

Exploring the pandemic and post-pandemic challenges of older voluntarism in a regional health centre

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Abstract

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While hospitals were seen as high-risk zones during the COVID-19 pandemic, little is known about how older hospital volunteers and volunteer-based programs navigated that period. Using the Peterborough Regional Health Centre (PRHC) in Ontario, Canada as a case study, this thesis research explores the pandemic and post-pandemic challenges of older voluntarism in a regional health care setting. In-depth interviews and focus groups were held with 21 volunteers and two program managers. Data analysis was done thematically using NVivo 15 qualitative analysis software. The findings covered major themes encompassing older volunteers' experiences during and post pandemic, the dynamics of digital technologies adoption in hospital volunteerism, challenges faced by older hospital volunteers and the volunteer program, and long-term measures to sustain hospital volunteer programs post-pandemic. The findings demonstrate that sustaining a robust volunteer program post-pandemic requires recognizing volunteers' contributions while also addressing their evolving (technological) needs, ensuring workplace health and safety, and actively involving volunteers in decision-making.

Keywords: Older volunteers, hospitals, COVID-19 pandemic, digital technology, volunteer experiences, volunteer-based program sustainability

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Table of Contents

ABSTRACT	II
ACKNOWLEDGEMENTS	III
LIST OF TABLES	VII
CHAPTER 1: INTRODUCTION	1
1.1 OVERVIEW	1
1.2 BACKGROUND.....	1
1.3 PROBLEM STATEMENT	4
1.4 JUSTIFICATION OF THE RESEARCH.....	7
1.5 AIM OF CURRENT RESEARCH	7
1.6 RESEARCH QUESTIONS	7
1.7 RESEARCH OBJECTIVES	8
1.8 RESEARCH APPROACH	8
1.9 ORGANIZATION OF THE THESIS	9
CHAPTER 2: LITERATURE REVIEW	10
2.1 INTRODUCTION.....	10
2.2 EVOLUTION OF THE CONCEPTS OF VOLUNTARISM AND VOLUNTEERISM	10
2.3 OLDER VOLUNTARISM	12
2.3.1 <i>Drivers of older voluntarism</i>	12
2.3.2 <i>Challenges facing older voluntarism</i>	13
2.3.3 <i>Historical account of older voluntarism in Canada</i>	14
2.4 VOLUNTARISM IN PLACES OF CARE AND HEALTH CARE INSTITUTIONS	16
2.5 OLDER VOLUNTARISM AND COMMUNITY SUSTAINABILITY	17
2.6 DIGITAL TECHNOLOGIES AND OLDER VOLUNTARISM	18
2.7 CONTEXT OF THE CURRENT RESEARCH	20
2.8 CHAPTER SUMMARY	21
CHAPTER 3: METHODOLOGY	22
3.1 INTRODUCTION.....	22
3.2 RESEARCH APPROACH AND DESIGN	22
3.3 TYPES/SOURCES OF DATA	22

3.4 SAMPLING DESIGN AND TECHNIQUES.....	23
3.4.1 <i>Selection of research location and volunteer program</i>	23
3.4.2 <i>Selection of research participants</i>	25
3.5 ETHICAL CONSIDERATIONS	25
3.6 DATA COLLECTION AND INSTRUMENTS	25
3.6.1 <i>Data collection with managers</i>	26
3.6.2 <i>Data collection with volunteers</i>	26
3.6.3 <i>Overview of data collection phases</i>	27
3.6.4 <i>Interview and focus group protocol</i>	28
3.7 DATA ANALYSIS	32
3.8 CHAPTER SUMMARY	36
CHAPTER 4: RESULTS AND FINDINGS.....	37
4.1 INTRODUCTION.....	37
4.2 EXPERIENCES OF VOLUNTEERING DURING AND AFTER THE PANDEMIC.....	37
4.2.1 <i>Memorable events</i>	38
4.2.2 <i>Social connection building</i>	39
4.2.3 <i>Benefits of volunteering</i>	40
4.2.4 <i>Drivers and evolution of volunteer motivation</i>	42
4.3 DYNAMICS OF DIGITAL COMMUNICATION TECHNOLOGIES USAGE DURING AND AFTER THE COVID-19 PANDEMIC	45
4.3.1 <i>Webex technology use for online recruitment interviews and orientations during the pandemic</i>	45
4.3.2 <i>Reactions to digital communication technologies' use</i>	50
4.3.3 <i>Effectiveness of digital communication technologies use in volunteering</i>	53
4.4 CHALLENGES OF VOLUNTEERING AND VOLUNTEER PROGRAM DELIVERY SINCE THE PANDEMIC	55
4.4.1 <i>Volunteer health and safety</i>	56
4.4.2 <i>Lack of motivation and family concerns</i>	57
4.4.3 <i>Communication barriers and lack of regular feedback</i>	58
4.5 MEASURES TO SUSTAIN PRHC VOLUNTEER PROGRAM POST-PANDEMIC.....	59
4.5.1 <i>Envisioning PRHC without the volunteer program</i>	60
4.5.2 <i>Involving volunteers in decision-making</i>	62
4.5.3 <i>Supplementary digital skills training</i>	63

4.5.4 <i>Ensuring stricter health and safety measures</i>	64
4.6 CHAPTER SUMMARY	65
CHAPTER 5: DISCUSSION AND CONCLUSION	67
5.1 INTRODUCTION.....	67
5.2 SUMMARY OF FINDINGS	67
5.3 DISCUSSION	68
5.3.1 <i>Experiences of volunteering during and after the pandemic</i>	68
5.3.2 <i>Dynamics of digital communication technologies usage during and after the pandemic</i>	74
5.3.3 <i>Challenges of volunteering and volunteer program delivery since the pandemic..</i>	77
5.3.4 <i>Measures to sustain the PRHC volunteer program post-pandemic</i>	80
5.4 CONTRIBUTIONS.....	87
5.4.1 <i>Conceptual contributions</i>	87
5.4.2 <i>Empirical contributions</i>	88
5.4.3 <i>Community contributions</i>	89
5.5 PROGRAM/POLICY RECOMMENDATIONS.....	89
5.6 LIMITATIONS OF THE RESEARCH	93
5.7 FUTURE RESEARCH DIRECTION	94
5.8 CONCLUDING COMMENTS	95
REFERENCES	96
APPENDIX A: TRENT UNIVERSITY RESEARCH ETHICS BOARD LETTER OF APPROVAL	120
APPENDIX B: LETTER OF INFORMATION AND CONSENT FORM	121
APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE	125
APPENDIX D: FOCUS GROUP GUIDE FOR PROGRAM MANAGERS: PHASE I	126
APPENDIX E: FOCUS GROUP/INTERVIEW GUIDE FOR VOLUNTEERS: PHASE I	129
APPENDIX F: FOCUS GROUP/INTERVIEW GUIDE FOR VOLUNTEERS: PHASE II	131

List of Tables

Table 3.1 PRHC volunteers' age distribution at the time of the data collection.....	24
Table 3.2 Socio-demographic characteristics of the research participants.....	29
Table 3.3 Overview of data analysis.....	33

Chapter 1

Introduction

1.1 Overview

Hospitals are important spaces for volunteering especially in underserved locations where there exist some disparities in state and private sector social welfare provisions (Skinner & Joseph, 2011; Vareilles et al., 2017). However, the ramifications of the COVID-19 pandemic appeared to have posed some unprecedented challenges and reformations to volunteer programs, especially in aging communities where older adult involvement in volunteerism was predominant (Colibaba et al., 2021a). Yet, scholarly evidence on how volunteers and volunteer-based programs navigated the pandemic as well as how programs have bounced back post pandemic are hard to come by (Colibaba et al., 2021a; Principi et al., 2022), especially across the range of health care settings. Featuring a case study of a regional hospital in one of Canada's most rapidly aging regions – Peterborough, Ontario – this thesis sought to advance knowledge in this nascent area of study and further explore the challenges and long-term measures to sustain health care volunteer programs going forward. The thesis focuses specifically on the case of Peterborough Regional Health Centre (PRHC), an important facility that provides essential health care services to the City of Peterborough and the surrounding region that relies on hundreds of volunteers to provide unpaid services to support operations in various units of the facility (PRHC, 2019).

1.2 Background

Voluntarism is an important theme in the community sustainability literature (Colibaba et al., 2020; Giesbrecht et al., 2010). From broader philosophical and sociopolitical perspectives, voluntarism encapsulates the belief that individuals and not-for-profit organizations should contribute to the general well-being of others without necessarily

expecting monetary returns and without being coerced (Cohen, 1998; Li & Tang, 2021; Skinner & Joseph, 2007). In this thesis, however, Colibaba et al.'s (2021a) conceptualization of “older voluntarism” to mean the reliance on older volunteers and voluntary organizations to provide essential community services is adopted. Voluntarism takes various forms, including philanthropy - the private devotion of time, personal property, and money towards a public good (Bies & Kennedy, 2019), activism - actions of individuals or groups to induce social or political change (Florell, 2021), and volunteerism, which is the focus of this research.

The term “volunteerism” refers to the pragmatic and social action of people willingly contributing their time, talents, or resources to help organizations, causes, or societies without expecting a monetary exchange (Ågotnes et al., 2023; Birtch, 2017; Le & Aartsen, 2022). In the very basic sense of the word, Wilson (2000) sees volunteerism as engaging in any activity that involves freely committing time for the benefit of another person or a social cause. However, Burr et al.'s (2021, Abstract) conceptualization of volunteering, referring to it as “a unique form of prosocial behavior considered to be beneficial for those who are helped, for the volunteer, and the greater society” is adopted in this research because of its holistic perspective on the reciprocal benefits of volunteerism. According to the United Nations Volunteers [UNV] (2021) report, there are close to one billion volunteers who serve in a variety of capacities in their communities and cultures worldwide, including community and environmental protection services and social advocacy. The report further shows that every month, about 864 million people across the globe commit their time to a voluntary cause (UNV, 2021). The benefits of volunteerism are widely recognized, with extensive research highlighting both personal and societal advantages. On an individual level, evidence reveals that volunteering can improve mental and psychological well-being by reducing risks of depression, stress, and anxiety among volunteers (Allen et al., 2016; Burr et al., 2021; Ling et

al., 2023; Warner et al., 2024). Additionally, volunteerism fosters a sense of purpose, enhances self-worth, and reinforces social connections, particularly among older adults (Anderson et al., 2014; Sellon et al., 2021). From a career perspective, volunteerism provides individuals with valuable skills, experiences, and networking opportunities that enhance their competitiveness in the job market (Evans & Yusof, 2023; Fullwood & Rowley, 2021; Giancaspro & Manuti, 2021). Societally, volunteers play crucial roles in sustaining community services, filling critical gaps in service provision, and responding to evolving social issues (Colibaba et al., 2021b; Skinner & Joseph, 2007, 2011). As Skinner et al. (2014) and Vareilles et al. (2017) argue, volunteerism can be integrated into community development frameworks to reach marginalized groups and the most vulnerable populations across various spatial contexts.

Despite its benefits, volunteerism in rural regions specifically faces some challenges, including uneven resource distribution, transportation and accessibility barriers, limited internet access, and the digital divide (Giesbrecht et al., 2010; Hanlon & Kearns, 2016; Skinner & Russell, 2019). These challenges have been exacerbated by the COVID-19 pandemic which disrupted volunteer participation (Principi et al., 2022), altered the structure of volunteer programs (Bruce et al., 2021), and increased reliance on digital platforms for engagement (Bruce et al., 2021). While rural communities appear to rely heavily on volunteer efforts to address service gaps (Colibaba et al., 2020), the pandemic highlighted the vulnerabilities of these programs, particularly the challenges of retaining older volunteers due to health concerns and technological barriers (Colibaba et al., 2021a; Seifert et al., 2021). The shift toward digital communication and service delivery during the pandemic further appeared to have inhibited volunteer engagement, as some older adults in rural communities often faced difficulties in adapting to technological changes partly due to privacy concerns, internet interruptions, and digital illiteracy (Bruce et al., 2021; Colibaba et al., 2021a).

Although people of all ages contribute to volunteerism, older adults often play a significant role, particularly in aging communities like those in Peterborough, Ontario region, where demographic trends suggest a strong presence of older volunteers (Colibaba et al., 2020, 2021a,b; Skinner & Russell, 2019). However, the long-term sustainability of existing volunteer-based programs in the region remains uncertain due to this demographic shift and due to other factors including volunteer burnout, evolving societal needs, and the pandemic-induced transformation of the voluntary sector (Colibaba et al., 2021a). Research suggests that addressing these challenges would require strategies that promote intergenerational volunteerism (Blais et al., 2017; Burr et al., 2021; Colibaba et al., 2021b; Larkin et al., 2005), digital literacy initiatives (Katey & Chivers, 2025; Oh et al., 2021; Wells & Russell, 2024; Zapletal et al., 2023), and equitable resource distribution (Davies, 2016; Skinner & Russell, 2019). Rehnborg (2009) also emphasizes the importance of integrating cultural sensitivity, legal accountability, and support mechanisms to enhance the effectiveness of volunteer-based programs.

Given Peterborough Region's aging demographic and reliance on volunteers and volunteer-based programs for community sustainability, this thesis research partnered with the PRHC volunteer program to explore the program's operations since the pandemic. Specifically, the research investigates older volunteers' experiences, the dynamics of digital technologies use, challenges facing program delivery, and long-term measures to sustain the program post-pandemic.

1.3 Problem statement

The COVID-19 pandemic has fundamentally altered the landscape of voluntarism, particularly in regions such as Peterborough, Ontario where an aging population appears to form the backbone of community-based volunteering efforts (Colibaba et al., 2021a; Skinner, 2014; Statistics Canada, 2022a). Before the pandemic, prior studies among older volunteers

in the Region reveal how the active involvement of older adults in volunteer programs impacted both individuals and social services provision. For instance, drawing on a case study of the Selwyn Public Library between 2017 and 2018, Colibaba and Skinner (2019) discovered how the integration of older adults and aging places could enhance development in aging communities in the Region. Further research reported how the dynamics of aging volunteers and intergenerational challenges affected both older volunteers and the sustainability of the Selwyn Fire Department (Colibaba et al., 2021b). In essence, before the pandemic, pre-existing studies highlighted the challenges, contributions, and potentials of older voluntarism in sustaining specific social services (especially, public libraries, fire departments, and housing [Colibaba et al., 2021b]) in the Peterborough region. Given that these studies focused largely on social services, a critical knowledge gap exists specifically regarding the experiences and contributions of older volunteers in other equally important sectors, including the health care sector. However, it is worth mentioning that MacLeod et al.'s (2012) hospice study, although it did not focus entirely on older volunteers, provides some insights into understanding the older voluntarism situation among predominantly older hospice volunteers and family caregivers in the region. Given the intrinsic differences between a hospital and a hospice in terms of their primary focuses, levels of care, and overall goals, it is important to separately study the experiences of older volunteers in a hospital setting as well. For instance, whereas hospitals focus on diagnosing, treating, and curing illnesses through medical interventions, surgeries, and acute care services, hospices focus on pain management and quality of life for people with terminal illnesses (Hopkin, 2021). More so, since MacLeod et al.'s (2012) study over a decade ago, the rural volunteer landscape has undergone tremendous transformations, particularly in the wake of the COVID-19 pandemic. These shifts have highlighted the need for new research that explicitly examines the

experiences of older volunteers in hospital settings, which were widely classified as “COVID-19 red zones” during the crisis (Nourkova & Gofman, 2023).

As noted by a subsequent foundational study by Skinner (2014), voluntarism has long been a pillar of community engagement, providing critical support in health care, social services, and community well-being. However, the pandemic led to significant disruptions in volunteer participation, including reduced in-person engagement, increased reliance on digital technologies, and concerns about health risks among older volunteers (Bruce et al., 2021; Colibaba et al., 2021a; Herron et al., 2022; Ling et al., 2023). As a result, the effectiveness and sustainability of volunteer programs in the post-pandemic era have become pressing concerns that need scholarly attention. As earlier stated, existing literature underscores the essential role that older volunteers play in community development (Skinner, 2014), yet these volunteers may face unique challenges such as declining physical health, difficulty adapting to technological advancements, and shifting social dynamics (Colibaba et al., 2021a,b). This raises concerns about the long-term sustainability of volunteer programs that rely on older adults, particularly in a regional hospital setting. For instance, during the pandemic, evidence shows that the transition to digital platforms for communication and service delivery exacerbated the digital divide, disproportionately affecting older adults with limited digital literacy (Ray et al., 2022; Seifert et al., 2021). These technology-related factors appeared to have hindered some older adults’ participation in volunteer work at the time. As Morrison et al. (2023) noted, it also deepened pre-existing issues of social exclusion and the digital divide among older people.

Against this background, this thesis research explores the experiences of older PRHC volunteers, the dynamics and reactions to digital technologies adoption by the PRHC volunteer program, the challenges of volunteering during and after the pandemic, and long-term measures to sustain the volunteer program post-pandemic. Thus, this research provides

some insights into how a rural-serving regional hospital volunteer program can better support older volunteers and foster more inclusive and resilient volunteer initiatives in the future.

1.4 Justification of the research

This research is necessary due to the significant demographic shifts occurring in Peterborough, Ontario, where older adults have emerged as important drivers of both volunteer programs and community sustainability (Colibaba et al., 2021a). According to Statistics Canada (2022b), Peterborough has one of the highest proportions of older adults in Ontario, with nearly 25% of its population being aged 65 and older. This demographic trend has implications for the sustainability of volunteer programs in the region. Hence, understanding the experiences and challenges of older volunteers in a hospital setting is essential for developing policies and strategies that enhance the long-term viability of voluntarism in the region. The volunteer program at PRHC provides an ideal hospital context for this research, as the hospital serves as the primary referral center for the region, offering a wide range of health care services and volunteering opportunities to all people (PRHC, 2019). More importantly, as far as this thesis is concerned, no specific research has been conducted at PRHC since the pandemic, to explore the experiences of its volunteers and how the volunteer program navigated the COVID-19 crisis. This research, therefore, is among the first to address this knowledge gap, extending important recommendations to help effectively sustain the volunteer program post-pandemic.

1.5 Aim of current research

To explore the pandemic and post-pandemic challenges of older voluntarism in a regional health setting

1.6 Research questions

1. How have older hospital volunteers' experiences changed since the pandemic?

2. How did volunteer programs utilize digital technologies during and after the pandemic?
3. What challenges have emerged for older volunteers and volunteer-based programs since the pandemic?
4. What strategies can help sustain volunteer programs post-pandemic?

1.7 Research objectives

1. To investigate older hospital volunteers' experiences of volunteering since the pandemic.
2. To explore the dynamics of digital technologies usage during and after the pandemic.
3. To discover the challenges facing older volunteers and volunteer programs since the pandemic.
4. To explore measures to sustain volunteer programs post-pandemic.

1.8 Research approach

This thesis research leveraged a qualitative case-study design to explore the experiences of PRHC volunteers, the dynamics and reactions to digital technologies' adoption by the volunteer program, the challenges of volunteering during and after the pandemic, and long-term measures to sustain the volunteer program post-pandemic. Both focus group discussions and one-on-one interviews were utilized as the mediums of data collection. The managers of the PRHC volunteer program served as key informants while the volunteers (predominantly older volunteers) served as the primary unit of inquiry. Data analysis was done thematically using a constant comparative approach.

