10-22-2004

Hospital Volunteers: A Study of Motivation

Judith Blanchard
University of San Francisco

COPY EDITING APPROVAL

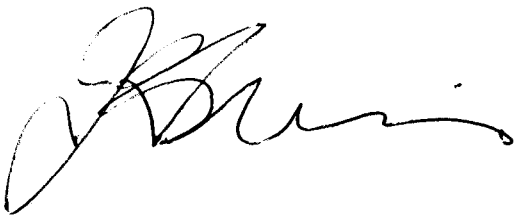
Master of Nonprofit Administration
College of Professional Studies
University of San Francisco

The thesis

Hospital Volunteers: A Study of Motivation

by Judith Blanchard

has been reviewed and is given copy-editing approval by



Jack Ellis
Copy Editor

October 20, 2004

Hospital Volunteers: A Study of Motivation

A THESIS SUBMITTED

By

Judith Blanchard

In Partial Fulfillment of the Requirements

For the Degree of

Master of

Nonprofit Administration

The University of San Francisco

October 22nd, 2004

Hospital Volunteers: A Study of Motivation

This Thesis written by

Judith Blanchard

This Thesis, written under the guidelines of the Faculty Advisory Committee and approved by all its members, has been accepted in partial fulfillment of the requirements for the degree of:

Master of Nonprofit Administration

at the

University of San Francisco

Research Committee:

Kathleen M. Fletcher
Chairperson

Second Reader

Program Director Date

Dean Date 10/27/04

TABLE OF CONTENTS

Abstract iv

Vita Auctoris v

Acknowledgements vi

Table vii

List of Appendices viii

Introduction 1

Chapter One: Review of Literature and Delineation of Problem 8

Chapter Two: Methodology 23

Chapter Three: Results 31

Chapter Four: Summary and Conclusions 57

References 71

Appendices 74

ABSTRACT

This study was conducted using in-depth interviews of 21 hospital volunteers to determine what motivations were operative in their choice to volunteer in a hospital and to determine whether any significant differences with regard to their motivation could be ascertained on the basis of age or gender. The study further probed the satisfaction and needs of these volunteers relative to their choice and motivation.

The study found that a combination of altruistic concerns, personal interests, and needs were fundamental to the study participants' volunteer choices. No clear differences in motivation were found on the basis of gender. Retirement from employment was the single most often shared external factor influencing study participants' decisions to volunteer. The findings regarding volunteer job satisfaction were favorable and positive interactions with patients and staff were significant to that satisfaction.

This study demonstrated that motivations to volunteer in a hospital were complex and often specific to the role adopted by the volunteer.

VITA AUCTORIS

Name:	Judith Blanchard
Date of Birth:	September 5, 1948
High School:	Mercy High School San Francisco, California
Graduated:	1966
Baccalaureate Degree:	Bachelor of Arts
College:	San Francisco College for Women San Francisco, California
Graduated:	1970

ACKNOWLEDGEMENTS

I would first of all like to thank the staff of the hospital volunteer office for their invaluable assistance and support. They were responsible for turning my proposed study into a reality.

I am also indebted to the volunteers who participated in this study for taking the time to frankly share with me their thoughts, experiences, opinions and feelings. Witnessing the combination of their unique perspectives and common concern for others has made me hopeful.

I cannot convey how much the support of my life partner Rick has meant to me. His sacrifices, assistance, and patience were critical to my completion of this project.

I would also like to acknowledge my advisors Kathleen Fletcher, Ed.D., Karen Schanche, LCSW, and Carol Silverman, Ph.D. Their guidance and encouragement is truly appreciated.

In light of the theme of this study, I have always been inspired by my very busy parents Thomas and Kathleen Blanchard, who were always gracious with their time and respect for others. I am also grateful to them for my special siblings, in particular, my brother Bill who, despite incredible hardship, has demonstrated an unsurpassed spirit of extraordinary generosity, awareness and kindness.

This effort, such as it is, is dedicated to my friend Bernadette, who was always optimistic and ambitious for me during this venture. Would that she could have been with me all the way through.

TABLE

Table 1. Sample Population Distribution by Gender, Age, Years Volunteered and Education 31

LIST OF APPENDICES

Appendix A: .....Notice to Volunteers

Appendix B: .....Informed Consent

Appendix C: .....Interview Outline

INTRODUCTION

Over the last decade, volunteering has enjoyed popularity as a theme in national political rhetoric and as a focus of study in the expanding literature of the Nonprofit Sector. A recent sampling by the Bureau of Labor Statistics (2003) reported that at some time from September 2002 to September 2003 63.8 million people in the United States did volunteer work, representing 28.8% of the civilian, noninstitutional population aged 16 and over. The data on volunteering gathered by the Bureau of Labor Statistics (BLS) is specific to volunteers defined as "persons who did unpaid work (except for expenses) through or for an organization" (p. 1). Organizations, such as churches or civic groups, are described as associations or societies in which a common interest is shared. Of the eight major categories of organizations presented, hospital or health organizations, whose volunteers were the focus of this study, accounted for 8.2 % of the total unpaid labor force represented in the BLS report.

For purposes of this study, volunteers were defined as individuals who engaged in unpaid activities for and under the administrative umbrella of a hospital organization and from whom a certain commitment of hours was understood to be part of the contract, written or otherwise, between the volunteer and the organization. The study primarily focused on volunteers whose tasks or duties routinely required that they had some interaction with patients. The study sought to identify the motivations of such volunteers, beyond those which inspired or compelled the individual to offer their time and talents free of monetary consideration, and those related to the psychological (or other) benefits realized from being associated with a particular institution. Specifically, the question was asked: Why do individuals, on a voluntary basis, choose to work in a hospital and what

are the attitudes and needs of those who work with people whose health is frail, threatened, or compromised?

The study further looked at whether a discernible difference in motivations existed between genders and what impact age may play on the management of this rather limited segment of the total unpaid labor force in years to come.

Background

Historically, care for the ill and physically frail was primarily the role of religious orders or benevolent members of the community, as well as family members. Nursing as a profession was not fully developed until (relatively) recently in the United States and much is written of the many volunteers, primarily women, who lent their service to tending the wounded and sick during the major wars and epidemics which plagued the latter part of the 19th and early part of the 20th century. With monumental strides taken by the healthcare system in the twentieth century, such as the establishment of many more hospitals and clinics, professionalization of medical caretakers, eradication of epidemic diseases and improved clinical management of symptoms, the role of hospital volunteers in tending to the needs of the sick changed dramatically. By the mid-20th century, the role of hospital volunteers in patient care was more ancillary. Direct services required of volunteers may have continued to include the provision of psychological support and physical comfort, but the volunteers' responsibility for hands-on care was not that of their forebears. After World War II, the volunteer pool drew mainly upon unemployed married women or students, whose responsibilities began to include more administrative tasks and whose involvement was often linked to or governed by a volunteer resource group.

Currently, the hospital volunteer experience is likely to be different from that of the mid-20th century volunteer, though hospitals still rely on that pool of dedicated volunteers who started 40 and 50 years ago. Recruitment and management of volunteers in urban hospitals is now more routinely handled by staff administrators, union influence may preclude a hospital from using volunteer labor for such tasks as transporting patients, health regulations generally preclude a volunteer from having contact with human blood or waste products, and joint hospital commission standards include screening requirements which might now exclude or discourage those who would have been welcomed on the basis of their willingness and availability in earlier times.

Demographics

Approximately 25.1% of men and 32.2% of women volunteered during the year ending September 2003. (Bureau of Labor Statistics, 2003). The volunteer rate indicated for 16- to 24-year-olds was 24.1% and 23.7% for persons 65 years or over. In looking at the percentage distribution by type of organization, the hospital or other health category registered 9.6% for women and 6.3% for men. With regard to the percentage distribution by type of organization by age, 20- to 24-year-olds led in the hospital/health category with 11.2%, followed by individuals 65 and over at 10.9%. These statistics are significant for hospital volunteer managers because there may be meaningful differences in the socialization, motives, circumstances, and experiences which characterize the generations who are most active in providing them with unpaid labor. Twenty-first century hospital volunteer pools will change with the attrition of their older, loyal members. In order to retain a reasonable volunteer pool, managers will need to understand and address the

impact of this change and the reasons why persons are willing to devote their volunteer time to a hospital environment.

In this study, in-depth interviews were conducted with a sample group of hospital volunteers. Participants were questioned regarding their volunteer motivations and experience. Information from the interviews was analyzed to determine what common characteristics were shared by the volunteers and what factors influenced the volunteers' decisions to choose this area of community service. During the interview sessions, subjects were allowed to fully explain the life experiences, values, interests, and needs which prompted their choice to work in a hospital setting. Participants who had close contact with patients or patients' families were asked to discuss the significance of that aspect of their volunteerism and what circumstances might have prompted them or prepared them to work with people in frail health. Responses were reviewed to ascertain the significance, if any, of gender socialization factors with regard to motivation, areas of interest, or commitment. Data were further analyzed to determine whether previously calculated ratios between male and female hospital volunteers might be changing based on the differing motivations, socialization, and circumstances of the younger generation of volunteers.

The Need for Hospital Volunteers

It would seem that the increases in professional health staff, successes in combating infectious diseases, and efficiencies in treating injuries combined with the imposition of prohibitive regulations, employment issues, and trends towards more limited hospitalization would imply a reduced need for unpaid labor in the nation's hospitals and health care facilities; nevertheless, certain practical considerations may indicate

otherwise. There is currently a recognized shortage of healthcare staff in Northern California hospitals and, as in other industries, an increasing layer of administrative requirements that compete for a caregivers' time with their patients. Under no circumstances can a volunteer substitute for a paid health professional in providing medical care (even though that volunteer might share some technical or clinical expertise); however, if patient care is viewed holistically, volunteers can play a role. Realistically, certain non-medical perfunctory needs of patients cannot be readily handled by professional staff and psychological comfort provided by anyone cannot be overestimated. Helping a patient with temporary or permanently impaired hand function to get a drink of water, providing respite for a parent who has lived for weeks in a tiny hospital room with their critically ill child, or spending time with a lonely elder, all make the patient experience more bearable. Despite the tremendous achievements of health researchers and practitioners, new viruses with associated opportunistic diseases, the increased life expectancy but inevitable infirmities of the aged, traumatic injuries due to unanticipated disasters and acts of aggression, and the special needs of those who will rely on the cutting-edge surgical and intervention treatments afforded by some of our best health and research centers, all imply that new patient groups will continue to require hospital time and space.

Studies have been done on volunteer costs (e.g., Grantmaker Forum on Community & National Service, 2003, Handy & Srinivasan, 2004), and each hospital volunteer coordinator likely has some formula for budgeting and justifying whatever expense is associated with the retention of unpaid labor. The volunteer manager must weigh the cost of screenings, (e.g., TB clearance, background check), training, and staff time

(supervision) with the individual value of the volunteer. In some instances, the administrative tasks performed by a volunteer, as compared with full time equivalent (FTE) staff, might clearly represent a savings, whereas in other instances the volunteer's contribution is less tangible. However, under any circumstances, the hospital volunteer is both a practical and economic resource for the hospital.

Significance

Volunteerism is intrinsic to nonprofits. Volunteerism in hospitals is civilly and ethically responsible. Professional staffs need assistance in providing moral support to their patients, patients need assistance in having practical and psychological needs met, and volunteers need affirmation of the worth of their service. Assuming that the value of volunteers is recognized, establishing effective recruiting and retention strategies is indicated for hospital administrators. There is evidence that over time the ability of hospital volunteer programs to attract committed volunteer staff has been, and will be, challenged by changing demographics and motivations, as well as by competition from other types of organization in the expanding nonprofit arena.

This study intended to identify the needs and interests of volunteers who chose to devote their uncompensated time to assisting hospital personnel in providing care and comfort to patient populations, in the hope that it may enlarge the body of information available to those concerned with this volunteer population and volunteer motivation in general. We know generally who, on a demographic basis, volunteers at hospitals, but not much is known about why they have chosen to work in this area of service as opposed to other environments or how their ultimate experience justifies that choice. In addition, the issue of whether differences exist among genders and age groups with regard to their

willingness or interest deserves more exploration. Existing research has not fully explored these questions.

Without a better understanding of motivation, the industry cannot maximize its recruitment and management efforts. Without a better understanding of how those motivations are realized, the industry cannot maximize its retention efforts. There are diversity and social capital issues to be explored, as well.

CHAPTER ONE: LITERATURE REVIEW

Volunteerism, as a concept, has multiple dimensions. Volunteerism may be formal or informal, a life-long commitment of labor, or a single, spontaneous act. Generally, certain assumptions apply to any volunteer act, not the least of which is that whatever form it takes, it is unpaid. "Volunteer activity is work performed without monetary recompense." (Freeman, 1997, p.2). Another assumption is that, whatever the act, it somehow benefits others, who may frequently be unknown to the volunteer. One further assumes that the volunteer act is uncompelled, done by choice, freely provided: "because volunteers typically help people with whom they have no prior contact or association, it is a form of helping that occurs without any bonds of prior obligation or commitment to the recipients of the volunteer services" (Omoto & Snyder, 2002, p. 847).

