**Older Volunteers Risk Isolation and Social Disconnect in a Post-Pandemic World**

COM-803 Hermeneutics and Communication

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September 30, 2023

Professor

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### Assignment #3 – Essay on a case study

### Write a 5-page paper on a specific event or phenomenon (e.g., a historical event, a cultural practice, a legal decision), and interpret it from a hermeneutic perspective. This would involve understanding the event within its context and recognizing the role of your prejudices in shaping your interpretation.  The student should direct developmental readings from Assignment #2 on the hermeneutic issue for this assignment.

### Paper Outline

### Begin with an introductory paragraph that has a succinct thesis statement.

### Address the topic of the paper with critical thought.

### c. End with a conclusion that reaffirms your thesis.

### d. Use a minimum of eleven scholarly research sources (two books and the remaining scholarly peer-reviewed journal articles).

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### THESIS TITLE: *Older volunteers risk isolation and social disconnect in a Post-Pandemic World*

### THESIS STATEMENT: The process of engaging in-person volunteers––particularly older volunteers––must be adapted to a post-pandemic world.

### KEY WORDS: COVID-19 Pandemic, Post-Pandemic Era, Volunteer Engagement, Older Volunteers, Vulnerability, Social Isolation, Community Connection, Adaptation, Accommodation, Program Modification

**Introduction**

In the post-pandemic era, 100% volunteer-based organizations need to adapt their volunteer recruitment and retention strategies in order to accommodate older volunteers from the community.

The COVID-19 pandemic has dramatically reduced community volunteer participation––particularly that of older volunteers. In order to encourage greater volunteer participation, organizations must modify their protocols to accommodate vulnerable, but otherwise willing, volunteers. This essay explores several arguments, interpreting and weighing extreme measures vs. those that are more adaptable to accommodating older persons’ needs for social connectivity and sense of purpose.

**First Interpretation of the Literature**

Colibaba (2022) asserts that during the pandemic and continuing into the post-pandemic era, older volunteers, being at higher risk of COVID-19 infection due to compromised immune systems, felt and continue to feel vulnerable and therefore hesitant to volunteer despite feeling disconnected from fellow volunteers (p. 3).

According to this thinking, older individuals can be encouraged to begin or resume volunteer work if they can be assured that the organization upholds their personal safety. They do not need to be locked up and placed out of sight in order to maintain their safety.

Says Colibaba: “Older peoples’ heightened vulnerabilities to COVID-19 have raised awareness about the need for isolated rural older adults to maintain social connections. To support this challenge, rural volunteer-based programs offer support for isolated residents and opportunities for participation and social networking through volunteering” (p. 3).

In my volunteer work with the Hospital Foundation, I’ve witnessed the challenges that our healthcare district faces in providing adequate services to our older residents. These challenges were of course compounded by pandemic restrictions. Our Foundation membership consists of individuals over the age of 50, with the majority of members in their mid-to late 70s. Since we collectively thrive on in-person camaraderie that comes with this work, we adapted meetings by moving them outdoors, wearing face masks and socially distancing. This kept us safe yet engaged with each other. It was the perfect antidote following two months of isolation.

**Second Interpretation of the Literature**

Unfortunately, many organizations have been hesitant to support older volunteers due to concerns about risk. To (2020) argues that, “If your organisation works with people with weakened immune systems, older people, those with disabilities or those with long-term health conditions like diabetes, cancer and chronic lung disease, it’s important that you plan to limit their risk to being exposed” (p. 6). We have witnessed this in action; organizations’ concerns about risk led them to dismiss older volunteers from in-person interaction––often without any thought as to possible workarounds.

While I believe that safety is of paramount concern, risk-averse attitudes such as To’s have been (and continue to be) taken to an extreme: “Consider enabling staff and volunteers who have vulnerabilities and are understandably concerned about their health to take leave or time off or to volunteer or work from home” (p. 6). I find such an attitude dismissive of the older person’s desire for purpose through meaningful social engagement. In addition, it smacks of ageism and––based on our Foundation’s experience––is unnecessary.

