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Volunteering in hospice care

Identifying Dutch (ex-) volunteers' stress, stressors and motivations using the Job Demands-Resources Model

Master Thesis

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Summary

In Dutch hospice palliative terminal care there is an increasing demand for volunteers. The combination of the Dutch transition from a welfare state to a participation society, the increasing number of people dying and the Covid-19 pandemic are the greatest reasons for that. The main objective of this research is to understand what motivates/motivated Dutch hospice (ex-) volunteers to do their job, what stressors they experience(d) and if hospice volunteering is experienced as a stressful job in general. This information can be used to recruit, retain, and support Dutch volunteers in order to keep up with the booming demand.

In order to identify motivations to continue volunteering, stressors and stress, the Job Demands-Resources model was used. Information was collected from previous volunteering research in foreign countries and this information was then translated into different job demands and job resources. These were the basis for the interview questions related to identify stressors and motivations to continue volunteering. The balance between these job demands and job resources was used to identify the level of stress, through a motivational process or a stress process. In order to identify and categorize motivations to start volunteering, the Inventory of Motivations for Hospice Palliative Care Volunteerism (IMHPCV) model was used. The data was collected via semi-structured interviews with eight volunteers and five ex- volunteers, who are/ were active in seven different hospices. Also, document analysis was performed. For the coding of the data, abductive analysis was used.

The most commonly mentioned stressors which volunteers and ex- volunteers experience(d) are dealing with death and dying, conflicts between visitors and volunteers, dealing with losing young patients or patients they had strong connections with and the Covid- 19 pandemic. Other, less mentioned stressors, are time pressure, dealing with aggressive patients, conflicts between colleagues, disagreeing with certain rules of the hospice, insecurity and not having enough time to volunteer. The motivations to start working at the hospice which are mentioned the most are altruism, leisure and social influence. Other less mentioned motivations to start working at the hospice are civic responsibility, self-promotion and the fascination around death. After balancing out all job resources and job demands plus analysing the level of exhaustion, job satisfaction, reasons to quit, intentions to quit and their own personal score on stress, this research shows that a motivational process occurs within hospice volunteering. The abundant job resources lead to positive outcomes, via their intrinsic motivational role. This means that many Dutch hospice palliative care volunteers and ex- volunteers do/did not generally perceive their work as stressful, although

they do/did encounter a variety of stressors/ challenges. Since these stressors are temporary and all (ex-) volunteers are highly motivated, most of them have no intentions to quit and most reasons why ex- volunteers did quit are not worrying. They feel/felt a lot of gratitude by their work, although it is/was sometimes sad.

Although most (ex-) volunteers perceive(d) their work as valuable and their level of stress is/ was generally low, there are some practical recommendations for hospice coordinators to recruit and retain (future) volunteers. In order to recruit new volunteers it would be useful to tailor recruiting messages to the most influential categories of the IMHPCV model. To retain future volunteers, ex- volunteers' reasons to quit should be identified and volunteers' work satisfaction has to be regularly evaluated in an individual setting. To retain volunteers, special attention to new hospice volunteers during the first year(s) of service has to be provided.

Content

1. Introduction

Volunteers in healthcare are invaluable. Numerous studies have proven that they improve patient's experience of care and that they offer a uniquely human contribution that helps to narrow the gap between professionals and patients (Guirguis-Younger, Kelley & Mckee, 2005).

Especially in the Netherlands volunteers in health care are becoming more and more important. Before 2015, the Netherlands was known as a welfare state; a country which is based on solidarity and equality (Delsen, 2016). Nowadays, the Netherlands is in a transition from a welfare state to a participation society. Within this participation society citizens are encouraged to take responsibility and contribute to society themselves (Jager-Vreugdenhil, 2012; Van Steden, Van Caem, & Boutellier, 2011). The main reform that contributed to increased responsibilities for volunteers was enacted in 2015, with the introduction of the Social Support Act. Citizens in need of care are now supposed to turn to their own social network and to volunteers before requesting support from local government (Kampen, Verhoeven & Verplanke, 2013, p. 11-13). This reform was necessary because the costs of the welfare state were becoming too high (Spijker & Macinnes, 2014). For health care this change means that there is a greater demand on the own responsibility of people and a more frequent use of volunteers, in order to keep the healthcare system sustainable. On top of that, the Dutch society is aging. In 2020, the "gray pressure" was 33 percent; for every person over 65, there are three people of working age (20 to 65). In the coming years, this will increase to almost 50 percent (CBS, 2020). The number of people dying will continue to increase until approximately 2050. In addition to the ageing society, the Covid- 19 pandemic led to the postponing of medical volunteering services. Many volunteers quit during this pandemic, due to infection risks (Pickell, Gu & Williams, 2020).

The combination of this Dutch transition from a welfare state to a participation society, the increasing number of people dying and the Covid- 19 pandemic results in a booming demand for volunteers in Dutch palliative terminal care. Without these volunteers, it is impossible to complete the care of the dying in hospices and in people's homes (Scott, 2015). Hospices create an opportunity to die in a homely and secure environment when this is no longer possible at home. On top of that, they avoid hospitalization, which reduces health care costs. Nowadays, it is estimated that 70 percent of non-sudden deaths in the Netherlands will be in need of palliative care (PZNL, 2019). More than ten percent of these deaths occurs in hospice facilities (West, Pasman, Galesloot, Lokker, & Onwuteaka-Philipsen, 2015).

Therefore, it is of great importance that enough volunteers continue to work in hospice care.

Fortunately, shifts from professionals to volunteers can be observed across Dutch contexts and in various types of public services, particularly in the domains of long-term care and social work (Baines, Hardill & Wilston, 2011). Yet, given the emotionally demanding nature of hospice palliative care, not everyone is suited to this type of volunteer work. Hence, it is of great importance to gather data about the motivations, stressors and stress of Dutch hospice volunteers and ex- volunteers. Comprehensive answers are needed to these questions because hospice coordinators need help in understanding (ex-) volunteers' motivations, stressors and stress to recruit, retain, and support them in order to keep up with the booming demand. It is important to include both volunteers and ex- volunteers, because ex- volunteers' reasons to quit could give additional information about stressors and stress (Brown, 2011; Nissim et al., 2016).

1.1 Scientific relevance

Motivation and stressors are topics of central interest for volunteer organizations and have been studied by researchers in several countries. For example, Claxton-Oldfield, Claxton-Oldfield, Paulovic & Wasylkiw (2012) found out that altruistic motives and leisure were the most influential reasons for choosing to start volunteering at the hospice and personal gain motives were the least influential reasons for becoming a hospice volunteer in the UK. Within another Canadian study from Claxton-Oldfield, Wasylkiw, Mark & Claxton-Oldfield (2011), altruistic motives and civic responsibility were seen as the most influential categories of motives.

In one of the first studies to address stressors of hospice volunteers, Paradis & Usui (1987) interviewed seventeen American hospice volunteers to elicit concerns related to stress and burnout. Four areas of stress were identified, namely, role ambiguity (eg, uncertainty about what responsibilities they can assume/their role in the organization), status ambiguity (eg, not feeling like part of the team), stress related to patients and families (eg, frustration over not being able to do more to help the patients/ families), and stress related to individual personal circumstances (eg, stresses in the volunteer's home, work, and family environment). Another research, from Brown (2011), interviewed fifteen American hospice volunteers to identify the stressors and found out they experienced two types of stressors: hospice issues and personal issues. Hospice issues included for example patients not wanting the volunteer to leave, family members fighting in front of the patient and dealing with death and dying. They also asked them if they experienced their work as stressful. Almost all of the participants in

this study reported that the hospice volunteer work was not stressful. This perception was explained by several participants that declared the work was not stressful because they loved the work (Brown, 2011).