In trying to determine the motivations of hospital volunteers, consideration must be given to the expectations of time and affiliation which are implicit in the form of service they have chosen. The model of volunteerism appropriate to hospital volunteers includes uncompensated and uncompelled, beneficial actions characterized by proactive commitment and performed in the context of formal association. These concepts were summarized in definitions by Clary et al. (1998), who described the "defining and characteristic features of volunteerism as voluntary, sustained and ongoing helpfulness" (p.1517), and Penner (2002), who defined volunteer activity as "long-term, planned prosocial behaviors that benefit strangers and occur within an organizational setting.... [V]olunteerism has four salient attributes: longevity, planfulness, nonobligatory helping and an organizational context" (p.448).

The Value of Volunteerism

Volunteerism is probably most recognized for its intangible, personal contributions and value, "significant personal sacrifices for another person, particularly when that person is a stranger" (Clary et al., 1998, p.1516); however, the literature has recently focused on its economic and practical benefits as well. Menchik and Weisbrod (1987) noted that "the substantial aggregate importance of volunteer labor as an input, its special importance in certain industries producing collective-type goods — e.g., health, education and charity — its particular importance in the 'nonprofit' segment of those industries, and the nature of the supply function for volunteer labor, have been overlooked" (p.159). Referring to an attempted 1980 estimate on volunteer labor, they concluded, "...even the lower figure had an imputed value of some $64 billion, which greatly exceeds the $48 billion of money and property contributions to tax-exempt organizations in 1980" (p.160).

Wilson and Musick (1997) theorized that "volunteer work is a productive activity... A market exists for volunteer labor, much like the market for paid labor" (p.695). Freeman (1997) concluded that his study showed that "volunteering is a substantial input into the American economy and that persons with considerable human capital/opportunity cost of time volunteer more than others" (p. 161). In its most recent study of giving and volunteering in the United States, the Independent Sector (2001) claimed that in the year 2000 " the formal volunteer workforce represented the equivalent of over 9 million full-time employees at a value of $239 billion" (p. 2).[1]

[1] Volunteer data is for non-institutionalized, "individual adults over the age of 21 who report service for an organization."

The scope and impact of volunteerism in the United States and elsewhere is impressive. With all its dimensions, volunteerism is generally reflective of a healthy social consciousness. In some arenas, where volunteer engagements are influenced by community concerns, actions and involvement may be the catalyst for social change. According to Omoto and Snyder (2002), "volunteers, volunteer efforts, and many volunteer organizations are embedded in a community context. This community context both influences the volunteer process and can be the target of volunteer efforts" (p. 863).

Volunteering Motives

In general, the literature suggests that both altruistic and egoistic motives underlie an individual's choice to volunteer. Scholars and researchers in the fields of psychology, sociology, and economics have proposed various hypotheses and models for studying volunteer motivation. Although each theory has its own terms and design, there is some similarity or overlap in the fundamental reasoning by which motives are segmented and characterized in these studies.

Some researchers advocate functional analysis theory as a credible approach to analyzing volunteer motivation. Clary et al., (1998) noted that functionalism was "explicitly concerned with the reasons and the purposes, the plans, and the goals that underlie and generate psychological phenomena" (p.1517). They proposed six themes for motivational functions served by volunteerism: values, understanding, social, career, protective and enhancement. The functionalist approach to volunteerism suggests that volunteers can be recruited and sustained by appealing to and satisfying their psychological functions.

Penner and Finkelstein (1998) referred to a test developed to measure a personality characteristic relevant to the study of volunteerism, "Prosocial Personality Orientation," defined as an "enduring tendency to think about the welfare and rights of other people, to feel concern and empathy for them and to act in a way that benefits them" (p.526). Two correlated factors of the prosocial personality are measured: other-oriented empathy, or prosocial thoughts and feelings; and helpfulness, prosocial behavior.

Two theoretical models have been established in the literature. Grube and Piliavin (2000) applied the theory of role identity, "components of the self that correspond to the social roles we play" (p.1108), to their study of volunteer determination and performance. They hypothesized that "general role identity as a volunteer will be predicted by expectations of significant others...and will predict volunteer role performance" (p.1109). Omoto and Snyder's (1993, 1995) volunteer process model considered the combination of prior personal circumstances, current experience, and consequences as well as personal motives and social needs in analyzing a volunteer's willingness to help and ongoing commitment to their volunteer role.

The literature has multiple references to the practical rewards or consequences of volunteerism. In the discussion of her survey testing the hypothesis that some people volunteered in order to satisfy needs not satisfied through other activities, Miller (1985) concluded, "the results of this study suggest that some people, especially those with internal loci of control, volunteer in order to obtain satisfactions they do not receive from their regular employment" (p. 120). Utilizing human capital theory in their study of married women's volunteer participation, Schram and Dunsing (1981) determined that human capital returns (e.g., improved skills, knowledge, or health) had an influence on

married women's' decisions to volunteer. In their review of the literature from an economist's perspective, Govekar and Govekar (2002) summarized several theories of motivation. They reviewed the "private goods" and "job skills" models, which assume that volunteers accrue some compensation from their actions, by satisfying a private (non-altruistic) motive, for example feeling good about oneself, or by developing their skills. Govekar and Govekar also discussed the "influence and search" model, which "predicts that hours donated are dependent in part on an individual's ability to influence output or to gather information of value" (p. 41). Freeman (1997) proposed that many people volunteered because they had been asked to, resulting in "conscience goods," public goods which are supported because a particular cause is valued by the volunteer and because the volunteer experiences social pressure.

The recent phenomenon of mandatory volunteerism in schools has provoked controversy within the educational community and invited scrutiny by legal and behavioral science experts. The purported value of requiring that students perform a certain amount of community service in order to receive their diplomas is that citizenship will be instilled and the potential for future volunteerism enhanced. Approaching the issue of compulsory volunteerism from a psychological perspective, Sobus (1995) opined, "demanding acts of altruism from students runs the real risk of causing students to externalize the reasons for their helping behavior" (p.180). He suggested that, under the extrinsic constraint of mandatory service, a diminution of intrinsic motivation to carry out prosocial actions might result. Ferraraccio (1998) noted that policies which compelled volunteerism as a prerequisite to graduation had legal implications, citing the constitutional arguments made in Steirer v. Bethlehem Area School District (1993), a suit

filed in federal court by two students claiming that compulsory volunteerism was a violation of their rights under the First Amendment. Although Ferraraccio acknowledged that this case was denied at the circuit court level, he concluded that similar cases might be brought in the future and suggested there may be better ways than coercion to encourage community service among students. He observed that "statistics indicating the percentage of students who continue volunteer work after participating in these programs are not available. However, the proposition that compelled pro-social behavior actually injures future motivation to act pro-socially is supportable"(p.144-145). In their investigations of the effect of mandatory volunteerism on future intentions to help, Stukas, Snyder & Clary (1999) conducted two studies with college students, a field study and a laboratory experiment. They determined that "only those individuals who would not otherwise be volunteering (Study 1) or who feel that it would take external control to get them to volunteer (Study 2) may find their future intentions undermined by a requirement to volunteer" (p. 63).

Volunteerism by Type, Industry and Sector

While there have been a number of reports and studies in the literature that addressed national volunteer activity and volunteer motivation in general, there have been fewer which effectively segment or focus on specific types of volunteer activity or consider inter-industry variations. Several articles have pointed to the need to make such distinctions if one is to have a more in-depth understanding of volunteer behaviors and motives and to use that information effectively.

Noting potential communication and knowledge dissemination problems, Cnaan and Amrofell (1994) cautioned against generalizations about volunteers or volunteerism

based on studies where the term "volunteer" was not adequately defined or where volunteer categories were lumped together in ways that excluded the potential for identifying different patterns among volunteer populations. They claimed that "the way many scholars and professionals treat volunteers is as a unidimensional commodity" (p. 338).

Segal and Weisbrod (2002) stated that "research that ignores characteristics of volunteers and volunteer jobs implicitly assumes homogeneity among industries in the supply and demand forces that affect matches between volunteers and organizations" (p. 429). Clary et al. (1998) acknowledged the significance of distinct forms of volunteerism in their study of motivations: "at the same time as we may be converging on a core set of functions underlying volunteering in general, there very well may be meaningful variations in the ways in which these core functions are manifested depending on the specific volunteer activity that an individual contemplates or actually performs" (p. 1528). They pointed out that precise ends and goals could and would vary with the volunteer specific activity.

Hospital Volunteers

Several studies have been done with or on the subject of hospital volunteers. In their study of volunteer motives, Zweigenhaft, Armstrong, Quintis, and Riddick (1996) used R.T. Fitch's 20-item Community Service Involvement Survey, minimally modified, and supplemented with questions regarding demographic information, religious influence, and parental volunteerism. In that study, the responses of a group of hospital volunteers were compared with those provided by Fitch's 1987 college student group. The results of the comparison indicated that, although the hospital subjects were in

accord with the college students on the one item, "It gives me a good feeling or sense of satisfaction to help others," the hospital group more highly endorsed items that Fitch classified under "social obligation," compared with the students, who more highly rated those items that indicated career or personal enhancement. The findings of this study were significant in confirming prior indices of differences in volunteer motivation among age groups, but the questions were generally not specific to hospital volunteerism.

In his 1999 study, Wymer sought to determine whether hospital volunteers could be differentiated from volunteers in other organizations and, on the basis of their volunteer intensity, from other hospital volunteers. Using determinant variables (demographic, social lifestyle, personality, and personal value) in his comparison of hospital volunteers with volunteers from other organizations, Wymer concluded that hospital volunteers were "older and more committed and dedicated to their organizations." They tended to be "more religious" and had "a healthy sense of self-worth" (p. 70). Wymer also analyzed volunteer's rankings, by importance, of the 18 terminal values provided in the Rokeach Value Survey in trying to determine volunteer intensity. This analysis found the values, "salvation," "a sense of accomplishment," and "self respect" to be predictive of volunteer intensity across organizations and the values "salvation" and "self respect" to be associated with volunteer intensity within the hospital volunteer population. In a qualitative portion of his research, Wymer received written responses to three open-ended questions regarding volunteering. The results indicated that adjusting to a life stage transition (e.g., retirement or widowhood) was the most prevalent factor leading to volunteering. With regard to the rewards of, and reasons to continue, volunteering at the hospitals, the most common responses were summarized as acting on the basis of values,

positive social interaction, feeling needed or appreciated, and such extrinsic benefits as free parking or free meals.

Two articles address differences among public sector hospital volunteers and nonprofit hospital volunteers. In their study on the supply of volunteer labor, Wolff, Weisbrod and Bird (1993) look at whether the type of hospital chosen (nonprofit or profit) has a significant impact on volunteer hours and what factors affect the volunteers' choice of hospital type. Among their findings they concluded that increased wage earning opportunities reduced the amount of time volunteered, females volunteered more time, volunteers with more education were considerably more likely to volunteer at the university hospital, and older age was associated with an increase in the probability of volunteering at both the VA and university hospitals and a corresponding decrease in volunteering at the private nonprofit hospital. They noted the possibility of reciprocal motivations for volunteering at a VA hospital relative to services received by loved ones or gestures of support and gratitude for serving veterans. Cnaan and Goldberg-Glen (1990) investigated intersectoral differences and similarities in their study comparing public agency volunteers (VA hospital) with private nonprofit (nursing home) volunteers. They found distinct demographic differences and increased managerial involvement in the public agency group, but few significant differences in other variables studied. As to the latter conclusion, they noted that "this finding may indicate that when type of primary volunteer activity (direct care) and population (serving disabled residents) are controlled for, the volunteer experience across sectors is quite similar" (p.355).

Researchers Femida Handy and Narasimhan Srinivasan (2004) championed the benefits of volunteerism for hospitals in their study of Canadian hospital volunteers:

"Hospitals with well managed volunteer programs can leverage resources spent to promote depersonalization in these days of advanced medical technology, which often leave patients underinformed, alienated, and vulnerable" (p. 51). In an earlier study, Handy and Srinivasan (2002) confirmed the value of volunteers in their report: "On a scale of 1 to 10, hospital staff rated volunteers' contribution to the quality of patient care as 8.43" (p.2). Wolff, Weisbrod and Bird (1993) suggested that emphasizing the benefits of volunteerism to the volunteer should be included as part of a hospital volunteer program's recruitment strategies. They note that a volunteer's human capital may be increased by the training and potential for networking opportunities afforded by hospital volunteering possibilities.

