survey in Study 1 took approximately 30 to 45 minutes to complete, on average. The online version of the survey was available between August 2013 and November 2013. A total of 87 completed web surveys were received, out of which 67 were usable (i.e., no parts with large amounts of missing data).

At the end of the survey, participants were invited to share their views via participation in a subsequent interview that focused on their involvement in the community. If interested, participants were invited to leave their contact number and email address at the end of the survey. A total of 140 people left their contact details: 72 baby boomers (51%) and 68 builders (49%). A selected group of participants were invited to participate in interviews which formed Study 2 of this research (see Chapter 5 and 6 for more details).

After data collection, the data was stored in locked filing cabinets and password protected electronic files (available only to the principal researcher) to

ensure confidentiality. The survey scores were transferred to a data file identifying each participant by their ID number known only to the principal researcher. No incentives such as an entry into a raffle draw or vouchers were used to persuade participation in Study 1 and participation was purely voluntary. There was no follow up to encourage participation in completing the survey.

3.5 Summary

In Study 1, the participant recruitment process was guided by and adhered to the National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, 2015) and the University of Southern Queensland guidelines (University of Southern Queensland, 2015). After excluding participants with a large part of missing data or whose age fell outside of the baby boomers and builders' generations' cut off, 182 participants' data was carried forward for main analyses. The descriptive and inferential data analyses are presented in Chapter 4.

Chapter 4 – Study 1 Results

4.1 Data Analyses

The actions taken to ensure the integrity and appropriateness of the data collected in Study 1 are outlined in the subsequent sections. Specifically, missing data patterns and the steps taken to impute missing data are explained. The independent and dependent measures were subjected to tests of reliability and validity, including internal consistency-reliability (Cronbach's alpha). Group differences between the baby boomers and builders were analysed. Subsequently, the data was subjected to bivariate and multivariate statistical procedures, including correlation, regression, and mediation, to provide answers to research questions for Study 1. The first two research questions that are quantitative in nature were addressed in Study 1 by testing the hypothesised relationships. This chapter presents results from data analyses and a subsequent discussion of the obtained results.

4.2 Data Screening

Prior to statistical analyses, the data was screened for accuracy of input, outliers, normality, linearity, singularity, and multicollinearity using the Statistical Package for Social Sciences (SPSS version 22; IMB, 2013), and an alpha level of .05 was used for all statistical analyses. Correlations of .90 and .80 were used as criterion for singularity and multicollinearity respectively. The shape of the distribution and absolute skew and kurtosis were examined to assess the normality of the variables in this study (Field, 2009). The squared Mahalanobis' distance (D2) values were reviewed prior to analyses for potential outliers that may influence the results.

As discussed in Chapter 3, a total of 182 participants' data (87% of all surveys received) was used for the analyses. A priori power analysis G*Power version 3.1.7 was used to determine the adequacy of the sample size (Faul, Erdfelder, Buchner, & Lang, 2009). It was estimated that to achieve power of .95 with a medium effect size (.15) and 8 predictors (Resilience; aspects of Coping Efficacy [Proactive Coping and General Self-efficacy], Social Support; aspects of Motivations for Volunteering [Civic Responsibility, Leisure, Self-promotion, and Personal Gain] a sample size of 160 was required. Therefore, the current sample size of 182 was considered to have sufficient power ($\alpha = .05$, $1 - \beta = .95$) for the statistical analyses to continue.

No coding errors or out of range scores were found in the sample. Data was screened for missing values in each measure. The missing data from the demographic section were coded as missing (9999). Data was examined for any missing data randomly missing or patterns to missing data. All scales were screened for missing values frequencies. Missing values were found in the following measures: Life Satisfaction (n = 4), Perceived Well-being (n = 16); Resilience (n = 3); Proactive Coping (n = 3); General Self-efficacy (n = 0); Social Support (n = 0); and Motivations for Volunteering (n = 3). In order to utilise all available data, a method of data imputation was chosen to estimate the missing data. Since there was not a lot data missing, the expectation maximisation (EM) technique was deemed a suitable tool for dealing with missing data (Field, 2009). Expectation maximisation is an effective technique that is often used in data analysis to manage missing data (Schafer & Olsen, 2010). Indeed, expectation maximisation overcomes some of the limitations of other techniques, such as mean substitution or regression substitution (Field, 2009). In order to perform the EM procedure, an assumption of "missing completely at random" (MCAR) has to be met (Hill, 1997). If this assumption is met, expectation maximisation method gives consistent and unbiased estimates of correlations and covariance (Hill, 1997). The chi-square statistic for testing whether values are MCAR is referred to as 'Little's MCAR test' (Hill, 1997). Little's MCAR test was conducted for all responses to questionnaires. The results showed that data was not missing randomly for the following measures: Resilience with χ^2 (72) = 155.37, p = .000; and Motivations for Volunteering with χ^2 (33) = 53.35, p = .05). Data of four participants (case ID 80, 12, 271, and 235) with missing values in two or more measures were subsequently removed from the sample. The Little's MCAR tests were re-run on all measures showing non-significant results, thus leaving data from 178 participants for further analyses.

The expectation maximisation procedure was performed to replace participants missing responses with a mean for each measure. Utilising the SPSS program Missing Value Analysis, an expectation maximisation technique was used with inferences assumed based on the likelihood under the normal distribution (Hill, 1997). In this procedure missing values were imputed by using predicted values for

the following measures with missing data: Life Satisfaction, Perceived Well-being, Resilience, and Proactive Coping.

The data was then screened for univariate and multivariate outliers. Using criterion $z \geq 3.29$, $p < .001$, two-tailed test (Field, 2009), four univariate outliers (ID 4, 162, 304, and 193) were found and removed from the sample data as recommended by Field (2009). Analysis conducted to identify multivariate outliers using Mahalanobis distance found no cases with values greater than χ^2 (10) = 29.59, $p < .001$. Case-wise diagnostics procedure was conducted to identify residual outliers and found 3 cases (ID 115, 175, and 137966194182) which were removed as recommended by Tabachnik and Fidell (2007). A final sample of 171 participants was then used for the main analyses.

The assumptions for normality of the data were assessed by visual inspection of p-p plots and scatter plots. A visual inspection of the p-p plots indicated that the data deviated from a normal distribution. Absolute values of skew and kurtosis for the variables in this study were below the criteria of 2 for skew (ranging between -1.11 and 1.03), and for kurtosis (ranging between -.60 and .82); thus, values were not problematic (Curran, West, & Finch, 1996). Although the visual inspection of the p-p plots revealed non-normal distribution, the skewness and kurtosis tests revealed values of less than 2 indicating that their distribution is not likely to "differ significantly from what might reasonably be expected in a normally distributed population" (Miles & Shevlin, 2001, p. 74). Tabachnik and Fidell (2007) also stated that providing the skewness is not extreme, the data analyses can be continued.

A visual inspection of the scatter plot of the residuals indicated that the assumption of homoscedasticity has been mildly violated. However, mild departures from homogeneity do not have adverse effects on the results(Kleinbaum, Kupper, Muller, & Nizam, 1998), with violations of linearity tending to weaken rather than invalidate the analysis (Tabachnick & Fidell, 2007). It was, therefore, decided that the data was satisfactory, allowing further analyses to proceed.

All Variance Inflation Factor (VIF) statistics for all the predictor variables fell below the recommended value of 10, and tolerance statistics for these variables were above .2. An inspection of correlation matrixes of all the predictor variables found no predictors that correlate very highly (above .80), suggesting that multicollinearity would not be of concern with this data set (Field, 2009). It was

concluded that the assumptions of normality, linearity, homoscedasticity, and collinearity were adequately met, allowing further data analysis to proceed.

4.3 Factor Analysis of the Motivations for Volunteering Scale

In order to assess the validity and reliability of the modified version of the 18-item Motivations for Volunteering scale used in the current study, an exploratory factor analysis (EFA) using a principal component extraction (PCA) method was used. SPSS (IBM, 2013) software was used to conduct the principal component extraction and involved identifying interpretable components by a promax rotation on the sample of 171 participants.

Prior to running the analysis, the data was screened by examining descriptive statistics of each item. No missing values or out of range scores were found in the sample. The assumptions of normality of the data were assessed in two ways: by visual inspection of histogram and p-p plots, and examination of statistical item frequencies. A visual inspection of the histograms and p-p plots revealed four items (6, 14, 15, and 17) that had non-normal distribution. This was also evident from skewness and kurtosis. The skewness value for item 17 was 1.21 (*SE* = .17). The kurtosis value for item 6 was -1.10 (*SE* = .37), item 14 was 1.22 (*SE* = .37), and item 15 was 1.09 (*SE* = .37). The examination of skewness and kurtosis of the remaining 14 items revealed values less than 1, ranging between -.80 and .92 for skewness, and between -.98 and .41 for kurtosis. Although the visual inspection of the p-p plots revealed non-normal distribution, the skewness and kurtosis tests revealed values of less than 2 indicating that their distribution is not likely to "differ significantly from what might reasonably be expected in a normally distributed population" (Miles & Shevlin, 2001, p. 74).

The variables-to-cases ratio (5 to 1) criterion to proceed with the factor analysis was deemed adequate with a minimum requirement of 100 individuals per analysis being satisfied (Gorsuch, 1983). The Kaiser-Meyer-Olkin measure of sampling adequacy was .87 (p = .000), suggesting the factor analysis to be an appropriate exploratory tool producing "relatively compact pattern of correlations" and "distinct and reliable" components (Field, 2009, p. 647).

Evaluation of the internal structure and composition of the 18 items in the questionnaire was conducted using the following steps: (a) extracting the number of factors, (b) selecting a method of extraction, (c) rotation, and (d) component

interpretation. Using Kaiser's retention rule of initial eigenvalues greater than 1, four factors would qualify for extraction. For the purpose of this report, the principle analysis procedure to extract four factors was used as it has been deemed as one of the most accurate methods for extraction (Zwick & Velicer, 1986). Two methods of extraction were considered: factor analysis (explains common variance but excludes error and unique variance on the basis of underlying constructs) and principal component extraction (shows all variance that is distributed to components including error and unique variance for each variable; Tabachnick & Fidell, 2007). For the purpose of the current study, principal component extraction using promax rotation was a better choice as it showed an empirical summary of the data set identifying interpretable components and their correlations in the questionnaire with no assumption of theoretical construct design (Tabachnick & Fidell, 2007). Promax rotation method allowed for improved interpretability of factors allowing for minor to moderate correlation of variables (Gorsuch, 1983). Having most factor correlations around or above .32, "there is 10% (or more) overlap in variance among factors, thus having enough variance to warrant oblique type rotation" (Tabachnick & Fidell, 2007, p. 646). After the promax rotation, four factors were extracted with item 15 loading on both factor 2 (.61) and factor 4 (.41). Each factor needs to yield at least 4 items per component (Gorsuch, 1983), and if item 15 was removed, factor 4 would yield only three items. Therefore, a second promax rotation extracting three factors was run and found that three factors provided the best representation of the measured variables and factors accounted for 63.42% of the total variance (see Table 4.1).

Table 4.1

Eigenvalues, Total Variance, and Cumulative Percentage of Total Variance Explained by the Three Components in the 18-item Modified Measure of Motivations for Volunteering

	Initial Eigenvalues[b]		Extraction Sums of Squared Loadings[c]
Component[a]	Total	% of variance	Cumulative %
1	7.26	40.34	40.34
2	2.32	12.88	53.22
3	1.84	10.10	63.42

Note. $N = 171$; Motivations for Volunteering Questionnaire. [a]Linear factor. [b]Eigenvalues (variance explained by linear factors) before extraction. [c]Eigenvalues after extraction.

The factor analysis revealed that the adapted measure in reality is composed of three subscales providing best-defined structure. All communalities (prior-rotation) were over .3 (ranging between .39 and .86), indicating that each item shared some common variance with the other items. There were no variables that did not correlate at all or correlated too highly above the recommended value of .9 (Field, 2009). Given the overall indicators, factor analysis was conducted with the 18 items in the modified scale of Motivations for Volunteering. All items had primary loadings over .57, except item 8 with loading .47. However, the variable with lower loading was retained due to presence of absolute pattern coefficients of greater than .4 accounting for at least 16% of the variance (Stevens, 2002). The strength of a component is manifested by the number of salient variables per factor/component. This analysis yielded at least 4 items per component, as recommended by (Gorsuch, 1983). Thus, all items have been retained as it was suggested that practical significance can be achieved with only 10% of the variance on the dependent variable (Stevens, 2002).

Naming the three factors was guided by the component names identified in the original measure of volunteering (Claxton-Oldfield et al., 2011); and the top three variables that correlated highly with each component was also considered (Tabachnick & Fidell, 2007). Factor 1 (Self-promotion) referred to Motivations for

Volunteering relating to achieving future goals and promoting self-image. A person motivated by Self-promotion is likely to view volunteering as a means to a goal and to seek volunteering opportunities to further enhance their career and/ or self-image. An example item is “I want/need experience in a “helping profession”. Factor 2 (Civic Responsibility) referred to motivations that stem from a sense of responsibility to contribute to community. People motivated by Civic Responsibility are likely to volunteer because they seek opportunities to give back to their communities and contribute skills, knowledge, and time in a meaningful way. An example item is “I believe that volunteering is a required part of community service”. Factor 3 (Leisure) referred to motivations that stem from a hobby and leisure pursuits. A person motivated by Leisure is likely to volunteer in activities that are entertaining and pleasurable and would enhance their physical and mental health. An example item is “I want exciting/involving work”. Table 4.2 presents the three factors, their loadings, and communality estimates.

Table 4.2

Factor Loadings and Communalities for Principal Components Analysis with Promax Rotation on the 18 Items of the Modified Measure of Motivations for Volunteering

Item No.	Item	Factor			h^2
		1	2	3	
18	I want/need experience in a "helping profession"	.88			.67
7	I like the attention I get when volunteering	.81			.62
16	The experience of volunteering would help me with my future goals	.80			.61
17	Volunteering is a requirement to fulfill my involvement in another activity	.77			.62
9	I think that people tend to look favourably on volunteers	.69			.47
6	I want to improve the image I portray to family, friends, and society	.67			.60
10	I want to feel better about myself	.58			.42
8	I like being needed	.47			.39
3	I believe that people should give back to their communities		.95		.86
2	I believe that volunteering is a required part of community service		.87		.83
1	I believe that everyone should give something back to community		.88		.78
5	I generally think that people are obligated to provide service to the towns they live in		.84		.72
4	It is my responsibility to help others		.83		.69
12	I want to meet other people			.94	.76
11	I enjoy having something to do with my time			.81	.68
13	I want an activity to focus on others instead of myself			.72	.56
14	Volunteering is a hobby for me			.70	.57
15	I want exciting/involving work			.63	.58

Note. Factor loadings < .30 were suppressed. Factor 1 = Self-promotion. Factor 2 = Civic Responsibility. Factor 3 = Leisure. Items are ordered and grouped by size of loading to facilitate interpretation. $N = 171$. h^2 = communality.

4.3.1 Factors' internal consistency. The reliability of the three subscales of the Motivations for Volunteering scale were estimated using Cronbach's alpha. Factor 1, Self-promotion (8 items), had a high Cronbach's alpha value of .87, indicating a satisfactory representation of this component by individual items.

Factor 2, Civic Responsibility (5 items), had a high Cronbach's alpha value of .93, also indicating a satisfactory representation of this component by individual items. Factor 3, Self-promotion (5 items), had a satisfactory value of Cronbach's alpha of .84, indicating good internal reliability. All these factors had four items above the recommended loading of .4 (Gorsuch, 1983). In sum, all three factors in the current study (Civic Responsibility, Leisure, and Self-promotion) demonstrated adequate internal consistency. The results reported here are comparable with Cronbach's alpha values from the original scale: Civic Responsibility (α = .85), Self-promotion (α = .83), and Leisure (α = .73; Claxton-Oldfield, et al., 2012). Together, the above data suggests that the present three-factor model was a robust solution for providing interpretable and reliable measures of Motivation for Volunteering.

4.4 Descriptive Statistics

Descriptive statistics were conducted for the entire sample (N = 171) followed by a comparison between the baby boomers and builders' generations. All constructs were tested for internal consistency-reliability (Cronbach's alpha). The results are shown in Table 4.3. The two measures of Psychological Well-being (Life Satisfaction and Perceived Well-being) indicated that older people showed, on average, moderate to high levels of satisfaction with their lives. The reliability coefficients for this scale showed adequate internal consistency, comparable to those reported by Pavot and Diener (2008). The alpha reliability computed for Resilience showed adequate internal consistency and was comparable to that obtained by Wagnild (2009). The Resilience score indicated that older people in current sample showed, on average, moderate to high, potential to positively adapt to difficult situations during retirement such as loss or illness. The alpha reliabilities computed for the two Coping Efficacy measures each demonstrated adequate internal consistency; they were also comparable to those obtained by Greenglass et al., (1999b), and Schwarzer and Jerusalem (1995), respectively. Average scores on the Proactive Coping and General Self-efficacy measures generally indicated that older people displayed moderate to high levels of a proactive approach and self-belief in managing a variety of challenging situations in the context of retirement. The reliability coefficient for the Social Support measure indicated adequate internal consistency, comparable to that obtained by Melchiorre and colleagues (2013). Average total scores for Social Support indicated that older people have moderate to

high levels of confidence that adequate social support would be available if needed. The alpha reliabilities for each of the three Motivations for Volunteering subscales are comparable with those reported by Claxton-Oldfield and colleagues (2012). On average, the sample indicated a moderate to strong motivations to volunteer (e.g., Civic Responsibility).

Table 4.3

Descriptive Statistics for Psychological Well-being, Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering

Measure	No. of Items	*M*	*SD*	Theoretical Score Range	α	Skew	Kurt
Psychological Well-being							
Life Satisfaction	5	27.55	4.76	5 – 35	.79	-0.85	0.77
Perceived Well-being	11	29.62	3.32	11 - 33	.77	-1.09	0.67
Resilience	25	148.04	13.81	25 - 175	.90	-0.60	0.83
Coping Efficacy							
Proactive Coping	14	42.31	5.20	14 - 56	.80	-0.07	-0.26
General Self-efficacy	10	32.58	3.97	10 - 40	.86	-0.23	-0.59
Social Support	12	66.61	11.95	12 - 84	.92	-0.66	0.43
Motivations for Volunteering							
Civic Responsibility	5	17.25	5.17	5 - 25	.93	-0.50	-0.48
Self-promotion	8	18.20	6.91	8 - 40	.87	0.65	-0.18
Leisure	5	16.37	4.74	5 - 25	.84	-0.27	-0.53

Note. $N = 171$. Kurt = Kurtosis. Psychological Well-being is measured by Life Satisfaction and Perceived Well-being. Perceived Quality of Life is measured by Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering.

4.4.1 Group differences between the baby boomers and the builder's generations. Independent-samples data analyses (*t*-test) were performed to compare the mean scores between the baby boomers and builders' generation. Means were compared to determine whether or not any differences existed between the baby

boomers and builders on each predictor variable (Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering); and outcome variable (Life Satisfaction and Perceived Well-being).

4.4.2 Independent-samples *t*-tests. Prior to the data analysis, an evaluation of parametric assumptions was conducted. Data was screened for distribution of the population. A visual inspection of the p-p plot indicated that the data deviated from a normal distribution, showing a slight s-shaped curve. Although the visual inspection of the p-p plots for all tested variables revealed non-normal distribution, the skewness and kurtosis tests revealed values of less than 1 (except for the Perception of Well-being Measure of skew value of -1.09), indicating that their distribution is not likely to "differ significantly from what might reasonably be expected in a normally distributed population" (Miles & Shevlin, 2001, p. 74). Another parametric assumption for the independent-samples *t*-tests is homogeneity of variance. This assumption was assessed by performing Levene's test for equality of variance (Field, 2009). The Levene's test of variance homogeneity revealed two significant results for aspects of Motivations for Volunteering: Civic Responsibility and Self-promotion, both with significance values of $p = .04$. Based on this result, the assumption of equal variances for that measure between the two groups (the baby boomers and builders) had been violated. However, after conducting robust tests of equality of means (Welch's and Brown-Forsythe tests), the results revealed non-significant results for both Civic Responsibility ($p = .112$) and Self-promotion ($p = .118$). Welch's test is used when the variances are unequal; the Brown-Forsythe test is used in case the two groups are of unequal size. Based on this result, the equal variances in scores for the baby boomers and builders can be assumed on both measures, Civic Responsibility and Self-promotion, respectively.

The independent group data analyses showed no significant differences between the baby boomers and builders for Life Satisfaction, Perceived Well-being, Resilience, Coping Efficacy, and Social Support. There were no significant differences between the baby boomers and builders on the scores for the Motivations for Volunteering measure except for the small difference on the Leisure aspect of motivation. On average, the scores on the Leisure subscale differed significantly for the baby boomers ($M = 15.53$, $SD = 5.08$) and builders ($M = 17.31$, $SD = 4.17$; $t(173) = -2.48$, $p = .05$, two-tailed). The magnitude of the difference in the means

(mean difference = -1.78, 95% CI: -3.18 to -.36) was small (eta squared = .04). Based on this result, when looking for opportunities to volunteer, the builders' generation is more likely to be motivated by activities that involve enjoyment of a hobby and/or leisure pursuits.

Overall, the results suggest that the sample of 171 older people in the current research is fairly homogenous with no significant group differences between the baby boomers and the builders' generation, except a small difference in the reported levels of Leisure. Given this result, further analyses were continued for the entire sample of 171 individuals and no generational differences were further investigated. The summary results for independent group comparisons are presented in Table 4.4.

Table 4.4

Independent Group Tests for Baby Boomers and Builder Generation

Measure	Baby Boomers		Builders				
	M	*SD*	*M*	*SD*	*t*(173)	Mean difference	95% CI
Psychological Well-being							
Life Satisfaction	26.88	4.66	28.30	4.79	-1.96	-1.42	[-2.85, 0.01]
Perceived Well-being	29.43	3.38	29.83	3.28	-0.79	-0.40	[-1.41, 0.60]
Resilience	146.63	12.33	149.62	15.21	-1.42	-3.00	[-7.15, 1.17]
Coping Efficacy							
Proactive Coping	42.23	4.92	42.40	5.52	-0.20	-0.16	[-1.74, 1.41]
General Self-efficacy	32.87	3.73	32.26	4.22	1.00	0.61	[-0.59, 1.81]
Social Support	65.92	12.48	67.38	11.35	-0.80	-1.46	[-5.08, 2.15]
Motivations for Volunteering							
Civic Responsibility	16.66	5.58	17.90	4.62	-1.58	-1.25	[-2.80, 0.31]
Self-promotion	17.41	6.06	19.09	7.69	-1.59	-1.68	[-3.76, 0.40]
Leisure	15.53	5.08	17.31	4.17	-2.48*	-1.78	[-3.18, -0.36]

Note. $N = 171$; Baby Boomers ($n = 90$); Builders ($n = 81$). CI = confidence interval.
*$p < .05$ (two-tailed).

4.5 Preliminary Analyses

In order to answer the first two research questions in Study 1 regarding the effects of the predictor variables on the outcome variable of Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being), regression and mediation analyses were performed. As preliminary step to the regression and mediation procedures, correlational analyses were conducted.

4.5.1 Correlation Analyses for Psychological Well-being. A series of Pearson correlation procedures were performed to examine the nature of the relationships among key predictor variables (Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering), and Psychological Well-being (operationalised by Life Satisfaction and Perceived Well-being). The results revealed that no correlations were greater than .70 for any pairs of constructs, suggesting that the constructs have discriminant validity (Hair, Black, Babin, Anderson, Tatham, 2010). The bivariate correlations between continuous variables were statistically significant and in the positive direction for the majority of variables, except for the association between Self-promotion and Leisure (both aspects of Motivations for Volunteering). There were no significant relationships between Self-promotion and any other variables with the exception of Civic Responsibility ($r = .46$, $p < .01$). Similarly, Leisure did not correlate with any other measure except for Civic Responsibility ($r = 44$, $p < .01$), and Self-promotion ($r = .51$, $p < .01$). Self-promotion, aspect of Motivations for Volunteering, relates to a desire to advance self-image portrayed to others or opportunities for a career. The Leisure, aspect of Motivations for Volunteering, relates to a desire to volunteer for enjoyment of the activity itself. Okun and Schultz (2003) found that career motivations decrease with age, suggesting that older volunteers may naturally be less interested in career development. The non-significant results for the Self-promotion and Leisure aspects of Motivations for Volunteering suggest that these aspects are not important motivators in the current sample of older people.

On the other hand, Civic Responsibility positively correlated with Life Satisfaction ($r = .18$, $p < .05$), but not with Perceived Well-being ($r = .14$, *ns*). Small positive associations were also found between Civic Responsibility and the following variables: Resilience ($r = .27$, $p < .01$); Coping Efficacy (Proactive Coping, $r = .25$, $p < .01$; General Self-efficacy, $r = .26$, $p < .01$); and Social Support ($r = .23$, $p < .01$). The results indicate that older people who are highly motivated to volunteer by the values of civic responsibility show high levels of self-belief, and possess an ability to positively respond to challenging circumstances.

A large significant and positive correlation was found between the two measures of Psychological Well-being (Life Satisfaction and Perceived Well-being) with $r = .69$; $p < .01$. Although high, the correlation did not exceed the value .8 suggesting no multicollinearity (Field, 2009), and allowing Life Satisfaction and Perceived Well-being constructs to remain as separate measures of Psychological Well-being. The results showed that Resilience was positively associated with the two measures of Psychological Well-being (Life Satisfaction, $r = .50$, $p < .01$; and Perceived Well-being, $r = .54$, $p < .01$). These significant associations indicate that older people with high levels of skills that enable them to adapt to challenging life events are also likely to experience high levels of well-being.

Small to moderate positive associations were found between Psychological Well-being and the two measures of Coping Efficacy (Proactive Coping and General Self-efficacy). Proactive Coping showed positive associations with both Life Satisfaction ($r = .29$, $p < .01$) and Perceived Well-being ($r = .31$, $p < .01$). Similarly, General Self-efficacy showed positive association with both Life Satisfaction ($r = .24$, $p < .01$) and Perceived Well-being ($r = .31$, $p < .01$). Proactive Coping and General Self-efficacy had a positive correlation of .58 ($p < .01$), indicating that there was no multicollinearity between the constructs (Field, 2009), and allowing them to measure the construct of Coping Efficacy separately. Large positive correlations were found between Resilience and Proactive Coping ($r = .65$, $p < .01$) and General Self-efficacy ($r = .63$, $p < .01$), respectively. Small positive correlations were also found between Social Support and Proactive Coping ($r = .21$, $p < .01$) and General Self-efficacy ($r = .24$, $p <$

.01), respectively. These results indicate that older people who strongly believe in their ability to solve difficult problems are also likely to report high levels of perceived social support from others and to positively adapt to challenges associated with ageing in retirement.

Moderate positive correlations were found between Social Support and Psychological Well-being (Life Satisfaction, $r = .42$, $p < .01$; and Perceived Well-being, $r = .48$, $p < .01$). Similarly, a moderate positive association was found between Social Support and Resilience ($r = .31$, $p < .01$). These results indicate that older people who report high levels of perceived support are also likely to report high levels of well-being and to positively adapt to stressful life events. All bivariate correlations between the continuous variables in Study 1 were below the .80 criterion for multicollinearity (Field, 2009), allowing statistical analyses to continue. A summary of inter-correlations for Study 1 variables is shown in Table 4.5.

Table 4.5

Inter-correlations for Study 1 Variables

Variables	1	2	3	4	5	6	7	8	9
1. Life Satisfaction	1.00								
2. Perceived Well-being	.69**	1.00							
3. Resilience	.50**	.54**	1.00						
4. Proactive Coping	.29**	.31**	.65**	1.00					
5. General Self-efficacy	.24**	.31**	.63**	.58**	1.00				
6. Social Support	.42**	.48**	.31**	.21**	.24**	1.00			
7. Civic Responsibility	.18*	.14	.27**	.25**	.26**	.23**	1.00		
8. Self-promotion	-.08	-.11	-.01	.03	.12	-.04	.46**	1.00	
9. Leisure	.06	-.04	.14	.03	.08	.11	.44**	.51**	1.00

Note. $N = 171$. Psychological Well-being = Life Satisfaction, Perceived Well-being; Coping Efficacy = Proactive Coping and General Self-efficacy; Motivations for Volunteering = Civic Responsibility, Self-promotion, and Leisure.
*$p < .05$ (two-tailed). **$p < .01$ (two-tailed).

4.6 Research Question 1: Predictors of Psychological Well-being

The first quantitative research question was examined using regression analyses. A series of simple and multiple regression analyses were performed to determine the nature of relationships among the predictor variables (Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering), and the construct of Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being, respectively). The regression analyses were tested using statistical program SPSS (IBM, 2013).

Prior to regression analyses, an evaluation of parametric assumptions was conducted. Field (2009), recommends at least 10 to 15 participants per variable as a good general rule in a standard ordinary least squares multiple regression analysis. Study 1 has 171 participants and 7 predictor variables (Resilience, Proactive Coping, General Self-efficacy, Social Support, Civic Responsibility, Self-promotion, and Leisure), requiring a minimum of 105 participants; hence the assumption of adequate sample size was satisfied for the current study. No missing values or out of range scores were found in the sample.

The assumptions for normality of the data were assessed by visual inspection of p-p plots and scatter plots. A visual inspection of the p-p plots indicated that the data deviated from a normal distribution. Absolute values of skew and kurtosis for the variables in Study 1 were below the criteria of 2 for skew (ranging between -1.11 and 1.03), and for kurtosis (ranging between -.60 and .82); thus, values were not problematic (Curran et al., 1996). Although the visual inspection of the p-p plots revealed non-normal distribution, the skewness and kurtosis tests revealed values of less than 2 indicating that their distribution is not likely to "differ significantly from what might reasonably be expected in a normally distributed population" (Miles & Shevlin, 2001, p. 74). Tabachnik and Fidell (2007) also stated that providing the skewness is not extreme, the data analyses can be continued.

A visual inspection of the scatter plot of the residuals indicated that the assumption of homoscedasticity has been mildly violated. However, mild departures from homogeneity do not have adverse effects on the results (Kleinbaum et al., 1998), with violations of linearity tending to weaken rather than invalidate the analysis

(Tabachnick & Fidell, 2007). All Variance Inflation Factor (VIF) statistics for all the predictor variables were fell below the recommended value of 10, and the tolerance statistics for these variables were above .20 indicating no multicollinearity between variables (Field, 2009). There was no variable intercorrelation greater than $r = .90$, indicating that the assumptions of multicollinearity and singularity were also met, allowing further data analyses to proceed.

Data was screened for multivariate, univariate, and residual outliers for all regression analyses. The multivariate outliers were identified using Mahalanobis distance. The univariate outliers were detected by using criterion $z \geq 3.29$, $p < .001$. A case-wise diagnostics procedure identified any residual outliers. If any outliers were found, they were deleted from the analyses, as recommended by Field (2009).

A standard simple regression was first conducted to test how Resilience would predict Life Satisfaction. Data screening revealed one multivariate outlier (ID 177) with Mahalanobis distance χ^2 (1) = 10.83, $p < .001$. Using criterion $z \geq 3.29$, $p < .001$, one univariate outlier (ID 254) was found. Case-wise diagnostics procedure revealed one residual outlier (ID 135); a subsequent case-wise diagnostic run revealed no outliers. All outliers were deleted, leaving 168 cases for data analyses. The result of this standard simple regression was significantly different from zero $R^2 = .25$, $F(1, 166) = 54.65$, $p < .001$. The adjusted R^2 value of .24 indicated that 24% of the variability in Life Satisfaction would be predicted by Resilience, if the model had been derived from the population from which the sample was taken (Field, 2009). The Resilience measure positively predicted Life Satisfaction ($\beta = .50$, $t = 7.39$, $p < .001$), indicating that high resilience is reported by older people who also experience high levels of well-being.

A standard simple regression was then conducted to assess the ability of Resilience to predict Perceived Well-being. Data screening revealed two multivariate outliers (ID 135 and 118) with Mahalanobis distance χ^2 (1) = 10.83, $p < .001$. Using criterion $z \geq 3.29$, $p < .001$, one univariate outlier (ID 254) was found. Case-wise diagnostics procedure revealed no residual outliers. All outliers were deleted, leaving 168 cases for data analyses. The results of this standard simple regression was significantly different from zero $R^2 = .30$, $F(1, 166) = 71.19$, $p < .001$. The adjusted R^2

value of .30 indicated that 30% of the variability in Perceived Well-being would be predicted by Resilience, if the model had been derived from the population from which the sample was taken (Field, 2009). The Resilience measure positively predicted Perceived Well-being ($\beta = .55$, $t = 8.44$, $p < .001$), strengthening the argument that older people with high resilience also have high Perceived Well-being. Table 4.6 presents the simple regression analyses predicting Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being) from Resilience.

Table 4.6

Regression Analyses Predicting Psychological Well-being from Resilience

	Life Satisfaction				Perceived Well-being			
Variable	*B*	95% CI	β	sr^2	*B*	95% CI	β	sr^2
Resilience	.17	[.12, .21]	.50	.25**	.14	[.10, .17]	.55	.30**
R^2		.25				.30		
ΔR^2		.24				.30		
R		.50				.55		

Note. CI = confidence interval.
**$p < .01$, two-tailed.

A standard multiple regression was then conducted to assess how Coping Efficacy would predict Life Satisfaction. Data screening revealed one multivariate outlier (ID 177) with Mahalanobis distance χ^2 (2) = 13.82, $p < .001$. Using criterion $z \geq 3.29$, $p < .001$, no univariate outliers were found. Case-wise diagnostics procedure revealed one residual outlier (ID 177); a subsequent case-wise diagnostic run revealed no outliers. All outliers were deleted, leaving 169 cases for data analyses. The results of the standard multiple regression between Coping Efficacy and Life Satisfaction was significantly different from zero $R^2 = .12$, $F(2, 166) = 11.71$, $p < .001$. The adjusted R^2 value of .11 indicated that 11% of the variability in Life Satisfaction would be predicted by Coping Efficacy, if the model had been derived from the population from which the sample was taken (Field, 2009). The size and direction of the significant relationship suggest that higher levels of usage of proactive coping strategies such as planning, goal setting, and mental stimulation are reported by older people who also experience high

levels of well-being. The Proactive Coping variable positively predicted Life Satisfaction (β = .29, *t* = 3.23, *p* = .001), uniquely contributing 6% to explain the variance in Life Satisfaction. The General Self-efficacy variable did not significantly predict Life Satisfaction (β = .10, *t* = 1.10, *ns*).