**Third Interpretation of the Literature**

In order to encourage greater volunteer participation––particularly that of older volunteers––organizations must make modifications to their protocols in order to accommodate otherwise willing volunteers. However, these modifications do not require intense effort; they can be simple and practical.

As Colibaba (2022) asserts, “Having a supportive program that is willing to modify its health and safety policies and procedures strengthened volunteers’ positive attitudes towards continuing to volunteer post-pandemic” (p. 5). Indeed, the utility of valuable-yet-vulnerable older volunteers rests upon the adaptability of the organization that seeks their active participation.

While our healthcare district was concerned about the safety of our Foundation’s older volunteers, accommodations were made because the district leaders wanted Foundation members to remain connected to our community. Thus, they permitted Zoom meetings and approved adaptive ways for us to host our Tree of Lights fundraising event.

**My First Prejudice to an Opposing Argument (Variant)**

In addition to my prejudice against ageist thought, the scholarly literature reveals its own prejudices (bias) against older people. Although perhaps intended to be protective, such revelations demonstrate horizons misaligning contextual experiences.

According to Oliver (2020): “Over-70s have been advised to avoid unnecessary social contact, remain largely indoors, and to do any outdoor exercise at a safe distance from others” (p. 1). Oliver makes a discriminatory statement based solely upon an age category. “Over-70s…” But what does that mean? My husband is 85 and he is involved in no less than four organizations. While prudently masking his face, he nonetheless has participated in social activities––with the simplest of protections in place. As argued in my First Interpretation of the Literature, our Foundation members found safe ways to meet, thus enabling us to continue our important work and maintain vital social connectivity.

A month after the initial pandemic uncertainties in early 2020, our Foundation members were permitted to gather––at first remotely, then with warmer weather we met outdoors wearing masks and sitting 6 feet apart. We refused to hide ourselves from the world simply because of our members’ ages. Ageism serves no useful purpose in the world of charity.

**My Second Prejudice to an Opposing Argument (Variant)**

Although older volunteers are at greater risk of COVID-19 infection from in-person events, they can of course volunteer from home. Yet this creates a great amount of isolation. Fields (2020) pushed for home-based senior volunteerism, going so far as to recommend that older people be provided free computer training: “Embedding training within existing community-based programs holds promise as a potentially sustainable mechanism to provide digital training to older adults” (p. 1). While well-intentioned, this thinking didn’t take into account the social isolation of sitting in front of a screen all day, or that many older individuals prefer face-to-face interaction (and perhaps even lack a personal computer at home!).

**My Third Prejudice to an Opposing Point of View (Variant)**

Older volunteers can volunteer in-person if volunteer organizations adapt their programs. It is important to think holistically about the vital role older volunteers play. Colibaba (2022) argues, “The attitudes and actions portrayed by volunteers and programs alike, through their personal resiliency to remain a volunteer during the pandemic and through programs’ abilities to adapt, help ensure the sustainability of older voluntarism as a whole” (p. 5).

Additionally, older volunteers prefer in-person interaction as long as they feel safe. In-person volunteering sustains the sense of community sustainability. Older volunteers maintain a sense of usefulness and social connectedness that virtual volunteering does not. As Toquero (2021) asserts, “Agencies or support groups can create volunteerism among older adults” (p. 2).

Toquero agrees that older people need emotional fulfillment. I personally witnessed such emotional fulfillment as our Foundation members resumed our meetings (modified though they were). We laughed, we cried, we shared stories of fear and loss. But through that sharing we maintained our sense of emotional and social connectedness. Our shared purpose pulled us through and kept us focused on our roles, tasks and ultimate goals.

**Conclusion**

Volunteer recruitment and retention strategies must adapt to a post-pandemic world––particularly with regard to older community members. The reluctance of older volunteers to participate is based upon legitimate concerns. This is borne out by current research.

Volunteer-based community organizations, while justifiably concerned about COVID-19 and other health risks, need to understand that older volunteers derive feelings of social connection and usefulness from interpersonal helping activities; such activities can be modified so that health is safeguarded while still allowing vulnerable volunteers to participate in person. From a hermeneutical perspective the risk-averse regulatory and person-centered psychosocial horizons can fuse when prejudices are understood and accommodated, resulting in greater benefits for agencies, participants and the community.