Most organizations that must decide how, and how much, to invest in volunteer labor will be concerned (along with liability and other issues) with the concept that, by virtue of their limited hours and non-pay status, volunteers may be considered less dependable than regular employees. In his study of medical center workers (employee and volunteer nurses' aids) to determine whether attitudinal differences existed between paid workers and volunteers, Liao-Troth (2001) reported, "My present study demonstrates that volunteers and paid employees in the same location, performing similar work, and subject to similar work rules, procedures, contracts, expectations, discipline, and evaluations have job attitudes similar to one another for psychological contracts (except regarding benefits), affective commitment, and organizational justice" (p.436).

Hospital Volunteers and Gender

In addition to assessing volunteer motivation, Zweigenhaft, Armstrong, Quintis, and Riddick (1996) investigated the effectiveness of volunteers by applying stepwise

regression analysis to ratings of individual volunteer dependability and impact on the volunteer program provided by a hospital administrator. The results of their study indicated women were more dependable than men and older volunteers more dependable than young volunteers. In terms of positive impact, women with strong religious ties received the highest evaluation. In addressing the findings on dependability, the authors suggested that "given the nature of different socialization patterns for men and women in this society, the women had more experience caring for sick people" (p.33).

Ibrahim and Brannen (1997) looked at the relationship between hospital volunteers' gender and volunteer motivation. Their sample included 362 volunteers from three large hospitals, who were administered an adapted model of the Cnaan and Goldberg-Glen 1991 Motivation to Volunteer questionnaire. Their findings indicated males were more responsive to items regarding volunteering that appeared to be occupationally or externally focused, such as meeting employer expectation or conferring economic value. Females were found to be more responsive to questions on volunteering that the researchers identified as more personal or internal, such as continuing a family tradition or gaining educational experience. The study found little significant difference between genders with regard to items related to altruism or personal satisfaction.

The significance of taking gender into account in studying hospital volunteers and their motivation cannot be overestimated. The information available suggests that, with the possible exception of VA hospitals, women comprise the majority of hospital volunteers and much of the literature gives weight to gender role and socialization with regard to this type of helping. But there is also reason to think that, on several levels, this issue is due for reassessment.

Of initial importance in this regard is the change in volunteering demographics that occurred in the latter part of the last (20^{th}) century. Along with changes in education and parental status, the assimilation of married women into the paid labor market resulted in a corresponding decrease in that group's volunteer activity from 1965 to 1985 (Tiehen, 2000). Tiehen's study also found that volunteer participation by married women continued to decline from 1985 to 1993, although the reasons for that decrease were less clear. Today, for many hospitals, married women still represent their primary volunteer resource, and as those whose circumstances or age allow them to continue volunteering are no longer able to serve, different resources must be tapped. Although the same period of time profiled in Tiehen's study indicated a rise in male volunteerism, the type of volunteer work and place chosen by that segment of the population did not necessarily replace what had formerly been performed and chosen by married women.

Of similar importance were the roles of empathy and ethic of care presumed predictive to choosing the nurturing or caring roles frequently assumed by women. Some of the literature has suggested that conventional assumptions about gender and expressive roles may be more complex than has been commonly indicated. Karniol, Grosz and Schorr (2003), finding no difference between male and female volunteers in their caring scores, concluded that "volunteering is better predicted by one's adoption of the ethic of care than by one's gender" (p.18). They also found non-volunteers who had high caring scores uncomfortable with their non-volunteer status: "when individuals who are high in care are asked to volunteer to help the needy they experience guilt when they are unable to translate their concern into action" (p.18).

Certain studies have determined that age may impact gender differences. In their study of older hospital volunteers, Eisenberg and Okun (1996) found little difference in men and women's empathic dispositions. "The lack of sex differences in mean levels of elders' sympathy and personal distress is an intriguing finding....Perhaps, as has been suggested previously...men and women become more similar in the later years. Alternatively, the lack of sex difference may be due to sampling; perhaps only relatively emotional men volunteer in a hospital setting" (p.180). Differences in socialization among younger generations may impact perceptions of gender/role orientation as well. Skoe, Matthews, Pratt and Curror (1996) noted,

> Older people have had more rigid sex roles or social norms imposed on them in North American culture. In younger cohorts there may be fewer gender differences, at least in reasoning, because of the more similar social experiences of men and women today. (p. 290)

Summary of Literature and Implications for Research Question

There have been significant studies performed and multiple theories advanced on general volunteer motivation and generic profiles of people who work in the human services and health industries, but little information on motivators specific to individuals who choose to work with sick or frail people. There has also been substantial research regarding gender patterns and empathic personalities. Further research will determine the implications of the latter when focused on the role of hospital volunteers involved in direct patient care and when considering whether the changing social dynamics of our society will impact the future volunteer pool. It is possible that there are factors specific to the role of hospital volunteers who work directly with patients that may be more

complex than those presented by certain other volunteer assignments. The integration or disregard of these factors by the volunteer is one of many dimensions which make the individual's choice and motives of interest. The implications of working directly with sick, injured or terminally ill people include: exposure to physical pain and psychological suffering; the intimacy of patient contact — a personal comfort issue; awareness of one's own vulnerability to disease and trauma; the possibility of exposure to infectious disease; and limited control or authority

The literature includes several studies of hospital volunteer's motivations, one of which focuses on differences by gender; however there is no indication in these studies that male and female participants were similarly positioned or whether any participant's tasks required significant patient contact.

Research Question

Why do individuals, on a voluntary basis, choose to work in a hospital environment? What are the motives and needs of those who work directly with people whose health is frail, threatened, or compromised? Can a difference be discerned on the basis of gender or age which is significant to this form of volunteerism?

Significance to the Field

Identifying the motives and demographic trends of hospital volunteers should prove helpful to hospital administrators. The literature suggests that there is a need on the part of the health industry to attract and retain quality, committed volunteers, and that there is economic value in doing so. As a practical resource, the information might be used in the management and marketing plans of volunteer coordinators faced with a changing volunteer profile, the diminished labor supply implicit in the aging of the current

traditional volunteer pool, the need to adjust to more short term commitments, and the need to understand the possible impacts of mandatory volunteerism. Managers must balance volunteer needs with organizational needs and know whom and how to recruit. This study is designed to not only explain why individuals choose to volunteer their time working in a hospital, but to examine whether there are significant differences among demographic groups and whether more diversity and reassessment of traditional roles should be considered.

Developing new knowledge for the ever challenging task of tracking, understanding and promoting volunteerism is significant in itself. Volunteerism is an essential element in the history and survival of nonprofits, so that maximizing the information available to organizations in order that they might best avail themselves of unpaid labor resources and utilize them wisely is indicated.

CHAPTER TWO: METHODOLOGY

The purpose of this study was to determine the motivations which underlay volunteers' choice to work in a hospital setting where they had routine contact with patients and patients' loved ones. The study also explored the influence of age and gender on that decision. It was expected that there would be a number of traits and issues which affected volunteers' choices, and the research was intended to identify whether any patterns existed in general or by demographic association(s).

Design

This cross-sectional study was conducted utilizing separate, in-depth interviews of individuals. It was decided to use open-ended questions in lieu of questionnaires based on the qualitative nature of the study. Interviewing allowed the subjects more latitude in explaining feelings and experiences too complex to be responsive to formatted questioning.

Subjects/Respondents

The subjects included 21 volunteers assigned to two hospital campuses of a major Northern California Medical Center. The volunteer group comprised male and female participants, 18 years of age and over, whose hospital volunteer commitment was ongoing and whose duties included some degree of personal interaction with patients and the families of patients. Hospital volunteers with governance or technical support responsibilities were not represented in this sample. The group included as much variation in age and background as was obtainable and appropriate to be representative of the adult volunteer population.

Operationalization

The representative sample of hospital volunteers was drawn from a group of respondents to a request to participate in the study. The participants were asked various questions (see Appendix C) regarding their attitudes toward volunteering in general and with regard to their reasons for choosing to volunteer in a hospital setting. The questions were designed to allow the respondents to explain their feelings about this type of volunteer work and to facilitate the identification of factors, separate from generalized altruism or sympathy, which were relevant to their motivation and experience. The respondents were screened for any indication of circumstances, such as mandatory community service or professional field work, which may have impacted or restricted their volunteer choice and commitment. Subjects were asked whether religion was a strong factor in their choice to volunteer and whether any one individual or group of individuals had had an influence on their volunteering decisions. They were also asked why they chose the particular hospital where they volunteered and whether they had had any previous relationship or association with that institution.

The research tried to discern whether prior experience (e.g., in parenting or caregiving) afforded the participants more comfort in dealing with sick people and to identify subjects whose interest was issue-directed or restricted to certain medical problems or patient groups, such as AIDS victims. Subjects were asked about their prior exposure to hospitals and hospital volunteers and whether that experience had in any way influenced their volunteer choices. Participants were also asked whether they had considered working in areas of the hospital other than where they were assigned, whether they were averse to working in certain wards or under certain circumstances, and whether

their current assignment had been specifically requested or chosen. If indicated by their responses, subjects were encouraged to provide information regarding their cultural background, socialization, or gender identity which they considered pertinent to their hospital volunteerism. Relative to their motivations and needs, subjects were asked to discuss the satisfactions, disappointments, and difficulties that characterized their hospital volunteer experience, and whether, having had the experience, they intended to continue their hospital volunteer work and would recommend it to others. Subjects were queried as to how much authority and autonomy they desired in carrying out their volunteer functions as well as how much they currently had, and whether having a "sense of belonging" was important to them.

Ten of the subjects whose volunteer responsibilities included significant patient contact and who had articulated a number of reasons for their volunteering were apprised of six general categories of volunteer motivation drawn from the literature and asked whether they felt their own circumstances fit into any of those categories. Finally, subjects were asked to place themselves in one of the age categories provided by the interviewer and, if they wished, to make any additional comments they felt were relevant to their motives for volunteering or or to volunteerism in general.

Procedures

The proposed research was discussed with the Hospital Volunteer Coordinator and a signed consent to interview the hospital's volunteers was obtained. A notice (see Appendix A) defining the project and requesting participation in the research study was posted in the hospital volunteer office and copies were made available in certain other areas of the hospital campuses where volunteers signed in. The notice included the

personal contact information of the researcher/interviewer and appropriate language regarding consent and privacy issues. The notice was duplicated as a series of flyers, available for volunteers to take away with them in order to facilitate contact and scheduling with the interviewer and to reinforce familiarity with the study. The notice designated that participants must be eighteen years of age or older and have volunteer responsibilities that included patient contact.

Individual interviews, ranging from approximately 40 to 75 minutes, were conducted with the volunteers at the hospital campus at which they worked. At the time of the interview, subjects were apprised of the purpose of the research study, given the opportunity to express any concerns they might have regarding the project or process, and asked whether they would agree to have the interview tape recorded. Participants were advised that individual names would not be used in any of the reports or publications that resulted from the study and that they should decline to answer any questions which made them uncomfortable. Interested parties were requested to sign an "Informed Consent" form (see Appendix B) indicating their agreement to participate in the research and noting their preference with regard to taping the interview. All but two of the 21 interviews was tape recorded.

Treatment of Data

Each set of notes and tapes, representing a unit of analysis, was initially assigned an alpha code. A numeric code (one or two), representing the hospital campus where the subject volunteered, was also designated for each record. Certain simple data, including years of experience, gender, age category, education (if provided or indicated), and yes or no indicators for responses to questions regarding prior volunteer experience, religion,

and culture, were linked with the subject identifiers on a master Excel spreadsheet and used for periodic analysis. The spreadsheet was referred to throughout the research process to assess the demographic character of the respondent group and for basic statistical calculations (e.g., the average number of years volunteered by male respondents).

Transcribed notes and tapes were then reviewed for coding in accordance with the general themes set out in the thesis Introduction or Literature Review and addressed by the interview questions. Transcription text was color coded where responses significant to certain areas of interest, such as types of motivation, were indicated. In addition, charts were constructed identifying various categories and subcategories. The alpha numeric designators were then listed under each category where the subjects' responses to questions relevant to that category were meaningful to the analysis or worthy of revisiting. The codes and charts were intended to facilitate the organization and reporting of information by general subject matter as well as to provide opportunity for analyses of sub-themes and categories which had previously been determined or which were identified as the interview cycle developed.

Throughout the process of interviewing participants, notes were made to preserve new subject matter or perspectives that had been learned or revealed, to document unanticipated issues that arose, and to suggest alternatives for treatment of information. Similar notes were made as information was transcribed or analyzed. Part of this activity was to determine whether there was a shared understanding of the questions asked and to notate variations and suggestions which would aid in enabling and ensuring quality interviews.

Each transcription required several reviews. The initial review focused on the study's primary research question regarding the motivation(s) of hospital volunteers. Information from this review was analyzed for similarities and differences among individuals with regard to their attitudes toward volunteering their time in general and toward doing so in a hospital, particularly with patients. Within each transcript, responses were interpreted and subcategorized where practical. For example, an individual might have had several reasons for volunteering, including "practical" (such as skill development), "egoistic" (the need to feel good about oneself) or "altruistic" (other-oriented) ones. Prior volunteer experience and responses to questions regarding hospital volunteerism were assessed for themes attributable to broader volunteer opportunity (e.g., to "security" —the need for a long-term involvement with one organization). The impact of personal experience and external influences were evaluated for their relative importance and identified for future comparison to other transcripts.

