Managing Older Workers: What can we learn from managers of older volunteers?

Dr Megan Paull*
School of Management, Edith Cowan University, Perth, Australia
Email: m.paull@ecu.edu.au

Profile:

Dr Megan Paull is a lecturer in the School of Management at Edith Cowan University where she teaches in the areas of Organisational Behaviour, Human Resource Management and Industrial Relations. Megan has research interests in the areas of volunteering, ageing workforce, retention and corporate citizenship.

MANAGING OLDER WORKERS:
WHAT CAN WE LEARN FROM MANAGERS OF OLDER VOLUNTEERS?

ABSTRACT *Managers of volunteers have been managing older volunteers for some considerable time. Managers of paid workers are only just beginning to feel the effects of the ageing workforce. This paper reports on some aspects of an exploration of the experiences of managers and volunteers when a manager of volunteers perceives that a volunteer's performance is declining and that this may be associated with ageing*

Keywords: Performance management, volunteers, not for profit, managerial thinking and cognition

INTRODUCTION

The literature on managing older workers in the paid workforce has, to date, variously referred to "older workers" as those who are 55, 50 or even 40 and over (Maurer, Barbeite, Weiss & Lippstreu, 2008). Compulsory retirement at 65 was abolished in 1995 in Western Australia and those who elected at that time to stay in the workforce beyond 65 have just begun reaching 75 and over. The labour force participation rate for older Australians (aged 45-64) rose from 48% to 56% between 2000 and 2005, although there is still a marked decline from age 55 (ABS, 2007, p. 4). As the workforce ages, the term "older workers" will increasingly refer to an older age bracket than it has before. Managers in the paid workforce are only just beginning to encounter older "older" workers. As this unfolds, it will be necessary for managers to develop an awareness of what it means to manage older "older" workers. One element of the capabilities required by managers of older and younger workers alike is the ability to manage poor or declining performance. Managers of volunteers have been managing older "older" volunteers for quite some time.

This paper will present some findings from a study conducted in Western Australia which explored the experiences of older volunteers and their managers when a change in the performance of the volunteer which might be attributed to age is noticed by the manager. The initial impetus for this study was an expressed concern of the managers of volunteers which classified the management of "older volunteers" as being somehow different from their younger counterparts (Paull, 2000). Several key questions were examined in the current study including "who are older volunteers?" This question,

which emerged as being very important over the course of the study led to examination of socially constructed understandings of what is meant by older people, including "older workers".

MANAGING VOLUNTEERS VIS A VIS PAID WORKERS

Managing volunteers is said to be more difficult than managing paid staff (Hedley, 1992). This is so for two reasons. One reason is the a complex set of relationships within organisations that makes a volunteer simultaneously a service delivery agent, a client and a volunteer, resulting in a "special" status for volunteers which is complicated by the expectations of volunteers that their work will be well structured, well organised and appreciated (Farmer & Fedor, 1999). A second reason is that a manager of paid workers is likely to have a regular expectation of having a certain amount of people to fill a certain number of designated positions/jobs in an organisation. A manager of volunteers, however, could potentially have three or four times the numbers of people filling the same number of hours, and the nature and status of the relationship between the volunteers and the organisation could range from regular committed hours, to one off or once a year.

Research has identified that there are unique elements to volunteering which make managing volunteers as if they were employees both impractical and unwise (Paull, 2000, Vanstein, 1999). Towards the end of the last century, however, it began to be recognised that some volunteer-involving organisations are examples for business due to their excellent people management skills. Drucker (1989, pp 89, 91) states that these organisations

> *have learned that [they] need management even more than business does, precisely because they lack the discipline of the bottom line", and that "volunteers must get far greater satisfaction from their accomplishments and make a greater contribution precisely because they do not get a paycheck [sic]*

THE SOCIAL CONSTRUCTION OF AGE

The social construction of age is a powerful influential factor in judgements made about older people. Older people themselves often find that the behaviour of others towards them can be based on the fact that their appearance alters as they age.

> *People often say you're as young as you feel. They are, perhaps, trying to bridge the mysterious gulf between their own constant idea of who they are and other people's*

> *changed behaviour towards them. To be elderly is to lead a double life, to be a kind of secret agent, an emissary of the time to come, a spy from another world: the rooted self that is unchanging coexists with the social mask of the aged person to which others increasingly respond. (Seabrook, 2003, p. 15).*

The collective understandings we have developed in society about what ageing does to the human body, and the changes ageing wreaks on capabilities are the source of myths and stereotypes as well as accurate assessments of the physical, cognitive and social role changes which are faced by older humans.