1.9 Organization of the thesis

The research is divided into five chapters. Chapter one provides an overview of the thesis, background, problem statement, justifications, research aim, research questions, research objectives, and research approach. Chapter two expounds on the literature review. It synthesizes existing knowledge on key themes related to older voluntarism, digital technologies, and voluntarism in places of care and health care institutions. Chapter three focuses on the methodological approaches adopted for the research. It comprises the research approach and design, types/sources of data, sampling design and techniques, ethical considerations, data collection and instrument, interview and focus group protocol, and data analysis. Chapter four presents the findings of the research. Chapter five summarizes the findings, providing discussions, contributions, recommendations, limitations, future research directions, and concluding comments.

Chapter 2

Literature Review

2.1 Introduction

This chapter presents a review of existing literature on key themes relevant to this thesis research. It focuses on the evolving landscape of older voluntarism since the COVID-19 pandemic. The chapter explores how voluntarism among older adults has adapted to new challenges and opportunities in a post-pandemic world with a specific focus on the health care sector. By synthesizing existing knowledge and research, this chapter provides a foundation for understanding the broader context of older voluntarism, the role of digital technologies, and the multifaceted factors influencing volunteer engagement and community sustainability, particularly in a regional health care context and places of care.

2.2 Evolution of the concepts of voluntarism and volunteerism

Voluntarism, sometimes referred to as volunteerism (although some differences exist in conceptualizations), is usually referred to as the broader philosophical principle of relying on volunteers and voluntary organizations to meet social welfare needs without coercion (Cohen, 1998; Skinner & Joseph, 2007; Skinner et al., 2014). It is also considered to be the voluntary participation of individuals and/or voluntary organizations in the overall development and sustainability of society at large (Colibaba et al., 2020a). Voluntarism therefore emphasizes voluntary action as a key component of social responsibility and community engagement (Li & Tang, 2021). It represents the belief that individuals and voluntary organizations should contribute to societal well-being without being forced (Li & Tang, 2021). Similarly, volunteerism on the other hand specifically relates to the act of volunteering; that is, engaging in unpaid work to support a cause, organization, or community (Wilson, 2000). It focuses on the practice and culture of volunteering rather than the ideology

behind it (Birtch, 2017; Sellon et al., 2021; Whittaker et al., 2015). Hence, the thin line between the two lies in scope and emphasis. In the simplest sense, whereas voluntarism is the overarching belief in voluntary action as a societal good, volunteerism is one of the practical applications of such belief through giving time and effort to help others without expecting a monetary exchange (Li & Tang, 2021; Wilson, 2000). The principle of voluntarism has been argued to be the cornerstone of community engagement and development because it serves as the doorway to the voluntary contributions of both individuals and volunteer-based organizations toward investing in priority areas of society (Cohen, 1998). At its core, voluntarism embodies the spirit of civic engagement and collective action (Skinner et al., 2014). It also serves as a driving force behind community initiatives and social cohesion (Ågotnes et al., 2023; Skinner & Joseph, 2011).

Earlier scholarly debates surrounding the notion of voluntarism circulated two broad worldviews which Cohen (1998) later classified as “weak voluntarism” and “strong voluntarism.” The proponents of the former argued that there were limits (in principle) to the extent of activities that volunteers, and voluntary organizations could engage in. Thus, in their view, the scope of activities that people opt to engage in is largely influenced and oftentimes dictated by their social contexts (Cohen, 1998). On the other hand, Cohen himself, being a proponent of what he described as “strong voluntarism” argued that although our world (socio-physical) might limit our scope of the potential voluntary activities to choose from, we are always at liberty to carefully select which of the available options we want (Cohen, 1998). These debates surrounding weak and strong voluntarism partly provided some context for understanding the nature, scope, and dynamics of voluntarism within communities (Cohen, 1998). The debates also provide context for modern scholarship around voluntarism and volunteerism, which predominantly shed light on the complex interplay between individual agency and constraints in shaping voluntary activities (Cohen, 1998).

Research has advanced knowledge on voluntarism in both urban and rural milieus across different countries and world regions (Aguirre, 2020; Colibaba et al., 2021a; Illuzzi, 2022; Joseph & Skinner, 2012; Skinner & Joseph, 2011). In rural communities, where social networks are often interwoven and resources limited, evidence suggests that voluntarism plays a crucial role in fostering community resilience, addressing local needs, and promoting sustainability (Skinner, 2014; Skinner et al., 2014).

2.3 Older voluntarism

Older voluntarism is often considered as the voluntary participation of older adults in various community initiatives to ensure community sustainability (Colibaba et al., 2021a,b). It encompasses a wide range of activities, including but not limited to, community service projects and advocacy campaigns (Rogers, 1987; Skinner et al., 2014). One prominent theme in the older voluntarism literature is rural older voluntarism, which means the active involvement of older adults in various development-oriented activities in rural areas without expecting monetary remuneration (Colibaba et al., 2021b; Colibaba & Skinner, 2019; Giesbrecht et al., 2010). Older voluntarism plays a vital role in strengthening communities, and fostering social cohesion (Skinner, 2014).

2.3.1 Drivers of older voluntarism

Extant research has examined various aspects of voluntarism among older populations, including motivations for volunteering, challenges and barriers, and sustainability of social care services and programs (Davies, 2016; Skinner & Rosenberg, 2005; Skinner & Joseph, 2007, 2011). Evidence suggests that volunteering provides opportunities for older adults to stay active, engaged, and socially connected which reduces feelings of isolation and loneliness (Ling et al., 2023). Older volunteers often report increased satisfaction, purpose, and sense of belonging as they contribute to the well-being of their

communities (Larkin et al., 2005; Sellon et al., 2021). While altruism and a desire to give back to the community are common motivations, older adults also volunteer for personal fulfilment and social connection building (Butrica et al., 2009; Lee et al., 2008). The availability of volunteer opportunities, social networks, and support from community organizations all influence older adults' decision to volunteer (Colibaba et al., 2020; Power & Skinner, 2019).

2.3.2 Challenges facing older voluntarism

While older volunteers play crucial roles in essential service delivery, there are concerns about the long-term viability and capacity of volunteer-based programs to meet evolving community needs (Birtch, 2017; Skinner, 2014). Factors such as volunteer burnout, succession planning, and organizational capacity have all been established to impact the sustainability of volunteer initiatives (Frost & Laing, 2018). These therefore necessitate strategic planning and resource allocation to ensure continuity and effectiveness (Colibaba et al., 2020; Skinner & Joseph, 2007). In rural areas specifically, several factors influence volunteer engagement among older adults. For instance, transportation barriers pose significant challenges for some older adults, particularly those living in remote or sparsely populated areas (Lautenschlager, 1998). Limited availability and access to public transport coupled with long distances to service locations, changes in weather conditions, and night driving further exacerbate this issue, potentially restricting older adults' ability to contribute to community initiatives (Colibaba et al., 2020; Colibaba & Skinner, 2019).

Evidence suggests that chronic health conditions, mobility impairments, and family responsibilities can limit older adults' ability and capacity to volunteer (Cousineau, 2016; Vezino & Crompton, 2012). Skinner et al. (2014) also noted age-related health declines as a major challenge to volunteering among older Canadians. Keating et al. (2011) noted financial constraints as another significant barrier. Thus, due to limited incomes and fixed pensions,

some older adults are likely to prioritize meeting their own basic needs including meeting transportation needs over engaging in voluntary activities that potentially come with additional costs (Carver et al., 2018). Other important factors highlighted in the literature include a lack of awareness of available volunteering opportunities, limited communication and networking within rural communities, the digital divide, and rural-urban disparity in the availability of formal volunteering opportunities (Birtch, 2017; Colibaba et al., 2020; Joseph & Skinner, 2012; Keating et al., 2011; Skinner & Russell, 2019; Skinner & Joseph, 2007).

2.3.3 Historical account of older voluntarism in Canada

The practice of voluntarism in Canada traces its origins to the early settlement period when pioneers relied on collective action and cooperation to overcome the challenges of living in a rural area (Birtch, 2017). During the 19th and early 20th centuries, rural communities in Canada were predominantly agrarian, with subsistence farming and resource extraction forming the backbone of the economy (Lautenschlager, 1998). As such, voluntarism among older adults plays a crucial role in sustaining community life by providing essential services and fostering social connections (Birtch, 2017). Older adults, often regarded as repositories of knowledge and wisdom, were central figures in volunteer organizations, church groups, and community associations, where they contributed their time, labour, and expertise to support local initiatives (Birtch, 2017). Thus, the historical roots of voluntarism in Canada appeared to be deeply intertwined with religious and cultural traditions, as churches and fraternal organizations served as focal points for community organizing and social welfare provision (Birtch, 2017; Lautenschlager, 1998). Older adults, as pillars of these institutions, played leadership roles in organizing charitable activities, educational programs, and social events that strengthened community bonds and promoted collective well-being. Voluntary organizations, including charitable societies, provided

platforms for older adults to contribute to humanitarian causes to address pressing social issues (Lautenschlager, 1998).

However, throughout the 20th century, as Canada transitioned from agrarian economies to industrialized urban centres, volunteer roles evolved but remained integral to community sustainability. Older adults continued to play active roles in volunteer organizations, service clubs, and grassroots movements aimed at addressing local needs and promoting social justice (Birtch, 2017; Lautenschlager, 1998). Today, voluntarism among older adults continues to thrive, albeit in a changing landscape characterized by technological advances, demographic shifts, and globalization (Birtch, 2017; Skinner & Russell, 2019). Despite the challenges posed by modernization and urbanization, older adults continue to commit to the tradition of community engagement and mutual support that has long characterized Canadian life for generations (Lautenschlager, 1998; Skinner & Power, 2011).

One notable aspect of contemporary voluntarism is its adaptability and resilience in the face of evolving social, economic, and environmental challenges (Colibaba et al., 2021a; Ryser & Halseth, 2014, Skinner & Russell, 2019). As communities continue to battle with issues including aging infrastructure, declining populations, and economic uncertainty, older adults are said to be actively involved in voluntary efforts to address these challenges (Birtch, 2017; Skinner & Russell, 2019). Thus, be it through organizing community events, advocating for local causes, or providing support to vulnerable populations, older volunteers continue to play vital roles in sustaining their communities (Joseph & Skinner, 2012; Skinner & Power, 2011).

The advent of digital communication technologies has also opened new frontiers for volunteer engagement among older adults (Colibaba et al., 2021a; Sixsmith et al., 2022). Online platforms, social media networks, and virtual volunteering initiatives enable older

adults to connect with others, access resources, and participate in volunteer activities from the comfort of their homes (Ray et al., 2022). This digital shift has expanded the reach and impact of older voluntarism, allowing older adults to contribute to community development and social change in innovative ways (Hill et al., 2021).

2.4 Voluntarism in places of care and health care institutions

According to Saunders et al. (2019), to reduce the likelihood of health care-associated harm, hospitals globally have implemented volunteer programs designed to assist with patient care. Evidence shows that volunteers have been largely involved in indirect patient care in hospitals and care facilities (Roberts et al., 2014). However, recent examples suggest that volunteers can be trained to also provide direct patient care, especially in underserved settings (Roberts et al., 2014). For instance, volunteers have been trained to provide targeted feeding assistance to improve nutritional intake among patients with dysphagia and dementia (Wong et al., 2008; Wright et al., 2008). Other studies also explored the use of trained volunteers in fall prevention programs, where they monitored patients at risk of falls, engaged them in social interaction, and notified staff of behavioural changes that may heighten fall risk (Giles et al., 2006). As Caplan and Harper (2007) and Pritchard et al. (2021) identified, volunteer-supported interventions could be useful in mitigating delirium risk in hospital settings.

The Hospital Elder Life Program (HELP) represents another structured approach in which volunteers contribute to patient care through a combination of physical, nutritional, and cognitive strategies (Inouye et al., 2000; PRHC, 2019). The HELP program, pioneered by Dr. Sharon K. Inouye from Yale University has emerged as a ground-breaking delirium-prevention program intended to drive the improvement of the hospital experience of older patients (Inouye et al., 2000; PRHC, 2019). Having now been implemented in various health care facilities worldwide, HELP has demonstrated effectiveness in enhancing care quality and patient outcomes for hospitalized older adults (Hshieh et al., 2018). Some of its reported

benefits include maintaining cognitive and physical function among high-risk patients, supporting independence at discharge, facilitating transitions from hospital to home, and reducing the likelihood of unplanned hospital readmissions (Hshieh et al., 2018; Inouye et al., 2000; Steunenbergh et al., 2016).

In health care institutions, volunteers also contribute to outpatient units by assisting with patient navigation, appointment coordination, and providing companionship in waiting areas (Malby et al., 2017; Mellow, 2007). Volunteers support emergency departments by offering comfort to patients and families, guiding visitors, and assisting with non-clinical tasks (Mellow, 2007). In palliative and long-term care units, they provide emotional support, engage patients in recreational activities, and assist with end-of-life care initiatives (Hande et al., 2022). Volunteers are also involved in rehabilitation and physiotherapy departments, where they help with mobility exercises and encourage patient participation in therapeutic activities (D'Souza et al., 2021). Furthermore, they contribute to administrative and clerical tasks, and participate in hospital fundraising and community outreach efforts (Kung et al., 2025; Pratcher, 2023).

2.5 Older voluntarism and community sustainability

From a community standpoint, older voluntarism contributes to sustainability and resilience in several ways (Colibaba et al., 2020a, Russell et al., 2021; Skinner & Russell, 2019). For instance, volunteer-led initiatives, such as transportation services and community events helped meet the needs of some older adults, particularly those who were vulnerable or marginalized (Herron et al., 2022; Russell et al., 2022). Older volunteers serving as mentors and role models facilitate the transfer of traditional knowledge and values to younger generations while also fostering intergenerational connections and solidarity (Larkin et al., 2005). Skinner and Joseph (2007) categorized what could be termed the “importance of voluntarism in aging rural communities.” They “theorized” voluntarism as a “barometer of

change,” a “mechanism of adjustment,” and a “space of resistance (pp. 120-121).” That is, as a barometer of change, they implied that voluntarism reflects shifts in social services, with fluctuations in volunteer activity signalling broader transformations in community support systems. As a mechanism of adjustment, they noted that voluntarism enables rural communities to adapt to changing service landscapes by filling gaps created by shifting policies and resource constraints. Lastly, as a space of resistance, Skinner and Joseph (2007) indicated that voluntarism allows communities to challenge decisions that may overlook local needs by rather empowering people to take ownership of service provision and advocate for more responsive policies to promote community sustainability (Skinner & Joseph, 2007). During the first wave of the COVID-19 pandemic in Canada, Colibaba et al. (2021a) identified that active voluntarism among older adults was crucial in sustaining essential community services in Selwyn Township, located in Peterborough County.

2.6 Digital technologies and older voluntarism

Digital technologies refer to electronic systems, devices, or tools that use the internet to collect, process, analyze, and display data (Saha et al., 2025; Undheim & Ploog, 2023). They generally include a variety of tools and systems, such as computer programs, online services, and digital communication platforms (Saha et al., 2025; Undheim & Ploog, 2023). Video conferencing technologies (VCTs) belong to a broader scope of digital technologies that are generally classified as social interaction technologies (SITs) which became quite prevalent during the pandemic (Katey & Chivers, 2025; Ray et al., 2022). Social interaction technologies encompass a range of tools and systems that enable digital communication and engagement between people and groups (Burgess, 2020; Olsson et al., 2020; Redondo, 2015). Similarly, VCTs encompass a variety of software and hardware solutions that facilitate real-time communication and collaboration across different locations (Brey & Furht, 2019). Video conferencing technologies include web-based platforms like Zoom and Microsoft Teams,

desktop applications such as Skype, and dedicated hardware systems like Cisco Webex Room Kits (Brey & Furht, 2019; Lee et al., 2019; Ray et al., 2022). These tools offer features like screen sharing, file sharing, chat messaging, and recording capabilities that facilitate remote communication and collaboration (Ray et al., 2022). According to Azzaakiyyah (2023), the increasing interconnectedness of space and human activities has led to the prevalence of VCTs across the globe which enables individuals to work remotely and engage in diverse ways. Specifically, Ray et al. (2022) noted that the last few decades have witnessed the proliferation of several VCTs, chiefly Zoom, Webex, Skype, Microsoft Teams, and Google Meet. Evidence shows that as of April 2022, about 65% of the world's population used the internet, out of which about 60% identified as active users of at least one or more forms of VCTs (Kemp, 2022). However, there exist some variations in terms of spatial coverage and utility, as existing literature demonstrates that the Global South (typically less economically advanced regions) lags behind the Global North (typically more economically advanced regions) regarding internet penetration, digital technology support infrastructure, and digital literacy (Sen et al., 2022). Demographically, high adoption and usage of SITs and VCTs have been reported among young adults, with utilization trends found to decline with age (Perrin & Atske, 2021; Mullins, 2022). Some benefits of SITs and VCTs include networking (Olsson et al., 2020), communication (Azzaakiyyah, 2023; Olsson et al., 2020), and teamwork (Sen et al., 2022). These technologies also minimize geographic barriers (Olsson et al., 2020) and can increase efficiency in work environments (Redondo, 2015).

The role of digital technologies in supporting older voluntarism has gained increasing attention since the COVID-19 pandemic (Sixsmith et al., 2022; Thewes et al., 2024). According to Seifert et al. (2021), the COVID-19 pandemic accelerated the adoption of digital technologies in volunteer programs, as in-person activities were restricted for safety reasons. As Ray et al. (2022) noted, the severity and vulnerability of the pandemic

necessitated that tasks that used to be performed in person be transferred online, requiring the adoption of SITs and VCTs platforms. Evidence shows that some volunteer programs adopted various digital technologies to ensure the continuation of services during this time (Colibaba et al., 2021a; Thewes et al., 2024). For instance, Colibaba et al. (2021a) conducted a case study of three rural volunteer programs and reported the usage of Zoom among some programs. Similar outcomes were also reported by Ray et al.'s (2022) study that investigated older adults' adoption and usage of online conferencing tools. These findings, therefore, suggest that digital technologies could be instrumental in volunteer program sustainability post pandemic.

2.7 Context of the current research

This thesis research was conducted at Peterborough Regional Health Centre (PRHC) in Peterborough, Ontario, one of Canada's most rapidly aging regions. PRHC is a key health care provider for the Region and its surroundings (PRHC, 2019). Located in the City of Peterborough, PRHC offers a wide range of acute and specialized health care services to a population that includes a significant number of older adults (PRHC, 2019). As a regional hospital, it plays a vital role in delivering health care to both urban and rural residents, particularly in areas where access to medical services can be limited. Peterborough region has an aging population, with 37, 280 residents being aged 65 or older. This figure represents a significant 25.2% of the region's total population (Statistics Canada, 2022a). This rate is higher compared to the national average of 19% in 2021 (Statistics Canada, 2022a). Older adults in the region actively engage in volunteer work, contributing to the sustainability of essential programs and services (Colibaba et al., 2021a,b). However, some parts of the Peterborough region, especially rural areas, face challenges related to transportation and efficient mobile network coverage, all of which can impact the success of existing volunteer programs (Colibaba et al., 2021a,b; Zapletal et al., 2023). PRHC has long benefited from a

strong volunteer program, with older adults making up a significant portion of its volunteer workforce (PRHC, 2019). These individuals support hospital operations, enhance patient care, and create a welcoming environment for both patients and visitors (PRHC, 2019).

