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## **Hospice volunteers – their personal resources and engagement in voluntary service**

### **Wolontariusze hospicyjni – ich zasoby osobiste i zaangażowanie w wolontariat**

**ABSTRACT:** Hospice voluntary service is one of several kinds of voluntary services. It is a special kind because hospice volunteers provide care to the sick and dying and their families, that is those in crisis. The main research problem investigated in the article is expressed in the question: *What is the relationship between hospice volunteers' personal resources and their engagement in voluntary service?* The factors analysed in the study and treated by the author as resources include both socio-demographic factors and the respondents' life experiences and motivation to volunteer. The theoretical part of the study offers a review of the subject literature and presents the results of previous studies in the field. The method used in the empirical part was a diagnostic survey; an interview and a questionnaire were the techniques; and a questionnaire interview was the tool used for measuring respondents' engagement in voluntary service. The study revealed personal resources which are most closely linked with hospice voluntary service, and which include, among others, volunteers' personal experience of grief and mourning, and, most importantly, motivation stemming from their core values and the desire to do something more in life.

**KEYWORDS:** Voluntary service, volunteer, personal resources, motivation.

**STRESZCZENIE:** Posługa pełniona w hospicjum jest jednym z rodzajów zaangażowania wolontariackiego. Szczególnym, bo dotyczy pomocy osobom chorym, umierającym i ich rodzinom, a więc osobom będącym w kryzysie. Głównym problemem badawczym postawionym w artykule było pytanie: Jaki istnieje związek

pomiędzy zasobami wolontariuszy hospicyjnych i ich zaangażowaniem w postługę w hospicjum? Czynniki analizowanymi w badaniach i uznany przez autora za zasoby były zarówno cechy socjodemograficzne, jak również konkretne doświadczenia życiowe badanych oraz ich motywacje do podjęcia wolontariatu. W części teoretycznej zostały opisane literatura i wyniki badań zastanych dotyczących tematyki wolontariatu hospicyjnego i zasobów w tym wolontariacie. Metodą zastosowaną w badaniach był sondaż diagnostyczny zrealizowany przy pomocy techniki wywiadu i ankiety. Narzędziami były kwestionariusze wywiadu i ankiety. W wyniku analiz wyznaczono zasoby, które w największym stopniu są związane z zaangażowaniem w wolontariat hospicyjny, a są nimi między innymi: doświadczenie żałoby w życiu osoby podejmującej wolontariat oraz przede wszystkim motywacja związana z wyznawanymi wartościami i pragnieniem zrobienia czegoś więcej w życiu.

**SŁOWA KLUCZOWE:** Wolontariat, wolontariusz, zasoby, motywacja.

## Introduction

Hospice volunteers constitute a relatively heterogeneous group whose members differ in terms of both their socio-demographic background and their motivation to engage in voluntary services. The meta analysis of 30 studies devoted to various aspects of volunteering conducted between 1981 and 1997 revealed that most candidates to voluntary service are: white, married, middle-aged, well-to-do, not in employment, women, believers and religious (Starnes and Wymer 1999). The following personality characteristics proved conducive to a decision to embark on voluntary service: a high level of extroversion, openness, emotional stability, conscientiousness and compliance. Women turned out to be better hospice volunteers than men (Rohr, Wagner and Lang 2013), and volunteers are more often extroverted than introverted, governed by intuition rather than reason, and driven by feeling rather than thinking (Mitchell 1995; Krzesińska-Żach 2012; Heller 2012). In Poland over 70% of volunteer candidates are relatively well-off and do not cope with serious financial problems (Przewłocka 2011; Ochman and Jordan).

Motivation to undertake hospice voluntary service varies from individual to individual. Subject literature usually introduces the following motivational categories: altruistic, task-oriented, ideological, affiliative (connected with the need to be around people who think in a similar way), and egoistic (Górecki 2000; Tokarski 2011; Włodarczyk 2011; Basińska and Nowak 2010; Riffin at al. 2015; Kehl 2014; Wilmont 2015; Wiener at al. 2015; Jack at al. 2011). Spiritual motivation is also very strongly marked in hospice voluntary service, which was clearly demonstrated in a study including 58 volunteers in Mexico (Silverberg-Koerner, Shirai and Pedrozo 2013; Erasmus and Morey 2016).