Medicine is responsible for extending the life expectancy of human beings and so the "old" in our society in 2008 are chronologically older than those who were "old" in previous centuries. Generally, the way we perceive older people varies across cultures and societies and the way that they are treated in society is often a reflection of the status held by older people in that society (Mujtaba, Cavico, Hinds, & Oskal, 2006). In the Western world those who have retired have been considered to be of lesser status than those in the workforce, a reflection of the status of paid employment in society, and of the importance of productive contributions from members of society.

Despite the inconsistent evidence about declining work-related performance, there are many myths and stereotypes applied to older workers (Gringart, Helmes, Speelman, 2005; Steinberg, Walley, Tynan & Donald, 1998). Negative stereotypes about the relationship between mental and physical decline in older workers and their productivity are said to contribute to the attitudes of some employers towards older workers. Australian research found managers critical of older workers for their inflexibility and complacency, ill health and unwillingness to retrain (Encel, 1998) with the author concluding that "stereotypes based on ignorance were clearly in evidence" (p. 49). Recent evidence shows that discriminatory attitudes about older workers are alive and well in Australian workplaces (Easteal, Cheung, & Priest, 2007; Gringart, Helmes & Speelman, 2005) and US research indicates that older workers themselves (in this case 40 years and older) hold beliefs about ageing which influence behaviour in the workplace (Maurer, Barbeite, Weiss & Lippstreu, 2008). .

Stereotypes are likely to be important in the judgements made by managers and supervisors on the performance of their subordinates. There are normal functional changes associated with ageing, including changes in the speed at which people can do things, changes in memory, cognitive

processing and physical capabilities including balance and stamina, but in the main and on many tasks older people are at least as competent as younger workers (Cuddy, Norton & Fiske, 2005). There are some illnesses and diseases which are more likely in older people, such as dementia and arthritis. Assumptions and myths associated with older people which influence the way that they are treated, are sometimes grounded in fact but can over-emphasise the prevalence and impact of functional ageing and age related illness and incapacity. There are changes in capacity which can be associated with age, but that ageing does not necessarily mean declining capability in the workplace.

THIS STUDY

This study examined the central research question: *What are the experiences of managers and older volunteers when a manager believes that an older volunteer's performance is declining due to age?* A range of subsidiary questions were explored, and an emergent question examined "who are older volunteers?" to round out the study. Conducted within an interpretivist framework this study employed a two-phase methodology comprising a context setting descriptive quantitative study followed by an in-depth qualitative grounded theory approach. Sensemaking was employed as a diagnostic tool in the analysis phase of the research.

Phase one employed a quantitative approach where questionnaires were distributed to a structured sample of 500 over 50s from the Positive Ageing Foundation research database and to 100 managers in volunteer-involving organisations with membership of Volunteering Western Australia. In both of these cases the surveys were distributed without the contact details of the individuals or organisations being disclosed to the researcher. Response rates in both surveys were good at 46% and 45 % respectively. In phase two, the central part of the study, data was collected by group and individual interviews in six organisations across a range of organisational types and sizes.

SENSEMAKING AS A DIAGNOSTIC TOOL

Sensemaking, a concept scrutinised and further developed by Karl Weick (1995) during the 1990s, is a theory consistent with an interpretivist and social constructionist view of the world. In this view the

actor is considered to be knowledgeable and experienced and to draw on this knowledge and experience to make and remake their understanding of events and experiences as they unfold.

The concept of sensemaking was derived from a diverse range of sources, across a range of disciplines and over a number of years in a contested, debated, complex environment (Weick, 1995; Weick, Sutcliffe & Obstfeld, 2005). Essentially sensemaking is said to take place at all times, but to come to the fore when there is an interruption to the flow of events, either because of an unexpected event, or the non-occurrence of an expected event "in either event the ongoing cognitive activity is interrupted" (Mandler, 1984 cited in Weick, 1995, p. 100).