Leveraging a community-based approach, this thesis research aimed to unravel older PRHC volunteers' experiences since the COVID-19 pandemic, how the volunteer program navigated the pandemic in relation to digital technologies usage, challenges of volunteering, and measures to sustain the volunteer program post-pandemic. In all, this research contributes to ongoing intellectual discussions on older voluntarism, the digital divide, and volunteer program sustainability. It offers insights for policy, practice, and future research.

2.8 Chapter summary

This chapter touches on important concepts and themes that relate to the thesis research. The following subsections were explored: evolution of the concept of voluntarism and volunteerism, older voluntarism, drivers of older voluntarism, challenges facing older voluntarism, historical account of older voluntarism in Canada, voluntarism in places of care and health care, older voluntarism and community sustainability, digital technologies and older voluntarism, and context of the current research.

Chapter 3

Methodology

3.1 Introduction

This chapter presents the methodological framework for the research on older voluntarism in a regional health care setting. It outlines the overall research approach and design, types/sources of data, sampling techniques, data collection and instruments, and data analysis as well as research ethics protocols.

3.2 Research approach and design

This research adopted a qualitative approach and a case study design to unravel older volunteers' experiences of volunteering in a hospital setting during and after the COVID-19 pandemic as well as the dynamics of digital technologies usage by the volunteer program. The research also sought to unearth the challenges of volunteering and volunteer program delivery as well as measures to promote the long-term sustainability of the volunteer program post-pandemic. To facilitate the research, a community partnership was formed between the Rural Aging Research Program at Trent University and the PRHC volunteer program (Rural Aging Research Program, 2025). According to Aspers and Corte (2019), a qualitative approach involves studying the dynamics and nature of phenomena, taking into consideration their different manifestations and contexts. Debout (2016) further explained that the qualitative case study design allows a complicated phenomenon to be investigated by identifying several components that interact with one another.

3.3 Types/sources of data

Both primary and secondary data were used in this study. Primary data were collected through one-on-one and in-group interactions with the research participants. These data span relevant themes related to the research questions and supporting themes to enrich the

findings. Specific data on the general volunteer pool at PRHC were also solicited from the managers of the volunteer unit to provide context and augment the research findings.

3.4 Sampling design and techniques

3.4.1 Selection of research location and volunteer program

Canada is an excellent place to conduct this research because its population is aging and older Canadians are actively involved in volunteering. For instance, with an older adult (65+ years) population of about 7.4 million people (Statistics Canada, 2022a), the country is enlisted among the top countries with a rapidly aging population globally (United Nations Department of Economic and Social Affairs [UNDESA], 2022). Moreover, given the increasing reliance on older adults for volunteer services, understanding their experiences, challenges, and digital adaptation within a rapidly aging population is crucial for informing policy and practice (Giesbrecht et al., 2010; Skinner & Joseph, 2011).

Focusing on Peterborough region ensured that the study captured insights from a community with an active tradition of volunteerism (Colibaba et al., 2021a; Colibaba & Skinner, 2019), thereby, contributing valuable knowledge to broader discussions on aging, older voluntarism, and volunteer program sustainability.

Characteristics of the PRHC volunteer program

The PRHC volunteer program has long been a vital part of the hospital's commitment to providing excellent health and community care (PRHC, 2019). Established to enhance patient support and overall service delivery, the program invites community members to contribute their time and talents in a variety of roles, ranging from offering friendly assistance to patients and families to supporting administrative duties and special events (PRHC, 2019). Over the years, the program has evolved to meet the changing needs of both the hospital and its community, ensuring that volunteers receive proper task-specific training

and support. At PRHC, volunteers have the opportunity to serve in various units of the hospital, including the outpatient unit, main lobby, inpatient unit, and gift shop, among others (PRHC, 2019). Volunteers range from high school, college, and university students who serve as part of their program requirements, to older adults, the majority of whom are retired workers (PRHC, 2019).

Age distribution

At the time of the data collection (from September to November 2024), PRHC had a total of 274 registered volunteers, 254 of whom had their ages on record. This secondary data showed that out of those 254 volunteers, 55% were older adults aged 65 years and over and 27% represented young people aged 14-25 years. Typical of volunteer programs in health care, this suggests that older adults formed a significant proportion of the PRHC volunteer workforce (Government of Canada, 2017). See Table 3.1 below for volunteers' age distribution.

Table 3.1: PRHC volunteers' age distribution at the time of the data collection

Age	Number of volunteers	Percentage
65 years and above (older adult volunteers)	139	55%
26 – 64 years (adult volunteers)	46	18%
14 – 25 years (young adult volunteers)	69	27%
Total:	254	100%

Source: PRHC volunteer program (2024).

Sex distribution

Similarly, out of a total of 274 volunteers, 196 were females, which represented 72%. The remaining 74 were males, making up 27% of the total. Four volunteers did not have their sex on record. These data also show that there were more female volunteers at PRHC than

males, which is typical of volunteer programs in health care settings across Canada (MacLeod et al., 2012).

3.4.2 Selection of research participants

The research participants were recruited from the general PRHC volunteer pool of 274. Participant recruitment was subject to meeting the following eligibility criteria: (1) currently volunteering with PRHC and (2) willing to participate in either an in-depth interview or a focus group discussion session. To identify interested volunteers, an invitational email including a recruitment poster was sent to all volunteers at the time. One of the managers assisted by forwarding the email on the researcher's behalf. The recruitment poster was later pasted on noticeboards and important locations around the hospital.

3.5 Ethical considerations

Ethical approval for the research was obtained from Trent University's Research Ethics Board (file number 29180) (see Appendix A). Participants were asked to review and complete a letter of information and consent form (see Appendix B), which outlined the research purpose, procedures, potential risks and benefits, confidentiality measures, and right to withdraw without consequences. This ensured that participation was entirely voluntary and based on informed consent. To protect participants' privacy, all collected data were securely stored on Trent OneDrive and used strictly for research purposes only.

3.6 Data collection and instruments

Throughout this research, participants had the flexibility to choose their preferred mode of participation - either virtually via Zoom or in person at PRHC - as well as their preferred format, whether a one-on-one interview or a focus group discussion. This flexibility was guided by factors such as personal comfort, accessibility, technological proficiency, scheduling, and individual preferences. This participant-centred approach aimed to respect

and accommodate the diverse needs of the research participants, ensuring an inclusive and comfortable experience for all (Cypress, 2018; Heath et al., 2018). Additionally, offering virtual options helped overcome geographic barriers, enabling broader participation and allowing individuals who may not have been able to attend in person to also participate in the research.

3.6.1 Data collection with managers

One focus group was held with both managers of the volunteer program. The goal was to investigate how the volunteer program experienced or navigated the COVID-19 pandemic. The session was held virtually (via Zoom) and lasted for about 45 minutes. Basnet (2018) noted that focus group discussions help to gather a rich understanding from a group of individuals with a comparable background. Focus groups are particularly useful in descriptive studies like this because they encourage interaction among participants, which can lead to insights that might not emerge in individual interviews (Powell & Single, 1996).

3.6.2 Data collection with volunteers

Both in-depth interviews and focus group discussions using a semi-structured guide were the methods of data collection. Whereas the one-on-one in-depth interview sessions allowed for a deeper exploration of individual experiences, motivations, and insights related to volunteering, the focus group sessions encouraged interactive discussions among volunteers by providing opportunities to explore shared experiences, differing viewpoints, and group dynamics in volunteering (Basnet, 2018; Krueger, 2002). All in all, the semi-structured guide allowed participants to engage in meaningful dialogue while offering further opportunities for capturing collective themes and insights. On average, each data collection session lasted for about one hour.

3.6.3 Overview of data collection phases

Phase I

There were two phases of data collection. The first phase commenced in September 2024 and ended in October 2024. It began with the focus group session with the managers. This was followed by a series of one-on-one interviews and focus groups solely with people who volunteered through the pandemic or those who started volunteering during the pandemic. The goal here was to understand how the volunteer program navigated the pandemic and to gain a deeper understanding of individual volunteers' experiences, challenges, and motivations since the pandemic as well as long-term measures to sustain the volunteer program post-pandemic. A total of 13 participants were recruited (two managers and 11 volunteers). Seven of them participated through one-on-one interviews and six participated via focus group sessions (two participants in each group). During this phase, two focus groups were conducted in person at PRHC and one was held via Zoom. Similarly, three interviews were held in person at PRHC and four were held via Zoom.

Phase II

The second phase lasted from October 2024 to November 2024, with a total of 10 additional volunteers recruited. In this phase, focus group discussions and in-depth interviews were held with the general volunteer pool at PRHC. That is, participation was opened to all PRHC volunteers, regardless of when they commenced volunteering. The goal was to further explore volunteer experiences, challenges of volunteering, and to ascertain their views on long-term measures to sustain the volunteer program post-pandemic. This inclusive approach allowed for triangulation and the collection of diverse data, ultimately enriching the research findings. Six volunteers participated via one-on-one interviews, while four participated via focus groups – dyads. Of the one-on-one interviews, three were conducted in person at

PRHC, while the remaining three took place via Zoom. Both focus group sessions in this phase were held in person at PRHC.

In all, the study consisted of 21 volunteers and two managers across 13 interviews and 5 focus groups. A point of theoretical data saturation was established when no new results were forthcoming. Data collection sessions were audio-recorded for analysis. See Table 3.2 below for the summary of participants' information.

3.6.4 Interview and focus group protocol

A general demographic questionnaire was used to elicit some background information on the research participants. Specific information included: name, age, gender, preferred pronoun, and volunteer role. See Appendix C for the demographic form, and Table 3.2 below for a summary of participants' information.

Again, the data collection with the managers focused primarily on how the volunteer program navigated the pandemic with a specific emphasis on digital technologies usage (consistent with the second research question). To achieve this, a focus group guide was designed. Vital questions included: 1) Please describe how your organization's activities changed or evolved during the COVID-19 pandemic, 2) How did your organization initially respond to the idea of using digital technologies, and 3) Please tell me about how your organization operationalized the use of digital technologies during the pandemic. See Appendix D for the full guide.

Table 3.2: Socio-demographic characteristics of the research participants

Focus Group Discussion				
Phase I				
Pseudo name	Sex	Age cohort	Role	Experience at PRHC
Zephyr	Female	Early 50s	Manager	23 years
Jules	Female	Mid-40s	Manager	4 years
Bailey	Female	Mid-60s	Volunteer: Portering	1 year
Blake	Male	Mid-20s	Volunteer: Surgical Outpatient (SOP)	2 years 5 months
Jordan	Female	Early 60s	Volunteer: Wayfinding	3 years 1 month
Morgan	Male	Late 70s	Volunteer: Intensive Care Unit (ICU)	12 years
Phase II				
Kai	Male	Early 70s	Volunteer: Portering	17 years 1 month
Lake	Male	Late 80s	Volunteer: Wayfinding	14 years 2 months
Ellis	Female	Late 70s	Volunteer: Wayfinding	2 years 9 months
Tatum	Female	Late 60s	Volunteer: Wayfinding	5 years 1 month
In-depth Interview				
Phase I				
Pseudo name	Sex	Age	Volunteer Role	Experience at PRHC
Ash	Female	Early 60s	Volunteer: SOP	2 years 8 months

Sam	Female	Late 60s	Volunteer: Information Desk	2 years 8 months
Taylor	Female	Late 70s	Volunteer: Gift Shop	2 years 8 months
Alex	Female	Mid-60s	Volunteer: Wayfinding	3 years
Dana	Male	Mid-30s	Volunteer: SOP	3 years 3 months
Chris	Female	Early 70s	Volunteer: Book Cart / Friendly Visiting	1 year
Sky	Male	Mid-60s	Volunteer: Wayfinding	3 years one month
Phase II				
Riley	Female	Late 60s	Volunteer: SOP	10 years 5 months
Arden	Female	Mid-60s	Volunteer: SOP and ENDO	3 years 5 months
Wren	Male	Early 80s	Volunteer: Wayfinding and Portering	10 years 6 months
Rowan	Female	Early 80s	Volunteer: Gift Shop, Vaccination Clinic, and Pre-operation (Pre-op)	8 years 2 months
Remy	Female	Late 70s	Volunteer: Foundation Office Support and Information Desk	24 years 9 months
Indigo	Female	Late 60s	Volunteer: Post Discharge Calls	2 years 10 months

Source: PRHC volunteer program (2024).

To investigate volunteers' perspectives on how the program utilized digital technologies during the pandemic, the second research question (how did volunteer programs utilize digital technologies during and after the pandemic?) was primarily explored. During this phase, a list of semi-structured questions served as both interview and focus group guides with the volunteers. This was done to ensure consistency in the main ideas, making it easier to compare the data and draw patterns across the different methods. The instruments were carefully designed in line with evidence from the managers' session. Some key questions included: 1) Please share with me your experience of volunteering at PRHC during the pandemic, 2) Please tell me about your initial reaction to the idea of being interviewed or orientated via Webex during the onboarding process, and 3) Please describe any specific challenges you faced while performing your volunteer duties, and how you addressed or overcame them. See Appendix E for the full guide.

As noted earlier, the second phase explored volunteer experiences, challenges as well as long-term measures to sustain the program post-pandemic. Again, a list of semi-structured questions was used for both interviews and focus group discussions with the volunteers. Key questions included: 1) How would you say volunteerism at PRHC has changed since the pandemic, 2) How would you envision PRHC without volunteers, and 3) In your opinion, what measures do you think should be implemented to sustain volunteers and volunteer roles in the event of a similar outbreak? See Appendix F for the full guide.

3.7 Data analysis

A qualitative thematic analysis approach was adopted. First, the field audio recordings were transcribed using Microsoft Word online software. The transcripts were thoroughly cleaned to eliminate transcription errors and to preserve the richness and context of the data (Braun & Clarke, 2008; Williamson et al., 2018). To ensure the anonymity of the study participants, their original names were replaced with randomly assigned unisex pseudonyms and their original ages were presented in ranges (as depicted in Table 3.2 above). All known and potential participant identifiers were eliminated during the data-cleaning phase.

Transcripts were read through and reviewed multiple times for familiarity while also noting recurrent themes and patterns (Aspers & Corte, 2019). Afterward, a coding scheme that represented key themes, concepts, and patterns in the data alongside the research objectives was developed and pretested on a couple of transcripts to ensure clarity, consistency, and reliability in the coding process. This preliminary testing allowed for refinements in the coding framework, ensuring that it accurately captured the emerging key themes, concepts, and patterns (Keen & Packwood, 1995). Afterwards, the transcripts were uploaded into NVivo 15 qualitative analysis software where the codes were carefully applied to the transcripts individually.

A constant comparative technique was employed in refining both the coded transcripts and the coding manual to ensure accuracy and validity (Boeije, 2002). This technique involved continuous assessment or comparison of fresh data transcripts with previously coded transcripts to reconcile any potential errors in the coding process (Boeije, 2002). With the help of the NVivo software, all ensuing themes were organized into broader categories to reflect the objectives of the research. Table 3.3 below presents an overview of the data analysis which is further expounded in the ensuing chapters.

Table 3.3: Overview of data analysis

Objectives	Major Themes	Subthemes (Where applicable)	Example of supporting Extracts/Quotes
Experiences of volunteering during and after the pandemic	a. <i>Memorable events</i>		“...a lot of patients have told me they really enjoy chatting with me, and I appreciate their smiles. One patient said something so moving that I couldn't absorb it at first. It was such a nice compliment that I got teary-eyed and had to step out into the hall to wipe my eyes. It can be very moving.” (Chris, early 70s, volunteer)
	b. <i>Building social connections</i>		“As a retired person living alone, I was looking for connection with others. Volunteering helped me find that sense of belonging, and it's been a great way to build relationships after leaving the workforce.” (Sam, late 60s, volunteer)
	c. <i>Benefits of volunteering</i>	a. Health and well-being	“As far as I'm concerned, I may not be alive if I never started volunteering.” (Morgan, late 70s, volunteer)
		b. Personal growth	“It's taught me to be patient. It's taught me to listen. It's taught me to step back and think before I speak...” (Riley, late 60s, volunteer)
	d. <i>Drivers and the evolution of volunteer motivation</i>	a. Desire to give back to society	“With a background in chemistry and biology, I've long been interested in the medical field, so volunteering at PRHC was a natural choice for me. I'm able to give back while exploring my passion for healthcare.” (Wren, early 80s, volunteer)
		b. Rewarding career in health care	“I decided to pursue volunteerism in health care due to my rewarding experiences at the clinics I've been involved in. I thought it would help me understand more about the medical field and give back to those who helped me.” (Alex, mid-60s, volunteer)
		c. Family history of volunteering	“I also come from a family background where people volunteered. My parents were always involved in their community, and it was something that was ingrained in me from a young age.” (Sky, mid-60s; volunteer)

Dynamics of digital communication technologies' usage during and after the pandemic	a. <i>Webex technology use for online recruitment interviews and orientations</i>		"...we are required to use Webex." (Zephyr, early 50s, manager)
	b. <i>Reactions to digital communication technologies' use</i>	a. Negative reactions	"My age and older because we didn't grow up with computers, I'd rather do things in real life. I just always will." (Sky, mid-60s, volunteer)
		b. Positive reactions	"I'm totally comfortable with it. I used various tools during my career, and I was onboarded during COVID, so it was fully expected that I'd have my onboarding interview online. So it wasn't a surprise." (Jordan, early 60s, volunteer)
	c. <i>Effectiveness of digital communication technologies use in volunteering</i>		"I wouldn't say it was either good or bad. It was just necessary. You have to be there in person to do the volunteer work, so transitioning was just a matter of showing up and learning on the job. They have people who train you, and it took a few weeks to get to know the hospital and get comfortable with the public. The online onboarding didn't really affect that, it was just what we had to do at the time." (Sky, mid-60s, volunteer)
Challenges of volunteering and volunteer program delivery since the pandemic	a. <i>Volunteer health and safety</i>		"I have been thrown up against a wall during the height of the pandemic because somebody didn't want to wear a mask." (Rowan, early 80s, volunteer)
	b. <i>Lack of motivation and family concerns</i>		"Sometimes I wonder if my work has any impact. I don't have a person-facing role, so I thought, 'If I don't show up, will anyone notice?'" (Indigo, late 60s, volunteer)
	c. <i>Communication barriers and lack of regular feedback</i>		"... For students or visitors who don't speak English well, we have a French-speaking person on our team, so language isn't a problem in those cases. But for others, we use translation apps on our iPhones to communicate. It's really rewarding to be able to help in this way, but then we're discouraged from using our phones on the job, which can be frustrating." (Tatum, late 60s, volunteer)

Measures to sustain PRHC volunteer program post-pandemic	a. <i>Envisioning PRHC without the volunteer program</i>	a. Challenging experiences for service users	<i>“Without volunteers, I think there would be a high level of frustration among people entering the hospital. They would feel that things are taking longer, or they don’t know where to go. We’re there to point them in the right direction and help with the basics that the nurses don’t always have time for...”</i> (Arden, mid-60s, volunteer)
		b. Operational and financial challenges	<i>“Without us (volunteers), they’d have to hire more people, which costs money the government may not provide. Volunteers play an essential role, contributing thousands of hours that the hospital doesn’t have to pay for.”</i> (Wren, early 80s, volunteer)
	b. <i>Involving volunteers in decision-making</i>		<i>“I think it’s management’s role, though feedback from volunteers is valuable.”</i> (Kai, early 70s, volunteer)
	c. <i>Supplementary digital skills training</i>		<i>“I’m not aware of any other training aside from the upgrading modules...”</i> (Sam, late 60s, volunteer)
	d. <i>Ensuring stricter health and safety measures</i>		<i>“So, with proper masking, hand sanitizing, and everything, I would still volunteer and try my best to help during a crisis like that.”</i> (Alex, mid-60s, volunteer)
	e. <i>A balanced volunteer workforce</i>		

Source: Field data (2024)

3.8 Chapter Summary

This chapter provided detailed information on how the descriptive qualitative case study design was implemented in this research. It provided insights into participant sampling and recruitment strategies, the dynamics of data collection, and how the thematic analysis approach was operationalized.