Bearing all these difficulties in mind, it seems that the most pertinent question about voluntary service is not why people decide to become volunteers but why they remain in the service. Studies demonstrated that decisive factors

included the ones connected with their identification with both hospice values and their role of hospice volunteers (Winterich at al. 2013; Finkelstein 2008).

Over the past 30 years the hospice movement worldwide yielded over 4000 hospice and palliative care centres, which employ thousands of volunteers and professional personnel (Krakowiak and Stolarczyk, 2015).

## **Hospice volunteers and their service in a hospice**

Voluntary services in Poland are defined by the *Act on Public Benefit and Volunteer Work* (Ustawa o działalności pożytku publicznego i o wolontariacie), which describes a volunteer as “a natural person who provides services voluntarily and without remuneration, under the provisions hereof” (Act of 24<sup>th</sup> April, 2003 on Public Benefit and *Volunteer Work*, Journal of Laws, art. 96, item 873, as amended).

Referring to the Act, Jadwiga Przewłocka wrote that “a volunteer is a natural person who voluntarily and without remuneration provides services for non-governmental organizations, church (religious) organizations, social cooperatives, and various institutions within public administration” (Przewłocka 2011, p. 7). Marta Gumkowska added another dimension to this definition of voluntary service, which extends it beyond purely friendly relations: “voluntary service is unpaid, voluntary and conscious service to other people, extending beyond bonds that tie a person to his family, acquaintances and friends” (Gumkowska 2005, p. 3). A very similar definition is given by Piotr Krakowiak, who quoted it after the Support Office for the *Movement of Social Initiatives*: unpaid, conscious, voluntary service to other people, which reaches beyond family, acquaintances and friends (Krakowiak and Janowicz, 2008). He also added that “at present this term is defined in a broader context as an individual’s contribution to selfless, unpaid and non-professional activity performed for the benefit of the local community or the whole society” (Krakowiak 2012, p. 20).

Hospice voluntary service is a special form of voluntary service. The Board of Directors of the *Polish Hospice Forum* (Zarząd Forum Hospicjów Polskich) defines the tasks of hospice voluntary service in the following way: “hospice voluntary services provide comprehensive support to a terminally ill person in order to enable him to lead a dignified life until the moment of his natural death. Volunteers also provide support to families during a painful period when a family member is dying and during a bereavement period. A volunteer is a part of a team of people who take care of a sick person and his family. Volunteering is an integral part of hospice and palliative care” (Zarząd Forum Hospicjów Polskich, 2009, p.12).

The first hospice was opened in London in 1967 by Cicely Saunders, who said that “apart from painkillers, a hospice needs good people who will always find time to patiently listen to others, who can serve tactfully, who are fully engaged in what they do and remain calm at the same time” (Saunders 1980, p. 287). The requirement for hospice volunteers to be sympathetic, sensitive, delicate and empathetic was also mentioned by other hospice creators, e.g. Jacek Łuczak and Eugeniusz Dutkiewicz (Łuczak 1997; Dutkiewicz 1997a; Dutkiewicz 1997b).

A hospice is a place which can be best understood by referring to the Latin origin of this word, i.e. *hospes*, which meant: hospitality, inn, rest house for travellers, lodging (Weber, 2009; Grudziński, 2013). A hospice is not only a place. It is associated with people who offer hospitality of their hearts to the sick and dying. That is why first hospices were home hospices, and inpatient wards were created in response to a social need. The first hospices were based on voluntary services only, and a social need led to the expansion of their organizational aspects.

### **Personal resources in hospice services**

In psychology personal resources are most frequently defined as “attributes which support the strategies to which an individual resorts to cope with various life requirements (stressors)” (Heszen and Sęk 2008, p. 161). Resources can be divided into the ones possessed by a given individual, social networks, support groups, and the characteristics of the natural, physical, civilizational and cultural environments. The research part of the study focused on resources originating in a family as a source of support. From the psychological perspective, life competences are also valuable personal resources. Volunteer candidates’ motivation to embark on voluntary service can be treated as their resource as well.