As individuals we are constantly experiencing our world and our experiences help us to develop our set of understandings about what to expect, how the world works and how we fit into it. This is our "frame". Within that frame, we collect and accumulate cues. We then experience interruptions where something that we expect to happen does not, or unexpected happens and our subconscious recognises this interruption. It is important to note that the sensemaking may not be a dramatic event which takes place (although it can be), and that it may be that a series of cues accumulate and are bracketed and grouped by the sensemaker who notices the variance from their frame by the accumulation of cues.

Sensemaking occurs all the time but once an interruption is experienced what is known as an "incipient state of sensemaking" occurs (Weick et al, 2005. p. 411). The sensemaker responds to the interruption by labelling, categorising, creating order, and working out "what's going on here?" Once they have a plausible explanation for what is going on they move on to "what action is needed?" Interruptions are a trigger to increased sensemaking where the sensemaker to focus on the interruption.

In the analysis process in the current study it became apparent that the concept of sensemaking could be an important diagnostic and explanatory tool in understanding the data as it was emerging.

INTERRUPTION: MANAGER NOTICES CHANGE IN PERFORMANCE

In this study what is being considered is what happens when a manager of an older volunteer is confronted by an interruption which is about noticing performance changes in that volunteer.

"What's going on here?"

The first element in the sensemaking process as it has been triggered by the interruption is consideration of the nature of the performance changes in a volunteer, and possible causes. This is the "what's going on here?" phase. The data shows that there are different sorts of variations which occur with older volunteers, and these generally fall into three categories – physical, cognitive and behavioural. These categories are not discrete and can occur together or at least be noticed as part of a composite change in performance.

The first of these is physical changes in capacity such as loss of hearing, inability to read rosters, lack of strength and increased frailty. These sorts of changes were easily identified by managers and volunteers alike, and while some simply required assistance for the volunteer (such as printing bigger rosters) some meant that the older person could no longer undertake the task they had previously undertaken (such as climbing on roofs to clean gutters). The second is a little more complex, and involves changes in cognitive capacity. These could be as simple as forgetfulness or an inability to grasp a new system: *She couldn't get it, and kept putting things where they used to go.* But could also be more complex, for example the volunteer who cannot remember that he is no longer licensed to drive the bus and turns up ready and willing to undertake this task which he had previously done for years.

Managers have the increased stress brought on not only by their own emotional response, but also by the difficulties associated with pinpointing specifics in the individual's performance about which to talk, and the increased difficulty associated with talking about things which had been noticed and bracketed but which were perhaps not yet specific enough to pinpoint. By the time cognitive changes such as memory loss or inability to process and categorise data have reached the point of being clearly identifiable and specific enough to talk about it may be that the individual's capacity to understand the discussion, to remember it, or to accept that such changes have taken place may be diminished or intermittent. Thus, the type of variation or change in the capability of the volunteer due to functional ageing brings with it increasing difficulty in pinpointing "what's going on here", increasing difficulty in talking about it, and increasing levels of anxiety for the manager.

Volunteers behaving badly

There was, however, a third group or set of changes which do not fit into the two categories above. Managers cited a range of behaviours which they saw as changes in behaviour from older volunteers: breaching confidentiality, either accidentally or deliberately; refusal to accept (often accompanied by denigration of) other people's ideas and suggestions; refusal to cooperate with (and sometimes anger) at change processes, including bringing in new helpers with different ideas; disruption to the work of others, perhaps simply by being there at unusual times or by talking to others who are trying to complete tasks; gossiping and undermining efforts in directions they do not agree with; confrontational behaviour when they feel that their views have not been adequately considered; badmouthing of the organisation to outside clients, or people who provide facilities and services which can be damaging to the organisation's reputation; and intransigence in the face of change – claiming it is their "right" to continue to do things the old way.

These behaviours were cited as examples of performance "decline" in "older" volunteers, but are all examples that when encountered in volunteers who may not be considered "older" would be seen as poor performance requiring management. Earlier research indicated that an organisational climate or culture of nurturing which valued the volunteers feedback delivered in a timely manner was often sufficient to improve such behaviour (Paull, 2000). So what makes it different in an "older" volunteer?