A standard multiple regression was then conducted to test how Coping Efficacy would predict Perceived Well-being. Data screening revealed no multivariate outliers with Mahalanobis distance χ^2 (2) = 13.82, $p < .001$. Using criterion $z \geq 3.29$, $p < .001$, no univariate outliers were found. Case-wise diagnostics procedure revealed one residual outlier (ID 135); a subsequent case-wise diagnostic run revealed no outliers. All outliers were deleted, leaving 170 cases for data analyses. The results of the standard multiple regression between Coping Efficacy and Perceived Well-being was significantly different from zero $R^2 = .14$, $F(2, 167) = 13.24$, $p < .001$. The adjusted R^2 value of .13 indicated that 13% of the variability in Perceived Well-being would be predicted by Coping Efficacy, if the model had been derived from the population from which the sample was taken (Field, 2009). This result strengthens the argument that higher levels of self-belief and usage of proactive coping strategies such as planning and goal setting are reported by older people who also experience high levels of well-being. The Proactive Coping variable positively predicted Perceived Well-being (β = .21, *t* = 2.42, *p* = .02), uniquely contributing 3% to the variance in Perceived Well-being. The General Self-efficacy variable also positively predicted Perceived Well-being (β = .20, *t* = 2.31, *p* = .02), uniquely contributing 3% to the variance of Perceived Well-being. Table 4.7 presents the multiple regression analyses predicting Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being) from Coping Efficacy (as measured by Proactive Coping and General Self-efficacy).

Table 4.7

Regression Analyses Predicting Psychological Well-being from Coping Efficacy

	Life Satisfaction				Perceived Well-being			
Variable	*B*	95% CI	β	sr^2	*B*	95% CI	β	sr^2
Proactive Coping	.25	[.10, .40]	.29	.06**	.13	[.03, .24]	.21	.03*
General Self-efficacy	.11	[-.09, .31]	.10	.01	.17	[.02, .31]	.20	.03*
R^2		.12				.14		
ΔR^2		.11				.13		
R		.35				.37		

Note. CI = confidence interval.
*$p < .05$, two-tailed. **$p < .01$, two-tailed.

A standard simple regression was then conducted to test the ability of Social Support to predict Life Satisfaction. Data screening revealed two multivariate outliers (ID 102 and 138026470683) with Mahalanobis distance χ^2 (1) = 10.83, $p < .001$. Using criterion $z \geq 3.29$, $p < .001$, one univariate outlier (ID 177) was found. Case-wise diagnostics procedure revealed one residual outlier (ID 207); a subsequent case-wise diagnostic run revealed no outliers. All outliers were deleted, leaving 167 cases for data analyses. The results of the standard simple regression between Social Support and Life Satisfaction was significantly different from zero $R^2 = .15$, $F(1, 165) = 28.20$, $p < .001$. The adjusted R^2 value of .14 indicated that 14% of the variability in Life Satisfaction would be predicted by Social Support, if the model had been derived from the population from which the sample was taken (Field, 2009). The Social Support variable positively predicted Life Satisfaction (β = .38, $t = 5.31$, $p < .001$), suggesting that high levels of perceived support are reported by older people who also experience high levels of well-being.

A standard simple regression was conducted to test how Social Support would predict Perceived Well-being. Data screening revealed two multivariate outliers with

Mahalanobis distance χ^2 (1) = 10.83, $p < .001$. Using criterion $z \geq 3.29$, $p < .001$, one univariate outlier (ID 279) was found. Case-wise diagnostics procedure revealed one residual outlier (ID 207); a subsequent case-wise diagnostic run revealed no outliers. All outliers were deleted, leaving 167 cases for data analyses. The results of the standard simple regression between Social Support and Perceived Well-being was significantly different from zero $R^2 = .22$, $F(1, 165) = 47.54$, $p < .001$. The adjusted R^2 value of .22 indicated that 22% of the variability in Perceived Well-being would be predicted by Social Support, if the model had been derived from the population from which the sample was taken (Field, 2009). The Social Support variable positively predicted Perceived Well-being ($\beta = .47$, $t = 6.90$, $p < .001$), strengthening the argument that older people with high levels of perceived support are reported by older people who also experience high levels of Perceived Well-being. Table 4.8 presents simple regression analyses predicting Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being) from Social Support.

Table 4.8

Regression Analyses Predicting Psychological Well-being from Social Support

	Life Satisfaction				Perceived Well-being			
Variable	*B*	95% CI	β	sr^2	*B*	95% CI	β	sr^2
Social Support	.15	[.10, .21]	.38	.15**	.13	[.09, .17]	.47	.22**
R^2		.15				.22		
ΔR^2		.14				.22		
R		.38				.47		

Note. CI = confidence interval.
**$p < .01$, two-tailed.

A standard simple regression was then conducted to assess the ability of Motivations for Volunteering to predict Life Satisfaction. Prior to running regression analyses, the correlation analyses revealed that out of the three subscales of the Motivations for Volunteering measure (i.e., Civic Responsibility, Self-promotion, and Leisure), only the Civic Responsibility factor showed significant correlation with Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being).

As the regression model is initially based on a hypothesis concerning the linear relationship among the dependent and independent variables (Field, 2009), only Civic Responsibility was carried forward for further analyses. Data screening revealed no multivariate outliers with Mahalanobis distance χ^2 (1) = 10.83, $p < .001$. Using criterion $z \geq 3.29$, $p < .001$, no univariate outliers were found. Case-wise diagnostics procedure revealed two residual outliers (ID 177 and 207); a subsequent case-wise diagnostic run revealed no outliers. All outliers were deleted, leaving 169 cases for data analyses. The results of the standard simple regression between Civic Responsibility and Life Satisfaction was significantly different from zero $R^2 = .04$, $F(1, 167) = 6.18$, $p = .014$. The adjusted R^2 value of .03 indicated that 3% of the variability in Life Satisfaction would be predicted by Civic Responsibility, if the model had been derived from the population from which the sample was taken (Field, 2009). The size and direction of the significant relationship suggest that high levels of responsibility to help others are reported by older people who also experience high levels of well-being. The Civic Responsibility variable significantly and positively predicted Life Satisfaction ($\beta = .19$, $t = 2.49$, $p = .014$).

A standard simple regression was conducted to test how Civic Responsibility (aspect of Motivations for Volunteering) would predict Perceived Well-being. Data screening revealed no multivariate outliers with Mahalanobis distance χ^2 (1) = 10.83, $p < .001$. Using criterion $z \geq 3.29$, $p < .001$, no univariate outliers were found. Case-wise diagnostics procedure revealed no residual outliers, leaving 171 cases for data analyses. The results of the standard multiple regression between Civic Responsibility and Perceived Well-being was not significantly different from zero $R^2 = .02$, $F(1, 169) = 3.48$, $p = .064$, suggesting that the model did not significantly contribute to the variance in Perceived Well-being. Table 4.9 presents the standard simple regression analyses predicting Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being) from Civic Responsibility (as aspect of Motivations for Volunteering).

Table 4.9

Regression Analyses Predicting Psychological Well-being from Civic Responsibility

	Life Satisfaction				Perceived Well-being			
Variable	*B*	95% CI	β	sr^2	*B*	95% CI	β	sr^2
Civic Responsibility	.25	[.10, .41]	.19	.04*	.09	[-.01, .19]	.14	.02
R^2		.04				.02		
ΔR^2		.03				.01		
R		.19				.14		

Note. CI = confidence interval.
*$p < .05$, two-tailed.

In summary, a series of regression analyses were conducted to examine the ability of predictor variables (Resilience, Coping Efficacy, Social Support, and Civic Responsibility) to predict levels of Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being). The results indicated that Resilience and Social Support both significantly and positively predicted Psychological Well-being, suggesting that high levels of resilience and perceived social support was reported by older people who also experience high levels of well-being. Mixed results were found for the Coping Efficacy variable (as measured by Proactive Coping and General Self-efficacy). While Proactive Coping significantly predicted both measures of Psychological Well-being, General Self-efficacy significantly predicted Perceived Well-being but not Life Satisfaction. Similarly, regression analyses for the Civic Responsibility variable (as an aspect of Motivations for Volunteering) revealed mixed results. While Civic Responsibility significantly and positively predicted Life Satisfaction, a non-significant result was found for Perceived Well-being.

4.7 Research Question 2: Mediation Effects of Factors Associated with Psychological Well-being

The second quantitative research question in Study 1 was addressed using mediation analyses. The mediation analyses were designed to examine whether there were any indirect effects among the predictor variables (Resilience, Coping Efficacy,

Social Support, and Motivations for Volunteering) and the outcome variable of Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being). The mediation analyses were tested using AMOS statistical program (version 22; IBM, 2013). AMOS (IMB, 2013) program is applicable for undertaking a powerful multivariate technique called Structural Equation Modelling (SEM; Hair et al., 2010). SEM is a multivariate technique that uses a conceptual model, path diagram, and system of linked regression-style equations to capture complex and dynamic relationships within a network of observed and unobserved variables (Gunzler, Chen, Wu, & Zhang, 2013). SEM can estimate complex model structures while accounting for the multiple influences, which may simultaneously affect the outcome variable (Hair et al., 2010). Although causal inferences cannot be established in correlation analyses, mediation analysis can provide evidence that one path is more probable than another (Shrout & Bolger, 2002). The goal of SEM is to determine whether a hypothesised relationship in the model is consistent with the data collected. The consistency is evaluated through *model-data fit,* which indicates the extent to which proposed model is plausible (Imai, Keele, & Tingley, 2010), while providing an effect of the predictor variables on the outcome variable (Gunzler et al., 2013).

4.7.1 Model-data fit. In the current research, the appropriateness of the regression model was assessed with global goodness-of-fit indices. These fit indices portray the degree to which the proposed model adequately represents the empirical associations (Gunzler et al., 2013). Three indices were employed: the Root-Mean Square Error of Approximation (RMSEA), the Bentler Comparative Fit Index (CFI), and the Tucker-Lewis Index (TLI; Hu & Bentler, 1998). RMSEA values $\leq .07$ in combination with a value for CFI or TLI $\geq .90$ suggest an acceptable model fit (Hair et al., 2010). Values of the CFI coefficient range from 0 to 1.00. Values close to .95 are used to represent a good-fitting model (Hu & Bentler, 1998). Additional support for the identified RMSEA – value would be demonstrated by a 90% confidence interval (CI) of the RMSEA including the .05 value and not exceeding an upper limit of .10 (Brown, 2006). Values less than .05 indicate a good fit of the model to the population, and represent small errors of approximation between the model-implied and sample

covariances (Kline, 2005). Values ranging from .05 to .08 represent a reasonable fit if reported with other fit indices (Schumacker & Lomax, 2010). Values between .08 and .01 represent a mediocre fit, while values greater than .10 indicate a poor fit. It is important to note that at for smaller sample sizes ($N \leq 250$) the RMSEA tends to over-reject substantially true population models (Hu & Benter, 1998).

4.7.2 Latent and observed variables in SEM. The most common estimation of parameters used in SEM is Maximum Likelihood (ML; Kline, 2005). The parameter estimates derived from ML estimation are those that maximise the likelihood that the data match the proposed model (Kline, 2005). SEM techniques allows for simultaneously testing the covariance structure of a measurement (factor analysis) and structural (path analysis) with more than one outcome variable (Kline, 2005). In Study 1, path analysis technique has been employed as it is an extension of multiple regression in that is involves a direct way of modelling mediation and indirect effects. Since mediation assumes causality and a temporal ordering among the variables (i.e., predictor, mediator, and outcome), a SEM model provides a more appropriate inference than the standard regression paradigm (Gunzler et al., 2013). The regression model is less preferable for modelling such relationships because of its priori assignment of each variable as either a cause or effect (Gunzler et al., 2013). Path analysis can be considered a special case of SEM in which hypothesised relationships among variables are modelled (Lei & Wu, 2007).

One of the advantages of using SEM is that it can be used to study the relationships among latent variables that are indicated by multiple measures (Lei & Wu, 2007). In SEM, a variable can serve both as a source variable (called exogenous variable, which is equivalent to an independent variable), and outcome variable (called endogenous variable, which is equivalent to dependent variable). A variable that is both endogenous and exogenous is a mediator. Variables can also be observed (measured by one scale) and latent (measured by one or more scales). A SEM model, thus, includes causal relationships in a hypothesised mediation between endogenous (dependent) and exogenous (independent) variables, and the causal relationships among endogenous (independent) variables.

In Study 1, the hypothesised relationships include the following predictor variables: (a) Coping Efficacy measured by two exogenous observed variables of Proactive Coping and General Self-efficacy; (b) Social Support measured by one exogenous observed variable of Social Support; and (c) Motivations for Volunteering exogenous observed variable measured by Civic Responsibility. Apart from the predictor variables, the hypothesised relationships include: (a) Resilience as a mediator variable (mediating the relationships between predictor variables—Coping Efficacy, Social Support, and Civic Responsibility— and outcome variables) that is exogenous and observed; and (b) Psychological Well-being as an outcome variable that is endogenous and latent; it is measured by two observed variables of Life Satisfaction and Perceived Well-being.

SEM models are best represented by path diagrams. A path diagram consists of nodes representing the variables and arrows showing relations among these variables. A single straight arrow indicates a relationship from the base of the arrow to the head of the arrow (Gunzler et al., 2013). A curved two-headed arrow indicates that there may be some association between the two variables (Gunzler et al., 2013). In most path diagrams for cross-sectional data, error terms are not connected, indicating independence across the error terms; however, if an association between error terms are suspected, then the error terms should be connected (Kowalski & Tu, 2008).

The current research assumes that the constructs of Proactive Coping and General Self-efficacy are not essentially distinct, but that are reflections of a general orientation towards positive and negative expectations of individual's self-belief and capacity for action. Congruent with the current literature, Coping Efficacy was measured using Proactive Coping and General Self-efficacy measures (Elliot & Dweck, 2007), thus their error terms were connected.

4.7.3 Indirect and direct effects. In mediation analysis, different hypothesised associations between variables are divided into components in order to reveal a possible causality. The primary hypothesis of interest in a mediation analysis is to see whether the effect of the independent variable (predictor) on the outcome can be mediated by a change in the mediating variable, which is called *indirect effects* (Preacher & Kelley,

2011). In Study 1, the indirect effects are the effect of the predictor variable *X* and outcome variable *Y* through the intervening mediator of Resilience *M*, quantified as the product of path *a* (relationship between predictor and Resilience as the mediator) and path *b* (relationship between Resilience as the mediator and Psychological Well-being as the outcome variable). The indirect effect is interpreted as the amount that *Y* is expected to change as *X* changes by one unit as a result of *X*'s effect on *M* which, in turn, affects *Y* (Hayes & Preacher, 2010). This is not the same as predictor variable *X*'s *direct effect* on *Y*, which is how much a unit change in *X* affects the outcome variable Y independent of its effect on *M*. The direct effect is quantified as path *c'* (relationship between the predictor variable and Psychological Well-being, as the outcome variable). The *total effect* of *X* is the sum of the direct and indirect effects: $c = ab + c'$ (Hayes & Preacher, 2010).

4.7.4 Classifying the type of mediation and effect sizes. Zhao, Lynch, and Chen (2010) provide a step-by-step procedure for classifying the type of mediation and interpreting the implications of the findings. In the first step, the indirect effect is inspected for significance to determine whether mediation (in case of significance) or non-mediation (in case of non-significance) is present. In the second step, in order to classify the type of mediation or non-mediation, three patterns can emerge as mediation and two patterns as non-mediation (Zhao et al., 2010). When mediation is present the indirect effect and the direct effect can be both significant and the multiplication of their coefficients is positive (complementary mediation) or negative (competitive mediation). In indirect-only mediation, the indirect effect is significant, but the direct effect is not. Conversely, in direct–only non-mediation, the indirect effect is not significant, but the direct effect is. Finally, in no-effect non-mediation, neither the direct effect nor the indirect effect is significant (Zhao et al., 2010). The practical value of the hypothesised mediators in a model is identified by estimating effect-size measures that compare the magnitude of different effects in the model (Preacher & Hayes, 2008). In the current study, effect size estimates are given by regression coefficients next to their corresponding hypothesised path.

4.7.5 Assumption for regression analyses in AMOS. Prior to performing SEM analyses in AMOS, an evaluation of parametric assumptions was conducted. The sample size is somewhat dependent on model complexity, the estimation method used, and the distributional characteristics of observed variables (Kline, 2005). Kline (2005) gives a general rule of 5-20 times the number of parameters to estimate. In the current study, the most number of parameters to estimate in a single model is 13, which would mean that the requirement for the minimum sample size of 65 is satisfied. According to Stevens (1996), a good general rule for sample size is 15 cases per predictor in a standard ordinary least squares multiple regression analysis. Study 1 has 171 participants and 7 predictor variables (Resilience, Proactive Coping, General Self-efficacy, Social Support, Civic Responsibility), requiring a minimum of 75 participants; hence the assumption of adequate sample size was satisfied for the current study. No missing values or out of range scores were found in the sample.

The assumptions for normality of the data were assessed by visual inspection of p-p plots and scatter plots using SPSS (version 22; IBM, 2013). A visual inspection of the p-p plots indicated that the data deviated from a normal distribution. Absolute values of skew and kurtosis for the variables in Study 1 were below the criteria of 2 for skew (ranging from -0.66 for Social Support to -0.23 for General Self-efficacy); and for kurtosis (ranging from -0.59 for General Self-efficacy to 0.83 for Resilience). Although the visual inspection of the p-p plots revealed non-normal distribution, the skewness and kurtosis tests revealed values of less than 2 indicating that their distribution is not likely to "differ significantly from what might reasonably be expected in a normally distributed population" (Miles & Shevlin, 2001, p. 74). Tabachnik and Fidell (2007) state that providing the skewness is not extreme, the data analyses can continue.

A visual inspection of the scatter plot of the residuals indicated that the assumption of homoscedasticity has been mildly violated. However, mild departures from homogeneity do not have adverse effects on the results (Kleinbaum et al., 1998), with violations of linearity tending to weaken rather than invalidate the analysis (Tabachnick & Fidell, 2007). It was, therefore, decided that the data was satisfactory, allowing further analyses to proceed.

AMOS requires that each known correlation or covariance to be properly identified (i.e., there is at least one unique solution for each parameter estimate in SEM model, IBM, 2013). In SEM, models can be just-identified (there is only one possible solution); underindetified (there are infinite number of estimates); and overidentified (there is more than one solution but one best solution for each estimate). Typically, overidentified model is used where a restriction is imposed on the model; when an overidentified model fits well, it can be considered an adequate fit to the data. In the current study, the models were identified with the degrees of freedom ≥ 0 (Kline, 2005) by imposing a constraint and fixing the regression weight at a value of one applied to a path coefficient (from Psychological Well-being to Perceived Well-being; Arbuckle, 2013). This yielded the same estimates as conventional linear regression (IMB, 2013).

4.7.6 Bootstrapping. The statistical significance of hypothesised indirect effects was assessed using bootstrapped ML standard errors method (5000 bootstrap samples; Byrne, 2001). Simulation research has shown that bootstrapping is a valid and powerful method for testing intervening variable effects as compared with the "casual steps approach" (Baron & Kenny, 1986) and the "Sobel test" (Sobel, 1982; MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). Bootstrapping is a resampling method that involves randomly sampling and replacing cases from the original sample of *N* observations (Wehrens, Putter, & Buydens, 2000). The sampling is concerned with the selection of a subset of individuals from within a population to estimate characteristics of the whole population. With every bootstrap draw, sample statistics, such as direct and indirect effects, are calculated. Upon completion of the bootstrapping process, the distribution of these estimates function as an empirical approximation of the sampling distribution of the indirect effect (Wehrens et al., 2000).

In the present study, the number of bootstrap draws specified was 5,000 as recommended by Hayes (2009). The different effects and their corresponding 95% confidence intervals were calculated using a macro called PROCESS developed for SPSS by Preacher and Hayes (2008). This macro is capable of estimating total and specific indirect effects for mediation models, using bootstrapping and providing bias-corrected (BC) 95% confidence intervals (Preacher & Hayes, 2008). A mediation effect

was present if zero was not between the lower and upper bound of 95% confidence interval.

4.7.7 Quantification of the effects in mediation. The effects were tested to identify mediation and non-mediation effects (Preacher & Hayes, 2008) among the predictor variables (Coping Efficacy, Social Support, and Civic Responsibility), the mediator (Resilience), and the outcome variable (Psychological Well-being). Three hypothesised mediation models were tested separately using different models. Based on previous research identified in Chapter 2, Resilience is recognised as the capacity to respond and adapt positively to change and enhance well-being in older people (Southwick et al., 2014). A related concept of Coping Efficacy has been shown to lead to an improved ability to positively adapt to challenges and life stressors (Desmond & MacLachlan, 2006). Therefore, Model 1 tested the hypothesis that the relationship between Coping Efficacy and Psychological Well-being would be mediated by Resilience.

Research also indicates that keeping active, fostering relationships, and maintaining community connections are effective way to strengthen Resilience (Moyle et al., 2010). Therefore, Model 2 tested the hypothesis that the relationship between Social Support and Psychological Well-being would be mediated by Resilience. Additionally, Resilience can be enhanced by older people's Motivations for Volunteering such as responsibility to help others in a meaningful way, either in the form of practical or moral support (Janssen et al., 2011). Furthermore, high levels of Resilience have been shown to predict high satisfaction with life (Smith & Hollinger-Smith, 2014). Therefore, Model 3 tested the hypothesis that the relationship between Civic Responsibility (as aspect of Motivations for Volunteering) and Psychological Well-being would be mediated by Resilience.

Analyses included testing for the direct, specific indirect, total indirect and total effects. Firstly, the direct effects of predictor variables on the mediator (Resilience) were estimated. Secondly, the direct effects of the predictor variables on the outcome variable of Psychological Well-being (measured by Life Satisfaction and Perceived Well-being) were estimated. Thirdly, specific indirect effects were calculated, defined

as the indirect effect of the independent variable *X* (i.e., predictor variable) via the mediator *M* (i.e., Resilience) on the dependent variable *Y* (i.e., Psychological Well-being). Thirdly, the total indirect and total effects were estimated. The total indirect effects are the sum of the specific indirect effects; and the total effects are the sum of the direct effect of predictor variables on the outcome variable (Psychological Well-being) and its corresponding specific indirect effects via Resilience as the mediator. The tests were run using one predictor, one mediator, and one measure of Psychological Well-being (either Life Satisfaction or Perceived Well-being), one at a time.

4.7.7.1 Model 1. The first mediation model involved testing a hypothesis that the relationship between Coping Efficacy and Psychological Well-being would be mediated by Resilience. Four tests were run using the bootstrapping method. The results from the test for Life Satisfaction showed the direct effect of Proactive Coping on Life Satisfaction to be insignificant (b = -.06, *ns*) and indirect effects of Resilience to be significant (b = .32, p < .001). The total effect of Proactive Coping and Resilience on Life Satisfaction was significant (b = .26, p < .001). The paths from Proactive Coping to Resilience was significant (b = 1.72, p < .001), indicating that Resilience acted as a mediator of the effect of Proactive Coping has on Life Satisfaction. Bootstrap results showed the mediation was significant with the total indirect effect (95% bias corrected) confidence intervals of .20 to .47. For General Self-efficacy, the results showed the indirect effect of General Self-efficacy on Life Satisfaction to be non-significant (b = -.17, *ns*) and indirect effects of Resilience to significant (b = .45, p < .001). The total effect of General Self-efficacy and Resilience on Life Satisfaction was significant (b = .28, p < .05). The paths from General Self-efficacy to Resilience was significant (b = 2.20, p < .001), indicating that Resilience acted as a mediator of the effect of that General Self-efficacy has on Life Satisfaction. Bootstrap results showed the mediation was significant with the total indirect effect (95% bias corrected) confidence intervals of .29 to .64.

The results from the test for Perceived Well-being showed that the direct effect of Proactive Coping on Perceived Well-being to be non-significant (b = -.05, *ns*) and indirect effects of Resilience to be significant (b = .25, p < .001). The total effect of

Proactive Coping and Resilience on Perceived Well-being was significant (b = .20, p < .001). The path from Proactive Coping to Resilience was significant (b = 1.72, p < .001), indicating that Resilience acted as a mediator of the effect of Proactive Coping has on Perceived Well-being. Bootstrap results showed the mediation was significant with the total indirect effect (95% bias corrected) confidence intervals of .17 to .33. For General Self-efficacy, the direct effect of General Self-efficacy on Perceived Well-being was insignificant (b = -.04, *ns*) and indirect effects of Resilience was significant (b = .30, p < .001). The total effect of General Self-efficacy and Resilience on Perceived Well-being was significant (b = .26, p < .001). The path from General Self-efficacy to Resilience was significant (b = 2.20, p < .001), indicating that Resilience acted as a mediator of the effect of that General Self-efficacy has on Perceived Well-being. Bootstrap results showed the mediation was significant with the total indirect effect (95% bias corrected) confidence intervals of .20 to .43. The unstandardised path coefficients from the two tests of the effects of Coping Efficacy on Psychological Well-being via Resilience as the mediator variable are shown in Table 4.10.

Table 4.10

Mediation Effects of Coping Efficacy on Psychological Well-being with Resilience as Mediator

Independent Variable	Mediating Variable	Dependent Variable	Direct Effect of Independent Variable on Mediator	Direct Effect of Mediator on Dependent Variable	Direct Effect of Independent Variable on Dependant Variable	Specific Indirect Effect of Individual Mediators	Total Indirect Effect	Total Effect of Independent Variable and Mediators on Dependant Variable
Proactive Coping	Resilience	Life Satisfaction	1.72**	.19**	-.06	.32**	.32**	.26**
General Self-efficacy			2.20**	.20**	-.17	.45**	.45**	.28*
Proactive Coping	Resilience	Perceived Well-being	1.72**	.14**	-.05	.25**	.25**	.20**
General Self-efficacy			2.20**	.14**	-.04	.30**	.30**	.26**

Note. Bootstrapping (5,000 resamples) used to estimate indirect effects as recommended by Hayes (2009). Coping Efficacy was measured by Proactive Coping and General Self-efficacy. Psychological Well-being was measured by Life Satisfaction and Perceived Well-being, respectively.
*$p < .05$ (two-tailed). **$p < .001$ (two-tailed).

4.7.7.2 Model 2. The second mediation model involved testing a hypothesis that the relationship between Social Support and Psychological Well-being would be mediated by Resilience. Two tests were run using the bootstrapping method. The results from the test for Life Satisfaction showed the direct effect of Social Support on Life Satisfaction to be significant (b = .11, p < .001) and indirect effects of Resilience to be also significant (b = .05, p < .05). The total effect of Social Support and Resilience on Life Satisfaction was significant (b = .17, p < .001). The path from Social Support to Resilience was significant (b = .36, p < .001), indicating that Resilience acted as mediator of the effect of Social Support has on Life Satisfaction. Bootstrap results showed the mediation was significant with the total indirect effect (95% bias corrected) confidence intervals of .02 to .09.

The results from the test for Perceived Well-being showed the direct effect of Social Support on Perceived Well-being to be significant (b = .10, p < .001) and indirect effects of Resilience to also be significant (b = .03, p < .001). The total effect of Social Support and Resilience on Perceived Well-being was significant (b = .13, p < .001). The path from Social Support to Resilience was significant (b = .36, p < .001), indicating that Resilience acted as mediator of the effect of Social Support on Perceived Well-being. Bootstrap results showed the mediation was significant with the total indirect effect (95% bias corrected) confidence intervals of .02 to .06. The unstandardised path coefficients from the two tests of the effects of Social Support on Psychological Well-being via Resilience as the mediator are shown in Table 4.11.

Table 4.11

Mediation Effects of Social Support on Psychological Well-being with Resilience as Mediator

Independent Variable	Mediating Variable	Dependent Variable	Direct Effect of Independent Variable on Mediator	Direct Effect of Mediator on Dependent Variable	Direct Effect of Independent Variable on Dependant Variable	Specific Indirect Effect of Individual Mediators	Total Indirect Effect	Total Effect of Independent Variable and Mediators on Dependant Variable
Social Support	Resilience	Life Satisfaction	.36**	.14**	.11**	.05*	.05*	.17**
Social Support	Resilience	Perceived Well-being	.36**	.11**	.10**	.03**	.03**	.13**

Note. Bootstrapping (5,000 resamples) used to estimate indirect effects as recommended by Hayes (2009). Psychological Well-being was measured by Life Satisfaction and Perceived Well-being, respectively.
*$p < .05$ (two-tailed). **$p < .01$ (two-tailed).

4.7.7.3 Model 3. The third mediation model involved testing a hypothesis that the relationship between Civic Responsibility (aspect of Motivations for Volunteering) and Psychological Well-being would be mediated by Resilience. Two tests were run using the bootstrapping method. The results from the test run for Life Satisfaction showed the direct effect of Civic Responsibility on Life Satisfaction to be insignificant (b = .04, *ns*) and indirect effects of Resilience to be significant (b = .12, p < .05). The total effect of Civic Responsibility and Resilience on Life Satisfaction was significant (b = .16, p < .05). The path from Civic Responsibility to Resilience was significant (b = .71, p < .001), indicating that Resilience acted as mediator of the effect of Civic Responsibility on Life Satisfaction. Bootstrap results showed the mediation was significant with the total indirect effect (95% bias corrected) confidence intervals of .04 to .22.

The results from the test run for Perceived Well-being showed the direct effect of Civic Responsibility on Perceived Well-being to be not significant (b = .00, *ns*). However, the indirect effects of Civic Responsibility on Perceived Well-being (with Resilience as the mediator) were significant (b = .09, p < .05). The path from Civic Responsibility to Resilience was significant (b = .71, p < .001), indicating that Resilience acted as mediator of the effect of Civic Responsibility on Perceived Well-being. Bootstrap results showed the mediation was significant with the total indirect effect (95% bias corrected) confidence intervals of .04 to .17. The results in a form of unstandardised path coefficients from the two tests of the effects of Motivations for Volunteering on Psychological Well-being via Resilience as the mediator are shown in Table 4.12.

Table 4.12

Mediation Effects of Motivations for Volunteering on Psychological Well-being with Resilience as Mediator

Independent Variable	Mediating Variable	Dependent Variable	Direct Effect of Independent Variable on Mediator	Direct Effect of Mediator on Dependent Variable	Direct Effect of Independent Variable on Dependant Variable	Specific Indirect Effect of Individual Mediators	Total Indirect Effect	Total Effect of Independent Variable and Mediators on Dependant Variable
Civic Responsibility	Resilience	Life Satisfaction	.71**	.17**	.04	.12*	.12*	.16*
Civic Responsibility	Resilience	Perceived Well-being	.71**	.13**	-.00	.09*	.09*	.09

Note. Bootstrapping (5,000 resamples) used to estimate indirect effects as recommended by Hayes (2009). Motivations for Volunteering were measured by Civic Responsibility. Psychological Well-being was measured by Life Satisfaction and Perceived Well-being.
*$p < .05$ (two-tailed). **$p < .01$ (two-tailed).

In sum, the bootstrapping method was used to test for the statistical significance of three models. The results from Model 1 showed that Resilience is a significant mediator of the effect of Proactive Coping on Life Satisfaction, and the effect of General Self-efficacy on Life Satisfaction, respectively. The results from Model 1 also showed that Resilience significantly mediates both the relationship between Proactive Coping and Perceived Well-being, and the relationship between General Self-efficacy and Perceived Well-being, respectively. The results from Model 2 showed that Resilience acted as a significant mediator of the effect of Social Support on Life Satisfaction, and the effect of Social Support on Perceived Well-being, respectively. The results from Model 3 showed that Resilience significantly mediated the relationship between Civic Responsibility and Life Satisfaction, and the relationship between Civic Responsibility and Perceived Well-being, respectively. In all three models, Resilience acted as a significant mediator allowing further analyses to continue.

4.7.8 Path analysis. Path Analysis (using AMOS version 22) was used to test the three models. Path analysis can incorporate the direct and indirect effects of variables hypothesised as causal. The advantage of path analysis in mediation analyses is that it allows for measuring the effects using latent variables being measured by more than one indicator (Gunzler et al., 2013). In the current study, Psychological Well-being is a latent variable measured by Life Satisfaction and Perceived Well-being, respectively.

In Model 1, a hypothesis was tested that the relationship between Coping Efficacy and Psychological Well-being would be mediated by Resilience. The indicators of Coping Efficacy (Proactive Coping and General Self-efficacy) were allowed to covary as they measure the same construct. The model explained 65% of variability in Life Satisfaction and 73% of variability in Perceived Well-being. The order of predictors (direct paths) were: Resilience ($\beta = .73$, $p < .001$, 95% CI: .52 to .91), Proactive Coping ($\beta = -.06$, *ns*, 95% CI: -.25 to .12), and General Self-efficacy ($\beta = -.09$, *ns*, 95% CI: -.28 to .09). Estimated paths for the indirect effects via mediator (i.e., Resilience) on Psychological Well-being were significant (Proactive Coping, $\beta = .31$, $p < .001$; General Self-efficacy $\beta = .28$, $p < .001$, respectively). This indicates an indirect only mediation where the indirect effect is significant, but the direct effect is not (Zhao et al., 2010). Effect sizes of indirect effects were computed

by indirect effects *a* x *b* (amount by which *Y* is expected to change as a function of a change of size *a* in *M* (which is the expected change in *M* per unit increase in *X*) as recommended by (Rucker, Preacher, Tormala, & Petty, 2011). The effect sizes for indirect effects of Proactive Coping of .31 ($p < .001$) and General Self-efficacy .28 ($p < .001$) were small. SEM fit statistics and indices for the model were: $\chi^2(2) = 1.82$, $p = .402$; Root Mean Square Error of Approximation (RMSEA) = .000; Comparative fit index (CFI) = 1.000; Tucker Lewis Index (TLI) = 1.002. The non-significant result for chi-square statistic is acceptable in small samples, as long as other fit statistics fall within the guidelines (Louis, 2014). Rule of thumb guidelines are that CFI ≥ .095; TLI ≥ 0.95, and RMSEA ≤ 0.05 represent a good fitting model (Hu & Bentler, 1998). Figure 4.1 presents the results for Model 1. Effects sizes are given by regression coefficients next to their corresponding hypothesised path. Beta weights are given as standardised estimates of the total effects to allow direct comparison between predictors. R^2 scores are given at the top right of dependent observed variable boxes.