Chapter 4

Results and Findings

4.1 Introduction

This research sought to explore older hospital volunteers' experiences since the pandemic, investigate the role of digital technologies in shaping older voluntarism, identify the challenges of volunteer program delivery post-pandemic, and ascertain long-term measures to sustain volunteer programs post-pandemic. This chapter contains the results and findings from the data analysis as described in chapter three, specifically, as presented in Table 3.3 above. The chapter is divided into sections focused on the findings relevant to each objective listed above. Numbered block quotes have been used to present direct quotes from the research participants.

4.2 Experiences of volunteering during and after the pandemic

The research participants were asked to share their personal experiences of volunteering at PRHC during or after the COVID-19 pandemic. The initial result revealed two subthemes: (a) memorable events and (b) social connection building. To further investigate their experiences, the participants were asked if they perceived any benefits regarding volunteering at the hospital. The reported benefits also covered two subthemes: (a) health and well-being and (b) opportunities for personal growth. The final follow-up question to investigate the volunteers' experiences covered the drivers of their motivations and how their motivations may have changed over time. Three subthemes also emerged in this regard: (a) a desire to give back to society, (b) a rewarding career in health care, and (c) a family history of volunteering. See Table 3.3 above for the general theme overview.

4.2.1 Memorable events

Most participants described standout or extraordinary moments that left a lasting impression on them. They were stories of human connections, resilience, and the profound impact of volunteerism at PRHC. These narratives reflected personal experiences that both shaped the volunteers' perception of voluntary work and the emotional and social significance of their roles. For some, these moments were centred on interactions with patients while for others, they were touching feedback or comments from hospital staff.

Extract one

“The most memorable story occurred in June 2020. I was among the first 20 volunteers to return to PRHC at a time when some COVID-19 restrictions were being lifted. One Pandemic Relief Worker (a retired nurse) took us to some of the units to demonstrate new protocols. She announced to [the] nursing staff that we, the volunteers, were returning. The nurses applauded. I was close to tears, thinking that these heroes of the pandemic were applauding ‘us.’ I recall this experience whenever I need to remind myself of the importance of what we do and that we are appreciated.”
(Tatum, late 60s, volunteer)

Extract two

“I was trying to think of a memorable moment, and the one that stands out is when I had a call with a former professor of mine from Trent University, from about 40 years ago. I was so surprised she was still alive - she’s 90 now. But of course, because of patient confidentiality, I couldn’t tell anyone. I didn’t tell her I knew who she was, but it was lovely talking to her.” (Indigo, late 60s, volunteer)

4.2.2 Social connection building

Some participants also highlighted the importance of relationships formed through their volunteering experiences at PRHC. Those connections, whether with patients, staff, or fellow volunteers, were described as important elements of their volunteering experience. Many expressed how those connections and interactions enriched their personal lives as well as fostered a sense of community, mutual support, and shared purpose. For some, those relationships were a source of encouragement during challenging times, while for others, the relationships provided opportunities for personal growth and meaningful engagement.

Extract three

“On Wednesdays, I get to know dialysis patients because the same people come in. They arrive in wheelchairs, and I transport them to the dialysis area. I enjoy joking around with them, and we’ve built a rapport. They each have their favourite spots to sit, and it’s nice to connect beyond small talk.” (Alex, mid-60s, volunteer)

Extract four

“... but that is a program where you visit patients at risk of developing hospital-induced delirium, whether from surgery, a fall, or a lengthy stay. There was one patient in particular who was 101 years old. Despite going through challenging times with her health and independence, she was extremely inspiring to me. I looked forward to visiting her every week until she moved to a long-term care home. I often think of her and her positive attitude.” (Jordan, early 60s, volunteer)

4.2.3 Benefits of volunteering

As mentioned earlier, two subthemes emerged to summarize the participants' perceived and real benefits of volunteering at PRHC. These were: health and well-being as well as personal growth.

Health and well-being

The data showed that volunteering at PRHC offered participants a variety of benefits that extended beyond their contributions to their immediate community. Many volunteers noted improvements in their health and well-being, particularly through the physical activity involved in their roles and the sense of fulfillment they gained from helping others. For some, the physical aspects of volunteering, such as walking about and pushing carts were a notable source of health benefits. Others highlighted the value of learning new skills and engaging in different tasks that kept them mentally active and energized. This continuous learning brought a sense of purpose and joy that contributed to their overall well-being.

Extract five

“I am amazed at how much walking I do. I live close by, so the walk to and from the hospital is about four kilometres. There are a lot of steps involved in visiting rooms efficiently, plus pushing a heavy cart. There’s some physical work involved, so yes, there are health benefits.” (Chris, early 70s, volunteer)

Extract six

“I have learned new skills, and we should never stop learning. As a former teacher, you always have to learn new things, and that’s why I volunteer in different areas. Being open to learning brings me joy. I think it keeps me younger. I’m not a young

woman - 80 is not young - but I don't feel old. I feel as though it gives me energy. It gives me energy and purpose." (Rowan, early 80s, volunteer)

Opportunities for personal growth

In addition to the benefits related to health and well-being, the study participants also reflected on how their experiences helped them develop new perspectives and coping strategies. For some, the challenges faced in their roles revealed areas for self-improvement, helping them to develop greater patience and self-control. Others spoke about the insights they gained in managing difficult situations, not only within the hospital setting but also in their everyday lives. These experiences allowed volunteers to build resilience, refine their problem-solving skills, and become more self-aware, leading to meaningful personal development.

Extract seven

"Like I said before, there was an opportunity for personal growth. I saw how I was reacting in ways that weren't helpful, and I had to deal with that. So that was very positive." (Sky, mid-60s, volunteer)

Extract eight

"I think I've got a better understanding of how I can deal with challenges because I see people deal with other challenges every day. I have learned a bit about knowing when to step in and when to step back, and that's helped me [even] outside of PRHC."
(Arden, mid-60s, volunteer)

4.2.4 Drivers and evolution of volunteer motivation

Some volunteer participants were already volunteering at PRHC before the pandemic while others started during and after the pandemic when preventive measures were being relaxed. This subtheme highlights the various reasons volunteers chose to commit their time at the regional health centre, as reflected in their feedback.

Desire to give back to society

Many volunteers at PRHC were driven by a deep desire to give back to their community. The volunteers offered some perspectives. For some, the drive to volunteer stemmed from a place of introspection where they decided to show gratitude for the fortunate circumstances they had experienced in their own lives, and wanting to make a meaningful difference for others who might be struggling. For other volunteers, it was the joy of helping people in small but impactful ways including offering an approachable smile, a generous word, or easing the stress of a hospital visit. These motivations reflected a strong sense of compassion and a genuine longing to make a positive impact on both individuals and society at large.

Extract nine

“Volunteering is my way of giving back to the community. I have been lucky in my life, and I want to do something meaningful that helps others who might be less fortunate.” (Chris, early 70s, volunteer)

Extract ten

“I enjoy helping people. I enjoy making it easier for people who are coming to the hospital, whether it’s a smile, a kind word, or just making their visit a little less stressful.” (Sky, mid-60s, volunteer)

Rewarding career in health care

For some volunteers, their motivation to serve at PRHC was closely tied to their connection to health care through their past experiences. Those with established careers in health-related fields saw volunteering as a way to express gratitude for the opportunities they had and to give back to the community that supported them. For the few young study participants, volunteering provided a chance to explore a potential career in medicine and gain firsthand insight into the health care system.

Extract eleven

“I had a good career here, and I want to give back to the community. I feel like volunteering is a way of saying thank you for all the opportunities I had in my own life.” (Riley, late 60s, volunteer)

Extract twelve

“The main reason is that if I am going to commit to the medical school route, I at least need to know what I’m getting myself into. Volunteering gives me a great opportunity to learn and see firsthand how the health care system works.” (Blake, mid-20s, volunteer)

Family history of volunteering

For some participants, volunteering was a valued practice deeply ingrained in their family values. Some participants narrated how they were inspired by their parents who had devoted several years of their lives to volunteering and community service. Others also recounted how they were motivated by their children’s and spousal involvements. Accordingly, those volunteers frequently cited a sense of continuity of family tradition and shared purpose as key motivators.

Extract thirteen

“During the pandemic, I worked at vaccination clinics [...]. My husband volunteered, and we sometimes worked together. It was a great bonding experience, and we both felt like we were making a meaningful contribution.” (Alex, mid-60s, volunteer)

Extract fourteen

“My son was volunteering here [PRHC] in high school. When he stopped, I thought I would take it up myself. It seemed like a great way to stay involved with the community and set an example for others.” (Lake, late 80s, volunteer)

While some volunteers recounted that their commitment and drive to volunteer had remained consistent (unchanged) even after the pandemic, others reflected on how personal factors such as declining physical strength due to old age had influenced (changed) their motivations. For volunteers who reported no changes in their motivation, the results showed that their commitment to volunteering continued to be driven by factors such as routine, enjoyment, and a strong sense of duty. Whether it was the satisfaction they gained from their work, the relationships they had built, or their ongoing desires to contribute to their community, their motivation to volunteer remained largely unchanged.

Extract fifteen

“I realized, as I am getting older [...], I can’t overextend myself. I used to juggle multiple volunteer roles in one day, but now I know I need to slow down [...] my energy level has changed.” (Ellis, late 70s, volunteer)

Extract sixteen

“My motivation hasn’t changed; it has become part of my routine. I enjoy it just as much now as when I began. I have seen others move on, but I haven’t felt that way. If anything, my experience has improved. Initially, I struggled with acronyms, but now I understand them, which has made my volunteering experience more positive.” (Alex, mid-60s, volunteer)

4.3 Dynamics of digital communication technologies usage during and after the COVID-19 pandemic

This objective sought to unearth how the PRHC volunteer program utilized digital communication technologies in their operations during and after the pandemic. The program managers provided extensive information which were further follow-up with the volunteers to ascertain their perspectives as well. The ensuing major themes included: (a) the use of Webex technology for online recruitment interviews and orientations during the pandemic, (b) reactions to digital communication technologies’ use, and (c) the effectiveness of digital communication technologies in volunteering.

4.3.1 Webex technology use for online recruitment interviews and orientations during the pandemic

During the pandemic, in-person volunteer activities at PRHC were suspended to prioritize safety. This led to the adoption of digital communication platforms to continue essential processes. Webex technology was adopted in conducting online recruitment interviews and orientations for new volunteers, ensuring the recruitment process could proceed while adhering to safety protocols. This approach enabled volunteer services to navigate the challenges of the pandemic while reintroducing volunteers to their roles gradually and safely.

Extract seventeen

“On March 13th, 2020, all volunteers at PRHC were put on hold. Volunteers were called and told not to report for duty until further notice. Volunteers remained out of the hospital until the gradual return, which started in mid-June 2020. [...] Volunteer roles were returned to the hospital on an as-needed basis based on the comfort of volunteers willing to return. By early 2021, it was noticeable that the lack of volunteers was having quite an impact on the hospital. Therefore, we decided to resume recruiting and bringing on new volunteers in the safest way possible. We started accepting applications digitally by email, and then interviews were conducted online using Webex. Orientation was conducted online via Webex as well, and then later by recorded video. Volunteers were required to attend PRHC to complete their TB [tuberculosis] testing by appointment and then had in-person shadowing and training in their specific departments.” (Zephyr, early 50s, manager)

When asked why they chose Webex over other well-known digital communication platforms, it was explained that the hospital considered it to be safe.

Extract eighteen

“...That’s what our IT department has asked us to use; it is safe for the hospital.”
(Zephyr, early 50s, manager)

To provide a comprehensive understanding of how the volunteer program utilized Webex technology during the pandemic, the managers recounted the challenges faced and the strategies implemented to ensure the continuity of volunteer recruitment and orientation. They detailed the step-by-step guidance provided to volunteers who were unfamiliar with the technology, including the patience and support extended by the staff, and the creation of alternative solutions such as telephone interviews and recorded orientation videos.

Extract nineteen

“The volunteers were quite reluctant due to the fact that they were unfamiliar with the technology. There were volunteers who had never experienced this type of technology, and some staff as well. Many volunteers required step-by-step training, so (my colleague) was very patient, walking them through the instructions on how to use the technology, how to attend the interviews, and then orientation as well. She took her time and was very patient, making people feel comfortable. We tried as much as we could, and if they couldn’t do certain things, we would assist them by doing a telephone interview rather than having them use Webex if they were really struggling. There were only a handful of volunteers who couldn’t find success, and in that case, I mentioned the telephone interview. Orientation was a little more difficult to provide instructions for these individuals, but we decided to create a video so that they could watch it for orientation, which was really helpful. We would just email it to them for viewing. But again, that’s using technology and many of the volunteers were very resourceful; they would ask their grandchildren or children to help them access the information. “You know, my son’s going to come over and help me.” (Zephyr, early 50s, manager)

Furthermore, the managers were asked to describe or provide specific examples of some volunteer roles that were cancelled outright and were not given priority when the program reopened. The results showed that hands-on activities that involved frequent handling of items or direct contacts were among the first to be sidelined. Examples included managing break-open tickets for fundraising, a role that involved handling money and physical tickets as well as creating tray favours for patients using plastic canvases and wool, which also raised serious concerns about contamination. Additionally, the practice of

distributing knitted baby hats made by community members was discontinued to mitigate potential risks to newborns.

Extract twenty

“... the break-open tickets, which are very hands-on, were fundraising for the foundation. They were kind of like a corporate open ticket, like a lottery. When people come in, they pay like CA\$0.50 to gamble, and then they open these tickets, and the volunteer takes them back. There was a lot of handling of money, so right away, the foundation said, ‘This isn’t safe because of COVID-19. We’re going to stop this and fundraise in different ways.’ [...] Another one was that volunteers were making tray favours. They came into the hospital and used plastic canvas, a needle, and wool to make little baskets for Easter and other special occasions, like Christmas. The thought was that volunteers were touching all of that, and then it was going on the food tray. So, we decided to stop that and do something different, like maybe give them a cupcake on their birthday with a card that one person touches instead of many volunteers. We also stopped allowing knitted goods, where people from their homes would knit baby hats and bring them to the hospital. We were concerned about those items going on a baby’s head. So, we looked at what we had plenty of and decided to do different things. We also asked the community to make masks for us. So, things just evolved and changed.” (Zephyr, early 50s, manager)

However, since the worldwide relaxation in the COVID-19 preventive measures, almost all volunteering-related activities at PRHC have gone back to in-person (which was the usual approach before the pandemic). Activities related to interviews and orientation were all done in person at PRHC post-pandemic. Nevertheless, the data also showed that some specific volunteer activities were being done in a hybrid manner. While Webex continued to

be used for specific activities such as spiritual care partnership council meetings, other forms of communication, specifically telephones were also being used for some specific tasks including medical appointments. Volunteers also utilized the hospital's learning management system (known as VicNet) for their yearly required education and training. The VicNet system includes modules designed to ensure volunteer safety and understanding of essential protocols, such as hospital codes and handwashing practices. These technological tools have helped to align volunteer training processes with those of hospital staff.

Extract twenty-one

“Currently, we are not using Webex for meetings [....]. We have offered education through Webex before, but we have generally gone back to in-person meetings. The volunteers are currently using technology to receive their education [training]. They have education [training] that is required yearly, which is our learning management system, the same as our staff. They are required to complete modules to ensure they are safe while volunteering at PRHC and understand all the different codes within the hospital, such as handwashing. Various modules are required every year that they need to complete.” (Zephyr, early 50s, manager)

Extract twenty-two

“In Pre-Op, we use a hybrid approach where some intake questions are done over the phone, like medications, which can be recorded by a pharmacy tech, and some are done in person. It cuts down patient wait time without adding unnecessary technical requirements...” (Rowan, early 80s, volunteer)

Reflecting on their personal experiences and how they navigated the pandemic, the managers emphasized the challenges of virtual interactions, highlighting the difficulties of building connections and conducting virtual tours around the hospital via Webex compared to

in-person experiences. They also spoke highly of the volunteers by highlighting their unwavering dedication and willingness to support through the pandemic.

Extract twenty-three

“I like that it is in person now because you get to know the individuals. I found it hard to get to know someone over the computer. Now, they sit down in front of me, and everyone is more comfortable. With technology, there’s often a learning curve, but giving a tour via Webex was much harder than doing it in person, where I can show them where surgical outpatient is, where different things are.” (Jules, mid-40s, manager)

Extract twenty-four

“Nobody walked away saying, “I can’t do this.” They were willing to help. The people coming on to volunteer had heard there was a need in the hospital and were thankful for the staff working tirelessly every day. They really wanted to help, and we made sure that the people coming on were comfortable being in a hospital setting.”
(Zephyr, early 50s, manager)

4.3.2 Reactions to digital communication technologies’ use

Both the managers and the volunteers reflected on their initial responses to the sudden incorporation of Webex technology into volunteer activities. The feedback was categorized into two groups - negative and positive, with the former largely traceable to entrenched digital challenges and the technological divide while the latter group consisted of people who demonstrated familiarity with modern digital communication technologies.

The transition to digital tools during the pandemic may have brought notable challenges for individuals who were unfamiliar with such technologies. Initial reactions

included feelings of stress, nervousness, and a preference for in-person interactions due to limited experience with computers. Some participants required step-by-step guidance to navigate the new platform. Additionally, the negative reactions appeared to have been exacerbated by the absence of formal training for both managers and volunteers. This complicated the adaptation process and deepened reliance on peer support and personal resourcefulness. Over time, confidence grew for some, but the initial learning curve highlighted the difficulties of integrating technology into processes traditionally carried out in person.