Transcripts were re-examined for responses or narratives that addressed socialization issues. The results of this review were analyzed relative to their significance to the fundamental question of hospital volunteerism, preliminarily evaluated. An additional review of information responsive to questions regarding the subject's hospital volunteer experience, and opinions about same, were assessed in light of their relevance to the subject's expressed attitudes towards, and motivation(s) for, hospital volunteering. Finally, each transcript was read in its entirety to determine whether anything insightful, but possibly falling outside the established categories, might be useful information for the study and its subject.

The hierarchical coding, from major themes to sub-themes or categories, with complementary basic spreadsheet data, enabled several types of group analyses. The systematic case-by-case study was designed to ensure credible comparisons when cross-case data analysis was performed. All of the formulated data (i.e., coded from narrative text with related demographics) were analyzed for reportable patterns and meaningful inferences. Common trends found to be specific to an age group or gender were examined with, and exclusive of, external factors or influences that may have affected results, and the prevalence of various sub-themes was considered and noted.

Absent the ease of reproducible data provided by quantitative methodology, this qualitative research relied on coding and other subject identification devices to help standardize the data for summary analysis and conclusion, and on periodic annotation to supplement the iterative process. However, there was practical value in favoring the qualitative approach in this study, not only in that it provided the interviewee more flexibility in responding (reasonably indicated, given the subject matter) but in its capacity to educate the researcher in a more substantive manner than had the researcher provided no room for context.

Limitations

Certain sacrifices were made in not using a questionnaire, such as the accumulation of easily usable demographic data and, if combined with the study's qualitative methodology, the ability to compare and contrast close-ended answers with the responses obtained on interview.

The study was limited to one urban, nonprofit medical center. It is conceivable that considerable variations might have been found among the volunteer pools in a study

which covered a selection of different geographic areas (including rural vs. urban), all sectors, and a broad range of health centers, clinics, and hospitals of differing size and services.

CHAPTER THREE: RESULTS

This study sought to achieve a better understanding of individuals who volunteered in hospitals, particularly those who worked with patients; what accumulation of motivations and issues were operative in their decision to spend their time in that particular arena, how their volunteer experience related to those factors, and whether any significant differences could be identified on the basis of gender or age. The results of the study demonstrated that a combination of generosity and personal needs were prominently responsible for participants becoming volunteers, that a combination of design and circumstance brought them into the hospital environment, and that a combination of choice and adaptation were significant to their fulfillment as volunteers in a hospital. In order to understand these issues, the study did not rely on singular responses to a survey, but on the cumulative narrative information provided by the participants regarding their attitudes and experiences.

The Sample

The sample group comprised 21 volunteers from a major Northern California Medical Center, consisting of 8 males and 13 females whose ages ranged from early 20s to over 80. Eight of the study participants were retirees over the age of 70, four males and four females. The newest volunteer had been with the hospital for five months while the volunteer with the most seniority had served over 18 years. It was indicated, either directly or by occupational reference, that at least 15 of the subjects had a college education or higher. See Table 1 for a more detailed illustration of the sample population distribution by age and number of years volunteered.

Table 1: Sample Population Distribution by Gender, Age, Years Volunteered and Education.

Category	*Number*
Gender:	
Female	13
Male	8
Age:	
18-25	2
26-40	6
41-55	3
56-65	2
66-75	5
76-90	3
Years Volunteering at Hospital:	
Under 1 year	3
1 - 5	11
6 -10	1
11-15	4
16-20	2
College Education or Higher:	
Yes	15
Unknown	6

Each of the subjects reported having engaged in at least some form of volunteering either prior to, or concurrent with (or both), their current hospital volunteer engagement. The amount of volunteer work engaged in over time, per individual, ranged from minimal to extensive. At least five volunteers claimed their volunteer job at the subject hospital to be their first major, long-term commitment; having been involved in short-term or "one shot" volunteer efforts in the past, but none which had required the consistent devotion of time and effort of their current assignment . Of those who reported more significant volunteer histories, seven of the volunteers indicated they had done volunteer work in other hospitals, with two of the seven still doing so. Others reported volunteer experience

having to do with homeless shelters, youth camps, soup kitchens, educational or literacy programs, their church, the PTA, and performing arts organizations, among others.

The roles assumed and tasks performed by the volunteers varied, as did the nature of their contact with patients and the families of patients. The worksites for the 17 volunteers in the sample group who had significant contact with patients and their families included the intensive care nursery, adult and pediatric nursing floors, and a cancer patient resource center. Four volunteers whose positions involved less intense patient contact served at the hospital's front desks and in its urgent care and ambulatory services clinics.

Only one of the volunteers had had prior paid experience working in a hospital directly with patients' physical needs, although three others had previously been employed by hospitals in professional capacities unrelated to patient care. Two of the other respondents were current hospital employees with no direct patient care responsibilities. Based on information that participants provided, the occupations of group members were generally varied, although none indicated that they were engaged in a trade or performed manual labor. None of the participants was volunteering because it was a mandatory requirement for school or employment.

Of the group, the majority came to the hospital hoping to work for a specific volunteer program or to be assigned to a particular floor. Others came to the hospital and were assigned their respective roles based on a combination of preference, interest or background, and availability.

Motivation

Consistent with much of the literature on volunteerism and with the premise of this study, the research confirmed that volunteers rarely had a single motivator for engaging in volunteer work, especially when their assignment required a formal commitment and the potential for stress. Some combination of altruistic (other-oriented), egoistic (self-interested), and practical reasons were generally indicated in the various responses provided by participants.

Other-Oriented

When asked about their reasons for volunteering, either in general or specifically for the hospital, at least 11 participants referred to the motive of "giving back" or "paying back" or "contributing" to the community or society, although the contexts in which this motive was expressed varied. For one retiree, who had enjoyed good health,

> It's a little bit of payback. I've had a good life. I've been quite fortunate in life, it seems, and I don't see why, if a person feels that way, if his or her life has been profitable and the gods have smiled, when the time comes and you have some free time, it seems only in a decent community one considers paying back for the fortunes that you've had.

For another volunteer, whose life experience had been somewhat different, "it started out because I had been diagnosed with cancer and I passed the golden five-year mark and decided I wanted to give something back, cancer-free."

Others pointed to people in their lives. One pediatric ward volunteer stated, "I felt that I could give back to the children something that I had been given because I enjoy my grandchildren and I enjoy reading." A volunteer in the adult cancer ward explained "the

reason I volunteered on this floor, not that anybody prodded me to....I do and did have friends with cancer and do feel this gave me a reason for wanting to give back in that direction." An immigrant from Asia noted, "I've been given a lot...by so many people in my past, there's no way I can pay them back."

Giving back to the community or contributing something to society was explained by others as a part of their value system, something they felt was generally the right thing to do or that they considered a personal goal. Paying back was a way of expressing gratitude for blessings or for having been given a good life.

Making a difference in people's lives was another "other-oriented" value identified as an important motivation by many of the participants. Wanting to touch someone in need, brighten a patient's day, provide a useful distraction, make them feel a little better, or positively revolutionize a person's views were all variations on the theme of making an impact on another individual in distress. Importantly to many of the participants, making a difference meant doing so face to face: "I've learned over time that I need to be in a kind of role where I'm helping people directly. It was literally the person-to-person contact, I've learned, that motivates me, makes me tick."

Whether voiced as a concern for communal responsibility or as a desire to alleviate the burdens of individuals in need, each of the 21 volunteers, in some fashion, communicated a motive consistent with a selfless concern for the wellbeing of others or the importance of being helpful to those in need. One simply said, "I just wanted to help people," while another said that just trying to please people was the bottom line in her voluntary actions. One participant provided a somewhat unusual explanation of his motivation: "it was kind of like an anti-environment kind of thing; I grew up [around]

kind of self absorbed rich children, I wasn't necessarily one of them, but kind of saw how things were and didn't want to be like that....I gotta do a little something extra, a little something beside the usual."

Altruism vs. Egoism

Many volunteers readily admitted that they did not feel their motives were entirely altruistic, citing the personal satisfaction they received out of performing the work they did or their need to be engaged in a role or activity that had some significance, or was of interest, to them. Each participant was clearly other-oriented in their fundamental attitudes toward volunteering, and volunteering at the hospital; however, for some, the need to feel valued or to share their personal passion was a significant factor in their choices. While expressing their altruistic values of compassion and concern for others through their volunteerism, several individuals also desired some positive affirmation of their efforts or the ability to control where and how those efforts were be engaged. Some of the participants indicated that the work they chose had to be personally rewarding. Others indicated that volunteering made them feel good about themselves. One volunteer felt her motives were entirely selfish, and not representative of the volunteer spirit, because she had only volunteered for a specific purpose and because the experience was so enjoyable and fulfilling of a personal need.

Practical

In addition to their general desire to help people and to feel needed or to indulge their interests, some of the participants had pragmatic reasons for engaging in volunteer work generally, or for hospital volunteering specifically. One participant wanted to be sure he spent his retirement years well, citing the health benefits implicit in using his

leisure time productively. Another participant, having suffered a debilitating disease, took on his commitment to hospital volunteerism as a challenge to his fear of hospitals and as a test of his stamina for future employment. One participant felt that the lack of a social life might have had something to do with her decision to volunteer, not for the purpose of gaining a social life, but to use time productively that might otherwise have been taken up in socializing had she been so oriented. Another participant, wanting to pursue a profession which provided services or reached out to people in need, believed that her various volunteer experiences might help her understand what she might ultimately want to do. One retired participant, desiring something to do with his time, had been seeking a part-time job and another participant was considering the possibility of a nursing career.

Hospital Volunteering

In addition to some of the practical reasons already identified, there were a number of factors relevant to each participant being a hospital volunteer, not the least of which was the fact that it was not what some of them had originally intended.

When asked why they chose to work in a hospital, some participants indicated they had wanted to volunteer in a hospital but were not quite sure in what capacity, while others had a specific position, or a particular patient population, in mind. One participant who had survived cancer without any peer support, wanted to be able to provide support to others. Another who missed her grandchild and had a special feeling for babies wanted to be able to indulge her need, and share her passion, for nurturing young life. Many other participants wanted to work with children, or infants, or people in general, and felt that those in hospitals were among the neediest. Expressed in several different ways, participants indicated that they wanted to make a difference in the patients' experience.

Some participants, who had an interest in doing volunteer work which had to do with literature and literacy, found the opportunity to share their interests with children who needed the distraction of stories and the attention of non-medical visitors. One participant, who had decided against enrolling in medical school, wanted nevertheless to have some connection with a health-care environment. Another participant found himself at the hospital as a result of having had friends associated with the hospital and having discovered a program that fit his interests. Other participants, who were already employed at the hospital but not necessarily committed to hospital volunteerism, were able to find opportunities that fit their altruistic desires and personal needs. One participant was unable to articulate any reason for having chosen to volunteer in a hospital, but stated that she had always been drawn to the medical arena, starting with when she was a teenager rolling bandages for the Red Cross during World War II.

Personal interests, practical needs, and the desire to help all combined to motivate each of these hospital volunteers. Some motivating sentiments and circumstances were shared by genders and generations, while other reasons for volunteering were unique to each individual. The perception of need was broadly significant for hospital volunteerism.

The Hospital

Along with choosing to volunteer at a hospital, the actual choice of hospital carried some significance. When asked why they chose this particular hospital, participants' responses often included a combination of factors, including convenience, familiarity, opportunity, and the availability of specific programs. Many of the volunteers chose the subject hospital because of its proximity to their homes. Combining a good walk with

their volunteer jobs was important to two of the retired volunteers, while being able to minimize commute time was attractive to employed volunteers who worked nights or weekends. One pediatric volunteer eschewed convenience in her hospital choice, however, feeling that there were likely more children in need of support at the subject hospital than at the one in an affluent neighborhood nearer to her home.

Some participants were familiar with the hospital because they had been employed by it or received medical treatment there or because their friends had been patients, employees, or volunteers at the hospital. One participant, not particularly seeking hospital volunteer work, learned of the hospital's large volunteer program from a neighbor who was a hospital employee. Because of its size, services, and historical presence in the community, most knew of the hospital by general reputation, but reputation was not a reason that was often stated, and never the only one, for choosing that particular institution. One participant claimed to be drawn to "big bustling places" with more diversity. Another found the hospital's environment more exciting than that of other, nearby hospitals, and another thought it offered broader scope. One participant felt it might offer better future educational opportunities as well as optimal volunteer possibilities. A participant, who wished to continue working in a hospital as a volunteer after many satisfying years of hospital employment, chose the hospital over several other, more familiar ones because it offered so many volunteering choices.

