Older Adults’ Perceptions of Well-Being after Intergenerational Experiences with Youth

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Bronwyn S. Fees

ABSTRACT. Drawing upon Ryff’s (1995) positive dimensions of well-being in older adulthood, this study investigated older adults’ perceptions of well-being following participation in an intergenerational program. Specifically, we examined the relationship between age, years of volunteer service, and sense of well-being among older adults (n = 46; 55 to 100 years of age) participating in intergenerational programs at 10 sites in Midwestern, agriculturally based communities. Using a mixed-methods design, results revealed that older adults perceive a heightened sense of well-being from intergenerational interactions with youth. Older adults reported successful aging included staying active, not worrying
about one’s problems, feeling young, and keeping up with the children and community. Adults aged 74-85 experienced significantly greater satisfaction and enjoyment than their older counterparts, particularly in anticipating working with youth and positive self-perception. No relationship emerged between years of involvement in the program and well-being. Implications for research and program development are discussed. doi:10.1300/J194v04n04_02 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2006 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Well-being, positive self-perception, successful aging

**INTRODUCTION**

As life expectancy increases in the United States with a particular increase in persons aged 85 and older (NIMH: National Institute of Mental Health, 2004), understanding the context of positive well-being for older adults is of increasing importance to enhancing quality of life. Successful aging may be dependent on the degree to which the individual’s personal needs and preferences are met. Researchers have proposed that participation in intergenerational programs may influence overall well-being in older adults (Aday, Sims, & Evans, 1991; Aday, Aday, Arnold, & Bendix, 1996). The purpose of our study was to ascertain if participation in intergenerational programs contributed positively to perceived psychological well-being among older adults in rural communities in the United States.

How is well-being defined in older adulthood? Ryff (1989, 1995) offered a set of six descriptors for successful aging and well-being drawing from dominant theories and empirical studies on aging. These concepts included self acceptance, positive relations with others, sense of autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1995; 1989). This paradigm was based upon a positive perspective of well-being rather than defining it as the presence or absence of disease or disability. Ryff (1995) suggests “one of the most important reasons to study the positive end of the mental health spectrum is to identify what is missing in peoples’ lives” (p. 103). Regular positive interactions with youth may fulfill some of these qualities for the older adult.
Researchers have examined the impact of intergenerational programs on attitudinal change in older adults and children (Chapman & Neal, 1990; Knox, Gekoski, & Johnson, 1986; Kuehne, 1992; Pinquart, Wenzel, & Sorensen, 2000; Seefeldt, Jantz, Serock, & Bredekamp, 1982). However, of the two groups greater attention appears to be placed on changes in attitude among youth (Aday, Sims, & Evans, 1991; Bales, Eklund, & Siffin, 2000) of which the results are inconsistent, most likely due to the wide variation in programs (Fox & Giles, 1993). We are increasingly interested in the impact of the intergenerational experience not only on attitude but on older adults’ perception of successful aging and their own quality of life.

Intergenerational experiences have been identified as a potential source of interaction to enhance older adults’ perceptions of well-being (Fisher, 1995). Fisher’s research revealed that older adults who were employed in positions where they regularly engaged with children felt these interactions gave them a sense of purpose and that they were “making contributions” through their interactions. Clearly, these responses fall in line with Ryff’s (1989) dimensions of purpose and of positive relations with other people.

Although Fisher’s (1995) participants were paid for their involvement in the intergenerational program, our research focused on interactions that were volunteer-based. Volunteering may serve many functions for older adults that support successful aging and well-being. The functions of volunteering, as described by Snyder and Clary (2004), “allow individuals opportunities to express values,” “provide understanding about different people, places, skills, or about oneself,” “serve the social function of providing opportunities to engage in activities valued by important others and to fit in and get along with one’s reference groups,” and “serve the enhancement function of boosting self-promoting personal growth and development, and facilitating positive strivings of the ego” (p. 227).