Despite the burgeoning literature on motivations and stressors for hospice palliative care volunteering, there is a paucity of data on Dutch hospice (ex-) volunteers' motivations, stressors and stress in general. Only one Dutch research examined motivations of volunteers in Dutch palliative terminal care and the meaning of their work. Unfortunately, the way data was gathered was not sufficient enough to give a comprehensive answer to the research question. They indicate that it would be interesting to do follow-up research on the meaning and motivations of volunteering in the palliative end-of-life by interviewing volunteers and ex-volunteers (Sakkers, 2018). Studies which examined the stressors and stress of Dutch hospice volunteers and ex- volunteers have not been conducted before.

1.2 Objective and research question

The main objective of this research is to understand what motivates/ motivated Dutch hospice (ex-) volunteers, which stressors they experience(d) and if hospice volunteering is experienced as a stressful job in general. This information can be used to recruit, retain, and support Dutch volunteers in order to keep up with the booming demand. Therefore, the main research question of this study will be:

How do/did Dutch (ex-) volunteers in palliative hospice care experience their work?

The research question will be answered through the following sub- questions:

1. *How is the Dutch palliative terminal care organized and what does this care entail?*
2. *What are the tasks of Dutch volunteers within hospice care?*
3. *What are/were the stressors Dutch hospice (ex-) volunteers experience?*
4. *What motivates/ motivated Dutch hospice (ex-) volunteers to do their work?*
5. *Is hospice volunteering in the Netherlands experienced as a stressful job in general?*

1.3 Outline

In chapter two, the concepts and models will be explained and previous publications about motivations, stressors and stress within hospice volunteering will be analyzed. After that, in chapter three, the methods that were used to acquire data and perform the empirical analysis are set out and justified. In chapter four the results from the fieldwork are shown. Finally, in chapter five the conclusions are drawn and discussed.

2. Theoretical framework

In this chapter, the Dutch palliative terminal care will be explained and hospice volunteers and their tasks will be defined. Secondly, I will explain the two models which will be used in order to answer the main research question and the corresponding sub-questions *"What are/were the stressors Dutch hospice (ex-) volunteers experience?", "What motivates/motivated Dutch hospice (ex-) volunteers to do their work?" and "Is hospice volunteering in the Netherlands experienced as a stressful job in general?"* ; the Job Demands-Resources (JDR) model and the Inventory of Motivations for Hospice Palliative Care Volunteerism (IMHPCV) model. Lastly, relevant findings of earlier research will be described.

2.1 How is the Dutch palliative terminal care organized and what does this care entail?

Palliative terminal care is care that improves the quality of life of patients and their loved ones who are dealing with a life-threatening condition or vulnerability, through the prevention and alleviating suffering, through early identification and careful assessment and treatment of problems of a physical, psychological, social and spiritual nature (Kwaliteitskader palliatieve zorg Nederland, IKNL/Palliactief, 2017). In the Netherlands, palliative care is "generalistische zorg". This means that all healthcare providers are expected to be able to provide palliative care, if necessary, with the support of specialist palliative care providers. In *Figure 1* all locations where palliative care takes place and their proportions are made visible. As shown within this figure, a form of palliative terminal care is hospice care. This type of palliative terminal care takes place in (and/or from) a location, for the benefit of seriously ill people with a life expectancy of up to three months. The care is provided by close relatives, volunteers and professionals. The close relatives are also objects of care for the volunteers and professionals (Bruntink, 2016). There are independent hospices and hospices attached to a nursing facility or care facility (Ministerie van Volsgezondheid, Welzijn en Sport, n.d.). These hospices consists of two types: "Bijna-Thuis-Huizen" and High-Care Hospices. High- Care Hospices are hospices with their own medical and nursing staff. Nurses are available 24 hours per day. Within Bijna- Thuis- Huizen, the work is mainly done by volunteers. In addition, patients generally keep their own general practitioner, informal caregivers and social workers (Van Soest, 2014).

The exact proportion Bijna- Thuis- Huis/High- Care Hospice is not included in *Figure 1*. The reason for that is because relatively few figures are known about the extent of palliative care in the Netherlands (PZNL, 2019). I investigated it myself, by checking the

identity (Bijna- Thuis- Huis or High- Care Hospice) of numerous hospices within the Netherlands. Based on that research I assume there are more Bijna- Thuis- Huizen than High-Care- Hospices (Zorgkaart Nederland, 2021) but the exact percentages have simply not been researched before.

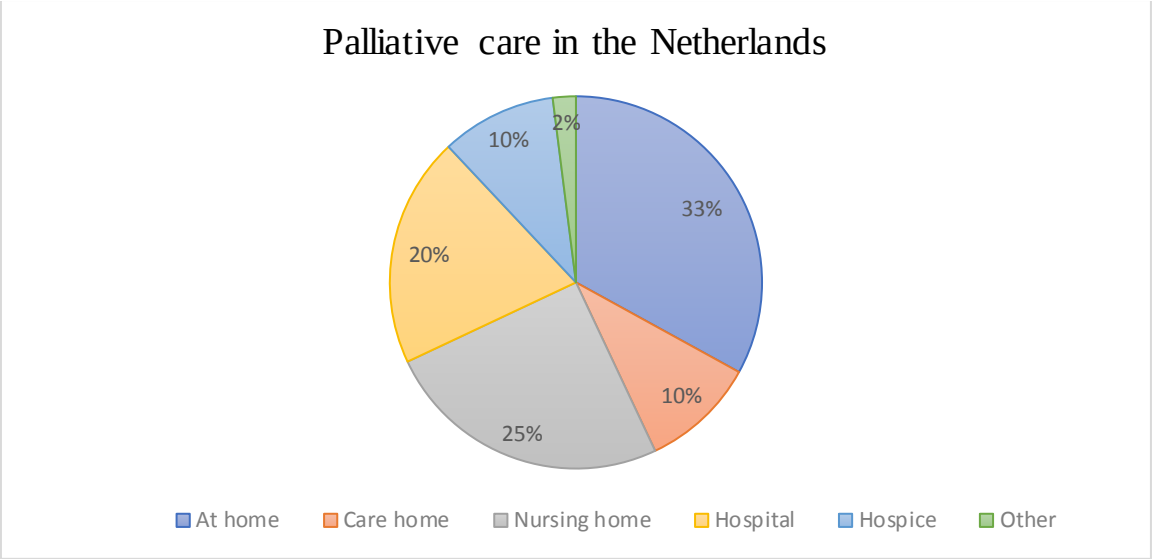

Figure 1: Distribution of all locations where palliative care is provided in the Netherlands (PZNL, 2019)

2.2 What are the tasks of Dutch volunteers within hospice care?

Before explaining the tasks of Dutch hospice volunteers, it is useful to explain what a volunteer is. A volunteer is an individual who invests time in helping others without the expectation of being to be paid for it or to receive something else in return (Linde, 2016; Musick, 2008, p. 56). Volunteers within the Dutch healthcare sector are part of the informal care sector, which besides volunteers also consists of "mantelzorgers". The difference between a volunteer and a mantelzorger is that mantelzorgers provide long-term care to individuals in their direct environment, such as their family members or friends. There is a social relationship (de Klerk, de Boer, Plaisier, Schyns & Kooike, 2015).

The role of volunteers in these Bijna- Thuis- Huizen and High- Care Hospices is adapted to every individual patient. A clear aspect of volunteer work is to connect each patients' needs and the environment of the patients and their relatives. Thus, their tasks can be quite fragmented. In some cases, the volunteer serves as a bridge between other caregivers and loved ones, and sometimes the volunteer provides the care tasks themselves (Jonker, 2016). Especially personal care and doing household chores hospice volunteers tend to take care of. Volunteers are also there for facility services in terms of washing, cleaning, maintaining the garden and providing meals (Dirksen, 2018).

2.3 The Job Demands-Resources Model

The JDR model focuses on the balance between job demands and job resources. Job demands include the physical, social, psychological or organizational characteristics of work that require some form of physical or psychological commitment (Lewig, Xanthopoulou, Bakker, Dollard & Metzer, 2007). Examples of these commitments are workload, emotional interaction with patients, time pressure and physical efforts. The model identifies these commitments as things that people often experience as negative and lead to stress.