Significant for several of the volunteers, primarily those who worked in pediatrics, was the availability of volunteer assignments which responded to their interests. Some of those participants, who had a serious interest in devoting their volunteer time to literacy and literature activities, were drawn to the hospital through an outside agency that offered

a bedside reading program for hospitalized children. Although other local hospitals offered similar programs, the combination of convenience and opportunities, the diversity of patient population, and size of the hospital were significant in attracting those volunteers.

The Influence of People, Religion, and Culture

When asked if there were people in their lives who had influenced them to volunteer either in general, or specifically at the hospital, fifteen of the participants indicated at least one individual who may have had some influence, though generally not directly, on their decision to engage in volunteerism or who had in some way inspired them with their community spirit or made them aware of what volunteering was all about.

Some participants had been encouraged to volunteer in their youth by their parents while others believed they had probably been influenced by their parents' example. A mother's consistent graciousness with others had had an impact on one participant and a father's generous community spirit was believed to have been inherited by another. One participant suggested that the combination of her immigrant parent's stories of neighborliness in a small European town and the service orientation of her Catholic grammar school teachers might have indirectly instilled a sense of communal responsibility in her. Although alluding to a parental volunteering history as well, one volunteer identified two of her professional colleagues as role models for volunteering. Two other participants mentioned that their spouses volunteered, one participant spoke of a sister asking him to join her at a center where she volunteered, and another referred to a grandparent who had done significant volunteering. One subject revealed that he had been influenced to work for an organization that fed the homeless because he had

admired his friend's strong support for that organization and added that he had been continuously inspired by a fellow volunteer and her two young sons who came to serve meals year after year as the children grew into adulthood. Other participants indicated they had friends who had told them about volunteer opportunities or had been involved in volunteer work which was of interest to the participant. One participant expressed admiration for a prominent public official known for his volunteering.

Six of the participants simply answered No to questions exploring the influence or significance of others with regard to their volunteering attitudes or decisions. Although some of the participants had been assisted by friends in learning of volunteer opportunities, none of the participants indicated that they had been directly influenced to choose their current hospital volunteer jobs by their families or any one individual or group.

The study group included one volunteer who referred to the teachings of the Bible and her religion as a key factor in her philosophy toward volunteering. None of the other volunteers, however, directly attributed their choice to become hospital volunteers to religion or to any current involvement with a church, although some felt the religious principles they had been exposed to in their upbringing may have influenced their sense of volunteerism or community. Some examples:

"Growing up Jewish is always to give back to the community... those women were always running around volunteering";

"I would say probably growing up Catholic... was an influence... to give to the community and give of yourself....I would say the foundation was built with that type of belief and ideas";

"I was raised in a Christian household... [and] being raised with that background definitely encourages giving back, taking care of other people, doing things from the goodness of your heart instead of being paid for it."

One participant was reminded of the principle of community outreach taught at the Quaker High School she had attended and another participant noted her interest in the teachings of Buddhism and Hinduism, which include promoting a sense of community. Most of these participants claimed that they did not consider themselves religious, belong to a church, or practice a faith.

One participant's relationship with God was considered a critical motivational factor, but the participant stressed that it was a very personal issue and not directly related to the religion practiced, or church attended. Two of the participants noted their religious upbringing and indicated that they were active in their church, but did not connect their faith-based activities or beliefs with their decision to volunteer at the hospital. At least nine participants did not believe religion had had any influence or impact with regard to their volunteerism. Among them, one participant commented, "It's just the humane act of reaching out." Another self-identified as agnostic.

Other than referring back to the parental examples and religious upbringings previously discussed, no one related their volunteerism to any cultural practices or background. Despite their comments regarding the various influences of people and principles, the study participants generally indicated that their hospital volunteering decisions were self generated.

Patient Contact

Even if their job included multiple tasks not entailing interaction, all participants indicated that some form of contact with patients occurred during their volunteer duties. Not everyone in the sample group came to the hospital with the expectation that they would be interacting with patients, though the majority did. For some it was the most important or most significant part of their volunteer role and for many it was the sole purpose of their being there. When those participants were asked what was significant to them about patient contact, they invariably responded in ways which demonstrated the importance of human interaction in their volunteering. For those who had a number of different types of duties, patient contact was identified as the most satisfying part of their responsibilities. When asked if they would work in other areas of the hospital, several participants whose sole responsibility was direct patient service replied that they would only do so if there was the possibility of patient contact. Two who had volunteered in hospitals many years earlier were disappointed that they were not allowed to help patients as much as they used to. The following are some of the participants' comments regarding patient contact:

"To be interacting with people was the point, to be interacting with patients, who are living a life which is atypical — I offer something different";

"These kids who are sick, yet when they're in the playroom they're laughing, they're having fun... I think it's life affirming, even though they may be dying it's really important to me to be a part of it, to help them live the fullest life they can";

"I like being able to see the people that I help. It's more rewarding that way... rather than just kind of helping them in a more abstract way. I didn't come here to wash surgical instruments. It's necessary but not what I was looking for";

"It makes you feel good just to talk to them; I was really surprised at just how much they crave someone to talk to";

"It's a personal warmth that one feels with a suffering child. It would be the same with an adult but it's more so with a child, to me anyway";

"I can see what a difference it makes for people to have someone to talk to who has been there";

"A very sick child sighs as he falls asleep, and coos a bit, there's nothing on this planet like that... Infants in the healing process derive a tremendous benefit from human touch";

"The patients are here for weeks at a time...go home... and then they're back. I like to believe they are getting some social forum, some social outlet just by my putting my face in the door and chatting."

Patient contact was clearly important to the participants but not necessarily something that they were, or had been, used to in their personal or professional lives. Participants had to face issues both unfamiliar and uncomfortable when deciding to pursue this form of volunteerism.

Adjusting to the Hospital Environment

Respondents who had significant patient contact were asked whether there were any experiences in their life that made working in a hospital environment with patients easier to adjust to. One of the participants had been a caretaker at home for an elderly

parent, but could not determine whether that had provided her more ease in working among sick people. One participant had gone through the loss of several close family members, another had endured a life-threatening illness, and yet another had battled a serious disease. Most of the others had not had significant exposure to hospitals, either as patients or visitors. One who had previously volunteered in a hospital as a teenager felt that her comfort in doing so may have been due to a lack of negative association she might have had if she had been a patient or visitor to a loved one. Other participants with no prolonged exposure to hospitals indicated that feeling at ease in the hospital environment had been a matter of adjustment. Some others were comfortable in the hospital because they had worked in one but had not had the contact with patients that their current volunteer work entailed. One participant felt prior volunteer experience in a cancer center had probably helped prepare her for the issues she would face dealing with patients, and a participant educated in medical science (not patient care or treatment) felt she might have had an edge over others in that she understood the reasons for various medical devices and equipment volunteers were likely to encounter at a patient's bedside. Two of the participants had some familiarity with disabilities and chronic diseases as a result of prior experience, although not necessarily in persons whose health was dangerously compromised or in a hospital setting.

In addition to getting used to being around the protocols and paraphernalia of medical care, most participants had had to adjust to the uncomfortable realities of being around people in exigent circumstances. They had developed various ways of coping with the sadness that sometimes entered into their volunteer experience and had very positive feelings for their work despite the discomfort. However, one participant also

admitted that having to come in every day might become too depressing, and another acknowledged that she sometimes went home feeling "drained" from all the emotion she dealt with. Others spoke of particular patient circumstances that were distressing for them; for example, one participant still had problems working with infants who had been abused or who were in certain stages of cancer treatment.

In light of the fact that many of the participants had chosen where they ultimately worked in the hospital, participants were asked if they would consider working in other areas of the hospital. Some, who had not come to the hospital with a particular role in mind, were satisfied with their current positions and had not really considered other areas. Others, who were working in areas they themselves had selected, readily admitted that their squeamishness would probably not be compatible with working in surgery or possibly the emergency room. Others felt they might be suited to those or other areas but emphasized the need for patient contact in whatever area they worked. One remarked that although she would work in another area which was not her primary interest, she would not be as motivated, especially in light of all the "hoops" you had to go through to become a volunteer at the hospital in the first place. Several of the women expressed ambivalence about, or a direct aversion to, working in pediatrics, for various reasons, including being uncomfortable around terminally ill children. One man thought he probably would not work in pediatrics, feeling he would have been more comfortable doing so if he had had children of his own and because he knew there were volunteers who did want to work there. Three of the men said they would consider working in the nursery, and one had in fact inquired about it; however, another of the men noted it would be an adjustment for him due the intensity of the job. One participant indicated that it

would be hard to work closely with adult patients who knew they were dying, based on recent personal experiences in dealing with that issue. Another participant indicated that working with patients suffering from mental illness might be discouraging. Some merely said that they were there for a specific program or population and probably would not want to work elsewhere in the hospital. Over the course of their volunteering, several participants had taken on new assignments, either on the basis of the hospital's need or the participant's need to work in an assignment where they felt more useful.

Although there were indications of flexibility in some participants' willingness to consider other assignments, there did not appear to be, among them, a "generic hospital volunteer," one who would do well and feel satisfied in any role. People had came to volunteer at the hospital with varied levels of knowledge, familiarity, talents, needs, and intentions, although they did share a desire to be of service to others. All indicated that they were content with the areas where they currently volunteered; however very few appeared to have a comprehensive view of the alternatives.

Satisfaction, Disappointment, and Difficulty

With few exceptions, participants' responses to some or all of the questions regarding the most satisfying, disappointing, and difficult aspects of their hospital volunteer work had to do with relating to other people, although responses regarding their disappointments and difficulties were more varied or complex.

Every participant indicated that they received satisfaction from having made some sort of positive connection with people, usually, the patients. Whether responses to questions about satisfaction were expressed as the actual act of providing some form of comfort, distraction, or happiness to patients or as the benefit of knowing that their efforts

were helpful to others, they all indicated that meaningful human interaction was intrinsic to their sense of fulfillment as volunteers.

Responses to questions exploring the matter of disappointment were more varied in scope and interpretation. Five of the participants indicated that they either did not have any disappointments or, at any rate, could not provide a response to the question satisfactorily. Consistent with the importance of making a connection with patients, seven participants whose responsibilities were solely related to interacting with patients indicated that the failure to connect with patients, either because there were none available to interact with during the participant's shift or because such connections were limited, was their major or only disappointment. In addition to missing the interaction and possibly being bored, these participants' need to feel useful and productive were not being met. The remainder of the responses on the question of disappointment included finding that an infant, for whom there had been a major investment of caring and confidence that the treatment would have positive results, would never go home; failing to make a positive connection with a patient; not having had more contact with patients and better interaction with staff; finding that peer support programs did not occupy a higher place in the administration's priorities; finding one's workstation vandalized; having inexplicably to deal with a difficult chore unrelated to expected responsibilities; and sometimes feeling inadequate to the task.

As with the question of satisfaction, difficulty was often associated with people. Responses often dealt with participants' witnessing or experiencing uncomfortable realities: the bad news of the death of a child; the loneliness of long-term adult patients; a child's suffering and its impact on the child's family; the recognition that a patient was

not going to survive; the connection that was lost when a patient with whom one had become close left the hospital; sadness for people under extreme emotional stress; and the failure to make a patient happy. Other responses dealt with the practical difficulties of maintaining the proper boundaries with patients; concern over getting too close or over how to maintain distance when a strong connection was made. In two very distinct ways the problem of being under-informed caused concern among several participants over their ability to do their jobs effectively: not having relevant information about changes and updates proved frustrating for those responsible for guiding and informing, and not having certain relevant information about patients made it difficult for participants to maximize their interactions with those patients. Maintaining composure in provocative circumstances and trying not to be in charge were challenges identified by two participants, and having to disappoint a patient due to an unrealistic hospital policy was identified by another. One participant, whose primary responsibilities involved working with patients, found her time compromised by additional, demanding clerical work. Some participants relayed difficulties which were personally complex: confusion and guilt over having had discomfort with a patient's physical appearance and failing to give that patient the needed attention s/he would have normally received; feelings of failure and discomfort over being unable to understand or communicate with patients who were seriously challenged but from whom some level of feedback would have been important; and trying to reconcile why the acceptance of the death of a patient with whom one had been close was as strong as the feeling of unfairness with regard to its having to happen.

Participants' responses to their satisfactions, disappointments, and difficulties were generally reflective of their motivations to help and feel useful, their empathy, their

interest, and their individuality. Despite the difficulties and disappointments, participants were in general very satisfied with their hospital volunteer work. One participant remarked, "It's rewarding, it's challenging, it's just what I wanted in a volunteer position."

With the exception of one participant who was relocating to the East Coast, all of the participants believed that they would continue with their present volunteer job for the near future. The participant who was leaving indicated a desire to seek similar work in the new locale.