SOME PROPOSITIONS

A number of propositions arise in the analysis of this question. Firstly, some of the "symptoms" or cues noted as behavioural changes could be a sign of cognitive changes, including early symptoms of dementia. Secondly, if the person is chronologically "older", it is plausible that there is a connection here, that is, the knowledge and experience could lead to a quite plausible (to the manager) conclusion that this is the case. Two more factors enter into this equation. The first is the social taboo which seems to be associated with discussing or addressing ageing and dementia and the second is the contribution of the "social construction" of age which brings with it all sorts of assumptions.

Early signs of cognitive decline can include behaviours which are out of character, or decreased ability to comprehend or remember changes or instructions (Access Economics, 2003; Pieters-Hawke & Flynn, 2004). Sometimes individuals compensate for the changes in their behaviour, or become defensive or aggressive when approached or confronted. Data was not collected about these behaviours in such a way as to determine exactly which behaviours are a product of functional ageing, and which are the result of other causes. The fact that such behaviour can be an indication of declining functionality due to ageing is something about which the managers are often aware, and some have experienced (and thus is part of their frame or social understanding of their environment). The literature indicates that there is limited community awareness of the nature and types of early symptoms of dementia and related illnesses (Access Economics, 2003; Pieters-Hawke & Flynn, 2004).

Dangerous assumptions

The assumption by a manager that the behaviours are a product of age is partly due to the fact that in the noticing and bracketing of the behaviours in question, the manager also "notices" that the individual is "older" and factors this into their construction of understanding – it is plausible that the behaviour is a product of ageing. As was discussed earlier, the concept of "older" is part of a socially constructed understanding of ageing. In a sensemaking view of the process the interruption or changes in behaviour are noticed and bracketed. The frame has two elements: the behaviour of the individual until that point (where the manager has developed a certain expectation of a standard of performance) and an understanding that where "older" volunteers are involved there is a likelihood of changes in performance due to ageing. In this situation the cue is the change in behaviour, and the connection is the manager finding it plausible that the change in behaviour is a product of ageing. In the data in this study it was evident at times that volunteers were sometimes not categorised as "older" by managers until such time as a performance variation became apparent. The reverse was also true, and when asked to identify who are "older volunteers", functionality was one of the areas of description.

What do I do? – What action is needed?

The second part of the "incipient stage of sensemaking" is the decision, sometimes made almost simultaneously, as to what action is necessary. Further to the elements of the frame, namely the expected performance and the construction of ageing, the manager draws on their experience, knowledge, and skills in moving from the "what's going on here?" to "what action is needed?". Volunteers often self manage when they become aware of performance decline and so the decision on the part of the manager is merely to accept and support the volunteer's actions. When management action originates from the manager, a range of types of action are evident. Factors which contribute to the manager's action include the knowledge, skills, experience and organisational support available to them. Most managers report experiencing an emotional reaction to the realisation that the volunteer may be declining in functionality.

In addition to inaction which arises from not really knowing what to do, or to not being able to pinpoint the nature of the decline, and "no action", which is a conscious decision by the manager to wait and see, three types of actions emerged for the managers.

A task oriented approach

The first of these is a task oriented approach, which focuses on getting the job done. Most of the time this is successful and involves a restructuring of some element of the task (such as bigger fonts on rosters and instructions), reorganisation of work or reallocation of duties. But at times managers take away the volunteer's responsibilities without consulting them or take action seen as *dealing with us like we are naughty children.* Interpretation of manager's actions as impatient, intolerant, uncaring or simply rushed and task focussed were more often reported by volunteers than by the managers interviewed. The managers, however, talked of the time factor, and expressed frustration at the time it can take to provide support and assistance to a volunteer whose capabilities are changing. Even highly regarded managers can resort to impatient or frustrated behaviour when the goal is important, and the changing capabilities of the volunteer are slowing progress.

This type of reaction by the volunteers was grouped during thematic analysis as being a response to task oriented management approach to managing declining performance. The grouping of these reactions under a node which labelled the management response rather than the volunteer reaction was one which revealed two other types of management response: people oriented and partnership.

A people oriented approach

A second type of reaction by volunteers was grouped during thematic analysis as a response to people oriented management approach to managing declining performance. Managers talked about "my" volunteers in the way that parents talk about "my" children, and at times with a tone and approach which was warm and almost gushing. This is in contrast to the impatience and frustration discussed above. Managers are caring and concerned, but at times the volunteers found them to be vaguely solicitous and somewhat overly tactful. Volunteers also found some managers become patronising and belittling or resort to careful avoidance. Volunteer report managers as treating the volunteer as a "poor old thing" or taking away duties or activities for reasons which have been invented to avoid hurting or upsetting the volunteer. The volunteers did not want assumptions to be made about what they can and cannot do.