The opposite of job demands are job resources. These are the physical, social, psychological or organizational characteristics of work that help to achieve the objectives of an organization, but they can also be of personal value to the employee (Lewig et al., 2007; Bakker, 2015). These include, for example, the level of autonomy an employee experiences or the support between colleagues. These are things that employees generally have positive associations with and lead to motivation.

Job demands demand things from the employee, while job resources offer opportunities. The balance that arises from these two can be positive or negative. The JDR model calls this negative balance a stress process and the positive balance a motivational process.

Stress process

A stress process or health impairment process is characterized by excessive job demands and lacking resources. Under these conditions the model predicts that this creates the most stressful work conditions (Karasek, 1979). When job demands are chronically high and are not compensated by job resources, employee's energy is progressively drained. This may even result in a state of mental exhaustion ('burnout'), which, in its turn, may lead to negative outcomes for the individual (such as poor health) as well as for the organization (such as poor performance) (Schaufeli & Taris, 2013).

Motivational process

Besides the stress process the JDR model also integrates a motivational process. This process is triggered by abundant job resources and may lead to positive outcomes, via their extrinsic and intrinsic motivational role. Job resources play an extrinsic motivational role because they increase willingness to exert compensatory effort, thereby increasing the likelihood of achieving work goals. Thus, they are an instrumental in achieving work goals. However, they also play an intrinsic motivational role because they satisfy the basic human needs of autonomy, connectedness, and competence (Schaufeli & Taris, 2013). Consequently, job resources have inherent motivational quality; they spark employee's energy and make them

feel engaged, which, in turn leads to better outcomes, such as organizational commitment, intention to stay and superior work performance.

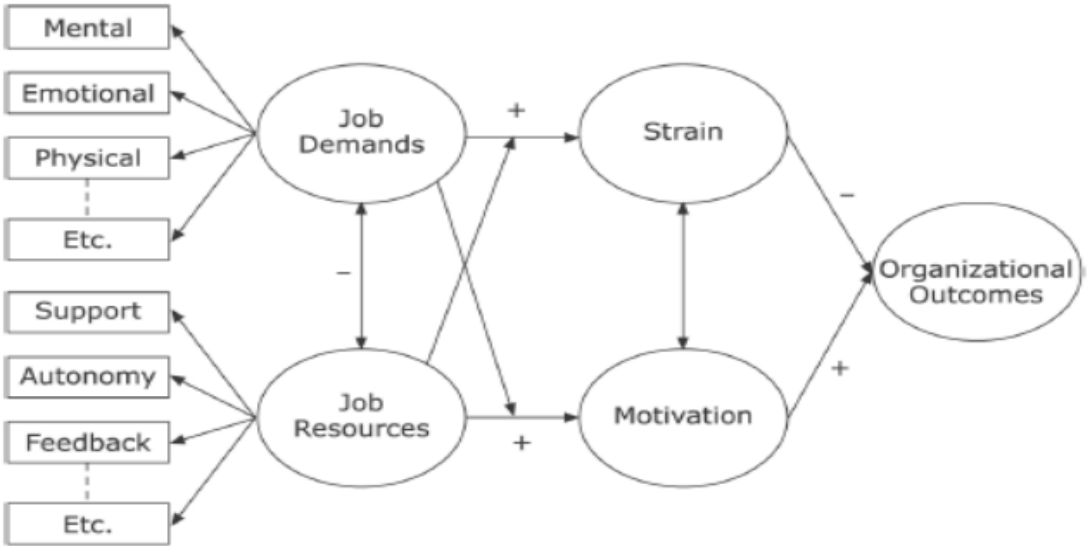

Figure 2: the Job Demands- Resources Model

2.4 The Inventory of Motivations for Hospice Palliative Care Volunteerism Model

The IMHPCV model is helpful in examining the most and least influential motivations to start volunteering of hospice volunteers in different countries. It was developed based on a literature review and interviews with hospice volunteers in the USA, Canada and the UK (Claxton-Oldfield et al., 2011). Across these countries a lot of research has been done in order to identify various motivations within hospice volunteering. In these interviews they asked what triggered their volunteering and based on their answers motivations of hospice volunteers were categorized in five categories: altruism (eg, to help others cope with death and dying), civic responsibility (eg, I have unique skills or expertise to contribute that the program needs), leisure (eg, my children are growing up/have grown up), personal gain (eg, I wanted to work in the medical field), and self-promotion (eg, I want to feel better about myself). These motivations each consists of five subscales. The subscales are presented in *Table 1* below.

Table 1: subscales of the five motivations of the IMHPCV model

Altruism	Civic responsibility	Leisure	Personal gain	Self- promotion
I want to help others cope with death and dying	I believe that everyone should give something back to the community	I enjoy having something to do with my time	The experience of volunteering would help me with my future goals	I want to improve the image I portray to family, friends, and society.
I want to help ease the pain of those living with a life-threatening illness	I generally think that people are obligated to provide service to the towns they live in	I want to meet other people	The experience of volunteering would help me with my future goals	I like the attention I get when volunteering
I want to help those who are facing death	I believe that volunteering is a required part of community service	I want an activity to focus on others instead of myself	I want/need experience in a ‘‘helping profession”	I like being needed
I want to make others happy and comfortable in life, as well as in death	I believe that people should give back to their communities	I want an activity to focus on others instead of myself	I want to get a foot-in-the-door for potential employment.	I think that people tend to look favourably on volunteers
I want to support the philosophy of palliative care	It is my responsibility to help others	I want exciting/ involving work	I want to work in the medical field	I want to feel better about myself

2.5 Existing literature

In this paragraph I will explain what previous research has been conducted about the motivations to volunteer using the IMHPCV model, what research has been done about stress and stressors and what previous studies used the JDR model in the area of volunteer work.

Motivations

Research on the motivations of hospice volunteers has been conducted in several countries, including the USA (Planalp & Trost, 2009), the UK (Claxton-Oldfield et al., 2012), France (Garbay, Gay & Claxton-Oldfield, 2015), Germany (Stelzer & Lang, 2015), Canada (Nissim et al., 2016) and South Korea (Yeun, 2020). Most of these studies used the IMHPCV model by Claxton-Oldfield et al. (2011). Within these studies, the model has been used in various ways. For example, Yeun (2020) used the model in quantitative research. They used the subscales as a questionnaire, to statistically test which motivations were most influential. However, Claxton-Oldfield et al. (2012) and Stelzer & Lang (2015) used it in qualitative

research. They translated the model into open- ended questions and interviewed volunteers to identify and categorize motivations. In the Netherlands, only the study of Sakkers (2018) identified and categorized motivations of volunteers in Dutch palliative terminal care, based on the IMHPCV model. They selected palliative care volunteers from all over the country and asked them to write a letter about their experiences at work. Unfortunately, due to the way they gathered data the results were not sufficient enough to give a comprehensive answer to the research question.

Stressors and stress

Some research about the stressors of hospice volunteers has been performed. However, all these studies were conducted in foreign countries. In the introduction two of these studies were mentioned briefly. In Amerika, Paradis & Usui (1987) identified four areas of stress, namely, role ambiguity, status ambiguity, stress related to patients and families and stress related to individual personal circumstances. Brown (2011) identified two types of stressors: hospice issues and personal issues.

Another study, conducted in the UK, identified volunteers' stresses through focus groups. Stresses such as losing patients with whom they have become good friends/developed close relationships and dealing with physically disfigured/ deteriorating patients were found (Dein & Abbas, 2005). Nevertheless, both studies concluded that volunteers do not generally perceive their hospice palliative care work as stressful and any stressors they do encounter tend to be temporary. Unfortunately, none of the studies included ex-volunteers, which makes them biased. Brown (2011) and Nissim et al. (2016) mentioned in their concluding marks that future research should also focus on volunteers who have dropped out of the program, in order to paint a complete picture.