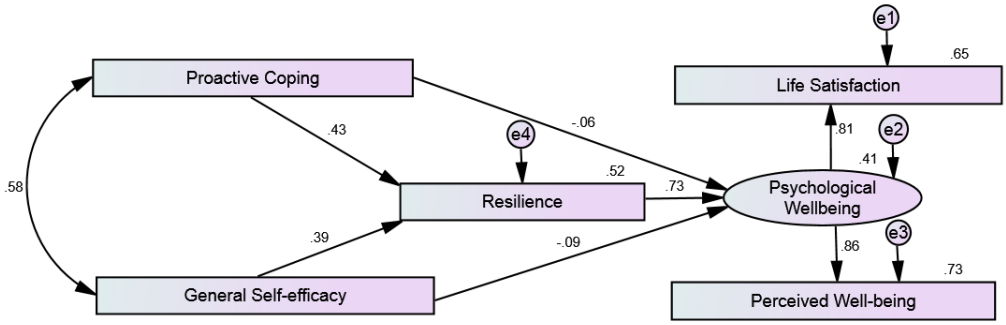

Figure 4.1. Model of mediating effects of Resilience on the relationship between Coping Efficacy and Psychological Well-being with standardised direct effects. SEM fit statistics and indices: $\chi^2(2) = 1.82$, $p = .402$; Root Mean Square Error of Approximation (RMSEA) = .000; Comparative fit index (CFI) = 1.000; Tucker Lewis Index (TLI) = 1.002. Rule of thumb guidelines are that CFI ≥ .095; TLI ≥ 0.95, and RMSEA ≤ 0.05 represent a good fitting model.

In Model 2, a hypothesis was tested that the relationship between Social Support and Psychological Well-being would be mediated by Resilience. The model explained 62% of the variability in Life Satisfaction and 76% of the variability in Perceived Well-being, with the order of predictors (direct paths) being: Resilience (β = .51, $p < .001$, 95% CI: .37 to .63), Social Support (β = .38, $p < .001$, 95% CI: .24 to .51). Estimated paths for the indirect effects via mediator (i.e., Resilience) on Psychological Well-being were significant (β = .16, $p < .001$), indicating a small effect size of the indirect effects. This indicates complementary mediation where the indirect effect and the direct effect are both significant and the multiplication of their coefficients is positive (Zhao et al., 2010). SEM fit statistics and indices for the model were: $\chi^2(1) = .071$, $p = .789$; Root Mean Square Error of Approximation (RMSEA) = .000; Comparative fit index (CFI) = 1.000; Tucker Lewis Index (TLI) = 1.022. Rule of thumb guidelines are that CFI ≥ .095; TLI ≥ 0.95, and RMSEA ≤ 0.05 represent a good fitting model (Hu & Bentler, 1998; see Figure 4.2).

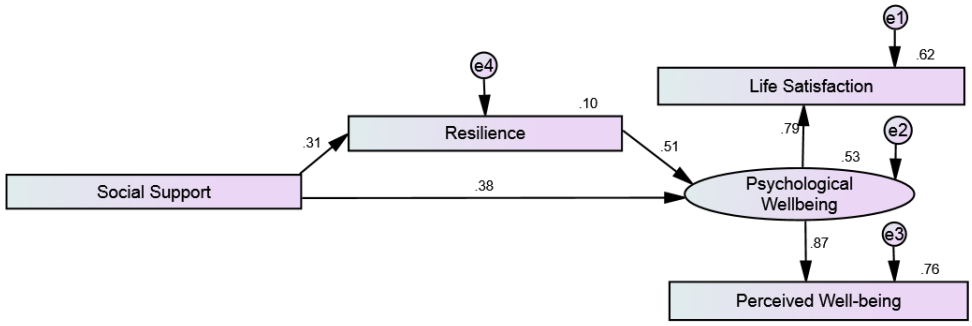

Figure 4.2. Model of mediating effects of Resilience on the relationship between Social Support and Psychological Well-being with standardised direct effects. SEM fit statistics and indices: $\chi^2(1) = .071$, $p = .789$; Root Mean Square Error of Approximation (RMSEA) = .000; Comparative fit index (CFI) = 1.000; Tucker Lewis Index (TLI) = 1.022. Rule of thumb guidelines are that CFI ≥ .095; TLI ≥ 0.95, and RMSEA ≤ 0.05 represent a good fitting model.

In Model 3, a hypothesis was tested that the relationship between Civic Responsibility (aspect of Motivations for Volunteering) and Psychological Well-being would be mediated by Resilience. The model explained 64% of the variability in Life Satisfaction and 74% of the variability in Perceived Well-being, with the order of predictors (direct paths) being: Resilience (β = .62, $p < .001$, 95% CI: .48 to .75), Civic Responsibility (β = .02, *ns*, 95% CI: -.12 to .18). Estimated paths for the indirect effects via mediator (i.e., Resilience) on Psychological Well-being were significant (β = .16, $p < .05$), suggesting a small effect size of the indirect effects. This indicates an indirect only mediation where the indirect effects are significant, but the direct effect is not (Zhao et al., 2010). SEM fit statistics and indices for the model were: $\chi^2(1) = .681$, $p = .409$; Root Mean Square Error of Approximation (RMSEA) = .000; Comparative fit index (CFI) = 1.000; Tucker Lewis Index (TLI) =

1.010. Rule of thumb guidelines are that CFI ≥ .095; TLI ≥ 0.95, and RMSEA ≤ 0.05 represent a good fitting model (Hu & Bentler, 1998; see Figure 4.3)

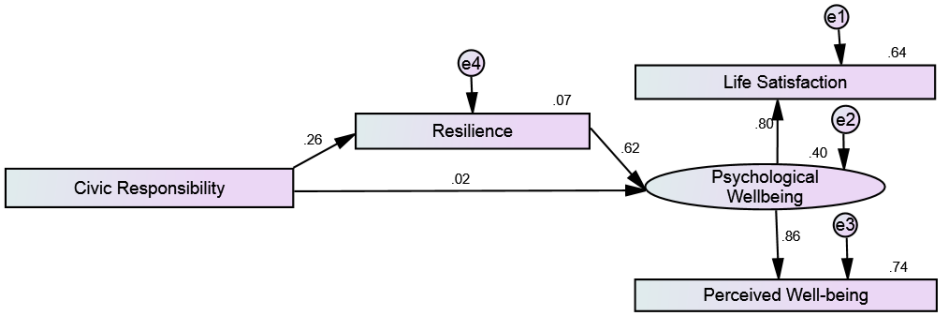

Figure 4.3. Model of mediating effects of Resilience on the Civic Responsibility and Psychological Well-being relationship with standardised direct effects. SEM fit statistics and indices: $\chi^2(1) = .681$, $p = .409$; Root Mean Square Error of Approximation (RMSEA) = .000; Comparative fit index (CFI) = 1.000; Tucker Lewis Index (TLI) = 1.010. Rule of thumb guidelines are that CFI ≥ .095; TLI ≥ 0.95, and RMSEA ≤ 0.05 represent a good fitting model.

4.8 Discussion of Study 1 Results

The aim of this dissertation was to extend previous research and examine the nature of relationships among Psychological Well-being, Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering in a sample of the baby boomers and builders' generation. The current research used elements from the theoretical framework of Lawton's (1991) model of quality of life and focused on the nature of the relationships between two subjective domains of quality of life (Psychological Well-being and Perceived Quality of Life). Independent *t*-test analyses revealed that the sample of 171 participants was homogenous, showing comparable results and only small group differences between the baby boomers and builders on the measure of Leisure (aspect of Motivations for Volunteering). The

result revealed that builders showed a slightly higher average score (mean difference value of 1.78) than the baby boomers when reporting on whether meeting other people and partaking in activities for pure enjoyment influenced their community involvement. This result is consistent with previous research (e.g. Love & Nannis, 2010). For example, a recent telephone survey of 801 retired people aged 65 and over in the United States showed that, for many baby boomers, pursuing leisure in retirement is not a top priority (Love & Nannis, 2010). Rather, the baby boomers indicated they would most like to see improvement in physical health (35%), personal finances (25%), leisure activities (11%), religious/spiritual life (10%), and relationship with family and friends (9%) in the next five years (Love & Nannis, 2010). Another survey conducted in 2013 with 3,002 respondents aged 45 and older from the general population in the United States suggested that baby boomers are not interested in a traditional retirement of leisure, with many expected to remain employed beyond the age of 65 (Merrill Lynch Wealth Management, 2013). The survey results suggested that most baby boomers are seeking flexible work in their retirement years such as part-time work (39%) or going back and forth between periods of work and leisure (24%; Merrill Lynch Wealth Management, 2013). Thus, the current finding that baby boomers view Leisure as low priority may explain their focus on remaining actively employed in retirement.

The first research question investigated factors that positively predict Psychological Well-being in older people who are actively engaged in community. The results of the regression analyses provided support for the hypothesis that Resilience positively predicts Psychological Well-being. This is consistent with previous research (de Paula Couto et al., 2011; Smith & Hollinger-Smith, 2014). Resilience significantly and positively predicted Psychological Well-being, suggesting that older people who choose to actively participate in their communities are able to successfully negotiate challenges associated with ageing to maintain satisfactory levels of well-being. This result extends knowledge in this field indicating that older individuals who actively participate in communities and report high levels of Resilience have an increased capacity to deal with life's stresses that, in turn, would enable them to learn, grow, and lead healthy and fulfilled lives (Nalin & França, 2015).

The concept of Resilience is underpinned by the act of perseverance whereby an individual is able to reconstruct one's life and remain positive and hopeful in the midst of adversity (Wagnild & Collins, 2009). If experiencing positive emotions helps resilient individuals to deal better with daily stressors (Ong, Bergeman, Bisconti, & Wallace, 2006), those experiences may accumulate to form expectations that no matter what issues they face they will be able to resolve them. Thus, volunteering may be one of the activities that older people associate with positive emotions, priming them to look at issues as "challenges to be overcome" rather than simply as debilitating threats. The implication of this key finding is that increasing opportunities for positive experiences such as volunteering in community may contribute to older people's adaptability to successfully manage the challenges associated with retirement.

The hypothesis that Proactive Coping would positively predict Psychological Well-being was also supported. This is consistent with previous research (Sougleris & Ranzijn, 2011). Proactive Coping significantly and positively predicted Psychological Well-being, suggesting that people who use proactive strategies to anticipate and successfully manage difficult situations (Greenglass et at., 1999b) are also satisfied with their lives. This result is consistent with previous studies (Simons, 2002), indicating that middle aged and older adults, who choose to use their resources to solve problems experience high levels of Life Satisfaction. This result extends knowledge in this field confirming that older people with positive outlooks (Wurm et al., 2008), feel competent to deal with life events (Skinner & Wellborn, 1997), perceive difficulties as challenges rather than threats (Greenglass et al., 1999b), and use constructive coping strategies also report high levels of Psychological Well-being.

The results from Study 1 provide support for the notion that proactive individuals have a clear sense of their own abilities are confident they will be able to handle difficult situations and aim for success (Stanojević, Krstić, Jaredić, & Dimitrijević, 2014). Volunteering in community organisations enables individuals to engage in a variety of opportunities and take ownership of different responsibilities, look after other people, and complete designated tasks. The results from Study 1 suggest that if challenges arise, older people who believe that something can be done to alter the situation, will likely attempt to resolve the issue. Successful resolution of

a problem would, in turn, enhance their self-belief and strengthen their well-being. Thus, it may be argued that older people who actively participate in community will have increased opportunities to engage in proactive coping behaviours and reaffirm self-belief in their capacity to deal successfully with a variety of tasks, including challenges associated with transitioning into retirement. Future research is warranted to examine which coping strategies are most likely to be effective in the context of volunteering in community organisations. Specifically, proactive coping competencies such as integration of planning and preventative strategies in relation to goal attainment (e.g., maintaining a calendar of activities, or active information seeking on community activities) and utilisation of social and emotional resources (e.g., attending regular social events, utilising mindful and reflective approach to resolving difficult situations) will need to be investigated (Greenglass et al., 1999b) to ascertain how they can help older people to meet future life challenges.

The hypothesis that General Self-efficacy would positively predict Psychological Well-being was partially supported. The regression analyses showed that General Self-efficacy significantly and positively predicted Perceived Well-being (measure of Psychological Well-being); however General Self-efficacy did not reveal significant results for Life Satisfaction. This is somewhat surprising, and contrary to previous literature showing positive correlation between self-efficacy and well-being (e.g., Priesack & Alcock, 2015). In a related study, self-efficacy was found to positively predict satisfaction with life; self-efficacy was mediated by optimism (Karademas, 2006). This finding suggests that optimism reflects an overall positive appraisal of the future, where a person possesses a strong belief that things are going to turn out well. Thus, relying on a sense of capability may need to be combined with an optimistic outlook for it to have a positive effect on older people's satisfactory appraisal of life. Future research is warranted to examine whether optimism is a significant mediator of the relationship between Self-efficacy and Life Satisfaction in older people who are actively engaged in community activities.

Another explanation for the non-significant result in this study relates to the applicability of wording of the General Self-efficacy Scale (Schwarzer & Jerusalem, 1995) to the population of older people. Specific patterns of generalisation in self-efficacy appraisal may reflect not only knowledge about oneself, but beliefs about

social situations (Cervone, 2000). Thus, people may apply their personal attributes to different situations. For example, if a person perceives himself/herself as "determined", they may see this characteristic as relevant to achievement settings, whereas, another person may believe that "determination" is critical to social pursuits. Cervone (2000) suggested employing measures that are sensitive to cross-situational variation in self-appraisal by taking social context into account. Therefore, it may be possible that in Study 1 the questions about self-efficacy such as "Thanks to my resourcefulness, I know how to handle unforeseen situations" were not sensitive to cross-situational variation in the context of volunteering and retirement. Further research is warranted and should include measures of self-efficacy that are specifically designed for community-based older populations. For example, asking situation-specific questions such as "When volunteering, it is easy for me to stick to my aims and accomplish my goals", or "In my volunteering role, I can solve most problems if I invest the necessary effort" would provide a more precise appraisal about older people's perceptions of self-belief within the community.

The hypothesis that Social Support would positively predict Psychological Well-being was supported, which was consistent with previous research (Tajvar et al., 2013). In Study 1, Social Support significantly and positively predicted Psychological Well-being (as measured by Life Satisfaction and Perceived Well-being). The results from Study 1 suggest that older people who volunteer in community report high levels of belief that they can count on support from their family and friends if the need arises; they also experience high levels of well-being. Thus, the relationships formed during interactions with others in volunteer groups may act as a support framework, providing a sense of comfort and belonging to a local community.

Research has shown that social cohesion and belonging are related to the social and physical well-being of 1,440 community-dwelling older adults aged 70 and over (Cramm & Nieboer, 2015). Social cohesion is defined as affective and instrumental support such as trust, reciprocity, and social bonds within a neighbourhood environment (Subramanian, Lochner, & Kawachi, 2003). Social cohesion positively impacts on social participation and attachment to neighbourhood and, therefore, is expected to enhance individuals' well-being (Sampson, 1988).

Research suggests that older people's increased dependency can be met by establishing and maintaining supportive relationships in a socially cohesive network of neighborhood resources (Lindstrom, Merlo, & Ostergren, 2002). Therefore, it can be argued that the well-being of older people who actively engage in community can be strengthened via opportunities to receive support from others and develop relationships and a sense of belonging. Thus, volunteering activity may promote older people's sense of comfort and belonging achieved by the efforts of maintaining community relationships (Cramm & Nieboer, 2015).

The current study did not differentiate the sources of the perceived support. Future research is warranted to examine any potential differences between the types of support older people receive in the family setting versus from friends met through community organisations. Such research could provide further insight into the strength of association between the social support older people perceive to receive from community organisations and older people's Psychological Well-being.

The hypothesis that Motivations for Volunteering would positively predict Psychological Well-being was partially supported. Civic Responsibility, as an aspect of Motivations for Volunteering, significantly and positively predicted Life Satisfaction; however Civic Responsibility did not reveal significant results for Perceived Well-being. Apart from questions about satisfaction with life, the Perceived Well-being measure also asked questions about self-esteem (i.e., "Do you feel confident in resolving future problems") and relationships with others ("Do you feel confident that your relatives would take care of you if you were sick"). Therefore, motivations to help others may be less relevant to older people's perceptions of self-confidence and support from others. Further research is warranted to examine how motivations to be civically engaged in community impacts on individuals' self-belief and their perceived social support.

Nevertheless, current findings that Civic Responsibility positively and significantly impacts on Life Satisfaction extends previous research where Taghian and colleagues (2012) showed that community orientation and individuals' perception of voluntary work were positively associated with aspects of subjective quality of life such as emotional well-being. Civic Responsibility can be viewed as a type of prosocial behaviour (acts undertaken to protect or enhance the welfare of others; Schwartz & Bilsky, 1990). Clary and Snyder (1991) believed that the

prosocial behaviour in individuals reflects a functional approach; the extent to which individuals engage in prosocial behaviour can be attributed to certain motives such as expression of values, developing understanding, and social responsibility. Therefore, older adults are likely to be healthier and happier when engaged in meaningful activities that reflect their values (Morrow-Howell et al., 2003).

Erikson (1982, as cited in Lantz, Buchalter, & McBee, 1997) suggested that the development of community awareness is important for a person's development, particularly for the development of identity which involves the search for a sense of self that enables both individual and societal needs to be met. Results from Study 1 suggest that engaging in prosocial behaviours such as volunteering may be an expression of an identity that older people assume during retirement. By volunteering older people may feel a sense of responsibility to hand over the knowledge and skills to the next generation, which would make the volunteering activity meaningful (Greenfield & Marks, 2004), and make older people feel useful. Volunteering activities may, thus, be perceived of social value that is both useful and productive (Warburton, 2010).

Volunteering can also provide older people with an opportunity to give back to the community by assuming a new role during retirement. Teaching others knowledge and skills learnt from prior work experiences may give older people opportunities to reaffirm their self-worth in non-monetary sense, spurring them on to take on new roles, pass on their knowledge, but also learn from others. This, in turn, would help keep their mind and body active and contribute to their sense of well-being. Research suggests that maintaining multiple roles in old age promotes well-being (e.g., Wethington et al., 2000). Ultimately, it may be the discretionary nature of volunteering in later life which makes this role particularly beneficial (Van Willigen, 2000). The results from Study 1 show that increased sense of responsibility for civic engagement positively impacts on older people's well-being. An important consideration for future community interventions is, thus, providing volunteering opportunities that promote personal growth, self-worth, and enhance well-being in older people. Further research is warranted to examine how the values of Civic Responsibility impact on the health and well-being of older people who are actively engaged in community.

The correlation results suggest that neither Self-Promotion nor Leisure (aspects of Motivations for Volunteering) significantly correlated with Psychological Well-being in the current sample of older volunteers. Thus, pursuits of leisure and promoting own agenda (e.g., portraying certain images among family and friends by volunteering) may be less important factors than the value of civic responsibility for maintaining satisfactory lifestyle during retirement. Henderson (1984) as cited in (Lockstone-Binney, Holmes, Smith, & Baum, 2010) argued that leisure is generally associated with enjoyment and it is an important element of volunteering. Study 1 findings were contrary to research where volunteering in a sporting organisation was found to be consistent with leisure based on characteristics such as substantial involvement, strong identification with the activity, and the need to persevere (Misener, Doherty, & Hamm-Kerwin, 2010). Thus, theory of leisure volunteering, where participants may gain benefits that provide mental resilience such as self-actualisation, self-expression, feelings of accomplishment, and a sense of belonging (Stebbins, 1996), may be dependent on the type of volunteer organisation. An important implication for future community-based interventions is to determine the value of making a contribution to the broader community versus personal gains. Further research could consider the type of volunteer organisation to determine whether benefits gained are dependent on the type of volunteer activity.

In addition to examining significant predictors of Psychological Well-being, Study 1 investigated indirect effects among the predictor variables of Psychological Well-being, with Resilience as the mediator. Three models were tested. In Model 1, the hypothesis that Resilience would meditate the relationship between Coping Efficacy (as measured by Proactive Coping and General Self-efficacy) and Psychological Well-being was supported. The effect of Coping Efficacy on Psychological Well-being was found to be significantly mediated by Resilience; however, the mediation effect was indirect (Zhao et al., 2010). This means that the extent to which older people engage in proactive coping strategies and exhibit self-efficacy does not directly improve their well-being; rather, it influences the level to which older people exhibit positive adaptation (Resilience), which, in turn, influences their level of Psychological Well-being.

This result is consistent with previous research that Resilience plays a mediating role in older people's sense of mastery of their environment and it is

linked with improved Life Satisfaction (Windle, Woods, & Markland 2009). This finding supports the view that coping is a process that involves effective strategies to deal with adversity and successful adaptation, leading to enhanced Resilience (Leipold & Greve, 2009). Study 1 findings suggest that proactive strategies and self-belief need to be accumulated over time to form a general orientation for positive adaptation (Resilience) which, in turn, influences Psychological Well-being.

According to Greve and Staudinger (2006), Resilience is a fit between individual resources (capacities, competencies), social conditions (e.g., social support), and the developmental challenge or problem (e.g., obstacles, deficits, losses). Resilience is a process that starts early in life as individuals successfully meet challenges, leading to a greater range of effective coping skills and problem solving solutions (Wagnild & Collins, 2009). Thus, engaging in volunteering activities can reflect proactive coping strategies (Greenglass et al., 1999b) and a high level of self-belief (Bandura, 1997) in one's capabilities to fulfil the tasks required in a volunteer role. Study 1 findings provide support for the central role of capability for positive adaptation by older people; and challenges the notion that individuals and communities are the product of circumstances and forces beyond an individual's control (Friedli, 2009).

Engagement in community provides opportunities to strengthen older people's self-efficacy and add new problem-solving skills to their coping repertoire. This, in turn, enables them to adapt successfully to future adverse events in retirement such as illness or loss, leading to an increased resilience (Rutter, 1987), and Life Satisfaction (Windle & Woods, 2004). The results from Study1 indicate that the well-being of older people reflects the interaction of coping resources and/or competencies that are accumulated over time. Future research is warranted to examine how proactive attitudes (e.g., planning a volunteering schedule, maintaining balance between volunteering and personal commitments) are formed and applied by older volunteers using longitudinal study design.

In Model 2, the hypothesis that Resilience would meditate the relationship between Social Support and Psychological Well-being was supported. This finding provides further evidence for the value of social relationships on positive mental health outcomes (e.g., Litwin, 2011; McDowell & Serovich, 2007), and is consistent with previous literature suggesting that the older people's Resilience is strengthened

by keeping mentally active, participating in the community, and maintaining social relationships (Moyle et al., 2010). Study 1 focused on the perceived levels of Social Support (e.g., "I get emotional help and support I need from my family"). Social Support significantly influenced Psychological Well-being through two distinct pathways: firstly, as a direct relationship and secondly indirectly via Resilience. This result suggests that Psychological Well-being is influenced by interrelated components of Social Support and Resilience. The results from Model 2 also revealed that the direct effect between Social Support and Psychological Well-being ($\beta = .38$, $p < .001$, 95% CI: .24 to .51) was stronger than its indirect effect through Resilience ($\beta = .16$, $p < .001$). This suggests that the way older people perceive the level of support from others directly influences their sense of well-being. Thus, the quality of social relationships may be more important than an older person's capacity to face challenges associated with ageing.

Research suggests that Social Support can influence health and well-being through main effect (preventative) and buffering effect (palliative) pathways (Cohen & Wills, 1985, as cited in Bianco & Eklund, 2001). Study 1 provided evidence to support this theory demonstrating a positive dual effect of Social Support on Psychological Well-being. Social support was shown to influence well-being by both instrumental goals (enhanced coping and relief from distress; Cohen & Wills, 1985) as illustrated through the mediating effect of Resilience; and relational goals (relationship formation and maintenance; Duck & Silver, 1990), as illustrated by the direct positive effect on Psychological Well-being. These findings indicate that levels of resilience and satisfaction with life in older people who volunteer in community may partly reflect their perceived quality of relationships and support received from others. Further research is warranted to examine the types of support that are deemed effective in maintaining health and well-being in older people who volunteer in the community.

In Model 3, the hypothesis that Resilience would meditate the relationship between Motivations for Volunteering and Psychological Well-being was supported. The effect of Civic Responsibility on Psychological Well-being was found to be significantly mediated by Resilience; however, the mediation effect was indirect (Zhao et al., 2010). This means that the extent to which a person is motivated by the responsibility to help others in community does not directly improve their well-

being; rather it exerts an influence on the level to which older people exhibit positive adaptation (Resilience) which, in turn, influences their level of Psychological Well-being. Thus, social values of civic community engagement do not appear to directly impact on older people's subjective rating of satisfaction with life. This finding is contrary to previous research where positive community orientation (as a motivation to volunteer) has been shown to positively relate with subjective quality of life (Taghian et al., 2012). Study 1 regression analyses revealed a positive and significant impact of Civic Responsibility on Psychological Well-being; however, the effect was small (contributing 4% to the variability in Life Satisfaction). Therefore, it is likely Resilience as the capacity for positive adaptation acts as an important working mechanism through which older people's motivation for helping others exerts its effect on their perceived well-being. Further research is warranted to examine the interaction effects between civic engagement and R-esilience and include a more comprehensive measure of Motivations for Volunteering.

Nevertheless, current findings of the indirect-only effect of Civic Responsibility on Psychological Well-being provide support for the social role theory (Grube & Piliavin, 2000). Social role theory argues that individuals are motivated to volunteer by social values adopted from parents and society; as individuals adopt the values, it becomes a part of them. The strength of identification predicts engagement in volunteer behaviours (Grube & Piliavin, 2000) and volunteer satisfaction (Finkelstein et al., 2005). In Study 1, the adoption of values can be seen in the participants' responses about the importance of community engagement, where the majority of participants rated being involved in community as "very important" (60.3%), or "somewhat important" (35.3%). It may be that by adopting prosocial values such as volunteering, people can strengthen their capacity for Resilience, thus increasing a sense of mastery of environment, and perseverance and adaptability in adverse circumstances (Nalin & França, 2015). Through volunteering, older people have opportunities for positive experiences, leading to positive expectations and repeated behaviour. Positive experiences, in turn, lead to enhanced Resilience and ultimately to better health outcomes (Nalin & França, 2015).

4.8.1 Limitations of Study 1. A potential limitation of Study 1 is that the findings are based on self-report data, which may be subject to the inherent bias of

social desirability (Veenhoven, 2002). While the bias threatens subjective measures, subjective indicators, based on what people need and want, are still needed in the setting of policy goals and evaluations of success in terms of public support (Veenhoven, 2002). Objective indicators alone do not provide sufficient information. Therefore, using self-report measures was deemed an appropriate approach for Study 1.

Study 1 explored the nature of relationships among the constructs related to the well-being of older people. When interpreting correlation coefficients, caution must be taken because correlation coefficients do not indicate causality (Field, 2009). Future studies are warranted to examine how levels of well-being vary over time to determine the directionality of its relationship with the key variables of interest.

The present study is cross-sectional in nature and measured older people's constructs related to Psychological Well-being at one point in time. Future research should involve longitudinal studies designed to capture the key influences of Psychological Well-being over longer term community participation programs. The impact of participation in lifelong versus new volunteering activities also needs to be explored. Given the numerous constructs under the umbrella of quality of life, more research is required to narrow the scope and overlap between the constructs in terms of their theoretical framework and measures used to assess their relevance to Psychological Well-being in older populations. Further studies should specifically examine whether older people's capacity for positive adaption and engagement in proactive and prosocial behaviours depends on different types of activities in volunteer-based organisations.

4.9 Summary

Study 1 addressed the first two research questions. Group comparisons between the baby boomers and builders' generation revealed no significant results on all but one measure of Leisure (as an aspect of Motivations for Volunteering). The magnitude of the difference was small, indicating that the sample (N = 171) consisting of the baby boomers and builders' generation is fairly homogenous. The results revealed positive contributions of Resilience, Proactive Coping, Social Support, and Civic Responsibility to older people's Psychological Well-being. The results provided support for the notion of participating in community activities in

form of volunteering as process for engaging in proactive behaviours, building self-efficacy, and strengthening social support networks. Consistent with a mixed method sequential design, the results of the quantitative data were used to inform the qualitative phase of the current research. The qualitative data collection and analysis, and data findings from individual interviews conducted in the second phase of this research are reported in Chapter 5 and Chapter 6, respectively.

Chapter 5 – Study 2 Methodology

5.1 Introduction

Following the quantitative data collection in Study 1, the second phase of the present research was conducted. This involved qualitative data collection and analysis. As discussed in Chapter 2, the phenomenon of well-being is highly subjective (e.g., Smith et al., 1999; Sousa & Lyubomirsky, 2001). Although retired people may have similar experiences, there is no "right" way to indicate what individuals need to do to feel well and happy. This chapter aims to represent the voice of the participants in the study, add strength to the quantitative data, and ensure a thorough exploration of the phenomenon of well-being. Currently, there is limited qualitative research available on factors associated with well-being in older Australians who volunteer in community. The current study will redress this gap in the literature and add to the body of knowledge on well-being of older populations using qualitative research methods.

Qualitative research methods are a means of understanding social phenomena from the perspective of those involved (Glesne & Peshkin, 1992). Burns and Grove (2003) described qualitative research as "a systematic subjective approach used to describe life experiences and situations to give them meaning" (p. 19). Holloway and Wheeler (2002) refer to qualitative research as "a form of social enquiry that focuses on the way people interpret and make sense of their experience and the world in which they live" (p. 30). Researchers use qualitative approaches to explore the behaviour, perspectives, experiences, and feelings of people and emphasise the understanding of these elements (Cirgin Ellett, & Beausang, 2002), without focusing on the specific concepts (Morse, Swanson, & Kuzel, 2001).

In Study 1, data collected from a self-report survey was used to establish the nature of relationships among key variables using quantitative methods. Following Study 1, a subsample of 10 participants was invited to participate in Study 2 to further elaborate on factors considered important in assessing older people's subjective well-being. The aim of Study 2 was to deepen the understanding and interpretation of how participants who volunteer in community organisations construct the world around them in a context of retirement. Study 2 addressed the research questions that were qualitative in nature. The first qualitative research question aimed to explore the experience of older people actively engaged in the

community. The focus in Study 2 was on the meaning the baby boomers and builders attach to maintaining active lifestyle through volunteering during retirement. The second qualitative research question aimed to explore how volunteering experiences would help the baby boomers and builders to respond to challenges associated with ageing and enhance their well-being.

Semi-structured interviews were used to collect the data for Study 2 and the Interpretative Phenomenological Analysis (IPA; Smith, 1996) methodology informed the data. The chapter begins with an overview of the qualitative data methodology and the rationale for using it in the current study. Subsequently, the participant selection method and data collection protocols are discussed along with the current study's validity and reliability measures. The chapter concludes with a discussion of how the results from Study 1 and Study 2 were integrated.

5.2 Rationale for Using Qualitative Research

The value of any scientific method must be evaluated by its ability to provide meaningful answers to the research questions (Elliott, Fischer, & Rennie, 1999). Objective measurement of psychological variables using statistical procedures have dominated scientific enquiry since the nineteenth century (Murray & Chamberlain, 1999). Initially, psychology emphasised the measurement of behaviour and thoughts using statistical analyses (Lyons & Chamerlain, 2006). In the last decade, psychological research shifted from quantitative inquiry (e.g., comparing groups and categorising behaviours), to using qualitative inquiry or a mixed methodology (Silverman & Marvasti, 2008).

Qualitative research is exploratory and focused on meaning, context, unique variation, and interpersonal issues (Willig, 2008). The emphasis of qualitative approaches is on trying to understand the lived experience of participants (Smith, 2011), leaving the possibility of unexpected findings, rather than testing of predefined hypotheses. Qualitative approaches involve exploration and analysis of individual experiences and perceptions using a small number of participants (Smith, 2011). Applying qualitative methodology in research has a number of advantages: (a) using open, exploratory questions rather than closed-ended questions; (b) unlimited descriptions versus predetermined choices or rating scales; and (c) the possibility of discovering new conditions of phenomena as opposed to confirming what was hypothesised (Elliott & Timulak, 2005). Qualitative inquiry is also useful

when a research topic is highly complex or under-researched (Willig, 2008), which makes it well suited for the current research, and specifically the concept of well-being. Study 2 used qualitative methods to explore and enrich the quantitative phase of Study 1, providing a more complete representation of the phenomena of well-being in older volunteers.

5.3 Phenomenology as a Qualitative Method

Qualitative research uses a number of approaches, including conversation analysis, phenomenology, narrative approach, ethnography, grounded theory, discourse analysis, and interpretative phenomenological analysis (IPA; Willig, 2008). Qualitative approaches considered for the current study were: narrative approach, grounded theory, and phenomenology. The narrative approach uses detailed chronological re-telling of life experiences of one person or a small number of individuals and requires gathering of information over an extensive period of time and from a number of sources (e.g., interview and diary; Creswell, 2007). The purpose of grounded theory is to develop a theory and requires data collection and analysis to run concurrently to facilitate theory development until a point of data saturation (Creswell, 2007). The literature review is conducted after data analysis so that the developing theory is not influenced by prior knowledge (Creswell, 2007). Neither the narrative approach nor grounded theory approach suited the Study 2 design as each requires extensive time for data collection and analysis. In addition, grounded theory does not fit well with the research questions as it was not possible for the researcher to isolate herself from the literature having previously completed quantitative Study 1. A phenomenological approach is best suited to research, where "it is important to understand several individual's shared experiences of a phenomenon" (Creswell, 2007, p. 60). The phenomenon is a fact or occurrence observed by the researcher and described by the participants in the study. Phenomenology enables data collection and analysis that will present the participant's experiences from his/her perspective (Smith, 2011). Therefore, phenomenology was deemed to be the most appropriate approach to answer the qualitative research questions in Study 2.

Phenomenology is concerned with exploring the lived experiences of the participant or with understanding how participants make sense of particular experiences (Willig, 2008). A whole set of factors lead to differences in people's

perception of reality (Smith & Dunworth, 2003). The appearance of the phenomenon varies depending on the perceiver's context, location, and mental orientation (Willig, 2009). This is referred to as *intentionality*. Intentionality is the "essence of consciousness", meaning that our consciousness is always directed toward some other "world" (Giorgi, 2007, p.64). "Intentionality allows objects to appear as phenomena", and explain why different people perceive and experience the same environment in radically different ways (Willig, 2008, p. 52).

When choosing a qualitative methodology, it is important to consider what it is that the researcher wants to discover about a particular phenomenon, and what kind of data collection is required. Interpretative Phenomenological Analysis (IPA) is one type of phenomenology that is a suitable when one is trying to find out how individuals perceive situations they are facing (Smith & Osborn, 2008), and it is discussed below.

5.3.1 Interpretative Phenomenological Analysis. Phenomenological approaches, such as IPA, have become increasingly used over recent years in areas such as clinical and health psychology (e.g., King, Brown, Petch, & Wright, 2014; Mulveen & Hepworth, 2006). IPA aims to explore the participant's view of the world and to adapt an insider's perspective recognising that research is a dynamic process (Smith & Osborn, 2008). In IPA projects, research questions are usually framed broadly to explore an issue with no attempt to test a predetermined hypothesis of the researcher (Smith & Osborn, 2008). In the current study, the researcher was interested in developing a greater understanding of people's lived experiences of volunteering and how that impacted on their well-being. Therefore, IPA was deemed to provide a good fit for the data collection and analysis objectives in Study 2.