A partnership approach

The most welcome approach identified by volunteers was a dialogue or conversation between the manager and the volunteer as an equal, or at least as an experienced and respected person who is capable of making their own choices and decisions. Volunteers recognise that a manager faced with managing an individual whose capabilities have changed has a difficult situation on their hands: *You have got to do it…but it's not a very nice thing to do, is it?* and they recognise that they, too, might be the person about whom the manager is concerned, indicating a preference to be told rather than have the situation continued. Volunteers were in agreement that they would be hurt by being told that their capabilities were adjudged to be changing *No, I would not <u>like</u> to be told about it but hopefully I have got the maturity to see the wisdom of being told of it.* but they would rather hear directly of the situation:

> *But I do believe that most people of our age, even when we get aged, we appreciate the respect of being told directly instead of being patronized, by some little foible of an excuse.*

Overwhelmingly volunteers indicated a preference for being told if they were not doing what they should be doing in their volunteer work. The concept of partnership or dialogue between equals was further reinforced by the evidence of a successful peer evaluation process which had developed in the voluntary association out of a need to manage each other's performance. In this organisation

functional ageing was seen as a key challenge for this largely older volunteer workforce. The peer evaluation process is beyond the scope of this paper, but was successful in creating opportunities for dialogue about performance, both good and bad, thereby setting a framework for management of poor performance (see Paull, 2007).

Managers' views

Important to this discussion is the evidence in the data from the managers themselves about their concerns about how to manage "declining" performance. Managers reported feeling being ill-equipped to manage such situations, both in terms of their skills and their emotional responses. Some managers expressed concern at their lack of experience or training, and others indicated that they lacked the time to put a lot into managing one particular person or situation. The obstacles for managers are these:

- low self efficacy about discussing the possibility of declining performance with the volunteer;
- limited time availability when it comes to addressing issues which take time away from day-to-day, already time pressured activities; and
- limited skills and training in management of functional ageing.

Given that there is limited understanding in the community about dementia and cognitive changes associated with ageing, the limited understanding of the managers and of the volunteers about these is likely to be a contributing factor in this environment. The contextual contribution of the social construction of ageing and the "undiscussability" of ageing outcomes, in particular dementia, also add to the picture. There is evidence that early recognition of cognitive decline is of benefit to the individual because the earlier they are aware of it, the more they can do to slow the decline (Access Economics, 2003). Removing the taboo, the "undiscussability", of dementia, cognitive decline and other changes will be of benefit to the volunteer as well as to the manager, and to the management of the performance changes which have taken place. The older people who participated in this study have that indicated that they would prefer to be told when others think their performance is declining. The opportunity to address the situation themselves is one they feel offers them dignity and respect. It is, therefore, logical that the provision of training and the opening up of communication about these issues will empower managers to better manage the impact of functional ageing in their volunteers in partnership with the volunteers themselves.

Most of the time, if the "what's going on here?" sensemaking determines that there is physical decline, the manager approaches the volunteer, talks about what action to take, and makes a partnership agreement for action. If, however, the judgement made by the manager is that the "decline" is cognitive, it is more difficult for them. The factors which contribute to this difficulty can be summarised as:

- Managers find it more difficult to be confident about what they have witnessed/concluded.
- It is more difficult for them to talk about it with the volunteer for a number of reasons: classification of the decline as associated with "ageing"; some of the taboos associated with talking about functional ageing, them not feeling equipped to broach the subject or make a "diagnosis"; and in part due to being uninformed about the benefits of addressing such decline early.
- There is an increased level of anxiety associated with managing this situation.

What tends to happen is that the manager either focuses on the task and the goals in order to navigate a way out of the situation, and becomes impatient or less sensitive to the needs of the volunteer, or the manager focuses on the person in an attempt to be nurturing or caring, but at times reverting to a manner or style which disempowers the volunteer by making decisions on their behalf or patronising them. Sometimes both these responses occur.