Our understanding of older adults’ experiences in intergenerational programming has been generally limited, however. Frequently, program planning is focused on meeting the developmental and practical needs of children, while the needs of the older adults are less often considered and their voices less frequently heard (Fox & Giles, 1993). Our review of the literature indicated an absence of studies that have combined qualitative (the voice of the adult) and quantitative methodology to enhance the reliability of research on older adult’s experiences.

Dellmann-Jenkins (1997) addressed the need for more evaluation and research that focused on older adults’ needs and perceptions proposing a “senior-centered model,” designed to help researchers evaluate
the effectiveness of programs aimed at helping older adults achieve a heightened sense of well-being. The intent of many intergenerational programs is to create an enduring relationship between youth and adults. It is not clear, however, if adults’ sense of well-being is maintained, intensifies or declines after several years of involvement. Additionally, it is not clear if there are differences in feelings of well-being by age of volunteer, that is, do octogenarians and nonagenarians feel differently than septuagenarians or younger adults? Such knowledge would help programs recruit volunteers and plan appropriately for all age groups.

In summary, we hypothesized that perceptions of well-being among volunteers would be enhanced through consistent repeated interactions with youth over time and that a high sense of satisfaction and well-being would motivate older adults’ continued participation as volunteers in the program. In addition, we examined the relationships between older adults’ age and years of volunteer time with their perceptions of well-being.

**METHOD**

This study expanded upon previous research by utilizing a mixed-methods design to investigate the effects of intergenerational programming with older adults as primary informants. Triangulation, the combination of both quantitative (survey) and qualitative (focus groups) methods to measure successful aging and well-being, allowed us to examine convergence in results as well as to add scope and breadth to the study. In addition, the between-methods approach is an attempt to neutralize biases that may be inherent in participants, methods, or investigators (Creswell, 1994).

**Participants**

Participants in this study were drawn from a state-wide intergenerational program: Personal Action to Health (PATH) Across the Generations. The vision for the program was to support the development of “intergenerational collaborations and relationships that are mutually supportive and beneficial to children and older adults” (Volunteer Handbook, 2003, p. 7). The program, funded by a private foundation and conducted through a cooperative extension system, was initiated in 1999 in response to the need to create greater awareness among the state’s citizens of children’s need for a stable, supportive adult-child re-
The program expanded from six sites in 1999 to 55-funded sites in 2003, the year the research was conducted. Most of the older adult volunteers \((n = 954)\) in the program were women aged 55-100. A majority of the volunteers were Caucasian and lived in rural, agriculture-based communities. Four sites, located in two cities, were considered urban. Participating children \((n = 2,654)\) ranged in grade from preschool to grade 12 with the majority in the elementary grades involved through schools or after-school clubs. Participation by boys and girls was reported as nearly equal by program administrators. The children’s ethnic background was not recorded.

The present analysis examined data collected in the first year of a four-year cohort-sequential study in which a cohort of newly funded sites will be added each year. Because this study began several years after the PATH program was initiated, some sites had been functioning for several years. Ten of the 55 funded programs were randomly selected from subgroups organized by initial year of involvement for in-depth investigation to study effects of participation on children and older adults over time. Forty-six older adult volunteers participated during this first year of data collection and were predominantly Caucasian and female \((n = 40)\).

Structured focus groups were held and surveys were administered at seven of the ten sites. Two of the three non-participating sites were located in long-term care facilities where the adult volunteers were non-conversant and unable to sign or provide informed consent for participation in the research. No older adult volunteers provided informed consent at the third site. Research protocol was reviewed and approved by the University Committee on Research Involving Human Subjects.