Psychological definition of motivation states that it is “on the one hand, a disposition to initiate, maintain and direct particular forms of behaviour (...), and, on the other hand, current activity directed at realizing short- or long-term goals, which is accompanied by various feelings (emotions) and which engages other psychological processes (thinking, memory)” (Gasiul 2002, p. 223). In her *Report*, Jadwiga Przewłocka listed several types of motivation which drive people to embark on voluntary service in Poland (Przewłocka, 2010): pleasure (43%), a belief that someone will help me if I help others (32%), values (29%), contact with people and a way of spending free time (23%), acquisition of new skills (21%), doing what one’s friends do (18%),

not being able to say 'no' (13%), a debt to pay (4%), and an opportunity to gain experience for future work (2%). Another study devoted to international voluntary service conducted among 81 Polish volunteers revealed that 4,9% of the respondents hoped that their help would be reciprocated, 21,9% derived pleasure from it, 4,9% could not say 'no', 17% wanted to learn something. 4,9% hoped to visit other countries with an organization they worked for, 1,9% wanted to work in this organization later, 18,5% wanted to do something good, 4,9% felt a vocation to help others, and 1,5% were motivated by other factors (Ozóg 2012). A study including volunteers serving in China demonstrated that 14% of them decided to volunteer in an international setting because they wanted to travel, 72% wanted to help others, 62% wanted to gain new experiences, 45% were motivated by personal development, 21% wanted to gain practical experiences, 3% wanted to escape from life's demands, and 3% wanted a break from their everyday life (Jackson and Adarlo, 2016). This study clearly showed that motivation to become a volunteer can be strongly connected with volunteers' vested interest, connected e.g. with a need to experience new things in life, which is so frequent among adolescents. Studies conducted among young volunteers revealed that they were also guided by a desire to gain experience. 12 students from the University in Oradea listed the following kinds of motivations: altruism, self-satisfaction, the need to engage in something, professional development, experience, satisfaction with their patients' progress, spiritual satisfaction, and satisfying the need to help (Bacter and Marc, 2016). The study including 151 volunteers from the Republic of South Africa discovered that they found it easier to find a job than those who were not volunteers (Goodman and Tredway). Another study demonstrated that volunteers suffered from negative effects of job burnout and stress less frequently than non-volunteers (Ramos et al. 2016).

Voluntary service is an important area of activity also for older adults (Górecki 2016). It allows them to, for example, achieve goals not achieved earlier, use talents not used earlier, and pursue interests and hobbies not pursued earlier because of personal and professional duties. In other words, it can be said that – to some extent – voluntary activities play a compensating role for them, and values and contacts gained in voluntary service become their resources. The observation that older adults are more motivated by the desire to help others than younger volunteers was confirmed by the study covering a group of 144 volunteers aged between 19 and 76. This study also revealed that for younger volunteers a desire to build relationships was more important than for older ones; this expansion of one's social network can be treated as the expansion of one's personal resources (Omoto, Snyder and Martino, 2000).

The study conducted among 955 volunteers at the age 50+ demonstrated that engagement in voluntary service is strongly linked with individual personal resources from the area of interpersonal relationships (Principi at al. 2016). The study found that engagement in voluntary service can play a compensatory role for older adults, as it allows those who have inadequate skills in this area to enter into relationships. It also allows them to control their fear of their own laughter (Fabiś and Fabiś 2014).

The study carried out among 277 older volunteers from Oshar Lifelong Learning in the USA revealed that volunteering is also a way of implementing the principle of lifelong learning in life (Yamashita at al. 2017), which means that it also satisfies the needs connected with cognitive resources.

Hospice voluntary service is very important in volunteers' comprehensive development, as it affects their socialization, allows them to gain a different perspective to death and passing, teaches them greater sensitivity, tolerance, understanding and the importance of celebrating life (DiPizio 2014).