5.3.2 Description of IPA. Smith (1996) argued that the meanings individuals ascribe to events should be of central importance, but also notes that these meanings are only obtained through a process of interpretation and social interactions, a process referred to as *symbolic interactionism*. The way people perceive an experience is reflected directly in how they talk about and behave in relation to the event (Dean, Smith, & Payne, 2006). Smith (2004) described three characteristic features of IPA: *idiographic*, *inductive*, and *interrogative*. IPA is idiographic because it starts with detailed examination of one participant,

establishing initial themes, before moving on to analyse the responses of the next participant (Smith, 2004). After the data from all participants have been examined, the researcher conducts cross-case analysis on the themes of each individual for similarities and differences. Two important goals should be achieved: (a) allow for clear theme emergence, and (b) learn something about the lived experiences of the participants (Smith, 2004). IPA is inductive as it generates broad research questions which enable the collection of detailed data. IPA is interrogative in that it can produce unexpected results that can contribute additional knowledge in the field of relevant research (Smith, 2004).

5.3.3 IPA and semi-structured Interviews. IPA may incorporate a variety of research designs to produce a detailed account of the phenomenon in question. An IPA researcher can use semi-structured interviews, focus groups, participants' diaries, and self-reporting tasks (Smith & Osborn, 2008). According to Holloway and Wheeler (2002), there are six primary sources for gathering data or evidence in qualitative research: (a) documents, (b) archival records, (c) interviews—individual or focus groups, (d) direct observations, (e) participant observation, and (f) physical artefacts. Interviews are one of the most commonly used methods of data collection (Green & Thorogood, 2004). Polit and Beck (2001) defined an interview as a data collection method where one person (an interviewer) asks questions of another person (a respondent); interviews are conducted either face-to-face or by telephone. Interviews were the method of choice for data collection in Study 2.

Most of the research using IPA has employed s*emi-structured interviews* (Smith & Osborn, 2008). A semi-structured interview aims to obtain descriptions of the interviewees' lived experiences and gain the participants' interpretation of the meaning of the described phenomena (Kvale & Brinkmann, 2009). The semi-structured interviews allow for an open and relaxed approach to interviewing and are conducted according to an interview guide that focuses on certain themes (Kvale & Brinkmann, 2009). The interviews are usually transcribed, and the written text and sound recording together constitute the materials for the subsequent analysis of meaning (Kvale & Brinkmann, 2009).

In Study 2, the semi-structured interviews enabled the researcher to understand important issues relevant to the experience of retirement and explore how older people maintain a healthy and active lifestyle. The researcher was able to

explore with each participant the strategies they employ to respond to the challenges associated with ageing. Employing semi-structured interviews as a data collection method upholds the goals of IPA as it allows for the interviewees to be the "primary experts" on the material in question (Smith & Osborn, 2008). Whilst semi-structured interviews make use of an interview schedule (see Appendix H), interview questions are open-ended and a non-directive (Kvale & Brinkmann, 2009). It is important to note that "research is actually more a craft than a slavish adherence to methodological rules" (Bazeley, 2013, p. 11), where "no study conforms exactly to a standard methodology, each one calls for the researcher to bend the methodology to the peculiarities of the setting" (Miles & Huberman, 1994, p. 5). Bazeley (2013) recommends that researchers be informed by recognised methodological traditions (e.g., grounded theory, phenomenology, case study, and ethnography), but not be a slave to it. According to Bazeley (2013), researchers should approach established methodologies as a guide to inform rather than a set of rules to follow. Similarly, it is important to ensure that the conclusions being drawn have coherence and validity in terms of purpose, questions, sampling, data gathered, and methods of analysis, rather than forcing a set of methodological rules to produce research outcomes (Bazeley, 2013). On this basis, a semi-structured interview framework was adopted as the method for data collection in Study 2, allowing the participants to be "experts" on their experiences, and the researcher to facilitate the discussion.

5.3.4 Epistemological issues of interviewing. In the current research, the epistemological assumption is pragmatism. Epistemology is the philosophy of knowledge and involves long-standing discussions about what knowledge is and how it is obtained (Kvale & Brinkmann, 2009). Pragmatism dictates a central view that language and knowledge do not copy reality but are a means for coping with a changing world (Kvale & Brinkmann, 2009). According to Rorty (1979, as cited in Kvale, & Brinkmann, 2009), the pragmatic philosophy is that conversation is a basic mode of knowing, where conversation and social practice provides means for knowledge. Dewey (1930, as cited Rosenthal, Hausman, & Anderson, 1999) argued that knowledge is based more on habits than on consciousness choices when people are able to act in desired ways (i.e., knowing is a kind of doing). This pragmatic view of knowledge as an activity aligns with the aims of this research where the knowledge of individuals involved in community activities is sought. In this view,

"knowledge is justified through application, and the strengths of our knowledge beliefs are demonstrated by the effectiveness of one's actions" (Kvale & Brinkmann, 2009, p. 327). Therefore, Study 2 employed individual interviewing with a pragmatic approach, exploring each individual's knowledge and experiences applied through engagement in community.

5.3.5 Critique of IPA. Although widely used in psychology, phenomenology (including IPA) has at times been criticised. One criticism is that many phenomenological researchers rely on explanations of other people's perceptions of reality (Gruppetta, 2003). In addition, the process of interpretation is not free of researcher bias, which should be acknowledged before data collection and interpretation process begins (Smith & Osborne, 2008). As IPA involves the researcher playing an active role in data interpretation, it is crucial that the researcher does not bias the data by interpreting more than what the participant provided (Smith & Osborn, 2008). The researcher must continually check the original participant's accounts to ensure they are themed and coded as the participants intended (Smith & Osborn, 2008).

In order to mininise bias in the present study, the researcher followed the detailed steps to IPA analysis using Smith's (1996; 2004), and Smith and Osborn's (2008) guidelines (outlined in the sections below). The ethical approval process is described followed by participants' demographic information and the format of data collection. Measures taken to conduct interviews and ensure the welfare of participants at all times are presented, along with the researcher's reflections on previous knowledge and personal beliefs. Finally, a process of data reliability and validity is discussed along with the data integration approach of the quantitative and qualitative results in the current research.

5.4 Ethical Permission for Study 2

Study 2 sought and gained ethical approval (see Appendix I) and adhered to all conditions as per the University of Southern Queensland guidelines derived from the National Statement on Ethical Conduct in Human Research (2015) on Scientific Practice and the University Code of Conduct for the Ethical Practice of Research. This research endeavoured to protect the human rights of the participants through informed consent, ensuring all aspects of confidentiality and anonymity (see

Appendix J and K), providing emotional support, and revealing all aspects of commitment and involvement regarding this research prior to commencement.

5.5 Participants: Sample Size and Selection Criteria

Semi-structured interviews were conducted with 10 individuals (six individuals from the baby boomers' generation; and four from the builders' generation). The individuals were selected to represent two generations (the baby boomers and builders) as well as the gender (five males and five females). The selection process was conducted in accordance with Smith's (2004) and Creswell's (2007) recommendations. Creswell (2007) suggested that although it is important for sequential designs to use the same participants in both phases of the study, maintaining that the sample size for qualitative phase is not necessary. What is important is that the qualitative sample is purposively selected from the quantitative sample and consists of participants that best provide the detail needed to expand on the quantitative results (Creswell & Plano Clark, 2011). Although the number of participants in Study 2 was small, this is not considered unusual in qualitative studies. Smith (2004) recommended a sample of 5 to 10 individuals as sufficient for meaningful data interpretation. The number of participants included in this research was determined by the principle of saturation (described in detail in section 5.7.3), whereby interview data from 10 individuals was deemed sufficient for meaningful theme interpretation. In IPA studies, the detailed case-by-case analysis of individual transcripts is time consuming, and the aim of the current study was to describe the participant's perceptions in detail and understand this particular group of volunteers, rather than make more general claims (Smith & Osborn, 2008). Smith and Osborn (2008) argued that this small number allows for not only a sufficient in-depth engagement with each individual case, but also enables a detailed examination of similarity and difference of views and experiences.

Study 2 used a two-stage sampling process: purposeful sampling and random selection. Purposeful sampling in qualitative research means that researchers intentionally select participants who have experienced the central phenomenon in the study (Creswell & Plano Clark, 2011); and who are judged knowledgeable about the subject being examined (Patton, 2002; Polit & Beck, 2001). Purposeful sampling was adopted because of the need to identify a particular group of individuals who shared certain characteristics (Byrne, 2001). In Study 2, a representative sample of

individuals were selected with the following inclusion criteria: (a) being born in either the baby boomers' generation (1946 - 1964) or the builders' generation (1945 – 1925); (b) belonging to a community organisation; and (c) volunteering. The purposeful sampling was used to identify individuals who have been involved in the community and are of a retirement age, and hence are of interest to the key research questions of the current study. Further, a subgroup of individuals from each generation was randomly selected for semi-structured interviews. In order to capture a wider range of cross-sectional data, the interviews were conducted with individuals who belong to various organisations around Brisbane metropolitan areas (represented by 3 females and 2 males) and small regional towns in South East Queensland (represented by 2 females and 3 males).

This approach provided the opportunity to capture the broadest possible cross-section of community organisations and to look for consistencies or discrepancies that may be present. As the aim of Study 2 was to better understand how participating in community activities impacts on participants' sense of well-being, participation in the interviews provided individuals with an opportunity to self-reflect on the perceived benefits they may gain through their active engagement in the community.

5.6 Data Collection Protocols

The researcher selected individuals from a sample of the Study 1 respondents who had indicated their willingness to participate in a subsequent study. Using purposeful and random sampling procedures described above, the researcher approached 10 individuals (using contact details supplied by each individual in Study 1). All approached individuals agreed to participate in the interview, and a suitable time and venue for the interview was agreed over the phone. Data was collected over a 6-week period.

In order to elicit detailed narratives, the interviews were personal and set in an intimate environment; the questions were open and direct (DiCicco-Bloom & Crabtree, 2006). The participants stipulated where they felt comfortable participating in the interview. The interviews took place in various locations including a private meeting room at the local city council public library, a community organisation's meeting room, or the individual's home. One interview was conducted over the phone. The interviews lasted approximately 1 hour (varying

between 33 and 57 minutes). Prior to the interview, each participant was emailed the Participant Information for USQ Research Project Interview sheet along with a Consent Form (see Appendixes H and I). The participants were asked to read the given information and contact the principal researcher if they had any questions or concerns.

Consistent with the phenomenological approach, semi-structured interviews used an interview schedule (please see Appendix H for the examples of the questions asked); however, this was not strictly followed. The content of the interview schedule was grounded in the quantitative results from Study 1 because the goal of the qualitative phase was to further explore and elaborate on the results of the statistical tests (Creswell & Plano Clark, 2011). Interview questions in Study 2 explored the meaning of community involvement prompting each participant to reflect on their personal experiences, beliefs, feelings, and attitudes when talking about their engagement in the community. In keeping with the general purpose of IPA, the interview schedule only served as a guide to generate potential topics of interest, which allowed participants to describe their experiences in their own way. Participants had control over the direction of the interview and were free to discuss issues they felt important. Questions were intended to be non-leading, open-ended, and consistent with emerging themes and there was no specific order of questioning (Kvale, 1996). Care was taken to prevent common pitfalls of interviews which included minimising outside interruptions and avoiding changing the subject without proper consideration (Janssen, Abma, & Van Regenmortel, 2013). General consistency in relation to data collection was ensured by using the same interview guidelines for all interviews.

Data was collected by audio recording software on the principal researcher's smart phone which was covered during an interview with a blank A4 sheet of paper. This helped to minimise distractions and make the atmosphere more relaxed. It is generally accepted that the best form of recording interview data is audio-recording as the recorded data contains the exact words of the interview (Holloway & Wheeler, 2002). Some researchers are critical of audio-recording suggesting that it can cause some individuals to be hesitant, feel threatened, or self-conscious; therefore, restricting their fluency or spontaneity (Polit & Beck, 2001). However, Kvale (1996) argued that transcripts from audio recordings are interpretative constructions

that are useful tools for given purposes. Strategies to limit feelings of discomfort were implemented by the researcher such as allowing the participants to relax prior to the commencement of the interview by involvement in a casual conversation.

Following each interview, the audio recording was transferred onto the principal researcher's password-protected computer for saving and labelled. The recorded data on the smart phone software was then deleted. Once interviews were conducted and recorded, the researcher uploaded the audio files onto the transcription company's website for transcribing. All employees and subcontractors of the transcription agency sign confidentiality agreements before the commencement of work, and this agreement is in compliance with the Australian Privacy Principles contained in the Privacy Act 2012 (Office of the Australian Information Commissioner, 2013). Only the research team members (the principal researcher and two supervisors) and the transcription agency had access to the audio recording. All individual interviews were transcribed in intelligent verbatim (slightly edited to exclude conversations not relevant to the interview questions; see Appendix N for copies of the transcripts). All transcriptions were numbered and labelled displaying the date, location, length, and time of interview (Holloway & Wheeler, 2002). In order to ensure reliability and validity of the transcripts, the text data prepared by the transcription company was reviewed by listening carefully to the recordings. This is discussed in the following sections.

5.6.1 Validity and Reliability of Qualitative Data. It is impossible to judge the validity and reliability of qualitative research within a traditional framework such as the quantitative research, and specific criteria have to be applied (Smith & Dunworth, 2003). IPA can be evaluated by assessing how successfully grounded the researcher's observations are in the contexts that have generated them (Willig, 2008). Literature suggests that there are various approaches that overlap (Elliott et al., 1999; Yardley, 2000); however, no guidelines have been designed that can be rigidly applied to all qualitative research. The current framework of reliability and validity, discussed in the following sections, was based on the collective work of the following authors: Smith and Osborn (2008); Lincoln and Guba (1994); Beck (1993); Brocki and Wearden (2006); and Spencer, Ritchie, Lewis, and Dillon (2003).

5.6.2 Rigour and credibility. In qualitative research, the terms validity and reliability are replaced with *rigour* (Glesne & Peshkin, 1992) and *credibility* (Beck,

1993). Rigour is associated with openness, precise adherence to a philosophical perspective, diligence in collecting data, and consideration of all of the data in the subjective theory development phase (Burns & Grove, 2003). Credibility consists of activities that increase the probability that credible findings will be produced (Beck, 1993). According to Byrne (2001) credibility can be achieved through researchers undertaking qualitative strategies such as *bracketing* and *audit trails*.

Bracketing is the term that defines "laying aside" researcher's perceptions or knowledge about the phenomenon under study (Burns & Grove, 2003). Although phenomenologists acknowledge that interpretation plays an important role in the person's perception, Husserl (1931, as cited in Willig, 2008) believed that it is possible to minimise interpretation by bracketing past knowledge. Bracketing requires the qualitative researcher to be conscious of the cultural, political, social, linguistic, and ideological origins of one's own perspective and voice as well of as the perspective and voice of participants (Patton, 2002). It is crucial that researchers minimise the effect of their own values and knowledge of the topic (Crotty, 1998), and uses *reflexivity* (Koch & Harrington, 1998; Parker, 2005; Spencer et al., 2003) as a framework for credible research (detailed in the following section).

5.6.2.1 Reflexivity. IPA allows researchers to place themselves in the context of their interviews and analysis, a position from which there is a prime opportunity to be reflexive. Parker (2005) defined reflexivity as "a way of working with subjectivity in such a way that we able to break out of the self-referential circle that characterizes most academic work" (p. 25). Koch and Harrington (1998) suggested that reflexivity enables self-examination, where a researcher should examine his/her own values, assumptions and prejudices that may influence the research process. One way of achieving reflexivity and increase the transparency and integrity of the research process is to reflect of the thoughts and feelings associated with different aspects of the research and consider any interactions that may have occurred. Spencer and colleagues (2003) identified three components of reflexivity: (a) awareness of how biases emerge, (b) attempts to minimise the impacts of the researcher on the data collected, and (c) systematic analysis of the decisions made during research process and acknowledgment of limitations of the study. A number of authors have provided reflexive insights into their research (e.g., Chesney, 2000, Clarke 2006; du Preez, 2008) suggesting that the insights should be incorporated into

all stages of the research process. A reflexive approach was adopted by the researcher in Study 2 as it facilitates the auditability of qualitative research (Sandelowski, 1993). Additional steps taken to increase transparency and integrity of this research are outlined below.

5.6.2.2 Researcher's bias in IPA. As a qualitative research method, IPA is inevitably subjective, as no two analysts working with the same data are likely to come up with an exact replication of the other researcher's analysis (Smith et al., 1996). For critics, this may raise questions of validity and reliability (Golsworthy & Coyle, 2001). If the purpose of the research is to offer one or many possible interpretations, reliability may be in inappropriate criteria against which to measure qualitative research (Yardley, 2000). Brocki and Wearden (2010) conducted systematic review of 52 articles that used IPA methodology and found that the articles often acknowledged the themes examined to be subset of the total themes extracted (e.g., Smith, 1999). This is in keeping with IPA's recognition of the researcher's interactive and dynamic role. Yardley (2000) argued that the use of inter-rater reliability measures that produce an interpretation agreed by two or more researchers may be more appropriate. The aim of validity checks in this context, therefore, is not to produce a singular account of the data, but to ensure the credibility of the themes produced (Brocki & Wearden, 2006).

In the current study, care was taken to minimise researcher bias in the process of selecting themes for analysis. For example, the researcher reread the original transcripts after the master theme list was constructed to ensure the interpretations were grounded in the participants' accounts (Smith et al., 1999). In addition, the researcher followed Smith and Osborn's (2008) guidelines on the IPA data analysis to distinguish between the participants' original account and the analyst's interpretations. In the current research, verbatim extracts from transcripts (from Study 2 discussed in detail in Chapter 6) provide "grounding examples" (Elliott et al., 1999, p. 222), which allow the reader to make his or her own assessment of the interpretations made (Brocki & Wearden, 2006). The transcripts and the analyst's interpretations were independently checked by another researcher (research supervisor) who was not involved in data collection. And finally, the researcher's self-reflection was stated (see below) which was enhanced by keeping a log of data

collection and data analysis, and by holding various meetings with the research supervisor to discuss the themes as they emerged.

5.6.2.3 Validating my own research. The decision to focus on volunteering was initially influenced by my experiences as a volunteer working on a crisis line. This experience gave me an insight into the benefits and opportunities that volunteering presents which I was interested in exploring further through my research. Although there is an increasing amount of research into volunteering, I became aware that little attention has been paid to what it means to be a volunteer in retirement. I found this surprising, given the strong potential for volunteering to have a positive effect on health and well-being.

Any theoretical assumptions I may have had prior to commencing Study 2 stemmed from the process of my literature review and preliminary data analyses from Study 1. In Study 1, I investigated factors influencing well-being in older populations by testing a number of hypotheses. The study focused on the subjective components of well-being based on Lawton's (1991) model of quality of life (Psychological Well-being and perceived quality of life domains). Applying Lawton's (1991) model of quality of life, well-being in older people is the result of the interaction of a multitude of factors including autonomy, control, social connectedness, decision making, and self-esteem. The results from Study 1 provided evidence for the positive effects of Resilience, coping skills, self-efficacy, and Social Support on the well-being of older Australians who are actively engaged as volunteers in community organisations. The results suggested that by volunteering during retirement, older people maintain and develop skills that can help them maintain quality lifestyles. In particular, the results showed that social values of Civic Responsibility were found to positively predict well-being in older people. I wanted to explore this further using a qualitative approach in Study 2. A colleague experienced in IPA advised me to focus on exploring general experiences; focusing on only the factors examined in Study 1 would be too leading and would potentially narrow the analysis and prevent any unexpected themes to emerge.

Personal beliefs also influenced my judgement. I believe that people who choose to participate in social activities and engage with their local communities are more likely to feel valued and needed. Accordingly, I expect them to rate their health and well-being higher than those who do not regularly volunteer in

community. I also think that people's motivations for volunteering in community is largely attributed to personal satisfaction and the meaning they derive from contributing to other people's lives. These beliefs have more than likely developed as a result of my own life experiences and my close relationships with my grandparents.

During the interviews, it was important to ensure that I was not leading the interview in any way. Although at times I focused the topic of conversation on the concept of community engagement, participants were able to freely give details of their personal experiences without any prompting. Although there were some similarities, each individual had a slightly different reason for engaging with his/her community. No participant asked me about my own experiences with volunteering, and all of them wanted to share their stories and expressed that they wanted to be helpful.

Analysing the interview presented various challenges. It was difficult to analyse each interview independent of the prior knowledge of Study 1 analyses. My own experiences gained in a volunteering role also potentially influenced interpretation. During data analysis, I was mindful that there was an overlap among the identified themes, and that the subthemes could be organised in several different ways. Nevertheless, I was aware that qualitative analysis is subjective in nature and, having adhered to protocols, would ensure a rich and informative data. Finally, during and after the analyses, I was prompted to think deeply about the self-less and admirable attitudes of people I have had the privilege to interview, and I am grateful for that experience.

5.6.2.4 Audit Trails. Achievement of trustworthiness, rigour, credibility, and dependability in research requires adequate proof of documentation —*audit trails* (Lincoln & Guba, 1994). Audit trails are recordings of activities over time that another individual can follow with the objective to clearly demonstrate the evidence and thought process that leads to the conclusions (Koch & Harrington, 1998). Lincoln and Guba (1994) recommend maintaining an audit trail as it provides a means for the methods and judgments of the study to be open to scrutiny.

In Study 2, an audit trail was documented by the following evidence: (a) raw data (audiotapes and interview transcripts); (b) process notes (methodological notes); (c) personal notes; and (d) data reconstruction (draft reports and final reports).

Audits were conducted on a section of the transcripts by the supervisors who were independent from the data collection process. While coding data is designed to support analysis, it is not an end in itself. Bazeley (2004) noted that most samples of qualitative data have multiple stories to tell. Each person brings with them their own purpose, perspective, experience, and knowledge, and each influences what is seen in the data, how they interpret what is seen, and subsequent themes that are developed from the data (Bazeley, 2004). It is important that the researcher "records the way he or she is thinking about the data, keeps track of decisions made, and builds a case supported by the data for the conclusions reached" (Bazeley & Jackson, 2013, p. 93). These records illustrate how conclusions, interpretations, and recommendations are traced to their sources and are supported by inquiry (Holloway & Wheeler, 2002).

In summary, the current research employed numerous strategies to promote and enhance methodological rigour. Rigour was enhanced through strict adherence to protocol development, management, and maintenance of data. In Study 2, strategies to ensure rigour included reflexivity, bracketing, peer review, audit trail, rich in detail description, and researcher credibility. Indeed, the reliability of the current research was strengthened by documenting the stages of analysis, and achieving agreement between two researchers about data interpretation and analysis which, in turn, contributed to the validity of the findings. The demographic sample was described along with participants' relevant experiences. The results were supported by examples of each theme. The research supervisors both reviewed raw data and its interpretation. Finally, the limitations of the findings were discussed.

5.7 Data Analysis

5.7.1 IPA and data analysis. Each interview was audio taped and transcribed verbatim, as recommended by Kvale (1996). The transcripts were analysed using the IPA procedure recommended by Smith, Jarman, and Osborn (1999). IPA focuses on the links between participant's talk, cognition, and behaviour (Smith, 1996). The role of cognition is important to this research in relation to: "IPA's commitment to the exploration of meaning and sense-making and emphasising the structuring process of experience" (Smith & Osborn, 2008, p. 54).

In the current study, IPA involved a two-stage interpretation process (*double hermeneutic)*: (a) participants try to make sense of their world; and (b) the researcher

tries to make sense of the participants trying to make sense of their world (Smith & Osborn, 2008). The first level requires the participant to offer their interpretation of the phenomenon and associated cognitions and meanings via their language. The second level of interpretation occurs when the researcher attempts to understand the participants' comments (Smith & Osborn, 2008). A detailed IPA analysis also involves asking critical questions about what a person is trying to achieve, and whether the researchers have a sense of something going on that participants themselves are less aware of. Indeed, IPA should provide rich and informative analysis of individual cases while establishing patterns emerging across cases to provide insights into the phenomena of study (Smith, 1999).

5.7.2 IPA theme generation. In Study 2, the IPA approach was based on the recommendations of Smith, Jarman, and Osborn (1999), who suggested two methods. The first option is to generate a list of master themes from the first participant's data, and then to supplement this master list with further themes as the analysis is continued with other participants. The second option is to generate a new master list of themes for each individual. The latter approach was used in Study 2 to enable greater flexibility for themes to emerge and be understood from the data.

5.7.2.1 Theme generation. The transcript data was stored in Word document format. Each transcript was assigned line numbers to identify text location for referencing purposes. In IPA, the aim is to try to understand the content and complexity of the meaning rather than measure its frequency (Smith & Osborn, 2008). While the researcher attempted to capture the meanings of the respondents to learn about their mental and social world, those meanings were not transparently available; they had to be obtained through a sustained engagement with the text and a process of interpretation. The following steps to IPA acted as a guide and were adapted to suit the researcher's personal working style as qualitative analysis is a personal process (Smith & Osborn, 2008):

1. Read transcript (annotate initial thoughts in the margin, significant examples, paraphrasing preliminary interpretations).
2. Move through transcript (make connections in form of similarities and differences).
3. Return to the beginning of transcript (document emerging themes in the margin).

4. Connect themes (list emergent themes on paper, make connections between themes.
5. Document directories of participants' phrases.
6. Produce a table of themes, ordered coherently (name clusters of themes as master themes/sub-themes, and support them with participants' quotes).
7. Read through a new transcript and repeat the process from the first transcript
8. Treat each transcript as new data and repeat the process of constructing master theme list for each participant.
9. Construct a table of master themes that emerged from all participants' transcripts.
10. Write up the results explaining the themes, clearly distinguishing between what the respondent said and the researcher's interpretation of it.

The researcher treated each transcript as individual and bracketed ideas that had emerged from previous transcripts while analysing the text. Firstly, the transcript was read closely several times and initial notes were made regarding anything of interest, with a particular focus on content, language, and patterns or contradictions. Secondly, the transcript was re-read to identify emerging themes, which captured the participant's words and the researcher's initial interpretations. Finally, emerging themes were examined for connections to produce a number of subthemes and master themes.

Once each transcript had been analysed this way, the researcher looked for connections across the subthemes and master themes of each transcript, to cluster into master themes. A master list of themes was produced for each individual. Themes that were not well supported or well represented (or relevant to the research questions) in the data were not included in the final master theme table. As the analysis in IPA is a cyclical process (Smith et al., 1999), each stage involved checking and rechecking earlier transcripts for evidence of themes found in later transcripts to ensure that as many themes were identified and supported with evidence. Transcript extracts were re-examined to ensure they best represented the themes.

5.7.2.2 Master theme generation. The master themes were described and supported with direct verbatim quotations derived from the interview transcript data. The selection and presentation of the quotations was in line with the pragmatic

approach taken in the current study focusing on how participants' beliefs and values influenced their behaviours that led to specific consequences. The focus was to capture the interactions between individuals and their environment, and describe the experience of engagement in community. Examples of quotations were provided sparingly to avoid over-emphasising or skewing the reader's perspective by giving more weight to themes illustrated with quotations (Corden & Sainsbury, 2006). This is because, while one single statement is significant, it does not necessarily reflect the whole story (Joffe & Yardley, 2004). The quotations are examples of how the participants perceived their realities but are in no way a summary of views that can be extrapolated to generalise the views held by a majority. In Study 2, giving people a voice by using their spoken words was a way of demonstrating the value of what they said (Corden & Sainsbury, 2006). The quotations were given to explain how they engaged in their communities. Providing direct quotes assisted in understanding why people had particular views or perspectives, or behaved in the way they did (Corden & Sainsbury, 2006). What people actually said and their words was useful for illustrating how people positioned themselves within their communities and what went on in their relationships with family, friends, and significant others.

5.7.3 IPA analysis: saturation and redundancy. The number of participants included in this research was determined by the principle of saturation where the sample size is determined on the basis of informational needs (Polit & Beck, 2001). The term saturation occurs when themes and categories in the data become repetitive or redundant and no new information can be drawn from the participants (Polit & Beck, 2001). Strauss and Corbin (1990) suggested that saturation should be concerned with reaching the point where the data collected does not add anything to the overall story, model, or framework. Redundancy refers to what participants say. If after each interview, there was no additional information being contributed, the inclusion of more participants would not provide any new insights to the research question (Cohen, Manion, & Morrison, 2007). During IPA analysis, when the themes became apparent, and the same stories were repeated with no newer ideas forthcoming, it was decided the data saturation has been reached (Polit & Beck, 2001). In the current study, the researcher determined that data saturation point in the analysis has been reached after the completion of the analysis

for the 10th participant. The data from 10 individuals was sufficient for meaningful theme interpretation.

5.8 Data Integration

The term mixed methods refers to all procedures involved in collecting, analysing, and presenting quantitative and qualitative data in the context on a single research project (Tashakkori & Teddlie, 2010). The analysis of mixed methods designs includes analysing both the quantitative and qualitative findings separately and then 'mixing' the data (Creswell & Plano Clark, 2011). Known as inferences, these conclusions are drawn both from the quantitative and qualitative data as well as across them (Creswell & Plano Clark, 2011). The final step of integration of the data is often overlooked or poorly addressed in many mixed methods studies and has occurred slowly since the introduction of the mixed methods design (Creswell & Plano Clark, 2011).

In the current research, quantitative and qualitative data was analysed and reported separately (Chapter 4 and Chapter 6, respectively). The in-depth analysis of individuals' experiences in Study 2 is needed to enrich the story that the more static quantitative data of Study 1 provided (Creswell & Plano Clark, 2011). In the mixed method research, the aim is not to view them separately but to look for what they each add to the knowledge and the key research questions (Creswell & Plano Clark, 2011). Therefore, in the current research a discussion of the integrated results from Study 1 (qualitative) and Study 2 (quantitative) is presented in Chapter 7. This is an appropriate approach to take in explanatory mixed method designs (Creswell & Plano Clark, 2011).

The quantitative data collected was used as a platform for understanding the key factors influencing the well-being of the baby boomers and builders' generation. The quantitative data steered the qualitative stage; conversely, the qualitative data was explored with a view to explain the numerical data of the quantitative stage. In the current research, the advantage of this approach was the ability to fully explore the phenomena of Psychological Well-being in older people. Specifically, Study 2 focused on providing evidence of the lived experiences of the baby boomers and builders who volunteer their time and skills in local community organisations. It was envisaged that individuals' insights about their volunteering experiences would further explain the positive impact of factors (i.e., Resilience, Proactive Coping,

Social Support, and Civic Responsibility) that predict well-being in older people in Study 1.

5.9 Summary

This chapter discussed the IPA methodology as a suitable framework for participant selection, data collection, and data analysis of the qualitative phase of this research (Study 2). The overall design of Study 2 was structured so that the qualitative research would enhance our understanding of the findings from Study 1, by providing complementary data. The data from Study 1 were used to create the general focus for questions that were asked during semi-structured interviews. Study 2 aimed to describe the lived experience of older people as they participate in community activities in the context of retirement. The narrative nature of data collected during semi-structured interviews allowed for exploration of factors contributing to well-being without the preconceived theoretical framework derived from the literature review. The following Chapter 6 presents the qualitative results obtained during data collection and analysis in Study 2.

Chapter 6 – Study 2 Results

6.1 Introduction

This chapter presents results from the qualitative phase of this research, Study 2. Interpretive phenomenological analysis (IPA; Smith, 1996) was used as a data collection and analysis method. The focus of Study 2 was to achieve a good balance between the researcher's narrative and the spoken words of the participants to enable a full analysis supported by evidence. Participants were encouraged to talk freely about their experiences and the meaning they derive from volunteering in the community. They were asked to elaborate on how volunteering and/or other social activities influenced their beliefs about themselves. In the following sections, master themes and sub-themes are presented and supported with examples of direct quotations from participants. It is important to note that the quotations are examples of how participants perceived their realities but are in no way a summary of views that can be extrapolated to generalise the views held by a majority. Rather, the aim of Study 2 was to provide a greater depth to the understanding of factors contributing to the Psychological Well-being of older volunteers in Australia. The focus of IPA was to capture the interactions between individuals and their environment, and describe how older people positioned themselves within their communities and what went on in their relationships with family, friends, and significant others.

Literature reviewed on qualitative data analysis suggested that the interpretation of data should be conducted in conjunction with the contextual information about participants in the study (Bazeley, 2013). In small-sample studies such as Study 2, a description of characteristics of each individual was useful for both within-case and cross-case analysis. In order to provide a context for interview data, relevant background information of each participant was described. All participants volunteered in various community organisations (e.g., Men's Shed, the University of Third Age, Council on the Ageing, Red Cross, State Emergency Services, Flexi School Toowoomba, Princess Alexandra Hospital, Wesley Mission, and Salvo Care Line). There were five females and five males with ages ranging between 57 and 77 (M = 68.00, SD = 6.64). All participants stated that they were retired in a paid-work sense, although some indicated that they still worked for the community, thus did not see themselves as "retired". For example, Fred (age 77) said that he will retire when he is no longer able to get up from bed (lines 496-516).

All but one participant (Margaret) stated that they were married or in a domestic partnership. The majority of participants (70%) had completed a university degree; two participants had completed vocational training, and one participant stated that he had completed high school at year 12. Participants listed their previous work roles as teacher (n = 4), social worker (n = 1), librarian (n = 1), famer (n = 1), military serviceman and manager (n = 1), military serviceman and banker (n = 1), and commissioner and manager (n = 1). A summary of participants' background characteristics is shown in Table 6.1 (pseudonyms were used to protect individuals' confidentiality).

Table 6.1

Participants Background Information

Pseudonym	Age	Generation	Gender	Highest education	Work history	Current volunteer activities
David	57	Baby boomer	Male	University	Teacher	Court Support, Flexi School, teaching English at neighbourhood centre, café at residential home for older people, support group at catholic church
Frank	61	Baby boomer	Male	University	Vietnam veteran, military,	Peer educator for COTA, Lifeline counsellor
Rosemary	65	Baby boomer	Female	University	Social worker	Princess Alexandra Hospital, plays scrabble at U3A Brisbane
Bluey	66	Baby boomer	Male	Year 12	Military, banker	Woodworking at men's shed; grandchildren; community groups affiliated with church
Frieda	66	Baby boomer	Female	Trade/ vocational training	Teacher	Salvo Care Line, book clubs
Tracey	66	Baby boomer	Female	University	Librarian	Wesley Mission, teaching Latin at U3A
Margaret	71	Builder	Female	University	Teacher	Bribie Island Library, receptionist at U3A, mahjong group at U3A
Didee	74	Builder	Female	University	Teacher	Community garden, teaching dressmaking and other craft
Fred	77	Builder	Male	University	Farmer	Peer educator for COTA, emergency relief for Red Cross
Claude	77	Builder	Male	Trade/ vocational training	Manager at IBM, Northern Territory government	Teaching navigation at U3A, Bribie Island, SES

Note. U3A = University of Third Age; COTA = Council on the Ageing; SES = State Emergency Services; Salvo Care Line = Salvation Army crisis telephone line.