**Measures**

**Focus Groups.** Older adult volunteers participated in structured focus groups at each site. Focus groups provide researchers insight into “how people make sense of their lives, experiences . . .” (Creswell, 1995, p. 145) in the participant’s own words. Discussions included 10 open-ended questions. From these three were specifically identified as related to the research questions and these analyses:

1. How do you define or characterize successful aging?
2. Is working with children a part of successful aging? Please explain.
3. Overall, what did you learn from the children?
Volunteer Satisfaction Survey. Ten questions from the Volunteer Satisfaction Survey (Dellmann-Jenkins, 1997) were modified slightly for this study (see Table 1). Questions represented five of the six dimensions of well-being identified by Ryff (1995). Older adult volunteers marked an X at a representative point on a 4-inch straight line (a visual analog scale) that corresponded most closely with their thinking on each question. Anchors were “Not at all” to “Very much.” Visual analog scales have been used extensively and reliably in research with older adults on pain (e.g., Mangione, McCully, Gloviak, Lefebvre, Hofmann, & Craik, 1999), stress (e.g., Long, 1991), and sensory analysis (e.g., Barker, & Fairweather, 1990). The responses were analyzed by overlaying a Likert scale from 1 to 7 on each question. Scores were recorded by the closest tick line to the participant’s X. In cases where the X was centered between two lines, the lower number was selected. Alpha reliability coefficient across all 10 questions was 0.85. Participants also checked boxes that corresponded with their length of participation in PATH (less than a year, 1 yr, 2 yrs, 3 yrs, 4 yrs, 5 yrs), age range (under 55, 55-64, 65-74, 75-84, over 85 years), gender, and school district number.

Procedure

Focus Group Discussion. Participants sat at tables or in a circle and were invited to answer questions as openly as they felt comfortable. The facilitator emphasized that there were no “wrong” answers, but that the older adults’ thoughts and opinions were valuable. Discussions were conducted in an area familiar to the older adults such as the school where they volunteered or in a commons area at their place of residence. After the facilitator collected informed consent forms, a research assistant turned on the recording equipment and the facilitator began the discussion.

The same trained facilitator conducted the focus groups at all sites. Both an audio and a video recorder were used to ensure accurate recording of all responses. At the conclusion of each group, the facilitator thanked the volunteers for their responses and gave a debriefing statement. Recorded audio files were transferred to a computer file for easy accessibility. Transcriptions were made of each audio file.

Researchers followed Creswell’s (1994) systematic process for coding transcriptions to reduce information to themes. Separately, each author read the transcriptions of the focus groups then analyzed the older adults’ comments and identified consistently emerging themes. Subse-
### TABLE 1. Volunteer Satisfaction Survey

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<td>1. Did you experience a sense of satisfaction from your interactions with the children in the program?</td>
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<td>2. Did participation in this program make you more aware of the wisdom and talent you have to offer young children?</td>
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<td>3. Was working with children something you looked forward to?</td>
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<td>4. Did interaction with the children in the program allow you to see yourself in a more positive way?</td>
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<td>5. Did you find things to do with young children that brought you enjoyment and satisfaction during this program?</td>
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<td>6. Was your perception of yourself as a competent individual reinforced through participation in the program?</td>
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<td>7. Through participation in the program, did you experience a greater sense of accomplishment and involvement?</td>
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<td>8. Did interacting with young children help you forget your problems and worries for a while?</td>
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quently, researchers met to compare their conclusions, deliberate, reach consensus, and create an identifying subtitle for each resulting theme. Volunteer Satisfaction Survey. The facilitator asked the older adults to complete the Volunteer Satisfaction Survey (Dellmann-Jenkins, 1997) at the conclusion of each focus group session. All recording equipment was turned off. Older adults were given as much time as was needed to respond.

RESULTS

Focus Groups

How do you define or characterize successful aging? The first emerging theme revealed in the data from the focus groups was staying active. Older adults responded with this answer more frequently than any other throughout the interviews. Some older adults described it as a physical activity: “I make sure I exercise,” while others used staying active in the context of taking care of oneself, “Taking care of yourself; nobody can do it for you.” Most of the older adults, however, described staying active as keeping busy, staying involved, and experiencing and doing new things.