Job Demands-Resources Model

At the heart of the JDR model lies the assumption that whereas every occupation may have its own specific risk factors associated with job stress, these factors can be classified in two general categories: job demands and job resources. This constitutes an overarching model that may be applied to various occupational settings, irrespective of the particular demands and resources involved. This model has been well documented in the paid work literature, but also in the area of volunteer work there is increasing evidence it is a valid model to use (Cox, Pakenham & Cole, 2010; Lewig et al., 2007). Within this study, the JDR model is an appropriate model as it enables researchers to examine simultaneously both negative (stressors) and positive (motivation) aspects of volunteer well-being and the balance between

those two (stress) (Huynh, Winefield, Xanthopoulou & Metzer, 2012). This is the reason why this specific model will be used to indicate stress, stressors and motivations within hospice (ex-) volunteers. Within hospice palliative care, this model has not been used before to answer these questions.

However, various studies used the JDR model to indicate stress, burnout and motivations within volunteer work. For example, Huynh, Xanthopoulou, & Winefield (2013) tried to identify job resources/motivations experienced by fire service volunteers. They found out that support from family and friends is a critical resource/motivation in coping with the demands related to volunteer work and may protect volunteers from stress and burnout, while helping them to stay connected to volunteering. Another study, performed by Cox et al. (2010), examined the level of stress and burnout AIDS/HIV volunteers experienced using the JDR model. They first identified possible job demands and job resources and translated those in questions for the interviews. After conducting these interviews, stressors such as role ambiguity, role conflicts and unrealistic self-expectations were identified. Supervisor social support and co-worker social support were job resources/ motivations they believed to find, however those rarely scored high. This led to an imbalance between individual resources and job demands which consequently led to higher levels of stress, burnout and job dissatisfaction.

3. Data and empirical strategy

In this section, I will provide a critical overview of the whole research process. Firstly, I will clarify the chosen study design. Afterwards, I will describe and explain the sample selection criteria. Thirdly, I will give a description of the process of data collection and explain the choices that have been made. Next, I will set out and justify the process of data analysis. After that, the validity, reliability and generalizability are discussed. Finally the theoretical concepts are converted into measurable variables in the operationalization paragraph.

3.1 Study design

For this study I have used a qualitative research design to gain a thorough understanding of the motivations, stressors and stress within Dutch hospice (ex-) volunteers. A qualitative study is extremely helpful in providing additional information and for revealing volunteers' needs and feelings towards their work and provides a better understanding of the topic (Austin & Sutton, 2014). Furthermore, I decided to use a multiple-case design. A multiple-case design, or collective case design, refers to a case study research in which several instrumental bounded cases are selected to develop a more in-depth understanding of the phenomena than a single case can provide. This creates an all-embracing fact that the evidence created from a multiple case study is measured strong and reliable (Baxter & Jack, 2008). As mentioned earlier, in the theoretical framework, within the Netherlands different kinds of hospices are accessible. When studying only one case/hospice, the results would not be generalizable to all Dutch hospices. Another advantage of multiple case studies is that they create a more convincing theory when the suggestions are more intensely grounded in several empirical evidence. Thus, multiple cases allow wider exploring of research questions and theoretical evolution (Eisenhardt & Graebner, 2007).

Finally, the design suits the research question. The people I was interested in were hospice (ex-) volunteers, which are predominantly retired females (Caidwell & Scott, 1994). These are probably more difficult to approach with, for example, an online survey because older people are, in general, not too familiar with those and might find them difficult to fill in. With qualitative research it is possible to gain their trust and explain the questions. On top of that, participants could be interviewed in a physical setting or by phone. It was not strictly limited to an online setting. So even older, less computer-literate people had the option to participate.

Qualitative research methods

I have used two methods during the whole process. The main method I used during the whole process was conducting semi- structured interviews. The reason for choosing individual semi-structured interviews is because all participants are asked the same questions. This leads to comparable collected data (McIntosh & Morse, 2015). However, there is also plenty of room for changes in the order of the questions or to ask further questions about answers given. The room for maneuver makes it possible to get a better picture of the interviewee's experience (Berg & Lune, 2014, chapter 11).

Furthermore, I analyzed certain documents about all hospices which participated in this study. Those were policy documents and information brochures and websites of those hospices. These documents were publicly available or obtained from participants who were interviewed. The importance of documents is that they can support or confirm information that was gathered from other sources (Mortelmans, 2018). I used documents primarily to check and complement information which was given by (ex-) volunteers about the identity of the hospice (Bijna- Thuis- Huis or High- Care Hospice).

3.2 Sample selection criteria

Inclusion criteria were set up in order to give a comprehensive answer to the main research question and the corresponding sub- questions. (Ex-) volunteers have/had to provide direct patient care to hospice patients and have/ had to work there for more than three months, in order to participate. Participants whose working experiences is less than three months were excluded because their time at the hospice is too short in order to give a comprehensive to the research question. For example, when volunteers who only worked there for a few weeks were included, there would be a great possibility some major stressors (for example: dying patients) simply have not been experienced so far. These inclusion criteria are mentioned in the invitation letter *(Appendix II)*. No other restrictions have been made, in order to include an extensive group of (ex-) volunteers.

3.3 Data collection

Approaching the field

The process of data collection started from April 2021 after my proposal was approved. In order to conduct individual semi- structured interviews with Dutch hospice (ex-) volunteers within different hospices, different actions were taken. Firstly, I started contacting various hospices all across the Netherlands to participate within this study. I set up an invitation letter

addressed to the hospice coordinators (*Appendix I*) and one addressed to the (ex-) hospice volunteers (*Appendix II*) which I sent via email to the hospice. Ten hospices were contacted, but only one of them answered positively. The remaining nine did not want to participate or did not respond at all. In order to get in contact with more hospices, I decided to send a letter to Vrijwilligers Palliatieve Terminale Zorg Nederland (VPTZ Nederland) and asked them if they could help me. VPTZ Nederland is the umbrella organization for organizations in voluntary palliative terminal care. They support more than 200 member organizations, look after their interests and stimulate the quality of care and support. These member organizations provide care at home, in hospices and, increasingly, in care institutions (Vrijwilligers Palliatieve Terminale Zorg Nederland, n.d.). I sent them the invitation letter addressed to the hospice coordinators and the one addressed to the (ex-) hospice volunteers, which they included in their newsletter. This newsletter was send to all hospices coordinators in the Netherlands which are affiliated to VPTZ Nederland. The hospice coordinators of the hospices which liked to participate then sent my invitation letter addressed to the (ex-) volunteers to their (ex-) volunteers. These (ex-) volunteers then reached out to me, via email or phone, to schedule the interview.

Participants and interviews

Fortunately, after VPTZ Nederland sent out their newsletter, there was a lot of response by volunteers. More than twenty volunteers from different hospices reached out to me. I included eight volunteers because my goal was to interview fifteen (ex-) volunteers and I wanted an even allocation between those two groups. I made sure I selected volunteers from different hospices across the Netherlands. Unfortunately, ex- volunteers were a lot harder to reach. Most coordinators only sent my invitation to their volunteers, and forgot about their volunteers who used to work there. I called or e-mailed all hospices who offered their volunteers to participate asking to re- send my invitation to their ex- volunteers, but only three volunteers reached out to me via this way. In order to recruit more ex- volunteers, I asked all volunteers I interviewed if they knew any ex- volunteers and tried reaching them this way. Two more ex- volunteers were willing to participate. Unfortunately, recruiting two more ex-volunteers in order to have an equal allocation between both groups was unsuccessful. The (ex-) volunteers are/were active in seven different hospices all over the Netherlands. Five hospices identify as a Bijna- Thuis- Huis and the remaining two hospices identify as a High Care Hospice.