Extract twenty-five

“I struggled at the beginning because it was very new to me. I really did struggle initially, but [my colleague] is very tech-savvy and was really helpful. It was more like nervousness because I had never done it before. I remember thinking, “I’m nervous to mess up.” If I had to play something, I would ask [my colleague] to be close by because I worried about not being able to get back. I became confident later on, but it took some time, and probably my age didn’t help either. I wasn’t as confident as someone younger. We didn’t get much training; there was no formal training at PRHC regarding Webex. It was like all of a sudden, you were on Webex, and maybe training was hidden somewhere, but we literally just figured it out.” (Zephyr, early 50s, manager)

Extract twenty-six

“I was a little bit stressed because I’m so computer illiterate.” (Bailey, mid-60s, volunteer)

Conversely, some volunteers also expressed positive reactions towards the use of Webex, as they appeared to have been already familiar with similar technologies. For some,

video conferencing was part of their professional trajectories, such as those who had used video calls for business meetings or conducted interviews in previous roles. This familiarity made the transition to online interviews and orientations smoother and more comfortable. Despite challenges associated with virtual interactions, these individuals expressed ease and confidence in using the platform.

Extract twenty-seven

“I wasn’t fazed by it [Webex] because I’m used to video conferencing. I was in middle management at the school board, and we did that a lot, interacting with colleagues from different boards. I felt prepared for the interview since I had been on the other end, conducting interviews for human resources and payroll. I didn’t mind the Webex interview at all; it was pleasant.” (Alex, mid-60s, volunteer)

For others, the shift to online interactions offered convenience and comfort as the virtual meetings allowed for more flexibility, such as being able to attend sessions from home and participate without any need to wear masks. These participants appreciated the ability to see each other’s faces during video conferencing sessions, which helped to create a more personal connection despite the digital medium. The ability to engage in discussions and share experiences in a more relaxed, face-to-face virtual setting contributed to a positive overall experience and reaction.

Extract twenty-eight

“It was fine. People chatted, asked questions about why we wanted to volunteer, and shared some experiences. Since we were on Webex, we didn’t have to wear masks, so we could see each other’s faces, which was nice.” (Taylor, late 70s, volunteer)

4.3.3 Effectiveness of digital communication technologies use in volunteering

Again, the results demonstrated a mixed perception regarding the effectiveness of the online training and orientation programs, particularly the Webex platform used during the pandemic. The participants also reflected on the VicNet system used for their online modules. While these virtual sessions provided an introduction to the principles of volunteering, some participants noted that the virtual sessions did not directly relate to the hands-on aspects of their volunteer duties. For those volunteers, the online orientations and modules primarily served as foundations for understanding broader concepts, such as safety protocols or organizational procedures, but lacked the practical components required for the role. As a result, the volunteers highlighted that the shadowing phase where they could observe and learn from experienced staff was the key element in effectively preparing them for their duties.

Extract twenty-nine

“I think most of the information I learned was just on the ground, like shadowing the volunteers and learning from them. Most of the learning happened during that time. The orientation was more like the fine print or basic things like “please sanitize your hands...” (Blake, mid-20s, volunteer)

Extract thirty

“My learning really started when I was there in person. You can’t learn the layout of the hospital online; you have to be there.” (Sky, mid-60s, volunteer)

For other volunteers, Webex provided no perceived or real advantage due to factors such as unreliable internet connectivity, particularly for volunteers living in rural and peri-urban surroundings. Personal preferences, such as discomfort with sharing their images or

with being recorded further contributed to the negative perceptions. Despite these challenges, a few volunteers were open to using alternative online training formats, specifically, the VicNet platform. The platform allowed them to access necessary information without the complications associated with interactive platforms like Webex.

Extract thirty-one

“VCT provides no advantage to me. I live in the country and connectivity is unreliable. As well, for personal reasons, I hate sharing my image, especially when being recorded. However, I’ve been happy to use the online [one-way] training available in the volunteer office.” (Tatum, late 60s, volunteer)

Finally, the reliance on Webex for volunteer training and orientation posed unique challenges for some older research participants, as assumptions about their comfort with technology often overlooked real difficulties. This forced some volunteers to call for assistance from staff to navigate the Webex and VicNet platforms. Moreover, the data further showed that the difficulties were not solely with the design of the platforms but also with accommodating different learning styles of the older volunteers as well as addressing technology-related stressors. For instance, technical issues, such as sound problems on Webex, often frustrated some volunteers, while the isolation of online orientations added to the challenge. Others found it difficult to follow spoken instructions without written guidance or captions to support their understanding. This variation in learning styles, whether auditory or visual, appeared to have had some toll on both managers and volunteers alike.

Extract thirty-two

“The design features weren’t really to blame for the challenges. It was more about different learning styles and the limitations of the technologies - some being auditory, some being visual. The isolation of attending orientation online made it difficult. I

find that when someone is reading to me or I am reading something, I cannot quite grasp the question. I prefer to look at it. So, there were many different learning styles... ” (Zephyr, early 50s, manager)

Extract thirty-three

“There is an assumption that people my age are comfortable with technology. Many older volunteers find it challenging, even with mandatory online courses, and often need assistance from staff. I have seen patients panic when I mention watching educational videos online because they don’t have a computer or feel unsure about using it. For instance, when I logged into Zoom, I encountered issues with sound, and I got flustered. Small technical issues can throw us off, and it’s important not to stress out volunteers with technology they don’t need.” (Rowan, early 80s, volunteer)

Despite these pockets of challenges, most of the volunteers saw the online orientation and VicNet training as very effective as they did not encounter any “major” issues with the platforms. Predominant among this category of people were those who had some prior experience with digital communication technologies.

Extract thirty-four

“I have used the VicNet training on both an iPad and my phone, and even on my phone, it’s fine. As for the font size, I can’t recall it being anything. There may be times that I may have had to magnify it, but I didn’t wish the font size was bigger, which is fine.” (Jordan, early 60s, volunteer)

4.4 Challenges of volunteering and volunteer program delivery since the pandemic

The data showed that the COVID-19 pandemic had posed some challenges to both volunteers and the volunteer program alike, as the organization transitioned into the post-

pandemic phase of service delivery. Three major themes emerged from the qualitative data to summarize the challenges recounted by the volunteers. These were: (a) volunteer health and safety, (b) lack of motivation and family concerns, and (c) communication barriers and lack of regular feedback.

4.4.1 Volunteer health and safety

The results showed that some volunteers encountered situations that raised concerns about both physical and psychological health and safety, especially in patient-facing roles. Reported incidents ranged from physical aggression during the height of the pandemic to some comments that volunteers considered inappropriate. Some volunteers described being subjected to physical altercations, such as being forcefully pushed against a physical wall for enforcing COVID-19 mandates during the pandemic. Another recounted some instances of harassment via inappropriate comments from a colleague volunteer, often leaving them feeling uncomfortable and unsafe. Similarly, inappropriate behaviours also manifested in another volunteer's exchanges with a patient, where racial undertones and stereotyping were subtly or blatantly expressed. While these behaviours were often not reported to the appropriate authority due to several reasons, including fear of escalation or dismissal of persons involved, participants acknowledged that the incidents had some emotional tolls on them as well as their consciousness of the specific individuals.

Extract thirty-five

“I have personally experienced and witnessed what could be seen as sexual harassment. For example, one [colleague volunteer] made a gesture toward [their] crotch and said, ‘This is where it hurts.’ I did not report it at the time, because I did not want to make a big issue out of it. I just avoided [them] afterward. Another time, I overheard [them] making inappropriate comments to [other] volunteers. I did not

... speak up because it wasn't directed at me, and I did not want to get involved if those affected were not saying anything. But it does make volunteering more difficult at times... ” (Tatum, late 60s, volunteer)

Extract thirty-six

“I was taking an older gentleman to the lab, and he made a joke, asking if I was a good driver. I laughed it off, saying I had my driver's license, trying to be nice. But later, at the lab, he made a strange comment, asking if the lab tech, who was wearing a hijab, was my mother. She was about my age, and I felt the comment had some racial undertones. I ignored it, but he seemed upset by my silence. Afterward, it hit me that he might have been stereotyping, assuming I would be a bad driver due to my background... ” (Blake, mid-20s, volunteer)

4.4.2 Lack of motivation and family concerns

Some volunteers expressed feelings of uncertainty about the significance of their roles and the support they received from staff, which affected their drive. These volunteers questioned whether their efforts made any meaningful impact, particularly in non-patient-facing roles where the outcomes of volunteer activities were less visible. This supposed lack of feedback or recognition from staff may have contributed to doubts about the volunteers' contributions and the value of their presence. Additionally, concerns about family dynamics and safety during the pandemic emerged. For example, one volunteer noted that family members worried about the risks associated with volunteering, particularly during the pandemic. These personal and relational factors may have influenced volunteers' decisions about whether to continue volunteering post-pandemic or in the event of another pandemic.

Extract thirty-seven

“There aren’t many of us doing this role. I can see the schedule, and there are days when no one is coming in. Sometimes, I question what we are really accomplishing and whether they actually use the information we are gathering.” (Indigo, late 60s, volunteer)

Extract thirty-eight

“I live alone, and while my son was worried about me volunteering during the pandemic, I felt it was my life and it was important. If I had a partner who objected, I might have looked for different types of volunteer work.” (Rowan, early 80s, volunteer)

4.4.3 Communication barriers and lack of regular feedback

Some volunteers recounted challenges in communication, particularly when assisting individuals who had limited proficiency in English. Despite volunteers’ efforts to redirect those service users to appropriate resources, communication barriers sometimes left the individuals confused and unsatisfied. Although translation tools like mobile phone-based applications were occasionally used by some volunteers as intervention measures, the discouragement of phone usage during volunteering created tension between providing effective assistance and adhering to organizational policies and codes of conduct. Some volunteers expressed a desire for more individualized feedback on their task performance. While general comments of appreciation were important, there appeared to be a notable dearth in its ability to provide elucidating information to inform volunteer duties. The volunteers narrated the need for constructive feedback to understand whether they were fulfilling their roles effectively as well as identify areas for improvement.

Extract thirty-nine

“...There are often international students who are new to Canada, and their English is not always strong. They often come in feeling confused and uncertain about what they need. Many do not have appointments and do not know what the hospital can or cannot do for them. They are looking for help with things like vaccinations or doctor’s appointments, which we cannot provide. We try to direct them to the appropriate places, but sometimes it’s difficult to communicate and we are not able to fully satisfy their needs.” (Ellis, late 70s, volunteer)

Extract forty

“...It will be good to get regular feedback, not just a general ‘we appreciate what you do.’ I would like to know if I am doing a good job or if there is anything I could improve.” (Indigo, late 60s, volunteer)

4.5 Measures to sustain PRHC volunteer program post-pandemic

To investigate the crucial role of the PRHC volunteer program in health service delivery in the region, the study participants were asked to envision the regional health centre without the contributions of the volunteer program. The perspectives provided presented critical background information for contextualizing and understanding their views on measures to sustain the volunteer program going forward. The results depicted three major themes that showed that without the volunteer program, there could be: (a) challenging experience for service users and (b) operational and financial challenges. Furthermore, the data highlighted three broad themes that specifically touched on measures to sustain the volunteer program post-pandemic. These were: (a) involving volunteers in decision-making, (b) supplementary digital skills training, and (c) ensuring stricter health and safety measures.

From the secondary data (see Table 3.1), a potential challenge could be deduced from the high older volunteer presence at the hospital, drawing attention to a fourth sustainability theme - a need for a balanced volunteer workforce (see Chapter 5 for a detailed discussion of this theme).

4.5.1 Envisioning PRHC without the volunteer program

Challenging experience for service users

The study participants noted that the absence of volunteers at PRHC would profoundly affect service users, thereby creating significant challenges during their hospital visits. Also, the data highlighted the crucial roles volunteers played in ensuring the day-to-day running of the hospital including guiding patients and visitors to specific units and providing emotional support to both patients and families. It further showed that their absence would likely result in longer wait times, increased frustration, and difficulties navigating the hospital. Additionally, the study participants narrated that essential non-clinical tasks typically handled by volunteers, such as directing patients or providing wheelchair assistance would likely fall to medical staff which would in effect detract them from providing patient care.

Extract forty-one

“...I think volunteers do a lot of stuff that does not require a lot of skill or training, but it keeps the place running smoothly. Helping people get where they need to go and assisting with clinics. It would be a much more challenging experience for the public if there were no volunteers. I think the hospital would have to hire people to do that because it can be overwhelming for people, especially if they are not familiar with Peterborough.” (Sky, mid-60s, volunteer)

Extract forty-two

“Chaos! They would have to hire more staff, and the patients would suffer. When patients come to the hospital, they are often anxious and unsure of where to go. Volunteers and staff must be patient with them since many are coming in after receiving bad news or visiting someone in the hospital. The volunteers at the front door help guide them, which is crucial. Without volunteers, people would struggle to navigate the hospital, needing signs everywhere or research to find their way.” (Riley, late 60s, volunteer)

Operational and financial challenges

The results showed that the absence of volunteers at PRHC would profoundly disrupt the hospital’s daily operations. Participants narrated how indispensable their roles are in ensuring the smooth and efficient functionality of the health center. For instance, volunteers undertake a variety of essential yet time-consuming tasks, including portering patients, directing visitors, and staffing information desks. Although these roles may seem inconsequential, the data shows that they are vital in allowing trained medical and administrative staff to focus on specialized and high-priority duties. Beyond the logistical implications, participants also noted the financial challenges. The data showed that without volunteers, the hospital would need to hire more paid staff, which might strain budgets and limit resources for other essential areas.

Extract forty-three

“...If no volunteer showed up to the hospital tomorrow, it wouldn’t function. Volunteers offload a lot of the work that nurses have to do [...]. Without volunteers, patients would walk into the hospital and just spin in circles, not knowing what to do.” (Dana, mid-30s, volunteer)

Extract forty-four

“I genuinely believe the hospital would struggle to operate effectively without volunteers. The contributions we make alleviate the need for additional paid staff. For instance, during the height of COVID, when the volunteer program was paused, the hospital had to hire someone to fill our roles in the surgical outpatient area.” (Ash, early 60s, volunteer)

4.5.2 Involving volunteers in decision-making

Volunteers play a vital role in hospital operations as they often serve as the primary point of contact for patients and visitors. Some volunteers reported that their insights which were often based on firsthand engagement and interaction with service users, were generally overlooked in decision-making. This led to frustration for some volunteers especially when changes surrounding their roles were implemented without any form of consultation with them. Accordingly, some volunteers considered structured opportunities for input, including periodic meetings with staff as valuable ways to incorporate their perspectives. While some volunteers preferred to just focus on their tasks without playing any role in decision-making, others thought that their input could improve workflows and policies, thereby enhancing both volunteer satisfaction and overall hospital operations.

Extract forty-five

“The most challenging part is that things change randomly for us. We are not included in decision-making and often do not know what is happening at a higher level. Suddenly, something in our job will change, and it is frustrating. I have rarely been consulted about whether a change would be helpful for the job, not personally, but for efficiency. Occasionally, they conduct broad surveys, but sometimes they move

us or give or take away tools, without asking how important they are to us [...]. It's very frustrating as a volunteer." (Sam, late 60s, volunteer)

Extract forty-six

"Our feedback helps improve processes, but ultimately, decisions should be with management." (Lake, late 80s, volunteer)

4.5.3 Supplementary digital skills training

Volunteers expressed varied experiences and proficiencies regarding digital technology usage. Some volunteers seemed confident about using digital technologies including Webex and VicNet, and did not perceive any need for additional training. Conversely, others acknowledged gaps in their skills and proficiencies and highlighted challenges with task execution including online training modules. Volunteers who considered themselves "technologically illiterate" reported that they had to rely on some close family members to execute some technology-related tasks during the onboarding period. Meanwhile, the availability of support resources, such as access to IT assistance or shared computers for training was noted, even though awareness of these resources appeared inconsistent. Some volunteers suggested that structured workshops or personalized training could help others who may be less familiar with technology to navigate digital tools effectively. Overall, there appeared to be a consensus that more comprehensive digital skills training would benefit both individual volunteers and the efficiency of the program.

Extract forty-seven

"I would need workshops or courses to upgrade my [digital] skills and feel more comfortable." (Bailey, mid-60s, volunteer)

Extract forty-eight

“I am not aware of anything that PRHC has done for basic computer skills. They organize certain things that focus more on the people side, not the digital side. Not [soft] skills like using software, but more on how to interact with this demographic or that...” (Dana, mid-30s, volunteer)

4.5.4 Ensuring stricter health and safety measures

Finally, the results highlighted the importance of maintaining robust infection control measures and emphasized that the procedures significantly influenced their comfort and willingness to volunteer. Similarly, volunteers also recognized that clear hospital protocols and visible precautions could encourage continued participation, even during challenging times.

Key measures noted by participants included the enforcement of mask mandates, regular hand sanitization, access to proper personal protective equipment (PPE), and clear communication regarding outbreaks. Some volunteers also expressed the need for stricter enforcement of policies and measures as they identified some lapses in adherence, including improper wearing of masks which was generally observed during mandated periods of the pandemic. On the other hand, some volunteers also applauded the sanitization efforts and restrictions implemented during the pandemic, and previous, and ongoing crises, such as limiting access to outbreak-affected areas and ensuring adequate cleaning of shared equipment like wheelchairs. These measures were seen as effective in mitigating risk and fostering a sense of safety among the study participants.

Extract forty-nine

“We had to wear masks and safety glasses, and there was extra cleaning equipment for things like wheelchairs. They clearly marked areas in the hospital that volunteers

were not expected to enter if there was an outbreak. Those measures made me feel more comfortable.” (Arden, mid-60s, volunteer)

Extract fifty

“If a switch flicked right now, I will probably not (volunteer). But if the hospital had time to put in place all the protocols to ensure a safe environment with a level of acceptable risk, then I would feel comfortable going in (to volunteer).” (Dana, mid-30s, volunteer)

4.6 Chapter summary

This chapter consisted of the presentation of findings and research results. The first objective had to do with exploring volunteers’ experiences during and after the pandemic. It was established that volunteers shared memorable stories that seemingly reflected the extent of their satisfaction. The volunteers also recounted stories that highlighted social connection-building as an integral part of their experience. Volunteers also reflected on the benefits of volunteering, as well as the drivers and evolution of their motivation post pandemic. The second objective had to do with how the volunteer program navigated the digital landscape during the pandemic. It was established that the PRHC adopted Webex for volunteer recruitment interviews and orientation, and VicNet for additional training. However, post-pandemic, Webex technology is no longer used in direct volunteer engagement activities and its use is limited to very specific activities. VicNet on the other hand continues to be used for yearly refresher courses by continuing volunteers and recruits. The third objective had to do with the challenges facing volunteers and volunteer program delivery. Volunteer health and safety, lack of volunteer motivation and family concerns, as well as communication barriers and lack of regular feedback, were vital themes. Finally, regarding the last objective which touched on measures to sustain the volunteer program post-pandemic, it was established that

the volunteers perceived a gloomy future for the regional health centre without the ongoing support of the volunteer program. As part of measures to foster the long-term sustainability of the PRHC volunteer program, volunteers emphasized the need to involve them in decision-making, supplementary digital skills training for those who would need it, and continuous enforcement of existing health and safety measures.

