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Experiences of Volunteer Staff in Eldercare Facilities During the COVID-19 Pandemic

Novelle S. Davis
Walden University

Walden University

College of Management and Technology

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Novelle S. Davis

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Dr. Daphne Halkias, Committee Chairperson, Management Faculty
Dr. Kenneth Levitt, Committee Member, Management Faculty
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Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Abstract

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Abstract

The exploitation of unpaid healthcare staff led to a volunteer flight from long-term residential facilities during the COVID-19 pandemic. A literature gap existed on human resource policies to support volunteer eldercare workers who had remained at their posts and taken charge of work in long-term care facilities during the public health crisis. The purpose of this qualitative narrative inquiry study was to explore how volunteers in eldercare facilities viewed their daily experiences and interpreted their role in eldercare facilities during the COVID-19 pandemic. This study was framed by Garner and Garner's theory of volunteer retention and Studer's concept of volunteer management. Interview data were collected from nine volunteers working in eldercare facilities during the COVID-19 pandemic. The critical event approach was the data analysis strategy, from which four conceptual categories emerged: (a) volunteer work in eldercare facilities during the pandemic, (b) the emotional toll on volunteers during the pandemic, (c) human resource managers supporting eldercare volunteers, and (d) volunteer voices on working in eldercare. The participants expressed hope that their voices would be heard to drive positive social change through human resource managers developing proper work conditions and organizational readiness for supporting volunteer staff during a public health crisis, improving the quality of life for older people in long-term care.

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Dedication

It is with genuine gratitude and warm regard that I dedicate this work to my family, friends, and Committee Members for their ultimate support. For all the missed family gatherings, tears, and sleepless nights…”Grandma, I did it!” (Rest Well)

Acknowledgment

I cannot express enough thanks to my Committee Members for their support, motivation, and encouragement, Committee Chair, Dr. Daphne Halkias, and Committee Member, Dr. Kenneth Levitt. It has been a long journey, and I offer my sincere appreciation for the opportunity to make a positive social change in society.

The process would not have been accomplished without the support of my family and friends, especially my daughters Jasmine Green and Juanna Harvin, “you stuck by my side until the end.”

Finally, to the volunteers who dedicated hours and days during the pandemic to care for those elders in LTC and elderly care facilities that depended on them for company and compassion. Thank you for your unselfish sacrifice.

Without GOD, nothing in life is possible…Thank you

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Chapter 1: Introduction to the Study

During the COVID-19 pandemic, it became challenging to keep up with the demands of qualified paid and unpaid staff in eldercare facilities, which heightened the need for qualified caregivers (Chu et al., 2020). During the pandemic, the mobilization of unpaid staff to meet older residents' psychosocial needs in long-term care (LTC) facilities aligned with the restructuring of health care more broadly and increased reliance on volunteers, often women (Aboramadan, 2020). The dire circumstances within eldercare facilities with higher infection rates and mortality during the COVID-19 pandemic emphasized to regulators the challenges faced (Bergman et al., 2020).

The older population, defined as ages 65and over, is expected to nearly double from 48 million to 88 million by 2050 (Statistica, 2021). With the magnitude of growth among the older population, it is alarming that the number of reliable and dedicated older care volunteers for whom residential facilities depend on improving the quality of life for cognitively impaired residents is rapidly declining (Cameron et al., 2020). Since the start of the COVID-19 pandemic, human resource (HR) management departments in eldercare facilities have continued to inadvertently exploit volunteers' generosity by positioning them as a source of unpaid labor to replace eroding paid nursing services (Hsu & Lane, 2020). In recent years, much research had been conducted on HR regarding policies, procedures, and programs for paid staff, but less was known about HR policies' impact on volunteers (Cerdin & Brewster, 2018). For HR managers to gain a deeper understanding of how volunteer role expectations were structurally generated, negotiated, and experienced by the unpaid staff during a time of crisis such as the COVID-19

pandemic, research was needed to fill the literature gap on the experiences of volunteer staff in eldercare facilities during the COVID-19 pandemic (Temkin-Greener et al., 2020). In Chapter 1, I present the background literature leading to the problem statement, including a description of the scholarly literature gap and a presentation of the logical alignment between the problem, purpose, research questions, and conceptual framework of the study. In addition, the chapter presents the significance, assumptions, limitations, and definitions of key terms used throughout this study.

Background of the Study

The literature on volunteering had focused on the motivation of volunteers, including incentives and situations. Studer (2016) argued that a couple of serious factors affect volunteers that were not addressed. The organization's attitude toward the volunteers and the social connection had not been fully addressed. An additional focus needed to be placed on the benefits that volunteers could make to a hospital, such as free labor and quality service. According to Saksida et al. (2017), HR faced constant challenges regarding staff policies, procedures, and programs due to the continuous changes. The problem was heightened with the inclusion of volunteers. Alfes et al. (2017) stated that for many organizations such as nonprofits and government agencies, volunteers had become an accessible resource for cutting costs. The pressure was put on HR departments to implement paid and nonpaid staff practices. Rogers et al. (2016) stated that cost reduction should not impact the commitment of service received.

One of the first empirical investigations into the role of organizational justice perceptions was on intentions to quit within a volunteer sample conducted by Hurst et al.

(2017). Findings demonstrated that extrinsic outcomes and their distribution matter to volunteers. The study provided evidence that volunteers care about fairness regarding the distribution of visible results, which were sufficiently robust to influence volunteers' decisions to continue their service with an organization. The expectations of organizations would be challenging for volunteers (Hurst et al., 2017).

The increase in patients requiring care in a hospital has raised the concern of not providing the best quality care while staying within reasonable cost restraints (Ackers et al., 2017; Rogers et al., 2016). By applying ability-enhancing practice, an organization would identify people most likely to volunteer for specific work. There is a need for volunteers to be aware of the challenges facing older people to be successfully paired and adequately prepared to limit the stress and fear that those patients experience. Specific training has to be performed to reduce those images for both the older people and the volunteers. A clear indication of volunteers' role has a substantially positive impact and outcome (Hall et al., 2017).

With an increase in older people with chronic illnesses experiencing social isolation during the COVID-19 pandemic, the need for volunteers at LTC facilities has grown (Office et al., 2020). Social isolation had been associated with adverse health outcomes in the older population, including increased risk of falls, all-cause mortality, hospitalizations, cognitive decline, physical inactivity, low diet, less infection resistance, more emergency admissions to hospital, and extended length of stay, which led to worse outcomes during the COVID-19 pandemic (Helfand et al., 2020). Given the effects on the mental and physical health of older people, interventions during a period of crisis

management by supporting volunteer staff were necessary to mitigate the risk of increased morbidity and infection from COVID-19 and other possible future crisis scenarios (Hsu & Lane, 2020; McArthur et al., 2021).

Problem Statement

The exploitation of unpaid healthcare staff led to a volunteer flight from long-term residential facilities during the COVID-19 pandemic (Chu et al., 2020). The Society for Post-Acute and Long-Term Care Medicine, an organization representing post-acute care medical providers, had warned that nursing homes could lose up to 30% of residents due to COVID-19 (McArthur et al., 2021). The economic and regulatory challenges faced by eldercare led human resource management departments in eldercare facilities to undervalue volunteers' generosity by positioning them as a source of unpaid labor to replace eroding paid nursing services (Gilster et al., 2018; Hurst et al., 2017). With the magnitude of growth among the older population, it was alarming that there was a shortage of reliable and dedicated eldercare volunteers for day-to-day care during the public health crisis (Inzitari et al., 2020). The social problem was that the number of needed unpaid staff in eldercare facilities to preserve the dignity of older residents, build relationships, stimulate dialogue, and improve quality of life for cognitively impaired residents rapidly declined from the start of the COVID-19 pandemic (Coulter & Richards, 2020; McGilton et al., 2020).

Lack of readiness in LTC facilities at the start of the pandemic, such as providing no protective equipment and in-place isolation practices for staff and other innovations, led to a mass exodus of needed volunteers from these facilities worldwide (Edwards et

al., 2017; Roy & Ayalon, 2020). In the United States, there was a lack of HR policies to support volunteer elderly care workers who had remained at their posts and taken charge of work in LTC facilities during the public health crisis, where there was usually one physician (McGilton et al., 2020). For HR managers to gain a deeper understanding of supporting volunteer eldercare workers during the pandemic, research was needed to fill the literature gap on developing HR policies that consider the experiences of unpaid staff who remained at their work after the outbreak of the COVID-19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020). The specific problem was how volunteers viewed their daily experiences and interpreted their role in eldercare facilities during the COVID-19 pandemic was a factor rarely considered by HR managers when planning HR policies based on readiness for the next public health crisis (Inzitari et al., 2020; McGilton et al., 2020).

Purpose of the Study

The purpose of this qualitative narrative inquiry study was to explore how volunteers in eldercare facilities viewed their daily experiences and interpreted their role in eldercare facilities during the COVID-19 pandemic. To address the literature gap on developing HR policies that consider the daily life experiences of unpaid staff who remained at their work after the outbreak of the COVID-19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020), I used the qualitative paradigm and narrative inquiry method (see Clandinin, 2016) to meet the purpose of the study. I collected data using the narrative tradition of storytelling from volunteers working as unpaid staff in residential eldercare facilities in the United States during the COVID-19 pandemic.

Researching storytelling is an appropriate way of understanding human experiences (Clandinin, 2016; Webster & Mertova, 2007). A critical event approach (see Webster & Mertova, 2007) was used to document important events in the participants' narratives to ensure data trustworthiness, addressing the study's purpose and research question.

Research Question

Aligning with the problem and purpose of the study and the qualitative paradigm, the research question was as follows: How do volunteers in eldercare facilities view their daily experiences and interpret their role in eldercare facilities during the COVID-19 pandemic?

Conceptual Framework

This study was framed by two fundamental concepts that focus on how volunteers in eldercare facilities view their daily experiences and interpret their role as unpaid staff: Garner and Garner's (2011) theory of volunteer retention and Studer's (2016) concept of volunteer management. Over the last two decades, literature in the HR management and strategic management area has proliferated on the long-ranging organizational consequences of volunteer turnover in nonprofits and specifically in eldercare facilities, a health care sector dependent on the services of unpaid staff (Rogers et al., 2016). During a public health crisis, volunteer management within nonprofits failed to retain their volunteer staff, which led to an organizational staffing crisis in mission-driven human service organizations (Vantilborgh & Van Puyvelde, 2018), including eldercare facilities (Inzitari et al., 2020).

Volunteer Retention

In the United States, shortages of unpaid staff were insidious within the in-home, hospice, and residential care environments (Banaszak-Holl et al., 2015). Garner and Garner (2011) stated that one of the earliest theories to explain their conceptualization of volunteer retention was Hirschman's (1970) theory of exit-voice-loyalty. Hirschman (1970) presented exit and voice as the two pathways available to employees experiencing dissatisfaction with their workplace. An exit was associated with turnover intention, whereas voice focused on assertively speaking about unsatisfactory work conditions. According to Hirschman (1970, as cited in Vantilborgh, 2015), choosing exit or voice depended on commitment to the organization and its commitment to the employee.

Volunteer Management

Studer's concept of volunteer management was grounded in general volunteer management literature and was influenced by long-established HR policies and procedures (Studer & Von Schnurbein, 2013). While delving deeper into the HR literature, Studer (2016) discovered that only a limited amount of pertinent literature indicated alignment between HR policies leading to effective volunteer management. The original literature on volunteerism also indicated that unpaid volunteers' experiences would always differ from paid staff (Cnaan & Cascio, 1998). Studer (2016) and Vantilborgh (2015) suggested that effective volunteer management strategies might have been viewed through the lens of psychological contract theory (Rousseau, 1989), which separated transactional or economic currency and transformational or nonmonetary capital aspects of an employer-employee relationship.

To narrow the research gap, scholars recommended that more in-depth empirical research be conducted to address how management responds to the uniqueness of volunteers by exploring volunteer experiences across various nonprofit organizations (Aboramadan, 2020). Additionally, there was limited information on organizational readiness in supporting older care residents during a public health crisis (Hsu & Lane, 2020). A literature gap exists on developing HR policies that consider unpaid staff's daily life experiences who remained at work after the outbreak of the COVID-19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020).

Nature of the Study

I conducted a qualitative narrative inquiry study to explore how volunteers in eldercare facilities viewed their daily experiences and interpreted their role as unpaid staff. Qualitative methods were used to explore real-world issues (see Merriam & Tisdell, 2015). Applying qualitative research allowed for nonstandardized data generation approaches relevant to a study problem (see Ritchie et al., 2013). Using a qualitative narrative inquiry approach documenting volunteers' daily experiences allowed for complex issues to be studied at an in-depth level (see Clandinin, 2016). Quantitative research methods are based on the findings and disregard the connecting elements that impact experience outcomes, essential characteristics of themes, or occurrences under study (Webster & Mertova, 2007). A qualitative narrative inquiry approach was appropriate for the current study because it provided a platform for participants to voice an expressed experience of working as unpaid staff in eldercare facilities (see Clandinin & Connelly, 2006).

For the current study, narrative inquiry, unlike other forms of qualitative research like ethnography, case study, or phenomenology, was the most effective design for this type of data collection (see Clandinin & Connelly, 2006). The narrative inquiry approach was appropriate for this study because it enabled me to explore the life stories of the day-to-day experiences of volunteers working in eldercare facilities. The volunteers established relationships with the staff, families, and older people and experienced daily challenging activities. Using the narrative inquiry process, I enabled support for participants who could have revealed the obstacles at critical personal experiences from their workload and received any help needed through the data collection process (see Wimberly, 2011).

Narrative inquiry allows for presenting detailed participant descriptions through storytelling and developing a detailed understanding of human experiences (Clandinin, 2016; Webster & Mertova, 2007). The narrative inquiry allowed me and the participants to discuss the participants' experiences within eldercare facilities (see Clandinin, 2016). The participants were a purposeful sample of nine volunteers working as caregivers in eldercare facilities. Semistructured interviews were conducted to discuss the volunteers' daily experiences in an eldercare facility. A sample size of nine was sufficient for data saturation to be achieved (see Hennink et al., 2017).

The participants were knowledgeable, and their direct one-on-one daily experience volunteering provided valuable in-depth research data (see Merriam & Tisdell, 2015). The sample population met with the following inclusion criteria: (a) adults over the age of 18, (b) a minimum of 3 months of continuous experience as

volunteer/unpaid staff at an eldercare facility in the United States, and (c) willing to provide in-depth information regarding their role and daily experience of unpaid caregiving staff in eldercare facilities during the COVID-19 pandemic. These criteria for participant selection aligned with similar studies of volunteers in eldercare facilities (Garner & Garner, 2011; Vantilborgh, 2015). The unit of analysis for the study was the eldercare facility volunteer worker.

The critical event narrative analysis approach was used to satisfy the credibility of the data analysis results for reasons of its inherent characteristics of openness and transparency in emphasizing, highlighting, capturing, and describing events contained in stories of experiences (see Webster & Mertova, 2007). Through critical event narrative analysis, I identified important events based on crucial life decisions and how they had potentially life-changing consequences in participants' lives (see Webster & Mertova, 2007). Thematic coding was used to organize the data in coconstruction of meanings and themes between participants and me, which guided texts' interpretations. Trustworthiness of data in qualitative studies is usually accomplished through the process of triangulation. Webster and Mertova (2007), however, suggested that triangulation in story-based studies was "almost impossible to achieve" (p. 91).

Definitions

Definitions of terms are presented for reading clarity by providing the intentional meaning of key terms and phrases used in the study to enhance the research phenomenon's comprehension. The definitions of the words and phrases used in this work were consistent with the peer-reviewed literature.

Eldercare facility: An institutional health care sector of geriatrics that depends on unpaid staff's services (Rogers et al., 2016; Zhao et al., 2015).

Exploited volunteer: Positioning workers primarily as a source of unpaid labor to replace eroding paid nursing services (Gilster et al., 2018; Hurst et al., 2017).

Job description: The roles of unpaid staff (Saksida et al., 2017; Studer, 2016).

Nonprofit organizations: Mission-driven human service organizations (Ramos & Wehner, 2018; Vantilborgh & Van Puyvelde, 2018), including eldercare facilities (Gilster et al., 2018).

Volunteer: Someone who provides unpaid direct service for one or more persons not related to the volunteer. In the current study, a volunteer referred to a source of unpaid labor to replace eroding paid nursing services (Gilster et al., 2018; Hurst et al., 2017; Saksida et al., 2017).

Volunteer management: The development of role formalization, job descriptions for unpaid staff, ongoing training opportunities, and volunteers' interpretation of their roles as unpaid staff (Saksida et al., 2017; Studer, 2016).

Volunteer retention: The ability to avoid shortages of unpaid staff that are insidious within the in-home, hospice, and residential care environments (Banaszak-Holl et al., 2015; Garner & Garner, 2011).

Assumptions

The first assumption I made for this study was that the research participants would provide detailed stories of their daily experience working in an eldercare facility. The second assumption was that the participants would be knowledgeable about

volunteering and open and honest when answering the interview questions. My third assumption was that the participants' information would be helpful to the HR department when implementing volunteers' policies and procedures. The fourth assumption was that the interviews would be documented, accurately recorded, and meticulously transcribed without any biases. My final assumption was that the database used to record the collected data would be the most efficient qualitative data collection instrument.

Scope and Delimitations

Delimitations limit the study's scope and define the boundaries; the researcher controls the delimitations (Simon & Goes, 2013). I used a qualitative narrative inquiry design to explore how volunteers in eldercare facilities viewed their daily experiences and interpreted their role as unpaid staff. The scope of the study consisted of nine volunteers who provided services in eldercare facilities in the United States. Hospitals and hospice centers did not fall within the scope of the study due to their patients and hospital size.

I excluded the hiring theory and the context-emergent turnover theory when developing the conceptual framework, literature review, and interview protocol because these theories focused mainly on the paid employees and not unpaid staff. The current study was framed by two fundamental concepts: Garner and Garner's (2011) theory of volunteer retention and Studer's (2016) concept of volunteer management. The research design was grounded in the scholarly work of Hirschman's (1970) exit-voice loyalty theory. The study's conceptual framework was chosen because Garner and Garner's and

Studer's theories helped me explore how volunteers in eldercare facilities viewed their daily experiences and interpreted their role as unpaid staff.

Limitations

The limitations highlight the study's possible weaknesses and are generally out of the researcher's control (Merriam & Tisdell, 2015). It was my responsibility to be conscious of the research's shortcomings and to present accurate findings. In the study, some circumstances qualified as limitations. Limitations of this and any interview-based study used for understanding human experiences may include misrepresentation of stories by participants and the inability to verify that the information shared by the participants is truthful. To encourage openness and honesty, I selected a comfortable phone interview platform where participants had the autonomy to reveal answers as they deemed appropriate (see Hanna, 2012).

Another limitation was that each participant's story may not have portrayed a consistent narrative of the experiences highly skilled Black African immigrant women face in the health care workplace and the contribution to their socioeconomic integration. The successful outcome of this research depended on the personal narratives of participants producing an information-rich study while following narrative methodologists' guidelines for establishing the credibility of the coded narrative data (see Syed & Nelson, 2015). All volunteers participating in the study did not have the same views regarding their daily experience. Some volunteers did not feel comfortable participating in the research for fear of retaliation or mistreatment from the paid staff or

the organization they represented. The volunteers' issues at one facility were not the same issues that volunteers at the other two facilities experienced.

Significance of the Study

Significance to Practice

This study was significant because it contributed to the research area by filling the gap in which HR management mostly failed to consider volunteers' viewpoints in eldercare facilities during a public health crisis. HR managers needed updated information on how to approach volunteer management (e.g., develop role formalization, job descriptions for unpaid staff, provide ongoing training opportunities) and study volunteers' interpretation of their roles as unpaid staff (Saksida et al., 2017; Studer, 2016). A practical implication is to improve volunteers' working conditions by informing HR managers in eldercare facilities of volunteer staff's daily experiences during the recent pandemic. Improved work conditions for volunteer staff may enhance the care and attention needed to support those in eldercare (Van der Roest et al., 2020). The study results may also inform HR managers in eldercare facilities on appropriate training protocol for volunteer staff, an element of HR services not available to many volunteers (see Alfes et al., 2017).

Significance to Theory

With the decline in volunteerism, scholars documented a shortage of volunteers for eldercare facilities, and the health care sector depended on unpaid staff's services (Rogers et al., 2016; Zhao et al., 2015). Volunteers typically offer their services through formal schemes rather than an informal arrangement (Osborne, 1996). Although

researchers documented issues concerning volunteer management from an HR management perspective, a literature gap existed on how HR departments consider volunteers' viewpoints in eldercare facilities during a public health crisis. How to approach volunteer management by developing role formalization, job descriptions for unpaid staff, providing ongoing training opportunities, and interpreting the unpaid staff's roles was also addressed (see Saksida et al., 2017; Studer, 2016). The study was significant to theory in that it made an original contribution to the theoretical literature on volunteer retention and volunteer management, specifically in the health care sector during a public health crisis, by answering the study's research question on how volunteers in eldercare facilities interpreted their role as unpaid staff during the COVID-19 pandemic.