6.2 Master Themes

Participants' accounts clustered around four master themes: (a) being part of community; (b) connecting with others; (c) responsibility to help others; and (d) managing self. The presentation of these themes is the essence of participants' reality – perceptions of their lived experiences (Smith & Osborn, 2008), and, therefore, requires consideration during their reconstruction. It was necessary to select what were the most relevant and significant comments in order to provide insight into the experience of volunteers. In addition, it is important to note that the master themes are not exclusive; rather, the meaning in each theme overlaps with the meaning of other themes, and, thus, should not be interpreted in isolation. The following sections of this chapter present the master themes and their constituent sub-themes (see Table 6.2), illustrated using direct quotations as examples.

Table 6.2

Master Themes for the Group of Volunteers (N = 10)

Master theme	Sub-theme
Being part of a community	Improving the community
	Commitment to volunteering
	Satisfaction and confidence from making a difference
Connecting with others	Enjoying company and sharing experiences
	Feeling accepted
	Learning from others
	Feeling supported and supporting others
Responsibility to help others	Feeling obligated to help
	Being compassionate
	Internal conflict: feeling guilt and/or regret
Managing Self	Keeping busy
	Managing commitments
	Standing by your beliefs

Note. The master table of themes for the group of the participants including line references to examples of quotations can be found in Appendix L.

6.2.1 Being Part of a Community. Being part of a community was the most frequently noted theme by participants in Study 2. Volunteers often described the community as providing them with a sense of purpose and meaning. Participating in community activities provided them with opportunities to contribute their skills and knowledge, thus, making them feel useful and their lives meaningful. Through active engagement in the community, volunteers had a chance to meet like-minded people and share experiences, which created a feeling of acceptance and inclusion within the community groups. They viewed themselves as active members of society where they play various roles. The theme of being part of the community consisted of the following sub-themes: *improving the community, commitment to volunteering, and satisfaction and confidence from making a difference.*

6.2.1.1 Improving the community. All volunteers expressed the need to be involved in their communities in some way. A common observation among participants was that being involved in the community: "…makes the world go around just a little bit more (Frieda, lines 27-29); and "it makes for a better community the more people that are involved in it" (Margaret, lines 21-22). Participants stated that making contributions to the community makes their lives more meaningful. For example, David succinctly described how contributing to society gives him a sense of purpose:

> Social connection, contact, fulfilment, I can use my brain. Assisting people helps. No doubt endorphins or whatever, what you give you get back, a sense of meaning, a sense of purpose, a sense of belonging to different communities is what I'd get from it. (David, lines 47-50)

Participants expressed a belief that everyone should play a role in society (i.e., take part in some activity) in order to ensure that society functions well. Being part of a community was described as a "sense of belonging" to a local community to which they also contribute. For example, Bluey described how belonging to a community implies looking after one another: "…as a community we need to be a little bit more observant and recognise when people need a little help and offer it. Yeah, I think being in touch with the community and helping where you can is pretty crucial for life" (Bluey, lines 26-31).

Contribution to society was described in terms of giving rather than taking from society. This view was illustrated by the following comments:

> …I'd rather be a part of something than just use the roads, use the shops, that sort of thing. I'd rather be part of it…had this sense of community around me. (Frank, lines 25-37)

Although some participants were not explicit in stating why they needed to be engaged in the community, they expressed that it was vital to "get out there". A common way participants entered the role of volunteer was by "coincidence" and was the result of a spontaneous action rather than a pre-planned behaviour. For instance, Claude described how he joined the State Emergency Services (SES): "I just go past the place and they were all sitting around eating a sandwich and I said hey, what do you guys do? They told me [SES] and I said would you like me to join you? Sure." (Claude, lines 82-84). Another participant described: "I saw an ad on SEEK, a volunteer, needing someone to sew and I love sewing. I've done other courses in sewing, I did a shoemaker course, so I knew I could sort of [do] heavier sewing for the spinal injuries unit" (Rosemary, lines 55-58).

The above examples imply that although participants' willingness to volunteer in community was not predetermined, they felt the need to be doing something productive that involved others. Another example of being productive was shared by Bluey: "There's always plenty to do. I do as much as I can when I come here on Mondays and Thursdays and I look for jobs that need to be done and get into them" (Bluey, 66-71).

Summary for improving the community. In this sub-theme, participants expressed that making contribution to community gives them purpose and makes their lives more meaningful. The volunteers expressed a belief that everyone should play a role in society to ensure that it functions well. Many volunteers indicated that their choice of volunteering was the result of a spontaneous action stemming from the need to be a productive member of society.

6.2.1.2 Commitment to volunteering. Volunteers also described that the commitment to the volunteer roles comes with a set of responsibilities. For example, Rosemary described that committing to a volunteer role meant she needed to be flexible and alert in her approach to the required task (Rosemary, lines 193-198). Tracey described that commitment to help others came with clear responsibilities: "Yes and commitment and being prepared to give your time and being prepared to

stick at things. People rely on you" (lines 517-518). Fred described how he feels he needs to be alert in his work as a volunteer counsellor:

> First person comes in wanting to tell you all his troubles, so you listen to that and tell him how lucky he is that he's still here and that his family's alright and all of that. The next person comes in and [asks] why aren't you helping me a bit more…You've got to be a bit alert to what's going on otherwise you could cop a fist. (Fred, lines 109-119)

Similarly, Claude described how he needs to be adaptable and willing to understand about what it takes to help others. This was illustrated when he talked about his role as a volunteer teacher at the University of Third Age:

> It's just being flexible and understanding the solutions that are required for that particular area. You can't cookie cut something. You've got to understand what's happening there to solve it. When I started the U3A navigation thing, I had all the material that I used in the Northern Territory. Couldn't use it, and you can't force fit what I had for there here. Totally different environment. So I rewrote it. (Claude, lines 405-411)

Summary for commitment to volunteering. In this sub-theme, participants indicated that the commitment to a volunteering role required a capacity for change. Volunteers emphasised that to be able to help others, they needed to be willing to understand the tasks at hand, be flexible, and able to discern between what was required of them and what they were able to give. Commitment to volunteering required an effort and ability to deal with changing situations and adapt accordingly. Volunteers described how they embraced a sense of readiness and self-belief in their capacity to deal with challenges associated with their volunteer roles.

6.2.1.3 Satisfaction and confidence from making a difference. Upon reflecting on the motivations for volunteering in community, participants often described a sense of satisfaction. This satisfaction stemmed from seeing a tangible outcome such as improving someone's life. For example, helping others to learn a new skill or helping people to see different perspectives. Claude described his sense of satisfaction when volunteering in a role of seamanship and navigation teacher:

> That's where I get my kicks, in seeing somebody smile at the end of it saying wow, I did buy a boat before I came to you, now I'm going to sell it and get a real one, things like that. (Claude, lines 58-61)

Claude further elaborated that he felt a sense of satisfaction when he helped someone to run a business: “There's more happiness in being able to sit back and say I've achieved something and they're happy with it, they're getting something out of it” (Claude, lines 255-257). Similarly, Frieda described how she helped to change people’s perspectives and made a difference in their lives:

> Talking to the callers, when it's a really good call and you know you've got it right you just feel, thank goodness I could really help there. I'm sure that I've made a difference then and given a different view for that person's life because sometimes people are just simply stuck in their world view rut. (Frieda, lines 298-302)

Seeing an outcome from helping others and making a difference is something that Rosemary also valued: “…it saves time for the therapy assistants you see because they are really rushed off their feet, very busy” (lines 80-81). She then went on to say: ”… it's enhancing other people's lives. You've got to feel as though you're making a difference to other people” (Rosemary, lines 352-354).

Another volunteer described how he felt satisfied when feeling useful while helping others and a sense of getting more out of it than putting into it:

> …you feel useful, you're contributing to the community, you're doing things that benefit people that others may not have the time or the opportunity or the skills or the desire to do. So I am actually getting more back I feel than I actually put out. (Frank, lines 63-64)

David shared similar experiences when he described volunteering in a residential home: “Really I get far more than I give” (David, line 586).

The older volunteers emphasised positive emotions of enjoyment and satisfaction when contributing to other people’s lives. Seeing a tangible effect of their contributions led to an increased sense of confidence, and encouraged them to continue their volunteering efforts. For instance, Frieda described knowing when she made a difference in someone’s life while counselling: “…I feel good when I do it. I feel as if I've made a service. It makes me feel better” (lines 65-66). Self-confidence was also apparent in Frank’s belief that people choose volunteering activities largely based on confidence in their skills: “Everybody has a certain skill set or areas within which they are comfortable and I think they seek out the opportunities to volunteer in those areas in which they feel that they can actually

contribute" (lines 115-118). David expressed similar beliefs and described how his confidence in English affected his choice for volunteer roles: "I'm quite good with English and that's why I volunteer in the courthouse and Flexi School…I like to have a reason to leave the house every day to go and do something productive" (David, lines 28-35). David also described that gaining confidence had been an incremental process of taking on bigger challenges: "I've had to challenge myself a lot but the challenges have become increasingly smaller because every gain has been exponential. So if you gain confidence here…" (lines 488-491).

Volunteers' self-confidence appeared linked with their prior professional lives. For example, Didee described how she enjoyed volunteering as a craft and dressmaking teacher, a role similar to her past work life (lines 27-30). Participants described how they found volunteer roles closely aligned with their personal interests and hobbies. For instance, Bluey described how he enjoyed woodworking as a teenager and that retirement brought him an opportunity to reconnect with this interest (Bluey, lines 54-59). Rosemary also indicated that she enjoyed using her acquired set of skills in a volunteering role at a hospital: "…the volunteer coordinator said…I'm proactive, I will initiate things" (Rosemary, lines 156-157). Thus, volunteers' beliefs in their capacity to contribute in useful ways stemmed from their prior experiences in various professional roles. The sense of satisfaction and achievement that came with helping others appeared linked with taking pride and initiative in the volunteering tasks.

Summary for satisfaction and confidence from making a difference. In this subtheme, volunteers expressed a sense of satisfaction they derive from contributing their time and skills and seeing an improvement in someone's life. The choice of volunteer roles often stemmed from personal interests or skills acquired during their professional working lives. All volunteers made reference to finding meaning in helping others and deriving a sense of satisfaction from their contribution to community, be it by physically assisting someone, influencing people's thinking and seeing a positive outcome, or simply being there for others. The sense of enjoyment and pride derived from helping others is closely related to the increased confidence and sense of pride and commitment associated with their volunteering roles.

6.2.1.4 Summary for Being Part of a Community. Being part of a community was the most frequently noted theme by participants. All volunteers

made reference to finding meaning in helping others and deriving a sense of satisfaction from their contribution to the community. Many volunteers described that their choice of volunteering was the result of a spontaneous action inspired by the need to be a productive member of society. Participants referred to personal qualities such as being adaptable and discerning as necessary to successfully perform in their volunteering roles. Enjoyment from contributing to other people's lives linked with enhanced self-confidence. Self-confidence originated from skills and knowledge acquired through previous professional roles and/or life challenges that volunteers have successfully overcome in the past. Finally, self-confidence was apparent in taking pride and initiative in the volunteering roles.

6.2.2 Connecting with Others. As participants reflected on their engagement in community organisations they expressed the importance of being around others. All volunteers indicated that connecting with others leads to positive emotions and enhanced well-being. The master theme of being connected with others included the following subthemes: *enjoying company and sharing experiences; feeling accepted; learning from others; and feeling supported and supporting others.*

6.2.2.1 Enjoying company and sharing experiences. Participants often described how they enjoy each other's company and that they like to connect with others in a variety of circumstances, such as spending time with a partner, grandchildren, or friends. Volunteers emphasised the importance of "getting out there" and being around others in order to keep them emotionally and physically healthy. For some participants this meant sharing experiences, meeting new people, and "chatting with peers" (Fred, line 37). Similarly, Bluey expressed how he enjoys the company of his family and friends: "…certain days I come here [men's shed] and I'm happy when I'm here, I'm happy when I'm at home and happy when I'm with the grandkids and the family" (lines 368-370). For others, sharing experiences helped to keep their emotional and mental health in check. For example, Didee stated that connecting with others meant saving her "sanity" (line 19).

When talking about being involved in a gardening group, Didee described: "…thoroughly enjoy getting your hands dirty, a lot of fun talking to other people" (lines 66-67)." Sharing experiences was linked with a sense of belonging to a community. Margaret described: "…when there's a group of us together, we can all

bring that out and you feel better for having - and you don't feel as though you're an island" (lines 315-317). Similarly, Claude described that he enjoys the feeling of comradery in a community, which is particularly apparent during disaster situations: "Everybody knows everybody else by name, and when there is a little disaster they all pitch in food, water, whatever they've got they'll share, money…I loved it" (lines 148-150).

Engaging in activities in various community organisations provided an opportunity to share not only a space to talk and enjoy activities, but also a safe environment in which to confide your personal problems. Bluey described how he appreciates the opportunity to share his concerns with others and brainstorm strategies to cope with difficulties:

> …men's shed, it's a place to get away, it's a place to talk to others, it's also a place - you'll find someone in the shed that's been where you've been and just by talking you can nut things out and get yourself going again. (Bluey, lines 95-97)

Margaret described how sharing concerns helps her to keep a realistic appraisal of situations and alleviate worrying when it is unwarranted (lines 350-354).

Summary for enjoying company and sharing experiences. In this sub-theme, participants described how enjoying each other's company and sharing experiences have a positive impact on their well-being. Meeting new people and talking to others helps volunteers to keep their emotional health in check and provides an opportunity for them to share personal problems. Sharing problems often occurred by brainstorming solutions or providing volunteers with a more realistic appraisal of the issues they were experiencing. This, in turn, appeared to bring people closer together within community and created an environment of mutual trust and a sense of belonging.

6.2.2.2 Feeling accepted. Another reason volunteers engaged in community organisations was to meet "like-minded" people who shared similar interests. Didee emphasised how she feels a sense of belonging and acceptance within the community garden:

> But I think the thing I enjoy about it also, is that it's definitely not categorised by age, we have young mums who will come and put the baby under the tree in the pram. Or I take my grandson when it's school holidays, he loves

> coming, we have men who enjoy playing with the big boys toys, and get on the front loader. Women get on with the weeding and the planting. (Didee, lines 68-74)

Similarly, Bluey expressed a sense of equality among the members of the men's shed:

> I like being with the fellows here. They're a good bunch. Nobody's pushing their own barrow, so to speak. They're all - they're here for - it's the company more than anything else. We're all a little bit like-minded in what we do. (Bluey, lines 73-76)

The expression of "nobody's pushing their own barrow" suggests comradery where people enjoy activities together rather than pursuing their own agendas. Similarly, Tracey shared the sentiments of equality: "…part of community is being with like-minded souls as an equal" (Tracey, lines 32-33). Feelings of acceptance and trust were also evident in other people's responses: "I find most people that I mix with are much the same, I'm not odd or different than anyone else" (Didee, lines 585-586); "…Salvos. They're a very good mob" (Frieda, line 47).

Meeting with like-minded people provided opportunities to discuss ideas with others (e.g., Didee, lines 20-21), and broadened perspectives to develop a greater understanding of the topic. It provides a chance to challenge one's own thinking. For example, Frieda described how she feels challenged but also accepted, despite having a different opinion: "It's a gelling of people of a similar interest and we seldom agree on the book we read…" (lines 123-124). Reserving the right to have her own opinion seemed to encourage personal growth: "If you want to improve things you have to stand up and ask for things and say this would work better" (Rosemary, lines 167-168). Another example of personal growth came from Tracey who described challenging young counsellors while volunteering as a supervisor:

> …I don't really think on the same plane as a lot of other people…I can't help that so when I say something, oh I never thought of that. I think good, have a think about that…It just gives you another avenue to go up to have a think. (Tracey, lines 486-490)

Summary for feeling accepted. This sub-theme illustrates how volunteers enjoy meeting "like-minded" people with similar interests. Volunteers emphasised a

sense of comradery and acceptance within community organisations. They described how meeting others with similar interests enables them to express their own opinions, discuss differences in perspectives, and yet remain accepted as a valuable member of the group. Such feelings of acceptance enable, in turn, opportunities for broadening perspectives and personal growth.

***6.2.2.3 Learning from others*.** Participants described how being engaged with others provided an opportunity to learn and connect with others. For example, Bluey described how he likes to meet other people and learn from them, emphasising that: "…the day that you say to yourself I know everything is the day you probably shouldn't be here. You're never too old to learn. I like to learn new things and pick up skills and whatever (lines 298-300). Similarly, Didee indicated that she believes in life-long learning: "I get a lot from other people, their views on life and you learn a lot. I mean you never stop learning the whole of your life" (lines 184-185). Rosemary expressed how she enjoyed learning new skills while volunteering at a hospital: "So you've got to have your wits about you. You ask permission. But it's good; you learn how to do things…" (lines 193-194). Similarly, Tracey described how she enjoys learning because she likes being challenged: "But it's the challenge I like…It's good to be challenged…I've done algebra and geometry and all of that. I found it very hard. I got through…I quite liked it because it's the logic of it I enjoy" (lines 175-181).

Frieda expressed how she learns from other volunteers by considering other perspectives: "You listen to people like xxx and they have such good ideas as how you can get here or get there. You've really got to think" (lines 333-334). Similarly, Tracey emphasised the need to be open-minded and not being afraid to do things a different way, even if it means being wrong: "The chances are I'm wrong but that's all right too because you've learned something from that" (lines 490-492).

Learning from others also extended to having an interest in local community and social issues. For instance, Bluey stated that knowing about current affairs was essential to starting a conversation:

> I try to keep abreast of current affairs and what's going on in the world and I feel I can pretty much sit down with anyone and have a reasonable conversation and hold my own as far as general knowledge and what's going on in the world, which I think's pretty important…you don't have to know

> exactly but you have to be aware of stuff like that so that you can talk. (Bluey, lines 283-292)

Keeping abreast with issues faced by others helped the older volunteers to be aware of the potential problems they might face themselves and, thus, be proactive in solving them (e.g., Bluey, lines 92-95; Frank, lines 320-327).

Summary for learning from others. In this sub-theme, participants indicated that they enjoy the opportunity to learn new skills and knowledge, which was one of the reasons for connecting with others. Being challenged, engaging in critical and lively debate with other people, considering new perspectives, and not being afraid to try new ways of doing things was underpinned by a sense of enjoyment. Apart from acquiring new skills, learning also extended to keeping abreast with current issues in the local and wider community. Volunteers emphasised that being informed helps them to partake in conversations, learn about issues faced by others that may also affect them, and acquire coping strategies to effectively deal with these issues.

6.2.2.4 Feeling supported and being support for others. Volunteers expressed that connection with others was a source of support. For example, David highlighted the importance of close relationships: "I have a couple of very good mates. I think it's very important to have true friends… and I have a very good marriage." (lines 214-225). Similarly, Frank expressed that a good support structure within a community-based organisation leads to confidence and trust:

> Certainly the organisations that I work [work for/volunteer] are very, very good at that. That's a good level of support that makes me feel confident. If I have a problem then I'm quite sure there are people who will help me. (Frank, lines 520-522)

Knowing that help is available helps to motivate participants to continue volunteering, regardless of the task difficulty. This was also evident in Margaret's experience:

> The thing that I really love about the U3A, as I said there is 1200 people roughly, run by a committee, it's all volunteers and it is so beautifully run, you have no idea the systems in place…When you train for, oh five or six sessions I think before you start. It is so organised and beautifully run and for

> someone to be cross or out of sorts or snappy. It's so unusual... (Margaret, lines 270-276)

Another way volunteers talked about support was in terms of being a support for others. They expressed the importance to recognise other people's needs and being ready to help them if required: "…as a community we need to be a little bit more observant and recognise when people need a little help and offer it" (Bluey, 26-27). Margaret expressed the need to connect with others in a supportive and caring role: "People need other people, not just to help them financially, but just to know someone else cares. I think that's terribly important" (lines 186-188). Volunteers emphasised that an effective way to help others involved being authentic and genuine. For example, Frank emphasised that volunteering should culminate in a real action, rather than a mere appearing to be doing something:

> Look, if you're volunteering you are volunteering because you want to help. If someone comes to you and says here's something that you can do as a volunteer will you do that and if you say no, so why are you there? (Frank, lines 425-428)

Volunteers indicated that they provide support for others as part of their roles in community-based organisations. For instance, David described he helps in a local church by reading or saying the prayers or hand out the communion (lines 110-114). Similarly, Didee described how she helps at the local community garden: "I would just pot up plants, just sit down and say what needs potting up today" (lines 56-58). Tracey referred to her support role as an additional "resource" that is sometimes lacking in the general community (lines 27-28).

Fred described supporting one another by relying on each other: "Relying on each other makes you more aware of what people need" (lines 338-339). Similarly, Bluey expressed the need to: "…look out for your mates and your fellow man" (line 376). In addition, Frank stated that relying on mutual help and support increases the likelihood of being looked after by society: "I mean who knows what's going to happen to you in the future? What goes around comes around. I hope that if the need ever arises for me there'll be someone there to help me" (lines 105-108).

Summary for feeling supported and being support for others. In this sub-theme, volunteers indicated that connecting with others is a source of support. Feeling supported was linked with increased self-confidence and trust in others.

Knowing that support is available encouraged volunteers to persevere through difficult times. Relying on each other and looking out for one another was important to all participants. Being a support for others involved a caring and genuine attitude that culminates in real action, not a mere appearance to be helpful. Volunteers implied an obligation to support others while also noting that volunteering provided an additional resource in the community.

6.2.2.5 Summary for Connecting with Others. Connecting with others was described as an important need in relation to issues in retirement. Volunteers indicated that sharing experiences has a positive impact on their emotional and mental health. Volunteers described how meeting like-minded people, sharing experiences, and discussing issues create an environment of mutual trust, acceptance, and an enhanced sense of belonging to the community. All participants emphasised that life-long learning is important to them and they enjoy learning; and being with others facilitated that need. Learning also enabled volunteers to develop positive coping strategies to deal with issues related to ageing. Finally, volunteers indicated that connecting with others is a source of support for them. They also felt obliged to serve and provide an additional resource in the community by helping others in a caring and genuine way.

6.2.3 Responsibility to Help Others. Volunteers expressed a sense of responsibility to contribute to the community. A common statement was that everyone should be contributing to society for it makes it a better place. The theme of responsibility to help others consisted of the following sub-themes: *feeling obligated to help others; being compassionate; internal conflict (feeling guilt and/or regret).*

6.2.3.1 Feeling obligated to help. Participants emphasised the importance of being a productive member of society. While reflecting on social changes, Fred reminisced about how society as a whole is losing the value of embracing community events: "Well we don't participate much in community anymore but it's fairly important that all able citizens participate in local organisations" (lines 18-19). Fred further elaborated that being involved in community organisations such as COTA presented him with the opportunities to help people (line, 290).

Bluey described that all people will need help at some stage in their lives, and it is our responsibility as a community to help whoever is in need: "…I just think

everyone needs a hand and if we can do stuff for the community, that's the way to go" (lines 202-206). When talking about contributing to the community, David described how he was motivated by the notion of social justice where all community members have equal opportunities for a good life. David was aware that community resources are lacking and he felt a responsibility to fill the resource gaps by volunteering and being productive:

... I always have had a very strong social justice sort of attitude that you contribute to society rather than take from society…So I like to have a reason to leave the house every day to go and do something productive. (David, lines 25-35).

Similarly, Frieda emphasised that being responsible meant being "grown up" and "doing the right thing", implying there should be no debating about helping others; rather is it a fact of being a responsible adult living in a community (lines 29-31). Filling the gaps where community resources are lacking was also expressed by Frank: "…society as a whole has to wear the consequences of not doing anything and has to actually put in the resources to help. I feel that in volunteering I'm doing that " (lines 94-100).

Another common aspect of responsibility to volunteer was the notion of giving back to community as a way of repaying for the opportunities received from society. Volunteers stated that they should contribute to society because it has looked after their needs and now it is time to give back. For example, a common expression among volunteers was that being part of a community meant using the resources as well as contributing to maintaining those resources (e.g., Frank, lines 25-27). Volunteers indicated that they consider themselves lucky to have gained an education, worked for a living, be in good health, and see others as less fortunate. For example, David described how he would feel "empty" if he did not give something back: "…we've been given a hell of a lot, education, each other, friends, wealth, a comfortable lifestyle, I have a nice house - I've been given a lot really. But without giving back, I'd be a very empty person" (lines, 165-169). Didee shared similar beliefs and described how she feels lucky in life and is in no doubt that she receives more than she gives (lines 162-165).

Frank also indicated how he enjoys what his community has given him and felt an obligation to give something in return for the opportunities that he is enjoying

(lines 365-368). Frank expressed that the responsibility to help others does not reside on a personal level, but rather on a community level:

> So I don't feel any direct responsibility to go out and save people's lives or help people through their depression or whatever…But that is a community issue… society as a whole has to wear the consequences of not doing anything and has to actually put in the resources to help. I feel that in volunteering I'm doing that. (Frank, lines 93-100)

Giving back was also described as a sense of personal obligation. While describing her role as a volunteer teacher, Tracey expressed how she feels obligated to help others by being prepared for the lessons and consistently completing all tasks required in her role (lines 90-94). Others expressed that looking out for each other was partly inspired by religious values (Bluey, lines 373-382; Frank, lines 105-107).

Some volunteers did not state that they felt a sense of obligation. For example, Rosemary did not believe she is obligated to volunteer or stay on in a volunteering role. She described volunteering as non-binding agreement between a volunteer and an organisation. Rosemary expressed it as her choice when she relinquishes the responsibility for volunteering, but is aware that she could also be let go by the community organisation she volunteers for: "Well, you're not obliged. Also, they're not obliged to keep you on, they can get rid of you too" (lines 329-330).

Apart from a sense of obligation, participants gave "responsibility to help others" a different meaning. For example, David called it an honour: "To myself, probably. Not to others, no. It's probably an honour to be able to do things with my life…" (lines 177-178).

Volunteers described that they enjoy giving their time, skills, and knowledge, but also like the fact that they could do it on their own terms. For example, David described how he feels empowered by the fact that he can leave at any time: "As a volunteer you have tremendous power because you can just leave" (line, 296). Frieda also found comfort in being able to walk away from a commitment:

> The thing with being part of community in the way that I am which is a volunteer party and I'm not paid to work, is when I don't like it I can walk away. There is some comfort in that. (Frieda, lines 575-577)

Fred expressed having freedom to commit meant that he can discern which particular activity was worth engaging in:

> If it doesn't get done today, there's always tomorrow. If it doesn't get done tomorrow it probably wasn't worth doing anyway. There's a lot of things you could avoid doing and it wouldn't matter, it's just as well if they weren't done. (Fred, lines 408-411)

Summary for feeling obligated. In this sub-theme, participants expressed that being a responsible adult and community member implied an obligation to help others and fill resource gaps in the community. Volunteers expressed "giving back" as their way of repaying debt or compensating for the societal privileges such as a good education and wealth that they enjoy. Some volunteers viewed helping others as a value grounded in social justice and equal opportunities for all. For others, obligation to help was part of a religious belief structure. The sense of obligation was also attributed to personal qualities such as "it's an honour to help others". Volunteers found comfort in knowing that they can choose which roles they commit to and that they can also discontinue their commitment at any time.

6.2.3.2 Being compassionate. Compassion towards others was another important reason for helping others. Volunteers described how they feel sympathetic towards people who are less able or disadvantaged (e.g., Margaret, lines 184-188).

David expressed how he feels compassion towards disadvantaged people and emphasised that being tolerant of all people is important:

> There are many people in this world, many, many people - and I see it at court every Monday morning - there are so many people in this world who have had nothing since conception, nothing. They were conceived into messes, their whole lives have been messes, they've never had education, never had parenting. You can't tell me their lives are not much more disadvantaged than mine. (David, lines 316-333)

Similarly, Frieda described her feelings of compassion towards others who face difficulties in life and emphasised the limited capacity to help as part of her volunteer counsellor role:

> Imagine yourself with a problem that you're now going to tell somebody you don't know, which may or may not be a good thing and you still don't know that, and you've got to pick the phone up and dial it and then hold it when they introduce themselves…and I think that takes a lot of courage. (Frieda, lines 319-324)

Bluey expressed feeling compelled to help an elderly friend by watching over him:

> There's a couple of fellows that I bring along on Tuesday … I'll have to keep a real eye on him though because I'm a bit worried about the machines and things … it'd be easier just not to have to worry about people who can't look after themselves, but I feel particularly compelled to help this fellow out. (Bluey, lines 314-326)

Margaret emphasised the importance of "going extra mile" when helping others: "…when you're a receptionist, to be glad to see someone come in and want to help them with whatever their question is. Go that extra little bit to make sure they get an answer to whatever their problem is" (lines 237-240).

Some participants expressed being compassionate towards others means to "be human". Rosemary described that she feels that the nurses at hospitals have no time to attend to patients' emotional needs, and have time pressures that often only allow them to attend to patient's physical needs. She expressed that patients need more than physical care (Rosemary, lines 210-215).

Summary for being compassionate. In this sub-theme, participants expressed compassion towards others who were seen as less fortunate and/or disadvantaged by having fewer opportunities to succeed. Being compassionate meant being tolerant and seeing others beyond their current personal circumstances. Volunteers emphasised the importance in being aware of other people's needs and making a greater effort to ensure that those needs are met.

6.2.3.3 Internal conflict: feeling guilt and/or regret. Having a responsibility for giving back also appeared linked with feelings of guilt. For example, when talking about having to complete tasks in a volunteer role, Tracey indicated that she had a clear conscience and a highly developed sense of duty: "…there are things I have to do and then when I've done the things I have to do, I can veg in front of the television with the best of them, with a clear conscience…" (Tracey, lines 88-91).

Some volunteers described feeling overcommitted and guilty of agreeing to help despite being undecided about where help should come from. For example, Frank described feeling pressured to help:

> …my inclination is always to say yes because I know that if I don't then the senior citz aren't going to get anybody because I'm the only one here doing

> that. So you feel that responsibility to say yes by default rather than hang on, let me check it out. That's one of the difficulties that I see, that we can at times put ourselves out a bit much I think. (Frank, lines 391-396)

David shared similar experiences when talking about his service in Catholic church: "I'm very involved in the Catholic church and that annoys me a bit because I'm always asked to do things "(David, lines 106-108).

Being affected by other's misfortune seemed to carry a sense of regret. For example, Didee described how she wished she could have done more for her parents when she volunteers in residential homes for older people:

> …along with my guilty feelings of could I have done more for my own parents, I often think well with my volunteering I could go and call on people in care homes, I know they'd love to have visitors. My sister does it, but I can't bring myself to do it, because…I feel I'm a bit too close to it myself. I think it would depress me and would bother me to the extent where it might make me unhappy, unstable whatever. So sad to say I drive on by, because I think no I can't cope with that. (Didee, lines 347-354)

Similarly, Fred implied a feeling of regret when talking about losing his neighbours to suicide:

> I'm in a pretty unique situation I hope. Two of my neighbours have self-destructed and that's why I'm working with COTA on depression and self-destruction...If I had have known what I know now I could have probably talked to them a bit. (Fred, lines 171-182)

Although Fred did not admit that his neighbours' death had affected him, their death seemed to become a catalyst for becoming educated about issues of depression and suicide, and subsequently becoming a peer educator for the Council on the Ageing (COTA).

Summary for internal conflict: feeling guilt and/or regret. In this sub-theme, participants expressed that some motivations for helping others may stem from a sense of guilt and regret. Volunteers generally thought of themselves as individuals in a position of power and responsibility. Given the limited resources available, including number of volunteers available to help others, older volunteers often found it difficult to refuse to help others and this created internal conflict. On the one hand, they feel obligated to help and fear they will experience a sense of guilt or regret if

they fail to do so; on the other hand, they may lack the time or resources or may wish to focus on other aspects of retirement.

6.2.3.4 Summary for Responsibility to Help Others. This master theme represented participants' views on responsibility to contribute as a member of a community. Feeling responsibility to help others was expressed by all volunteers. While some volunteers viewed giving back to society as a personal responsibility and "a right thing to do", others did not view their role as a firm obligation (i.e., they felt like they could leave at any time). When talking about feeling responsible to others, some participants expressed the value of social justice. They expressed the need to look after each other and show compassion towards others. Participants also expressed a belief that everyone should be treated with care, compassion, and be given a fair opportunity for a good life. Volunteers also described that once they were committed to the task, they felt like they had to do it well. Finally, responsibility to help others evoked feelings of guilt and/or regret in some volunteers. Although volunteers feel pressure to help others, they choose to volunteer regardless whether it is their turn or responsibility to help or someone else's.

6.2.4 Managing Self. Volunteers stated that to be able to contribute in a positive way one needed to have a balance in life. They described how it is important to have routines that help maintain their mental and physical health. The theme of managing self was represented by the following sub-themes*: keeping busy, managing commitments, and standing by your beliefs*.

***6.2.4.1 Keeping busy*.** A common expression among volunteers was that they like to keep busy. They described how there are always things to do and activities to be engaged in. For example, Bluey described how he likes to engage in a variety of activities: "I keep myself fairly busy with the shed and with family and home and stuff like that…I don't feel like I've got nothing to do at any time" (lines, 64-66). Margaret described similar experiences: "Home I read or I don't watch a lot of television, but I like to be doing something. When I realised there's so much you can do on the island, I'm only doing a very small bit of it" (lines, 24-27).

Not being able stay "idle" emerged as a common expression among volunteers. For instance, Claude expressed strong feelings about not being able to stay idle: "I would die if I couldn't get involved. I couldn't sit like a couch potato and

watch TV, and I don't read books except if they're books to do with something I'm trying to learn" (lines, 200-202). Similarly, Didee described: " I'm not very good at sitting around doing nothing I think" (line, 124).

Volunteers indicated that they like to have things planned and know what things they are doing each day. Participating in meaningful activities, as opposed to trivial pursuits, was also important for volunteers (Frieda, lines 455-457). Participants emphasised the importance of being active and using their body and mind to keep healthy. For example, Frank described how he likes to be engaged in a variety of things: " I'm not good when I'm idle. I honestly believe in the use or lose it maxim and I like to keep my head and my body working at a variety of things where that's possible. That's what I do" (lines, 137-139).

Keeping healthy meant enjoying mental stimulation such as playing Sudoku (Bluey, lines 358-362) and learning new skills or enhancing skills that volunteers already possessed (Rosemary, lines, 72-76; Tracey, lines, 154-158). Volunteers emphasised the importance of being informed about issues in local and wider community which kept them mentally stimulated and engaged with others. For example, Bluey described how using knowledge about current affairs as a platform for a conversation with others (lines, 281-290).