With regard to recommending the job to others, the participants were a little more qualified in their responses. Most indicated that they would definitely recommend the job to others, and in fact several already had. Some participants, however, indicated that they would recommend it to others, but not to everybody. One participant believed that a potential volunteer should really want to do the job, noting that it was a major commitment, requiring training, security and health clearances, as well as an obligation to meet a minimum number of months in service. Another indicated that he would recommend the job to certain types of person who he felt could adjust to its various challenges. One felt that they could only recommend it to those who where there was an aspect of passion that the role would fulfill, otherwise commitment would ultimately suffer. Another, noting that she was routinely dealing with very emotional situations, doubted whether everyone would want to do it: "You have to have a certain sensitivity."

Skill Use and Development

Skill use and development was not a significant factor in the participants' decisions to volunteer in a hospital. Only one had been professionally trained in bedside care, and

while a few others found opportunities to use their organizational or technological skills, there were few who implied that they expected to automatically transfer any of their occupational skills to their volunteer work or to learn skills that would be easily transferable to a different profession. Those who were able to use their organizational or technological skills were grateful for the opportunity to do so; however, those skills applied to no more than part of the participants' overall volunteer responsibilities.

For the most part, the skills this group of participants brought to their respective roles were more social and abstract than tangible. Relative to their openness to others or capacity for sympathy for people in stressful situations, some participants thought of themselves as being a "people person," or as one self-described, a "sensitive soul." Some felt they had a knack for getting along with children, or knew how to relate to them, or had a natural skill with infants. Another, based on her regular work, "knew how to talk to people who are not in the best of situations." One person sometimes relied upon a background in sales to try to engage ambivalent pediatric patients, as well as to deal with the possibility of rejection from them.

The skills that participants felt they had developed as the result of their hospital volunteering were, in turn, more social than technical. One participant indicated that they had become better at listening to others, while another, who does a lot of public speaking, was becoming a better speaker by experiencing closely how people listened. Participants indicated they had learned how to deal with and talk to people who were sick and in difficult or unpleasant situations, how to deal with a lot of different personalities and diverse populations, and how to be culturally sensitive. Some referred to character building skills: "being able to navigate in an area where there is stress," or being able to

routinely have your offer of time and companionship turned down and not take it personally. Citing the range of emotional and intellectual abilities as well as the physical issues peculiar to each of the pediatric patients she worked with, one participant reported she had learned quickly how to interact with them in a positive way, how to listen for certain things, interpret signs, recognize potential emotional distress. One participant working with sick babies had developed more professional-oriented infant care skills. Another participant had re-learned how to read a story to children without trying to teach a lesson, with no other motivation than to make the patients happy. The ability to communicate with a severely developmentally disabled patient, tell a story in a more meaningful way, and facilitate better, more relaxed interactions with patients, were various skills that some participants felt they had developed. One participant referred to an instinct for recognizing people's emotional needs that had developed after years of interacting with families in the intensive care waiting room: "There are times when I have to be quiet, times you just kind of use your judgment to decide whether that person needs somebody to talk to or not... sometimes just sitting with somebody, sometimes just a hug."

Autonomy and Belonging

As one would expect with any group of employees, the participants in this study expressed different needs and attitudes with regard to autonomy and belonging, although, broadly speaking, autonomy seemed to be more important than having a sense of belonging. Many participants felt they were given a fair amount of autonomy, and that was important to them; however, the difference in tasks performed by each category of volunteer was significant for the level of autonomy any one volunteer could exercise, and

some of the responses were attributable to that difference. Participants who worked directly with or relied closely on staff were generally less concerned with independence than those whose tasks required they seek out patients or perform tasks on their own. Several of the participants stated that they felt their judgment was respected by the hospital staff and felt they were trusted to do their tasks without supervision, indicating that was a critical factor in their performance. No one felt they were micro-managed and no one wished to be. Only one participant indicated that they generally preferred to have a fair amount of direction. One participant noted that, although he was able to (and relied on) his initiative and experience to determine priorities and develop ways to help patients in a unit where staff was often too busy to provide guidance, a similar lack of direction from busy staff might be confusing for younger volunteers (students).

With regard to needing a sense of belonging there was a broader range of attitude, from considering it very important, at one end, to attaching no importance to it at all, at the other. One participant stated that autonomy was more important to him than the sense of being a part of a team, feeling that, if anything, he belonged to the patients, not to any supervisorial structure. Another indicated that feeling a part of a team was important to her, indicating that volunteer work was an important part of her life and identity. One participant indicated that making a connection with the patient care staff was important, as well as with the patients, and noted the importance of feeling comfortable and accepted when making the rounds. As applied to the question of autonomy, the type of tasks performed by the volunteer and the unit in which they worked may have had some impact on the level of belonging experienced by each volunteer and their attitude toward it. Participants who shared a shift and work station with other volunteers, or who worked

closely with staff members, generally reported a stronger sense of being a part of a team. However, there were instances where experience did not necessarily meet need. Providing another perspective on the issue, one volunteer opined that having a "physical place" for volunteers, indicating that they were integrated, expected and welcome, was important to having a sense of belonging. For those who indicated belonging was important, the interest was generally in feeling a part of the group with whom they worked, as opposed to being associated with the institution itself.

For the most part, participants expressed satisfaction with their treatment by staff and were very appreciative of both the help and expressions of gratitude they received from them. In addition, regardless of their attitude towards having a sense of belonging, several participants expressed surprise and respect for the Volunteer Administration staff who knew each of them individually, thanked them on a regular basis for their time and gave them the opportunity to pursue positions which fit their needs and interests. Having that recognition was significant.

Volunteers on Volunteerism

When asked if they had any more comments they would like to make on volunteering several participants responded. One retired volunteer stated, "My volunteer work is very important to me; it's what gets me out of bed in the morning." Another retiree commented: "In some small way I help, and, believe me, it's a small way... And it gets me up, gets me out; you have to keep in touch with people and lots of the older people are alone."

Others spoke of volunteering relative to their employment: "[volunteering is] different than working; I think volunteering gives you a different type of reward: that you

are contributing and that you are making a difference in other people's lives." "I feel more of a sense of responsibility to the time I said I will be here than I do to my paying job." "I do it for love, not for money."

Still others provided a philosophical perspective: "It's a way to leave a legacy; they may not remember who you are, but what you did." "I think if 50% more people volunteered, we'd have a slightly better society 20 years from now." "Doing good creates a better world; volunteering is a part of that." "Any act of kindness is valuable."

> There's an aspect too, of just other volunteers and other people... that just kind of reaffirms good people are around... good people doing good things, they don't have to be doing that, it's good to be around those people... 'cause you know in this world the negative gets a lot more publicity than the positive stuff.

Theories of Motivation

A subset of ten participants who had significant patient contact and who had spoken of several factors which effected their volunteering were provided with explanations of several categories of motivation broadly drawn from the literature (value expression, social engagement or pressure, career enhancement, self-esteem, understanding or learning, ego protection or defense (volunteering in order to reduce guilt about having a better life than others or to escape negative feelings about oneself), and asked whether they believed their own circumstances fit any one, or more, of the categories. All of these participants responded that they believed the expression of their values was probably the most appropriate or primary category they would assign to their own motivations, if they had to choose. A few also indicated that there could be a protective element to their circumstances and also, possibly, esteem. One participant had

indicated that making new acquaintances had been a reason, among many others, for volunteering at the hospital; however no other participant had mentioned forming new relationships as a motivation for volunteering and no participant indicated that they felt a social obligation to volunteer. Although some admitted that they had developed some interest in, or had a natural curiosity regarding, the medical information they were learning as they carried out their responsibilities, none indicated that understanding or learning was significant to their volunteer motivation. In general, on the basis of the motivational categories provided, the most prevalent motivation leading these participants to become hospital volunteers had been the opportunity to act on their values.

CHAPTER FOUR: SUMMARY AND CONCLUSIONS

Review of the Problem

This study was designed to determine the reasons why individuals choose to volunteer in a hospital environment, particularly with persons whose health is frail or compromised, and to determine whether any differences exist based on gender or age with regard to making that choice.

Previous studies on hospital volunteers have profiled this segment of the unpaid workface based on responses to several different surveys. It was intended that this study should provide additional information on hospital volunteer motivation by focusing on a discrete group and allowing individuals in their own voice and using their own terms to discuss their reasons for and experience of volunteering.

Discussion of Findings

People generally have more than one reason to volunteer their time. In choosing the location where they will donate their time and the tasks that will consume that time, a volunteer's motivations tend to be complex. Personal, practical, benevolent, and empathic concerns and issues play into the significance of choosing an environment where one's behavior is more an expression of values and needs than one of skill or prestige. During this research, one theme became apparent: motives cannot be separated from needs. In wanting to help others, there exists a corresponding desire to know one is succeeding in doing so. An assessment will be made of the study results in light of commonly proposed motivational theories found in the general literature, and in the studies specific to hospital volunteerism, followed by a review and analysis of findings relevant to the participants' volunteerism and the issues of gender and age.

A broad motivational category associated with volunteerism may be described as "social": it may include the desire to form relationships, fulfill perceived social obligations, or behave in a socially acceptable way, become associated with a specific group, or share the activities of one's circle of influence. In this study, indications for social motives were minimal. Neither social engagement nor social expectation nor social recognition was strongly indicated by the study participants as their reason for volunteering. Several of the volunteers indicated that they had developed an in-hospital camaraderie with others; however, it was characterized as a by-product rather than a goal of their volunteering. Only one participant indicated that the opportunity to meet new people was a factor in his volunteering decisions. Similarly, although some of the volunteers were informed, influenced, impressed, or inspired by the volunteer spirit of family members or others, none chose to volunteer in the hospital because of pressure from parents or peers. That the volunteers were self-directed in their reasons and choices was a common theme.

Another motivational factor which had figured strongly in prior research on hospital volunteers had to do with religion. Studies have shown that volunteers related their volunteering to "doing God's work," or obtaining salvation, or as some integral part of their religious faith or practice. With the exception of one volunteer, who answered in the affirmative to questions regarding religion, and another who linked her volunteerism with her relationship with God (though not with the specific religion she practiced), no participant indicated that religion, or spirituality, was an operative factor in their decisions to volunteer. In fact, responses were generally negative to queries about the influence of religion. For some study participants, the principles of caring or community

that they associated with the religions that were a part of their upbringing or in which they had an interest were possible influences on the formation of their fundamental values, but the majority of those subjects did not consider themselves religious and could not directly relate religion to their volunteerism. Although religion was not significant with this sample group, had there been a survey conducted across several hospitals to include those private hospitals particularly affiliated with a religious foundation, the motivational profile might have differed.

Career considerations may be significant in some volunteering decisions, especially with regard to where people volunteer. Some employers require their employees to perform community service, or may look favorably on a volunteer's association with a particular institution. Skill enhancement, exposure to new opportunity, acquisition of professional references, and access to networks may play an important part in a volunteer's motivation. But none of the participants in this study were working at their current hospital volunteer jobs because it was mandatory or represented a significant professional investment. For the most part, the work the employed participants were doing at the hospital was unrelated to their current occupations and, obviously, those who were retired were not volunteering on the basis of future career opportunity. One participant was considering nursing school, among other career paths, and factored into her thinking the exposure she would have in her volunteer work when choosing the hospital. Another participant's volunteer exposure had been helpful in obtaining employment, but the job acquired was different from their volunteer basis. Skill development and gaining experience toward paid employment were not significant factors in the motivations reported by members of this study group. Had the study

included young high school student volunteers, or those pre-med students who sometimes volunteer in the Emergency and Operating Room arenas, a different profile, one substantially reflecting motivations that do emphasize career enhancement might have resulted.

Life stage transition as a reason for taking up volunteer work was significant in Wymer's 1999 study of hospital volunteers. In this sample group, retirement was the single shared life transition circumstance which influenced some participants to volunteer, or expand their volunteerism. Some of the eight participants who were retirees indicated that the decisions which brought them to the hospital included the issues of time and usefulness associated with that life stage. One participant was appreciative of his company's retirement seminars which cautioned employees to seek ways to use their time after retiring; however, another retiree emphasized that she did not need anything to fill her time, having plenty to do, but would volunteer her time for something that she found personally rewarding. There were no precipitating events that made the remaining participants turn to volunteering at the hospital. More subtle circumstances, such as making the decision that they were ready to commit themselves to something they had been thinking about for a while, or finding a window of time in which they could resume some form of volunteer work that was important to them, were activators for most of the volunteers.

The research revealed a combination of different types of motivation, sometimes labeled in the literature as "altruistic" and "egoistic," operating in the sample group's decisions to volunteer. Participants revealed "other-oriented" motives of compassion for those in need and commitment to the community. Self-oriented motives of wanting to

feel good about oneself or to feel needed were also indicated, though more in terms of a result than a cause. Being engaged in work they determined to be important or of interest was significant for many participants. Additional reasons having to do with personal experiences or concerns, as well as a desire to work with persons perceived to be in need, were responsible for some decisions to become hospital volunteers. The majority of the participants came to volunteer at the hospital with the desire to work directly with patients. The findings regarding job satisfaction were positive, and among reasons for personal satisfaction, positive human interactions were notable. For those who had significant contact with patients and their families, feelings of helpfulness and expressions of patient satisfaction served to mitigate feelings of discomfort with patients' circumstances and the environment. In general, participants relayed experiences and feelings consistent with their expressed motivations for volunteering.