Significance to Social Change

Volunteers are an essential component of nonpharmacologic, psychosocial interventions designed to enhance eldercare facility residents' quality of life in the context of strained resources and complex client populations (Leedahl et al., 2015). My research on the daily life experiences of volunteers working as unpaid staff in residential elderly care facilities in the United States during the COVID-19 pandemic supported Walden University's mission of driving positive social change. My study results may raise awareness of the need for proper work conditions and organizational readiness for supporting volunteer staff during a public health crisis, improving the quality of life for the older residents. HR managers in human service organizations such as elder care facilities remain responsible for ensuring that the people caring for their older residents

were also cared for, adequately trained, and respected for their services (Cooper et al., 2016; Roy & Ayalon, 2020).

Summary and Transition

The exploitation of unpaid staff in eldercare facilities led to a volunteer flight from long-term residential facilities during the COVID-19 pandemic. The research problem was a lack of information on how volunteers viewed their daily experiences and interpreted their role in eldercare facilities during the COVID -19 pandemic as a factor rarely considered by HR managers when planning HR policies based on readiness for the next public health crisis. The purpose of this qualitative narrative inquiry study was to explore how volunteers in eldercare facilities viewed their daily experiences and interpreted their role in eldercare facilities during the COVID-19 pandemic. I used a narrative inquiry approach to collect data through storytelling to address the literature gap on developing HR policies for unpaid staff who remained at their work after the outbreak of the COVID-19 pandemic. Using the conceptual framework to ground the study, I presented theoretical propositions that further explained the problem facing the sample of participants under study. Chapter 1 also presented the study's nature, assumptions, scope, delimitations, and limitations while identifying its significance to theory and positive social change. Chapter 2 provides the literature search strategy and the conceptual framework upon which the research was based. I also review the existing literature on additional encounters that volunteers experienced during the COVID-19 pandemic.

Chapter 2: Literature Review

The mobilization of unpaid staff to meet older residents' psychosocial needs in LTC facilities has become a critical need to fulfill for HR managers given that the size of the older population is expected to nearly double from 48 million to 88 million by 2050 (Cerdin & Brewster, 2018; Statistica, 2021). With the increase in patients who have become chronically ill into their later life, it has become challenging to keep up with the demands of qualified paid staff in eldercare facilities, heightening the need for qualified caregivers (Chenoweth & Lapkin, 2018). The exploitation of unpaid staff in health care led to a volunteer flight from long-term residential facilities during the COVID-19 pandemic (Chu et al., 2020). With the magnitude of growth among the older population, the shortage of reliable and dedicated older care volunteers for needed day-to-day care during the public health crisis is alarming (Inzitari et al., 2020; McGilton et al., 2020)

The economic and regulatory challenges faced by volunteers working in eldercare facilities led HR management departments in eldercare facilities to undervalue volunteers' generosity by positioning them over the past two decades as a source of unpaid labor to replace eroding paid nursing services (Gilster et al., 2018; Hurst et al., 2017). Lack of readiness in LTC facilities at the start of the COVID-19 pandemic, such as providing no protective equipment and in-place isolation practices for staff and other innovations, led to a mass exodus of needed volunteers from these facilities worldwide (Roy & Ayalon, 2020). In the United States, there is a lack of HR policies to support volunteer eldercare workers who had remained at their posts and taken charge of work in LTC facilities during the pandemic (McGilton et al., 2020). Further research was needed

to fill the literature gap on developing HR policies that consider unpaid staff who remained at work after the outbreak of the COVID-19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020).

Chapter 2 provides the literature search strategy and the conceptual framework on which the research was grounded. I present a synthesis of knowledge within a narrative literature review on topics related to the study's problem and purpose, including the unique management issues facing HR personnel in the United States in recruiting and retaining a volunteer workforce in eldercare facilities. Finally, I offer a critical analysis of the literature on which this study was grounded.

Literature Search Strategy

Implementing a literature review was essential to provide a better understanding of critical topics. The literature review search revealed methodological challenges and shortcomings in existing empirical approaches and provided knowledge of a gap within the literature. In addition to providing knowledge of a specific gap in the research, an in-depth literature review may also create opportunities for future research, case studies, unforeseen problems, and gaps that were not recognized.

The literature review's objective was to research how volunteers provided services in eldercare facilities to help HR personnel develop policies and procedures aligned with the research problem and question. The library databases and search engines used in the Walden Library included EBSCOhost, ProQuest, ABI/INFORM, Sage Premier, and Google Scholar. I also used peer-reviewed articles in my research.

The keywords I used were *COVID-19 pandemic and elder care, COVID-19 pandemic, volunteerism in eldercare facilities, elderly care facility, exploited volunteer*, *job description*, *non-profit organization*, *volunteer*, *volunteer management*, *volunteer retention*, and other terminology that was imperative in the research. In the literature review, I expanded on how health care organizations used volunteer labor in supporting older residents (job design, volunteer training; see Gilster et al., 2018) as well as the state of volunteerism in long-term eldercare facilities during the COVID-19 pandemic (see Coulter & Richards, 2020; Steunenberg et al., 2020). In the conceptual framework, *narrative inquiry*, *volunteers and unpaid staff, eldercare facilities*, *long-term care*, and COVID-19 were the words used in the search.

Throughout the study, several peer-reviewed journals were used. Some of the journals were *Journal of American Medical Directors Association, Journal of Clinical Nursing*, *Journal of Advanced Nursing*, *Journal of Aging and Social Policy, Journal of Gerontology*, *The Gerontologist*, *American Journal of Infection Control, Journal of Aging*, *Journal of Housing for the Elderly*, the *International Journal of Human Resource Management, Quality in Aging and Older Adults, The Journal of Nutrition, Health & Aging*, *American Journal of Infection Control*, and *Health and Social Care in the Community*.

In preparation for the literature review, I conducted inquiries concerning the conceptual framework on volunteer retention, volunteer management, the experiences of working in an eldercare facility or LTC facility, the consequences of volunteer turnover, and the effects of COVID-19. Chapter 2 includes a synthesis of updated scholarly

knowledge on volunteerism within eldercare facilities during the COVID-19 pandemic. Chapter 2 also highlights experiences that the volunteers and the older people endured due to the lack of policies and procedures.

Conceptual Framework

The study was framed by two fundamental concepts that focused on how volunteers in eldercare facilities viewed their daily experiences and interpreted their role as unpaid staff: Garner and Garner's (2011) theory of volunteer retention and Studer's (2016) concept of volunteer management. Over the last two decades, literature in the HR management and strategic management area has proliferated on the long-ranging organizational consequences of volunteer turnover in nonprofits and specifically in eldercare facilities, a health care sector dependent on the services of unpaid staff (Ramos & Wehner, 2018; Rogers et al., 2016).

With the magnitude of growth among the older population worldwide, there has been an alarmingly high volunteer turnover rate in eldercare (Foong et al., 2017). Managers and owners of eldercare facilities are dependent on volunteer staff to continue operating. The failure of nonprofit volunteer management strategies to retain volunteer staff during a public health crisis led to an organizational staffing crisis in mission-driven human service organizations (Ramos & Wehner, 2018; Vantilborgh & Van Puyvelde, 2018), including eldercare facilities (Inzitari et al., 2020).

Volunteer Retention

In the United States, shortages of unpaid staff were insidious within the in-home, hospice, and residential care environments (Banaszak-Holl et al., 2015). Garner and

Garner (2011) stated that one of the earliest theories to explain their conceptualization of volunteer retention was Hirschman's (1970) theory of exit-voice-loyalty. Hirschman (1970) presented exit and voice as the two pathways available to employees experiencing dissatisfaction with their workplace. An exit was associated with turnover intention, whereas voice focused on assertively speaking about unsatisfactory work conditions. According to Hirschman (1970, as cited in Vantilborgh, 2015), choosing exit or voice depends on the organization's commitment to the employee. Unpaid staff could find satisfaction with the overall experience of volunteering at a nonprofit organization, while a particular set of circumstances in their experience could be judged as unsatisfactory (Garner & Garner, 2011).

Garner and Garner's 2011 research extended the theory of exit-voice-loyalty (Hirschman, 1970) by noting that an employee may choose to retaliate against the employer by purposefully reducing their job performance, a behavior through neglect. Another extension to the theory of exit-voice-loyalty was offered by Boroff and Lewin (1997), who concluded that loyalty had often been equated with "suffering in silence" (p. 60), namely when employees choose to live with the status quo, neither using voice nor exit to express job dissatisfaction. Garner and Garner (2011) applied these ideas to conceptualize various behaviors involved in volunteer retention and suggested that when volunteers are dissatisfied, they should voice their concerns before exiting, thereby communicating to the organization why they failed to retain them. Other volunteers' options include staying silent about their dissatisfaction, building resentment and anger, or purposefully reducing their job performance (Garner & Garner, 2011).

Volunteer Management

Studer's concept of volunteer management was first grounded in general volunteer management literature and influenced by HR long-established policies and procedures (Studer & Von Schnurbein, 2013). While delving deeper into the HR literature, Studer (2016) discovered that only a limited amount of pertinent literature indicated alignment between specific HR policies leading to effective volunteer management. The original literature on volunteerism also highlighted that unpaid volunteers' experiences would always differ from paid staff (Cnaan & Cascio (1998).

Studer (2016) suggested that effective volunteer management strategies might be viewed through the lens of psychological contract theory (Rousseau, 1989). Irrespective of the uniqueness of volunteers and paid staff, classical HR policies and procedures could not satisfy unpaid volunteers and paid staff (Studer, 2016). Ramos and Wehner (2018) extended Studer's findings by addressing the emerging issue of diversity in volunteer management by suggesting that psychological contract theory (Rousseau, 1989) and the selection–optimization–compensation theory (Baltes & Baltes, 1990) supported that volunteer managers might be conscious of experience, cognitive abilities, and physical health that dictate volunteer resource allocation (Moir, 2018). There was limited information on organizational readiness in supporting eldercare residents (Hsu & Lane, 2020). There was a literature gap on developing HR policies that consider unpaid staff's daily life experiences for individuals who remained at work after the outbreak of the COVID-19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020).

Literature Review

Role of Volunteers/Unpaid Staff`

Zhao et al. (2015) stated that volunteers were critical resources for the chronically ill's LTC. Previously, many caregivers for persons were family, friends, or neighbors; however, many could not handle the professional care needed due to other life demands. The implementation of volunteer services had either not been recognized in many countries or was in the beginning stages regarding funding, social workers' code, guidelines for volunteers, and service quality standards. The use of successful volunteer programs with these applied principles addressed the significant needs of the elderly in LTC facilities (McArthur et al., 2021).

With the shortage of experienced and qualified caregivers and the growing number of older people who require care, the problem HR undertook was to hire qualified persons (Hall et al., 2017). HR managers must keep up with the demands of overworked and underpaid staff to prevent organizations from experiencing high turnovers, which causes financial hardships. The integration of volunteers plays an essential role in providing extra help or services that paid staff cannot cover from day-to-day demands (Chenoweth & Lapkin, 2018).

Who is the Volunteer?

Volunteers are often a key component of nonpharmacologic, psychosocial interventions designed to enhance eldercare facility residents' needs in the context of strained resources and complex client populations (Leedahl et al., 2015). *Volunteer* was defined in Merriam-Webster's dictionary (10th ed.) as a person who voluntarily

undertakes or expresses a willingness to undertake a service, one who renders a service while having no legal concern or interest. Volunteers/unpaid staff had been a position that had either not been fully understood or had been misunderstood (not taken seriously). Mandatory educational unpaid work was the highest institutional oversight and supported relevant to organizations and volunteers. The unpaid worker received valuable experience and was supported by his academic institution, to which they also received hands-on experience in a field that could support their academic studies by providing the direct experience. The individual often would shadow an experienced supervisor in the field and receive academic credit toward their study (Grant-Smith & McDonald, 2017).

Elective educational unpaid work was less well defined and might be associated with lower levels of oversight. The unpaid work was considered discretionary and often undertaken in addition to mandatory educational unpaid work. Students of socioeconomic backgrounds might have participated because they had the financial means to cover personal expenses, so the experience was valuable, although no compensation was involved. Mandatory productive work was described as unpaid work imposed by the state (e.g., work-based welfare) before entering into a formal paid employment relationship. This had some benefits because some might not have had the schooling or experience, which helped the individual get hands-on experience and gave the potential employer time to determine whether the candidate would be a proper fit overall (Grant-Smith & McDonald, 2017).

Elective productive unpaid work was the most diverse, complex, and legally ambiguous of the four options because of the many variables involved, such as

volunteering, unpaid internships, and unpaid professional work. This could pose issues from an HR standpoint due to legalities such as OSHA and workplace safety, among other possible liabilities. Because there are benefits to the unpaid worker, but it also could be debated that having unpaid workers waters down the market as many companies would elect to bring on unpaid workers to be productive and save money, but it could make the employment market even more challenging for skilled laborers looking for employment (Grant-Smith, & McDonald, 2017).

Benefits

An abundance of literature on volunteer/unpaid staff revealed several benefits to why people volunteer and volunteering in general (Einolf, 2018; Funk & Roger, 2017; Goehner et al., 2019). Acknowledging the need for volunteers to assist older people sounded the alarm for assistance. It was suggested that volunteers' support could expand the patient's longevity due to the support they usually would not get from family or caregivers. The relationship that volunteers establish with older people is viewed as caring and sensitive. The relationship could enhance the self-esteem, confidence, and respect of older people who are often loose when left in the care of paid workers in elderly facilities. Volunteers are more responsive to the needs of older people because volunteers provide the family/friend atmosphere that many older people long for and miss (Grootegoed & Tonkens, 2017).

Volunteer staff in eldercare facilities preserve the dignity of older long-term residents, build relationships, stimulate dialogue, and improve the quality of life for cognitively impaired residents who are rapidly declining (Hall et al., 2017). Due to

extended or repeated hospital stays, many patients have health problems, loneliness, and weight loss. Volunteers benefit the patient's emotional well-being, positively affecting their immune system (Coulddy et al., 2015).

The use of volunteers enhanced the experience of elders with chronic illnesses. Volunteers with skills, experience, and observation reduced or eliminated many of those issues (Hall et al., 2017; Ulsperger et al., 2015). Volunteers provided the attention, care, encouragement that many patients desire. Hospital staff did not have the proper amount of time, experience, dedication, or skills needed by many patients (Leedahl et al., 2015). Elderly volunteers brought with them experience, wisdom, and technical expertise. They generally understood the feelings that the elderly feel, such as loneliness, low self-esteem, abandonment, and feelings of being a burden while in the facility. Moreover, volunteers provided the attention and connection that was needed by the elderly. They enriched their lives with volunteering while feeling younger and more active (Saksida et al., 2017).

Challenges Faced by Volunteers

Along with many of the benefits of volunteering came many challenges. Organizations seek ways to cut costs (Ackers et al., 2017); therefore, recruiting volunteers has become essential. The problem was that many volunteers were inexperienced in handling the task required to perform (Foong et al., 2017). Volunteers were inexperienced in dealing with dementia-linked behaviors. Not being adequately prepared mentally or not knowing how to deal with the behavior(s) of demotivated

volunteers was considered a bad experience for them, and they did not return (Foong et al., 2017).

The organization's expectations were high for volunteers even though they were not equipped with the same resources and training as paid staff (Studer, 2016). To heighten the challenges the volunteers were already facing, they were further eschewed by paid staff that felt that volunteers interfered with the staff-patient relationship's connection (Hall et al., 2017). There was skepticism among the volunteers' abilities, which caused them not to feel comfortable in what skills they could offer. The elders became vulnerable to the treatment and conditions of "caring" for them. Because they were not paid, volunteers were stereotyped as not having the services to do the job. They were unaware of the challenges facing the elderly and those with chronic illnesses, which brought on stress. (Grootegoed & Tonkens, 2017).

Expectations of Organizations: Paid Versus Unpaid Staff

As the need for additional assistance continued to increase, organizations were looking at the role of their paid staff and their volunteers (Alfes et al., 2017). Organizations requested highly skilled volunteers for long periods, which elevated whether to pay for services that initially would be very high. However, as Blair et al. (2019) indicated, families and the organization benefited financially from the services that volunteers provided; it was mentioned that the care that the elderly were receiving from the volunteers should not have been devalued just because they were being provided by a volunteer (Cameron et al., 2020).

The paid workers provided skills, knowledge, and experiences for a position they were hired to complete (Ackers et al., 2017). While the unpaid staff was held to the exact expectations but with no compensation, and when organizations used unskilled volunteers, they did not feel the pressure to compensate. When workers are not feeling fulfilled in the workplace, they seek other avenues to fill the void. Generally, many organizations were against their employees taking on any additional job outside of work as it would interfere with their business in some manner. LTC facilities had similar policies for fear that employees would not perform to the best of their ability, cause "conflict of interest," or eventually leave for a better opportunity (Rodell et al., 2016).

Nevertheless, it was also noted that employer viewed their Covid-19 volunteers as hard working with a positive attitude (Van Houtven et al. 2020). They were freely giving their time for the benefit of others without looking to be compensated financially. Even with the crisis of COVID -19, volunteers still maintained a need to assist in caring for the elderly: understood the need for companionship and support, which reduced the feeling of loneliness that the elderly felt, assist with electronic devices used for the elderly to connect with the families in their absence, and provided a sense of community (McArthur et al., 2021).

Volunteers were now tasked with assisting paid workers in ensuring that elders were provided with the care that their families depended on them to provide (Vanderstichelen et al., 2020). Nevertheless, the challenge was that the paid workers were not giving the volunteers task for fear that they did not have the abilities or knowledge to handle, leading to limited involvement and ambiguous instructions in completing the

task. The organization generally lacked insight into the volunteers' involvement and did not see a problem until the volunteer left. The volunteers viewed working in LTC facilities or elderly care facilities as a way to give back, but the facilities viewed them as free labor (Vanderstichelen et al., 2020). Due to two organizations not understanding the volunteers' value, the retention or ability to retain volunteers cost the facility more. With the crisis of COVID -19, the challenge of stepping in where the paid staff were not available due to them becoming ill themselves or being overworked, or staff not being able to provide sound direction, volunteers too became ill (Edwards et al., 2017). Due to insufficient equipment and limited testing capability, volunteers were not considered for protection while caring for the elderly in the facilities, which caused them to become ill (Danilovich et al., 2017.

The exploitation of unpaid staff in healthcare had led to a volunteer flight from long-term residential facilities to offer services in religious or educational organizations (Ackers et al., 2017). Volunteers/unpaid staff viewed volunteering as an opportunity to give back or help out family or friends. When volunteers felt compensated by making a positive difference in giving their time, service, and knowledge, they enhanced the services provided to the elderly (Gilster et al., 2018). Unpaid staff provided the support, attention, care, compassion, and experience that overworked, understaffed, and underpaid workers could not fulfill. Due to COVID -19, organizations were using unpaid staff more than ever to "fill in the gap" (Funk & Roger, 2017; Cameron et al., 2020) or by positing them primarily as a source of unpaid labor to replace eroding paid nursing services (Hurst

et al., 2017). Thanks to volunteering, the advantages gained by a company seem to result in a temptation to abuse employees and mistreat them (Dylus, 2018).

Vanderstichelen et al. (2020) stated that volunteers felt that ambiguity regarding tasks, agreements, rules, limited information exchange, lack of discussion time with professionals, and lack of appreciation were the main challenges and concerns. Under normal circumstances, paid employees had limited the amount of information they gave to volunteers, but due to the COVID -19 pandemic, they provided even less information either because of time restraints or because they did not know or have it themselves. Nevertheless, the expectations were still there for the volunteers to do their job (Vanderstichelen et al., 2020).

Older Residents and the Facilities in Which They Live

Statistics showed that people were living longer, which the elderly population projected to nearly double in the next three decades (Statistica, 2211). People were more conscious of their diets, exercising, and making healthier choices. Elders felt the desire to remain active to improve their social and physical well-being (Ulsperger et al., 2015). However, with the loss of loved ones and retirement, many were experiencing loneliness, depression, physical limitations, and social isolation, while others were plagued with a chronic illness that required constant attention (Hall et al., 2017; Zhao et al., 2015; Chu et al., 2020; Danilovich et al., 2017).

Because of the COVID -19 pandemic, many facilities saw a high increase in elders suffering from loneliness, depression, malnutrition, and bedsores (Helfand et al., 2020). The elderly, especially those with dementia, were not following social distancing

and forgetting to wear their mask. Some were not aware or did not understand why the changes or the absence of their family visiting (Van Houtven et al. 2020). While some elders would prosper independently or with family and friends' assistance, others had to rely on senior housing, hospitals, or elderly care facilities (Park et al., 2017).

Senior housing had been advocated as a critical component of a community-based long-term care policy for older adults as it produced and provided health and social services support for the older adults in those communities (McGilton et al., 2020). The unfortunate piece was that the older adults had limited income, and half of that income provided the housing despite assistance from Housing and Urban Development. With COVID -19, housing for the elderly changed drastically, to which some elderly had difficulty adhering. The facilities had to discontinue friends and family members' visits and adapt to social distancing (Bergman et al., 2020; Roy & Ayalon, 2020).