## **Data and methodology**

The study presented in the article was conducted in the period between 2012 and 2018 as part of the recruitment and selection process in which it was decided whether a candidate can join the team of volunteers at St. Lazarus Hospice in Kraków ([http://www.hospicjum.krakow.pl/index.php?option=com\\_content&task=blogcategory&id=72&Itemid=50](http://www.hospicjum.krakow.pl/index.php?option=com_content&task=blogcategory&id=72&Itemid=50), 2018). This hospice was the first hospice opened in Poland: the Society of Friends to People in Disease 'St. Lazarus Hospice' (Towarzystwo Przyjaciół Chorych 'Hospicjum im. św. Łazarza') was registered on 29<sup>th</sup> September 1981, and this date is considered to be its official opening, however, it should be remembered that it functioned as a home hospice already in the 1970s. At present the Hospice consists of: a home hospice, an inpatient ward (41 beds), Palliative Medicine Clinic, Lymphatic Oedema Clinic, and Dr Jan Deszcz's Club for the bereaved. Volunteers play a very important role in the Hospice, and their admission depends on the positive result of an obligatory recruitment and selection procedure, which was developed over the years.

People who want to join the team of medical volunteers and serve the sick, dying and their families have to go through a thorough selection procedure. First, candidates attend a volunteer course lasting several months and a short internship in the ward, which is followed by an interview with a psychologist and a volunteer team coordinator. Before the interview candidates fill in two questionnaires: a personal questionnaire and a questionnaire examining

their psychological predispositions to serve in the ward. After analysing the questionnaires and the interview, a decision is made whether a candidate can join the team or not. Those who are not allowed to serve the sick and dying are often offered a position in the administrative volunteer team, as this service requires less developed social and emotional competences.

The main research problem posed in this study was expressed in the question: *What is the relationship between hospice volunteers' personal resources and their engagement in voluntary service?*

In order to address the main problem, the following specific questions were formulated:

- *What are the links between volunteers' health problems and their engagement in voluntary service?*
- *What are the links between sickness and mourning in volunteers' families and their engagement in voluntary service?*
- *What are the links between volunteers' marital status and their engagement in voluntary service?*
- *What are the links between volunteers' education and age and their engagement in voluntary service?*
- *What are the links between volunteers' motivation and their engagement in voluntary service?*

The variables analysed in the study included: engagement in voluntary service, age, education, marital status, volunteers' health problems, sickness and mourning in volunteers' families, and volunteers' motivation. Volunteers' engagement in voluntary service was measured by the team coordinator's opinions. The other variables were measured by volunteers' statements and declarations provided in personal questionnaires and during admission interviews. The method used in the study was a diagnostic survey, while the techniques included an interview and a questionnaire. The tool used for measuring engagement in voluntary service was a questionnaire interview with the team coordinator about a particular volunteer conducted several months after s/he had begun voluntary service. The coordinator provided information on whether and where a given person took up the service (an inpatient ward or a home hospice). The interview with candidates was a semi-structured one. Candidates were asked about their motivation and illnesses, about illnesses and mourning in their families (one of the rules in the hospice prohibits applying for voluntary service within one year after the death of a close relative). The personal questionnaire provided information on candidate's age, education and marital status, and questions about these factors also frequently appeared during the admission interview. Motivation revealed during the interview was

ordered in the following way (on a scale from the most selfish to the most selfless), taking into account its following types:

- no particular reasons for volunteering (e.g. *I have a lot of time and I want to do something with it*) (0);
- loneliness (1);
- compensating for any injustices or deficiencies in the care of a loved one in the past (2);
- looking for a friendly environment (3);
- compensating for one's own problems, mainly personality problems (4);
- external motivation – somebody's recommendation (5);
- one's core values (6) and
- the desire to do something for others, in the service of God (7).

The data were analysed with the use of statistical methods. In the first stage, the Chi-square test was applied to investigate the links between qualitative variables. In the second stage, the variables were treated as scales; motivation being a scale running from the most selfish to the most selfless. Volunteers' own illnesses, mourning, personality problems, diseases in the family were treated as dichotomous variables. Education was treated as an ordinal scale running from primary to tertiary education. At this stage, the Spearman's rho test and the Kruskal-Wallis test were used. Finally, a nested analysis of variance was applied to establish the links between variables.

The study group consisted of 318 people, including 258 women and 60 men<sup>1</sup>.

The study group consisted of 140 respondents with university degrees (44%), 106 respondents who had completed vocational training (33%), and 70 respondents who had attended secondary schools (22%).

Most respondents were single (245 – 77%), and 39 of them were married (12%). The average age in the study group was 42.