Chapter 5

Discussion and Conclusion

5.1 Introduction

This chapter provides a comprehensive summary and discussion of the ensuing findings from the research. The findings are discussed in light of existing literature. Various conceptual, empirical, and community contributions of the research are also highlighted alongside some program/policy recommendations. Research limitations, future research directions, and concluding comments wind up the chapter.

5.2 Summary of findings

This research was underpinned by four specific objectives: (1) to explore older hospital volunteers' experiences during and after the pandemic, (2) to investigate the role of digital technologies in shaping older voluntarism, (3) to identify the challenges of volunteer program delivery post-pandemic, and (4) to ascertain long-term measures to sustain volunteer programs post-pandemic.

Regarding the first objective, the research established various memorable events that stood out for the volunteers as well as the meaningful relationships they built through social connections. Exploring these experiences further, other findings included benefits of volunteering and evolution of volunteers' motivation post-pandemic

Regarding the second objective, it was established that during the pandemic the volunteer program switched to using Webex for recruitment interviews and orientation. The organization also leveraged VicNet for further training and scheduling. However, since the worldwide relaxation in the pandemic's coping measures, the volunteer program has generally gone back to its usual way of volunteering, which is in person.

For the third objective, the findings highlighted key concerns including volunteer health and safety issues which led to discomfort and emotional distress for some volunteers. A lack of motivation among some volunteers was also established as well as communication barriers and lack of regular feedback on volunteers' activities.

The last objective sought to unearth measures to sustain the volunteer program post-pandemic. Volunteers surmised that without their support or the support of the volunteer unit, the regional health centre could face some issues including, challenging experiences for service users as well as operational and financial challenges. The following were the sustainability measures highlighted by the volunteers: (1) involving volunteers in decision-making regarding their specific roles, (2) providing supplementary digital skills training and workshops for volunteers who identified as not tech-savvy, (3) ensuring stricter health and safety measures, and (4) a need for a balanced volunteer workforce.

5.3 Discussion

The goal of this study was to explore the pandemic and post-pandemic challenges of older voluntarism in a regional health centre. A series of in-depth interviews and focus group discussions were held with both PRHC volunteers and managers of the volunteer unit. This current section discusses the findings summarized above through the lens of existing literature.

5.3.1 Experiences of volunteering during and after the pandemic

The findings reveal the overall intricacies of PRHC's older volunteers' experiences during and after the COVID-19 pandemic. The study found that in an attempt to highlight the dynamics of their volunteering experiences, volunteers recounted stories, scenarios, and situations that reflected memorable moments and social connection building. This finding supports existing evidence which also reported meaningful stories and narratives among older

adults and volunteers during the pandemic (Hayden et al., 2023; Nourkova & Gofman, 2023). Specifically, the present finding supports Hayden et al.'s (2023) qualitative study which reported volunteering as a source of hope and social connection among older volunteers in Canada. Moreover, the volunteers' recollections of memorable or exciting moments reflect the emotional and social significance of their roles in the health care institution. The literature emphasizes that memorable experiences, such as receiving gratitude from health care workers, patients, and supervisors could contribute to a volunteer's feeling of self-worth, sense of uniqueness, and purpose (Anderson et al., 2014; Nichol et al., 2023). Volunteers who returned to the facility during the peak of the pandemic recounted receiving applause from hospital staff and the positive effects such gestures had on them. Such recognitions foster a sense of belonging and motivation among people (Mattina, 2025). Moreover, the emotional depth of these stories demonstrates the intrinsic rewards associated with altruistic behaviours and volunteering. For instance, in Warner et al.'s (2024) study in Hong Kong, volunteering was found to have tremendous positive effects on loneliness, depressive symptoms, anxiety, and group involvement. Advertently or inadvertently, the perceived intrinsic altruistic rewards of volunteering may have presented significant positive reinforcements to the volunteers, spurring them to continue volunteering or take up volunteering roles within a sector generally considered a "COVID-19-red zone" (Nourkova & Gofman, 2023).

Beyond just memorable stories or events, the results also highlighted social connection building as an important aspect of the volunteer experience during and after the COVID-19 pandemic, lending support to existing literature that highlights the role of volunteering in fostering empathy, trust, and social support (Burr et al., 2021; Thewes et al., 2024). According to Hayden et al. (2023), social connections are both motivators and outcomes of volunteering, especially among older adults, contributing to a stronger social network and overall well-being. As demonstrated by the data, volunteers' rapport with

patients and other staff reinforces the idea that sustained interactions and connections could create a community of care where volunteers act as crucial mediators between patients, families, and health care professionals. This community of care could foster an environment where emotional support, guidance, and practical assistance would be seamlessly integrated into hospital volunteerism. Moreover, the intricacies of social connection and interaction from the perspective of the volunteers at PRHC echo the idea of “relational care”, where everyone feels supported and also feels they are part of a family or a system (Larkin et al., 2023). However, it is important to remember that not all families are happy all the time and that relational care also means acknowledging and working with challenges (Larkin et al., 2023).

Benefits of Volunteering

This research established two important benefits that volunteers narrated as part of their experiences. Thus, the results highlighted the health benefits of volunteering, echoing extant evidence that volunteerism is associated with improved cardiovascular health, lower depression rates, and increased life satisfaction (Jongenelis et al., 2022). The combination of physical activity, mental engagement, and the opportunity to work with others, aligns with the biopsychosocial model of well-being, suggesting that holistic engagement enhances overall health (Jongenelis et al., 2022). Studies have shown that volunteering in later life promotes active aging and a sense of vitality (Burr et al., 2021). Burr et al. (2021) noted that just like paid work, volunteering involves physical and cognitive tasks that benefit health and well-being in diverse ways. Physical activities such as moving carts around, pushing wheelchairs, and directing patients and other service users around could help heart and lung functioning, strengthen muscles and bones, and improve circulation. These benefits can contribute to overall physical health and reduce volunteers’ (especially older volunteers’) risks of developing chronic diseases (Burr et al., 2021). While the World Health Organization [WHO]

(2024) noted that about 31% of adults do not meet the recommended levels of physical activity, seeing volunteerism through the pragmatic lens of the study participants' self-reported benefits could contribute to achieving the global target of reducing physical inactivity in adults (including older adults) by 15% by the year 2030 (WHO, 2024).

On the other hand, volunteering was also perceived as an opportunity for personal growth as some volunteers recounted learning to manage personal emotions and gaining new perspectives. This finding supports Jongenelis et al.'s (2022) study among older Australian adults that showed significant improvements in life satisfaction, purpose in life, and personal growth scores compared to their counterparts who did not volunteer. Through volunteering older adults may be challenged to adopt new roles and develop skills that promote a sense of personal growth. The opportunity to help others and connect with diverse groups can lead to a stronger sense of purpose and a broader perspective on life. This finding can be explained by Maurer et al.'s (2023) personal growth process (PGP) model which sees personal growth as a socio-cognitive-embodied process in which an individual undergoes several mental shifts that comprise varying social activities or responsibilities over some time. These mental shifts represent general progress toward well-being and life satisfaction (Maurer et al., 2023), possibly inducing in the volunteers a sense of personal worth and value.

Drivers and evolution of volunteer motivation

It was further discovered that people chose to volunteer at the regional hospital because of their desire to give back to society. That is, knowing that their roles were filling crucial gaps in health service delivery at PRHC was particularly important to most volunteers. This finding resonates with Same et al.'s (2020) qualitative study in Perth, Australia which also reported the desire to give back to the community as a key driver of volunteer motivation. In Canada, evidence suggests that older adults perceive volunteering as "payback time in retirement" (Narushima, 2005, p. 575) which influences their intrinsic

desire to give back to society. People desire to give back to society to foster a sense of community, express gratitude, create positive change, and uphold moral values (Narushima, 2005; Same et al., 2020). Moreover, empathy, personal fulfillment, and the quest to leave a meaningful legacy also drive this desire, making giving back a mutually beneficial act that strengthens both individuals and society (Narushima, 2005; Same et al., 2020). This research also found that some people chose to volunteer during and after the pandemic because they had rewarding careers in health care. Some research participants self-identified as retired nurses, accountants, and other health care workers who may have had a thorough knowledge of the needs of health institutions during outbreaks. As such, they may have felt morally obliged to give back to society, indicating a strong sense of social responsibility that is powered by their past experiences and knowledge. For the few younger volunteers in this research or those exploring health care professions, volunteering served as a stepping stone, providing practical exposure and clarity about career aspirations. This finding aligns with Brunette's (2011) study in which it was argued that volunteering often serves dual purposes: altruism and self-enhancement. The hospital setting, in particular, offers volunteers unique insights into the complexities of the health care field. However, as Ashfaq et al. (2020) noted, volunteers with career motives often contribute for shorter periods due to their focus on gaining experience or enhancing their resumes. While these volunteers can bring valuable insights and energy to a hospital setting, their transient involvement may limit the long-term impact of the volunteer program. The brief duration of their service can disrupt continuity and create challenges in maintaining a stable program.

It was also established that for some older volunteers, longstanding family traditions of volunteerism encouraged them to volunteer during and after the pandemic. This finding supports Reilly and Vesic's (2002) finding that family volunteering combines community service and leisure into a rewarding and meaningful activity for all members irrespective of

demography. This act fosters intergenerational transmission of behaviours that are considered socially positive, including volunteering. Thus, family involvement may reinforce volunteering as a cultural norm and an avenue for shared experiences (Reilly & Vesic, 2002). Reilly and Vesic's (2002) findings suggest that family volunteering blends altruism with leisure, making it both enjoyable and meaningful. This combination can motivate individuals to continue volunteering as they associate it with positive memories and shared accomplishments. Additionally, family participation in volunteering creates a supportive environment where members encourage one another, making it easier to sustain long-term involvement in community services. By fostering this cultural norm, families may contribute to the development of socially responsible citizens who view volunteering not just as an individual choice but also as a collective and meaningful activity.

For some volunteers, the pandemic may have heightened their sense of responsibility, as the critical need for volunteer support became more apparent post-pandemic. This may have led to a stronger commitment to their roles and a deeper understanding of the impact of their contributions. However, for others, changes in energy levels – whether due to physical, emotional, or situational factors – may have affected their engagement. This reveals the importance of personal well-being in sustaining volunteer efforts (Matthews & Nazroo, 2021; Turk et al., 2022). Increased awareness of challenges within their volunteering environments including resource constraints, staff shortages, or systemic inefficiencies, may alter volunteer motivations (Ashfaq et al., 2020; Bruyere & Rappe, 2007). This awareness can either inspire volunteers to advocate for solutions and continue their efforts or induce frustration or burnout, depending on the level of support they receive (Bruyere & Rappe, 2007; Jansen, 2010). Thus, these shifts emphasize the interplay between external circumstances, like the pandemic, and personal factors, such as individual resilience and adaptability. They also point to the need for organizations to recognize and address the changing motivations by providing

support where necessary, clear communication, and opportunities for volunteers to feel valued and empowered (Ashfaq et al., 2020; Matthews & Nazroo, 2021). By doing so, organizations can help sustain volunteer engagement and harness the important perspectives of their volunteers to improve program outcomes.

5.3.2 Dynamics of digital communication technologies usage during and after the pandemic

The research established that the PRHC volunteer program adopted Webex technology to facilitate new volunteer recruitment interviews and orientation during the peak of the pandemic. The adoption of Webex for online recruitment interviews and orientations during the pandemic reflects a shift in the organization's way of doing things, necessitated by a health crisis. This aligns with existing research on how institutions leveraged digital tools to maintain operational continuity when in-person activities were no longer feasible or were kept at minimal levels (Choi et al., 2024). For instance, studies have shown that digital platforms play a critical role in enabling volunteerism and health care (Chandra et al., 2022; Pickell et al., 2020). In the United States, Pickell et al. (2020) reported that the adoption of online video conferencing platforms in health care provided a novel solution for volunteering during the pandemic. Thus, PRHC's ability to utilize Webex for volunteer recruitment and onboarding showcased how digital communication technologies became essential for sustaining non-clinical operations in health care settings (Choi et al., 2024).

Reactions to digital communication technologies use

Participants who seemed not familiar with Webex stated that they received minimal or no training on how to use the platform before the adoption. Combined with the limited experience of some with digital technologies in general, this made using Webex during the pandemic a significant source of discomfort. Their initial negative reactions of feeling

stressed and nervous, and a preference for in-person interactions suggest that the digital divide remains a key challenge to some volunteers, particularly for those with limited technological experience. The lack of training posed a challenge to their ability to adapt which led to increased reliance on peer support and personal resourcefulness. This finding supports Katey and Chivers' (2025) narrative review on the drivers, drawbacks, and prospects of social interaction technologies' adoption among older adults during the pandemic, where they established that the digital divide posed major challenges to older adults' ability to utilize digital communication technologies. Older adults often face barriers to adopting digital tools due to limited prior experience/exposure, age-related cognitive challenges, and a preference for traditional, non-digital ways of communicating including face-to-face meetings and phone calls (Morrison et al., 2023). However, the proactive measures by the volunteer service managers to guide and support those volunteers, including step-by-step instructions and alternative interventions like recorded videos reflect best practices for bridging the digital divide (Choi et al., 2024). This adaptive approach is consistent with literature emphasizing the need for tailored support and training to enhance digital literacy among older adults in general (Choi et al., 2024; Katey & Chivers, 2025; Morrison et al., 2023).

Effectiveness of digital communication technologies use in volunteering

This research also found that since the relaxation in COVID-19 management protocols, there has been a halt in the direct involvement of Webex in volunteer-related activities, although volunteers still use the hospital's learning management system, VicNet, for training and to access their duty rosters. Post-pandemic, the use of Webex has been limited to specific meetings, implying that volunteers are not obliged to engage with patients or service users via Webex. The reduced reliance on Webex for volunteer-related activities

post-pandemic suggests that the PRHC volunteer program has returned to in-person activities (what they did before). Globally, digital communication platforms like Webex, Zoom, and Google Meet became essential for maintaining communication and service delivery while adhering to physical distancing protocols during the pandemic (Choi et al., 2024). However, as restrictions eased and in-person interactions resumed, the need for virtual engagement diminished, particularly for tasks related to medical or hospital volunteering which may be more effectively handled in person. This shift could be explained in light of the reported challenges by the volunteers and managers, including difficulties in training via Webex, varying levels of digital literacy among volunteers, and limitations in fostering meaningful connections through virtual platforms. These challenges might have influenced the decision to scale back the use of Webex by the program. The change also suggests a re-prioritization of tools, with VicNet continuing to serve as a primary platform for administrative functions like training and roster management. This suggests that PRHC recognizes the importance of restructuring volunteer operations while reserving roles and platforms like Webex for more specific or high-level interactions, such as occasional meetings. Moreover, this transition also highlights the PRHC volunteer program's adaptability in integrating digital solutions where they add value while acknowledging the importance of in-person engagement in fostering a sense of connection and purpose among volunteers.

Additionally, the mixed perceptions regarding the effectiveness of Webex during the onboarding phase reveal the duality of technology resilience and resistance (Chui & Chan, 2019). That is, while some participants appreciated the convenience and flexibility of online tools, others cited challenges like unreliable internet, discomfort with video conferencing platforms, and a lack of training. This finding resonates with studies on technology acceptance models, which suggest that user satisfaction and perceived ease of use are critical determinants of successful technology adoption (Davis, 1989; Jegundo et al., 2020).

5.3.3 Challenges of volunteering and volunteer program delivery since the pandemic

Volunteer health and safety

This research also established issues related to volunteer health and safety including physical aggressions directed at some volunteers during the pandemic. This finding resonates with Williams-Gaston's (2023) research which also reported that unpaid volunteers experienced some form of inappropriate descriptions and offensive gestures during the pandemic. These acts are usually due to minimal laws governing volunteer activities in some jurisdictions (Williams-Gaston, 2023) or the nonenforcement of those laws. Notwithstanding, Canada has strict laws and policies that require organizations that engage with volunteers to have specific legal and moral obligations to their volunteers (Volunteer Canada, 2025). However, in this study, it was reported that some victims of inappropriate comments failed to report to the appropriate authority for necessary actions to be taken. This reluctance, as narrated, was due to sentiments and fear of the perpetrators losing their places in the hospital. As such, the victims chose to rather apply caution in their dealings with such people. Evidence suggests that the informal nature of some volunteer roles in general (not necessarily at PRHC) may make individuals hesitant to report harassing behaviours for fear of being seen as troublemakers or jeopardizing their position within the organization (International Labour Organization [ILO], 2020).

More so, the findings point to the fact that managers of the volunteer unit should begin to take a proactive stance by regularly communicating the importance and uniqueness of every volunteer and addressing any inappropriate behaviours promptly and transparently. This could include ensuring that penalties for such behaviours are clearly defined and consistently enforced, regardless of perpetrators' roles or statuses within the organization.

Lack of motivation and family concerns

The research also discovered a general drop in some volunteers' motivation to volunteer, especially among volunteers who reported feelings of underappreciation and those who questioned the impact of their activities. This finding supports the theory of self-determination; specifically, its concept of "competence" which postulates that people's motivation is likely to change if they perceive that their energy input is not yielding the desired outcome (Ryan & Deci, 2020). This was particularly true for volunteers who were involved with non-patient-facing roles, where outcomes were less visible. However, the fact that these volunteers have not quit their roles suggests that they have a genuine interest in committing their time and resources to the humanitarian cause at the hospital.

Furthermore, family concerns about volunteer safety during the pandemic corroborate existing literature which also reported on the challenges of volunteer participation during the pandemic. Family concerns about safety during the pandemic were particularly prominent among older volunteers or those with dependents, as these individuals faced heightened risks associated with COVID-19 exposure (Isasi et al., 2021; Lee et al., 2021; Webb & Chen, 2022). As such, some families discouraged their loved ones from volunteering, especially in hospital environments, due to fear of infection and the potential spread of the virus to vulnerable family members. Moreover, evidence suggests that family responsibilities and caregiving roles further compounded the challenges for some volunteers during the pandemic (Russell et al., 2020). Those caring for young children and older parents may have felt torn between their desire to serve and their obligation to safeguard their family's health (Isasi et al., 2021; Russell et al., 2020). This tension explains the critical role of family dynamics in influencing volunteer engagement, particularly during the pandemic.

Communication barriers and lack of feedback

This research also found communication barriers and a lack of thorough feedback on volunteers' activities as key concerns raised by some volunteers. This finding supports Fredriksen et al.'s (2021) qualitative systematic review which synthesized challenges and best practices in coordinating volunteers in health care institutions. Fredriksen et al. (2021) highlighted the importance of volunteers receiving adequate feedback from both hospital staff and managers as it helps boost volunteer motivation and confidence. Similarly, the finding of this current research regarding communication barriers (that is, some volunteers found it difficult to communicate with non-English speaking service users) also corroborates a study by Fee and Gray (2020) who reported discrepancies in communication among volunteers across 21 countries. While communication challenges may be inevitable, especially in a culturally diverse country like Canada, some PRHC volunteers leveraged artificial intelligence (AI) software to bridge the gap. These volunteers utilized AI translator tools and other language translation apps to help decode foreign languages. While this approach seemed effective to the users, the concerns raised regarding volunteers not being allowed to use their phones when on duties militated against its adoption, which oftentimes left those volunteers stranded and the needs of service users not met satisfactorily.