With the shortage of staff and volunteers, maintaining the processes and protocol of the elderly at LTC facilities became difficult. It was also mentioned that the remaining staff and volunteers struggled to ensure that the elderly did not become infected, which was inaccurate due to staff being infected and not knowing (McGilton et al., 2020). It was mentioned that the extended isolation increased suicide, more extensive health issues, including obesity, delirium, and behavioral problems (McArthur et al., 2021; Brooke & Jackson, 2020). Due to family and friends not being able to visit, even when the resident was critically ill, even dying, the elderly had to risk dying without anyone with them; this took a mental toll on the family not being able to spend those last day, hours, minutes with their loved ones (Chu et al., 2020).

Human Resources Management in Eldercare Facilities

When recruiting, one of the significant points that the organization had to consider was the organization's needs with the want/needs of the volunteer. Many organizations sought ways to cut operating costs (Ackers et al., 2017). Organizations such as non-profits and government agencies volunteers had become a popular resource for cutting costs. With the increase of patients requiring care in hospitals, HRM was also concerned that patients were being provided with the best quality care while staying within reasonable cost restraints (Rogers et al., 2016). Patient increases pressure Human Resource Management offices (HRM) to implement paid and non-paid staff practices while still being mindful of the economic challenges (Alfes et al., 2017).

With the desire to satisfy the organization by minimizing expenses, the human resource department had to be aware of the factors that required addressing volunteers/unpaid staff (Studer, 2016). The organization's attitude towards volunteers and the balance of interest, role clarity, and the respect complement had all been ignored. That left human resources to implement specific practices for the paid staff, making staff feel that volunteers interfered and were incapable of doing their job (Hall et al., 2017). The problem was further heightened when volunteers were placed in a position they had not been adequately trained or instructed as to what was required (Funk & Roger, 2017). To escalate matters, many organizations realized with the crisis of the COVID-19 pandemic that proper training was the least of their worries/problems (Hsu & Lane, 2020).

In addition to the challenges that HRM endured came many benefits of hiring volunteers/unpaid staff. Unpaid staff was more willing to get the training, skills, and experience because they wanted to make a difference (Ackers et al., 2017). Training modules were being introduced that would/could improve the care practices that many paid staff felt that volunteers/unpaid staff needed (Gilster et al., 2018; Dassel et al., 2020). Implemented strategies such as the "Single Site Order" proved to reduce the number of cases of the elderly being affected by the COVID -19 pandemic (Hsu & Lane, 2020). It allowed people to live longer with volunteers' assistance, and elders felt the desire to remain active to improve their social and physical well-being (Coulddy et al., 2015). Volunteers could give the attention, care, and encouragement that many patients needed (Hall et al., 2017).

Research on Volunteering at Eldercare Facilities During 2010–2019

Although there was an extended body of scholarly research addressing the volunteer sector, the many aspects of volunteering within the context of elder care, and primarily in the area of subjective role experiences, were rarely examined in detail (Alfes, 2018). Volunteerism has significantly dropped over the years (Cerdin & Brewster, 2018). The projected growth in the nation's elderly (65-and-over) population was further exacerbated by the situation, which is expected to nearly double over the next three decades, from 48 million to 88 million by 2050. With the magnitude of growth among the elderly population, it had become alarming that there was a shortage of elderly care volunteers, unpaid staff upon which residential facilities depend on day-to-day operations (Foong et al., 2017).

Organizations were recruiting both paid and unpaid staff to care for the elderly. When recruiting, the organization had to consider the organization's needs, the elderly, and the volunteer's needs. Many organizations sought to cut operating costs (Ackers et al., 2017; Alfes et al., 2017; Rogers et al., 2016). The organization had to balance the expressed needs of the elderly while still recognizing the needs of the potential volunteer, which could cause tension between needing service. Requested services of highly skilled volunteers for long periods raise whether to pay for initially very high services. The unskilled were willing to remain to obtain training, a skill that, under normal circumstances, they would have to pay to receive (Ackers et al., 2017).

Non-profits were continually seeking ways in which to manage volunteers. Human resources had become aware of what the volunteers were experiencing and implemented them specifically (Einolf, 2018). There was a lack of intangible outlining that would clearly understand what was needed to attract and retain volunteers. Implementing "ability-enhancing" practice would identify people most likely to volunteer for specific work. The human resource departments developed a system to motivate and offer volunteers the opportunity to show their skills, techniques, and experience. Setting this in motion would allow volunteers to make a difference (Funk & Roger, 2017).

Too often, volunteers were placed in positions where they had not been adequately trained or instructed on what was required (Funk, 2017). The educational program delivered the training of common illnesses that the volunteers needed to know and handle. Specialized training and ongoing mentoring could reduce the fear that many volunteers without experience would have. The highest level of institutional oversight

and support was when the unpaid workers got valuable experience. It was mentioned that by shadowing paid staff or implementing specialized programs, volunteers could be placed in a more favorable situation with the elderly and the organization (Grant-Smith & McDonald, 2017; Hall et al., 2017).

By human resource shifting their attention to volunteers, they would master and confidently carry out the responsibilities (Saksida et al., 2017). The human resources departments took into consideration how volunteers view their roles and adhere to their needs. Human resources faced motivating challenges because volunteers carefully analyzed its effect on the organization (Hurst et al., 2017). Volunteers care about fairness regarding the distribution of extrinsic outcomes, which, in turn, were sufficiently powerful to influence their decisions to continue service with an organization. Such information was potentially valuable to organizations working to combat volunteer turnover issues (Hurst et al., 2017).

When nonprofits disregarded such volunteer management issues, it contributed to volunteer turnover (Hurst et al., 2017). The perceptions of unfairness could significantly cause dissatisfaction in volunteers because of the exchange relationship between volunteers and their nonprofit organizations. Human resources managers recognized that volunteers could leave an organization as efficiently as paid staff if they sensed their contribution was not valued. Another challenge that human resources faced was that many organizations required professional management practices adopted by all staff, including volunteers (unpaid), hoping that all staff could become masters in their roles (Saksida et al., 2017).

Nevertheless, while being placed with skilled staff, volunteers still faced challenges of many sorts. It was stated that volunteers needed to be aware of the challenges facing the elderly to be paired and prepared to limit stress and fear (Hurst et al., 2017). Because they were not paid, volunteers endured the stereotype of not having the skills to do their job. Specific training must be performed to reduce this image for both the elder and the volunteers. A clear indication of their role could significantly impact the outcome (Damianakis, 2007; Hurst et al., 2017). Even though volunteers could influence the well-being and mental health of the elderly, many paid and experienced staff refused to accept volunteers as a means of assisting, as they felt that because they were not accurately trained, did not have the skills, and did not have anything to lose, they were more of a liability than an asset to the organization. Paid staff felt that volunteers interfered with the connection of staff/patients (Hall et al., 2017).

In addition to the staff's feelings, volunteers must have endured the psychological challenges of working in long-term or elderly care facilities (McGilton et al., 2020). Due to paid staff already being overworked puts even more of a burden on the volunteers, who became overworked and stressed. They were still required to take on the daunting task of being spit on, called names, hit by the patients, disrespected, and discriminated against. With studies showing a steady increase of dementia patients, it was believed that the challenges of caring for them by both staff and volunteers would force human resources to implement policies and procedures to protect all parties involved. With the increase of patients who had become chronically ill over the years, it had become challenging to

keep up with caregivers' demands, heightening qualified volunteers' needs (Saksida et al., 2017; Zhao et al., 2015).

Another major challenge that volunteers undertake is "not having a voice." Many volunteers who provided service within the long-term and elderly care facilities felt that they could not express their concerns due to fear of backlash (Funk & Roger, 2017). Volunteers were generally the eyes and ears of the facility in which they observed mistreatment of patients by the overworked paid staff. Volunteers in a 2017 study also encountered verbal abuse, mishandling, and even the patient's negligence but were excluded from meetings where concerns could be addressed (Funk & Roger, 2017).

Volunteers who serviced patients with dementia provided the one-on-one support needed to help elevate the loneliness that many felt due to extended or repeated stays in the hospital (Hall et al., 2017). Many dementia patients had growing health problems and weight loss. In addition to the loneliness and weight loss, dementia patients suffered from more injuries, mood swings, agitation, and aggression, which many volunteers could handle (Funk & Roger, 2017). Volunteers in long-term facilities could provide communication (both verbally and non-verbal) to patients with dementia by visiting, holding their hands, listening to their daily adventures, and being in that soothing voice when they become agitated (Funk & Roger, 2017). Therefore, volunteers' use could enhance elders' experience with dementia, improve the quality of life, and provide companionship and support in which they were in much need (Damianakis, 2007; Hall et al., 2017; Leedahl et al., 2015).

As challenging as volunteering could be, great rewards come to the facility, the elderly, and especially the volunteers themselves (Ackers et al., 2017). Caring for elders in a long-term or elderly care facility could be very costly due to overhead, injuries, and around-the-clock care to patients. Volunteers were a free labor source that allowed facilities to cut costs (Afres, 2017). For elders, volunteers enhanced their well-being and were their source of communication, a support system, and the encouragement many patients needed (Hall et al., 2017).

For volunteers, volunteering was viewed to obtain skills and training that they would generally have to pay to receive (Ackers et al., 2017). The training of common illnesses that the volunteers need to be aware of and how to handle them was available, specialized training and ongoing mentoring, which reduced the fear that many volunteers without experience had and volunteer programs with the applied principles that addressed significant needs of the elderly (Damianakis, 2007; Ackers et al., 2017). Volunteers receive valuable skills that their academic institution supported to get hands-on experience in a field that could support their academic studies (Grant-Smith & McDonald, 2017). Nevertheless, it had been noted that volunteers felt the most significant rewards were seeing the positive difference they made with the elderly. The low mortality rates in eldercare in the US could be seen through the volunteers' work: the connections that they made with the elders, the motivation they brought, the support they gave, and the friendships they made (Hurst et al., 2017; Funk & Roger, 2017).

Volunteering at Eldercare Facilities During the COVID-19 Pandemic

The exploitation of unpaid staff in healthcare had led to a volunteer flight from long-term residential facilities during the COVID -19 pandemic (Chu et al., 2020). The number of much-needed unpaid staff utilized in elderly care facilities to preserve the personhood of elderly residents, both physically and cognitively impaired, rapidly declined from the start of the COVID -19 pandemic (Coulter & Richards, 2020; McGilton et al., 2020). Lack of readiness in long-term care facilities at the start of the pandemic, such as providing no protective equipment and in-place isolation practices for staff and other innovations, led to a mass exodus of needed volunteers from these facilities worldwide (Roy & Ayalon, 2020).

With the magnitude of growth among the elderly population, it was alarming that there was a shortage of reliable and dedicated elderly care volunteers for needed day-to-day care during the present public health crisis (Inzitari et al., 2020). As many non-profit and long-term care facilities (both private and government) recognize volunteers as free labor, volunteers view volunteering as a time to give back to their community, aid those that were unable to help themselves, and exercise the skills and training that they possess (Roy & Ayalon, 2020). Even being pushed to the limit, volunteers in LTC overall remain dedicated to the need to assist where they could. Working at multiple locations was a blessing and a curse for some volunteers, yet they understood the need and were compelled to stay and help (Coulter & Richards, 2020).

Family members aware of the shortage assisted as much as possible, where they could when they could. During the pandemic, the understaffing or shortage of volunteers

took an even harder hit (Inzitari et al., 2020). Hazardous working conditions, part-time employment, staff taking a vacation, and the onset of needed staff forced sick employees and volunteers to continue to care for the elderly. As sick volunteers continued to care for the elders, many became ill, which increased the facilities' challenges. Family members that were assisting stopped for fear of being infected or becoming ill. This left staff to address the monitoring of persons who potentially had the virus, determine how it was contracted, and who they were in contact. The virus's uncertainty became a significant concern to all as they did not want to become infected or transmit it to their families, friends, staff, or others (McGilton et al., 2020).

With the sudden inception of COVID -19, many LTC and elderly care facilities were unaware and unprepared for the pandemic (Roy & Ayalon, 2020). The pandemic highlighted that volunteers were not trained or conditioned to take on a significant crisis with already struggling conditions. Facilities did not receive the same response as hospitals related to information, processes, equipment, etc. Practical training that staff and volunteers were required to receive was not provided and because of this volunteer, paid staff and elders were becoming ill at such as alarming rate that facilities were forced to lockdown their location with very little notice, disrupting volunteers, staff, family, friends, and elders (Chu et al., 2020). Facilities had to limit who was allowed in and out of facilities, even when more assistance was needed. Volunteers found themselves stressed and burnt out from taking on the extra duties and tasks from the shortage of staff and resources (McGilton et al., 2020).

Some volunteers caring for the elderly in LTC facilities had their onset of challenges, and due to the COVID-19 pandemic, the challenges have increased immensely (Freidus et al., 2020). Volunteers and the elderly alike were now dealing with social isolation because it was determined that social distancing was required to reduce the spread of the COVID-19 disease. Many elders were struggling with loneliness and depression because the family was unable to visit, or volunteers only had limited time to spend with them (Brooke & Jackson, 2020). It was mentioned that some elders were choosing death over being isolated and alone. However, due to the possible spread of COVID -19, many elders were dying alone because family, friends, or even another body's presence could increase the spread (Chu et al., 2020).

To cut down on the elderly residents' isolation, it was mentioned that the introduction to virtual visiting would be implemented (Freidus et al., 2020). It would allow elders to see and speak with their family through a video chat with the assistance of a phone, IPad, television, etc. (Van Houtven et al., 2020). Volunteers assisted the elders by showing them how to use electronic devices. Volunteers also endured a surge in mental, physical, and emotional issues that the elders were experiencing due to the pandemic (Roy & Ayalon, 2020). The elders who have dementia, or other mental illnesses, have difficulty understanding why their family, friends, and even the volunteers were not interacting with them more and feel a sense of abandonment. With abandonment, elders also display agitation, mood swings, depression, and irritability, putting more stress on the volunteers supporting them mentally. To add to the volunteers' issues, social distancing limited physical exercise that volunteers could provide to the

elders. Volunteers and staff saw more elderly suffering from obesity, cardiovascular disease, and even stroke (Chu et al., 2020).

What had become increasingly alarming was that the critically ill's death and those with dementia needed continuous care by staff, volunteers, and family, which was not taken seriously (Brooke & Jackson, 2020). It was mentioned that elders 70 and older were devalued. Their death was not taken as seriously as someone 50-65 or that care services were not as critical. Care for the "Boomer" age should be limited, and that COVID -19 was doing them justice by speeding up the death process. The elders could not grasp the reasoning for the disturbing behavior, so the feeling of being a burden began to personify them (Van Houtven et al., 2020).

When elders with dementia were relocated due to the facilities not being able to care for them properly, the elder had an even harder time adjusting because they found the place unfamiliar, noisy, impersonal, which leaves them feeling frightened, lonely, and confused (Cameron et al., 2020). The volunteers who recognized this problem ensured that elders receive proper care to reduce and eliminate the stigma of loneliness and worthlessness. Before COVID -19, isolation had its challenges for the elderly and the volunteers that support them, and volunteers provided a sense of community and belonging (Brooke & Jackson, 2020).

As the elders continue to age, their physical and mental abilities decline due to limited or non-activity once provided and once stopped adding to elder fragility (Cameron et al., 2020). However, due to the pandemic and the banning of close contact, volunteers could not provide the direct care that the elders required. Volunteers and staff

must wear a protective covering and mask, which some facilities still have not obtained months into the pandemic (McGilton et al., 2020).

Volunteering in elderly care facilities differed during COVID -19 due to needed training that still had not been implemented and how volunteers, staff, and the elders interact (Brooke & Jackson, 2020). Volunteers were showing elders how to use technology so that they could connect with their families and friends. Physical activities were conducted in smaller groups, and other activities were usually performed in a social setting. Due to limited visits, volunteers also assist the elderly with telephone calls to physicians (Cameron et al., 2020).

Human Resource Management of Volunteer Eldercare Workers During the COVID-19 Pandemic

The economic and regulatory challenges faced by elderly care today have led human resource management departments in eldercare facilities to undervalue volunteers' generosity by positioning them over the past two decades as a source of unpaid labor to replace eroding paid nursing services (Gilster et al., 2018). Their involvement, in some cases, had been overlooked or viewed as not being as essential as paid staff members. Even though they were giving their time and not being solely recognized for what they do or contribute, policies' importance was limited (Hurst et al., 2017).

Due to the ever-changing processes, HR departments were responsible for ensuring that policies were in place for unpaid staff and professionals (Van Houtven et al., 2020). In other countries, policies have been mandated for volunteers to ensure there was sufficient coverage. In the United States, there was a lack of HR policies to support

volunteer elderly care workers who have remained at their posts and taken charge of work in LTC facilities during this public health crisis, where there was usually one or no MD-trained individual. This had been clear as many volunteers have become ill but remained to provide services, knowing that they could be infected. Volunteers were stepping in where the need was the greatest. They worked with staff to support testing and assist with the highest needs (Van Houtven et al., 2020).

Before the pandemic, HR policies in any eldercare facilities did not support organizational readiness in managing unpaid staff to safely remain at work or after the outbreak of the COVID -19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020). The limitation of volunteers' policies was extensively highlighted as facilities were in a tailspin when staff became ill or suddenly left due to fear of being infected. The infrastructure of policies implemented for staff was not communicated with unpaid staff or volunteers caused a rippling effect of a critical error in caring for the elders (Inzitari et al., 2020).

Prioritization was not known, emergency protocols were not enforced, and identifying coronavirus symptoms were missed were a few of the highlighted significant steps (Possamai, 2020). Even though the need for volunteers was high, policies were not put into place. Government and non-government organizations view volunteers as free labor and eldercare facilities as low-budget housing for the elderly. Because of their economic status, some families could not afford better housing conditions for their loved ones and therefore use this as a source of care for their loved ones. The volunteers who give their time were devalued even when equipped with the skill, knowledge, and

training staff and government seek. HR focuses on ensuring that policies are in place for paid staff but non for volunteers (Comas-Herrera et al., 2020).

The policies that have been put in place during the pandemic have been well warranted for social distancing, but other policies need to be enforced by HR for more humane issues (Coulter & Richards, 2020). Implementing policies for volunteers would provide them with proper instructions to handle patients and situations properly. Volunteers could have a sense of comfort caring for those with whom they were not familiar. Volunteers were prepared to care for those elderly on their "last day," build relationships, and gain staff confidence to sufficiently care for patients. Due to the social distancing, critically ill elders were forced to spend their last days alone and even dying alone. HR needs to mandate policies to ensure that loved ones can spend those last moments with their dying family member (McGilton et al., 2020).

Regarding policies in terms of crisis, it was alarming that after the SARS scare in 2003, policies were not put in place to protect the elders or the volunteers in LTC or elder care facilities (Possamai, 2020). The outbreak was not as severe as in other countries in the US, but the importance of care facilities, volunteers, or the elderly was not considered. Its place of importance was shown by the facilities not receiving the proper training, instruction, protective equipment, or support (McGilton et al., 2020). As many paid staff terminate their positions within the elderly care facilities from fear of being infected, work overload, or low pay, HR needs to implement policies and understand what was influencing volunteers to continue to serve during the COVID -19 pandemic became imperative. Those individuals that were willing to respond in the face of

emergencies when others were leaving were commendable. While paid workers were a concern, they were equipped with policies, procedures, and equipment that volunteers were not. Volunteers must work under the stigma of not being valued and expendable, yet their counterparts deal with the complete opposite (McGilton et al., 2020).

Volunteers feel a sense of duty as they know the shortage and consequences of what would/could happen if they decide to abandon the facilities (Murray et al., 2021). By HR identifying specific characteristics of volunteers who remained loyal to the LTC facilities during the pandemic, they were more inclined to select the "right" people. It was mentioned that those who possess training in disease control would provide service as they know the consequences and know how to protect themselves and care for others—volunteers equipped with PPE and were vaccinated to be protected and able to assist. Volunteers with ethical beliefs and support systems realize the importance of caring for elders. Policymakers listening, understanding, and using the information as a guide, could lower the risk of unqualified free labor (Coulter & Richards, 2020).

COVID -19 had been a crisis that affected the LTC facilities in a significant way. It exposed many facilities by highlighting that those policies and procedures were not put in place when they were needed the most (McGilton et al., 2020). Paid staff and volunteers worked the facilities' front line to care for the elderly while others did not. The question arises, how does HR keep volunteers safe during this crisis? As with any crisis, ensuring that policies were in place before a crisis happens was quite essential. Before the COVID pandemic, the world had warnings of other infectious diseases (i.e., Ebola, SARS), which caused a significant scare, but HR did not feel the need to implement

policies for volunteers and employees to lose their lives facilities not being prepared. The change was due. Policies that have been established for paid workers must be examined to determine how they could be used to serve volunteers (Possamai, 2020).