Before the interview started, I collected some demographic information about the

participants in order to ascertain if the sample is representative of the population. Participants' gender, age and employment status were identified and they were asked if their hospice identifies as a Bijna- Thuis- Huis or High- Care Hospice. Furthermore, participants were asked the number of months/ years they work(ed) at the hospice and were asked to describe which tasks they have/had to perform. I did this to make sure I could exclude potential participants who did, for whatever reason, not read the inclusion criteria in the invitation letter (*Appendix II).* Fortunately, no (ex-) volunteers had to be excluded from the study because they did not meet these criteria. During the interviews I tried to create an open atmosphere. I did this by explaining the course of the interview and ensured participants they could tell me everything, without any consequences. On top of that, I did not write anything down during the interviews because I wanted to focus entirely on the participant, to make sure they felt like they got my full attention.

3.4 Data analyses

As mentioned before, thirteen interviews have been conducted. After performing all interviews, these have been literal transcribed. Since all participants are Dutch, the interviews were conducted in Dutch as well. The findings have been translated after the interviews were already coded to prevent inadequate translations and to make sure implied connotations are not neglected (Suh, Kagan & Strumpf, 2009).

Coding

In order to analyse the collected data I used the software program Nvivo for coding. I coded the interviews using five codes, 28 sub- codes and 27 sub-sub codes. I put all the codes in a table to make the coherence transparent (*Appendix III*). For this coding an abductive approach was used, which is a combination of two methods: the inductive approach and the deductive approach. An inductive approach is characterized by a search for patterns. During the analysis the researcher looks for similarities and differences in the data, which are described in categories and/or themes on various levels of abstraction and interpretation. The researcher moves from the data to a theoretical understanding. On the other hand, within a deductive approach, researchers test the implications of existing theories or explanatory models about the phenomenon under study against the collected data. They move from theory to data or from a more abstract and general level to a more concrete and specific one (Graneheim, Lindgren, & Lundman, 2017). Within this study, a combination of these two approaches was used: the abductive approach. This approach implies going back and forth between theory and data. This allows for sensitising concepts to be used but during the analysis there is room for

new structures that may stand out (Graneheim, Lindgren, & Lundman, 2017). This creates a more complete understanding of the subject. I used the deductive approach when I started coding. I translated the two models, explained in chapter 2 and operationalized in paragraph 3.6, into codes. I also used more inductive codes that came up while reviewing the transcripts. Various job demands, resources and motivations which were not captured by the two models appeared while observing the data.

3.5 Validity, reliability and generalizability

Within all kinds of research it is important to safeguard validity, reliability and generalizability. I will first briefly explain what these terms entail. Next, I will explain how this study tried to reach them as far as possible.

Reliability is the extent to which results are consistent over time and an accurate representation of the total population. If the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable (Joppe, 2000, chapter 2).

Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. In other words; does the research instrument allow you to hit "the bull's eye" of your research object (Joppe, 2000, chapter 2)? However, in qualitative research complete validity is impossible to obtain because of pre-existing ideas and values of the researcher in every type of research. In qualitative research the subjective researcher plays a large role in the data collection and analysis. However, measures can be taken to reduce biases or to account for them (Tracy, 2019, p. 248).

Generalizability means that the results of a study are also applicable to other populations in other situations or contexts (Tracy, 2019, p. 249). As mentioned before, I performed a multiple case study, which increases the generalizability of this study. On top of that, I made sure to include (ex-) volunteers who were active in hospices all across the Netherlands, in order to guarantee that the results from this study apply to different hospices in the Netherlands.

Triangulation

In order to improve the validity and reliability of the study data triangulation was used. Although I mostly conducted interviews, I also analyzed documents. I tried to find out how possible contradictions in the results of these different data sources could be explained. For example, I checked via these documents if the hospices are classed as Bijna- Thuis- Huis or

High- Care Hospice, because different volunteers within the same hospice gave different answers.

Audit Trail

To make the whole research process transparent and replicable, various actions have been taken. To make sure the study is reliable, all interviews have taken place in the same setting (Zohrabi, 2013). Participants could choose between an online setting such as Zoom or Microsoft Teams, but via phone or in a physical setting (only when the participant lived in Limburg, due to travel times and travel costs) was also possible. I would then drive off to their homes to conduct the interview. This made it possible to conduct all interviews in the same setting: their own homes. This also led to ecological validity, because interviews could be conducted in a natural setting (Cicourel, 1982). Furthermore, all steps that I took are reported within this study, difficulties which occurred are described and all interviews are recorded and transcribed (Mortelmans, 2018).

Self- reflection

Values that reflect the personal feelings or beliefs of researchers could pose a bias on the results. It is important to recognize those values and suppress them when conducting qualitative research (Tracy, 2019). I did this by being aware that my presence could influence the answers of participants. Therefore, I stressed several times that participants could be open about everything I asked them and that all information would be anonymized. I also noticed that some participants had issues with the voice recorder, so I informed all of them that these recordings would be destroyed after I gathered all my data. Also, I tried to ask neutral questions. I noticed that, while transcribing my first interviews, I had the urge to steer participants by asking certain questions. For example, the first three participants mentioned stressors due to the Covid- 19 pandemic and because of that I asked the next participants if they also experienced this. I was subconsciously looking for these answers. However, when I noticed this, I quit doing it.

3.6 Operationalization

In this paragraph it will be made clear how the different theoretical concepts are measured. The theoretical concepts are converted into measurable variables and the measurement of these variables ultimately determines the results and thus the conclusions of the research. In this study, the theoretical concepts (the JDR model and the IMHPCV model) are translated into questions for the semi- structured interviews, one for volunteers *(Appendix IV)* and one

for ex-volunteers *(Appendix V)*. Firstly, I translate the selected job demands into topics for the interviews to identify stressors and I explain how stress is measured. Afterwards, the selected job resources are translated into topics for the interviews to identify motivations to continue working at the hospice. Finally, I explain how the IMHPCV model is used.

JDR Model: Job Demands

In order to pick relevant job demands to answer the sub- question "*What are/were the stressors Dutch hospice (ex-) volunteers experience?"*, previous research which identified stressors within (palliative) volunteer work are studied. Because, according to the JDR model, job demands identify as things that people often experience as negative and lead to stress. Based on this previous research within foreign countries, two types of job demands are identified, which each consist of different dimensions. These dimensions are the base of the interview (see *Table 2*). It is important to mention that all questions which are mentioned in *Table 2* (and in *Table 3* described in the next paragraph) are questions for *volunteers*. The questions for ex-volunteers were adjusted to the past tense. For example: *"Do you ever experience uncomfortable situations with patients or visitors?"* for volunteers changed into *"Did you ever experience uncomfortable situations with patients or visitors?"* for ex-volunteers. Additionally, some questions are excluded or added for ex-volunteers. Which questions are excluded or added are mentioned in both *Table 2* and *Table 3*.

The first job demand which is included is *emotional demand*. Given that palliative hospice care volunteers provide emotional support for the terminally ill, this is the most relevant and significant job demand. This job demand consists of two dimensions: dealing with death and dying and exhaustion. Dein & Abbas (2005) found out that losing patients with whom they developed close relationships and dealing with physically disfigured/ deteriorating patients were mentioned as stressors they had to cope with. Other studies which identified stressors caused by patients and/or their families are those of Paradis & Usui (1987) and Brown (2011). American hospice volunteers mentioned stressors such as frustration over not being able to do more to help the patients/ families, not having enough access to patient/family information, fights between family members and different expectations between the needs of the patient and the availability of the volunteer. The last dimension within this job demand is exhaustion. It is important to measure the presence and duration of exhaustion as an result of hospice volunteering, because it is an indicator if the working conditions are stressful or not.

The second type of job demand is *personal issues*. This job demand consists of three

dimensions: time pressure, personal fair and home- work conflict. First of all, there is the time pressure that can be experienced. Hospice volunteers perform a variety of tasks which can lead to a feeling of lack of time to get everything done. This can cause feelings of stress. Another potential stressor is personal fair. Loss, especially death, is a stressful event for most. Yet hospice volunteers are asked to assist patients, as well as family members in easing the passage of death. There is therefore a great possibility that volunteers experience, due to some experiences at work, feelings of fair. Brown (2011) found out that some volunteers were afraid of dying. Fear of the unknown was also a concern for the participants. Lastly, work–home conflict is another important dimension since the stress experienced at volunteer work can interfere with one's social and family life and lead to stress there (Cowlishaw, Evans & McLennan, 2010).