Keep active, keep walking, keep doing. Keeping involved.

It’s just new experiences, and new things we’re doing. We go places and do things that we haven’t done before.
Not worrying or thinking about one’s own problems emerged as a second theme. This theme encompassed both physical pains and emotional loneliness. Several adults commented about feeling sorry for themselves, but then revealed that the children helped them forget, “Because it’s awful easy to just sit at home and moan and groan and feel bad and if you don’t, um, if you’ve got the kids, you forget.” Still other older adults said frankly, “Don’t dwell on your aches and pains.” Many older adults admitted having physical pains at times, but also mentioned working with the children helped them forget about their pains.

Some days when you really don’t feel like getting up and you know it’s your [volunteer] day, you’ll go ahead and get up, won’t you, because you know that kid depends on you.

Is working with children a part of successful aging? The overwhelming answer to this question was simply “Yes.” Some older adults gave their opinions; two themes developed from these responses.

Feeling young was the first theme. Older adults commented repeatedly about feeling young, while working with the children. They also said “staying young” which could be viewed as either staying active or feeling young. Some older adults mentioned they did not feel old and still wanted to act the same as they did when they were young, while others said working with the children made them feel young.

Keeps you feeling a little younger, I think. At least there’s me—I feel a little younger working with them.

It keeps you young because you don’t want to let ‘em down . . . you want to be able to do the things with them that they want you to do.

The second theme was staying connected to the children and the community. This response was related to feeling associated and current with the environment around him/her. The volunteers mentioned that being with the children, taking them into the community, and doing activities with them enhanced their feelings of connection with the greater community. Older adults mentioned walking down the halls of schools in which they volunteered and reading posters and projects on the walls.

I think it keeps us in touch with the little ones and, well, it keeps us knowing more about what they’re doing. I think it keeps us up-to-date. . . .

I didn’t know a lot of the younger kids until I started doing this. So, it keeps me informed in the community.
What did you learn from the children? Responses to this question were unlike most of the other answers. Rather than speaking of what they learned from the children (what the children taught them), older adults generally discussed what they learned about the children. Adults discussed changes in their perceptions of the children: “They aren’t all bad” and “They still have values . . . .” Two older adults also mentioned their increased respect for the teachers of the students. A few, though, answered the question directly,

I’ve also learned that I can also now deal with the ones that’s quiet and kinda . . . withdrawn . . . because they don’t trust adults or they have a problem with, with adults. I’ve learned that, [sic] that I can deal with them now, and . . . you know . . .

These identified themes were embedded repetitively in the responses to other questions as well.

Volunteer Satisfaction Survey

Overall, older adults reported high satisfaction with their participation in the intergenerational programs (\(M = 6.2; SD = 0.74\); range = 4.40 to 7.00). Questions with the greatest mean scores (\(M > 6.4\)) indicated that adults experienced a high sense of satisfaction from the interactions with youth, looked forward to working with the children, and experienced enjoyment in the interactions (see Figure 1). The lowest mean score suggested interactions did less to increase the older adults’ sense of physical well-being (\(M = 5.7\)) although this theme was identified by adults in the focus group discussion.

Differences in indicators of well-being by age of the volunteer were evident. The first two categories of age (under 55 and 55-64 years) were collapsed into one category to represent the youngest age group. Other categories remained unchanged for analysis: under 55-64 years (\(n = 12\)), 65-74 years (\(n = 17\)), 75-84 years (\(n = 8\)), 85 years and older (\(n = 6\)). An ANOVA comparing overall mean satisfaction between age groups revealed a significant difference in perceptions of well-being by age, \(F(3, 42) = 3.39, p < 0.05\). Post hoc analyses using Tukey HSD indicated adults 85 years and older were less satisfied overall than adults 75 to 84 years (\(p < 0.05\)).