Volunteers often referred to physical exercise as an important activity for maintaining their health. For example, Margaret emphasised going for walks with her dog:

> I do walk for my health, well for his health, for the puppy's health too…if I wasn't out doing something, I'd probably just shrivel up and die, I don't know, but I get that feeling. That it keeps me vital" (Margaret, lines 192-193; 377-379).

Summary for keeping busy. In this sub-theme, participants indicated how contributing to community impacted not only on their health but also on their decision to engage in volunteer activities. Keeping busy with a planned schedule of activities was a common goal that helped older people to maintain their mental and physical health. All volunteers expressed that they enjoyed keeping active, even if it only meant reading a book or going for a walk.

6.2.4.2 Managing commitments. Volunteers emphasised the importance of being aware of the effect that volunteering has on their health. For instance, Frank

was acutely aware of the danger of being burnt out: "So I think again, you have to be aware of the effect that this stuff is having on you. You're no good to yourself or to the organisation or to the community if you burn yourself out" (lines 162-165). Frank also expressed the decision to volunteer not only affect him but also his wife, thus, having an impact on their relationship: "But what I do affects [xxx] and vice versa. It's not just my decision. If I disappear every Sunday morning for four hours while I go and do my shift that means xxx is stuck where we are here without a car. So there are implications in this (lines 169-173).

David described how he volunteers in a variety of organisations (e.g., church, neighbourhood centre, and court house) and feels he is doing enough (lines 110-114). Tracey expressed that having a choice to stop volunteering at age care facility enabled her to discern more easily that it was impacting her health in a negative way:

> I didn't think it affected me until I decided that I was going to going to go away earlier this year and I did have a stomach complaint which I think is just an elderly digestive system. …I think I just needed to step away. So that's one and Wesley Mission is aware of that. How the staff do it all the time, I don't know. (Tracey, lines 301-312)

An important consideration for volunteers was having available time. For example, Tracey described that having the time to give back impacted on her capacity to help: "…I have got the time to put something back where perhaps it would be helpful" (Tracey, lines 240-241). Another common expression described by volunteers was their wish that they could do more, ascribing lack of time as a predominant factor for limiting their commitments. For example, Margaret described how she wished she could do more, but had no time to fit more in (lines, 77-80).

Summary for managing commitments. In this sub-theme, volunteers emphasised the importance of managing their commitments to avoid being burnt out. They recognised their limits and adjusted their commitments accordingly. It is this proactive attitude to self-management that enhanced their sense of well-being and positive outlook on life and others.

6.2.4.3 Standing by your beliefs. Volunteers described how overcoming life challenges cemented their values and beliefs about what is important to them. For example, Fred described how he refused to wear a fluorescent vest when he was

volunteering as a Red Cross counsellor in the flood relief effort, implying that wearing a vest would have prevented him from helping others: “I wasn't going to wear a plastic vest. I was there to help, well listen to their stories” (Fred, 92-93). Fred described how he is prepared to stand by his beliefs when it comes to helping others and that he perceives some people will not go out of their way to help, when perhaps they should (lines 459-461).

In a similar way to Fred, Tracey stood her ground when she volunteered in a local library. Having been a professional librarian during her working life, Tracey did not believe in censoring books in a public library, and was prepared to challenge the status quo:

> I'm not part of their community. I'm from the outside. I'm a great deal younger…someone [said], can't have that on the shelf, it's got a lot of s-e-x in it. I said no we can't…sensor. We can put a little note in that says the content of this book may be offensive to some readers. We can put that or there's a lot of bad language in this book. So I come in as a professional librarian but very aware that I'm only there in a voluntary role. (Tracey, lines 259-268)

Volunteers also expressed the importance of standing by their beliefs when experiencing injustice. For example, David described how he lodged a complaint against a volunteer coordinator he worked with:

> I have worked in one setting as a volunteer where I was abused by a coordinator as a volunteer four times, just an objectionable person, and I wanted to stay at the setting because I knew the value it was doing for the people that I was working with and they were helping me and I was helping them, so I put in a bullying complaint. (David, lines 297-301)

David explained that overcoming challenges in the past had given him the confidence to face more challenges:

> I've had to challenge myself a lot but the challenges have become increasingly smaller because every gain has been exponential. So if you gain confidence here, it's like a springboard to propel you to gain confidence there and gain confidence there. (David, lines 488-491)

Similar to David, Frieda also believed that overcoming challenges prepared her to deal with difficult situations: “…because I've had a lot of experiences in my

life, I think lots of change experience, it makes you tough. It does one of two things, kills you or makes you tough…" (lines 368-370).

Summary for standing by your beliefs. Older volunteers indicated that standing by their beliefs and challenging the status quo are necessary not only for their confidence but also for protecting others who were vulnerable. Volunteers described how they had to overcome challenges themselves as that not only prepared them to deal with difficult situations but also made them more compassionate and sensitive to other people's needs. They also gained confidence from overcoming challenges which, in turn, encouraged them to continue volunteering in a difficult line of work.

6.2.4.4 Summary for Managing Self. This master theme represented participants' views on managing their mental and physical health. Keeping busy with a planned schedule of activities was a common objective, where volunteers engaged in mental stimulation pursuits such as playing Sudoku and learning new skills, or being physically active such as going for a walk or to a gym. Volunteers emphasised the importance of managing their commitments to avoid being burnt out. They recognised their limits and adjusted their commitments accordingly. Finally, standing up for what they believed in appeared to have a significant influence on their self-confidence and capacity to overcome life challenges. The sense of achievement they experienced from overcoming life's challenges helped to build their positive coping skills and primed them for dealing with difficult situations while volunteering.

6.3 Limitations of Study 2

There are several limitations in Study 2. Firstly, the view of a small sample of individuals (n = 10) cannot be extrapolated to the views held by the majority of the population of older people. Secondly, the majority (70%) of individuals in Study 2 had completed a university degree, which can be seen as overrepresentation relative to the broader population. All but one participant (90%) in Study 2 were married or in a domestic partnership. The current sample characteristics mean that the expressed views in relation to experiences in community engagement and/or volunteering may differ from the views of people with lower levels of education and/or different marital status. Such limitations, therefore, restrict the possibility of gaining a broad answer to the qualitative research questions. Study 2 presents the

findings and voice of a small group of participants when compared to the total population and, therefore, although relevant, cannot be generalised or transferred to become the voice of a broader population. For example, although there are many similarities in the responses of different individuals, it is the subjectivity and ambiguity of well-being that makes it difficult to create a validated set of factors that can be generalised to the population of older people at large.

Qualitative research does not aim to produce results that can be generalised; rather, it seeks to provide detailed information regarding a particular phenomenon (Smith & Osborn, 2008). Study 2 focused on the lived experiences of volunteers born in or prior to 1964, and level of education was not paramount to the current research. The accuracy of responses was facilitated by voluntary participation. Information was obtained through individual interviews and was not sensitive in nature, thus, social-desirability was not considered to be of concern in the current study (Podsakoff, MacKenzie, & Podsakoff, 2012). Further research could involve individuals with more diverse backgrounds in terms of education and marital status and include more participants who had not completed a university degree and/or who live without a partner.

As Study 2 participants were all volunteers, their experience of well-being may differ from older people who participate but do not volunteer in community activities. Furthermore, research indicates that people who formally volunteer for a long period of time are likely to also help in their informal networks such as friends and family (Tang, Morrow-Howell, & Choi, 2010). Future studies should include individuals who participate in community-based activities but who do not volunteer to describe how their participation in community organisations differs from the experiences of older volunteers. Differences between the experiences of older people who volunteer formally and/or informally is also warranted.

6.4 Summary

This chapter presented the qualitative findings of Study 2. Data was collected through semi-structured interviews with the aim of providing greater insight into the complex nature of Psychological Well-being of Australian volunteers in the context of retirement. The data was analysed and interpreted using IPA as a means of exploring participants' experience. As noted in the methodology, all interviews were analysed individually before being integrated to produce the key

themes. The master themes represented the experiences of participants as a group. Although the themes were intertwined across participants' accounts, participants also had different individual experiences. This is reflected by the multi-faceted nature of the key themes (see Appendix M), which cross-references the main themes for each participant. Some themes identified for one volunteer did not emerge strongly from the other participants and, as a result, were not always included in the final analysis.

The findings showed that all interviewed participants were actively engaged in various activities and associated volunteering with positive experiences. In fact, all volunteers felt that being active in community enhanced their happiness and sense of well-being. It was evident that all volunteers were driven to not become stagnant in their retirement. They expressed a belief that being actively engaged in community helped to keep them mentally and physically healthy. Participants possessed a strong sense of compassion which underpinned their motivations for volunteering. Overall, volunteers showed a strong need to be productive and useful which, in turn, contributed to their sense of achievement and boosted their self-efficacy.

The following Chapter 7 presents a discussion of the integrated findings from the quantitative Study 1 and qualitative Study 2.

Chapter 7 - Discussion

7.1 Introduction

The qualitative data collected in Study 2 explored the meaning of community involvement prompting each participant to reflect on their personal experiences, beliefs, feelings, and attitudes when talking about their engagement in the community. Study 2 was undertaken to address two qualitative research questions and to further explore and elaborate on the results of the statistical tests from Study 1. The first qualitative research question in Study 2 aimed to explore the experiences of older people actively engaged in the community, focusing on the meaning that the baby boomers and builders each attach to maintaining an active lifestyle through volunteering during retirement. The second qualitative research question aimed to explore how volunteering experiences would help the baby boomers and builders to respond to challenges associated with ageing and enhance their well-being.

Evidence from Study 1 and Study 2 revealed that participation in community activities such as volunteering can increase psychosocial functioning. Findings from the current research suggest active engagement in the community can enhance older people's coping skills, increase social support networks, and present opportunities for expression of prosocial values of civic engagement. This chapter presents a discussion of Study 2 qualitative findings and elaborates on how the results contribute to a deeper understanding of the factors found to positively impact the well-being of older people (quantitative results obtained in Study 1). The chapter concludes with a presentation of the implications for theory and practice, as well as limitations and recommendations for future research.

7.2 Strengthening Coping Efficacy by Being Part of a Community and Managing Self.

It was clear from the first theme "being part of a community" that all volunteers value being connected to their communities. Playing an active role in the community appears to not only be important to them but also reinforces their sense of purpose and meaning in life. Volunteers described how their choice to volunteer is inspired by the need to be a productive member of society. By volunteering in the community, participants described how they find meaning in helping others and gain a sense of satisfaction from contributing to other people's lives. Similar findings have been shown in a study of older Australian men (aged 65 and over) who gained a

sense of achievement and satisfaction from participation in meaningful activities that benefited the community (Ormsby, Stanley, & Jaworski, 2010). According to Vroom's (1964, as cited in Van Eerde & Thierry, 1996) expectancy theory, people make choices based on estimates of how the expected results of a given behaviour are going to lead to the desired results. The results from Study 2 provide support for the notion that a sense of meaning and satisfaction can be achieved from being actively engaged in community and making a difference in the lives of others. Therefore, it is possible that experiences derived from volunteering activities reinforce older people's sense of achievement and connectedness with others which, in turn, creates positive expectations and continued involvement in the community.

Volunteers emphasised that they enjoyed learning and that being with others facilitated their learning. Indeed, learning from others, be it in the form of acquiring new skills such as welding or learning a new language, seems to underpin enjoyment for participants and served as a platform for developing positive coping strategies to deal with issues related to ageing. Volunteers also emphasised that being part of the community helped them to learn about issues faced by others that may affect them in the future. Research suggests that the concept of lifelong learning is important not only for delaying cognitive decline and furthering personal development, but also for upgrading knowledge and skills that can be used in the management of one's own life (Healy, 2004; Narushima, 2005). In Study 2, a need for learning was evident in all participants' accounts, demonstrating a belief in one's own capabilities to acquire new skills or knowledge, and an openness to new ideas and challenges that may lie ahead. Volunteers' sense of enjoyment derived from learning and helping others was linked with an increased confidence and a sense of pride and commitment to their volunteer roles. Self-confidence was attributed to the skills and knowledge acquired through previous professional roles and/or life challenges that volunteers have successfully overcome. Therefore, it can be argued that positive views of lifelong learning can strengthen older people's positive coping skills, providing support for the positive impact that Proactive Coping had on Psychological Well-being, found in Study 1.

Proactive attitudes to learning and new experiences means that volunteers are not only likely to find learning intrinsically satisfying, but also enhance their levels of Coping Efficacy (Bandura, 1997; Greenglass et al., 1999a, 1999b; Scholz et al.,

2002). Prior research indicates that proactive coping is related to better health behaviours and Psychological Well-being (e.g., Ferreira & Sherman, 2007; Schwarzer, 1999; Smith, Young, & Lee, 2004). Participants referred to personal qualities such as being adaptable and discerning as necessary to successfully perform their volunteer roles. In Study 2, volunteers emphasised the importance of managing their commitments to avoid being burnt out, and regulating their commitments by recognising their limitations. This self-regulation is an important coping mechanism that stems from knowing one's own values/beliefs and limits—knowing what's good for you—and ensuring that the needs associated with those values are met. Volunteers found comfort in knowing that they can choose which roles they commit to and also discontinue their commitment at any time. They seemed to recognise their limits and adjusted their commitments accordingly, reflecting a proactive attitude to managing one's own health and well-being. These findings provide further support for the positive impact that Proactive Coping has on Psychological Well-being, found in Study 1.

Study 2 findings suggest that active participation in that community appears to enhance older volunteer's self-confidence. Self-confidence was apparent in taking pride and initiative in the volunteering roles. Volunteers had to understand the tasks at hand, be flexible, and be able to discern between what was required of them and what they were able to give. They described how they embrace a sense of readiness and self-belief in their capacity to deal with challenges that lie ahead. Study 2 findings provide support for the view that a belief in a positive consequence of a particular behaviour is important for enhanced self-efficacy (Bandura, 1997). Proactive individuals strive to improve their environments rather than simply react to adversity (Schwarzer, 1999). Study 2 findings indicate that the key to improving self-efficacy in older people is facilitating the development of a sense of personal control and mastery (Blazer, 2002). Research suggests that how people behave can be predicted by the beliefs they hold about their own capabilities rather than by what they are actually capable of accomplishing (Bandura, 1997). Therefore, it is likely that the older volunteers' self-belief enables them to successfully adjust to challenges in difficult circumstances, further reinforcing the effectiveness of their coping strategies, leading to enhanced Resilience.

Prior research suggests that experiencing positive emotions helps resilient persons to deal better with daily stressors (Ong et al., 2006). All participants in Study 2 indicated that keeping busy was integral to who they are; they felt that being idle negatively impacts on their sense of well-being. Keeping busy with a planned schedule of activities was a common objective, where volunteers engaged in mental and physical pursuits to keep active and healthy. By volunteering in the community-based organisations older volunteers have an opportunity to demonstrate their skills and competencies (Morgan, Hayes, Williamson, & Ford, 2007) and, thus, increase self-confidence in their capabilities to deal with a variety of challenges associated with retirement. It is therefore likely that the sense of satisfaction and meaning derived from volunteering could stem from personal mastery of a particular set of skills that participants contribute to their volunteering roles. For example, this is evident in the occupations that participants performed in their working life such as teaching dressmaking or woodworking skills. Hence, it can be argued that by selecting suitable activities and having a clear idea of who one is or wants to be, enables older people to feel positive and in control over their environment and effectively manage their commitments (Blazer, 2002; Ryff & Keyes, 1995). These findings provide support for the positive impact of Resilience on Psychological Well-being found in Study 1, suggesting that older people's management of daily schedules and seeking opportunities to contribute to the community enhances their sense of mastery of skills and environment and contributes to a positive appraisal of life.

Research has indicated that coping styles are important predictors of psychosocial adaptation in older people (Desmond & MacLachlan, 2006). It can be argued that continuing to acquire, practise, and demonstrate skills all reflect a proactive attitude to retirement, from which volunteers can derive meaning and satisfaction. Therefore, promoting participation in volunteering activities where individuals have freedom to choose suitable activities, demonstrate skills and knowledge, and learn from others, are all likely to sustain retiree's self-esteem and promote older people's Resilience. Together, the findings provide a possible explanation of the significant mediating effect of Resilience on the relationship between Coping Efficacy and Psychological Well-being found in Study 1, suggesting that older people's Resilience may be increased by using proactive

coping strategies that will help to increase their confidence and enhance sense of mastery over their environment, leading to enhanced well-being.

7.3 Strengthening Social Support by Connecting with Others.

All participants in Study 2 emphasised the importance of connecting with others, meeting like-minded people, and sharing experiences. Volunteers described how interacting with others in their community set foundations for positive relationships and created an environment of mutual trust and a sense of belonging. These findings provide support for the positive impact of Social Support on Psychological Well-being in older Australians, found in Study 1. Similar findings were reported by a number of studies where engagement in volunteering enabled people to make new friends and develop a sense of community (e.g., Misener et al., 2010; Piercy, Cheek, & Teemant, 2011; Young & Janke, 2013). Literature on Social Support indicates that measures of the quantity and quality of Social Support mediates greater satisfaction with life among older people who volunteer compared with people who do not volunteer (Pilkington et al., 2012). Research from 139 countries (N = 438,381) shows that support from friends and relatives significantly predicts self-rated health, regardless of national-income level and different cultural, economic, and geographic settings (Kumar, Calvo, Avendano, Sivaramakrishnan, & Berkman, 2012). Therefore, it is likely that creating close and supportive relationships established within volunteer-based community organisations can safeguard older people against negative experiences such as loneliness and the loss of loved ones and enhance their well-being.

Brown and colleagues (2012) found that both social connectedness and self-esteem were significant mediators of the relationships between volunteering and well-being. In Study 2, volunteers described how meeting others with similar interests enables them to express their own opinions, discuss differences in perspectives, yet still feel accepted as a valuable member of the group. These findings provide further support for the notion that interacting with others in volunteer-based communities provides opportunities to meet people from all walks of life and learn new perspectives, offering an inclusive community for older people with diverse views and backgrounds. Feeling accepted and welcomed by the community can, in turn, increase volunteers' confidence and enable them to actively contribute to society in their individual way. It is, therefore, likely that the exchange

of ideas and emotional support such as sense of belonging and acceptance within the volunteer-based organisations provide older people with opportunities for broadening perspectives, enhancing their self-esteem and quality of social relationships (Findsen, 2007).

Volunteers in Study 2 often expressed that by having close connections with others through volunteering they can share and validate personal fears, and demonstrate capacities to overcome those fears. Research suggests that providing a situation to appreciate problems that others have, and frequent debriefings enabling integration and internalisation of the experiences in a volunteer program enhances Resilience (Wong, Fong, & Lam, 2015). In addition, the perception that others are available to help to assist coping has shown to be a source of Resilience (Cohen & Willis, 1985). Therefore, it is likely to older people who actively engage in the community have opportunities for building strong and supportive relationships with others, and are able to access resources and knowledge relevant to challenges of retirement. Furthermore, feeling accepted and sharing experiences (i.e., be it confiding personal problems or being a confidant for others) can enhance older volunteers' Resilience, capacity for positive adaptation to challenges associated with ageing and retirement. Together, the findings provide a possible explanation of the significant mediating effect of Resilience on the relationship between Social Support and Psychological Well-being, found in Study 1, suggesting that older people's Resilience may be increased by establishing supportive relationships that will buffer them against loneliness and provide access to community resources.

7.4 Values of Civic Responsibility and their Impact on Older People's Well-being.

In Study 2, volunteers expressed a belief that everyone should play a role in society to ensure that it functions well. Participants implied a responsibility to help others and expressed "giving back" as their way of repaying debt or compensating for the societal privileges they have enjoyed. This personal obligation was often referred to by the volunteers as the "right thing to do" and implied a social norm that motivated them to volunteer and contribute to their communities. These findings provide support for the positive impact that Civic Responsibility (as an aspect of Motivations for Volunteering) has on Psychological Well-being, as reported in Study 1.

In the context of this research, Civic Responsibility may be explained by the social role theory (Grube & Piliavin, 2000). Social role theory argues that individuals are motivated by social values adopted from family and society; and the strength of identification with those values predicts engagement in prosocial behaviours such as volunteering (Grube & Piliavin, 2000). In a culture that promotes social engagement, helping others can be viewed as a norm or obligation. Engaging in volunteering activities may be inspired, in part, by cultural values that generate and promote the altruistic qualities in people (Rehberg, 2005). For example, in a study on motivations for volunteering of 118 Swiss respondents, 77% were motivated by "achieving something positive for others" and were oriented towards ethical values, or they wanted to feel useful or do something useful (Rehberg, 2005). Thus, it is possible that volunteering provides older people with opportunities for the expression of social values they may see as important not only for sustaining their local communities but also feeling better about themselves.

Some research goes further and suggests that giving back to society may be a fundamental human need (Briggs, Peterson, & Gregory, 2010; McClusky, 1974). The motivation for contributing to society in a meaningful way could stem from the need to genuinely make a difference, a theme that was apparent amongst the volunteers in Study 2. As older adults become focused on the need for emotional fulfillment, such as the pleasure that comes from knowing they are needed and engaged in socially meaningful activities (Carstensen, Isaacowitz, Charles, 1999), some volunteering activities can satisfy this need. Civic activities that are supported by family, friends, and organisations can give individuals the opportunity to discover their passion to do things that they feel matter (Pancer, 2015). Therefore, the orientation to contribute to society among older people may reflect the need to promote the welfare of others which, in turn, can enhance older people's well-being by experiencing positive emotions (i.e., satisfaction and sense of achievement) and instilling a sense of mastery over the environment (Kahana, et al., 2013). It could be argued that older people who actively engage in the community may view this activity as an opportunity that can benefit themselves and others, rather than an obligation that must be fulfilled.

In Study 2, volunteers often described feelings of sadness and empathy when talking about people who found themselves in difficult circumstances (e.g., juveniles

in court or older people in nursing homes). Volunteers talked about being compassionate in reference to their own challenges in life which they had to overcome. They emphasised that having been through tough times themselves, they are able to appreciate the hardships of others, be tolerant, and see others beyond their current circumstances. Compassion is an innate human capacity to understand other people's difficulties and to feel empathy for the person's difficult circumstances (Thomas, 2013). Research suggests that compassion is an important contributor to prosocial behaviours such as volunteering and is positively associated with Resilience (Moore et al., 2014). In a study of 356 community-dwelling older adults (aged between 50 to 99 years), higher levels of Resilience and experience of significant life events (e.g., death or divorce) was positively associated with higher levels of self-reported compassion (Moore et al., 2014). Another study on volunteering in AIDS organisations found that volunteers who showed empathy towards AIDS sufferers predicted their intentions to continue volunteering (Stolinski et al., 2004). These results suggest that past suffering and dealing with difficult situations can prepare individuals for future challenges, making them not only more resilient, but also more compassionate. Therefore, it is likely that empathy and compassion play an important role in making the experience of volunteering meaningful, a notion that was frequently mentioned by volunteers in Study 2. This finding provides a possible explanation of the significant mediating effect of Resilience on the relationship between Civic Responsibility and Psychological Well-being found in Study 1. It suggests that older people's Resilience could stem from overcoming their own past challenges which, in turn, has made them compassionate and sensitive towards other people's needs. Thus, encouraging older people to self-reflect on their past achievements and challenges may inspire them to feel valued and capable, and strengthen their need for empathy and deeper connections with others.

Participants in Study 2 indicated that their motivations for helping others may, in part, stem from a sense of guilt and regret. Given the limited resources available (e.g., number of volunteers available to help others), older volunteers often find it difficult to refuse to help others, which can create internal conflict. On the one hand, they feel obligated to help and fear they will experience a sense of guilt or regret if they fail to do so; on the other hand, they may lack the time or resources or

may wish to focus on other aspects of retirement. This finding is consistent with previous research on feelings of guilt in volunteering (Stolinski et al., 2004). Volunteers who feel greater guilt had closer relationships with their clients, and closer relationships predicted stronger intentions to continue volunteering (Stolinski et al., 2004).

Guilt can be defined as an aversive emotional state often involving regret and anxiety, which stems from people's awareness that their actions or inactions may be objectionable (Baumeister, Stillwell, & Heatherton, 1994). Guilt is considered to be a predominantly interpersonal emotion that typically stems from feelings of responsibility for other's people difficulties (Baumeister et al., 1994; Baumeister, Stillwell, & Heatherton, 1995; Leith & Baumeister, 1998). Research suggests that guilt and regret result in distinct emotional reactions (Imhoff, Bilewicz, & Erb, 2012). While guilt is a self-focused reaction following on from assessments of responsibility and associated with an intention to compensate, regret follows on from empathy towards others and is associated with positive attitudes and an intention to engage in contact with others (Imhoff, Bilewicz, & Erb, 2012). Study 2 findings suggest that some volunteers' feelings of guilt prevent them from being able to refuse requests for help (and, thus, tend to overcommit in their volunteering roles). Some volunteers also implied a sense of regret of not being able to help family, friends, and neighbours in the past. Together, these findings suggest that feelings of guilt and regret can play an important role in older people's experience of civic engagement and maintenance of relationships within their community. It can be argued that feelings of guilt and/or regret can influence the degree to which volunteers experience a sense of obligation to help others and, in turn, their motivation to engage in the community.

7.5 Implications: Study 1 and Study 2

This dissertation contributed to the theoretical knowledge of the multidimensional model of quality of life proposed by Lawton (1991). The following discussion presents the implications of the examined relationships between the subjective domains of Psychological Well-being and the key factors from the Perceived Quality of Life domain (i.e., Resilience, Coping Efficacy, and Social Support). The construct of Motivations for Volunteering was examined as an additional dimension of quality of life (Morrow-Howell et al., 2003) as it has been

linked with Psychological Well-being in older volunteers (e.g., Cattan et al., 2011). The implications from findings from the quantitative Study 1 and qualitative Study 2 are discussed below.

In Study 1, the finding that Proactive Coping predicts Psychological Well-being is consistent with previous research that shows positive coping and optimistic views of ageing and self-efficacy are positively associated with physical and mental health in older people (Raymond et al., 2011; Sougleris & Ranzijn, 2011; Wurm et al., 2008). This finding suggests that older people who are actively engaged in the community use proactive strategies to anticipate and successfully manage difficult situations (Greenglass et at., 1999b) and are satisfied with their lives. Study 2 findings extend Study 1 results, showing that older volunteers like to plan ahead their schedules, seek out opportunities to learn and demonstrate knowledge and skills, manage commitments by recognising their own limitations, and enjoy activities that keep them physically and mentally healthy (e.g., walking or playing Sudoku). These findings have important implications for developing volunteering programs that enable older individuals to learn and/or demonstrate knowledge and skills, and gain a sense of meaning, achievement, and satisfaction from making a difference in other people's lives.

In Study 1, the finding that Resilience significantly and positively predicted Psychological Well-being is consistent with prior research that shows Resilience to be a process of adaptation that positively impacts perceived satisfaction in life in older people (de Paula Couto et al., 2011; Masten & Wright, 2009). A new contribution to Lawton's (1991) model of quality of life is a finding in Study 1 that Resilience significantly mediated the relationship between Coping Efficacy (as measured by Proactive Coping and Self-efficacy) and Psychological Well-being. This finding was consistent with theories on Resilience seen as a process of individuals' coping resulting in a successful adaptation to challenging circumstances (Greve & Staudinger, 2006). This result also supports previous findings that positive coping strategies lead to better adaptation (Desmond & MacLachlan, 2006), and extend findings to non-clinical, healthy adults actively engaged in community. Study 2 findings provide further support for this notion, demonstrating that older people's commitment to volunteering that entails keeping busy with a planned schedule of activities, being physically and mentally stimulated, and increasing one's

own repertoire of skills and general knowledge can potentially enhance self-belief in one's ability to deal with difficult situations, leading to an enhanced Resilience (Leipold & Greve, 2009).

McKnight and Kashdan's (2009) research on a sense of purpose and well-being proposes that individuals with an ability to efficiently allocate available resources could be well equipped to pursue goals that are attainable and avoid less realistic goals. It is, therefore, likely that older volunteers' proactive attitude, sense of purpose, and positive outlook on retirement and others in community all contribute to an increased self-belief and capacity for positive adaptation. Through active participation in community organisations older people are able to successfully negotiate challenges associated with ageing to maintain satisfactory levels of well-being. These findings have important implications for developing engaging and meaningful community volunteer-based programs, where older Australians have opportunities for learning, contributing, and maintaining skills and knowledge that benefits them and others in the community, leading to an enhanced sense of mastery and control over their environment.

Volunteer programs that aim to utilise older people's skills and knowledge by providing them with a welcoming environment where each individual's contributions are openly valued can encourage a longer-term commitment. This can be achieved by allocating certain responsibilities within a community organisation to enable individuals to not only help others but to continually learn and adapt to the community-driven demands. Due to the nature of volunteering activities (viewed as non-coercive activities with a freedom to leave at any time), any challenges set within a community organisation are likely to positively influence self-efficacy and overall enjoyment (Ormsby, Stanley, & Jaworski, 2010). This positive volunteering experience, in turn, is likely to provide older people with a sense of purpose, meaning (Warburton, 2010) and mastery of their own environment (Nalin & França, 2015). Such qualities are valuable and underpin longer-term well-being.

Study 1 results provided support for the positive effect of Social Support on Psychological Well-being in older people (Lyyra & Heikkinen, 2006; Motl et al., 2009; Siedlecki et al., 2014; Tajvar et al., 2013). The finding that Resilience significantly mediated the relationship between Social Support and Psychological Well-being is a new contribution to Lawton's (1991) model of quality of life. This

result indicates that older people who are actively engaged in the community report high levels of belief that they can count on support from their family and friends, and experience high levels of well-being. This finding is consistent with previous qualitative research on Resilience that has shown it to be strengthened by participating in the community and having relationships with others (Janssen et al., 2011; Moyle et al., 2010), suggesting that perceived quality of support from others can have a significant effect on older people's appraisal of well-being. In addition, Study 2 qualitative findings extend on previous research by a further illuminating the positive impact of having supportive relationships. Study 2 findings revealed that support from others may provide a sense of comfort and belonging to community, as well as provide an access to resources and knowledge about issues relevant in retirement. Together, these findings have important implications for developing volunteer-based initiatives that encourage building supportive relationships within the community. Supportive relationships enable sharing, validating, and overcoming personal fears which, in turn, can lead to increased capacity to overcome challenges during retirement and enhance well-being in older volunteers.

Community-based volunteer organisations offer a unique place where people gather to enjoy each other's company, share common experiences, and build new relationships. The basis of the relationship is cemented around the idea that an individual's skill, knowledge, and/or presence is valuable to another human being. It is the quality of the relationship that sprouts in a non-paid environment (i.e., a monetary reward is not expected), making it real and trustworthy. Therefore, encouraging older people to join community groups where they can positively contribute can help boost not only their self-appraisal (through having positive feedback from other community members), but also build a strong sense of purpose, comradery, and belonging to the community (through creating a community service that is valued by others).

A finding that Civic Responsibility (an aspect of Motivations for Volunteering) significantly and positively predicted Psychological Well-being is a new contribution to Lawton's (1991) model of quality of life. Study 1 provides support for previous research on positive association between positive community orientation and quality of life in older people (Taghian et al., 2012). Prior research shows that volunteering leads to improved physical health (e.g., reduced mortality

rates; Harrris & Thoresen, 2005; von Bonsdorff & Rantanen, 2011), mental health (e.g., depression, stress, and psychological distress compared with non-volunteers; Lum & Lightfoot, 2005) and enhanced self-worth and intellectual stimulation (Cocca-Bates & Neal-Boylan, 2011). Study 2 extends previous research by demonstrating that possessing a responsibility to help others in community can be viewed by older volunteers as not only a moral obligation, but also as a potential opportunity to (re)discover their passions and do things that they feel matter (Pancer, 2015). By seeking emotional fulfillment through socially meaningful activities older people can, in turn, create opportunities for personal growth and reinforcement of a sense of purpose.

A new contribution to Lawton's (1991) model of quality of life is that Resilience significantly and positively mediated the relationship between Civic Responsibility and Psychological Well-being, indicating that older people who express obligation to help others display an enhanced capacity for positive adaptation and quality of life. Windsor, Curtis, and Luszcz (2015) suggest that people with a high sense of purpose are well equipped to set and manage their goals which, in turn, would help them to effectively adapt in response to developmental changes and enhance their Resilience. Enhanced personal and social resources enable individuals to a make a "psycho-social comeback" from difficult circumstances (Musick & Wilson, 2003). It is, therefore, likely that older people's Civic Responsibility to help others may reinforce a sense of purpose, making them not only feel valued within the community but also strengthen their capacity for dealing with daily challenges associated with ageing and retirement. These findings have important implications for developing community programs that are based on the notion of civic engagement. The prosocial values of responsibility to help others raises the possibility that such values are crucial not only for building resilient and sustainable communities, but also for the well-being of older individuals who would feel valued, respected, and capable of negotiating the challenges they face during retirement. Figure 7.1 depicts the new theoretical contributions of the current research to Lawton's (1991) model of quality of life (the nature of relationships between concepts is indicated by the sign next to each path).

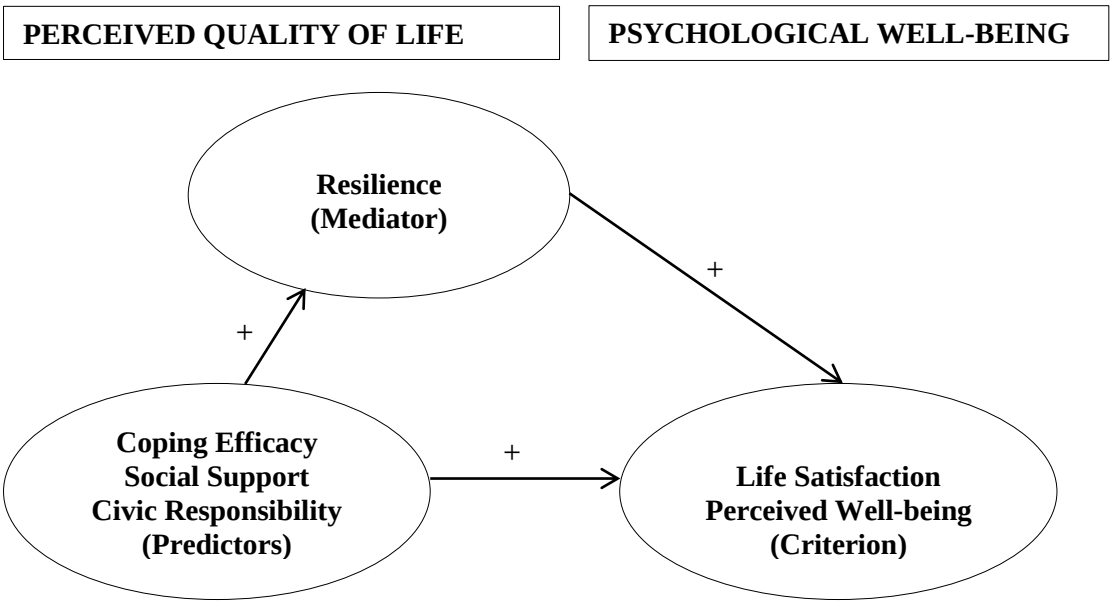

Figure 7.1. Theoretical contributions of Study 1 and Study 2 to Lawton's (1991) model of the subjective domains of quality of life for older adults.