Lastly, in addition to these selected job demands/ stressors, all participants are asked if they could name any other challenges they experience(d) within their job, to identify all possible stressors within Dutch hospice volunteering. I ask these additional questions to make sure I can give a comprehensive answer to this specific sub-question.

In order to answer the last sub- question "*Is hospice volunteering in the Netherlands experienced as a stressful job in general?",* the balance between the earlier identified job demands and job resources is examined. Furthermore, participants are asked to rate how stressful they experience(d) their job on a scale from one to ten, and to further explain their choice. To make it more organized, these questions are also placed in *Table 2*. On top of that, the answers within the earlier mentioned dimension "exhaustion" are also used to answer this sub- question. The presence and duration of exhaustion as an result of hospice volunteering is an indicator if the working conditions are stressful in general or not. The JDR model explains that if there are excessive job demands and lacking resources, energy is progressively drained (the stress process). When job resources are abundant, they spark employee's energy (motivational process). This is why exhaustion is mentioned twice in *Table 2*. The question is not asked twice. Lastly, volunteers are asked whether they have the intention to keep on volunteering (intention to stay) and ex-volunteers' reasons to quit are identified. These also give an indication of the level of stress. The JDR model states that high job demands, not compensated by job resources, can lead to quitting a job (the stress process).

So by checking the balance between job demands and job resources and analyzing the personal rating on stress, the level of exhaustion and the intention to stay/ reason to quit, a conclusion can be made whether a stress process or motivational process occurs, which answers this specific sub- question.

Table 2: Job demands, dimensions and the associated interview questions

Job demands	Dimensions	Interview questions
Emotional demand	- Dealing with death and dying - Dealing with patients and visitors - Exhaustion	- Do you experience stress due to the emotional nature of hospice work or do you know other volunteers who do? Can you give any examples? - If you experience work as emotionally demanding, what do you do to reduce this feeling? - Do you ever experience uncomfortable situations with patients or visitors? Could you give examples? - Do you ever feel exhausted because of the volunteering? How long does this feeling last?
Personal issues	- Time pressure - Personal fair - Home- work conflict	- Do you ever experience time pressure at work? Why or why not? - Do you have enough time to volunteer? - Do you experience/have you ever experienced feelings of fear within your work? Examples? - Does volunteering affect your home situation? If so, how?
Stress process or motivational process	- Personal stress rating - Exhaustion - Reasons to quit	- If you have to give your work a grade between 1 and 10, where 1 is no stress and 10 is very stressful, what grade would you give your work? - Do you ever feel exhausted at work? How long does this feeling last? - *ONLY for ex-volunteers:* What was the reason you quit working at the hospice?

JDR Model: Job Resources

Relevant job resources are selected in order to answer the sub- question "*What motivates/motivated Dutch hospice (ex-) volunteers to do their work?".* Because, according to the JDR model, job resources are things that employees generally have positive associations with and lead to motivation to continue volunteering.

In general, according to Schaufeli & Taris (2013), job resources can be specified within four different levels. The first level is located at the level of the organization at large. This entails for example pay, career opportunities and job security. Within volunteer work, this is obviously not a factor which motivates people. Volunteers do not get paid and will therefore not choose to volunteer to secure their job. The second level is located within the interpersonal and social relations. Examples within this level are support from a supervisor, co-worker support and a positive team climate. The third level is located at the organization of work and at the level of the task (Schaufeli & Taris, 2013). Based on these levels, three different job resources are identified.

The first job resource which is included within this study is *support*. This job resources consists of four dimensions: work environment, support coordinator, support

colleagues and support family/friends. Research has shown that a good work environment benefits overall performance (Hovmark & Nordqvist, 1996). In addition, a good work environment can have a positive effect on an individual's perception of stress. Coordinator support is one of the best known types of job resources. For palliative care volunteers, the first point of contact when something goes wrong at work is usually the volunteer coordinator. When problems arise and no action is undertaken to address this issue, it is very likely that the volunteer will feel cynical about their job. However, if the coordinator takes interest and supports the volunteer, it is likely that the volunteer feels connected to the work group which will lead to motivation. Thus, the volunteer coordinator is considered to be a central resource in facilitating volunteers' feelings of motivation (Huynh et al., 2012). A good relationship with colleagues is also important to do your job well. This is not only about the sociability on the work floor, but also about the fact that one can cooperate pleasantly with colleagues and that colleagues support each other. Friends/ family support is the last dimension within this job resource. Snyder, Omoto & Crain (1999) found a link between friends/family support and positive outcomes such as volunteer satisfaction, motivation, and motivation to continue volunteering.

The second job resource is *autonomy*. Autonomy is defined by Van Dale (2015) as "self-governance" or "independence". In the context of work, it mainly has to do with the possibilities an employee has to decide things for himself when it comes to the execution of tasks or the arrangement of his own working time. Autonomy is especially important as a job resource because it can be utilized to counteract stress and can be a source of motivation (Schlaufeli and Taris, 2013). Autonomy consists of two dimensions: working times and tasks. When volunteers have the freedom to determine their own working times and tasks and are satisfied with the tasks they perform, this leads to more motivation to (keep) volunteer(ing).

Knowledge is the third and last job resource. This resources consists of two dimensions: training and confidence. Given the sensitive nature of palliative care work, training is absolutely necessary to equip volunteers with the skills required to perform the work well (Burbeck et al., 2014). Studies have shown that training will lead to higher levels of confidence, which suggests that training can be used as a retention tool in volunteer work (Fahey, Walker & Sleigh, 2002).

Besides the identified job resources and their associated interview questions, volunteers are asked what motivated them to continue working at the hospice and ex-volunteers are asked what they appreciated the most about their work. Additional motivations

to continue volunteering, not captured by the JDR model, can then be revealed. To make it more organized, these questions are also placed in *Table 3*.

Table 3: Job resources, dimensions and associated interview questions

Job Resources	Dimensions	Interview questions
Support	- Work environment - Support coordinator - Support colleagues - Support family	- What is the working atmosphere like at within your team? Can you explain why you feel this way? - Do you feel like you are at the right spot within the team? - To what extent do you experience support from your coordinator? - What does your coordinator do to maintain/improve the working atmosphere? - To what extent do you experience support from your colleagues? - What do your family/friends think about you doing this work?
Autonomy	- Working times - Tasks	- Do you have the freedom to decide which days/shifts you work? How do you experience that? - Are you allowed to decide which tasks to perform? - Are you satisfied with the tasks you have to perform?
Knowlegde	- Training - Confidence	- Does the hospice provide trainings to perform the tasks within this work/ to broaden your knowledge? Are these helpful? - Are you confident at work? Have you ever experienced feelings of uncertainty?
Motivation	- Motivation to start working - Motivation to continue working	- What motivated you to start doing this work? - What motivates you to continue doing this work? *Excluded for ex-volunteers* - Do you plan to keep on volunteering at the hospice? *Excluded for ex-volunteers* - *ONLY for ex- volunteers:* What did you appreciate the most when volunteering at the hospice?

Lastly, it is important to mention that the job demands and job resources selected within this study can switch places. For example, training is viewed as a resource, but inadequate levels of training can make a job more demanding, thus potentially influencing the health impairment process (Cox et al., 2010).

The Inventory of Motivations for Hospice Palliative Care Volunteerism Model

In order to answer the sub- question "*What motivates/motivated Dutch hospice (ex-) volunteers to do their work?"* (ex-) volunteers are asked what motivated them to start volunteering. To make it more organized, these questions are also placed in *Table 3*. The IMHPCV model is used to categorize these motivations to start volunteering mentioned by Dutch (ex-) volunteers. Additionally, it is a test to see if Dutch hospice (ex-) volunteers'

motivations lay within these five motivations described by the IMHPCV model, because this model has only been validated in countries outside the Netherlands in categorizing the five motivations to start working in hospice care. Furthermore, the most and least popular motivations within the IMHPCV model are determined, by checking which motivations to start volunteering are mentioned more.