Data were examined by individual question to ascertain wherein the differences lay. A series of one-way ANOVAs by age revealed significant differences in perception for three items (see Table 1). Adults 75-84 years reported the highest levels of anticipation for working with
children compared with adults over 85 years who reported the lowest scores. Individuals in the 75-84 years of age group also reported higher levels of seeing themselves in a more positive way through working with youth, while again, those with the lowest scores were over 85 years old. Finally, and nearly significant, individuals 75 to 84 years of age were higher than the oldest group who had the lowest scores on finding things to do with young children that brought joy and satisfaction.

Length of involvement was recoded into three categories: 0-1 years \((n = 11)\), 2-3 years \((n = 12)\), and 4-5 years \((n = 22)\). Results suggested no significant differences in older adults’ perceptions of well-being or satisfaction in their engagement with children by length of time involved in the program, \(F(2, 42) = 1.41, p < 0.05\). The older adults indicated they were satisfied whether they had worked with the youth for one year or for five years.

**DISCUSSION**

This study investigates the relationship between older adults’ perceptions of well-being drawing from Ryff’s (1995) dimensions of well-being and participation in intergenerational relationships with youth. In particular, we examine the relationships between age and perceptions of
well-being as well as length of participation in the program and well-being. Overall, results indicate that older adults experience a high sense of satisfaction and enhanced well-being from their interactions with youth in the intergenerational context.

Ryff’s (1995) dimensions of well-being are present in older adults’ comments regarding the characteristics of successful aging, as well as the overall high survey scores. Successful aging, according to the adult volunteers, includes actively engaging with others and being involved with the children and their community elements of which appear consistent with Ryff’s (1989) dimension of well-being: environmental mastery. In this case, the older adults purposefully selected the intergenerational context because it met their needs and values (Ryff, 1995) and they perceive pleasure from these interactions. These observations are also supported by Fisher’s (1995) observations of generativity and its relationship with older adults’ life satisfaction in which adults felt greater satisfaction when they perceived they were contributing to the future of the community, as well as Snyder and Clary’s (2004) view of volunteerism as a social function: “providing opportunities . . . to fit in and get along with one’s reference groups” (p. 227).

Successful aging includes staying active. Drawing from adults’ comments during the focus groups, we interpret this to be both mental (focused purposeful activity), as well as physical activity that helps the older adult age more successfully. While survey results suggest physical well-being changed the least of all areas of well-being, the mean score was well above the 3.5 midpoint. Being active is confirmed in Fisher’s (1995) work. One of the categories he encountered in his interviews also was the concept of “staying active or having something to do” (p. 247). If older adults view staying active as a part of successful aging and if they see their involvement in the intergenerational programming as a productive activity, we may logically deduce that intergenerational programming can contribute to successful aging and well-being.

Successful aging also means reduced egocentrism or being consumed by one’s own problems. This theme directly corresponds with the survey question, “Did interacting with young children help you forget your problems and worries for a while?” The small variance in the range of responses across ages to this question suggests that participating adults are able to redirect their attention from self to others, even for a short time. Results also suggest that most of the adults look forward to working with the children. Many spoke of forgetting about their worries because they were going to see the children. This theme also corre-
sponds with characteristics in two dimensions of well-being identified by Ryff (1989): positive relations with others and purpose in life. These older adults indicate interest in the well-being of the children and see themselves as becoming more competent in interacting with the children, temporarily suspending their own concerns in order to be with the youth.

Working with children is another element of successful aging. Participants report feeling young while working with the children. Most adults, with the exception of those 85 and older, feel enjoyment and satisfaction in their engagement with the children. The relationship between this qualitative and quantitative data is solidified by one of the statements given in the focus group discussions, “Oh that’s I think the greatest thing, because, you know, children keep you young too . . . give you new ideas.” Again, this theme is consistent with Fisher’s (1995) work: 24% of his respondents suggested feeling young is a part of successful aging (p. 247). Feeling young may also be considered a form personal growth from Ryff’s (1989) model of well-being in which adults see themselves as continually developing and available to new experiences.