To mitigate this challenge, there is a need for some organizational flexibility regarding the use of mobile phones especially during extreme cases such as this. However, given the likelihood of abuse of such flexibilities, the PRHC volunteer program could consider procuring handheld language translator devices to help volunteers during such situations. Meanwhile, given the existential issues of the digital divide as discussed earlier, ample training should be given on the dynamics of using and handling the devices as well as confidentiality concerns (Sung & Choi, 2018). A field trial conducted in the United Kingdom reported the crucial role of smartphones in supporting immigrants' language learning (Jones

et al., 2017). Specifically, the study established the viability of digital translation tools and the potential of these tools to meet immigrants' needs effectively without language being a necessary barrier (Jones et al., 2017). Additionally, volunteers' demand for constructive and individualized feedback aligns with reports that general appreciation, while important, may fail to meet volunteers' desires for role clarity and professional growth (Sterling Volunteers, 2018). As such, tailored feedback is integral for maintaining volunteer engagement and ensuring effective service delivery.

5.3.4 Measures to sustain the PRHC volunteer program post-pandemic

Envisioning PRHC without volunteers

This research found that to envision PRHC without volunteers' support, volunteers surmised that both patients and other service users could face significant challenges, ranging from the difficulty of locating specific medical units to patients feeling stranded without knowing what to do or where to go. Volunteers also reported that without their involvement, PRHC could experience some severe operational and financial costs especially those related to hiring more paid staff to fill crucial volunteer roles. These findings support the extant research that also explored the contributions of volunteers to health service delivery (MacLeod et al., 2012). Hahmann et al. (2020) reported that in 2018, Canadian volunteers contributed around 1.7 billion hours of formal volunteer work, which per their calculations was equivalent to over 863,000 full-time jobs for a year. Imagine that the Canadian government was to pay for those hours in addition to all other existing expenses. Those needs would have gone unmet if volunteer positions were left to languish rather than being filled by paid personnel. This analogy explains the crucial role of volunteerism in community and social service sustainability. Furthermore, evidence from existing research demonstrates the important role of volunteers in reducing the strain on health care systems. For instance, studies by Karami et al. (2024) and Pickell et al. (2020) all identified that volunteering helps

to alleviate health care providers' workload, enhances the quality of care, and partly makes up for staff shortages. Hospital volunteers often take on non-clinical tasks such as wayfinding, portering, surgical out-patient support duties, front desk or administrative support, and gift shop attendant among others, which allow trained or professional health care staff to focus on delivering specialized care. Thus, without these contributions, health care facilities like PRHC could struggle to maintain service efficiency.

In addition to operational and financial challenges, the volunteers further surmised that their absence could have a detrimental impact on patient experience. Volunteers are often the first point of contact for patients and visitors, and they provide directions, emotional support, and welcoming gestures that enhance the overall atmosphere within health care facilities. For instance, a study by Mehta and Griffiths (2020) which sought to investigate whether emergency department volunteers could enhance patient experience established that patients reported higher satisfaction levels and felt more supported when volunteers were present. A similar study among volunteers in a palliative care unit also reported improved patient satisfaction (Subramanian et al., 2022). These findings echo the significant roles volunteers play in enhancing patient experience. Given these findings, the importance of volunteerism in sustaining health care operations cannot be overstated (Power & Skinner, 2019; Skinner, 2008; Skinner & Power, 2011). Hence, organizations like PRHC might have to continue prioritizing volunteer retention and recruitment by recognizing their contributions, providing adequate training and support, and fostering an environment where volunteers feel valued and empowered. By doing so, health care institutions can continue to benefit from the immense value volunteers bring, both in terms of cost savings and enhancing the quality of care.

Involving volunteers in decision-making

The findings of this study further highlighted essential strategies for sustaining the volunteer program at PRHC post-pandemic. One of these was the volunteers' desire to be involved in volunteering-related decision-making. The notion of involving volunteers in decision-making processes that affect them is widely supported in the literature, which emphasizes the value of viewing volunteers as key stakeholders in organizational operations. Extant evidence demonstrates that engaging volunteers in decision-making has benefits for both the volunteers and organizations alike (Connor et al., 2021). For instance, Arnon et al. (2023) reported that engaging volunteers in decision-making increases their sense of belonging, while Connor et al. (2021) also noted that involving volunteers in decision-making and having regular meetings leads to improved satisfaction and retention. Volunteers in this present research identified that despite the unique perspectives they have based on their direct interactions with patients and other service users, their input is rarely solicited in making important decisions that pertain to their roles. This limits their valuable contributions to policy, workflow, and service delivery.

According to Macduff et al. (2009), the traditional approach to managing volunteers follows a "business-based" model, which is characterized by a top-down, linear, and task-oriented method of volunteer engagement. In this case, volunteers are generally expected to perform specific tasks without necessarily having a say in decision-making. A key limitation of this model is that it often overlooks the perspectives and insights of volunteers. Additionally, the seemingly rigid and task-oriented nature of this model could stifle creativity and failure to adapt to the diverse skills and experiences volunteers bring, thereby limiting opportunities for innovation and meaningful contributions (Macduff et al., 2009). As such, the literature suggests that the participatory leadership approach could be more suitable for integrating organizational goals and the changing needs of volunteers. According to Ahn and

Bessiere (2022) and Arnold et al. (2000), participative leadership involves leaders listening to the views, suggestions, and perspectives of team members and incorporating them into the decision-making process. Several researchers have argued that volunteer input can help identify operational inefficiencies and foster better communication between staff and volunteers. As Hassi (2019) noted, participative leaders often encourage team members through different means to contribute to fostering a creative workplace atmosphere and achieving management innovation to respond to fast-changing environments. In Morocco, Haasi (2019) found a strong link between managers' participative leadership style and employees' adoption of new tasks which fostered an atmosphere of creativity and motivation within an organization. This finding, therefore, highlights the importance of leadership approaches that empower volunteers and foster a more engaged and innovative volunteer workforce.

Supplementary digital skills training

This research also found that providing extra digital skills training may be essential for sustaining the volunteer program. Digital skills training for volunteers is increasingly relevant in today's technology-driven environment (Schirmer et al., 2022), particularly as health care organizations implement digital tools to streamline operations. This current research reveals a significant gap in some volunteers' ability to effectively engage via Webex and other digital platforms during the pandemic. This echoes the findings of other studies that reported disparities in digital communication technologies adoption during the pandemic, especially among older adults or people with limited exposure to digital platforms (Barrientos-Báez et al., 2021; Katey & Chivers, 2025). For instance, Barrientos-Báez et al.'s (2021) study established the importance of digital skills training in bridging the digital divide to elevate the experiences of volunteers. Similarly, a study that involved older adults (aged 57 to 85 years) across four European countries reported that older adults with motor weaknesses

encountered more challenges when interacting with digital elements that required fast reactions (Blažič & Blažič, 2020). This raises concerns about the need to design training programs that account for varying physical and cognitive capabilities.

Literature supports the need for tailored digital training programs to equip volunteers with the necessary skills to use online tools (Barrientos-Báez et al., 2021). Volunteers who feel more competent in their digital skills may be more likely to contribute effectively in technology-related roles (Chui & Chan, 2019), thereby improving their overall experience and the efficiency of the volunteer program. Moreover, equipping volunteers with these skills would ensure they remain valuable contributors to the hospital's digital landscape, particularly in roles that require the use of electronic scheduling, online patient interaction tools, and virtual training modules (Chui & Chan, 2019). As digital transformation continues to shape the health care sector, developing a digitally skilled volunteer base will be pivotal to sustaining programs like the PRHC volunteer program in the long term.

Ensuring stricter health and safety measures

This research also established that ensuring stricter health and safety measures during outbreaks is integral for both sustaining the volunteer program as well as safeguarding the health, trust, and confidence of volunteers. The importance of these measures, particularly in light of the COVID-19 pandemic, has been well-documented in the literature (Lynch et al., 2021; Modjo et al., 2024). As already discussed, volunteers are often at the forefront of interactions with patients, which puts them at heightened risk during health crises. Therefore, ensuring clear protocols for infection control, including PPE usage, hand hygiene, and social distancing measures is crucial (Choi et al., 2024).

It was also established that some volunteers appreciated the preventive efforts and restrictions implemented at PRHC during the pandemic, further highlighting the importance

of robust infection control measures in ensuring the safety and well-being of volunteers (Gordts, 2005). Health care environments inherently carry risks of infection (Gordts, 2005; Kubde et al., 2023), and the heightened protocols during the pandemic provided a sense of reassurance to many volunteers, particularly those in high-risk categories, such as older adults or individuals with pre-existing health conditions. Therefore, the preventive measures, such as the thorough cleaning of shared equipment like wheelchairs and the restriction of access to outbreak-affected areas, align with broader infection prevention and control (IPC) guidelines recommended by health authorities (Gordts, 2005; WHO, 2023). These measures led to a reduced likelihood of virus transmission while reinforcing the organization's commitment to maintaining a safe environment for volunteers, patients, and staff alike. Meanwhile, the volunteers' positive reception of these efforts also aligns with the literature emphasizing the role of visible and well-enforced safety protocols in promoting trust and continued engagement (Tsai et al., 2024). For instance, Strkljevic et al.'s (2024) scoping review suggests that health care professionals and volunteers are more likely to maintain their roles when they perceive a strong institutional commitment to their safety. Similarly, a study by Taylor et al. (2014) demonstrates that clear communication of infection control procedures and the provision of protective equipment significantly influences people's willingness to continue service provision during public health crises.

These findings highlight the importance of maintaining - and strengthening - IPC measures to help sustain volunteer programs in health care settings. Simple actions like regularly sanitizing high-contact surfaces, providing adequate PPE, and clearly communicating health risks can go a long way in creating a safe and supportive environment. When volunteers see that their safety is a top priority, it builds trust and a sense of loyalty, which are key to keeping them engaged and committed in the long term.

A balanced volunteer workforce

As was presented in Table 3.1, there appeared to be a high number of older volunteers (65+) within the volunteer workforce at PRHC during the time of this research. This observation is consistent with trends noted in aging populations, where older individuals often engage in volunteer activities for different reasons as discussed earlier. However, the challenge is that overreliance on older adults because of their availability and the number of hours they stand to offer volunteer programs may pose sustainability concerns in the long term. This is because as they further transition through the life course, their ability to contribute to time-demanding and physically intensive roles may diminish, creating notable gaps in the volunteer workforce. For PRHC, this issue may be quite serious given the difference between the number of older adult volunteers and other demographic groups at the time of the data collection (refer to Table 3.1). Going into the pandemic, Hahmann et al. (2020) established that “iGen” (that is, young people) did not only record the highest rate of formal volunteering across all generations (52%), but they were also the most likely across all generations to volunteer informally (Hahmann et al., 2020). Hence the low volunteer turnout at PRHC when the program reopened could be linked to a probable low number of young people relative to older adults volunteering at PRHC.

Inferring from the age range of the younger volunteers at PRHC (again, in reference to Table 3.1), it could be deduced that the majority would be high school, college, or university students who may just be fulfilling their placement hours as part of their program requirements. Also, they could be international students from surrounding institutions who may be in search of Canadian work experience to improve their resumes. These people are most likely to quit after achieving their goals. More importantly, they may also not be willing to volunteer in the event of a serious public health outbreak like the COVID-19 pandemic. This finding calls for a balanced volunteer base especially as we transition into the post-

pandemic era. To build a balanced and sustainable volunteer base, organizations should focus on intergenerational recruitment strategies and promoting the value of volunteering to younger populations.

5.4 Contributions

This section outlines the various conceptual, empirical, and community-level contributions of the thesis research.

5.4.1 Conceptual contributions

The findings from this research contribute meaningfully to ongoing scholarly discussions on older voluntarism, the digital divide, and the sustainability of volunteer programs in health care settings. In relation to older voluntarism, the study offers timely insights into how older adults navigated the rapidly evolving landscape of hospital-based volunteerism during and after the COVID-19 pandemic. Building on the work of Colibaba et al. (2021a) which examined rural volunteer-based programs in non-health care settings such as fire departments and public libraries during the pandemic, this research extends the discourse by exploring older adults' volunteer experiences specifically within a health care institution. By focusing on the health care context - a space marked by heightened vulnerability to the pandemic, strict safety protocols, and essential service delivery - this research deepens our understanding of how older hospital volunteers and volunteer-based programs adapted and remained resilient in the face of the public health crisis.

Also, this research contributes to the concept of the digital divide as it provides first-hand accounts that demonstrate why some older volunteers react more positively to digital technologies than others. It enriches existing knowledge by documenting how older volunteers themselves perceive the digital divide and suggesting practical ways it can be bridged to enhance their engagement and participation. Thus, this research builds on a recent

article by Zapletal et al. (2023), who explored “the triple exclusion of older adults during the COVID-19 pandemic,” namely “technological, digital literacy, and social isolation” published in *Social Sciences & Humanities Open*. By focusing predominantly on older hospital volunteers, this research adds contextual depth to those broader themes, providing insight into how institutional digital support and volunteer training can either mitigate or reinforce exclusion in health care settings. It also contributes knowledge by recounting older volunteers’ perceptions of how the digital divide can be bridged to enhance their engagement.

Finally, the findings contribute to the concept of volunteer program sustainability by providing a first-hand count of how volunteers envision the regional health centre without the contributions of the volunteer program. The findings also offer important perspectives on how volunteer programs can remain viable in the face of an aging volunteer base, highlighting the importance of including volunteers in decision-making, supplementary digital skills training, and ensuring stricter health and safety measures. This research extends the theoretical framework proposed by Skinner and Joseph (2007) by showing how hospital volunteer programs can act as a mechanism for adjustment. This was demonstrated in the reported crucial roles the volunteers played in sustainable health care service provision at the hospital, helping to fill crucial service gaps especially during the pandemic.

5.4.2 Empirical contributions

This research builds on and extends a growing body of community-based work on rural older voluntarism in the Peterborough region (Colibaba et al., 2021a,b; Colibaba & Skinner, 2019), and stands out as the most recent effort to explore volunteer experiences through a health care lens. While the earlier studies looked at volunteers in other places like fire departments and public libraries, this thesis shifts the spotlight to health care environments. Specifically, attention is drawn to the experiences of older hospital volunteers during and after the COVID-19 pandemic. By drawing on in-depth conversations with 23

participants, the thesis offers a rich, real-world picture of how PRHC volunteers and the volunteer program adapted to new challenges, including the shift to digital tools like Webex. The volunteers' stories revealed not only their personal experiences of volunteering in a health care setting but also contained important lessons for sustaining the program post pandemic.

5.4.3 Community contributions

The research contributes to the sustainability of the Peterborough Regional Health Centre (PRHC) by highlighting the important role of its volunteer program in the day-to-day operations of the facility. As demonstrated in the findings, it is quite clear that the health facility is likely to face critical challenges in certain areas if the volunteer program ceases to exist. As such, the research underscores the volunteer program's integral function as a non-clinical support system that enhances patient and service user experiences as well as the overall operational efficiency of the hospital.

5.5 Program/policy recommendations

The findings from this research hold some important implications for the PRHC volunteer program. The ensuing recommendations mirror the findings under the various objectives.

1. Bridging the gap between volunteers' personal goals and available program roles

In line with the findings on volunteers' experiences, it is recommended that the program continue to assign volunteers to specific roles that best align with their personal goals (Bruyere & Rappe, 2007). This approach is crucial, as it can enhance volunteer satisfaction and motivation. However, achieving this requires a thorough understanding of each volunteer's aspirations, which can be challenging given the relatively large number of

volunteers at the organization. Additionally, the program may not always have available roles that perfectly match every volunteer's goal, further complicating the process. However, the discoveries from this research, especially the identified self-reported benefits and drivers of motivation could serve as an important guide in this regard. For instance, volunteers whose personal goals relate to physical activity may be better placed in roles that involve some form of "physicality" like walking, standing, or moving people and objects around. Examples of such roles could be portering and wayfinding. When there is no direct correlation between a volunteer's personal goal and available roles, the program managers could offer cross-training opportunities that would allow the volunteer to explore multiple roles over time and identify available alternatives that best suit their goals while still satisfying program needs. Alternatively, modifying or customizing available roles to incorporate key elements that align closely with personal goals while still fulfilling program needs could help augment individual experiences and increase their motivation to stay.

2. Continuing use of digital communication technologies post-pandemic

Given the general "experimentation" with Webex during the pandemic, a recommendation is made for its continued integration into various volunteer-related engagements. This can help volunteers, especially those who identify as not tech-savvy, to improve their experiences with the technology. Continuous use of Webex beyond the pandemic can allow volunteer service managers to better identify unique individual technology needs. For instance, rather than converging in person for volunteering-related meetings, Webex video conferencing can be utilized. During meetings, managers or delegated persons could pay special attention to those volunteers who may be having issues engaging interactively. Volunteers can also be encouraged to share their technology-specific needs. To ensure that the volunteer program does not digress from its core mandate, the managers may

consider liaising with the hospital's IT department to offer the necessary tech support to the volunteers.

However, to ensure a gradual transition of all meetings onto Webex, the volunteer program may adopt a hybrid approach in the meantime. This hybrid approach can allow for a gradual switch while maintaining some face-to-face meetings. During this time, offering tailored tech-support sessions or peer mentoring could help reduce the digital divide, thereby aiding a smooth transition. It is important to note that while Webex can enhance communication, the practical nature of most volunteer roles requires physical presence at the hospital. As such, Webex's primary use may remain limited to remote engagements such as recruitment interviews, volunteer meetings, and select administrative tasks. Using Webex for non-essential in-person activities while maintaining the in-facility presence that is vital for patient support and day-to-day volunteer activities is recommended.

3. Addressing emerging challenges in hospital volunteering

Addressing volunteering-related challenges within the hospital requires multifaceted interventions on the part of the program with the compliance of both volunteers and service users. To address the issue of inappropriate behaviours among volunteers and patients, the volunteer program could initiate mandatory training in workplace conduct, establish a confidential and streamlined misconduct reporting framework, and promote cultural awareness across volunteer sections and select areas of the hospital including main entrances and hallways. These will help optimize protection for every facility user while encouraging volunteer victims of various forms of abuse or harassing comments to comfortably report perpetrators without feeling insecure. One potential challenge to this recommendation may be the evolving and subjective nature of what might generally be considered misconduct or abuse, especially in a multicultural setting such as a regional hospital. For instance, patients

who may be under the influence of certain medications may act in ways that may be considered inappropriate to volunteers or staff members. Recognizing these possibilities, the volunteer program's policy documents could include training on distinguishing between behaviours stemming from medical conditions or cultural differences and those that are truly inappropriate or abusive. Additionally, creating a supportive environment where volunteers can seek guidance when confronted with ambiguous situations can help them feel empowered to respond appropriately.

To enhance volunteer motivation, as highlighted earlier, a recommendation is made for individualized feedback and regular check-ins, especially for volunteers in nonpatient-facing roles. Keeping volunteers informed on the impacts they are making and allowing them to voice out any emerging concerns could help improve their self-worth and sense of belonging. Also, language barriers between volunteers and service users could be resolved by introducing official translation support, having multilingual resources, and reviewing the restrictive telephone-use policy to exclude necessary translation software. However, one concern regarding this recommendation may be the need to ensure the confidentiality of service-user information, especially when volunteers' personal phones are used to access translation services.