Implications for management of older paid workers

This study confirms that chronological age is less than useful as an indicator of frailty, dependency and decline. Further, it reveals that the social construction of age contributes to the manner in which managers approach older volunteers. Similarly, cognitive ageing and dementia are revealed as sensitive areas where lack of knowledge and understanding, taboos and denials, and anxiety contribute to inadequate communication.

Whilst this study examined the management of unpaid workers, if managers in the paid workforce are to be prepared for the effects of functional ageing then training and support which enables them to benefit from the experience of older volunteers and their managers is required. Their ability to work out "what's going on here?" when changes in capability or variations in performance occur, and to work out "what action needs to be taken?" will be enhanced by training which helps them to determine the nature of the variation or change:

- physical change – which reduces the individual's capability to walk distances, climb on roofs, push wheelchairs, read rosters or hear in meetings;
- cognitive change – either associated with normal ageing which may slow the processes or require aids for memory; or
- behavioural changes - which are not associated with ageing but are merely poor performance; or
- changes associated with early signs of dementia and related illnesses.

In addition training and education which opens up understanding of dementia and related illnesses, and which encourages open communication and discussion will enable organisational members to assist sufferers with early identification and intervention in accordance with the best current advice from the medical profession. These are different types of training needs to those usually addressed by university studies or corporate training. They require personal and interpersonal self awareness and understanding.

Finally, incorporation of dialogue and a partnership approach into strategies to manage poor or declining performance, whatever the cause, will assist in the prevention of inadvertent discrimination against older workers which occurs because of inaccurate diagnosis of "what's going on here?" as being associated with ageing even when it is not, and of the adoption of demeaning task oriented or overly solicitous people oriented approaches by managers who are inadequately equipped to manage the performance of older people.

REFERENCES

ABS. (2007). *Australian social trends, 2007*. (CAT NO 4102.0). Canberra: Australian Bureau of Statistics. Retrieved from AUSTATS database.

Access Economics. (2003). *The dementia epidemic: Economic impact and positive solutions for Australia. Report prepared for Alzheimer's Australia.* Canberra: Author.

Avolio, B.J. & Barrett, G.V. (1987). Effects of age stereotyping in a simulated interview. *Psychology and Ageing*, 2(1) 56-63.

Cuddy, A.J.C., Norton, M.I. & Fiske, S.T. (2005). This old stereotype: The pervasiveness and persistence of the elderly stereotype. *Journal of Social Issues* 61(2) 267-285.

Drucker, P. F. (1989). What business can learn from the nonprofits. *Harvard Business Review*, 67, (4), 88-93.

Drucker, P. F. (1990). *Managing the nonprofit organization: Practices and principles*. New York: Harper Collins.

Encel, S. (1998). Age discrimination. In M. Patrickson & L. Hartmann (Eds.), *Managing an ageing workforce* (pp. 41-52). Warriewood, NSW: Woodslane.

Farmer, S. M., & Fedor, D. B. (1999). Volunteer participation and withdrawal: A psychological contract perspective on the role of expectations and organizational support. *Nonprofit Management & Leadership*, 9, (4), 349-367.

Hedley, R. (1992). Organising and managing volunteers. In R. Hedley & J. Davis Smith (Eds.), *Volunteering and society: Principles and practice* (pp. 93-119). London: Bedford Square.

Maurer, TJ, Barbeite, FG, Weiss, EM, & Lippstreu, M. (2008). New measures of stereotypical beliefs about older workers' ability and desire for development: Exploration among employees age 40 and over. *Journal of Managerial Psychology* 23(4) 395-418. Retrieved from Emerald database.

Paull, M. (2000). The management of performance by volunteers: The use of performance feedback. Unpublished Master of Business Thesis, Edith Cowan University, Perth, Western Australia.

Paull, M. (2007). Sensemaking and the management of older volunteers. Unpublished Doctoral Thesis, Edith Cowan University, Perth, Western Australia.

Pieters-Hawke, S & Flynn, H. (2004). *Hazel's journey: A personal experience of Alzheimer*'s. Sydney: Pan Macmillan.

Seabrook, J. (2003). *A world growing old*. London: Pluto.

Weick, KE, Sutcliffe, KM, & Obstfeld, D. (2005). Organizing and the process of sensemaking. *Organization Science*. 16(4) 409-421. Retrieved from Database: Informs.

Weick. K.E. (1995). *Sensemaking*. London: Sage.