HR must review what worked and where policies and procedures failed during this crisis. Leaders must be ready to make empowering decisions without hesitation (Dowling et al., 2020). Although much research had been conducted on volunteers, the role of the volunteer's experience had not been expanded. Too often, when volunteers were placed in a position, they were inadequately trained or instructed. Implementing programs to support the increase of volunteers to serve patients was a discussion topic for many hospitals. With the required training, volunteers could step in and make a difference (Funk & Roger, 2017).

A tablet-based system designed for volunteers in long-term nursing home facilities, VITA was a key and valuable component (Foong et al., 2017). This system was carefully designed for profiling and guidance, using a dementia-appropriate engagement activity kit. It must be understood that policy change takes commitment, flexibility, and innovation, focusing on the front-line workers' (including volunteers) position needs and ensuring they are protected and covered. Eldercare facilities must be consistent in assessing their disaster management protocols; Both staff and volunteers in eldercare facilities need an understanding and detailed training in disaster management (Murray et al., 2021).

Volunteer and Nonpaid Staff at Eldercare Facilities During the COVID-19 Pandemic: Identifying the Gap

The economic and regulatory challenges faced by elderly care today led human resource management departments in eldercare facilities to undervalue volunteers' generosity by positioning over the past two decades as a source of unpaid labor to replace eroding paid nursing services (Gilster et al., 2018; Hurst et al., 2017). With the magnitude of growth among the elderly population, it was alarming that there was a shortage of reliable and dedicated elderly care volunteers for needed day-to-day care during the present public health crisis (Inzitari et al., 2020). The number of much-needed unpaid staff utilized in elderly care facilities to preserve and improve the quality of life for cognitively impaired residents rapidly declined from the start of the COVID -19 pandemic (Coulter & Richards, 2020; McGilton et al., 2020)

To continue operating, managers and owners of eldercare facilities depended on volunteer staff (Tierney & Mahtani, 2020. The failure of volunteer management strategies within non-profits in its present schemes to retain their volunteer staff, even during a public health crisis, led to an organizational staffing crisis in mission-driven human service organizations (Ramos & Wehner, 2018; Vantilborgh & Van Puyvelde, 2018) including eldercare facilities (Inzitari et al., 2020). Studer (2016) suggested that effective volunteer management strategies might be viewed through the lens of psychological contract theory (Rousseau, 1989), which separates transactional- or economic currency- and transformational- or non-monetary capital- aspects of an employer-employee relationship.

Irrespective of the uniqueness of volunteers and paid staff, classical HRM policies and procedures could not satisfy unpaid volunteers and paid staff (Struder, 2016). To narrow this research gap, scholars recommended that more in-depth empirical research was needed to address how management responds to the uniqueness of volunteers by exploring volunteer exercises across various non-profit organizations (Aboramadan, 2020; Englert & Helmig, 2018). Ramos and Wehner (2018) extended Struder's (2016) findings by addressing the emerging issue of diversity in volunteer management by suggesting that with psychological contract theory (Rousseau, 1989), the selection–optimization–compensation theory (Baltes & Baltes, 1990) supports that resources such as experience, cognitive abilities, and physical health, dictate volunteer resource allocation.

Volunteer managers must consider that different generations have different skills, communication styles, attitudes, values, and reward expectations, reflecting changes in work attitudes and society (Hoffman, 2017). For instance, millennials (aka Generation Y, born between 1984 and 2004) were a technologically savvy demographic group. The shift away from on-ground volunteering rates among younger generational cohorts, including teenagers, might be an opportunity for volunteer managers to shift their energies towards more online volunteers. There was limited information on organizational readiness supporting older elder care residents (Hsu & Lane, 2020).

Lack of readiness in long-term care facilities at the start of the pandemic, such as providing no protective equipment and in-place isolation practices for staff and other innovations, led to a mass exodus of needed volunteers from these facilities worldwide

(Roy & Ayalon, 2020). In the United States, specifically, there was a lack of HR policies to support volunteer workers in elderly care facilities who have remained at their posts and taken charge of work in LTC facilities during this public health crisis, locations where at most there was usually one or no MD-trained individual (McGilton et al., 2020). For HR managers to gain a deeper understanding of supporting volunteer elderly care workers during the pandemic, research was needed to fill the literature gap on developing HR policies that consider the experiences of unpaid staff who remained at their work after the outbreak of the COVID -19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020).

With an increase in elders with chronic illnesses and experiencing social isolation in the recent COVID -19 pandemic, the need for volunteers at long-term care facilities has grown (Office et al., 2020). Given the effects on the mental and physical health of older people, interventions during a period of crisis management by supporting volunteer staff were necessary to mitigate the risk of increased morbidity and infection from COVID-19 and other possible future crisis scenarios (Hsu & Lane, 2020; McArthur et al., 2021). There was a literature gap on developing HR policies that consider unpaid staff's daily life experiences who remained at work after the outbreak of the COVID -19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020).

There was limited information on organizational readiness supporting older elder care residents (Hsu & Lane, 2020). With an increase in elders with chronic illnesses and experiencing social isolation in the recent COVID -19 pandemic, the need for volunteers at long-term care facilities has grown (Office et al., 2020). Given the effects on the

mental and physical health of older people, interventions during a period of crisis management by supporting volunteer staff were necessary to mitigate the risk of increased morbidity and infection from COVID-19 and other possible future crisis scenarios (Hsu & Lane, 2020; McArthur et al., 2021). There was a literature gap on developing HR policies that consider unpaid staff's daily life experiences who remained at work after the outbreak of the COVID -19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020).

Due to the ever-changing processes, HR departments were responsible for ensuring that policies were in place for unpaid staff and professionals (Van Houtven et al., 2020). In other countries, policies have been mandated for volunteers to ensure there was sufficient coverage. In the United States, there was a lack of HR policies to support volunteer elderly care workers who have remained at their posts and taken charge of work in LTC facilities during this public health crisis, where there was usually one or no MD-trained individual. This had been clear as many volunteers have become ill but remained to provide services, knowing that they could be infected (Van Houtven et al., 2020).

Considering volunteers' experience in elderly care facilities during the COVID -19 pandemic was a factor rarely considered by human resource managers when planning HR policies based on readiness for the next public health crisis (McGilton et al., 2020). Researchers write that HR managers need a deeper understanding of supporting volunteer elderly care workers during any emergency disaster event, such as the present COVID -19 pandemic (Inzitari et al., 2020).

Summary and Conclusions

The projected growth in the nation's elderly, defined as ages 65-and-over, was expected to nearly double over the next three decades, from 48 million to 88 million by 2050 (National Institutes of Health, 2017). With this magnitude of growth among the elderly population, it was worrisome when elderly care volunteers that residential facilities depend on to improve the quality of life for cognitively impaired residents were rapidly declining (Cameron et al., 2020). Since the start of the COVID -19 pandemic, human resource management departments in eldercare facilities continue to inadvertently exploit volunteers' generosity by positioning them primarily as a source of unpaid labor to replace paid nurses fleeing their position due to fear of contagion (Hsu & Lane, 2020).

Much research has been conducted in recent years on human resources regarding policies, procedures, and programs for paid staff, but a research gap exists on the impact of human resource policies on volunteers (Cerdin & Brewster, 2018). For HR managers to gain a deeper understanding of how volunteer role expectations were structurally generated, negotiated, and experienced by the unpaid staff during a time of crisis, such as the pandemic, research was needed to fill the literature gap on the experiences of volunteer staff in elder care facilities during the COVID -19 pandemic. How volunteers view their daily experiences and interpret their role in elderly care facilities during the COVID -19 pandemic was a factor rarely considered by human resource managers when planning HR policies based on readiness for the next public health crisis (Inzitari et al., 2020; McGilton et al., 2020).

In Chapter 3, I present the research method and design for this qualitative narrative study. The procedures for recruitment, participation, and data collection will be presented. The data analysis plan would be addressed as well as issues of trustworthiness in the study.

Chapter 3: Research Method

The purpose of this qualitative narrative inquiry study was to explore how volunteers in eldercare facilities view their daily experiences and interpret their role in eldercare facilities during the COVID-19 pandemic. The exploitation of unpaid staff in health care and lack of readiness in LTC facilities at the start of the pandemic led to a mass exodus of needed volunteers from these facilities worldwide (Chu et al., 2020; Roy & Ayalon, 2020). In the United States, there was a lack of HR policies to support volunteer eldercare workers who had remained at their posts and taken charge of work in LTC facilities during this public health crisis (McGilton et al., 2020).

To address the literature gap on developing HR policies that consider the daily life experiences of unpaid staff who remained at their work after the outbreak of the COVID-19 pandemic, a narrative inquiry was conducted (see Clandinin, 2016) to meet the purpose of the study. I collected data using the narrative tradition of storytelling from volunteers working as unpaid staff during the pandemic in residential LTC in the United States. Qualitative researchers broadly accept narrative inquiry to explore staff experiences in health care settings (Murphy, 2020).

Chapter 3 provides detailed information on the research method and rationale for using the narrative inquiry approach to meet the study's purpose and provide data to answer the research question. I present a rationale for the participant selection strategy, data collection and analysis strategies, my role, evaluation methods for the trustworthiness of data, ethical considerations, and a chapter summary.

Research Design and Rationale

Narrative inquiry is a qualitative research design founded on participants' stories to gain a deeper understanding of their daily experiences within specific contexts (Webster & Mertova, 2007). In the current study, I used the narrative inquiry research method to illustrate human experiences through storytelling (Clandinin, 2016) of volunteers in eldercare facilities who viewed their daily experiences and interpreted their role in eldercare facilities during the COVID-19 pandemic. I followed Coulter and Richards's (2020) and Steunenberg et al.'s (2020) recommendations when choosing a qualitative narrative inquiry method to fill the literature gap on developing HR policies that consider the experiences of LTC volunteers who remained at their work after the outbreak of the COVID-19 pandemic.

Aligning with the problem and purpose of the study and the qualitative paradigm, the central research question was as follows: How do volunteers in eldercare facilities view their daily experiences and interpret their role in eldercare facilities during the COVID-19 pandemic? My study may contribute to the extant literature on volunteerism by filling in the gap in research regarding how volunteer role expectations were structurally generated, negotiated, and experienced by the unpaid staff during the COVID-19 pandemic (see Grant-Smith & McDonald, 2017). Although there was a group of studies that examined the state of unpaid volunteers from an HR management viewpoint, the current study was a novel contribution to research where I explored the daily life experiences of volunteers working as unpaid staff in residential eldercare facilities in the United States during an unprecedented public health crisis. Researchers

should consider the element of workplace composition and context to understand workers' experiences and coping strategies in a specific work environment (Foong et al., 2017; McArthur et al., 2021).

I considered other research methods besides narrative inquiry was including case study, phenomenology, and grounded theory. Phenomenology was not selected because I intended to investigate a social phenomenon through storytelling and not explore lived experiences through a phenomenological outlook (see L. Freeman, 2017). A case study design was not chosen because the evaluation of already established cases did not align with exploring specific populations' daily lived experiences through original storytelling (see Merriam & Tisdell, 2015). The grounded theory approach to empirical research omits detailed participant narratives of critical life events to bring about a broader understanding of a specific topic (Lal et al., 2012). The narrative research approach was adopted for identifying critical life events within the participants' storytelling (see Webster & Mertova, 2007). Using a narrative approach, I gathered primary data related to participants' daily experiences and interpreted their role in eldercare facilities during the COVID-19 pandemic (see M. Freeman, 2016).

The data collection process embedded within the narrative inquiry design enabled me to form a trusting relationship with participants, permitting the uncovering of critical life events (see Webster & Mertova, 2007). With a specific time and place in history (during the COVID-19 pandemic) and a specific context (LTC facilities in the United States) serving as parameters for developing the study methodological framework, I used the narrative inquiry method to gain a deeper understanding of the daily experiences of

research participants (see Clandinin, 2016). Using the two-step data analysis method of the narrative inquiry design, I developed themes. I explored emerging patterns in the storytelling of each study participant, highlighting similarities and differences and generating novel insights to contribute to the extant literature on volunteerism (see Nowell et al., 2017). The highlighted differences and in-depth understanding of participants' stories emerging from a narrative inquiry study could bring awareness of the proper work conditions and organizational readiness needed to support volunteer staff in LTC and improve the quality of life for older residents. My research results may extend theoretical and practice-based knowledge of volunteer management strategies to retain staff in eldercare facilities during a public health crisis (see Inzitari et al., 2020; Ramos & Wehner, 2018).

Role of the Researcher

Narrative research explores how people experience the world around them (Webster & Mertova, 2007). My principal role is to inquire about a particular subject matter, record the data, and present them in a manner representing storytelling (Riessman, 1993). Storytelling is a natural way of recounting experiences and making sense of the world and others' behavior (Clandinin & Connelly, 2006). Participation in the current study was voluntary, and the study's intended purpose was communicated to all participants beforehand. My role as a researcher was to interview volunteers who continued to provide services at LTC and eldercare facilities during the COVID-19 pandemic as they related to the research question. I documented their lived experiences. There were no incentives or payments given to the study participants because it could

have caused biases or conflict of interest (see Yin, 2015). I ensured that all six capabilities of a researcher were performed by listening, focusing on the participants' behaviors, asking relevant questions, explaining the research topic, respecting the participants, concentrating on the data, and practicing multitasking and ethical practices.

Merriam and Grenier (2019) stated that a qualitative researcher must disclose fully and remain transparent about revealing personal bias reactions, including not compromising the data results' trustworthiness if they were relevant to the study. A potential bias might have stemmed from my shared background with the participants as volunteers and HR managers in the current study. As a volunteer in my own work life, I understood the struggles and challenges presented daily with caring for older people by feeding, communicating, and assisting them when they need help from the paid staff. Management and staff were aware that there were challenges between staff and volunteers and improvements needed within the facilities. Moreover, as an HR manager, I realized the changes that needed to be implemented and the challenges of the facilities and staff. However, as a researcher, I ensured that my shared background had no bearing or control over what the participants revealed. I diligently represented participants' experiences by probing deeply into their stories and only seeking clarification when necessary.

If additional individual biases had developed during the research, I would have identified them, and they would not have impacted the stories' direction (see Loh, 2013). To ensure trustworthiness and reduce the likelihood of research bias, I audiotaped all conversations and interviews, validating findings through member checking and

transcript review. Reflective field notes were used from the beginning until the end of the study, and only responses to interview questions were analyzed (see Merriam & Tisdell, 2015).

Because narrative inquiry requires exploring the contributors' lived experiences, feelings, and reflections, establishing confidentiality and trust with participants was my highest priority during the data collection and clarification processes (Clandinin, 2016; Loh, 2013). Ensuring privacy and discreetness is vital in the narrative inquiry because some revealed experiences may target specific groups, organizations, and individuals in an unpleasant way (Toma, 2011). Contributors must be made to feel safe to share their experiences, and it is the researcher's role to provide an equal voice and avoid running the risk of exploitation and inequality (Connelly & Clandinin, 2006). Study participants should also be allowed to examine the truthfulness of their narratives to ensure credibility. Finally, study participants should have the option to exit the study at any time during the research process, even if their action results in not achieving the research objectives (see Merriam & Tisdell, 2015).

Methodology

Research storytelling is a sound way of understanding human experiences as they are lived daily (Clandinin, 2016; Webster & Mertova, 2007). In the current study, the narrative inquiry design was chosen because it supported the storytelling of how volunteers in eldercare facilities viewed their daily experiences and interpreted their role during the COVID-19 pandemic. In using the narrative inquiry approach, I allowed the volunteers to describe their work experiences and challenges during the COVID-19

pandemic in their own words. I utilized narrative storytelling to provide an accurate view of being within eldercare facilities during the pandemic (see Coulter & Richards, 2020; Steunenberg et al., 2020). The narratives provided by the volunteers were not altered in any way so as not to take away from their experiences, but I provided an interpretation through the reenacting of how the participants perceived their experience (Webster & Mertova, 2007)

The participants' views of their experience were critical to the narrative inquiry approach because they revealed the pandemic's impact on them (see Webster & Mertova, 2007). The narrative inquiry approach highlighted the cultures, livelihoods, and critical events in the study participants' daily lives (see Wang & Geale, 2015). Data were collected using the narrative tradition of storytelling from volunteers working as unpaid staff in residential eldercare facilities in the United States during the pandemic public health crisis. I used the A critical event approach (see Webster & Mertova, 2007) to document important events in the participants' narratives to ensure data's trustworthiness, addressing the study's purpose and research question. Unlike other forms of qualitative research such as case study, ethnography, or phenomenology, using a narrative inquiry approach allowed me to present detailed participant descriptions through storytelling and served as a valuable research method for developing a detailed understanding of human experiences as they are lived daily (Clandinin, 2016; Webster & Mertova, 2007).

As a research methodology, narrative inquiry brings "theoretical ideas about the nature of human life as lived to bear on educational experience as lived" (Connelly & Clandinin, 1990, p. 3). Humans lead storied lives, both socially and individually, and

these stories represent how people interpret the world and find meaning in their experiences (Clandinin, 2016; Polkinghorne, 1995). I did not attempt to reconstruct communicated experiences but narrated how participants understood their experiences (see Webster & Mertova, 2007).

Storytelling is the oldest form of influence on human relationships (Polkinghorne, 1988). I followed the narrative inquiry data collection method, focusing the dialogues between the participants and myself on how the past influenced their lives (see Clandinin, 2016; Polkinghorne, 1995). In the narrative inquiry tradition, the researcher assumes that exchanging stories with the research participants will provide a social context to the dialogue. Analyzing the participants' stories by understanding the meaning and content of the narratives supports collected data to answer the study's research question (Clandinin, 2016).

Open-ended questions collect participants' stories of experiences, which serve as the primary data (Connelly & Clandinin, 1990). Thematic analysis, a commonly used qualitative method for identifying, reporting, and analyzing data for the meanings produced in and by people, situations, and events (Riessman, 1993), was used to identify, examine, and record underlying causal patterns across the collected data of participants' stories. The thematic analysis has different functions. Narrative analysis functions as an analysis of narratives because it allows the researcher to make sense of collective or shared meanings and experiences (Braun et al., 2018). Themes such as an idea, notion, direction, or characteristic usually surface during data collection. As a researcher, I engaged my study participants in storytelling while employing specific methods during

analysis to find patterns of themes to elaborate on one or more narratives (see Polkinghorne, 1995).

Merriam and Grenier (2019) noted that the researcher understands participant experiences through open-ended interviews to collect data to develop future research recommendations. In conjunction with open-ended interview questions, the personal dialogue with the research participants allowed me to capture essential information through my reflective journal notes (Webster & Mertova, 2007). The study design involved face-to-face, recorded, in-depth interviews with nine volunteers working in eldercare facilities during the COVID-19 pandemic. The study's final sample size was determined when data saturation occurred during the interview process (see Hennink et al., 2017).

A critical events narrative analysis approach highlighted and described events and experiences in the participants' stories (Webster & Mertova, 2007). Data collection using the critical events approach provided a holistic view of the investigation, classifying occurrences into critical and supporting events more precisely. Critical and supporting events can sometimes be overlooked when applying traditional empirical methods. Using the critical events approach makes these events reportable through research findings and outcomes (Webster & Mertova, 2007). Webster and Mertova's (2007) critical events analysis approach followed Polkinghorne's (1988) recommendations on utilizing hermeneutic techniques to identify patterns across stories.

Using specific parameters associated with selecting participants meeting the study's inclusion criteria further strengthened the study results' research design and

trustworthiness (Wang & Geale, 2015). Through the critical event narrative analysis, I identified important events based on crucial life decisions and how they have potentially life-changing consequences in participants' lives. I used thematic analysis to organize the data into co-construction of meanings and themes between participants and researcher. Trustworthiness of data with the critical event narrative analysis approach was usually accomplished when qualitative researchers used triangulation for this purpose (Webster & Mertova, 2007). Webster and Mertova (2007), however, suggest that triangulation in story-based studies was "almost impossible to achieve" (p. 91).

Participant Selection Logic

Population

In this qualitative study, applying a narrative inquiry intends to provide a deeper understanding of the challenges and daily experiences of the volunteers that provide service in eldercare facilities during the COVID 19 pandemic, as well as their perceptions of what they endured throughout their stance as they continue to provide comfort during uncertain times (see Possamai, 2020). Eldercare facilities owners seek methods to cut costs; therefore, volunteers can easily be exploited as free labor while taking on the already overworked, underpaid, and understaffed practice responsibilities. As many researchers have documented, volunteers lived experience could provide knowledge and insight for needed change. By involving volunteers in this study, human resources, staff, and organizational leaders could understand the challenges and implement needed policies (Saksida et al., 2017).

The sample population met the following inclusion criteria: (a) adults over the age of 18, (b) a minimum of 3 months of continuous experience as volunteer/unpaid staff at an eldercare facility in the United States, and (c) willing to provide in-depth information regarding their role and daily experience of unpaid caregiving staff in eldercare facilities during the COVID-19 pandemic. These criteria for participant selection align with similar studies of volunteers in eldercare facilities (Garner & Garner, 2011; Vantilborgh, 2015).