Motivations the JDR model captures are motivations to continue volunteering. Thus, the combination of using the IMHPCV model and the JDR model identifies both motivations to continue and start volunteering.

4. Results

In this chapter the results from the interviews will be described. In the first paragraph (ex-) volunteers' characteristics and information about the hospices will be described. In the second paragraph I will describe the relevant job demands. Afterwards, I will describe the relevant job resources. Next, I will describe the various motivations to start working at the hospice and categorize those using the IMHPCV model. In this paragraph I will also describe the motivations to continue working at the hospice for volunteers, and the things which were appreciated most by ex-volunteers. Lastly, I will describe the factors which have been measured to identify the level of stress.

4.1 (Ex-) volunteers' characteristics and information about the hospices

Thirteen interviews have been conducted. (Ex-) volunteers' demographic information are all mentioned in *Table 4*.

Table 4: (ex-) volunteers' characteristics

Participant	Volunteer or ex-volunteer	Gender	Age	Employment status
1	Volunteer	Female	73	Retired
2	Volunteer	Female	68	Retired
3	Volunteer	Female	59	Employed
4	Volunteer	Female	69	Retired
5	Volunteer	Female	51	Employed
6	Volunteer	Female	67	Retired
7	Ex- volunteer	Female	80	Retired
8	Volunteer	Male	71	Retired
9	Volunteer	Male	73	Retired
10	Ex- volunteer	Female	43	Incapacitated
11	Ex- volunteer	Female	83	Retired
12	Ex- volunteer	Female	55	Incapacitated
13	Ex- volunteer	Female	78	Retired

Eleven participants are female and two participants are male. Five had (recently) quit working in the hospice and eight are still working there. The youngest participant is 43 years old and the oldest participant is 83 years old. The average age of all participants is 67 years old. Nine (ex-) volunteers were/are retired while working as a volunteer, two volunteers are incapacitated and the remaining two volunteers work as a volunteer besides their regular paid job.

The (ex-) volunteers are/were active in seven different hospices located in five

different provinces. Three hospices are located in the province of Limburg and the other four in the province of Brabant, Flevoland, Noord- Holland and Gelderland. Five hospices identify as a Bijna- Thuis- Huis and the remaining two hospices identify as High Care Hospice.

4.2 Job Demands

As mentioned in the operationalization paragraph, two types of job demands are identified, consisting of various dimensions. These job demands and their associated dimensions are based on previous literature and are translated into interview questions for volunteers and ex-volunteers. In this paragraph it will become clear if these job demands are applicable within the Dutch hospice volunteering world and if so, to what extent. The results per job demand and their dimensions will be described. Afterwards, job demands which were not included in the theoretical framework but appeared after conducting all interviews will also be described.

Job demand 1: Emotional demand

All of the volunteers and ex- volunteers mention they deal(t) with emotional demand, and could name some examples. However, the extent to which they experience(d) this emotional demand, is/was in all cases very low. One volunteer explains this in a clear way:

> *"That is [the emotional demand] not too bad. Of course, I have experienced some very emotional situations but was I able to let them go; these thoughts barely crossed my mind when I would return home. After all, you know what kind of job you have signed up for."*

<u>Dealing with death and dying</u>

One clear example of difficult situations when dealing with death and dying, is dealing with young dying patients. Eight out of thirteen (ex-) volunteers mention this. They worry/ worried for example about the future of their kids, find it unfear they had to die at such a young age and some could really empathize towards these patients' situations due to their own lifestyle and age. Another example of this dimension of emotional demand, which was mentioned by three volunteers, is stumbling upon a patient dying or a patient who just passed away:

> *"There have been times I found a patient dead in his bed. It is a very weird experience because the person still feels warm and I had been there just before they died. Those situations can be difficult."*

<u>Dealing with uncomfortable situations with patients and/ or visitors</u>

Another dimension which (ex-) volunteers mention sparingly while discussing their emotional demand, is the behavior of patients or visitors (family members or friends). Seven (ex-)

volunteers mention that patients could react aggressively or compelling, due to their illness or due to the fact they had not accepted their fate. Some of the (ex-) volunteers find/ found it difficult to cope with these patients, but most of them understand their behavior and do/did not take their reactions personally. Most of them also know/knew they could rely on nursing staff and passed it on to them.

Seven volunteers also mention uncomfortable situations with visitors as a form of emotional demand. Some visitors, for example, could be very aggressive and dissatisfied towards volunteers. However, none of the volunteers accept this behavior and all of them are able to pass it on to the paid staff. In all situations the problems are resolved.

Connection

A dimension which is not included in the theoretical framework but is discovered while interviewing, is connection. Six volunteers mention this as a form of emotional demand. A volunteer explains:

"Some clients stayed much longer than three months and you really got to love them. You could have had a nice conversation or laugh with them and then a week later the room is empty. That arose certain emotions. Luckily I could still look back at the beautiful moments I got to share with them. Once I cared several months for these clients and had formed such a nice bond with them, I sometimes even got invited to the funeral. That was very special and emotional for me. Those clients will be in my heart forever."

Job Demand 2: Personal Issues

Time pressure

Four (ex-) volunteers explain they experience(d) time pressure. Due to the fact they have/had to perform various household chores, be a host/ hostess for the visitors and have/ had to give care to the patient, it could be hectic for them. They would worry about finishing all their tasks within their shift. This time pressure is not imposed by the policy of the hospice, nor something other volunteers or paid staff lays upon them. These (ex-) volunteers have/had a urge to finish everything up and find/found it difficult to pass on their tasks to the next volunteer. All other (ex-) volunteers rarely or never experience(d) time pressure. If a task is/was not finished, they do/did not bother to pass it on to the next shift.

Time

Only one volunteer does mention they do not have enough time to volunteer, because they work a paid job next to it. Another volunteer which was still working a paid job decided to

quit this full-time job and started working parttime in order to work more in the hospice. All other (ex-) volunteers have/ had enough time to volunteer and are/were satisfied with the number shifts they work(ed).

Home- work conflict

None of the volunteers, nor the ex- volunteers experience(d) home- work conflict due to their volunteering. They sometimes discuss(ed) their day at home if they feel/felt the need, but it never leads/led to any home- work conflicts. They all know/knew how to separate their work from home.

COVID- 19 pandemic

A job demand which is not mentioned within the theoretical framework but is mentioned in nearly every interview, is the Covid- 19 pandemic. Due to all the restrictions within the hospice because of Covid, volunteering work is affected. Volunteers complain about the continuous obligation to wear masks and to clean everything multiple times per shift. Besides that, seven volunteers miss contact with visitors. They struggle to make connections with visitors. On top of that, most of the conflicts within the hospice occur due to the restrictions. These conflicts are between volunteers, due to conflicting opinions or between volunteers and visitors:

"For example, a relative had travelled two hours to visit, but due to Covid we could not let her in, she could only see her loved one through the window. Those are unpleasant situations."

One volunteer mentions they will quit their volunteering due to Covid, if the restrictions are going to continue for a long time:

"I most definitely enjoy my volunteering a lot less than I used to do before Covid. I really hope we are in the last six months of this pandemic. It is really boring now, I am not satisfied with my work anymore. All the things that make the hospice enjoyable are gone. There is a strict visiting regulation which means there are only two visitors allowed. Imagine your mother staying in the hospice, and you are only allowed to visit her once a day for one hour. It is inhumane."

One of the five ex-volunteers quit due to the COVID- 19 restrictions.

Other mentioned job demands

During the interviews a few (ex-) volunteers mention some other job demands. Due to the fact these job demands are all mentioned only once or twice, these are covered in one paragraph.