More people attended the first courses than later ones, which is connected with the fact that at the beginning they were organized less frequently. Currently, one course is usually held in autumn and another in spring. The arrangement of courses in 2017 and 2018 is dictated by the fact that the autumn course often ends in the following year.

267 respondents (84%) had no contact with a terminal or chronic disease in their family. 52 of them (16%) struggled with their own chronic

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<sup>1</sup> The respondents were candidates for volunteers. However, since most of them became hospice volunteers after completing the course and their engagement in voluntary service was examined in this capacity in this study, the article uses the terms volunteer and volunteer candidate interchangeably.



or terminal disease. 132 people (42%) suffered from various psychological or personality difficulties (DDA, neurotic disorders caused by crises, personality disorders and mental illnesses). 63 people (20%) faced the death of a loved one. Generally, these data revealed certain lacks in respondents' personal resources. Paradoxically, however, the situation of a certain lack might be a resource in itself if it leads to greater sensitivity. Cicely Saunders said, as was already mentioned above, that "we need such people – people with in-depth understanding of those who suffer because they have suffered themselves" (Saunders, 1980, p. 288). The founder of the Hospice of St. Christopher herself had serious problems with her spine: after the surgery she had to use a wheelchair till the very end of her life (Du Boulay and Rankin, 2009).

A large number of respondents did not have particular motivations for embarking on hospice voluntary service or did not openly reveal them (101 people – 32%). 70% of the respondents were guided by their vested interest and external motivation. 30% (97 persons) were motivated by more selfless factors connected with their core values and the desire to do something more in life (most often because of their faith). 65 respondents (20%) who took part in the study still volunteer in the hospice: 62 in the inpatient ward, 1 in the home hospice, and 2 both in the home hospice and in the inpatient ward.

## **The results**

The analysis of the data was conducted according to the key to the responses to specific research questions, which made up the answer to the main research problem concerning the relationship between the volunteer candidates' personal resources and their engagement in voluntary service.

### **The relationship between respondents' health problems and their engagement in voluntary service**

The analysis carried out with the Chi-square test indicated a significant link between respondents' chronic or terminal disease and their engagement in voluntary service in the hospice (Chi-square = 8.18;  $p = 0.04$ ). However, the strength of this correlation measured by Spearman's rho was not statistically significant ( $p = 0.90$ ).

In a group of respondents who did not begin their voluntary service, the expected number of those who had not suffered from a serious disease was statistically higher than the actual number observed.<sup>2</sup> In a group of those

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<sup>2</sup> In the remaining part of the article only statistically significant relations will be reported.

who became volunteers in the inpatient ward, the dependencies were opposite: the number of those who had not suffered from a serious disease was higher than expected. Thus, it can be concluded that one's own disease is not a good motivation to embark on voluntary service.

The relationship between respondents' psychological and personality difficulties and their engagement in voluntary service analysed by means of the Chi-square test turned out to be statistically significant (Chi square = 7.81;  $p = 0.05$ ). The strength of this relationship measured by Spearman's rho also proved statistically significant ( $p = 0.05$ ).

Also in this case, the number of people who did not become volunteers was statistically significantly higher than the number expected in the group of people who had not experienced psychological and personality difficulties. On the other hand, in the group of people who began their voluntary service in the inpatient ward, more than expected had not experienced psychological and personality difficulties. Thus, also in case of this variable, it can be concluded that psychological and personality difficulties are not a good motivation for voluntary service.

In the second stage, the variable *voluntary service* was treated as a scale running from not embarking on it (0) to serving both in the inpatient ward and in the home hospice (3). One's own illness and one's own psychological problems were treated as a dichotomous variable. The Spearman's rho test was used and it did not reveal any significant links between volunteers' diseases and their engagement in voluntary service, however it indicated a significant correlation between psychological problems and engagement in voluntary service ( $p < 0.05$ ;  $\rho = -0.11$ ). This dependency was negative, which means that experiencing personality and psychological difficulties tend to lead to a decision not to embark on voluntary service. This result was confirmed by the Chi-square test.

#### **The relationship between sickness and mourning in volunteers' families and their engagement in voluntary service**

The relationship between sickness and mourning in volunteers' families and their embarking on voluntary service measured by the Chi-square test turned out statistically insignificant (Chi square = 2.89;  $p = 0.40$ ).