The projected growth in the nation's elderly, defined as ages 65-and-over, is expected to nearly double over the next three decades, from 48 million to 88 million by 2050 (National Institutes of Health, 2017). Family members place their loved ones in LTD or eldercare facilities as they cannot care for them due to their busy schedules. As elders' life expectancy increases and the family's need to work, the number of facilities for elders to reside in has multiplied. In the United States, there were nearly 21,000 senior living units (Statistica, 2021) housing elders, and many were located in the Southeast region. Numerous elders were relocating there for warmer weather, lower crime rates, and lower living expenses. However, about 7% of the elders require assistance for daily care. Of the 21,000 senior communities mentioned, approximately 3,672 were in states such as Florida, Maryland, North/South Carolina, and Virginia (Statistica, 2021).

Before the COVID-19 pandemic, volunteering in the United States was declining slightly by roughly (0.4) percent to 62.6 million (24.9 percent), yet in 2018 volunteering was at its highest of 77.34 million (30.3 percent) adults (Statistica, 2021). It was documented that women were more likely to volunteer as they usually care for ailing

family members (Roy & Ayalon, 2020). Of the 77.34 million volunteering, approximately 44,614,636 were women (Statistica, 2021).

Criterion and Snowball Sampling

Participants for this study were selected using criterion sampling to understand these information-rich cases (Eriksson & Kovalainen, 2015). I used criterion sampling to recruit participants with the same inclusion criteria to aid in collecting a target sample within a given population group (Merriam & Grenier, 2019). To elicit the views of qualified participants only, a purposeful sample based on the inclusion/exclusion criteria described above could be used to launch a snowball sample if needed. In snowball sampling, individuals who meet the established criteria were requested to propose additional individuals with relevant and respected views to enlarge the sample (Tracy, 2019).

Qualitative researchers aim to collect and record data from participants until theoretical, categorical, inductive, thematic, or data saturation is reached, thus scientifically attaining the most significant conceivable sample size in the context of narrative inquiry research (Robinson, 2013). The purposeful sample of participants for this narrative inquiry study were ten volunteers that provided service in eldercare facilities during the pandemic. Participants include those who share lived experiences in the phenomena within this study (Merriam & Tisdell, 2015).

My goal was to recruit a sample size of 10-12 participants for my narrative inquiry. Hearing the voices of multiple people's lived experiences directly from the field allows for a better understanding of the universal group's lived, shared experiences of the

narrative inquiry phenomena (Hickson, 2016). Researchers recommend that a narrative inquiry tell a story; therefore, I told a story about the participants' objectives and expectations. I aimed to consistently focus on the study's goal while providing methods to interpret participants' stories and narratives (Eriksson & Kovalainen, 2015). Including voices directly from the field which were not commonly heard was essential in my analysis of narratives (Clandinin, 2016).

The unit of analysis for this study was the eldercare facility volunteer worker. The purposeful selection allowed me to establish criteria related to the research topic, providing sufficient research data principally through the network and snowball sampling (Merriam & Grenier, 2019). The inclusion criteria of the study's sample replicate sample criteria from other similar studies of volunteers in eldercare facilities during COVID -19 (Chu et al., 2020; Coulter & Richards, 2020; McGilton et al., 2020; Roy & Ayalon, 2020; Inzitari et al., 2020). Although the volunteering statistics were post- COVID- 19 not explicitly listed, the Corporation for National and Community Service (2018) reported that the general category of volunteers/unpaid staff providing services during the COVID -19 pandemic increased. Inclusion criteria necessitated that participants were a minimum age of 18 based on scholarly literature because it was assumed this allowed each participant adequate time to have established maturity and volunteering experience. My criteria for participant selection assume that the volunteers/unpaid staff's day-to-day responsibilities during the pandemic for a minimum of 3 months provided in-depth information on the phenomena under study (see Merriam & Tisdell, 2015).

I pre-screened prospective candidates according to the participant criteria to ensure participants possessed the knowledge and experience needed to support the research topic (Merriam & Tisdell, 2015). In addition to knowledge and expertise, participants should have the ability to willingly articulate their daily experiences within U.S. eldercare facilities. Study participants' inclusion and exclusion criteria were standard, required practices when designing high-quality research protocols (Tracy, 2019).

In this narrative inquiry, I first looked for ways to identify participants' opportunities within the narratives, including key critical events and individual and shared perspectives (Webster & Mertova, 2007). Techniques I used include exploration of participants' dominant acceptance, attitudes, and conversations. Exploration includes revealing the universal ways participants describe the thick, rich details of actions, perceptions, and observations of noticeable and undetected data. Participants conveyed their perspectives on internal and external leadership challenges through dominant discourses, practical decisions, and lived shared experiences (see Webster & Mertova, 2007).

Before beginning the research, participants' consent was obtained, and if needed to reach saturation, others were solicited for participation through snowball sampling (Merriam & Tisdell, 2015). Stories were expounded upon and elaborated to ensure topics were appropriately articulated using participant experiences through the qualitative narrative research method. Scholars recommend using practicality when determining qualitative sample sizes in order to ensure rigor in qualitative research. My recruitment

efforts included snowball sampling to obtain a purposeful sample of ten to twelve participants (Schram, 2006). Snowball sampling was employed to access hard-to-reach individuals, increase reliability, validity, and clarity, vital knowledge of the subject under study. The qualitative researcher may also use a nonrandom snowball sample of additional recommended potential participants. Narrative inquiry allows for the chance to hear more than one extensive narrative and revolutionize the storytelling process by listening to voices in the field until data saturation is reached (Sutton & Austin, 2015).

Data saturation also identifies the total number of utilized participants in the narrative inquiry (Sutton & Austin, 2015). A minimum of eight semi-structured interviews may be obtained depending on the number of study participants as individual units of analysis. This was due to data saturation taking place when repetition of the data occurs, and the researcher no longer detects any new key factors or critical events from the participants (Fusch & Ness, 2015). This qualitative process's key concern was understanding the phenomenon of interest in the narrative inquiry from the participants' perspective (Merriam & Tisdell, 2015). Qualitative inquiry allows the researcher to convey the details of thick, rich, contextual descriptions to learn about the phenomenon from the study population of participants, a factor which was of the utmost importance (Mason, 2010).

The interview process allows the participant and researcher to have a conversation (Merriam & Tisdell, 2015). Participants provided me with rich, thick details about unobservable data such as feelings, thoughts, intentions, behaviors, situations, and the meanings people attach to decisions (Merriam & Tisdell, 2015). In this study,

interviewing was necessary to hear directly from people in the field regarding their interpretation of the world around them, and all participants answered the same questions in order (Bernard & Bernard, 2013; Fusch & Ness, 2015).

I ensured that participants have not acted as co-researchers in similar studies (Fusch & Ness, 2015); this ensures that participants do not alter the study phenomena' data collection, resulting in unreliable information and a *shaman effect* (Bernard & Bernard, 2013). I noted any issues supporting or threatening data's trustworthiness (see Fusch & Ness, 2015). I kept detailed, written field notes to note any observations of unreliable data not utilized in the narrative inquiry (see Merriam & Tisdell, 2015). The data collection results were communicated to the study participants, allowing me to strengthen the authentic lived experiences' reliability and validity to be shared, recorded, transcribed, and reported (see Fusch & Ness, 2015).

Instrumentation

A typical data collection method in qualitative studies, the semi-structured interview, offered a tool to gain the researcher's more profound understanding of a phenomenon or phenomena from the participant's perspective. In this qualitative, narrative inquiry, the interview protocol provided answers to the study's research question: How do volunteers in elderly care facilities view their daily experiences and interpret their role in elderly care facilities during the COVID -19 pandemic?

To support this narrative inquiry, eight and ten volunteers working in eldercare facilities during the COVID 19 pandemic were selected from the LinkedIn professional platform using network and criterion sampling. I began the study with eight participants

hoping to achieve saturation. I used the snowball effect to gather the remaining participants, with 10 being the maximum number. Online interviews and reflective journal notes were used to collect data (Merriam & Tisdell, 2015). Using snowball sampling, data collection proceeded until saturation was achieved, with participant selection no fewer than six and not exceeding 10 (Fusch & Ness, 2015). Saturation determination was made when participant stories and encounters were similar (Fusch & Ness, 2015; Hennink et al., 2017).

The interview questions (see Appendix B) were developed, pilot tested, and validated in a study by Sun et al. (2020) in a qualitative study exploring the lived experiences of volunteers in eldercare facilities in China during the COVID -19 pandemic. The research team based at Henan University of Science and Technology in China developed the interview questions in an open-access study exploring the lived experiences of participants basing each item from the theoretical literature, seeking experts' opinions, and selecting two nursing volunteers for the pilot study and the authors' knowledge of eldercare nursing volunteers. Sun et al. (2020) study's proposal, including the interview question development, was reviewed and approved by the Ethics Committee of the First Affiliated Hospital of Henan University of Science and Technology (ethics code: 2020-03-B001).

The interview questions were open-ended, probing, thought-provoking, and developed specifically for my study group, allowing the participants an opportunity to respond in a story-telling manner while maintaining narrative integrity (see Connelly & Clandinin, 1990). I commenced the interviews with opening demographic questions to

ensure that the participants qualified for the study. If needed, follow-up questions were used to gain further insight though out the interview for clarification. During the data collection processes, I ensured validity and consistency of responses with additional questions throughout the interview. Biases were monitored to ensure no influences within the study's outcome (Clandinin, 2016; Webster & Mertova, 2007).

Open-ended interviews were viewed as the traditional form of conducting a narrative inquiry (Clandinin, 2016). Upon request, if participants required more time to tell their story, it was scheduled accordingly. I expected that data collection interviews could take between 30 to 40 minutes during digital recording and manual transcribing. Interview schedules were allocated at 40 minutes for each participant, with no anticipation for interviews to conclude sooner than the expected time. Audio recordings were used to assist in transcribing interviews for accuracy syncing information to journal notes and supporting the interview data's validation. An outside source (member checking) was also selected for data collection to ensure the relationship between participant and researcher does not compromise the accuracy of the data during the illustration. In the member checking process, participants had the opportunity to review a summary of the interview to revise their ideas to ensure clarity and accuracy. Significant changes were only incorporated if an additional interview was deemed necessary to ensure the validity of the information recorded during the initial interview (see Loh, 2013).

Disengagement is one of the potential negative features of narrative inquiry. In Webster and Mertova's (2007) research, their goal was to use critical events within

structured methodologies of the narrative inquiry approach to offset disengagement by exploring research alternatives that would stretch throughout various research interests. The qualitative data collection within narrative inquiry research often offers rich, in-depth data reflecting the human experience (Eriksson & Kovalainen, 2015). By incorporating the critical event approach, I concentrated on a specific audience that effectively meets the needs of the qualitative study due to the volume of data being generated (Mertova & Webster, 2012).

Critical event analysis is a method that provides details of exclusive data that was significantly framed when collected through videoconferencing (Nehls et al., 2015). Themes may arise within the data collection, characterized as critical events, like, and others. Once completed, the data collected, the interview transcribed, and the digital and videoconference were reviewed through the member checking process to confirm the accuracy of the critical events (Webster & Mertova, 2007). Before the interview process, the participants were guaranteed that their contribution of information would not be compromised and used for research only, and their identities would be kept entirely confidential, followed by the destruction of the data after five years.

Procedures for Recruitment, Participation, and Data Collection

In supporting the narrative inquiry, I recruited nine volunteers/unpaid staff working within eldercare facilities during the COVID -19 pandemic for three consecutive months from the LinkedIn professional platform using network and criterion sampling, two types of purposive sampling. Audio conferencing was used for online interviews, and handwritten notes were used to collect data. Data was collected through online

interviews, phone, or online platforms such as Facetime, WhatsApp, and Skype. Data saturation was the point at which new participants provided repeated similar concepts and themes in their responses to previous participants (Hennink et al., 2017). The duration of data collection events was between 40 and 50 minutes. I recorded the interviews with audiotapes, and I transcribed the participants' responses. Using snowball sampling, I continued with data collection proceeded until saturation was achieved, with participant selection being no fewer than eight and not exceeding twelve. Saturation is achieved when participant stories produce similarities and no new data to record (Fusch & Ness, 2015).

Opened-ended questions were used, and when necessary additional in-depth questioning was administered. The questions were related to the specific group of participants discovered throughout the study, allowing participants the opportunity to absorb and reply in a storytelling fashion while maintaining participant narrative integrity (Connelly & Clandinin, 1990). Whenever there was a need for elaboration or clarification, I used probes and follow-up questions. To ensure consistency throughout the interview process, the data collection method was carefully observed while documenting the questions and responses for each participant. I monitored my biases to mitigate their influence on the study's outcome (Clandinin, 2016; Webster & Mertova, 2007). The expectation of time for interviews takes anywhere from 30 to 45 minutes while being recorded. Allocation of 30 minutes minimum was set aside for each interview, with possible expectations for interviews to end sooner than the allocated time.

Before the interviews began, participants received a guarantee that this information would be used only for research purposes, and their identities would be kept entirely confidential, followed by the destruction of data collection materials after five years. After each interview, I (a) completed data collection; (b) informed participants of next steps within the process, (c) transcribed interviews; (d) organized setting, plot, characters, and critical events; and (e) conducted member checks ensuring participants report revisions, clarifications, and confirmation of accurate, critical events notated. Finally, I collected reflective field notes on the data as an observer of the interview process (Merriam & Tisdell, 2015). Data collection continued until all the participants were interviewed or data saturation (Fusch & Ness, 2015).

Data Analysis Plan

Human-centeredness and the complexity of human experience were the two factors that drive data collection in the narrative inquiry methodology. My intent in using this study's rigorous data collection method, I intended to gain a true-to-life insight into participants' stories taken from their daily lives as volunteers in elderly care facilities in the United States during the COVID -19 pandemic. Narrative inquiry researchers aim to collect data to obtain factual-accurate-realistic participants' perceptiveness systematically, shared lived experiences, and stories (Clandinin & Connelly, 2006; Webster & Mertova, 2007). After the data was collected, I analyzed the data and created a detailed narrative of participants' stories and narratives. I digitally wrote down and studied audio-recorded participants' stories and my reflective journal notes (see Clandinin & Connelly, 2006; Webster & Mertova, 2007).

The first step of the data analysis was the process of restorying, a narrative data analysis method used by the researcher to gather data, analyze the story (e.g., time, place, plot, and scene), and then rewriting of the data (Clandinin, 2016). Throughout a three-dimensional narrative inquiry, I aimed to examine certain key events that have induced changes in an individual's life; the narrative inquiry researcher was given a view into the "critical moments" of a participant's life (Webster, & Mertova, 2007). The rich details of the setting and the theme were included my re-telling of the participant's story to share the context of the participant's personal experiences (Clandinin & Connelly, 2006; Webster, & Mertova, 2007).

In the first step of the critical events analysis approach, I gathered a collection of each participant's description of critical events by providing details on place, time, characters, and significant events essential to meeting the purpose of the study (Webster & Mertova, 2007). In the second step of the data analysis, I used a critical event narrative analysis to model the events in narratives and distinguished them as critical. A *critical* event significantly impacted the people involved and was characterized as a unique illustrative and confirmatory event. *Critical* events could only be identified after the event and happen in an unplanned and unstructured manner (Webster & Mertova, 2007). A *like* event was equivalent, related, and associated as a *critical* event, but it was unconnected, not exceptional, inimitable, and incomparable to the same exclusive effect as the *critical* event (Clandinin & Connelly, 2006; Webster, & Mertova, 2007). *Like* events were diverse and unusual, atypical, uncommon, and not as reflective or insightful as critical events (Clandinin & Connelly, 2006; Webster & Mertova, 2007). Any other

knowledge, such as development issues or family upbringing, unrelated to critical or like events, was deemed *other* events in critical event analysis and regarded as descriptive of the *critical* or *like* event (Clandinin & Connelly, 2006; Webster, & Mertova, 2007).

The second step in the critical event analysis approach requires the researcher to cross-check cases with the event category's themes for comparative purposes. This hermeneutic narrative approach is used to explicate meaning within stories even when they were not sequential and could be ordered as a singular piece of information in its own right (Polkinghorne, 1988). The *hermeneutic circle* of moving between the parts and the whole narrative provided a deeper understanding of the participants' daily experiences (Freeman, 2016).

When the narratives are well crafted, the researcher is permitted insights, deepens empathy and understanding of the participants' subjective experiences (Freeman, 2016; Webster & Mertova, 2007). In traditional pragmatic methods, critical and supporting events may never be interconnected in data analysis, risking the loss of significant findings. My application of the critical events data analysis method to the interview data allowed an in-depth understanding of the challenges volunteers face in elderly care facilities in the United States during the COVID -19 pandemic.

Issues of Trustworthiness

Credibility

Credibility is the truth and confidence of data collected or views from the participant and the researcher's representation and interpretation (Papakitsou, 2020). The trustworthiness and credibility were reflected in the data of this study to avoid

biases by the implementation of transcript review to obtain saturation. Reviewing the transcript is the process of member checking to enhance the credibility of the research findings (Connelly, 2016). The process of gaining thick and rich data is helpful for all participants, critical to saturation (Mason, 2010). The participants and interviews constitute the entire data set and quality. The quality of the data supports the participants' thoughts and feelings which assist in the development and cause their experiences (Sutton & Austin, 2015).

I used handwritten notes and videos as additional methods to record the participants' views and involvements, which allowed me for a complete feel of what the participants experienced. Audio or video recording data collection could be used in recordings as it accounts for the exact words within the data analysis while providing the emotions and expressions of the participants. All text should reflect the narrative quality of the experiences of both the participants and researcher. These stories were of experiences and within social, cultural, familial, linguistic, and institutional narratives. To ensure the lives were well represented and respected, I was attentive to the structures of the discourse communities where texts and research were shared (Clandinin, 2016).

Transferability

Transferability refers to the study's findings that could be pragmatic to other studies, contexts, or groups if they suitably fit the research (Papakitsou, 2020). By being transparent about the analysis and trustworthiness, the researchers could support the study's transferability with a rich and detailed description of context, location, and people (Connelly, 2016). Readers would be able to relate to the results with their own

experiences. This criterion was met when the results of the study provided meaning to non-participants. This primary qualitative research aimed not to generalize the study but provided the results of in-depth information on volunteers that provided service in elder care facilities during the COVID -19 pandemic (Burkholder et al., 2016). Questions that were open-ended and specific to my research were gathered and available for future studies.

Dependability

Dependability refers to the stability of research findings over time (Korstjens & Moser, 2018). The study outcome was achieved when participants' findings supported the recommendations and study outcome. To produce dependable results, there must be data credibility, and it is my responsibility to explain how dependability and credibility were achieved. Appropriate strategies to produce dependable study results included member checking, prolonged contact, triangulation, saturation review, reflexivity, and peer review (see Loh, 2013). Maintenance procedures include audit trails in process logs for additional clarification. Logs were documentation of the activities that were conducted during conclusions and studies. It includes the who and what of the observation

Confirmability

Confirmability is the degree to which researchers establish or verify study results (Papakitsou, 2020). Confirmability corroborates and confirms that results were not bias but proven facts from data collected (Connelly, 2016). In achieving confirmability, I employed strategies like audit trail, triangulation, and reflexive journal provides a paper trail of the researcher's processes to require the results of their study. The ability to

follow the researcher's steps visually gives the study "footprints" that others could take to see if they could achieve similar results. Neutrality, like confirmability, was the step in which findings were consistent and could be repeated or duplicated (Connelly, 2016). I kept detailed notes of the research process throughout its entirety.

Ethical Procedures

My research study explored human experiences and followed the proper protocol to ensure that all procedures were handled ethically. Ethics refers to practicing moral values and avoiding any harm that may derive during the study. Informed consent, withdrawal from the study, and confidentiality and anonymity were all ethical examples that may be considered in a qualitative study (Merriam & Tisdell, 2015). The Institutional Review Board was responsible for ensuring that all research conducted through Walden University complies with the university's ethical standards and U.S. Federal regulations. IRB's ethics review and approval were required before participant recruitment, data collection, or dataset access. Many ethical issues were critical components that researchers must remain aware of when negotiating the participant–researcher interview (Merriam & Tisdell, 2015).

The role of the human participant was to serve as a data source (Tracy, 2019). The researcher must protect life, health, dignity, and integrity. Privacy and confidentiality were elements of ethics due to participants entrusting the researcher with confidential information during data collection. The policies/rules regarding the mistreatment of research subjects were included in the Belmont Report covering ethical principles, beneficence, justice, respect, and research conduct. The best practice was guiding ethical

and legal principles. No forms were used to persuade or obligated any participant in the study. The participants were not compensated in any manner as this study was for those willing to volunteer their time and information. Participants may withdraw their participation or consent for whatever reason, with no fear of threats or penalties. If a participant determined that they no longer wished to contribute, a replacement would have been selected from the same way recruiting was initially determined (Merriam & Tisdell, 2015).

Documentation and journal notes were safeguarded with password protection devices and locked file cabinets and only accessible to imperative persons. Only authorized Walden University faculty members who need to know, such as dissertation chairperson, committee member, or university research reviewer, were privy to this research information. The data will be archived securely for five years and then deleted from the laptop and all devices used for this study (see Kornbluh, 2015).