**Works Cited**

Colibaba, A., Skinner, M., & Russell, E. (2022). Supporting Older Volunteers &

Sustaining Volunteer-Based Programs in Rural Communities. *Trent Center for Aging & Societies.*

Oliver, D. (2020). David Oliver: What the pandemic measures reveal about ageism. *BMJ*,

*369*. DOI: 10.1136/bmj.m1545

To, R. (2020). A Practical Guide For Volunteer Involving Organizations.

*policy*, *2*(6251), 4060 <https://www.volunteeringaustralia.org/wp->content/uploads/VA\_Practical\_Guide\_For\_VIOs.pdf

Toquero, C. M. D. (2021). Psychological, Physical, and Social Health Needs of the Aging

Society and Post-Pandemic Recommendations on Gerontology. *European Journal*

*of Environment and Public Health*, *5*(2), em0080. https://doi.org/10.21601/ejeph/11055

**References**

Baker, C. (2022). ‘Building back better’ and the search for values: critically reclaiming

Temple’s social thought for a post-pandemic policy landscape. *Theology*, *125*(4),

282-288. <https://doi.org/10.1177/0040571X221106460>

Campbell, H. A. (2020). *Religion in quarantine: The future of religion in a post*

*pandemic world*. Digital Religion Publications.

Fields, J., Cemballi, A. G., Michalec, C., Uchida, D., Griffiths, K., Cardes, H., ... &

Lyles, C. R. (2021). In-home technology training among socially isolated older adults: findings from the Tech Allies Program. *Journal of Applied Gerontology*, *40*(5), 489-499. DOI: 10.1177/0733464820910028

Goodley, D., Lawthom, R., Liddiard, K., & Runswick‐Cole, K. (2022). Affect, dis/ability

and the pandemic. *Sociology of Health & Illness*. DOI: 10.1111/1467-9566.13483

Grey, C. N., Homolova, L., & Davies, A. (2021). Community-led action in response to

the COVID-19 pandemic in Wales: a national, cross-sectional survey. *The Lancet*,

*398*, S51.

Halis, M., Çamlibel, Z., & Bükey, A. (2020). The effect of personality characteristics on

volunteer motivation: A study on NGO employees in the COVID-19 pandemic process. Revista Argentina de Clinica Psicologica, 29(5), 922-934. DOI: 10.24205/03276716.2020.1088

Havea, J. (2021). *Doing theology in the new normal: Global perspectives*. SCM Press.

Kaish, Q. K. (2021, October). Student-led community initiatives to spur post-pandemic

revival. In *ICCD* (Vol. 3, No. 1, pp. 299-302).

Milloy, J. (2021). Living Through COVID, Looking Beyond COVID: The Political

View. *Consensus*, *42*(2), 8. DOI: 10.51644/TVET9893

Pennycooke, C., Rami, J., Coulter, M., & Tiernan, P. (2022). Volunteering during

COVID-19: Lessons for the future. https://www.volunteer.ie/

Power, G., & Nedvetskaya, O. (2022). An Empirical Exploration of Volunteer

Management Theory and Practice: Considerations for Sport Events in a “Post

COVID-19” World. *Frontiers in Sports and Active Living*, *4*.

doi: 10.3389/fspor.2022.689209

Schwan‐Rosenwald, E. (2021). Nonprofit solutions for the post‐pandemic world. *Board*

*& Administrator for Administrators Only*, *37*(10), 5-5. DOI 10.1002/ban

Taylor, D., Keefe, J., & Cook, H. (2021). Leveraging Promising Policies to Support

Long-Term Care Residents' Quality of Life Post-Pandemic. *Innovation in Aging*,

*5*(Supplement\_1), 369-370.

Yawson, R. (2020). Strategic flexibility analysis of HRD research and practice post

COVID-19 pandemic. *Human Resource Development International*, *23*(4), 406

417. DOI: 10.1080/13678868.2020.1779169