4. Involving volunteers in decision-making

Volunteers demonstrated a desire to be involved in necessary volunteering-related decision-making, especially those regarding their specific roles. Given the crucial roles volunteers play in sustaining hospital operations, these desires are worth considering. Allowing volunteers to have a say in decision-making could mean tapping into their wealth of experience, insights, and first-hand understanding of issues and opportunities within the volunteer program. Thus, by actively involving volunteers in decision-making processes, the program can foster a greater sense of ownership, motivation, and commitment to its members

which could enhance long-term sustainability. However, it is important to note that because volunteers come from different backgrounds coupled with varying experiences and opinions, there is a need to exercise some caution. For instance, if meetings are not well facilitated, friction and rifts can develop among team members, defeating the purpose of such meetings. Some volunteers may feel less valued when their suggestions are not considered which can lead to decreased motivation and self-worth. Also, meetings could become largely unproductive and time-consuming given the relatively large number of volunteers. To curtail this, a recommendation is further made for the implementation of clear guidelines for decision-making, such as majority consensus whenever volunteers must be involved.

5. Fostering a more intergenerational volunteer workforce

Finally, given the relatively high number of older volunteers at PRHC compared to other demographic groups, there is a need to intensify strategies targeted at diversifying the volunteer workforce. Encouraging collaboration between older and younger volunteers can create a more dynamic and resilient volunteer base that can allow for knowledge transfer and socialization. Implementing mentorship programs, where seasoned older volunteers guide other volunteers especially younger volunteers, can help bridge generational gaps and ensure continuity in volunteer roles. Additionally, promoting inclusive and intergenerational team structures can enhance social connections, reduce isolation among older volunteers, and create a more engaging and supportive volunteer environment.

5.6 Limitations of the research

Like every study, this research has some limitations. Firstly, due to organizational recruitment challenges, the research included only one volunteer program out of many in the Peterborough region. This means that knowledge transfer beyond the studied program - the PRHC volunteer program - should focus on generalizable outcomes as the findings may be context-specific to the hospital setting. The inclusion of other volunteer-based programs in

the region and extending the focus beyond the health sector could have facilitated a comparative study that would have helped establish a more comprehensive understanding of the general older voluntarism landscape during and post-pandemic. Secondly, another limitation has to do with the focus group composition – a dyad. Interview and focus group scheduling was a major issue during the recruitment phase because volunteers had differing schedules. This affected the focus group composition. Finally, this research primarily focused on older volunteers without special attention to other volunteer cohorts. As such, the findings may not fully capture the unique experiences of other age cohorts, including the few young people who participated in the research.

5.7 Future research direction

In line with the first limitation mentioned earlier, future research should consider recruiting more volunteer programs across different fields, including sports and entertainment, recreation, transportation, environmental sanitation, and security services to provide a comparative understanding of the evolving volunteer landscape post-pandemic. A case study could also include the Association of Managers of Volunteer Services (AMVS) within the region to elicit broader insights into how the pandemic may have impacted volunteer program structure, leadership responses, and sector-wide adaptation mechanisms post-pandemic. Future research could also consider exploring longitudinal changes in older volunteers' experiences and the broader implications for older adult-dominated volunteer-based programs. This would elicit deeper insights into how older volunteers' experiences evolved and how the dynamics affect both volunteers themselves and the sustainability of volunteer programs.

5.8 Concluding comments

Older voluntarism remains an integral component of the community sustainability literature especially in aging communities. Despite the myriad challenges posed by the pandemic, hospitals continue to serve as important contexts for volunteering and other altruistic activities. By conducting a qualitative case study of a regional hospital volunteer program in one of Canada's most rapidly aging regions, this thesis research explored the pandemic and post-pandemic challenges of older voluntarism in a regional health centre, offering viable insights into long-term measures to sustain volunteer programs post-pandemic.

It is important to note that despite the personal benefits volunteers gain from their engagement, the extent of their services is often shaped by the support systems provided by the host organizations. As this research has shown, sustaining a robust volunteer program post-pandemic requires not only recognizing volunteers' contributions but also addressing their evolving (technological) needs, ensuring workplace safety, and actively involving them in decision-making processes.

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Appendix A

Trent University Research Ethics Board Letter of Approval

August 27, 2024

File #: 29180

Title: Exploring the Landscape of Rural Older Voluntarism in Peterborough County: The Case of Video Conferencing Technologies

Dear Mr. Katey,

The Research Ethics Board (REB) has given approval to your proposal entitled "Exploring the Landscape of Rural Older Voluntarism in Peterborough County: The Case of Video Conferencing Technologies".

When a project is approved by the REB, it is an Institutional approval. It is not to be used in place of any other ethics process.

To maintain its compliance with this approval, the REB must receive via ROMEO:

An Annual Update for each calendar year research is active;

A Study Renewal should the research extend beyond its approved end date of July 01, 2025;

A Study Closure Form at the end of active research.

This project has the following reporting milestones set:

Annual progress report-2024/12/31

Renewal Due-2025/07/01

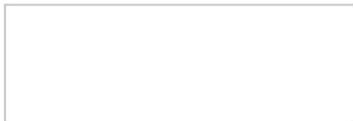
To complete these milestones, click the Events tab in your ROMEO protocol to locate and submit the relevant form.

If an amendment to the protocol is required, you must submit an Amendment Form, available in the Events tab in your ROMEO protocol, for approval by the REB prior to implementation.

Any questions regarding the submission of reports or Event forms in ROMEO can be directed to Anna Kisiala, Coordinator, Research Conduct and Reporting, at annakisiala@trentu.ca

On behalf of the Trent Research Ethics Board, I wish you success with your research.

Best Wishes,



Dr. Blair Niblett
REB Chair
Phone: 705-748-1011 ext. 7052
Email: blairniblett@trentu.ca

c.c.: Anna Kisiala
Coordinator, Research Conduct and Reporting

Appendix B

Letter of Information and Consent Form

Dear Interested Research Participant,

Date.....

You are being invited to participate in a research study, based out of Trent University. Please read this information and consent form so you understand what your participation will involve. Before you consent to participate, please ask any questions to be sure you understand the nature of the project and your participation.

Research Topic: Exploring the pandemic and post-pandemic challenges of older voluntarism in a regional health centre

Investigators: Principal Investigator: Daniel Katey (Master's student, MA in Interdisciplinary Aging Studies at Trent University); Supervisor: Dr. Mark Skinner, Professor of Geography and Dean of Humanities and Social Sciences; Committee member: Dr. Elizabeth Russell, Associate Professor of Psychology.

Purpose of the Study: To explore the pandemic and post-pandemic challenges of older voluntarism in a regional health setting. Specifically, the research seeks to achieve the under-listed objectives:

1. To investigate older hospital volunteers' experiences of volunteering since the pandemic.
2. To explore the dynamics of digital technologies usage during and after the pandemic.
3. To discover the challenges facing older volunteers and volunteer programs since the pandemic.
4. To explore measures to sustain volunteer programs post-pandemic.

What Participation in the Study Means: This study involves two categories of respondents: PRHC Volunteers and volunteer service managers.

Volunteers:

1. Participation in this study involves contributing your time and sharing your volunteering experiences at PRHC during and after the pandemic.
2. Participation in this study means your willingness to contribute to either an in-depth interview or a focus group discussion which would be held in-person or virtually (via Zoom).

Program managers:

1. Participation in this study involves contributing your time and sharing insight into how the PRHC volunteer program navigated the pandemic.
2. Participation in this study means your willingness to contribute to either an in-depth interview or a focus group discussion which would be held in-person or virtually (via Zoom).

All data collection sessions are estimated to last for about one hour and sessions will be audio-recorded, transcribed, and analyzed to achieve the research objectives. The findings from this study will be used in the writing of an MA thesis in fulfilment of the requirements for a Master of Arts degree in Interdisciplinary Aging Studies by the principal investigator (Daniel Katey). Furthermore, the findings from the study will be published in a peer-reviewed scientific journal to augment existing literature.

Risk of Participating in the Study: This study contains potentially minimal risks to the participants in the form of physical and psychological risks. These may include potential physical contact or feeling embarrassed trying to recount some past experiences. To minimize this risk, participants are given the flexibility to choose their preferred mode of engagement (either in-person or virtually). Participants are also encouraged to skip questions they may find sensitive. Moreover, participation in this study is completely voluntary, and one can contact Daniel Katey via danielkatey@trentu.ca within 10 business days after the data collection to have their data removed without any retaliatory action from the research team.

Benefits to Participating: There are no direct benefits to participating in the study, however, participants may benefit from the opportunity to reflect on their lived experiences during the pandemic. This self-reflection can lead to personal insight and a better understanding of how these experiences may have shaped their lives and program.

Confidentiality: The research team will under no circumstance disclose any identifying information about any respondent to anyone outside of the research team. This means that your name and contact details (emails and telephone numbers) will be treated with the strictest confidentiality. Throughout the study, de-identifying participant numbers will be used to capture extracts from data. This means that you will remain anonymous throughout the study. While the research team will take steps to protect confidentiality as much as possible, participants need to be aware that absolute confidentiality cannot be guaranteed in focus group discussions. This is primarily due to its group nature where multiple participants

are present and can hear each other's contributions. That notwithstanding, by opting to participate in this study, participants agree to hold confidential anything that is shared or discussed during the focus group sessions.

Withdrawal from the study: You have the right to terminate your participation in the study within 10 business days by contacting the principal investigator (Daniel Katey) via danielkatey@trentu.ca. You will not face any consequences if you choose to do so, and your data will no longer be used in the study (except by your permission). In this case, all printed copies of your data transcripts will be destroyed using a paper shredder machine. On the other hand, all softcopies of your data will also be permanently deleted. In the case of focus group discussions, your responses will be deleted from the general database during the data analysis phase. However, if you do not reach out to the research team by the 10 days, it means that you consent to continue being in the study.

Questions about the Study: If you have any questions or wish to know more about this research, please contact Daniel Katey, the student investigator, via danielkatey@trentu.ca. This study has been approved by Trent University's Research Ethics Board (File No. 29180). If you have questions or concerns regarding your rights as a participant or the ethical conduct of this project, please contact Anna Kisiala, Coordinator of Research Conduct and Reporting (researchintegrity@trentu.ca or telephone: 705-748-1011 ext. 7866).

Confirmation of Consent

As a participant in the aforementioned project, I am aware of and agree to the following

1. This study has been approved by the Trent University Research Ethics Board;
2. I have been fully informed about the nature and extent of my participation in the study;
3. My participation in this study is not a waiver of any legal rights;
4. My participation in the study is entirely voluntary;
5. I may withdraw my participation in the study without penalty within 10 business days after the data collection;
6. The information supplied during the data collection will remain confidential;
7. My identity will remain anonymous in all analyses and reports and will only be known to the research team;
8. The data collection will be recorded using an audio device only;
9. The information gained from this study will be stored responsibly by the research team;

10. I have been provided with a copy of the Letter of Information and Consent Form for my records;

11. All my questions regarding my participation in the research project and consent process have been answered to my satisfaction.

Participant Name:

Contact Information (email/phone):

I am participating in (Please underline): a) One-on-one interview b) Focus group

I am participating as (Please underline): a) Manager b) Volunteer

I choose to participate (Please underline): a) In person b) Online (via Zoom)

Participant Signature:

Date:.....

Appendix C
Demographic Questionnaire

Name: _____

Age: _____

Gender: _____

Preferred pronoun (Please underline): a) He/Him b) She/Her c) They/Them Others (Please specify): _____

Volunteer program you are associated with: _____

Volunteer role or title: _____

Role in research (Please underline): a) Volunteer b) Volunteer service manager

Appendix D

Focus Group Guide for Program Managers: Phase I

Study Overview

Purpose of the Study: To explore the pandemic and post-pandemic challenges of older voluntarism in a regional health setting. Specifically, the research seeks to achieve the under-listed objectives:

1. To investigate older hospital volunteers' experiences of volunteering since the pandemic.
2. To explore the dynamics of digital technologies usage during and after the pandemic.
3. To discover the challenges facing older volunteers and volunteer programs since the pandemic.
4. To explore measures to sustain volunteer programs post-pandemic.

Preliminary questions

- Please describe how your organization's activities changed or evolved during the COVID-19 pandemic.
 - Was using remote technologies/video conferencing technologies (e.g. Zoom and Microsoft Teams) a part of that?
 - Which other conferencing technologies did you use?
- How did your organization initially respond to the idea of using VCTs?
 - Was there any notable resistance or enthusiasm among the team members or volunteers?
 - Can you share specific examples or stories that highlight these initial reactions?

Main questions

- Please tell me about how your organization operationalized the use of these technologies during the pandemic.
 - How has this changed since the relaxation of the pandemic coping measures?

- To what extent are you (as a manager) able to use these technologies effectively in the execution of your responsibilities?
- To what extent are your volunteers (emphasis on older volunteers) able to use these technologies effectively in the execution of their responsibilities or tasks?
- Please tell me about any available training programs (if any) to equip your managerial staff with the skillsets needed to use these technologies effectively.
 - How regular are these trainings (if any)?
 - What topics or skills are covered in these training programs?
 - How effective do you find these trainings in improving staff's ability to use VCTs? Can you provide specific examples?
- Please tell me about any available training programs (if any) to equip volunteers (emphasis on older volunteers) with the skillsets needed to use these technologies effectively.
 - How regular are these trainings (if any)?
 - What topics or skills are covered in these training programs?
 - How effective do you find these trainings in improving the volunteers' (emphasis on older volunteers) ability to use the VCTs? Can you provide specific examples?
- Please share with me any success stories or positive experiences (if any) related to the incorporation of these technologies into your activities.
- Please tell me about the challenges (if any) your organization faces in trying to incorporate these technologies (VCTs) into your volunteer activities.
 - Please share with me how these challenges (if any) affect your task performance as a manager.
 - Please share with me how these challenges (if any) affect the task performance of volunteers (emphasis on older volunteers).
- How is your organization responding to these challenges?

- In your opinion, how have the design features of the VCTs you are using contributed to these challenges?
 - Please tell me about the specific features of these technologies and how they could be made more accessible to both your managerial staff and volunteers (specifically older volunteers) alike.

- Overall, how would you say the incorporation of VCTs has impacted the sustainability of your volunteer-based program?
 - Can you provide specific examples of how VCTs have contributed to the long-term sustainability of your program?
 - Please tell me about how the incorporation of VCTs has helped in attracting new volunteers (emphasis on older volunteers) or retaining existing ones.

Concluding questions

- Putting our discussions so far into perspective, what is the way forward for your organization?

- Any final thoughts to share or suggestions to make?

Thank you for participating in this study!

Appendix E

Focus Group/Interview Guide for Volunteers: Phase I

Study Overview

Purpose of the Study: To explore the pandemic and post-pandemic challenges of older voluntarism in a regional health setting. Specifically, the research seeks to achieve the under-listed objectives:

1. To investigate older hospital volunteers' experiences of volunteering since the pandemic.
2. To explore the dynamics of digital technologies usage during and after the pandemic.
3. To discover the challenges facing older volunteers and volunteer programs since the pandemic.
4. To explore measures to sustain volunteer programs post-pandemic.

Preliminary questions

- Please describe how your volunteer activities changed or evolved during the COVID-19 pandemic.
 - Was using remote technologies/video conferencing technologies (e.g. Zoom and Microsoft Teams) a part of that?
 - Which other conferencing technologies did you use?
- Please tell me about your initial response to the idea of using VCTs in your volunteer activities.
 - Please share any notable resistance or enthusiasm on your part.
 - Please share specific examples or stories that highlight these initial reactions.

Main questions

- How has the use of VCTs for volunteering changed since the relaxation of the pandemic coping measures?
- To what extent are you able to use these technologies effectively in the execution of your responsibilities or tasks?
 - Please share with me any success stories or positive experiences (if any) related to the incorporation of these technologies into your activities.
 - Please tell me about some of the challenges (if any) you face in trying to incorporate these technologies (VCTs) into your volunteer responsibilities or tasks.

- How do the design features of these technologies affect your ability to use them effectively?
- Please share with me how these challenges (if any) affect your task performance as a volunteer.
- Please tell me about any available training programs by your organization (if any) to equip you with the skillsets needed to use these technologies effectively.
 - How regular are the training (if any) sessions?
 - What topics or skills are covered in these training programs?
 - How effective do you find these trainings in improving your ability to use VCTs for your tasks?
- Overall, how would you say the incorporation of VCTs has impacted volunteerism in general at your organization?

Concluding questions

- Putting our discussions so far into perspective, please tell me about your decision to volunteer during the pandemic (if applicable)
 - What were the drivers or motivators of this decision?
 - How have these drivers or motivators changed post-pandemic?
- What advice do you have for volunteer-based programs in general regarding the incorporation of VCTs post-pandemic?
- Any final thoughts to share or suggestions to make?

Thank you for participating in this study!

Appendix F

Focus Group/Interview Guide for Volunteers: Phase II

Study Overview

Purpose of the Study: To explore the pandemic and post-pandemic challenges of older voluntarism in a regional health setting. Specifically, the research seeks to achieve the under-listed objectives:

1. To investigate older hospital volunteers' experiences of volunteering since the pandemic.
2. To explore the dynamics of digital technologies usage during and after the pandemic.
3. To discover the challenges facing older volunteers and volunteer programs since the pandemic.
4. To explore measures to sustain volunteer programs post-pandemic.

Preliminary questions

- Please share with me your experience of volunteering at PRHC.
 - Kindly share with me a memorable moment or story from your volunteer experience at PRHC.
 - Please describe any specific challenges you faced while performing your volunteer duties, and how you addressed or overcame them.
 - In what ways have you personally grown or benefited from being a volunteer at PRHC?
- How has volunteering at PRHC changed your view of the community or healthcare?
- Please share what initially inspired you to begin volunteering with PRHC and what factors influenced your decision to get involved.
- In what ways, if any, has your motivation to volunteer changed since you first started at PRHC?

Main questions

- How would you say volunteerism at PRHC has changed since the pandemic?
 - Highlight any specific changes.
- How would you envision PRHC without volunteers?
 - Kindly give instances (if any) to explain your answer.

- PRHC lost over 300 volunteers during the COVID-19 pandemic. Aside from obvious health-related reasons, what other factors would you say contributed to this mass exodus?
 - In your opinion, what measures do you think should be implemented to sustain volunteers and volunteer roles in the event of a similar outbreak?
- How do you think volunteers having a say in decision-making could affect volunteer program sustainability at PRHC?
 - How do you think a unionization of volunteers could support the volunteer program at PRHC?
- How do you believe the integration of VCTs (such as Webex and Zoom) could contribute to the long-term sustainability of the volunteer program at PRHC?
 - Do you find that certain aspects of your volunteer role could be easier when done virtually or via a videoconferencing platform?

Concluding questions

- What advice or insights would you offer to someone considering joining as a volunteer at PRHC?
- Any final thoughts to share or suggestions to make?

Thank you for participating in this study!