Summary

In Chapter 3, I covered serval areas about the research method I used, including research design, rationale, and methodology, to name a few. Chapter 3 provided a clear outline of what the study entails and how it was conducted. I planned to perform individual online interviews with a purposeful sample of ten to twelve participants, all from the U.S.- providing service in elder care facilities, who share the experience with the phenomena under study. The sample size of the final study was determined by data saturation. The study population met the following inclusion criteria: (a) adults over the age of 18, (b) a minimum of 3 months of continuous experience as volunteer/unpaid staff

at an eldercare facility in the United States, and (c) willingness to provide in-depth information regarding their role and daily experience of unpaid caregiving staff in eldercare facilities during the COVID-19 pandemic. The inclusion criteria of the study's sample were similar to inclusion criteria from other studies of volunteering in elder care facilities.

I used open-ended interview questions to understand the participants' experiences from their perspectives, clarify their interview statements, and inquire for further information. Utilizing the format of open-ended questions within a semi-structured interview protocol while personally interfacing with the participants in the study conversationally allowed me to capture essential information using reflective journal notes and personal observation. The methodology used included the rationale for participant selection logic, instrumentation, procedures for recruitment, participation, data collection, and the data analysis plan. Chapter 3 also included issues of trustworthiness. Providing steps to ensure credibility, transferability, dependability, confirmability of the data analysis results, and ethical procedures was essential for any qualitative study. The issues of trustworthiness reflected the quality of data that was collected from this narrative inquiry study. In Chapter 4, research results will be presented.

Chapter 4: Results

The purpose of this qualitative narrative inquiry study was to explore how volunteers in eldercare facilities viewed their daily experiences and interpreted their role in eldercare facilities during the COVID-19 pandemic. After an exhaustive review of the literature, I designed the research question to identify gaps associated with the experience volunteers in eldercare facilities faced during the COVID-19 pandemic. In the United States, there was a lack of HR policies to support volunteer eldercare workers who had remained at their posts and taken charge of work in LTC facilities during the public health crisis (McGilton et al., 2020).

By sharing their stories, eldercare volunteers allowed me to gain valuable insight into the realities of their daily life experiences during the COVID-19 pandemic. During the worst months of the pandemic, HR departments in many eldercare facilities inadvertently exploited volunteers by using them as a source of unpaid labor to replace eroding and much-needed paid nursing staff (Hsu & Lane, 2020). Additionally, labor researchers have questioned the organizational readiness to adequately support safety measures for unpaid staff during the pandemic (Roy & Ayalon, 2020). The results of the current study may offer HR managers needed and updated information on how best to approach volunteer management (e.g., develop role formalization, create job descriptions for unpaid staff, provide ongoing training opportunities) and study volunteers' interpretation of their roles as unpaid staff (Saksida et al., 2017; Studer, 2016).

A critical event approach (see Webster & Mertova, 2007) captured and analyzed important events in the participants' narratives, addressing the study's management

problem and purpose. I used thematic analysis to examine the collected data to identify and record primary themes throughout participants' stories (Braun et al., 2018; Clandinin & Connelly, 2006). I used thematic coding to organize the restudied data in a two-stage procedure: In Stage 1, I interpreted every case and produced a description for each one, and in Stage 2, I cross-checked the established categories and thematic domains linked to the solitary narratives for comparative purposes. The study results presented in this chapter present a qualitative analysis of personal and workplace experiences of eldercare volunteers' daily experiences, previously undocumented in the scholarly literature. In this chapter, I also present essential details of the research setting, demographic data of the recruited participants, data collection and analysis procedures, evidence of the trustworthiness of qualitative data, and a summary of the study results.

Research Setting

Data for this narrative inquiry study were gathered from semistructured interviews conducted with nine eldercare volunteers. Six of the nine interviews were conducted through a recorded online conference, but three were written. My IRB approval number is **07-02-21-0481346,** and it expires on **July 1, 2022.** The IRB-approved recruitment letter was initially sent out on LinkedIn to recruit study participants. The request included the study's inclusion criteria and the purpose of the study. Three participants declared interest in participating in the study from the initial request, and the remaining six were obtained through the network and snowball sampling technique (see Merriam & Tisdell, 2015). I requested email addresses from the interested participants and later sent them the IRB consent form and a formal introduction letter via email. Upon receiving their formal

consent to participate in the study and their preferred phone numbers, I responded with a scheduling request for a convenient date and time for the interview. Once a mutually acceptable appointment was scheduled, I sent out a reminder to the participants a day before the scheduled interview to ensure the agreed-upon interview date and time.

Demographics

Each of the nine volunteers in eldercare facilities met the study's inclusion criteria for study participation. All nine participants were knowledgeable and had experience in the phenomenon being studied, and provided valuable in-depth research data. The range of years spent volunteering within eldercare and LTC facilities was from 6 months to 30 years. Participants had a minimum of 3 months of continuous experience as a volunteer/unpaid staff at an eldercare facility located in the United States, were able and willing to provide in-depth information regarding their role and daily experience of unpaid caregiving during the COVID-19 pandemic, and were over the age of 18.

The demographics of the data collected included participants' age, ethnicity, gender, number of months/years volunteering in eldercare facilities, and location of their volunteer activities for eldercare. The given pseudonyms were in an XY format, with X representing the letter P for the participant and Y being the number identifier assigned to each participant. The complete demographics are shown below in Table 1.

Table 1

Participants' Demographics and Characteristics

Participant	Age	Ethnicity	Gender	Month/years volunteering	Years of work exp.	Marital status
P1	45	African American	Female	5 years	25 years	M
P2	30	African American	Male	6 months	10 years	M
P3	59	African American	Female	3 years	40 years	M
P4	54	African American	Female	20 years	30 years	W
P5	57	African American	Male	1 year	3.5 years	S
P6	52	African American	Male	3 years	5 years	S
P7	25	African American	Female	1.5 years	3 years	S
P8	30	African American	Female	10 months	1 year	M
P9	27	African American	Female	2 years 3 months	5 years	S

Data Collection

After IRB approval was given, I began the data collection phase of my study. I continued interviewing participants until reaching data saturation when similar themes emerged during participant stories and interviews but without new knowledge related to the research question. Once I saw that no new themes emerged from the participants' interview data, I concluded that data saturation had been met (see Fusch & Ness, 2015). The semistructured interviews were organized so that all participants were asked the same questions, ensuring alignment of the interview and staying within the research topic (see Guest et al., 2006). The minimum number of interviews conducted for a qualitative study is five participants, and I continued past this number until I reached data saturation,

which was nine participants, with similar data noted from Participants 7, 8, and 9 (see Halkias & Neubert, 2020; Schram, 2006).

Furthermore, none of the nine participants had taken part in any research similar to the topic or possessed specific information or experience in the topic area, an action that may weaken the trustworthiness of study results (see Bernard & Bernard, 2013). I followed through with these scholarly recommendations, communicated directly with each candidate participant to strengthen data collection, and reached data saturation with a sample of nine participants (see Fusch & Ness, 2015). Each interview was recorded and later transcribed and shared with the participant for transcript review.

The themes that emerged within the interviews, such as the participant's strength with dealing with challenges related to volunteering in the eldercare facilities before and during the COVID pandemic, further supported the evidence of data saturation. I delineated themes as participants reflected on the challenges of staying safe while volunteering and dealing with the loneliness and emotions that the older people were feeling from not interacting or connecting with someone. Lack of interaction with volunteers increased older people's depression and heightened the many illnesses elders were battling.

The interviews, which began on August 23, 2021, were completed on September 16, 2021, lasting over three weeks and including nine completed online interviews. The entire data collection phase lasted longer than anticipated because of recruiting challenges related to the COVID-19 variant. The participants had difficulty confirming their availability for an interview due to work schedules and family obligations, but once

confirmed, they kept to the schedule. For four consecutive weeks during the data collection phase, I set aside time each day to recruit and prescreen study participants, obtain their consent, conduct and record the interviews, submit recorded interviews for transcription, review transcriptions for accuracy, and send interview transcripts to participants for transcript review. All volunteers concurred with the provided transcripts, with no additions or revisions made to the interview script.

Throughout the interview process, I maintained reflective field notes in a journal format that contained interpretations and reflections on each participant's stories of daily experiences as volunteers in eldercare facilities during the COVID-19 pandemic. I used a Sony Digital Voice Recorder to record the interviews and another application called Trint to transcribe the recorded interviews. Before each call, I notified participants that the interview would be recorded, transcripts would be sent for review before inclusion in the study, and their real names would not be used. I received several declines from eldercare facilities that I reached out to due to volunteers not being able to enter the facilities due to COVID-19.

Participants described their experiences as volunteer/unpaid staff working with paid workers during the pandemic during each interview. The participants appeared eager and willing to contribute to the study and had the education and experience to understand the interview questions. The interview questions elicited stories about the eldercare activities during the COVID-19 pandemic, including coping with challenges as an eldercare volunteer before and during the COVID-19 pandemic. The interview questions also focused on a volunteer felt while working with COVID-19 older patients, their

insights on their role as a volunteer before and during the pandemic regarding information they were willing to share with the management team at the eldercare facility, how the experience changed the way they planned their volunteer work, and whether they had any summative stories about their volunteering experiences.

Initial Contact

Participant recruitment was done by publishing a recruitment request on LinkedIn, which read as follows:

> Seeking adults over the age of 18 with a minimum of 3 months of continuous experience as a volunteer/unpaid staff at an elderly care facility located in the United States and able and willing to provide in-depth information regarding their role and daily experience of unpaid caregiving staff in eldercare facilities during the Covid-19 pandemic.

The request for participants also included a formal letter of introduction, which also contained the research inclusion criteria and purpose of the study. Once participants were identified and prescreened, the information was emailed again along with the IRB consent form.

Semistructured Interviews

After receiving responses to the LinkedIn post, I requested email addresses from the interested participants and later sent them the IRB consent form and a formal introduction letter via email. Upon receiving their formal consent to participate in the study and their preferred phone numbers, I responded with a scheduling request for a convenient date and time for the interview. Once a mutually acceptable appointment was

scheduled, I sent a reminder to the participant a day before the scheduled interview to ensure no changes to the agreed-upon interview date and time. Each interview was performed in a quiet, semiprivate place devoid of distractions and loud background noise interfering with audio recordings. I began each interview by reading from the interview guide (see Appendix B), which contained a researcher-to-participant prologue and the interview questions. During the interview, I posed follow-up questions to the participants, especially when further clarification or elaboration on a narrative was needed. The participants were receptive to the additional questions and had no objections.

Reflective Field Notes and Journaling

The use of reflective field notes and journaling of pertinent information, observations, and situations during the interview process creates trustworthiness in the research process and guards against the possibility of research biases (Clandinin, 2016; Webster & Mertova, 2007). The use of field notes and journaling in conjunction with audio recordings during interviews reduce interview biases and allows the interviewer to reflect on the conversation to ensure that the intended meanings conveyed by the participants are adequately represented (Webster & Mertova, 2007). My reflective field notes contained my views on the information shared by the participants and the emotions while listening to their stories. Reflecting on my notes allowed me to gain a deeper understanding of the participants' experiences. I gave the participants my undivided attention during the interviews, occasionally asking follow-up questions to clarify responses. It was evident through the journaling process that each participant was passionate about their experiences and was glad to be given a chance to be heard.

Transcript Review

A transcript review is a critical element of the member checking process used to strengthen the trustworthiness of qualitative data (Mero-Jaffe, 2011; Merriam & Grenier, 2019). Each participant had the opportunity to review the transcribed telephone interview. An email with the transcribed data was sent to each participant at least four days after the interview, providing them the ability to edit the transcript if needed. The participants were asked to acknowledge the transcript, with or without changes, within 48 hours. The participants acknowledged receipt of the transcripts, and no changes were made, confirming the presented information.

Data Analysis

Through the data collection and analysis process in narrative inquiry, I have given a glimpse into the study participant's critical moments through narrative data analyses to document events that brought changes to an individual's life (Webster & Mertova, 2007). The semistructured interview was the instrument I used to gather the data, which were the narratives of experiences of the study participants. To ensure rigor, Boyatzis (1998) supported using a flexible approach for qualitative data analysis. By adopting the thematic analysis approach, I could use any paradigm for the analysis. Theory-driven, inductive, and prior-data or prior research-driven codes are some of the coding methods involved in the thematic analysis approach. Theory-driven codes are drawn from the researcher's or other existing theories; inductive codes are obtained from the researcher's understanding of the data to include research-driven codes (Boyatzis, 1998).

Once I completed data collection, I analyzed the data and created a journal of detailed narratives from the participants' stories. The first step of the narrative data analysis method was based on Clandinin and Connelly's (2006) restorying and thematic analysis process. As applied to restoried data, thematic coding is a two-stage process within which I used production and description, cross-referencing, categorizing, and thematic linking for comparative purposes (Clandinin, 2016). Thematic analysis of interview transcripts revealed patterns combined into descriptive coding categories. Then, the narrative's data structural analysis enabled me to clearly see the conceptual categories within the text (see Webster & Mertova, 2007). I reconfirmed four coding categories grounded in the conceptual framework and the 12 reformulated themes underpinning the data interpretation in answering the research question by taking this approach.

For the coding category "volunteer work in eldercare facilities during the pandemic," the themes were (a) the toll on older people's social isolation, (b) volunteers solely maintained older people's activities, (c) using technology to offset older people's isolation, and (d) coping with the increased death rate of older residents. For the coding category "emotional toll on volunteers during the pandemic," the themes were (a) heightened stress-related anxiety, (b) coping with chronic sadness and loss, and (d) greater fear of viral contagion and contamination. For the coding category "human resources managers' supporting eldercare volunteers," the themes were (a) require paid staff involvement in compassionate eldercare, (b) policy of daily communication between paid staff and volunteers, and (c) better preparation to break residents' isolation. For the coding category "volunteer voices on working in eldercare," the themes were (a)

enduring commitment for eldercare volunteering despite difficulties and (b) LTC facilities need to target creative engagement of older people's families.

In the second step of the data analysis, I utilized a critical event narrative analysis to model the events in narratives and categorize these events as *critical*, *like*, or *other*. A *critical* event has a significant impact on people involved and is characterized as an event that has a prototypical illustrative and confirmatory nature (Webster & Mertova, 2007). An event is considered *like* if the context, method, and resources are repeated but from different participants. A review of like events helps the researcher confirm and/or broaden issues from the *critical events*. On the other hand, *other events* refer to circumstantial and minor information that reveals the same issues, and their analysis is linked in the inquiry of the *critical* and *like* events (see Mertova & Webster, 2012).

The two-step approach to narrative analysis allows data analysis to be carried out through the framework provided by the descriptions of the processes, the presentation of results, assumptions, risk, and negotiation associated with the narratives (Webster & Mertova, 2007). I used a hermeneutic narrative approach to explicate meaning within stories even when these stories were not sequential or when the data could not be considered as a singular piece of information in its own right (see Polkinghorne, 1988). The hermeneutic circle is a metaphor used to describe the analytical movement between the whole and the part that provides a deeper understanding of the participants' narratives (see Freeman, 2016).

Applying the critical events data analysis method to the primary data allowed the economic and regulatory challenges faced by volunteers working in elderly care facilities

to emerge in the study results (see De Fina & Georgakopoulou, 2019; Webster & Mertova, 2007). Table 2 represents how I combined the themes that shared similar characteristics into a single category. The interpretations and themes were verified continually during data collection, and the four coding categories were determined by two fundamental concepts that focus on how volunteers in elderly care facilities view their daily experiences and interpret their role as unpaid staff: Garner and Garner's theory (2011) of *volunteer retention*; and Struder's (2016) concept of *volunteer management.*

The critical event approach for data analysis satisfies data trustworthiness because of its inherent characteristics of openness and transparency in emphasizing, capturing, and describing events contained in stories of experience (Webster & Mertova, 2007). This feature is demonstrated through a co-construction of meanings, themes, and images (with participants), which eventually guided the interpretations of texts. Table 2 is a visual representation of the data analysis results in coding and theme examples. The information presented in Table 2 is taken from the 12 reformulated themes gleaned from the critical events data analysis, organized by coding categories and subthemes, and supported by verbatim excerpts from participants' narratives. While trustworthiness of data in qualitative studies is usually accomplished by triangulation, Webster and Mertova (2007) suggested that triangulation in story-based studies was "almost impossible to achieve" (p. 91).

Table 2

Coding and Theme Examples

Participant	Interview excerpt	Coding category	Theme
Participant 4	"It started off real slow and easy and then it got to be government mandated to shut the place down no more dinning together and patients were confined to their rooms, no family could come in and out of the facility to keep the spread down. That the dementia got really bad because they're familiarity of what they were used to change. Their families are not allowed to come in, but they can talk to them on the phone. I know the reason why more people died outside of the COVID units, because in the nursing home they had the same identical restrictions. "	Volunteer work in eldercare facilities during the pandemic	1) The toll on elders' social isolation**,** 2) volunteers solely maintained elders' activities, 3) using technology to offset elders' isolation, 4) coping with the increased death rate of elderly residents
Participant 8	"There was a lot of nervousness, worry, and anxiety. A huge part of coping for me was de-stressing. I started meditating and exercising, which helped to clear my mind. I was concern about getting out and risking catching COVID but wanted to continue volunteering and doing what I love. I felt conflicted between my health, safety, and my passion."	The emotional toll on volunteers during the pandemic	1) Heightened stress-related anxiety, 2) coping with chronic sadness and loss, 3) greater fear of viral contagion and contamination
Participant 2	"When I lost one of my patients and I thought I might had given the virus to her. Although my test was negative, and I didn't my feeling was still a little scary. This experience changed everything and the more washing of my hands and staying very sanitized so that I	Volunteer voices on working in eldercare	1) Enduring commitment for eldercare volunteering despite difficulties, 2) LTC facilities need the creative engagement of elders' families

Participant	Interview excerpt	Coding category	Theme
	do not carry any germs. I would recommend it but during the pandemic I would not recommend. Because of the feelings when you lose a patience and have to carry that with you. “		
Participant 1	I would recommend that every high school person volunteer. That they would use volunteering as their community service hours. I think that would not be a limit because of a lot of people don’t understand that one day this could be their mom or dad in a situation, totally abandoned or any of that, it’s a great opportunity for them especially if they want to go into the medical field. They get to see how hands on caring for elderly persons is.		
Participant 7	“Not to forget about “them; to always remain truthful with them even if the management team feel that they don’t understand, or at least with one of their family members because people get so caught up in their day-to-day activities that they do forget that they are really human beings still. I feel I can make a difference trying to help and this is what I signed up for and I feel good to help out because I know they need us.	Human resources managers’ supporting elderly care volunteers	1) Require paid staff involvement in compassionate eldercare, 2) policy for daily communication between paid staff and volunteers, 3) better preparation to break residents’ isolation

Evidence of Trustworthiness

Credibility

The implementation of transcripts and journaling infused confidence in the participants' authenticity as explained or defined by the researcher, assisted in the trustworthiness of the study's results. Credibility was also reflected in the data collection and review of the transcript to obtain saturation. Reviewing the transcript was a critical process of member checking to enhance the credibility of the findings (Connelly, 2016). My thick and rich data collection was helpful for all participants, precarious to saturation (Mason, 2010). The participants and interviews constituted the entire data set and quality. The data quality supported the participants' thoughts and feelings that assisted in developing their stories were of experiences within social, cultural, familial, linguistic, and institutional narratives (Clandinin, 2016).

Transferability

The transferability of the study's findings must prove pragmatic to other studies, contexts, and groups suitable to fit the research (Papakitsou, 2020). By being transparent about the analysis and trustworthiness, I supported the study's transferability with a rich and detailed description of context, location, and people (Connelly, 2016). Readers were able to relate to the results with their own experiences. The criterion was met when the results of the study provided meaning to non-participants. As a qualitative researcher, I aimed not to generalize the study but to deliver in-depth information on volunteers that provided service in elder care facilities

during the COVID -19 pandemic (Burkholder et al., 2016). Questions that were open-ended and specific to my research were gathered and available for future replication studies.

Dependability

Dependability refers to the stability of research findings over time (Korstjens & Moser, 2018). My study's outcome was achieved when participants' findings supported the recommendations and study outcome. It was my responsibility to present in the presentation of my results how dependability and credibility were achieved. Appropriate strategies were described through member checking, prolonged contact, triangulation, saturation review, reflexivity, and peer review (Loh, 2013). My maintenance procedures to strengthen the credibility of results included audit trails in processed logs for additional clarification. Logs were documentation of the activities that were conducted during the conclusions of the studies in which I included who and what was observed

Confirmability

Confirmability is the degree to which researchers established and verified the study results (Papakitsou, 2020). By using confirmability techniques, I corroborated and confirmed that the results were not biased but proven facts from data collected (Connelly, 2016). In achieving confirmability, I employed strategies like audit trail, triangulation, and reflexive journal provided a paper trail of the researcher's processes to validate the study results. The ability to follow the researcher's steps visually gave the study "footprints" so that findings were consistent and could be repeated or duplicated

(Connelly, 2016). I kept detailed notes were kept during the research of decisions and analysis as the research progressed.