The relationship between sickness and mourning in volunteers' families and their engagement in voluntary service measured by the Chi-square test was statistically significant (Chi square = 9.75;  $p = 0.02$ ). Its strength measured by Spearman's rho also proved statistically significant ( $p = 0.005$ ).

The number of respondents who did not experience mourning is statistically significantly higher than expected in the group of those who did not decide to become volunteers, while the number of respondents who did not experience mourning is statistically significantly lower than expected in the group of those who began their voluntary service in the Hospice. The results obtained for respondents who did not experience mourning were opposite: the number of those who became volunteers was greater than expected in this group. This indicates that the experience of mourning, even if sometimes candidates have to wait to begin their voluntary service with the sick and dying, is a motivating factor.

During the second stage, the variable *voluntary service* was treated as a scale running from not embarking on it (0) to serving both in the inpatient ward and in the home hospice (3). Respondents' experiencing mourning after the death of a close one or not was treated as a dichotomous variable. The Spearman's rho test was used and it did not show any significant links between sickness in volunteers' family and their engagement in voluntary service. However, it showed a statistically significant relationship between their mourning and engagement in voluntary service ( $p < 0.05$ ;  $\rho = 0.15$ ). This relationship was positive, which was further confirmed by the Chi-square test, which confirms the claim that people who have experienced mourning are more willing to engage in hospice voluntary service.

#### **The relationship between volunteers' marital status and their engagement in voluntary service**

The analysis of the Chi-square test revealed statistically significant relationships between respondents' marital status and their engagement in voluntary service (Chi square = 30.15;  $p = 0.001$ ). The strength of the relationship measured by Spearman's rho also turned out to be statistically significant ( $p = 0.001$ ).

The number of single and divorced respondents who did not begin voluntary service was higher than expected, while the number of widowed and married respondents who became volunteers in the ward is higher than expected. It seems that widows, widowers and married people are more likely to volunteer in a hospice.

During the second stage, the variable *voluntary service* was treated as a scale running from not embarking on it (0) to serving both in the inpatient ward and in the home hospice (3). This variable was compared with respondents' marital status using a non-parametric Kruskal-Wallis test. Its results revealed that this relationship was statistically significant ( $H = 23.90$ ;  $p = 0.001$ ).

The post hoc test showed a significant difference between single and married respondents ( $Z = 3.07$ ;  $p = 0.01$ ). Among those who wanted to become volunteers, married ones remained in the service more frequently than single ones, however, single ones were more likely to serve in the home hospice and both in the inpatient ward and in the home hospice.

#### **The relationship between volunteers' education and age and their engagement in voluntary service**

The analysis of the Chi-square test revealed statistically significant relationships between volunteers' education and age and their engagement in voluntary service (Chi square = 22.39;  $p = 0.007$ ). The strength of the relationship measured by Spearman's rho turned out to be statistically significant ( $p = 0.005$ ).

The number of respondents with vocational training who did not begin voluntary service was higher than expected, and the number of respondents with secondary and tertiary education was lower than expected. The number of respondents with secondary and tertiary education who became volunteers was higher than expected, which leads to a conclusion that well educated people are more likely to volunteer in a hospice.

During the second stage, the variable *education* was treated as a scale running from 1 (primary education) to 4 (tertiary education). The variable *voluntary service* was treated as a scale running from not embarking on it (0) to serving both in the inpatient ward and in the home hospice (3). The relationship between them was studied using Spearman's rho test, which turned out statistically significant ( $p < 0.05$ ;  $\rho = 0.16$ ) and positive, and this finding was confirmed by the results of the Chi-square test. It indicates that the higher the respondents' education, the greater their engagement in voluntary service.

The relationship between volunteers age and their engagement in voluntary service was also examined, but was not statistically significant.

#### **The relationship between volunteers' motivation and their engagement in voluntary service**

The relationship between volunteers' engagement in voluntary service and their motivation measured by the Chi-square test turned out to be statistically significant (Chi square = 50.02;  $p = 0.001$ ). Its strength measured by Spearman's rho was also statistically significant ( $p = 0.001$ ).