Gender and age were important in this study. There has always been, and still exists, a disproportionate number of female volunteers in hospitals compared to the general population. The historical presence of female volunteers in hospitals has been significant, including the widows and single women who championed the country's first hospitals and health care efforts, non-professional civil war nurses, British Voluntary Aid Detachments in World War I, doctor's wives who visited the sick and formed auxiliaries, teenage girls ("candy stripers") who volunteered when the United States entered World War II, and the former employees of factories and shipyards who turned to meet yet another demand brought on by that war, the substantial increase in hospital patients. (Castrey, 1998). While the historical predominance of female hospital volunteers is understandable, women's current social and economic status makes the gender gap less

easy to explain. Although a lot of hospital volunteerism does not have to do with direct service to patients, there is some implication that work which requires caring and nurturing naturally belongs in the female arena. The purpose of defining this study to include patient contact was to investigate whether the issues of service orientation and nurturing, associated with females, and with working among patients, were in fact so gender-oriented. Interviewing a male member of a board of governors would probably not be informative with regard to these issues.

There were no strong social factors, such as being a representative of a church or being one of the doctor's wives or belonging to a group like the Junior League, that were relevant to the group of females in this study. The women were employed or were retirees; some were married, some single. These circumstances were the same for the males. There was no indication that having disposable time was a special issue for the women, all of whom had their jobs, or other volunteer work, to keep them busy. The males who had significant patient contact had the same responsibilities as similarly situated females, either assisting on the nursing floors or working directly with pediatric patients. In this study the only participants who worked in the intensive care nursery were female. While these participants related that the desire to work with infants was in part associated with their maternal instincts, the job of cuddling babies itself has been attractive to, and performed by, males as well as females.

Participants of both genders and all generations expressed similar altruistic motives for volunteering: helping others, giving back to the community, making a difference in the life of someone in need. Indications of sensitivity varied on an individual basis. Participants had varied views on autonomy and somewhat more varied views on "sense

of belonging," but there were no clear differences in attitudes along gender lines. The most significant difference to come out of this study was the one between generations; the retired males reported no significant adult volunteer histories, whereas the younger males were creating their volunteerism history well before retirement. There was some indication from the retired adult males that they had not really considered volunteering until they neared retirement, while the retired females reported varied histories.

Research Discussion Summary

This study did not find strong motivators in some of the more common areas proposed by the literature. For the most part, participants did not volunteer for social reasons or because of social expectations, nor did they volunteer on the basis of religious convictions or as representatives of a congregation. Implications for human capital investments (Govekar & Govekar, 2002; Schram & Dunsing, 1981; Wolff, Weisbrod & Bird, 1993) were not notable with regard to career or educational goals. Retirement as a life stage transition was a contributory factor in the decision to volunteer for several participants, though not necessarily to being a hospital volunteer in particular. Though they communicated it in different ways, participants indicated that their volunteering was value expressive, indicative of their concern for people and community. Participants also indicated that it was reflective of practical or personal needs, some shared and some individual. Personal interaction with service recipients was generally desired.

These volunteers were satisfied with their hospital work, although there were adjustments or difficulties each had had to resolve at one time or another. There were no outstanding differences between genders or among generations in terms of their motivations or in their attitudes towards their work.

Discussion of Implications for Literature

This research presents a somewhat different profile of hospital volunteer motivation than found in other articles addressing the subject. The qualitative nature of the study, size of the sample, location of the hospital, focus of the study and other factors may all contribute in various ways to these differences. For example, while the hospital administrative structures related to volunteer activity in the Wymer (1999) and Ibrahim and Brannen (1997) studies are unknown, it should be noted that in this hospital, a volunteer auxiliary and a staff-supervised volunteer program coexisted, with the auxiliary taking the responsibility for fundraising and volunteer program support, while the volunteer program recruited and assigned the unpaid personnel who performed a myriad of hospital volunteer functions. Other hospitals in this geographical area as well as in other parts of this country and in other countries may feature auxiliaries whose volunteer efforts comprehensively assume all unpaid labor responsibilities, whether direct patient services, running gift shops, or organizing benefits. While this hospital's orientation may be in keeping with an ongoing trend (Handy, 2004), it is reasonable to assume that results may vary and demographics may differ depending on the structure within which a volunteer makes their choice and serves.

Prior studies on hospital volunteers indicated that religion was significant to many hospital volunteers. Zweigenhaft (1996) points out that the "Bible Belt" location of his study may have had something to do with its results. The significance of religion may well depend upon the type of hospital and its location. It is not clear what significance there may have been in the prior studies with regard to religion and the type of volunteer

work performed or how much demographic correlation existed. More information from different areas might be helpful.

Wymer (1999) concluded that qualitative research (along with quantitative) and using comparison groups of volunteers was useful in enhancing understanding of the hospital volunteer subgroup and proposed that volunteer coordinators profile their volunteers based on segmentation. He suggested this approach as a marketing tool to recruit new volunteers. The findings in the present study with regard to the rewards of volunteering were not unlike some of those in Wymer's study, although there were certainly differences in other findings. This study focused on issues specific to hospitals and patients and allowed participants to explain their particular motivations in their own terms. The study revealed that volunteers' motivations were not just based on beliefs and circumstances but on personal interests, needs, and experiences. This study added dimension to the literature on hospital volunteers by exploring issues and factors specific to the nature of their work, which may be variably effective for choice or satisfaction and may be provocative of further examination with regard to who volunteers.

Ibrahim and Brannen's (1997) findings on gender differences were not replicated in this study. This may have had something to do with the lack of directed questioning on subjects such as the economic value of volunteering to the hospital and with the fact that the study group did not include male subjects who were volunteering for occupationally related reasons; however, there is no indication that if such had been the case, similarly situated females would have responded differently. This study sought to determine whether there were distinct differences in the motivations of male and female hospital volunteers, focusing on those who have some patient contact. It was therefore important,

in order to more closely assess any attitudinal differences, that male and female participants shared similar responsibilities. Although there were no conclusive findings along gender lines with regard to differences in motivation, the question remains "Why are there not more male volunteers?" This issue is discussed in the Implications for Further Research.

Discussion of Practical Implications

The research indicated that the volunteer program in the hospital where the study participants donated their time was on the right track in being able to consider a person's interests and needs and in trying to find an appropriate fit for new recruits. The volunteer staff were also fortunate to be in a facility that offered a variety of options. The research indicated that volunteers were not full of expectations or in need of constant recognition; however, they did desire to be in areas where they felt useful or where they were doing something they felt was meaningful. The research also revealed that for many participants it was not simply a matter of wanting to be a hospital volunteer, but of having a specific role, or roles, in mind. In some cases there was no initial intention to become a hospital volunteer. Individuals who come to the hospital with particular interests may find that those interests might be indulged in another environment. Recruitment should include an analysis of what volunteers are looking for in any volunteer position and determine whether their current marketing materials are informative with regard to the scope and potential hospital volunteering offers in light of volunteers' motivations. In addition, partnering with outside agencies that may draw volunteers with specific interests (e.g., reading to patients) which may be actualized in the hospital setting should be considered.

Significant factors in the decisions of the group studied were not only the participant's personal agendas, but their perception of need. The hospital was chosen because of a perception that there would be more people in need of emotional support in that kind of venue, because sick children were perceived to need extra attention, or because hospitals were thought to always need extra help. Many of the participants were unaware of all the various areas where volunteers were utilized and unfamiliar with the realities of long-term patients. Recruitment efforts should target people's interests by highlighting the variety of volunteer possibilities that might fit both the potential volunteers' and the hospital's needs, as well as confirming that there are various populations of patients in need of the form of altruistic attention each volunteer is motivated to provide.

It is important that recruiters and managers note the satisfactions and recognize the difficulties experienced by their volunteers. Volunteers must develop coping strategies for dealing with the stresses and sadness associated with some patients' circumstances and learn how to maintain distance without becoming dismissive or lapsing into denial. They must do so in a limited amount of time and without some of the peer support and resources appreciated by employees. Restricted hours and lack of complete integration into the hospital team, though desired, may also be isolating. Feeling worthwhile or making patients happy and other fulfilling experiences are important to counter the negative effects of exposing oneself to uncomfortable circumstances. While this group of participants was strong in developing their coping skills, new recruits may feel somewhat ambiguous about their commitment if they are not able to work through an uncomfortable

situation that might arise. Managers should be conscious of these factors and be able to provide assurances of worth and resources for empathy when needed.

One issue was lack of knowledge about the patients with whom they were asked to spend time. In a setting where patient turnover is large and staff is overextended, it may not be realistic to expect staff to be able to communicate, or even have, information which would undoubtedly be helpful. In fact, sometimes a volunteer who is able to spend time with a patient actually knows as much or more information about a patient as a staff member. For those volunteers whose responsibilities have to do with informing and directing the public, patients, staff, vendors, etc., lack of information is frustrating for more than just the volunteer. Where practical, volunteers should be fully apprised of the information they need to support the patient, public, or staff. Volunteers may be useful in suggesting ways in which this important information might be realistically transmitted more effectively or easily without disadvantage to staff or protocol.

Volunteer coordinators and recruiters should use their most valuable marketing resource, the volunteers themselves, to strategize their recruitment efforts. Persons often learn of volunteer opportunities through friends who volunteer or are employed by an organization. Managers should understand why a volunteer would or would not recommend their work to another and factor those into their recruiting plans. They should consider designing opportunities for volunteers to be ambassadors for the hospital's volunteer program. They should also seek out the assistance of volunteers of underrepresented demographic populations and determine whether they can provide any insights which would help to promote diversification efforts.

Recommendations for Further Research

The sample group in this study was relatively small, although fairly representative of the hospitals' general year round volunteer population (i.e., exclusive of summer students), with regard to representing the older generation of volunteers. The group favored male participants in that the general ratio of male to female volunteers in this hospital was one to four. Of broader significance is that the adult volunteer population itself is not necessarily representative of the community at large or the patient population it serves. The ratio of male to female is still skewed compared to both local and national statistics, although this research failed to indicate any strong differences in terms of motivations or life circumstances, which implied females either have more time to volunteer or significantly different interests and attitudes than men do. When some of the participants were asked for their perspective on the imbalance between male and female volunteers, they provided a number of different viewpoints; however, some believed that socialization was now such that the gap between genders would start diminishing. Several also noted that how and where volunteer opportunities were marketed may be a problem with regard to attracting male candidates. Of related interest and concern was the ethnic make-up of the adult volunteer staff. The patient populations include cultural groups who are underrepresented in the volunteer pool. Further research focusing on male volunteerism and ethnic volunteerism, which will shed light on any fundamental differences that may exist in motivations and circumstance that were not recognized in this and other studies of hospital volunteerism, might be enlightening for those who must design and implement recruitment strategies and who hope to diversify the volunteer pool.

The Medical Center is fairly large and complex in its patient services and administrative operations, thereby accommodating volunteers whose variety of backgrounds and interests might be comprehensively satisfied. The research would benefit from a comparison with other hospitals in the area that may not offer the same opportunities. It is possible in such cases that patterns of motivation might more closely follow those recognized historically and in the literature. In turn, prior research on hospital volunteers has not often segmented the volunteers with regard to the type of work they do, leading to conclusions that there exists a stronger similarity among the motivations and needs of all volunteers than might be found if one were to differentiate their general areas of performance. It would be of interest to determine whether sub-populations within the large study groups might produce differing models.

In depth interviewing reveals motives and circumstances far more personal than could have been anticipated on a survey basis. Personal interests are not always reducible to a survey, nor, necessarily, should they be; however, they may be more of a driving force than generalized altruism or more significant than gender or religion or ethnicity in causing any one individual to volunteer in a particular environment. While it is recognized that it is not always practical to conduct research on an in-depth basis, more qualitative reviews may be helpful in pursuing the research suggested, particularly with regard to gender and ethnic motivation

REFERENCES

Bureau of Labor Statistics (2003). *Volunteering in the United States, 2003.* (USDL 03-888).Washington, DC: United States Department of Labor.

Castrey, M. (1998, November 2). One foot in each world: Volunteers forge vital links between hospitals and communities. *AHA News, 34*(43), 7.

Clary, E. G., Ridge, R. D., Stukas, A. A., Snyder, M., Copeland, J., Haugen, J., & Miene, P. (1998). Understanding and assessing the motivations of volunteers: A functional approach. *Journal of Personality and Social Psychology, 74,* 1516-1530.

Cnaan, R. A., & Goldberg-Glen, R. S. (1990). Comparison of volunteers in public and nonprofit human service agencies. *Nonprofit and Voluntary Sector Quarterly, 19,* 345-358.