Study Results

I designed the research question to provide qualitative data to extend theory using the narrative inquiry design. Extension studies can support previous studies' findings to develop future theoretical and applied research (Bonett, 2012). The narrative inquiry method aligned with the study's purpose and collected data through storytelling how volunteers in elderly care facilities view their daily experiences and interpret their role in elderly care facilities during the COVID -19 pandemic. I used the critical event approach for data analysis in narrative studies to strengthen the study's trustworthiness. Through this data analysis strategy, I developed the following four conceptual categories emerged for answering the central research question: (a) volunteer work in eldercare facilities during the pandemic, (b) the emotional toll on volunteers during the pandemic, (c) human resources managers' supporting elderly care volunteers, and (d) volunteer voices on working in eldercare

Thematic Analysis and Theme Presentation

Thematic analysis in narrative research has two meanings: to analyze narratives and narrative analysis for non-narrative texts used as data (Clandinin, 2016). As Webster and Mertova (2007) recommended, I used data analysis methods specific to the narrative inquiry design to identify themes and develop narratives (see Polkinghorne, 1995). Connelly and Clandinin (1990) point out that researchers need to tell their stories through reflective notes and merge them with the participants to form new collaborative insights.

These new “stories” become the final interpretive story to address the study’s central research question and develop new possibilities for further research (Webster & Mertova, 2007).

In recent years, the challenges faced by elderly care facilities led human resource management departments in eldercare facilities to undervalue volunteers' generosity by positioning them as a source of unpaid labor to replace eroding paid nursing services (Gilster et al., 2018). For HR managers to better understand supporting volunteer elderly care workers during the pandemic, my research was essential to fill the literature gap on developing HR policies. In doing so, my study considered unpaid staff's experiences during a biological disaster event such as the recent pandemic (Coulter & Richards, 2020).

My study explored stories of volunteers’ daily experiences in elderly care facilities during the COVID -19 pandemic. The voices of unpaid caregivers for the elderly are rarely addressed in the human resources and healthcare literature. Human resource managers consider when planning HR policies based on readiness for the next public health crisis (Inzitari et al., 2020; McGilton et al., 2020). Disclosed by participants’ narrative stories from the in-depth interviews and supported by the scholarly literature reviewed in Chapter 2, the following themes are presented, with the participant voices responding to the central research question.

The Toll on Elders’ Social Isolation

This theme refers to the toll on elders’ as they were socially isolated. Many elders had difficulty understanding the changes of not interacting daily and being isolated from

their family, friends, and other elders within the facility. Because of the COVID -19 pandemic, many facilities saw a high increase in elders suffering from loneliness, depression, malnutrition, and bedsores (Helfand et al., 2020). It was mentioned that the extended isolation increased suicide, more extensive health issues, including obesity, delirium, and behavioral problems (McArthur et al., 2021; Brooke & Jackson, 2020). The participants' challenges were caring for the elderly while trying to stay safe and ensuring the elderly are not alone and there for them.

- "Before it was good …but because of the pandemic all that stuff was cut out. All of the visiting time was cut out, so a lot of the patients were feeling a lot more ill because they were struggling" (Participant 1)
- "It got to be really a lot because it is a 110-unit nursing home and we had 49 patients that actually caught COVID out of the 49 we had six if I'm remembering to die of complication from dementia, we had a few that just gave up completely and I think it had a lot to do with loneliness" (Participant 4)

Volunteers Solely Maintained Elders' Activities

This theme refers to the activities that volunteers maintained with the elders in the facilities during the pandemic. Volunteering in elderly care facilities differed during COVID -19 due to needed training that still had not been implemented and how volunteers, staff, and the elders interact (Brooke & Jackson, 2020). Physical activities were conducted in smaller groups, and other activities were usually performed in a social setting. The major challenge was that due to the government mandate (lockdown),

maintaining any activities became virtually impossible due to the possibility of either the elderly or the volunteers becoming infected.

- "My covid-19 stories with the eldercare have been really unreal this year, due to a lot of the restrictions and limited actives" (Participant 7)
- "Even though it was limited, during the start of the pandemic we played bingo and had little gifts for the winners such as comfy socks, nail polish or little note pads. We did arts and craft so that the patients could make little gifts that they could give to family when they visited" (Participant 9)

Using Technology to Offset Elders' Isolation

This theme refers to the use of technology to offset the elders' isolation. Even with the crisis of COVID -19, volunteers still maintained a need to assist in caring for the elderly: understood the need for companionship and support, which reduced the feeling of loneliness that the elderly felt, assist with electronic devices used for the elderly to connect with the families in their absence, and provided a sense of community (McArthur et al., 2021). Volunteers were showing elders how to use technology so that they could connect with their families and friends. Due to limited visits, volunteers also assist the elderly with telephone calls to physicians (Cameron et al., 2020). The challenge was that the elders were not familiar with video calls or had limited time to talk because of the number of phones or volunteer assistance.

- "Doctors are doing Tele camera interviews instead of actually getting to go out and see him, so they don't get to see their doctors. Their families are not allowed to come in, but they can talk to them on the phone so all that's gone,

you know, you could talk on the phone and because of the high volume of patients, you can't stay on there long" (Participant 4)

- "Some challenges that we faced right before the pandemic were families barely having time with their loved ones and during the pandemic the elderly are not allowed to spend time with them because of the risk of being exposed to the COVID. The way I cope with the challenges is by allowing them to video chat with family as much as possible" (Participant 9)

Coping With the Increased Death Rate of Elderly Residents

This theme refers to coping with the increased death rate of elderly residents. What had become increasingly alarming was that the critically ill's death and those with dementia need continuous care by staff, volunteers, and family, which was not taken seriously (Brooke & Jackson, 2020). It was mentioned that elders 70 and older were devalued. Their death was not taken as seriously as someone 50-65 or that care services were not as critical. Care for the "Boomer" age should be limited, and that COVID -19 was doing them justice by speeding up the death process. The elders could not grasp the reasoning for the disturbing behavior, so the feeling of being a burden began to personify them (Van Houtven et al., 2020). The challenge was that the participants had mixed feelings as the elderly were seen as part of their family, and they wanted to make their final days as comfortable as possible, yet they were fearful of becoming infected.

- "I didn't want to do it because it became a place of depression, it became a place I no longer knew. I cared for them and you know, making their last days as comfortable as possible is a very fulfilling job" (Participant 4)

- “My feeling for working with covid-19 elderly patients again were mixed emotions. One of my patients had died due to catching the virus at the facility while I was working there, so to experience it at hand for the first time sent chills up my soul. I began to really take this pandemic seriously after that” (Participant 7)

Heightened Stress-Related Anxiety

This theme refers to the emotional toll on volunteers during the pandemic. Due to paid staff already being overworked puts even more of a burden on the volunteers, who became overworked and stressed. They were still required to take on the daunting task of being spit on, called names, hit by the patients, disrespected, and discriminated against (Bradley, 2017). Facilities had to limit who was allowed in and out of facilities, even when more assistance was needed. Volunteers found themselves stressed and burnt out from taking on the extra duties and tasks from the shortage of staff and resources (Freidus et al., 2020). The challenge involved separating the emotions of caring for the elderly, the need to stay safe for family, and knowing that those elders still depended on them.

- “My feeling for working with covid-19 elderly patients again were mixed emotions. One of my patients had died due to catching the virus at the facility while I was working there, so to experience it at hand for the first time sent chills up my soul. I began to really take this pandemic seriously after that” (Participant 7)
- “I love doing volunteer work with the elderly. They are so appreciative of the time spent with them and the care that is provided since outside contact is

extremely limited. However, the pandemic has made the work more of a concern. There are always worries about the possibility of getting sick or getting patients sick, but it seems to be amplified due to the severity of COVID-19" (Participant 8)

Coping With Chronic Sadness and Loss

This theme refers to coping with chronic sadness and weight loss. Due to extended or repeated hospital stays, many patients had growing health problems, loneliness, and weight loss. It was added that volunteers benefited the patient's emotional well-being, positively affecting their immune system (Coulddy et al., 2015). A challenge is a limited number of volunteers staff in elderly care facilities to build relationships, stimulate dialogue, and improve the quality of life for cognitively impaired residents who are rapidly declining (Hall et al., 2017).

- "It was just to me the depression in their place and the sadness and the yeah, I mean I've had patients actually saying I'd rather die than live like this" (Participant 4)
- "I know the reason why more people died outside of the COVID units, because in the nursing home they had the same identical restrictions…they stop taking their medicine, they had stopped just doing anything they stopped eating, stopped drinking, just depressed because they couldn't see their family. They felt that we had taken you know, away all their rights. I mean if I'm 80 and 90 years old and worked all my life to get where I'm at and just to get to look at four wall every day. They pair them with that roommate that

they have nothing in common or are just opposite that become your only person you can hang on to for life" (Participant 4)

- "This has been a difficult time for all of us. Having volunteers, such as myself, has made things easier for the patients in my opinion. We still provide the care they need and give them the companionship that they crave" (Participant 8)

Greater Fear of Viral Contagion and Contamination

This theme refers to the greater fear of viral contagion and contamination. As sick volunteers continued to care for the elders, many became ill, which increased the facilities' challenges. Family members that were assisting stopped for fear of being infected or becoming ill. This left staff to address the monitoring of persons who potentially had the virus, determine how it was contracted, and who they were in contact. The virus's uncertainty became a significant concern to all as they did not want to become infected or transmit it to their families, friends, staff, or others (McGilton et al., 2020). Many participants knew the importance of caring for the elders and did not want to stop. The challenge was trying to care for the elders despite the possibility of them becoming infected.

- "I was scared and concern. I didn't know how serious the virus was at the time and I didn't want to get infected and take the virus back home to my family" (Participant 2)

- "I was a little scared and nervous. Well because of my kids at home and my grands kids that came to visit, I didn't want to get it and give it to them or someone else" (Participant 5)

Require Paid Staff Involvement in Compassionate Eldercare

This theme refers to required paid staff involvement in compassionate elder care. The paid workers provided skills, knowledge, and experiences for a position they were hired to complete (Ackers et al., 2017). With the shortage of experienced and qualified caregivers and the growing number of elders that required care, the problem human resources undertook was hiring qualified persons (Hall et al., 2017). HR managers must keep up with demands and the overworked and underpaid staff, the organization incurred high turnovers, which caused financial hardships. The integration of volunteers played an important role in providing extra help or providing services that paid staff could not cover from day-to-day demands (Chenoweth & Lapkin, 2018).

- "We tried to do all we could. Staffing quit because they were scared. We had to assist with laundry and housekeeping and everything. We had to you know make it work pretty much, so it wasn't easy at all" (Participant 4)
- "Volunteers are an integral part of eldercare. We are not caring for the elderly simply for money, but because we enjoy what we do. I feel that there is a more compassionate level of patient care from volunteers and there should be more of us" (Participant 8)

Policy of Daily Communication Between Paid Staff and Volunteers

This theme refers to the policy of daily communication between paid staff and volunteers. The organization generally lacked insight into the volunteers' involvement and did not see a problem until the volunteer left. The limitation of volunteers' policies was extensively highlighted as facilities were in a tailspin when staff became ill or suddenly left due to fear of being infected. The infrastructure of policies implemented for staff was not communicated with unpaid staff or volunteers caused a rippling effect of a critical error in caring for the elders (Inzitari et al., 2020). Nevertheless, the challenge was that the paid workers were not giving the volunteers task for fear that they did not have the abilities or knowledge to handle, leading to limited involvement and ambiguous instructions in completing the task.

- "No real challenges before the pandemic except sometimes staff felt we were in the way, but we had a job to do and during the pandemic you still had the same job, you just had to be more careful" (Participant 6)
- "Have patience, you know your duties. You know that patience is a must and to be extra careful how you talk to the worker while you are volunteering" (Participant 2)

Better Preparation to Break Residents' Isolation

This theme refers to better preparation to break residents' isolation. With an increase in elders with chronic illnesses and experiencing social isolation in the recent COVID -19 pandemic, the need for volunteers at long-term care facilities has grown (Office et al., 2020). Given the effects on the mental and physical health of older people,

interventions during a period of crisis management by supporting volunteer staff were necessary to mitigate the risk of increased morbidity and infection from COVID-19 and other possible future crisis scenarios (Hsu & Lane, 2020; McArthur et al., 2021). There is a literature gap on developing HR policies that consider unpaid staff's daily life experiences who remained at work after the outbreak of the COVID -19 pandemic (Coulter & Richards, 2020; Steunenberg et al., 2020). The challenge with an increase in elders with chronic illnesses and experiencing social isolation in the recent COVID -19 pandemic, the need for volunteers at long-term care facilities has grown (Office et al., 2020).

- "Patients that actually caught COVID out of the 49 we had six if I'm remembering to die of complication from dementia, we had a few that just gave up completely and I think it had a lot to do with loneliness" (Participant 4)
- Not to forget about "them… Some of them may have Alzheimer" (Participant 1)

Enduring Commitment for Eldercare Volunteering Despite Difficulties

This theme refers to enduring commitment for eldercare volunteering despite difficulties. Lack of readiness in long-term care facilities at the start of the pandemic, such as providing no protective equipment and in-place isolation practices for staff and other innovations, led to a mass exodus of needed volunteers from these facilities worldwide (Roy & Ayalon, 2020). Specifically, in the United States, there was a lack of HR policies to support volunteer elderly care workers who had remained at their posts

and taken charge of work in LTC facilities during the pandemic (McGilton et al., 2020). Even with the crisis of COVID -19, volunteers still maintained a need to assist in caring for the elderly: understood the need for companionship and support, which reduced the feeling of loneliness that the elderly felt, assist with electronic devices used for the elderly to connect with the families in their absence, and provided a sense of community (McArthur et al., 2021).

- "I didn't want to do it because it became a place of depression, it became a place I no longer knew. I cared for them and you know, making their last days as comfortable as possible is a very fulfilling job" (Participant 4)
- "Some challenges that we faced right before the pandemic were families barely having time with their loved ones and during the pandemic, the elderly are not allowed to spend time with them because of the risk of being exposed to the COVID. The way I cope with the challenges is by allowing them to video chat with family as much as possible" (Participant 9)

LTC Facilities Need to Target Creative Engagement of Elders' Families

This theme refers to LTC facilities needing to target creative engagement of elders' families. A tablet-based system designed for volunteers in long-term nursing home facilities, VITA was a key and valuable component (Foong et al., 2017). This system was carefully designed for profiling and guidance, using a dementia-appropriate engagement activity kit. It must be understood that policy change takes commitment, flexibility, and innovation, focusing on the front-line workers' (including volunteers) position needs and ensuring they are protected and covered. Eldercare facilities must be

consistent in assessing their disaster management protocols; Both staff and volunteers in eldercare facilities need an understanding and detailed training in disaster management (Murray et al., 2021). The challenge is that Human Resource is not on the "front-line" and is not aware of the needed difficulties or changes.

- "Don't go to the extreme still find activities that you know that the residents can do among each other could still let them at least intertwine with each other, I mean you still in there and the same staff is coming from home so why they don't allow the residents to interact because they was testing COVID twice a week testing all the residents so I why they couldn't interact with each other" (Participant 4)
- "There were more hands-on activities that was able to be done for them. What I would like to share with the management team is have daily briefing on a person's mindset before and after volunteering" (Participant 7)

Summary

This chapter presented the comprehensive data collection and analysis process of stories narrated by the nine study participants. This qualitative study offered answers for the central research question: *How do volunteers in elderly care facilities view their daily experiences and interpret their role in elderly care facilities during the COVID-19 pandemic?* Based on this narrative inquiry study's findings, I developed four conceptual categories used for coding and grounded the conceptual framework. Further, I gathered a total of 12 reformulated themes from critical event analysis were discovered, leading to in-depth, rich narrative data used to answer the central research question. The conceptual

categories were as follows: (a) volunteer work in eldercare facilities during the pandemic, (b) the emotional toll on volunteers during the pandemic, (c) human resources managers' supporting elderly care volunteers, and (d) volunteer voices on working in eldercare

The 12 themes I gleaned from the critical event analysis of participants' stories covered issues regarding the toll on elders' social isolation**,** volunteers solely maintaining elders' activities, using technology to offset elders' isolation, coping with the increased death rate of elderly residents, heightened stress-related anxiety, coping with chronic sadness and loss, greater fear of viral contagion and contamination, require paid staff involvement in compassionate eldercare, a policy of daily communication between paid staff and volunteers, better preparation to break residents' isolation, enduring commitment for eldercare volunteering despite difficulties, and LTC facilities need to target creative engagement of elders' families.

The issue of trustworthiness in narrative research is dependent on obtaining access to the research participants' stories by abiding by an influential methodologist's recommendation for data collection. To ensure the trustworthiness of the data analysis results, I utilized the critical event approach to analyze narrative data because it is an approach characterized by openness and transparency and was used to meticulously emphasize, highlight, capture, and describe events contained in the participants' stories of daily life experience. I met quality criteria as explained by seminal qualitative emtd9logiusts to support the trustworthiness of my qualitative study results by following the principles of credibility, transferability, dependability, and confirmability.

In Chapter 5, I further interpret the study findings and how they confirm, disconfirm or extend knowledge in the discipline by comparing them with the theoretical literature presented in Chapter 2. I will also describe how future research and HR policy may further prepare for the issues facing volunteers in elderly care facilities during a national emergency even, as interpreted through participants' stories of work experience during the COVID -19 pandemic.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative narrative inquiry study was to explore how volunteers in eldercare facilities viewed their daily experiences and interpreted their role in eldercare facilities during the COVID-19 pandemic. According to Webster and Mertova (2007), "people are always tellers of tales. They live surrounded by their stories and the stories of others; they see everything that happens to them through those stories" (p. 1). The current narrative inquiry study documented through storytelling the daily challenges for nine volunteers in eldercare facilities during the COVID-19 pandemic (see Clandinin, 2016; Webster & Mertova, 2007). The study was framed by two fundamental concepts that focused on how volunteers in eldercare facilities viewed their daily experiences and interpreted their role as unpaid staff: Garner and Garner's (2011) theory of volunteer retention and Studer's (2016) concept of volunteer management. This empirical investigation was conducted to advance research, gain a deeper understanding of the daily challenges of volunteers in eldercare facilities during a national emergency, and contribute original qualitative data to the study's conceptual framework. A critical events analysis of the nine participants' narratives revealed 12 prominent themes: the toll on older people's social isolation**,** volunteers solely maintaining older people's activities, using technology to offset older people's isolation, coping with the increased death rate of older residents, heightened stress-related anxiety, coping with chronic sadness and loss, greater fear of viral contagion and contamination, require paid staff involvement in compassionate eldercare, a policy of daily communication between paid staff and volunteers, better preparation to break residents' isolation, enduring commitment for

eldercare volunteering despite difficulties, and LTC facilities need to target creative engagement of older people's families.

Interpretation of Findings

With findings from this narrative inquiry study, I confirmed or extended existing knowledge, and each narrative presented issues that confirmed findings outlined in the literature review. During the critical events data analysis process, I observed no discrepant data contradicting the themes emerging from my data analysis and from theoretical suppositions presented within the conceptual framework or in the scholarly literature I reviewed. I reviewed the findings from the four conceptual categories that emerged from the critical event analysis of the participants' narratives. I then compared and contrasted this study's findings with scholarly research presented in the conceptual framework and my critical review of the scholarly literature (see Chu et al., 2020; Coulter & Richards, 2020; Garner & Garner, 2011; Inzitari et al., 2020; McGilton et al., 2020; Steunenberg et al., 2020; Studer, 2016). In Chapter 5, I provide evidence of how the findings confirmed and extended existing knowledge from within the HR literature on volunteer management in eldercare facilities during the COVID-19 pandemic. Extension studies, such as this empirical investigation, provide replication evidence and extend previous studies' results in new theoretical directions (see Bonett, 2012).

Volunteer Work in Eldercare Facilities During the Pandemic

The exploitation of unpaid staff in health care led to a volunteer flight from long-term residential facilities during the COVID-19 pandemic (Chu et al., 2020). The number of much-needed unpaid staff used in eldercare facilities to preserve the dignity of older

residents, both physically and cognitively impaired, rapidly declined from the start of the COVID-19 pandemic (McGilton et al., 2020). My study results confirmed that many volunteers had become ill by their choice or other means but remained to provide services, knowing that they could be infected (see Van Houtven et al., 2020), and without them, the older people would have been limited in company and companionship.

Study participants confirmed that older people suffered from isolation and had difficulty adjusting to the changes; some even refused to eat or take medicine and spoke of giving up and dying. This study's findings supported Leedahl et al.'s (2015) findings that volunteers are a vital component of nonpharmacologic, psychosocial interventions designed to enhance eldercare facility residents' needs in the context of strained resources and complex client populations. My study extended knowledge of previous studies of exit-voice-loyalty (Hirschman, 1970), which was offered by Boroff and Lewin (1997), who concluded that loyalty had often been equated with "suffering in silence" (p. 60), namely when employees choose to live with the status quo by using neither voice nor exit to express job dissatisfaction.