The number of respondents without a particular motivation who did not begin voluntary service is higher than expected, while the number of respondents motivated by their core values and a desire to do something more

in life is lower than expected. The number of respondents motivated by their core values and a desire to do something more in life who became volunteers is higher than expected, while the number of respondents without a particular motivation is lower than expected. These results lead to a conclusion that people who decide to embark on voluntary service and remain in it are the ones who are motivated by selfless motivation linked with their core values (most frequently connected with their faith).

During the second stage, the variable *voluntary service* was treated as a scale running from not embarking on it (0) to serving both in the inpatient ward and in the home hospice (3). The variable *motivation* was presented as a scale from 0 – no particular reasons for volunteering to 7 – motivation connected with the desire to do something more in life. The relationship between them was analysed by Spearman's rho test and turned out statistically significant ( $p < 0.05$ ;  $\rho = 0,29$ ) and positive, which suggests that the stronger engagement in voluntary service, the more selfless motivation (with the assumption that motivations connected with values and the desire to do something more in life are the most selfless).

Finally, the study examined the degree to which motivation was related to other variables treated as respondents' personal resources, i.e. their own health problems and chronic disease and death in their families. The nested ANOVA model was used for the analysis, with motivation as a nested factor. It turned out that, apart from the already confirmed observation that motivation was linked with voluntary service on a statistically significant level, also the relations between voluntary service and volunteers' mourning nested in motivation were statistically significant ( $F = 2.752$ ;  $p = 0.006$ ). People most likely to embark on voluntary service were the ones who had experienced mourning, who were motivated by loneliness and a desire to compensate for any injustices or deficiencies in the care of a loved one in the past, who followed their friends' recommendation, and who were guided by their core values, most frequently dictated by religious beliefs. Among those who had not experienced mourning, those who wanted to do more in life were more likely to embark on voluntary service.

## Discussion

The analysis of the results obtained in the study confirmed the existence of a wide range of hospice volunteers' motivations (Przewłocka 2011; Ozóg 2012; Jackson and Adarlo 2016). It seems, however, that only certain motivations (the most selfless ones) act as personal resources which strengthen vol-

unteers' service in a hospice. Volunteers' core values (especially the ones related to their faith) and satisfaction with life lead to a desire to do more for others, to share what they have, and are the resources which increase the likelihood of remaining in hospice voluntary service for longer.

Other studies demonstrated that volunteering was particularly important for older adults (Omoto, Snyder and Martino 2000; Principi et al. 2012; Górecki 2016), many of whom looked in this service for what they had not achieved in life, for support, and for a friendly environment. This study only partially confirmed these findings. The most important result obtained in this study was the link between mourning and the length of voluntary service: people who had experienced death of their loved ones were most likely to remain in voluntary service for longer. This dependence was also confirmed for widows and widowers, yet not for single persons, nor for those who were chronically ill themselves, nor for those experiencing psychological and personal problems. Summing up, personal resources which are conducive to remaining in voluntary service include the experience of the death of a loved one and – related to it – in-depth understanding of those who go through the same painful experience when their loved ones are in a hospice.

## Conclusions

Hospice voluntary service can be compared to voluntary service in other places only to some extent. Volunteering in this institution is not spectacular, and it does not bring benefits frequently associated with volunteering in today's world (free training, trips, language learning, additional points for school/university application, etc.). It requires a high level of personal maturity associated with internal confrontation with one's own weakness and mortality, which might be the reason why more middle-aged and older volunteers serve in hospices.

The study demonstrated that facing one's own illness and suffering was not always a resource that increased the likelihood of remaining in hospice voluntary service. The only resource that turned out to achieve it was volunteer's mourning after the death of a loved one. Widowers and widowers usually remained in hospice voluntary service longer than other volunteers. Most probably by having to deal with the death of their spouse they gained the ability to help those who also faced the death of a family member.

Volunteers' motivation to embark on voluntary service turned out another very important resource. People with more selfless motivation, who wanted to become volunteers because of their core values, people who were satis-

fied with their lives and achievements, and would like to share it with others remained in the service longer than others.

To sum up, the study confirmed that certain difficulties and suffering experienced in one's life can become a valuable resource in e.g. volunteering in a hospice. However, fundamental satisfaction with one's life remains the volunteers' basic resource, because you can give something to others only if you have it yourself.

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