7.6 Recommendation for Future Research

The current study provides support for improved psychological functioning for older people who actively engage in the community. As this research focused on the subjective domains of quality of life, there are many questions relating to community engagement and volunteering that are left unanswered. The following section provides some recommendations for future research to help answer those questions.

7.6.1 Replicate research with objective and subjective measures. This research examined only subjective components of quality of life and well-being. Objective indicators such as behavioural cognitive competencies or environmental indicators (e.g., quality of housing and living standards) are also likely to influence older people's Psychological Well-being (Lawton, 1991). In order to assess the full scope of improvement in quality of life, objective environmental measures (e.g., safety and security of one's environment, preventative self-care) and behavioural competence measures (e.g., functional competence – physical, cognitive, physical comfort; Lawton, 1991) should be explored in combination with the subjective

factors in older volunteers. For instance, in terms of cognitive functioning, there are encouraging reports of improved memory associated with greater variety of participation in activities (Carlson et al., 2012). Replicating such findings in the current research to see how volunteering affects cognitive functions such as memory and attention would provide further evidence for its actual impact on well-being of older people. Studies should explore whether length of time and frequency of volunteering in community-based organisations have an impact on physical health (measured by objective indicators of physical functioning such as cognitive tests) and psychological health (e.g., measured by subjective indicators such as perceived well-being and satisfaction with life).

7.6.2 Elaborate on meaning of Motivations for Volunteering. The scale that measured Motivations for Volunteering in the current research contained questions that were general in nature. Three motivations were assessed: Civic Responsibility (i.e., "It is my responsibility to help others"); Self-promotion (i.e., "I want to improve the image I portray to family, friends, and society"); and Leisure (i.e., "I want exciting/involving work"). Therefore, it was not possible to report with certainty whether the results are solely specific to volunteering or they represent a combination of volunteering and community engagement in non-volunteering capacity (e.g., playing lawn bowls or learning new language at a volunteer organisation). Future research should include more comprehensive measures to test for significance of Civic Responsibility, Self-promotion, and Leisure on the subjective well-being of older people. For example, the measures should include two groups of questions: (a) related specifically to the volunteer activities; and (b) related to activities that involve participation in community activities but not volunteering.

7.6.3 Examine individual differences. This study has examined the nature of relationships and interaction among subjective factors contributing to quality of life in a sample comprising largely volunteers (90%). Previous research demonstrates mixed results in terms of individual differences and benefits associated with volunteering. Windsor, Anstey, and Rodgers (2008) reported that high levels of volunteering (more than 800 hours per year) was associated with greater impact on those who were not married compared to those in a partnered relationship. Another study by Dulin, Gavala, Stephens, Kostick, and McDonald (2012) suggested a

stronger association between volunteering and happiness among older people of lower socioeconomic status. In addition, a study by Okun, Rios, Crawford, and Levy (2011) found a cross-sectional association between volunteering and both positive affect and Resilience was greater for older people with chronic health conditions. Brown and colleagues (2012) found that volunteers reported higher levels of well-being than non-volunteers. Therefore, future research is warranted to investigate whether the findings from this research would apply in a sample of retirees who do not volunteer but still participate in community-based activities. More work is required to determine: (a) whether the factors associated with Psychological Well-being differ between volunteers and non-volunteers; and (b) what individual factors moderate changes associated with volunteering.

7.6.4 Examine the independent effects of volunteering and other community activities. The impact of Motivations for Volunteering was one of the primary interests of this research. When examining the effects of factors associated with Psychological Well-being, this research was interpreted in reference to all forms of help older people provide to both their families and the community. This involved combining all types of volunteering to capture the broad range of older people's experiences which involved: formal volunteering (e.g., tasks affiliated with volunteer organisation); and informal volunteering (e.g., helping friends, family, and neighbours). Therefore, conclusions in this research are based on a general view of helping others. Further research should aim to understand whether the effects of factors found to have positive impact on Psychological Well-being differ for those who volunteer on a formal versus informal basis, and those who participate in community activities as a non-volunteer. This is a challenging area of research as people who volunteer for a long period are often committed to volunteering in multiple programs (Tang, Morrow-Howell, & Choi, 2010) and hence are also likely to help others in their informal networks.

Additionally, future research should address the question of whether volunteering is associated with unique health benefits when engagement in other activities is controlled. For example, Wahrendort and Siegrist (2010) have found a lesser decline in quality of life over time when controlling for work status and informal care giving. Kahana and colleagues (2013) found reduced symptoms in depression over time when controlling for informal care giving. These results

indicate that participating in volunteering activities has unique associations with positive health outcomes. However, research identifying the unique benefits associated with volunteering on a broader range of everyday life activities is needed (Anderson et al., 2014).

7.7 Conclusions

The current research contributed to an enhanced understanding of the multifaceted nature of the subjective domains of quality of life and Psychological Well-being in older people who are in transition to retirement or have already retired. Using Lawton's (1991) model of quality of life as the theoretical framework on the subjective domains of quality of life, Resilience (de Paula Couto et al., 2011; Masten & Wright, 2009), Coping Efficacy (Sougleris & Ranzijn, 2011), Social Support (Moyle et al., 2010), and Motivations for Volunteering (Taghian et al., 2012) were identified as the key constructs relevant to older people's Psychological Well-being.

The current research comprised two studies and involved four research questions. Study 1 was quantitative in nature and examined the hypotheses related to two research questions. As discussed earlier, research question 1 related to the influence of the key constructs (i.e., Resilience, Coping Efficacy, Social Support, and Motivations for Volunteering) on Psychological Well-being; research question 2 related to the indirect effects among the key factors relating to Psychological Well-being. Study 2 was qualitative in nature and examined two qualitative research questions designed to provide deeper meaning of the results from Study 1. As previously iterated, research question 3 related to the lived experiences of older people who engage in volunteering and other social activities in the context of their retirement, and research question 4 related to the impact that older people's participation in volunteer-based community organisations has on their perceived well-being.

The findings of the current research demonstrate that older people's active engagement in volunteer-based community organisations benefit their health and well-being in several ways. Firstly, findings from Study 1 and Study 2 demonstrate that older people view social support networks as a vital component of their perceived well-being. Through the provision of community-based volunteering programs, older people have the opportunity to connect with others in their local communities. Connecting with others, in turn, allows for building strong and

positive relationships, while extending their support network to a wider community. Knowing more people in similar circumstances provides access to additional resources and knowledge relevant in retirement, and potentially buffers against negative experiences such as cognitive losses or loneliness associated with ageing. Findings from Study 2 demonstrate that meeting others with similar interests enables older people to express their own opinions, discuss difference of perspectives, and yet still feel accepted as valuable members of the group. Such findings provide support for the notion that sharing problems and integration of the experiences in a volunteer program enhances their Resilience (Wong, Fong, & Lam, 2015), a capacity for positive adaptation in the face of challenging circumstances.

Secondly, connecting with others within a volunteer-based organisation can provide older volunteers with opportunities to access learning. Acquiring and practising new skills within a supportive environment that promotes mutual trust, acceptance, and sense of belonging, can instill self-efficacy and mastery of their environment. Feeling accepted means that older people have the freedom to contribute in a way they find meaningful (Warburton, 2010). Feeling accepted also creates an environment conducive to learning and demonstrating new skills (Morgan, Hayes, Williamson, & Ford, 2007). Learning new experiences means volunteers are not only likely to find learning intrinsically satisfying, but enhance their levels of Coping Efficacy (Bandura, 1997; Greenglass et al., 1999a, 1999b; Scholz et al., 2002). Coping styles and Self-efficacy are linked to personal behavioural choices as one ages and to preparation for retirement and determine how well people adapt to transitions (such as retirement) and crises of ageing (such as bereavement and the onset of illness; World Health Organization, 2002). It can, therefore, be inferred that positive views of lifelong learning can strengthen older people's positive coping skills that are important not only for delaying cognitive decline and furthering personal development, but also for upgrading knowledge and skills that can be used in voluntary activities or management of one's own life (Healy, 2004; Narushima, 2005).

A new contribution and important finding of the current research is that the value of Civic Responsibility positively predicts well-being in older people. As older adults strive for emotional fulfillment from socially meaningful activities (Pancer 2015), they may view obligation to help others as a potential opportunity to

(re)discover their passions and do things that they feel matter. In addition, having contributed to society may provide older people a sense of comfort and reassurance that help will be available when the need arises. The evidence from Study 1 suggests that Civic Responsibility may not necessarily be viewed in a negative light. On the contrary, it may drive older individuals to seek opportunities to connect with others and contribute in a meaningful way. In addition, the responsibility to help others and the underpinning feelings of empathy, guilt, and regret found in Study 2 may prompt older people to self-reflect on their past achievements and challenges. This, in turn, can inspire them to feel valued and capable, and strengthen their need for empathy and deeper connections with others.

Study 2 results suggest that older people's attitudes to engagement in community are closely linked with previous life experiences such as work and interactions with family and friends. Those prior life experiences appear to prime individuals 'expectations for retirement. Provision of volunteer-based community organisations where older people have freedom to choose commitments can inspire volunteers to evaluate important values and goals. Having freedom to choose activities can positively impact on older people's capabilities often developed incrementally through life experience. Therefore, it is important to recognise that older people have confidence earned via prior experiences and can draw from those life experiences to maintain their well-being (World Health Organization, 2002). The current research findings suggest that promoting reflection of values (such as Civic Responsibility) and experiences may be a crucial first step for engaging older people in critical thinking about how they would like to manage their health and well-being during retirement. Creating community initiatives that value older people's knowledge and experience enable continued opportunities for demonstrating and learning new skills. By demonstrating acquired skills to new generations, older people may not only reinforce their self-worth, but also look for ways to self-improve and enhance their well-being.

The results from the current research support the notion that policy measures that promote civic engagement in volunteer-friendly community initiatives can make a positive impact on an individual and as well as community level. Volunteering appears to be one of the most promising ways for promotion of healthy ageing (e.g., Morrow-Howell, 2010). To develop a fuller picture of how active engagement in

community can impact on well-being of older people in the context of retirement, additional studies will need to examine motivations to volunteer in a population of non-volunteers (e.g., people who participate but do not volunteer in community activities). Future studies will also need to be undertaken to examine how individual differences (i.e., educational level, physical health, marital and volunteer status) moderate the effect of values of civic engagement on older people's perceived well-being.

Overall, the results from the current research suggest that active engagement in the community can contribute to older people's Psychological Well-being. Social engagement is an important consideration for future community interventions aimed to promote personal growth and enhanced well-being in older people. Although there are many examples of good practice in promoting well-being for older people (e.g., Council on the Ageing, the University of the Third Age), the priorities are to achieve greater commitment to public health and well-being in local community programs that are accessible and are designed to give older people opportunities for developing positive relationships, demonstrating skills and knowledge, and strengthen their sense of purpose. Active contribution to other people's lives can prevent the loss of valuable expertise, enhance coping skills, and extend supportive social networks, strengthening community Resilience (World Health Organization, 2002). Therefore, designing community-based volunteer programs that promote a proactive attitude to retirement are crucial for health promotion on an individual and community level.

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Appendix A

Ethical Clearance for Study 1

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OFFICE OF RESEARCH AND HIGHER DEGREES
Ethics Committee Support Officer
PHONE (07) 4631 2690 | FAX (07) 4631 1995
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25 July 2013

Ms Sylwia Wood
C/- School of Psychology, Counselling & Community
Faculty of Health, Engineering & Sciences
University of Southern Queensland

Dear Sylwia

The USQ Fast Track Human Research Ethics Committee (FTHREC) assessed your application and agreed that your proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research (2007)*. Your project has been endorsed and full ethics approval granted.

Approval no.	**H13REA186**
Project Title	Factors impacting quality of life in the baby boomer generation: Study 1
Approval date	25 July 2013
Expiry date	31 December 2014
FTHREC Decision	**Approved as submitted**

The standard conditions of this approval are:

(a) conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal required by the HREC
(b) advise (email: ethics@usq.edu.au) immediately of any complaints or other issues in relation to the project which may warrant review of the ethical approval of the project
(c) make submission for approval of amendments to the approved project before implementing such changes
(d) provide a 'progress report' for every year of approval
(e) provide a 'final report' when the project is complete
(f) advise in writing if the project has been discontinued.

For (c) to (e) proformas are available on the USQ ethics website: http://www.usq.edu.au/research/ethicsbio/human

Please note that failure to comply with the conditions of approval and the *National Statement* may result in withdrawal of approval for the project.

You may now commence your project. I wish you all the best for the conduct of the project.

Annmaree Jackson
Office of Research & Higher Degrees

Emailed to: sylwia.wood@yahoo.com.au
lorelle.burton@usq.edu.au

Appendix B

Copy of the Invitation Letter to Participate in Study 1

Calling all

Your opinion counts!

You are invited to take part in a survey that explores how your participation in the community impacts on your health and well-being. This survey is part of research being conducted at the University of Southern Queensland (USQ) investigating expectations, needs, and experiences of people born in 1964 or before who are preparing for retirement or have already retired. We would love to know your thoughts about well-being and community involvement. Your participation in this survey will help government agencies and community organisations to improve services assisting people to make informed decisions regarding their health and well-being. The survey is available online and should take approximately 30 minutes to complete. Simply go to the following link by entering the link into a web address field: https://psych.sci.usq.edu.au/ols/?p=FIQL2013

If you have any questions or would prefer to complete a **paper survey** please call Sylwia Wood on **0408 371 606** or email sylwia.wood@usq.edu.au. Your input is very important to us and will be kept strictly confidential (used only for the purposes of research for this project).

We would greatly appreciate your contribution!

Thank you for your interest.

Yours sincerely,

Sylwia Wood
PhD Candidate
Faculty of Health, Engineering and Sciences
School of Psychology, Counselling and Community
University of Southern Queensland
Toowoomba | Queensland | 4350 | Australia
Email: sylwia.wood@usq.edu.au

Appendix C

Demographic Characteristics of Study 1 Sample

Age (years)	Total		Baby Boomers		Builders	
	N	*M* (*SD*)	*n*	*M* (*SD*)	*n*	*M* (*SD*)
Females	121	66.50 (6.57)	68	61.99 (4.44)	53	72.30 (3.62)
Males	61	70.34 (8.40)	26	62.92 (3.87)	35	75.86 (6.34)
Total	182	67.79 (7.44)	94	62.24 (4.29)	88	73.72 (5.16)
Measure	*N*	%	*n*	%	*n*	%
Marital status						
Single, never married	10	5.5	4	4.3	6	6.8
Married, or domestic relationship	103	56.6	58	61.7	45	51.1
Married, but living separated	10	5.5	7	7.4	3	3.4
Divorced	16	8.8	9	9.6	7	8.0
Widowed	40	22	15	16.0	25	28.4
Other	3	1.6	1	1.1	2	2.3
Total	182	100.0	94	100.0	88	100.0
Employment status						
Full-time	14	7.7	13	13.8	1	1.1
Part-time	13	7.1	11	11.7	2	2.3
Casual	2	1.1	2	2.1	0	0.0
Homemaker	1	0.6	0	0.0	1	1.1
Retired	141	77.5	58	61.7	83	94.3
Other	11	6.0	10	10.6	1	1.1
Total	182	100.0	94	100.0	88	100.0
Education level						
Primary school to year 8	11	6.0	2	2.1	9	10.2
Some high school	6	3.3	2	2.1	4	4.5
Completed year 10	19	10.4	5	5.3	14	15.9
High school graduate/equivalent	10	5.5	3	3.2	7	8.0
Trade/technical training	41	22.5	23	24.5	18	20.5
Some university, no degree	11	6.0	6	6.4	5	5.7
Completed university degree	72	39.6	48	51.1	24	27.3
Other	10	5.5	5	5.3	5	5.7
Missing	2	1.1	0	0.0	2	2.3
Total	182	100.0	94	100.0	88	100.0

(…continued)

Demographic Information (continued)	Total		Baby Boomers		Builders	
Measure	*N*	%	*n*	%	*n*	%
Nationality						
American and Australian	1	0.5	0	0.0	1	1.1
Australian	156	85.7	79	84.0	77	87.5
British	6	3.3	3	3.2	3	3.4
British and Australian	2	1.1	2	2.1	0	0.0
Egyptian	1	0.5	0	0.0	1	1.1
French and Australian	1	0.5	0	0.0	1	1.1
German	1	0.5	0	0.0	1	1.1
Irish	1	0.5	0	0.0	1	1.1
Irish and Australian	2	1.1	2	2.1	0	0.0
New Zealander	5	2.7	5	5.3	0	0.0
Scottish	3	1.6	2	2.1	1	1.1
Vietnamese	1	0.5	1	1.1	0	0.0
Missing	2	1.1	0	0.0	2	2.3
Total	182	100.0	94	100.0	88	100.0
Living Arrangement						
Private home	157	86.3	86	91.5	71	80.7
Rental home	15	8.2	7	7.4	8	9.1
Residential home for seniors (without care)	4	2.2	0	0.0	4	4.5
Residential home for seniors (without care)	0	0.0	0	0.0	0	0.0
Other	5	2.8	1	1.1	4	4.5
Missing	1	0.5	0	0.0	1	1.1
Total	182	100.0	94	100.0	88	100.0
Living Situation						
Live alone	65	35.7	28	29.8	37	42.0
Live with partner/significant other	109	59.9	62	66.0	47	53.4
Share accommodation	8	4.4	4	4.3	4	4.5
Total	182	100.0	94	100.0	88	100.0
Physical Health						
Poor	2	1.1	1	1.1	1	1.1
Fair	33	18.1	13	13.8	20	22.7
Very good	111	61.0	61	64.9	50	56.8
Excellent	36	19.8	19	20.2	17	19.3
Total	182	100.0	94	100.0	88	100.0
Mental Health						
Poor	1	0.6	0	0.0	1	1.1
Fair	9	4.9	4	4.3	5	5.7
Very good	99	54.4	53	56.4	46	52.3
Excellent	73	40.1	37	39.4	36	40.9
Total	182	100.0	94	100.0	88	100.0

(…continued)

Demographic Information (continued)	Total		Baby Boomers		Builders	
Measure	*N*	%	*n*	%	*n*	%
Community Importance						
Not at all important	5	2.7	4	4.3	1	1.1
Somewhat unimportant	2	1.1	1	1.1	1	1.1
Somewhat important	64	35.2	34	36.2	30	34.1
Very important	110	60.4	55	58.5	55	62.5
Missing	1	0.6	0	0.0	1	1.1
Total	182	100.0	94	100.0	88	100.0
Social Interactions						
Very dissatisfied	1	0.6	0	0.0	1	1.1
Somewhat dissatisfied	3	1.6	2	2.1	1	1.1
Somewhat satisfied	56	30.7	35	37.2	21	23.9
Very satisfied	121	66.5	57	60.6	64	72.7
Missing	1	0.6	0	0.0	1	1.1
Total	182	100.0	94	100.0	88	100.0
Hobby						
Yes	89	48.9	41	43.6	48	54.5
No	85	46.7	49	52.1	36	40.9
Missing	8	4.4	4	4.3	4	4.5
Total	182	100.0	94	100.0	88	100.0
Formal Volunteering						
Currently volunteer	100	55.0	49	52.1	51	58.0
No, but I have in the past	33	18.1	13	13.8	20	22.7
No, but I may do in the future	32	17.6	23	24.5	9	10.2
No, I don’t think I will	11	6.0	5	5.3	6	6.8
Missing	6	3.3	4	4.3	2	2.3
Total	181	100.0	94	100.0	88	100.0
Informal Volunteering						
Currently volunteer	119	65.4	62	66.0	57	64.8
No, but I have in the past	29	15.9	14	14.9	15	17.0
No, but I may do in the future	16	8.8	9	9.6	7	8.0
No, I don’t think I will	7	3.8	4	4.3	3	3.4
Missing	11	6.0	5	5.3	6	6.8
Total	182	100.0	94	100.0	88	100.0
Total Volunteering						
Yes	163	89.6	82	87.2	81	92.0
No	14	7.7	8	8.5	6	6.8
Missing	5	2.7	4	4.3	1	1.1
Total	182	100.0	94	100.0	88	100.0

(…continued)

Demographic Information (continued)	Total		Baby Boomers		Builders	
Total Volunteering	*N*	*%*	*n*	*%*	*n*	*%*
Formal and informal	107	58.8	50	53.2	57	60.6
Formal or informal	56	30.8	32	34.0	24	25.5
No Volunteering	14	7.7	8	8.5	6	6.4
Missing	5	2.7	4	4.3	1	1.1
Total	182	100.0	94	100.0	88	94
Volunteering in the past year (hours) Lowest = 0; Highest 8,640						
0	23	12.6	15	16.0	8	9.1
1-100	46	25.3	26	27.7	20	22.7
101-300	45	24.7	20	21.3	25	28.4
301-500	17	9.3	10	10.6	7	8.0
501-1000	14	7.7	8	8.5	6	6.8
1000 and over	4	2.2	0	0.0	4	4.5
Missing	33	18.1	15	16.0	18	20.5
Total	182	100.0	94	100.0	88	100.0

Note. Total = generations combined. Baby Boomers generation = born between 1946 and 1964; Builders = born between 1946 and 1925 (McCrindle & Wolfinger, 2009).

Appendix D

Study 1 Factors Impacting on Quality of Life Survey

Factors Impacting on Quality of Life

School of Psychology, Counselling and Community
University of Southern Queensland

Thank you for agreeing to participate in the following survey. The first part involves demographic information, and the second part involves a series of questionnaires. The survey will ask general questions about your perceived well-being, sense of mastery in a variety of situations, and your community involvement. Please read the instructions carefully before you begin answering the questions. There are no "right" or "wrong" answers. Please make sure that your answers show what you really think about yourself. If you are not sure which answer to choose, just select the one that is closest to what you think. It is important that you answer all questions. There are some questions that may be similar to each other. This is not a trick. This type of survey needs to ask some similar questions in slightly different ways. Your responses will be kept in absolute confidence.

Instructions: Please use BLUE or BLACK INK. Some of the questions ask you to write your answer in the space provided. For questions where a choice is given, please put a cross (x) in the appropriate box to indicate your answer.

Demographic Section

1. Surname _____

2. Given name _____

3. Age: ☐☐ years

4. Gender: ☐ Male ☐ Female

5. What is your employment status?

   ☐ Full-time employment
   ☐ Part-time employment (i.e. regular hours per week)
   ☐ Casual employment (i.e. irregular hours per week)
   ☐ Unemployed
   ☐ Homemaker
   ☐ Retired
   ☐ Other (please specify) _____

5. What is your marital status?

   ☐ Single, never married ☐ Divorced
   ☐ Married or domestic partnership ☐ Widowed
   ☐ Married, but living separated ☐ Other (please specify) _____

6. Which best describes where you currently live?

☐ I live in a privately owned home
☐ I live in a rental home
☐ I live in a residential home for seniors (without nursing care)
☐ I live in a residential home for seniors (with nursing care)
☐ Other (Please specify) _____

7. Which of the following is applicable to your living situation?

☐ I live alone
☐ I live with a husband/wife/domestic partner/significant other
☐ I live with others e.g. share accommodation facilities with others (please specify)

_____

8. What is your nationality?

_____

9. What is the highest level of education you have achieved?

☐ No schooling completed
☐ Primary school to year 8
☐ Some high school
☐ Completed year 10
☐ Trade/technical/vocational training and/or diploma
☐ Some university, no degree
☐ Completed university degree
☐ Other (please specify) _____
☐ High school graduate, diploma or the equivalent (e.g., completed Year 12)

10. Do you currently volunteer in a program run by an organisation that provides volunteer services? (e.g., volunteer driver for service organisation; deliver meals to elderly through services such as Meals-on-Wheels; volunteer animal carer for organisations such as RSPCA)

☐ Yes (please provide the name of the organisation you volunteer for)

_____

☐ No, but I have in the past
☐ No, but I may do in the future
☐ No, I don't think I will

11. Do you currently volunteer in an informal way? (e.g., volunteer for a neighbourhood group; running a canteen; volunteer for a specific hobby group; provide services or support through a mutual support group; helping friends, family, and neighbours.)

☐ Yes (please briefly describe the main tasks you do in your role)

_____

☐ No, but I have in the past
☐ No, but I may do in the future
☐ No, I don't think I will

12. How many hours (approximately) have you spent in the past year doing volunteer work for religious, educational, health-rated, or other charitable organisations?

13. Are you currently involved in a community organisation that does not include volunteer activities (e.g., sport, hobby)?

☐ Yes (please briefly describe the main tasks you do in your role)

_____

☐ No

14. How important is being involved in your community?

☐ Very important
☐ Somewhat important
☐ Not at all important
☐ Somewhat unimportant

15. How satisfied are you with your interactions with friends, family, neighbours, and others in your community?

☐ Very satisfied
☐ Somewhat satisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied

16. In general, your physical health is….

☐ Excellent
☐ Very good
☐ Poor
☐ Fair

17. In general, your mental health is…..

☐ Excellent
☐ Very good
☐ Poor
☐ Fair

SWLS

Below are five statements that you may agree or disagree with. Using the scale below, indicate your agreement with each item by placing an 'X' in the appropriate box. Please be open and honest in your response.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
1. In most ways my life is close to my ideal.	☐	☐	☐	☐	☐	☐	☐
2. The conditions of my life are excellent.	☐	☐	☐	☐	☐	☐	☐
3. I am satisfied with my life.	☐	☐	☐	☐	☐	☐	☐
4. So far I have gotten the important things I want in life.	☐	☐	☐	☐	☐	☐	☐
5. If I could live my life over, I would change almost nothing.	☐	☐	☐	☐	☐	☐	☐

POWM

This questionnaire contains a number of statements related to your well-being. Read each statement carefully and indicate the extent to which you agree or disagree by placing an 'X' in the appropriate box.

	Disagree	Neither agree nor disagree	Agree
1. Your life is interesting	☐	☐	☐
2. You have the quality of life you hoped for	☐	☐	☐
3. You feel satisfied with your achievements	☐	☐	☐
4. You are satisfied with your present life	☐	☐	☐
5. Feel confident in resolving future problems	☐	☐	☐
6. Feel good about your relationship with your children	☐	☐	☐
7. Feel confident that your relatives would take care of you if you were sick	☐	☐	☐
8. Feel that your life is entertaining	☐	☐	☐
9. Feel calm about the future	☐	☐	☐
10. Feel that your life is useful	☐	☐	☐
11. Feel that you have the support you would want from your close friends	☐	☐	☐

RES

Please read the following statements. Use the rating scale provided to indicate the extent to which you agree or disagree with each item by placing an 'X' in the appropriate box. You must answer every question to submit the test for scoring.

	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
1. When I make plans, I follow through with them.	☐	☐	☐	☐	☐	☐	☐
2. I usually manage one way or another.	☐	☐	☐	☐	☐	☐	☐
3. I am able to depend on myself more than anyone else.	☐	☐	☐	☐	☐	☐	☐
4. Keeping interested in things is important to me.	☐	☐	☐	☐	☐	☐	☐
5. I can be on my own if I have to.	☐	☐	☐	☐	☐	☐	☐
6. I feel proud that I have accomplished things in life.	☐	☐	☐	☐	☐	☐	☐
7. I usually take things in stride.	☐	☐	☐	☐	☐	☐	☐
8. I am friends with myself.	☐	☐	☐	☐	☐	☐	☐
9. I feel that I can handle many things at a time.	☐	☐	☐	☐	☐	☐	☐
10. I am determined.	☐	☐	☐	☐	☐	☐	☐
11. I seldom wonder what the point of it all is.	☐	☐	☐	☐	☐	☐	☐
12. I take things one day at a time.	☐	☐	☐	☐	☐	☐	☐
13. I can get through difficult times because I've experienced difficulty before.	☐	☐	☐	☐	☐	☐	☐
14. I have self-discipline.	☐	☐	☐	☐	☐	☐	☐
15. I keep interested in things.	☐	☐	☐	☐	☐	☐	☐
16. I can usually find something to laugh about.	☐	☐	☐	☐	☐	☐	☐
17. My belief in myself gets me through hard times.	☐	☐	☐	☐	☐	☐	☐
18. In an emergency, I'm someone people can generally rely on.	☐	☐	☐	☐	☐	☐	☐
19. I can usually look at a situation in a number of ways.	☐	☐	☐	☐	☐	☐	☐
20. Sometimes I make myself do things whether I want to or not.	☐	☐	☐	☐	☐	☐	☐
21. My life has meaning.	☐	☐	☐	☐	☐	☐	☐
22. I do not dwell on things that I can't do anything about.	☐	☐	☐	☐	☐	☐	☐
23. When I'm in a difficult situation, I can usually find my way out of it.	☐	☐	☐	☐	☐	☐	☐
24. I have enough energy to do what I have to do.	☐	☐	☐	☐	☐	☐	☐
25. It's okay if there are people who don't like me.	☐	☐	☐	☐	☐	☐	☐

PCS

Instructions: The following statements deal with reactions you may have to various situations. Indicate how true each of these statements are depending on how you feel about the situation. Do this by selecting the most appropriate response.

	Not at all true	Barely true	Moderately true	Exactly true
1. I am a "take charge" person.	☐	☐	☐	☐
2. I try to let things work out on their own.	☐	☐	☐	☐
3. After attaining a goal, I look for another, more challenging one.	☐	☐	☐	☐
4. I like challenges and beating the odds.	☐	☐	☐	☐
5. I visualize my dreams and try to achieve them.	☐	☐	☐	☐
6. Despite numerous setbacks, I usually succeed in getting what I want.	☐	☐	☐	☐
7. I try to pinpoint what I need to succeed.	☐	☐	☐	☐
8. I always try to find a way to work around obstacles; nothing really stops me.	☐	☐	☐	☐
9. I often see myself failing so I don't get my hopes up too high	☐	☐	☐	☐
10. When I apply for a position, I imagine myself filling it.	☐	☐	☐	☐
11. I turn obstacles into positive experiences.	☐	☐	☐	☐
12. If someone tells me I can't do something, you can be sure I will do it.	☐	☐	☐	☐
13. When I experience a problem, I take the initiative in resolving it.	☐	☐	☐	☐
14. When I have a problem, I usually see myself in a no-win situation.	☐	☐	☐	☐

MSOPSS

The following questions relate to your social support. We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
1. There is a special person who is around when I am in need.	☐	☐	☐	☐	☐	☐	☐
2. There is a special person with whom I can share my joys and sorrows.	☐	☐	☐	☐	☐	☐	☐
3. My family really tries to help me.	☐	☐	☐	☐	☐	☐	☐
4. I get the emotional help and support I need from my family.	☐	☐	☐	☐	☐	☐	☐
5. I have a special person who is a real source of comfort to me.	☐	☐	☐	☐	☐	☐	☐
6. My friends really try to help me.	☐	☐	☐	☐	☐	☐	☐
7. I can count on my friends when things go wrong.	☐	☐	☐	☐	☐	☐	☐
8. I can talk about my problems with my family.	☐	☐	☐	☐	☐	☐	☐
9. I have friends with whom I can share my joys and sorrows.	☐	☐	☐	☐	☐	☐	☐
10. There is a special person in my life who cares about my feelings.	☐	☐	☐	☐	☐	☐	☐
11. My family is willing to help me make decisions.	☐	☐	☐	☐	☐	☐	☐
12. I can talk about my problems with my friends.	☐	☐	☐	☐	☐	☐	☐

GSES

Instructions: The following questions relate to your feelings of mastery in a variety of situations. You are asked to rate your agreement with each of the statements below by placing an 'X' in the most appropriate box.

	Not at all true	Barely true	Moderately true	Exactly true!
1. I can always manage to solve difficult problems if I try hard enough.	☐	☐	☐	☐
2. If someone opposes me, I can find the means and ways to get what I want.	☐	☐	☐	☐
3. It is easy for me to stick to my aims and accomplish my goals.	☐	☐	☐	☐
4. I am confident that I could deal efficiently with unexpected events.	☐	☐	☐	☐
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	☐	☐	☐	☐
6. I can solve most problems if I invest the necessary effort.	☐	☐	☐	☐
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	☐	☐	☐	☐
8. When I am confronted with a problem, I can usually find several solutions	☐	☐	☐	☐
9. If I am in trouble, I can usually think of a solution.	☐	☐	☐	☐
10. I can usually handle whatever comes my way.	☐	☐	☐	☐

Community Involvement

The following questions ask about your involvement in community activities including volunteering. Please rate the degree of influence each of the following statements has on your decision to participate in various community-based activities. For example, if you believe that everyone should be contributing to society, then you may feel that this belief is "somewhat influential" on your decision to be involved in community.

	Not at all influential	Slightly influential	Somewhat influential	Very influential	Extremely influential
1. I believe that everyone should give something back to the community.	☐	☐	☐	☐	☐
2. I believe that volunteering is a required part of community service.	☐	☐	☐	☐	☐
3. I believe that people should give back to their communities.	☐	☐	☐	☐	☐
4. It is my responsibility to help others.	☐	☐	☐	☐	☐
5. I generally think that people are obligated to provide service to the towns they live in.	☐	☐	☐	☐	☐
6. I want to improve the image I portray to family, friends, and society.	☐	☐	☐	☐	☐
7. I like the attention I get when volunteering.	☐	☐	☐	☐	☐
8. I like being needed.	☐	☐	☐	☐	☐
9. I think that people tend to look favourably on volunteers.	☐	☐	☐	☐	☐
10. I want to feel better about myself.	☐	☐	☐	☐	☐
11. I enjoy having something to do with my time.	☐	☐	☐	☐	☐
12. I want to meet other people.	☐	☐	☐	☐	☐
13. I want an activity to focus on others instead of myself.	☐	☐	☐	☐	☐
14. Volunteering is a hobby for me.	☐	☐	☐	☐	☐
15. I want exciting/involving work.	☐	☐	☐	☐	☐
16. The experience of volunteering would help me with my future goals.	☐	☐	☐	☐	☐
17. Volunteering is a requirement to fulfil my involvement in another activity.	☐	☐	☐	☐	☐
18. I want/need experience in a "helping profession"	☐	☐	☐	☐	☐

Thank you for taking time to complete this survey. Your input is very important to us as it will help community organisations and government agencies develop quality services to assist people in making informed decisions regarding their health and well-being.