Cnaan, R. A., & Amrofell, L. (1994). Mapping volunteer activity. *Nonprofit and Voluntary Sector Quarterly, 23,* 335-351.

Eisenberg, N., & Okun, M. A. (1996). The relations of dispositional regulation and emotionality to elders' empathy-related responding and affect while volunteering. *Journal of Personality, 64,* 157-183.

Ferraraccio, M. (1998). Mandatory community service requirements in public high schools: Are they constitutional? *Journal of Law & Education, 27,* 139-145.

Freeman, R. B. (1997). Working for nothing: The supply of volunteer labor. *Journal of Labor Economics, 15,* 140-166.

Govekar, P. L., & Govekar, M. A. (2002). Using economic theory and research to better understand volunteer behavior. *Nonprofit Management and Leadership, 13,* 33-48.

Grantmaker Forum on Community & National Service (2003, March). *The Cost of a Volunteer.* Berkeley, CA. Retrieved February, 2004, from www.GFCNS.org./gfcns/-publications/index.html).

Grube, J. A., & Piliavin, J. A. (2000). Role identity, organizational experiences, and volunteer performance. *Personality and Social Psychology Bulletin, 26,* 1108-1119.

Handy, F., & Srinivasan, N. (2002). *Hospital volunteers: An important and changing resource.* Toronto, Canada: Canadian Centre for Philanthropy Research Program.

Handy, F., & Srinivasan, N. (2004). Valuing volunteers: An economic evaluation of the net benefits of volunteers. *Nonprofit and Vountary Sector Quarterly, 33,* 28-54.

Ibrahim, N. A., & Brannen, D. E. (1997). Implications of gender differences on the motivation to volunteer in hospitals. *Journal of Social Service Research, 22*(4), 1-18.

Independent Sector (2001, November). *Giving and volunteering in the United States 2001: Key findings.* Washington, DC: Independent Sector Publications. Retrieved February, 2004 from www.independentsector.org/-PDFs/GVO1keyfind.pdf.

Karniol, R., Grosz, E., & Schorr, I. (2003). Caring, gender role orientation, and volunteering. *Sex Roles: A Journal of Research, 49,* 11-19.

Liao-Troth, M. A. (2001). Attitude differences between paid workers and volunteers. *Nonprofit Management and Leadership, 11,* 423-442.

Menchik, P. L., & Weisbrod, B. A. (1987). Volunteer labor supply. *Journal of Public Economics, 32,* 159-183.

Miller, L. E., (1985). Understanding the motivation of volunteers: An examination of personality differences and characteristics of volunteers' paid employment. *Journal of Voluntary Action Research, 14,* 110-122.

Omoto, A. M., & Snyder, M. (1993). AIDS volunteers and their motivations: Theoretical issues and practical concerns. *Nonprofit Management and Leadership, 4,* 157-176.

Omoto, A. M., & Snyder, M. (1995). Sustained helping without obligation: Motivation, longevity of service, and perceived attitude change among AIDS volunteers. *Journal of Personality and Social Psychology, 68,* 671-686.

Omoto, A. M., & Snyder, M. (2002). Considerations of Community: The context and process of volunteerism. *The American Behavioral Scientist, 45,* 846-867.

Penner, L. A. (2002). Dispositional and organizational influences on sustained volunteerism: An interactionist perspective. *Journal of Social Issues, 58,* 447-467.

Penner, L. A., & Finkelstein, M. A. (1998). Dispositional and structural determinants of volunteerism. *Journal of Personality and Social Psychology, 74,* 525-537.

Schram, V. R., & Dunsing, M. M. (1981). Influences on married women's volunteer work participation. *Journal of Consumer Research, 7,* 372-379.

Segal, L. M., & Weisbrod, B. A. (2002). Volunteer labor sorting across industries. *Journal of Policy Analysis and Management, 21,* 427-447.

Skoe, E. E., Matthews, M., Pratt, M. W., & Curror, S. E. (1996). The ethic of care: Stability over time, gender differences, and correlates in mid-to late adulthood. *Psychology and Aging, 11,* 280-292.

Sobus, M. S. (1995). Mandating community service: Psychological implications of requiring prosocial behavior. *Law & Psychology Review, 19,* 153-182.

Stukas, A. A., Snyder, M., & Clary, E. G. (1999). The effects of "mandatory volunteerism" on intentions to volunteer. *Psychological Science, 10,* 59-64.

Tiehen, L. (2000). Has working more caused married women to volunteer less? Evidence from time diary data, 1965 to 1993. *Nonprofit and Voluntary Sector Quarterly, 29,* 505-529.

Wilson, J., & Musick, M., (1997). Who cares? Toward an integrated theory of volunteer work. *American Sociological Review, 62,* 694-713.

Wolff, N., Weisbrod, B. A., & Bird, E. J. (1993). The supply of volunteer labor: The case of hospitals. *Nonprofit Management and Leadership, 4,* 23-45.

Wymer, W. W., Jr. (1999). Hospital volunteers as customers: Understanding their motives, how they differ from other volunteers, and correlates of volunteer intensity. *Journal of Nonprofit & Public Sector Marketing, 6 (2/3),* 51-76.

Zweigenhaft, R. L., Armstrong, J., Quintis, F., & Riddick, A. (1996). The motivations and effectiveness of hospital volunteers. *The Journal of Social Psychology, 136,* 25-34.

APPENDIX A

NOTICE TO VOLUNTEERS
Request to Participate in Research Study

As part of a research thesis I am completing for my graduate studies in Nonprofit Administration at the University of San Francisco, I will be conducting interviews of hospital volunteers at the hospital in the coming weeks. Please consider being a participant in this study.

Hospital volunteers are a valuable resource, but there is little information about them relative to the important role they have played over the years. It is important to understand who chooses this form of volunteer work and why, in order to maximize the benefits of volunteerism to the hospital staff and patients, and to recognize the needs and potential of those who volunteer. This study is particularly focused on volunteers who have responsibilities in which they directly serve patients.

The Hospital has given me their permission to conduct this research with their hospital volunteers; however the research is being done totally independent of the hospital system. All costs, procedures, prior research and final product are the sole effort or responsibility of the researcher. Individual information will not be shared with the hospital personnel. No individual identities will be used in any reports or publications resulting from this study and all records will be maintained by the researcher and kept as strictly confidential as possible. All interviews will be in accordance with HIPPA regulations.

There will be no costs to participants in this study other than the valuable time that they are providing during the interview. There will be no reimbursement for participation.

The interviews will be held at both the hospital campuses to accommodate participant's usual volunteer location and shift. It is anticipated that the interviews should take no more than thirty to forty-five minutes. During the interview participants will be asked to discuss their reasons for choosing this form of volunteerism and about their experiences relative to making that choice. Participants may decline to answer any of the questions and to withdraw from participation at any time.

Participants must be at least 18 years of age and have duties which include patient contact.

I hope that you will seriously consider being a participant in this study. Please contact me at (415) 661-9284 or by email at rickjud@sbcglobal.net to arrange for an interview if you are interested in being a participant, or if you have questions.

Judith Blanchard
Hospital Volunteer

PARTICIPATION IN RESEARCH IS VOLUNTARY. Your decision whether or not to participate will have no influence on your present or future volunteer status at the hospital.

APPENDIX B

INFORMED CONSENT

Purpose and Background

Ms. Judith Blanchard, a graduate student in Nonprofit Administration at the University of San Francisco is doing a research study on the motivations of volunteers who choose to work with patients in a hospital setting. As the researcher, Ms. Blanchard is interested in understanding the various factors which influence a volunteer's decision to devote their talents and attention to supporting the care and comfort efforts provided by hospitals to persons whose health is frail or compromised.

I am being asked to participate because I am a hospital volunteer, over the age of 18, whose duties include contact with patients.

Procedures and Policy

If I agree to be a participant in this study, the following will happen:

1. I will participate in an interview with the researcher, Ms. Blanchard, during which I will be asked about the factors which influenced my choice to work voluntarily in a hospital setting, with patients, and my general experience as a hospital volunteer.
2. I will be asked whether it is permissible to tape the interview, and to indicate my preference on this form, where indicated.
3. I will be asked to confirm in which age category, of those described by the interviewer, I belong.

I understand that this research concerns my interests and involvement, as a volunteer in supporting the hospital's care and treatment of patients, and I will not be asked to identify or discuss individual patients or the professionals who treat them. I will not disclose any hospital proprietary or confidential information in keeping with HIPPA regulations.

Risks or Discomforts

It is possible that some of the questions regarding my motivations or experience may make me feel uncomfortable, but I understand that I may decline to answer any questions I do not wish to answer or to terminate my participation at any time.

I understand there is some risk that participation in research may result in a loss of confidentiality, however I have been assured that all notes and tapes (if applicable) will be coded and kept in locked files at all times and that no individual identities will be used in whatever reports or publications may result from this study.

Costs/Reimbursement
There will be no financial costs to me as a result of taking part in this research study. There will be no reimbursement for my participation in this study.

Benefits
There will be no direct benefit to me from participating is this study. The anticipated benefit of this study is a better understanding of why people choose to volunteer their time in a hospital environment and the type of person who does so. This information should prove useful to hospital administrators whose responsibility is to recruit new volunteers and to maximize the benefits of volunteerism for the patient, hospital staff and volunteer.

Questions
Ms. Blanchard has explained the purpose of this research and has responded to my initial questions regarding the study and my participation. If I have further questions or comments about this study, I should call her at (415) 661-9284.
If for some reason I do not wish to do this, I may contact IRBPHS, which is concerned with protection of volunteers in research projects. I may reach the IRBPHS office by calling (415) 422-6091 and leaving a voice mail message, by e-mailing IRBPHS@usfca.edu, or by writing to the IRBPHS, Department of Psychology, University of San Francisco, 2130 Fulton Street, San Francisco, CA 94117-1080.

Consent
PARTICIPATION IN RESEARCH IS VOLUNTARY. I am free to decline to be in this study or to withdraw from it at any point. My decision as to whether or not to participate in this study will have no influence on my present or future status as a volunteer at the hospital.
My signature below indicates that I agree to participate in this study.

_____

Signature of Subject Date of Signature

_____

Signature of Person Obtaining Consent Date of Signature

Please indicate with a check mark whether or not you agree to have the interview taped.

( ) I agree to have the interview taped. ( ) I prefer not to have the interview taped.

APPENDIX C

Interview Outline

The following topics were covered and/or questions asked during the face to face interviews with hospital volunteer research participants. The topics and questions provided the framework for the interviews; however, the nature of the study was such that some flexibility and invention was warranted in order to facilitate reasonable and meaningful responses from the research subjects. Prompts, supplementary inquiry or examples are indicated in parentheses for those questions where they might be required.

The more general questions were asked of each participant; however, more in depth queries were sometimes used in cases where the participant had significant years of experience or a broad scope of relevant responsibility. Questions were not always asked in the order given. Early responses may have incorporated some of the information implicated by other questions or encouraged the interviewer to explore significant issues as they arose.

Prior Volunteer Experience

Is this your first volunteer job?

(Relevance of prior experience to current role).

What made you initially decide to become a volunteer?

(In any volunteer role)

Motivation as Hospital Volunteer

How long have you been volunteering at UC?

Why did you choose this particular form of volunteer work?

(Any mandatory or professional investment considerations?)

Were you influenced by others to work in this particular type of environment?

(Religious or cultural considerations?)

(Familial, social or professional influence?)

(Upbringing/socialization issues?)

Why did you choose this particular hospital?

What is significant to you about patient contact?

Have you had any experience in your life that made this form of volunteering...

Seem more important to you than other types of volunteer work?

Easier to adjust to than had you not had that experience?

(Former hospitalization-self or family? Experience with volunteers?)

(Prior professional/volunteer experience with patients?)

(Experience as parent with sick or disabled child?)

(Caretaker for partner/spouse or elderly parent?)

(Interest in particular medical issue or patient population, e.g. AIDS?)

Hospital Volunteer Experience

Did you choose the area where, or responsibility to which, you were assigned?

How important is this to you?

(Autonomy?)

(Sense of belonging?)

Are there areas of the hospital where, or patient groups with whom, you would rather not work?

Do you feel that you are using and or developing any type of skills in performing this

work? How important was this factor in your choice of volunteer work?

What is most satisfying about your volunteer work at the hospital?

(If anything.)

What is most disappointing about your volunteer work at the hospital?

(If anything.)

What is most difficult about your volunteer work at the hospital?

(If anything.)

What sort of changes (in policy, procedure, administration, etc...) have you witnessed/experienced that have impacted your work with patients over the years?

Has it affected your feelings about the work?

(How?)

Having had this hospital volunteer experience, will you continue to do the same type or similar work in the future?

Would you recommend this type of work to anyone you know?

How important does the work seem now that you have been here for awhile?

Please let me know which of the following is your appropriate age group.

18-25 26-40 41-55 56-65 66-75 75-85 85 and over