Although the adults chose to volunteer in the program, satisfaction is differentiated by age of volunteer. While both the qualitative and quantitative data reveal relatively high levels of positive feelings towards the youth in the intergenerational programs, adults aged 85 and older, when compared with the 75-84 year olds, are less satisfied than their younger cohorts in anticipation of and joy working directly with youth. They also felt less positive about themselves when working with the youth. Qualitative data contain few negative comments with the exception of concerns about children’s disruptive behavior. However, most of the behavior described was followed by an explanation of how behavior changed through creating a relationship with the child.

While our data do not explain this phenomenon, we suggest that lower levels of satisfaction among participants 85 years and older may be related to an increase in prevalence of age-related sensory losses and/or reduced mobility. Vision and hearing difficulties, for example, are found to have negative effects on older adults’ communication and social interactions (Heine & Browning, 2004; Horowitz, 2004) and young children’s high voices and rapid speech patterns may have been challenging for older adults to perceive (Kuehne, 1992). Additionally, the prevalence of depression in older adults may contribute to lower satisfaction scores (National Institutes of Health, 1992) as symptoms of depression tend to increase in older adulthood, leading to impairments in
mental and social performance (NIMH, 2004). Both sensory loss and a potential decline in mental health may contribute to decreased enjoyment in their interactions with youth. Further study is needed to investigate the downward shift in responses of this particular age group.

Our results also suggest no relationship between the number of years of volunteer participation and well-being. We may conclude that those who continue to participate do so because they experience satisfaction in the program whether it is the first or fifth year. It may be that older adults may reason they are participating for the children and do not think first of their own well-being and how it may be changing over the course of their participation. However, Chen’s (1997) research on volunteers in extension-based intergenerational programs showed that even after one year of participation with children, older adults reported they “felt they were productive, creative, and resourceful” (Chen 1997, para. 4). These responses support both Ryff’s (1989) model of successful aging and Snyder and Clary’s (2004, p. 227) views of volunteerism. Again, further research should assess factors that further differentiate levels of satisfaction over time.

Although we have used triangulation in our study design to address potential biases in data collection and analyses, we recognize that it is impossible to fully separate the context and content in volunteer responses. The wording of questions may have introduced bias as well as the presence of recording equipment inducing changes in reporting personal thoughts in order to please the facilitator or acquiesce to the popular group response (Hawthorne Effect). However, the inductive process inherent in qualitative methodology does allow the investigator to ask further questions to clarify comments which was done in each session to ensure that comments were understood clearly. The use of a second voice recorder rather than a video camera during focus groups may further reduce self-conscious feelings.

Implications

While our study examines a relatively small sample and is unique to rural areas, three implications emerge from this research for intergenerational programs. First and foremost, results of this study meet the call for evidence-based programming: older adults experience enhanced well-being from interacting and forming relationships with children in the intergenerational context, particularly for adults 75-84 years. Second, and related to the first point, program directors or coordinators must be equally and particularly attentive to the needs and desires of
these older adults as they are with participating youth. Programs must be theoretically grounded (such as Ryff’s theory) in order to identify the particular elements that will create effective experiences for all participating generations. Third, the oldest participants (85 years and older) did not experience the same degree of satisfaction as their younger counterparts (less anticipation and lower view of self). Greater attention must be given to the needs of this population as the percentage of adults 85 years and older is increasing steadily (NIMH, 2004). It may be more challenging to recruit and retain volunteers aged 85 and older although working with the oldest old is equally important for youth. Activities, therefore, must be designed to provide developmentally and functionally appropriate experiences for this age group and their particular needs to include the adults whose sensory acuity may be diminishing or mobility decreased (e.g., amplified voices, higher lighting). Decreased participation from older adults may not indicate a lack of interest but may indicate changing developmental needs or limitations. Intergenerational experiences can and do support “positive psychological functioning” (Ryff, 1995, p. 99) and successful aging in older adults.

REFERENCES


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