Following this survey, participants may be invited to share their views on well-being and community involvement. This will be a one-off discussion and no further commitment will be necessary. Your contributions to this discussion may benefit retirees and people who are preparing for retirement. If you would be interested in being involved in such discussion please complete your contact details below:

Your contact number: _____

Your email address: _____

Appendix E

Study 1 Variables and Items

Psychological Well-being: Life Satisfaction (Diener, Emmons, Larsen, & Griffin, 1985)

In most ways my life is close to my ideal.

The conditions of my life are excellent.

I am satisfied with my life.

So far I have gotten the important things I want in life.

If I could live my life over, I would change almost nothing.

Psychological Well-being: Perception of Well-being (Lopez & de Snyder, 2001).

Your life is interesting.

You have the quality of life you hoped for.

You are satisfied with your present life.

Feel confident in resolving future problems.

Feel good about your relationships with your children.

Feel confident that your relatives would take care of you if you were sick.

Feel that your life is entertaining.

Feel calm about the future.

Feel that your life is useful.

Feel that you have the support you would want from your close friends.

Resilience (Wagnild & Young, 1993)

When I make plans, I follow through with them.

I usually managed one way or another.

I am able to depend on myself more than anyone else.

Keeping interested in things is important to me.

I can be on my own if I have to.

I feel proud that I have accomplished things in life.

I usually take things in stride.

I am friends with myself.

I feel that I can handle things at a time.

I am determined.

I seldom wonder what the point of it all is.
I take things one day at a time.
I can get through difficult times because I've experienced difficulty before.
I have self-discipline.
I keep interested in things.
I can usually find something to laugh about.
My belief in myself gets me through hard times.
In an emergency, I'm someone people can generally rely on.
I can usually look at a situation in a number of ways.
Sometimes I make myself do things whether I want to or not.
My life has meaning.
I do not dwell on things that I can't do anything about.
When I'm in a difficult situation, I can usually find my may out of it.
I have enough energy to do what I have to do.
It's okay if there are people who don't liken me.

Coping Efficacy: Proactive Coping (Greenglass, Schwarzer, & Taubert, 1999)
I am a "tale charge" person.
*I try to let things work out on their own.
After attaining a goal, I look for another, more challenging one.
I like challenges and beating the odds.
I visualize my dreams and try to achieve them.
Despite numerous setbacks, I usually succeed in getting what I want.
I try to pinpoint what I need to succeed.
I always try to find a way to work around obstacles, nothing really stops me.
*I often see myself failing so I don't get my hopes up too high.
When I apply for a position, I imagine myself filling it.
I turn obstacles into positive experiences.
If someone tells me I can't do something, you can be sure I will do it.
When I experience a problem, I take the initiative in resolving it.
*When I have a problem, I usually see myself in no-win situation.

Note. *Reverse-scored item.

Coping Efficacy: General Self-efficacy (Schwarzer & Jerusalem, 1995)

I can always manage to solve difficult problems if I try hard enough.

If someone opposes me, I can find the means and ways to get what I want.

It is easy for me to stick to my aims and accomplish my goals.

I am confident that I could deal efficiently with unexpected events.

Thanks to my resourcefulness, I know how to handle unforeseen situations.

I can solve most problems if I invest the necessary effort.

I can remain calm when facing difficulties because I can rely on my coping abilities.

When I am confronted with a problem, I can usually find several solutions.

If I am in trouble, I can usually think of a solution.

I can usually handle whatever comes my way.

Social Support (Zimet, Dahlem, Zimet, & Farley, 1988)

There is a special person who is around when I am in need.

There is a special person with whom I can share my joys and sorrows.

My family really tries to help me.

I get the emotional help and support I need from my family.

I have a special person who is a real source of comfort to me.

My friends really try to help me.

I can count on my friends when things go wrong.

I can talk about my problems with my family.

I have friends with whom I can share my joys and sorrows.

There is a special person in my life who cares about my feelings.

My family is willing to help me make decisions.

I can talk about my problems with my friends.

Volunteering (adapted from Ahn, Phillips, Smith, and Ory, 2011):

Do you currently volunteer in a program run by an organisation that provides volunteer services? (e.g., volunteer driver for service organisation; deliver meals to elderly through services such as Meal-on-Wheels; volunteer animal carer for organisations such as RSPCA)

Do you volunteer in an informal way? (e.g., volunteer for a neighbourhood group; run a canteen; volunteer for a specific hobby group; provide services or support through a mutual support group; help friends, family, and/or neighbours)
(Responses were used to create types of volunteering by classifying volunteering as none, only formal, only informal, and both formal and informal.)

How many hours (approximately) have you spent in the past year doing volunteer work for religious, educational, health-rated, or other charitable organisations?
(The reported hours of volunteering per year were classified in five categories: 1 to 100, 101 to 300, 301 to 500, 501 to 1000, and 1000 and over.)

Are you currently involved in a community organisation that does not include volunteer activities (e.g., sport, hobby?

Volunteering and Community Involvement

How important is being involved in your community?
How satisfied are you with your interactions with friends, family, neighbours, and others in your community?

Motivations for Volunteering (adapted from Claxton-Oldfield, Wasylkiw, Mark, & Claxton-Oldfield, 2011)

*I enjoy having something to do with my time. (L)
I want to help those who are facing death. (A)
*I believe that volunteering is a required part of community service. (CR)
*I want an activity to focus on others instead of myself. (L)
I want to help others cope with death and dying. (A)
*I want to feel better about myself. (SP)
*The experience of volunteering would help me with my future goals. (PG)
*I like the attention I get when volunteering. (SP)
*I want to improve the image I portray to family, friends, and society. (SP)
*I want exciting/involving work. (L)
I want to support the philosophy of palliative care. (A)
*I believe that everyone should give something back to the community. (CR)

*I like being needed. (SP)

*I want/need experience in a ‘‘helping profession’’ (PG)

I want to help ease the pain of those living with a life-threatening illness. (A)

*Volunteering is a hobby for me. (L)

*I want to meet other people. (L)

*Volunteering is a requirement to fulfil my involvement in another activity. (PG)

*I generally think that people are obligated to provide service to the towns they live in. (CR)

I want to make others happy and comfortable in life, as well as in death. (A)

I want to get a foot-in-the-door for potential employment. (PG)

*It is my responsibility to help others. (CR)

*I think that people tend to look favorably on volunteers. (SP)

*I believe that people should give back to their communities. (CR)

I want to work in the medical field. (PG)

Note. CR = Civic Responsibility; A = Altruism; L = Leisure, SP = Self-promotion; PG = Personal Gain.

* Items included in the current study

Appendix F

Study 1 Participant Information Sheet

Factors Impacting on Quality of Life

School of Psychology, Counselling and Community

University of Southern Queensland

Principal Researcher: Sylwia Wood, USQ PhD candidate

Other Researcher(s): Professor Lorelle Burton

Procedures

What is the nature of this research?

You are invited to participate in a survey that examines how involvement in social networks impacts on your health and well-being. The purpose of this research is to explore the expectations, needs, and experiences of people who are in transition to retirement or have already retired. By agreeing to participate in this survey you will be asked to answer questions contained in a self-report questionnaire which will take approximately 30 minutes to complete. The survey will ask general questions about your perceived well-being, sense of mastery in a variety of situations, and your community involvement. There are instructions before each questionnaire. Please read the instructions carefully before you begin answering the questions. There are no "right" or "wrong" answers. Please make sure that your answers show what you really think about yourself. If you are not sure which answer to choose, just select the one that is closest to what you think. It is important that you answer all questions.

There are some questions that may be similar to each other. This is not a trick. This type of survey needs to ask some similar questions in slightly different ways. Please answer them in a way that shows what you really think about yourself. Your responses will be kept in absolute confidence.

How will the research be monitored?

You do not have to participate in this study. If you agree to participate you can withdraw at any time without penalty. Your informed consent is necessary before you can proceed with the survey. This will include analysing your overall well-being in relation to your survey contributions. The University will also produce a report on the outcomes of this project; however the report will not identify individual participants in any way.

What are the benefits to participants?

Your participation will help community organisations and government agencies to develop quality services and programs to assist people to make informed decisions regarding their health and well-being. Specifically, this research will provide insights how such participation in community programs can help you transition into healthy and successful ageing.

Are there any risks to the participants?

No risk greater than those experienced in ordinary conversation are anticipated.

Confidentiality

Data will be collected confidentially and stored in password protected web-based systems where it can be accessed only by the principal researchers on the project. Paper copies of the surveys will be stored under lock in the offices of the principle researcher. If any part of this study is published, your identity will be kept confidential and no individual will be identifiable from the data.

Voluntary Participation

Participation is entirely voluntary. **If you do not wish to take part you are not obliged to.** If you decide to take part and **later** change your mind, you are free to withdraw from the project at any stage. Any information already obtained from you will be destroyed. Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your relationship with the organisation you are a member of.

Please notify the researcher if you decided to withdraw from this project.
Should you have any queries regarding the progress or conduct of this research, you can contact the principal researcher:

Sylwia Wood, USQ PhD candidate, Faculty of Health, Engineering and Sciences, USQ,
Email: sylwia.wood@usq.edu.au

Professor Lorelle Burton,
Faculty of Health, Engineering and Sciences, USQ Ph: 07 4631 2853
Email: lorelle.burton@usq.edu.au

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph: +61 7 4631 2690
Email: ethics@usq.edu.au

Appendix G

Study 1 Consent Form

Factors Impacting on Quality of Life

School of Psychology, Counselling and Community

University of Southern Queensland

Consent

Please return this signed consent form with your completed survey.

Principal Researcher: Sylwia Wood, USQ PhD candidate
Associate Researcher(s): Professor Lorelle Burton

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I confirm that I am over 18 years of age.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.

Name of participant.....

Signed.....Date.....

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph: +61 7 4631 2690
Email: ethics@usq.edu.au

Appendix H

Study 2 Semi-structured Interview Guide

[nterview Guide

Date/time

Setting

Respondent

Permission to record

In order to ensure the accuracy of your responses I would like to record this interview. Is it okay if we audio recorded this interview?

Introduction

Thank you very much, ……, for agreeing to participate in this interview. My name is Sylwia Wood and I am undertaking a research project as part of my PhD degree at the University of Southern Queensland.

Purpose of study

The purpose of this research is to explore the expectations, needs, and experiences of people who are in transition to retirement or have already retired.

I would like to ask your assistance because I would like to better understand how your participation in social activities impacts on your sense of well-being…..

General Questions

I would like to ask you some questions about your community involvement. Can you tell me what **community involvement means to you?**

When did you become interested in community and **why?**

You have mentioned that you volunteer in organisation A. Can you tell me what the **organisation does?**

Could you **describe your role** in the organisation? **How did you become involved** in the organisation?

And that you like meeting other people? What do you do to achieve that goal?

Why did you become **involved** in this organisation? What **role** do you play in your community organisation?

Is it **your responsibility to help others**? Why it is your responsibility to help others? Did you always feel this way?

On a scale 1-10 (1 being not very important), **How important is it to you to be involved** in your community? And why?

Some people say they want to avoid loneliness>…Do you identify with that statement?

Do you find people are similar minded in your organisation? What brings them together?

What **benefits do you see** by meeting together?

What are the **difficulties** of being involved in such organisation? You still go,…what do you think that is that keeps you going?

Can I ask you, **are you still working** or have your retired? Do you current involvement in community relate to your previous work?

Do you any questions or comments?

Thank you very much for participating in this interview. I greatly appreciate your time and effort in coming here today and sharing your experiences. With this research I hope to include your insights to help other people make informed decisions about their health and wellbeing.

Appendix I

Ethical Clearance for Study 2

OFFICE OF RESEARCH
Human Research Ethics Committee
PHONE +61 7 4631 2690| FAX +61 7 4631 5555
EMAIL ethics@usq.edu.au

UNIVERSITY OF SOUTHERN QUEENSLAND AUSTRALIA

20 October 2014

Mrs Sylwia Wood

Dear Sylwia

The USQ Human Research Ethics Committee has recently reviewed your responses to the conditions placed upon the ethical approval for the project outlined below. Your proposal is now deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* and full ethical approval has been granted.

Approval No.	**H14REA174**
Project Title	Factors impacting quality of life in the baby boomer and older generations: Study 2
Approval date	20 October 2014
Expiry date	20 October 2017
HREC Decision	**Approved**

The standard conditions of this approval are:

(a) conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal required by the HREC
(b) advise (email: ethics@usq.edu.au) immediately of any complaints or other issues in relation to the project which may warrant review of the ethical approval of the project
(c) make submission for approval of amendments to the approved project before implementing such changes
(d) provide a 'progress report' for every year of approval
(e) provide a 'final report' when the project is complete
(f) advise in writing if the project has been discontinued.

For (c) to (e) forms are available on the USQ ethics website:
http://www.usq.edu.au/research/ethicsbio/human

Please note that failure to comply with the conditions of approval and the *National*

Appendix J

Study 2 Information Sheet

University of Southern Queensland

Participant Information for USQ Research Project Interview

Project Details

Title of Project:	Factors impacting quality of life in the baby boomer and older generations: Study 2
Human Research Ethics Approval Number:	H14REA174

Research Team Contact Details

Principal Investigator Details
Mrs Sylwia Wood
Email: Sylwia.wood@usq.edu.au
Telephone: (07) 3716 0640
Mobile: 0408 371 606

Supervisor Details
Professor Lorelle Burton
Email: lorelle.burton@usq.edu.au
Telephone: 07 4631 2853
Mobile: 0429 952 912

Description

My name is Sylwia Wood and I am undertaking a research project as part of my PhD degree at the University of Southern Queensland. This project is not supported by any external competitive grant.

Some time ago you kindly completed a survey about your well-being and community involvement. I greatly appreciate your responses which have provided me with some very useful data about these issues. You are now invited to participate in an individual interview to share your experiences and beliefs about your participation in the community.

The purpose of this research is to explore the expectations, needs, and experiences of people who are in transition to retirement or have already retired. This is my area of interest because evidence on productive and healthy retirement is lacking in current research. This project requires participants born in or before 1964 who are actively engaged in community. Participation in the interview will provide you with an opportunity to self-reflect on the perceived benefits of participating in community activities.

The research team requests your assistance because we would like to better understand how your participation in social activities impacts on your sense of well-being.

Participation

Your participation will involve participation in an interview that will take approximately 1 hour of your time. The interview will take place at a time and venue that is convenient to you.

If you choose to participate in this study, you will be asked general questions about your involvement in the community. I will conduct the interview, ask questions, and take notes to write down the ideas expressed during the interview. Questions will include: "Can you tell me about your experience being

involved in your organisation?"; "How important is it to you to be involved in your community?" The interview will be audio recorded and your permission will be sought prior recording. During the interview you have the right to decline to answer any questions I ask and you have the right to stop the interview.

Your participation in this project is entirely voluntary. If you do not wish to take part you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. You may also request that any data collected about you be destroyed. Please note that once the data has been analysed and the project has been completed, you will not be able to withdraw your data. However, your data will not be used in any publication of the research. If you do wish to withdraw from this project or withdraw data collected about you, please contact the Research Team (contact details at the top of this form).

Your decision whether you take part, do not take part, or to take part and then withdraw, will in no way impact your current or future relationship with the organisation you are a member of.

A summary of the results of the research project will be provided at the conclusion of the study upon request.

Expected Benefits

It is expected that this project will not directly benefit you. However, it may benefit community organisations and government agencies to develop quality services and programs that will help people make informed decisions regarding their health and well-being. Specifically, this research will provide insights into how such participation in community programs can help individuals to transition into healthy and successful ageing.

Risks

There are no anticipated risks beyond normal day-to-day living associated with your participation in this project. The interviews are expected to be an enjoyable experience. However, if you do experience emotional distress and/or have any concerns about this project please feel free to discuss them with me or the project supervisor. Any issues you raise will be treated in confidence and an advice on where to obtain debriefing support from appropriate counselling services will be offered at no cost to you.

Privacy and Confidentiality

This project will be carried out in accordance with the National Statement on Ethical Conduct in Human Research. All comments and responses will be treated confidentially unless required by law.

Throughout the research no information which identifies an individual will be published and confidentiality of all information provided by participants will be respected. To ensure your privacy, a pseudonym will be used to protect your identity and will not appear on any materials with your name. In addition, any personal details will be changed on the transcript and all reports. Once the interview has been audio recorded, it will be transcribed by a professional transcription service. All employees of and subcontractors of the transcription agency sign confidentiality agreements before the commencement of work, and this agreement is in compliance with the Australian Privacy Principles contained in the Privacy Act 1988 (Cth). Only the research team members above and the transcription agency will have access to the audio recording. The recording is to accurately record the information you provide. All data analysis will be based on the transcription data; therefore it is not possible to participate in this project without being recorded. You will not have the opportunity to verify your comments and responses prior to final inclusion. After the completion of data analysis, the writing of my thesis will be based on the transcripts of interviews. The information collected during the interview will be used within the doctoral thesis and may be included in academic publications or presented at conferences.

The recordings, transcriptions, and notes will be kept in a locked and secure cabinet for a requisite period of five years from the completion of the project, after which time they will be destroyed. Data will be collected confidentially and stored in a password protected web-based systems where it can be accessed only by me or the supervisor of this project, Professor Lorelle Burton. Hard copies will be stored securely in my office or the office of the project supervisor. If any part of this study is published, your identity will be kept confidential and the published articles and conference presentations will not identify you as a participant.

Any data collected as a part of this project will be stored securely as per University of Southern Queensland's Research Data Management policy.

Consent to Participate

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate in this project. Please return your signed consent form to a member of the Research Team prior to participating in your interview.

Questions or Further Information about the Project

Please refer to the Research Team Contact Details at the top of the form to have any questions answered or to request further information about this project.

Concerns or Complaints Regarding the Conduct of the Project

If you have any concerns or complaints about the ethical conduct of the project you may contact the University of Southern Queensland Ethics Coordinator on (07) 4631 2690 or email ethics@usq.edu.au. The Ethics Coordinator is not connected with the research project and can facilitate a resolution to your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this sheet for your information.

Appendix K

Study 2 Consent Form

University of Southern Queensland

Consent Form for USQ Research Project
Interview

Project Details

Title of Project:	Factors impacting quality of life in the baby boomer and older generations: Study 2
Human Research Ethics Approval Number:	H14REA174

Research Team Contact Details

Principal Investigator Details

Mrs Sylwia Wood
Email: Sylwia.wood@usq.edu.au
Telephone: (07) 3716 0640
Mobile: 0408 371 606

Supervisor Details

Professor Lorelle Burton
Email: lorelle.burton@usq.edu.au
Telephone: 07 4631 2853
Mobile: 0429 952 912

Statement of Consent

By signing below, you are indicating that you:

- Have read and understood the information document regarding this project.
- Have received the information about this study and have received satisfactory answers to all questions you have asked.
- Understand that if you have any additional questions you can contact the research team.
- Understand that the information collected during the interview will be used within the doctoral thesis and may be included in academic publications or presented at conferences. However, you will not be identified in any publication arising out of this study.
- Understand that the interview will be audio recorded.
- Understand that you will not be provided with a copy of the transcript of the interview for your perusal and endorsement prior to inclusion of this data in the project.
- Understand that you are free to withdraw at any time, without a penalty of needing to give reason.
- Understand that you can choose not to answer any particular question
- Understand that you can contact the University of Southern Queensland Ethics Coordinator on (07) 4631 2690 or email ethics@usq.edu.au if you do have any concern or complaint about the ethical conduct of this project.
- Are born in or before 1964
- Agree to participate in the project.

Participant Name	
Participant Signature	
Date	

Please return this sheet to a Research Team member prior to undertaking the interview.

Appendix L

Study 2 Table of Master Themes

Master themes for the group of participants in Study 2 (N = 10)

Master theme	Bluey	Claude	David	Frank	Fred	Frieda	Didee	Margaret	Rosemary	Tracey
Connecting with others										
Enjoying company/sharing experiences	59-60, 92-95, 96-100	148-152, 148-150	24-40	25-30	37-38, 370	86-88, 147-153	27-34, 67-74	94-102, 315-317,325-328, 345-349	69-76, 210-215	18-23, 49-52, 467-487
Feeling accepted	70-78, 95-97, 142-145	45-52	47-48, 229		319-322	47-50, 12-124, 603-621	19-21, 184-194, 214-221, 588-589,	324-328,	226-265	32-33
Learning from others	75-78, 295-301, 358-360	368-387, 405-411	362-370	320-327	293-304, 416-418, 426-427	333-334, 490-492	184-187, 197-204, 214-221	345-349	193-195	172-178
Feeling supported and supporting others	25-26, 107, 283, 374,	338	113-116, 214-215, 149-150	523-525, 105-108, 428-431	79-80, 319-322, 338-339, 338-339	47-50, 54	547-548, 55-61	185-189, 273-282, 317	210-215, 69-76	27-28
Being part of a community										
Improving the community	66-69, 47-50	84-86	47-50	25-37, 48-49, 115-118	18-90, 290	29, 565-566,	19-25, 64-74,	21-22, 362-363	55-58	18-23, 139-140
Commitment to volunteering	20-31, 202-206, 209-217	69-74, 260-261, 408-414	24-40, 283-285	25-26, 342-345, 364-370	42, 105-113, 110-120, 149-150	27-31, 87-88	224-232	83, 237-238	193-198	156-164, 210, 517-518, 502-503
Satisfaction and confidence from making a difference	54-59	58-61, 204, 253-259, 330-331	47-49, 488-491, 594-599	57-59, 63-66, 225-233, 264-267, 276-279	149-150	64-65, 296-304	93-99, 586-594	31-38	80-81, 352-354	43-47, 128-150, 514-515,
Responsibility to help others										
Feeling obligated to help	373-382		33-35, 177-178	26-31, 106-107	18-19, 118-119, 234, 410-413	29-31, 576-578	114-119, 161-165	238-240	329-330	229, 236-237, 313-317, 517-518
Being compassionate	313-327	316-321, 369-374,	108-110, 322-333, 565-572	394-399	223-226, 240-241, 172-174	302-304, 319-324, 516-521, 367-368	169, 348-355	47-48239-242, 165-168, 184-188	210-215	87-89, 391-399
Internal conflict: feeling guilt and/or regret			108-110	87-90, 386-399, 420-422	172-174,182-183		311-315, 348-349		288-295	87-89

Note. Numbers represent line numbers in each respective transcript.

(…continued)

Master theme (continued)	Bluey	Claude	David	Frank	Fred	Frieda	Didee	Margaret	Rosemary	Tracey
Managing self										
Keeping busy	63-70, 116, 282-291,358-364,	44-52, 199-202, 265-266	104, 119, 362-370, 444-449	135-139, 153-164,	503-506, 586-588	452-457, 644-645, 661-668	124-127, 201-202, 402-403, 563-565	24-27, 193-194, 374-379, 381-383	72-76, 321-330, 350-351, 456-458	65-78, 154-158, 175-181,204-205
Managing commitments	67-69, 115-121	226-233, 226-228	110-114, 238-241	153-167, 172-175, 297-301	290, 408-411	100-112, 167-169, 575-579	235-238, 513-514	78-81, 137-141	283-288	295-305, 318-323,
Standing by your beliefs	283-287	291-297	301-305, 488-491		86-94, 461-463	368-370, 476-480			167-168	255-268

Note. Numbers represent line number in each respective transcript.

Appendix M

Themes for Each Interviewee

Master themes and sub-themes for Tracey

Master theme	Sub-theme
Being part of a community	Feeling valued and "purposeful" Improving the community Creating an enjoyable environment, conducive to learning for others (enjoying tailoring courses, trying to make it more interesting) Seeing outcome, being encouraged by seeing others attending classes even tough is it voluntary Adding to other's quality of life, supporting others Using skills to help others or being part of the group and enjoying activities together Enjoying teaching and being organised
Connecting with others	Important to keep relationships going Feeling accepted by others Being with like-minded people as equal
Responsibility to help others	Being prepared to give time, committed, "people rely on you" Feeling obligated "to put back" Feeling useful Seeing other's needs, making teaching enjoyable for others
Overcoming challenges	Challenge is only a small part of experience; the rest is "good" Challenges are demanding Need to understand others' needs, being adaptable
Managing Self	Knowing what's best for you, being "able to say no" Enjoying improving her skills, taking on challenges ("It's a challenge I like) Not afraid to voice her opinions, challenging others' thinking Caring about her appearance (dresses formally to teach) Seeking opportunities to volunteer Always thinking about how to be "purposeful", productive Retirement is a chance to enjoy life "within boundaries", working out her strengths

Master themes and sub-themes for Rosemary

Master theme	Sub-theme
Being part of a community	Making a difference in other people Have to be alert "have wits about you" on the job Satisfaction from making a contribution and seeing positive outcome
Connecting with others	Enjoying contact with others, visiting patients at the hospital Providing conversation to patients Important to attend to other people's emotional needs Being comfortable with older people, learning from them
Overcoming challenges	Overcoming challenges, learning new skills and making contribution Overcoming challenges "you make the best of it" Father died of dementia, being used to helping older people
Managing Self	Keeping mentally active (enrolling in courses at U3A) Keeping physically active, renovating her house Seeking new opportunities to volunteer Keeping abreast with what's happening in the world (being open minded, learning new ways to help others) "Love trying new things, doing different things" Seeking opportunities to help, being proactive and initiating new things Able to stand up and voice her opinion Loves sewing Trying new skills Having freedom to choose volunteer work and no pressure to be committed in volunteer work

Master themes and sub-themes for Margaret

Master theme	Sub-theme
Being part of a community	Sense of pride, achievement "The work we achieve actually is worth one and a half members of staff" Enjoying volunteering Seeing herself being equal with others Enjoying volunteering, caring for others Everything improves when you go out and help
Connecting with others	"You make new friends...it's a wonderful way to spend your time" Being compassionate towards others important; people need to feel cared for, connected; "People need other people" Have good group of friends Being able to share issues with friends, relate to others Sharing problems with others Doesn't feel lonely Sharing problems with friends, experiencing less worry problems
Responsibility to help others	Responsibility to community/self – making "better community" if more people involved Compassionate, seeing other people's needs Helping with humility "I'm not a master at all" Her mum, role model in helping Positive view of people "Going extra mile" in helping people
Managing Self	"I like to be doing something" Organising activities for others, being proactive Not happy with own company but getting better Being active, walking do, gardening Keeping busy is keeping her "vital" Limiting commitments Managing competing commitments

Master themes and sub-themes for Frieda

Master theme	Sub-theme
Contributing	Making lasting impression Nice feeling..."makes me feel better" when counselling Being in a leading role, leader; "I'm good at leading things" Satisfaction from making a difference
Connecting with others	Being around other people with similar interests, sharing experiences Kind and loving environment, meeting “good”, inspirational people Enjoys being part of community and social interaction Being tolerant of differences, not arguing about it
Responsibility to help others	Likes being involved in community and "everyone should do it" "It makes the world go around just a bit more" Working out what is 'wrong" and what is "right" every day and challenging people who should be doing more for others Being empathetic, compassionate
Being compassionate	Likes to be equal with others, being a leader at book club "doesn’t make me a better person" Having compassion for others also means compassion for yourself ""Don't be hard on yourself" Experiencing lots of changes in her life "makes you tough" Empathy for lonely people
Overcoming challenges	Working through challenges made her appreciate how it can be, to be compassionate, to walk in someone else's shoes Difficult situation not seen as a challenge ("jumping right in" not deliberating what is at stake, or how big the task is; her first instinct is to just do it. Not being discouraged by setbacks
Managing Self	Keeping busy, but not with shops or trivial activities Being able to walk away from commitment, feels no pressure to participate in community Being active, walking dog every day Learning new to do new things important for health (learning play cards, to knit) Would like to say no to commitment of a leader of a book club Have to go out there and "shift yourself"

Master themes and sub-themes for Fred

Master theme	Sub-theme
Being part of a community	Important to be participate in community “Lending an ear”, not counselling Helping others can be difficult work Opportunities to help people
Connecting with others	Relying on each other makes you more aware of what people need Enjoying sense of comradery, supporting each other Enjoying the company of others, talking to others
Responsibility to help others	Important to be genuine in helping others Helped a lot of people, “it’s been all about helping people” To help others you've got to be that way inclined “It's my nature to help” Feeling "almost" obliged to help "putting up with nonsense" Important to be “alert” or “aware” Prepared to take the risk of being hurt to help others Motivated to help, not having answers inspired seeking answers Feeling pressure to help "I probably didn’t want to do it but I just did it" Sense of regret about not being able to help others Being inspired to do more Concerned for others
Managing Self	Keeping busy, not wanting to slow down Needs to stay active, “doing something different” Finding new projects, finding opportunities to help Managing commitments "There is always tomorrow", choosing activities that matter Standing up for what you believe
Learning	Believing in learning, trying new things, stepping outside personal comfort, taking risks and failing and learning from it Not afraid to ask for help Being challenged in the past, overcoming difficulties, that experience prepared him for helping others

Master themes and sub-themes for Frank

Master theme	Sub-theme
Being part of a community	Feeling useful, getting more back that putting out Feeling proud, helping vulnerable (lifeline counsellor) Important to feel acknowledged Feeling satisfied from making a difference in other people's lives Enjoys being part of community Feeling useful when helping others, getting more back than putting out Making a difference
Responsibility to help others	Giving Back, "living in community, not on community" "What goes around comes around" Using own skills to help others To be comfortable with yourself, we need to give back; feeling responsibility to help ("I don't have to but I want to") Responsibility to self (feeling guilty if saying no to volunteering and risking being overcommitted) Feeling pressured to say yes because of lack of available community resources Feeling compelled to help "it stayed with me" Benefits of helping outweigh the costs
Managing Self	Not good at being "idle"; being active in body and mind Being proactive and planning activities Having balanced life, exercising Important to adjust your commitments to avoid burn out Knowing your limits (important to be aware of your own abilities, limitations)
Learning	Stepping outside comfort zone, exceeding expectations of yourself Sense of achievement, surprised himself ("I didn't think I would be still doing counselling")

Master themes and sub-themes for Didee

Master theme	Sub-theme
Being part of a community	Sense of achievement and reward Enjoying teaching others (being creative; rewarding teaching younger generations to sew) Enjoying gardening in local community garden; “saves my sanity”, rewarding activity Contributing own knowledge, feeling sense of achievement Need to be useful
Connecting with others	Being productive, “useful” in community Enjoying company – “it’s fun talking to other people” Important to connect with others – “you learn a lot” People can take advantage of you as a volunteer Connecting (meeting children on the weekends, taking grandson to community garden centre) Being surrounded with like-minded people Being needed, valued Interest in local area, important to belong to community groups
Responsibility to help others	Being a giver (Getting more by giving more) Feeling lucky and giving back “Treat others as you would like to be treated” Volunteering is a commitment that you can adjust according to your needs/wants Sense of regret and/or guilt (you blame yourself later, I could have done more”)
Managing Self	Keeping mentally and physically fit (gardening, learning French, "keeping my mind going"; being physically active) Not being “idle”; likes being organised “Education is a big part of aging well” Freedom to walk away from a commitment Conscious of getting old Looked for volunteering roles, spontaneously asked to volunteer Learning from others - keeping younger, more open Enjoying travel, gaining new perspectives

Master themes and sub-themes for David

Master theme	Sub-theme
Being part of a community	Choosing volunteering activities that he is good at Feeling useful by getting out and being involved in activities Gaining meaning through doing things for others Volunteering benefits self and others (‘assisting people helps”)
Connecting with others	Belonging to community Having "true" close friends, friends and family are important Caring about others, likes to be involved in others people's lives, being connected Listening is important (“People confide in me”)
Responsibility to help others	Religious beliefs (giving your life away) Important to be “tolerant” and “compassionate” Important to share, to help others, feeling grateful for what's been given to him in return Empathy, recognising other's vulnerability and needs, caring about others Feeling compassionate towards less fortunate Social justice (defending vulnerable and contributing rather than taking from society) Helping others is important ‘it an honour” Overcoming challenges and gaining confidence
Managing Self	Being productive (keeping busy, doing something every day) Keeping active/healthy Important to see activities and plan a schedule Using brain (doing crosswords) Enjoying new challenge (learning new language) Keeping busy ("can't sit all day") Doing something productive everyday Minimising the amount of commitment, knowing your limits “Love my own company”

Master themes and sub-themes for Claude

Master theme	Sub-theme
Being part of a community	Teaching seamanship and navigation Satisfaction from contributing knowledge, teaching others (feeling worthwhile, improving other people's lives) Happy in retirement Enjoying volunteering Proud of this past achievements/contributions during working life, important to be resourceful
Connecting with others	Striving to understand others and their needs - important to get to know people Feeling accepted Enjoys the feeling of comradery in the community
Responsibility to help others	SES work exciting, adventurous, courageous Important to be flexible and understand that everyone is different and have different needs “I’d like to help” Volunteering work can be challenging and rewarding Passionate about helping everyday people
Managing Self	Finding new projects Being active – “I couldn't sit like a couch potato” Taking initiative and seeking opportunities to contribute, “I would die if I couldn’t get involved” Knowing your own strengths Scheduling, finding new projects to do ("can't be couch potato"), constantly improving, learning new skills, writing a book
Learning	Feeling good about learning new knowledge/skills (excited, open-minded) Believing in new possibilities “future is as big as you want to make it” Adaptable, clever, seeing people's needs and providing solutions Important to be being flexible, open-minded

Master themes and sub-themes for Bluey

Master theme	Sub-theme
Being part of a community	Enjoying teaching woodworking at men's shed (woodworking as a hobby) Love coming to men's shed (men's shed is a place to get away, to talk to others) Encouragement, self-acceptance (finding people with similar experiences and "get yourself going again")
Connecting with others	"You do need the contact with others" Enjoying sharing stories and problems with others in the men's shed "Important to mix with Christians and have certain Christian values" Being around like-minded people in the shed, enjoying good company and taking to others You have no problems if you get out and mix with other people Important to get to know people, they can teach you, but "you have to listen"
Responsibility to help others	Important to help others without expecting anything in return - "maybe just thanks"; right thing to do if someone needs help "Everyone needs a hand" Need to be observant, recognise people's needs Helping people, responsibility to God (helping is crucial for life)
Managing Self	Keeping busy with shed, family, home Managing commitments by planning ahead Being active, "I can't just sit all day"; playing Sudoku to keep the mind "sharp" Looking for jobs that need to be done and getting them done; allocating days for shed and other activities Philosophy in life (healthy body and mind, connected to others) Overcoming challenges and feeling happy Learning new skills in the shed Important to be informed about current affairs (helps to talk to others)
Christian Values	Faith is a job Important to mix with Christians and maintain Christian values, regular contact with church to avoid "falling into a trap" Christian faith taught forgiveness, not holding grudges