Emotional Toll on Volunteers During the Pandemic

In addition to the staff's feelings, volunteers in my study reported enduring the psychological challenges of working in long-term or eldercare facilities during the pandemic (see Coulter & Richards, 2020). Due to paid staff already being overworked and many being ill during the pandemic, more of the burden of care was placed on the volunteers, who became overworked and stressed. Volunteers were required to take on the daunting task of caring for overly stressed and frightened older people who at times

spit on them, called them derogatory names, hit them, and disrespected and discriminated against them. My study confirmed that volunteering took an emotional toll on the volunteers and the older people (see Bradley, 2017; Same et al., 2020).

Volunteers found themselves stressed and burnt out from taking on the extra duties and tasks from the shortage of staff and resources during the pandemic (see Freidus et al., 2020). Eldercare facilities owners and HR managers were ill-prepared to handle the burden of a national public health crisis. Study participants confirmed their heightened stress due to coping with the sadness and loss of the older people they had gotten close to and their fear of being infected and transmitting the virus to the family, friends, and/or other older people. My study extended knowledge of previous studies by Garner and Garner (2011), which stated that one of the earliest theories to explain their conceptualization of volunteer retention was Hirschman's (1970) theory of exit-voice-loyalty. Hirschman presented exit and voice as the two pathways available to employees experiencing dissatisfaction with their workplace.

Human Resources Managers' Supporting Eldercare Volunteers

The economic and regulatory challenges faced by eldercare workers today have led HR management departments in eldercare facilities to undervalue volunteers' generosity by positioning them over the past two decades as a source of unpaid labor to replace eroding paid nursing services (Gilster et al., 2018). My study confirmed that the communication between HR, staff, and volunteers was minimal. Policies during the pandemic were not updated for the welfare of the volunteers; therefore, caring for the

older people was difficult for the volunteers, older people, and staff (see Temkin-Greener et al., 2020).

In countries outside the United States, policies were mandated for eldercare volunteers during the COVID-19 pandemic to ensure sufficient coverage for all emergency measures that needed to be enacted, such as in China (Sun et al., 2020) and in the Nordic countries (Saunes et al., in press; Skinner et al., 2020). Across Europe (Miralles et al., 2021) and in the United States (Van Houtven et al., 2021), there was a lack of HR policies to support volunteer eldercare workers who had remained at their posts and taken charge of work in LTC facilities during this public health crisis. No U.S. state emerged as a model of care, and all states faced difficulty with limited availability of testing and personal protective equipment (Van Houten et al., 2021). The current study participants confirmed this by expressing the hardship they endured and where they felt the eldercare would have been more effective if emergency policies had been in place. My study extended Studer's (2016) and Gilster et al.'s (2018) knowledge regarding the lack of respect toward volunteers and effective volunteer management due to outdated HR policies and procedures that ignored the needs of unpaid volunteers and paid staff during a national public health crisis.

Volunteer Voices on Working in Eldercare

Lack of readiness in LTC facilities at the start of the pandemic, such as providing no protective equipment and in-place isolation practices for staff and other innovations, led to a mass exodus of needed volunteers from these facilities worldwide (Roy & Ayalon, 2020). Being pushed to the limit, volunteers in LTC overall remain dedicated to

assisting where they can. Working at multiple locations was a blessing and a curse for some volunteers, yet they understood the need and were compelled to stay and help (Coulter & Richards, 2020). My study confirmed that volunteers remained committed to their passion and love for older people and discovering creative ways to engage their families regardless of the issues and difficulties that volunteers endured.

The study participants said they did not want to continue volunteering due to the atmosphere but felt compelled to stay and work. Providing a method to allow the older people to connect with families made the work more accessible because it reduced the loneliness of not seeing and spending time with family. My study extended knowledge of previous studies by Hirschman (1970) in that choosing exit or voice depended on commitment to the organization and its commitment to the employee (Vantilborgh, 2015). Unpaid staff could find satisfaction with the overall experience of volunteering at a nonprofit organization, while a particular set of circumstances in their experience could be judged as unsatisfactory (see Garner & Garner, 2011).

Limitations of the Study

Study limitations are factors that are beyond the researcher's control and can affect the study results, its interpretation, or both (Tracy, 2019). Researcher bias can also pose a risk of influencing the study results. To guard the integrity of the narratives, I created alignment by using the critical events approach between what was narrated by the participants and the reported results. Moreover, interactions with the participants through reflective field notes helped me recognize their biases easily and reduce potential ethical

issues and challenges. I worked to develop a transparent relationship between the participants and myself to safeguard research credibility.

The transferability of the study's findings may not apply to situations that each eldercare facility discussed in the narratives encountered. The interviewing time and research were not suitable for some volunteers who wanted to participate in the study due to each facility and volunteer facing different information, situations, and issues. The study did not involve paid staff or management participation as possible biases in the information they provided. Paid staff input would not have reflected the volunteers' daily experience, which the study was conducted to address to bring awareness or allow for policies and procedures to be implemented for volunteers. I recruited volunteers who wanted to make a positive difference in their communities.

Another limitation of the study can be found in using the narrative inquiry research method. My interpretation of Clandinin's (2016) narrative inquiry approach was that interviewing nine volunteers working in eldercare facilities during the COVID-19 pandemic was adequate to illustrate this sample's stories. The method's limitation was that each participant's story may not have portrayed a consistent narrative of the experiences faced by every volunteer in an eldercare facility. Participants' personal experiences are critical because they helped develop an information-rich study while following narrative methodologists' guidelines for establishing the credibility of the coded narrative data (Syed & Nelson, 2015). As the researcher, my responsibility was to continue collecting and analyzing the data to ensure transferability to reach data

saturation. Despite the described limitations, I performed efforts to present and analyze each participant's narrative at the optimum level possible.

Recommendations

Through my research, I provided insights into the daily life experiences of volunteers in eldercare facilities and how each participant interpreted their role in eldercare facilities during the COVID-19 pandemic. Findings from participants' storytelling revealed a lack of readiness in LTC facilities at the start of the pandemic, such as providing no protective equipment and in-place isolation practices for staff and other innovations, which led to a mass exodus of needed volunteers from these facilities worldwide (Roy & Ayalon, 2020). Volunteer caregiver staff used in eldercare facilities to preserve the dignity of older residents, and the quality of life for cognitively impaired residents rapidly declined during the COVID-19 pandemic (McGilton et al., 2020). Although volunteers in eldercare facilities have yet to become widely recognized in the HR and talent management literature, future research should be conducted to address the experiences of this group to more deeply understand the need for updated HR policies in eldercare facilities to more retain volunteer staff talent. This study was exploratory, and my findings may create opportunities for qualitative replication and quantitative validation in future research.

Recommendations for Policy

Collecting research data can help resolve HR challenges in the eldercare system through internal policy changes. Those in powerful management positions who can enact such policy tend to get distracted, do not follow through on evidence-based policy

suggestions, or do not take action on the data provided (Cerdin & Brewster, 2018). In recent years, much research has been conducted on HR regarding policies, procedures, and programs for paid staff, but less has been done on HR policies' impact on volunteers. Alfes (2018) wrote that research implies that HR practices are developed for paid staff and transferable to unpaid workers (volunteers), yet to impact or retain volunteers positively, policies must be designed to fit them.

Volunteers, because they are not compensated and generally provide care and service because they are compassionate and caring, are equipped with different values. Therefore, HR managers must focus on processes that will attract and retain them, especially during a crisis such as a pandemic. My literature review indicated that other countries had designed policies and procedures tailored to social service volunteers to ensure their welfare and livelihood (Miralles et al., 2021; Saunes et al., in press; Sun et al., 2020). In the United States, there is a lack of HR policies to support volunteer eldercare workers who have remained at their posts and taken charge of work in LTC facilities during this public health crisis (McGilton et al., 2020; Van Houten et al., 2021).

HR managers of LTC and eldercare facility owners can review these recommendations to support volunteer eldercare workers who continuously provide services during a major pandemic crisis. By reviewing these recommendations and implementing policies, processes, and procedures, HR managers may improve the livelihood of older people, volunteers, and the facility as a whole. Improved work conditions for volunteer staff may enhance the care and attention needed to support those in eldercare (Van der Roest et al., 2020).

HR managers in eldercare facilities can assess the problems that volunteers have endured to understand the significant issues that need addressing. Because volunteers do not have a voice for their well-being or how they contribute to the organization, they can make a positive impact or difference. With the views of volunteers' daily experiences interpreted in their roles in eldercare facilities during the COVID-19 pandemic, HR managers can plan policies based on readiness for the next public health crisis (Inzitari et al., 2020; McGilton et al., 2020).

Recommendations for Scholarly Research

Scholarly research addressing the volunteer sector, the many aspects of volunteering within the context of elder care, and primarily in the area of subjective role experiences, are rarely examined in detail (Alfes, 2018). Given the effects on the mental and physical health of older people, interventions during a period of crisis management by supporting volunteer staff are necessary to mitigate the risk of increased morbidity and infection from COVID-19 and other possible future crisis scenarios (Hsu & Lane, 2020; McArthur et al., 2021). The need for organizations to ensure the health and well-being of all workers, both paid and non-paid, must be bought to the forefront of topics. As scholars, we are responsible for bringing awareness to HR and organizations of the need for volunteers to retain and manage. We have the platform to provide information and highlight the seriousness of what can happen when policies are not implemented.

With an abundance of literature on volunteer/unpaid staff, it has uncovered several benefits to why people volunteer and volunteer in general (Funk & Roger, 2017; Einolf, 2018; Goehner et al., 2019)—acknowledging the need for volunteers to assist the

aged sounds the alarm for assistance. The support of volunteers could expand the patient's longevity due to the support they received that they usually would not get from family or caregivers. Elderly volunteers bring with them experience, wisdom, and technical expertise. Volunteers generally understand the feelings that many of the elderly feel of loneliness, low self-esteem, abandonment, and being a burden while in the facility and therefore can provide the needed attention and connection. Volunteering enriches their lives while feeling younger and more active (Saksida et al., 2017).

Following are a few suggestions to advance research on volunteer management in eldercare facilities during COVID-19:

- A replication of the study in other countries and researchers can develop a quantitative study to measure the impact of volunteers in eldercare facilities.
- This research confirmed no policies for volunteers in elder care or LTC facilities but long-term emotional side effects. A qualitative phenomenological approach can highlight these dynamics and consider long-term issues associated with volunteering in eldercare facilities during a major health crisis.
- If policies and procedures were put into place during COVID-19, were all measures taken to ensure that volunteers were safe as paid staff?

Implications

Implications for Positive Social Change

We live in a time where people live longer, but many require extended care due to illnesses or disabilities, and families often must place their loved ones in someone else's

trusted care (Speirs et al., 2017). With a 4% decline of volunteers and the expected increase in the elderly population from 48 million to 88 million by 2050, it had become difficult for the standards that non-profits, healthcare facilities, and eldercare facilities to keep up with their demands and responsibilities (Foong et al., 2017). Elders require more attention due to illnesses, disabilities, medication, special diets, physical demands, feeding and changing, and other special needs. Previously it was the responsibility of the family (mainly the women) who were left with tending to the needs of the elderly family member, or they were placed in senior living facilities, hospitals or had in-home care where the family member expected that their loved one was provided with the best possible care. The caring of the elderly sometimes required more than just medical attention or family, that the aid of a volunteer would give that attention that their loved ones yearned for (Hill, 2019).

Volunteers working in eldercare facilities during the COVID-19 pandemic proved to be a challenging subject to research. Some volunteers who responded to the initial call for research never responded to the interview invitation. A couple of participants stated it took courage to relive all the emotions and, at times, traumatic events they saw unfolding before them in eldercare facilities during the pandemic. I am grateful to the participants who shared their experiences in my study as a testament to the extraordinary value of volunteers in all social service areas during disaster events. I hope their generous contributions may help future volunteers find themselves in more humane working conditions and be afforded the respect they well deserve by those in social service

management, bringing eldercare facilities one small step closer to positive social and structural change.

Volunteers were often an essential component of non-pharmacologic, psychosocial interventions designed to enhance elderly care facility residents needed in the context of strained resources and complex client populations (Leedahl et al., 2015). My research on the daily life experiences of volunteers working as unpaid staff in residential elderly care facilities in the United States during the COVID-19 pandemic supported Walden's mission of driving positive social change. My study results may raise awareness of the need for proper work conditions and organizational readiness in supporting volunteer staff during a public health crisis. Better work conditions for volunteer staff in LTC improve the quality-of-life factors for the elderly residents. Human resource managers in human service organizations such as elder care facilities must remain responsible for ensuring that the people caring for their elderly residents are also cared for, adequately trained, and respected for their services (Cooper et al., 2016; Roy & Ayalon, 2020).

Implications for Theory

Using the conceptual framework to ground the study and analyzing narratives and stories collected through a critical events approach (see Webster & Mertova, 2007), I presented theoretical propositions that further described the problem facing the participants under study. This empirical investigation aimed to advance knowledge on volunteer retention and volunteer management during a public health crisis and contribute original qualitative data to the study's conceptual framework of Garner and

Garner's theory (2011) of *volunteer retention*; and Struder's (2016) concept of *volunteer management*. Stories from the study participants made a valuable contribution in expanding the growing scholarly healthcare volunteerism since the CVOD-19 pandemic.

I used a narrative inquiry approach to answer the central research question to understand the challenges facing volunteers within the eldercare system. Issues raised by the results of my study included effective volunteer management by developing role formalization and job descriptions for unpaid staff, providing ongoing training opportunities, and interpreting the unpaid staff's roles as ones deserving humane treatment and respect were also addressed (see Saksida et al., 2017; Studer, 2016). My study had implications for theory in making an original contribution to the theoretical literature on volunteer retention and volunteer management, specifically in the healthcare sector during a public health crisis, on how volunteers in elderly care facilities interpreted their role as unpaid staff during the COVID-19 pandemic.

Implications for Practice

Through my narrative inquiry research, I explored how volunteers in elderly care facilities view their daily experiences and interpret their role in elderly care facilities during the COVID -19 pandemic. In a recent McKinsey podcast interview with Alexandra Drake, CEO of Archangels, a data-driven engagement platform to reframe how caregivers are seen, honored, and supported to drive top-and bottom-line impact, stated: "The COVID-19 pandemic has made almost all of us caregivers in some way," she says. "Caregivers are the backbone of our country. They're holding together our healthcare systems and our economy, all at the expense of their own time, mental health,

and physical well-being." (Rothschild (2021) p. 2). Today, no research study on volunteer caregiving can be complete without addressing the COVID-19 pandemic's influence on our society's various spaces of work life. Volunteers were expected to continue caring for their patients in eldercare facilities without adequate training and preparation to cope with the unprecedented COVID-19 situation.

Based on my study's results and the scholarly literature on volunteer management, several professional practice recommendations can be implemented by HR departments to prepare for the next public health crisis as well as provide higher quality and more humane work environment daily for unpaid staff.

1. Volunteers must be heard; their contribution to eldercare and LTC facilities has a significant impact on the elderly as a whole. Conduct regular meetings with them to provide a summary or details of what is happening with the elders.
2. Provide areas and time for de-stressing. Volunteer work and pressure are the same as paid staff and therefore require an outlet to de-stress.
3. Launch awareness and an engagement movement to bring attention to honor and celebrate volunteers' contributions.
4. Recognize how vast this population is, and the impact caregiving is having on our health.
5. Publicly recognize the skills an unpaid caregiver brings to the workforce. Get leaders across the organization to talk about their experience in the facility. Get them to share their own stories.

6. Promote the choice of roles that can be offered to prospective volunteers.
7. Providing opportunities to activate caregivers, help them self-identify in the role, and create ecosystems across the spectrum of carers lush with caregiver recognition and support, there may be more opportunities to match existing resources with the unpaid caregivers who need them.
8. Consider meeting with current volunteers to ensure their volunteering goals and motivations are being fulfilled by the organization, and strategies may aid in volunteer retention in ensuring a mutually beneficial relationship between volunteer and organization.
9. Invest in upskilling volunteers in various areas beneficial to both the role and the individual outside of their volunteering position. Advertising the availability of workshops or certificates, such as first aid, manual handling courses, specialized driving for transport volunteers, or training in the use of equipment, may show volunteers and prospective volunteers that the organization is willing to invest in and support them.
10. Research how the policies and procedures are for paid staff and tailor those that the volunteers can utilize.

Conclusions

With the increase in patients becoming chronically ill into their later life, due to the recent COVID-19 pandemic, it had become challenging to keep up with the demands of qualified paid and unpaid staff in elderly care facilities, which heightened the need for qualified caregivers (Chu et al., 2020). Eldercare facilities were held with the daunting

task of finding qualified but free labor to replace the already over-worked and understaffed facilities. The exploitation of unpaid healthcare staff led to a volunteer flight from long-term residential facilities during the COVID -19 pandemic (Chu et al., 2020).

Scholars confirmed a shortage of volunteers for elderly care facilities, and the healthcare sector depended on unpaid staff services (Rogers et al., 2016; Zhao et al., 2015). On a similar level, researchers confirmed that even though policies and processes have been implemented for paid staff in eldercare facilities, volunteers lived experience could provide knowledge and insight for needed change. By involving volunteers in this study, human resources, staff, and social service organizational leaders could understand the challenges and implement needed policies (Saksida et al., 2017).

I used the qualitative narrative inquiry approach to explore how volunteers in elderly care facilities viewed their daily experiences and interpreted their role in elderly care facilities during the COVID -19 pandemic. I collected participants' data through storytelling to address the literature gap on developing HR policies needed due to unpaid staff experiences who remained at their work after the outbreak of the COVID -19 pandemic. The valuable information provided by the nine volunteers in this study could provide managers, executives, and all key personnel of eldercare facilities an insightful platform on the need for processes to be implemented for the organization’s welfare.

Volunteers in eldercare facilities have yet to become widely recognized in the human resources and talent management literature. Future researchers should be encouraged into the experiences of this group to more deeply understand the need for updated HR policies in eldercare facilities to more effectively retain the talent needed by

volunteer staff. This study was exploratory, and its uncovered findings create opportunities for both qualitative replication and quantitative validation in future research. I hope the generous contributions of the study participants may help future volunteers/unpaid workers find themselves in more humane working conditions and be afforded the respect they well deserve by those in social service management, bringing eldercare facilities one small step closer to positive social and structural change.

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Appendix A: Letter of Introduction and Recruitment

Good day, I am a doctoral student at Walden University, inviting you to participate in my research about Experiences of Volunteer Staff in Elderly Care Facilities during the Covid-19 Pandemic: A Narrative Inquiry. The purpose of this qualitative narrative inquiry study is to explore how volunteers in elderly care facilities view their daily experiences and interpret their role in elderly care facilities during the Covid-19 pandemic. New insights would be gained from this study on addressing volunteer staff in elderly care facilities and interpret their role in elderly care facilities during the Covid-19 pandemic. This study would research the experiences of ten to twelve volunteers. These volunteers would be recruited using the LinkedIn Professional Online Network and would share an experience in the central phenomena of volunteering during the pandemic to be investigated in this study.

An Informed Consent form is attached to this email that explains in further detail the key elements of the research study and what your volunteer participation would involve for this research study. After reading the Letter of Recruitment and the attached Consent form, if you would be interested in participating in this study, kindly confirm your interest by responding with “I consent” via Linkedin email or personal email if requested by you the participant.

If you would like to request additional information, you may reply to this email. Thank you in advance for your consideration.

Respectfully,

Novelle Davis

Appendix B: Interview Protocol

Number Identifier: _____

Gender: _____

Age: _____

Race: _____

Total months/years as volunteer in eldercare facilities: _____

Location of your volunteer activities for eldercare_____

Researcher to Participants Prologue:

Thank you so much for agreeing to participate in this study. I would begin the interview by asking demographic question to ensure you qualify for participating in the study. I am going to be asking you questions regarding your daily experience volunteering during the Covid-19 pandemic, and the implication of these experiences on your decision to continue. Periodically I may ask clarifying questions or encourage you to describe in more detail. You are invited to elaborate where you feel comfortable and decline from doing so when you do not have information to add. If you need clarification from me, please ask. I am interested in knowing your story and experiences and want you to feel comfortable during this process.

1. Could you share any stories about your eldercare activities during COVID-19 pandemic?
2. How did you cope with the challenges as an eldercare volunteer facility right before and during the COVID-19 pandemic?

3. What kind of feelings did you have when you knew it was time to go to your volunteering activities?
4. How do you feel as a volunteer while working with COVID-19 elderly patients?
5. What are your insights on your role as a volunteer right before and during the pandemic that you would wish the share with the management team at your eldercare facility?
6. Could you share with me an experience you had that stands out in the COVID-19 pandemic? How did this experience change the way you planned for work?
7. Any final your thoughts and feelings on your volunteer experiences in an eldercare facility right before and during the COVID-19 pandemic?

Probes to facilitate conversations around the facts:

"Could you give me an example of that?"

"Please tell me more about that."

I could not thank you enough for your time and attention during this interview. I will be conducting interviews with other eldercare facility volunteers. You would receive a copy of your interview transcript to check for accuracy of your narratives, The answers of all participant interviews would be combined for analysis and report. Nothing you said would be ever identified with you personally.

Thank you for your participation.