Two (ex-) volunteers mention they experience(d) stress caused by problems with colleagues, such as conflicts between fellow volunteers or professionals. One ex- volunteer felt let down by the coordinator. This volunteer experienced some problems and explained these to the coordinator but they did nothing to solve these problems. Two volunteers have some issues with the policy within the hospice. They do not understand certain rules and regulations. One volunteer is insecure at work, this person does not feel like they have the proper knowledge to perform certain tasks.

4.3 Job Resources

As mentioned in the operationalization paragraph, three types of job demands are identified, consisting of various dimensions. These job demands and their associated dimensions are based on previous literature and have been translated into interview questions for volunteers and ex-volunteers. In this paragraph it will become clear if these job resources are applicable within the Dutch hospice volunteering world and if so, to what extent. The results per job demand and their dimensions will be described. Afterwards, job demands which were not included in the theoretical framework but appeared after conducting all interviews will also be described.

Job Resource 1: Support

The first job resource which is identified, based on previous foreign literature, is support. Support consists of four dimensions: work environment, support from colleagues, support from the coordinator and support from family/ friends.

Eleven (ex)- volunteers really enjoy(ed) their work environment. Some of them experience(d) some conflicts between colleagues, but these conflicts rarely occur(ed) and do/did not affect their positive opinion about their team. One ex- volunteer states:

"I really loved the ambiance within the hospice. We had a fantastic relationship with all colleagues, but also with the visitors. I enjoyed going to work, every time I went to work, it felt like coming home. There was a very warm atmosphere."

All these eleven (ex-) volunteers experience(d) a lot of support from their colleagues as well. When one volunteer has a hard time at work due to emotional situations, they relied on each other. One volunteer states:

"If a volunteer was having a hard time we could really support each other, we all understood what they were going through. We would sit with them for a while and we let them show those emotions. There is so much attention for each other, not only by fellow volunteers, but also by the paid staff and the coordinator."

Nine (ex-) volunteers experience(d) a lot of support from their family or friends, which is/was a source of motivation for them. One volunteer explains:

"My friends think it is very impressive that I work at the hospice. This really motivates me to keep volunteering, also because they are very interested about my work. I really enjoy telling them about the beautiful things I experience."

The remaining four volunteers do not experience this support. Some of their friends and family members do not understand their motivation to work there and find the idea of them working at the hospice scary. However, these volunteers do not need their support either and their opinions do not influence their view on hospice work.

Job Resource 2: Autonomy

The second job resource is autonomy. Participants are asked if they were able to decide which shifts to work and if they had the freedom to decide which tasks to fulfil. Eleven (ex-) volunteers have/had flexible working times. They could fill in their availability for the next week/ two weeks/ month and in almost all cases these preferences are/were taken into account. They all really enjoy(ed) this flexibility. A volunteer states:

"I used to volunteer at two organisations, but I quit the other one due to lack of flexibility. At the hospice it will never be a problem if you want three weeks off due to vacation, for example. I really like that and it is one of the reasons I keep on working here."

Only two (ex-) volunteers do/did not have a lot of autonomy. They are/were scheduled a fixed shift per week. In fulfilling their tasks, none of the (ex-) volunteers have/ had a lot of autonomy. Per shift certain tasks have/had to be fulfilled, which they enjoy(ed) doing.

Job Resource 3: Knowledge

All (ex-) volunteers have/had to follow a training before they start working at the hospice, whether they have a background in nursing or not. These are mandatory. On top of that, various other trainings are offered by the hospices. These are voluntary but very popular. Ten (ex-) volunteers enjoy(ed) attending those, the remaining three (ex-) volunteers do/did not find them necessary, helpful or would rather attend different kinds of trainings. These

trainings are offered by VPTZ Nederland or other organisations. When participants are asked if these trainings lead to self-confidence, their answers were unequivocal. One volunteer explains it in a clear way:

"I really enjoyed those trainings, they were wonderful. However, you only learn the real thing at the hospice. You have to practise a lot in order to gain self- confidence."

4.4 Motivations

(ex-) Volunteers are asked their motivations to start working within hospice care. Various motivations are mentioned. In this paragraph I will describe these motivations and categorize those using the IMHPCV model. After that, I will discuss other motivations which could not be categorized within this model. Lastly, I will describe motivations to continue working at the hospice for volunteers and the most appreciated factors experienced by ex- volunteers.

Motivations to start working

As mentioned before, the IMHPCV model is widely used to categorize the motivations for hospice volunteers to start volunteering. This model consists of five motivations; altruism, civic responsibility, self- promotion, leisure and personal gain. These motivations each consists of five subscales. These subscales have been used to categorize the motivations of Dutch volunteers within the IMHPCV model. The subscales are already presented in the theoretical framework.

In *Table 5* I describe how many times (ex-) volunteers mention these five motivations, in order to give a clear image of the most and least popular motivations. The reason why the numbers do not add up to thirteen is because some volunteers mention more than one of the motivations described by this model and some of them do not mention them at all.

Table 5: distribution of Dutch (ex-) volunteers' motivations of the IMHPCV model

Categories	Number of time mentioned by (ex-) volunteers
Altruism	9
Civic responsibility	2
Self- promotion	1
Leisure	7
Personal gain	0

The most popular motivation is altruism. Nine (ex-) volunteers really feel/felt the urge to help people who are dying. They enjoy(ed) to make their last days or weeks as comfortable as possible. The second most popular motivation is leisure. Seven (ex-) volunteers started

working within hospice care because they retired and wanted to do something useful with their time. The least popular motivations are civic responsibility, self- promotion and personal gain. Only two volunteers believe they have to give something back to the community, one volunteer began working as a volunteer because they wanted to feel better about themself and none of (ex-) volunteers mentioned personal gain as a motivation to start volunteering.

Other motivations to start working

A motivation to start working at the hospice which does not directly fit into the five categories and subscales of the IMHPCV model is social influence. Six (ex-) volunteers have experienced a distressing death of their partner, parent(s) or child. Consequently, they decided to work within hospice care, to make sure their clients could have a comfortable last phase which their own relatives could not experience. Another motivation which does not directly fit into these five categories and subscales, is previous working experience. Four (ex-) volunteers have worked within the medical field and missed the caring nature of their work. This was their reason to start volunteering within hospice care. Another motivation which two volunteers mention, is the fascination around death and dying.

Motivations to continue working

Motivations to continue working as a volunteer and the most appreciated things ex- volunteers mention are for most of them the same. Eleven (ex-) volunteers receive(d) a lot of gratitude and satisfaction. Volunteering at the hospice makes/made them happy. One volunteer stated:

"It is such a rewarding job. You are so appreciated by the patient and their family, which is something you will always remember. It is such a wonderful feeling."

The remaining three volunteers mention the work atmosphere as the reason to continue working. They enjoy working with all the other staff, receive support and have a great relationship with them.

4.5 Stress

In this paragraph I will describe all factors which have been measured in order to identify the level of stress within palliative hospice care volunteering. Firstly I will describe the level of physical exhaustion, mental exhaustion, intention to stay and reasons to quit. Finally, I will describe the (ex-) volunteers' own perception on their level of stress.

Physical and mental exhaustion

Seven (ex-) volunteers mention they could be physically exhausted after work. The reason for

that is that all of them give/gave direct patient care and have/had to perform household chores as well. Three volunteers also mention they could be exhausted due to their age; they are all 70 years or older. When I asked these volunteers if this happened frequently, four (ex-) volunteers responded no. The remaining (ex-) volunteers experience(d) this frequently, due to their perfectionism. They want(ed) to finish everything within their shifts and have/had a hard time handling over their unfinished tasks to the next volunteer.

Two volunteers experience mental exhaustion, but this does not happen regularly. One volunteer states:

"There were certain situations I experienced mental fatigue due to my work. For example when a young adult died. Those events could really haunt me for a long time. Fortunately, this does hardly ever happen."

Intention to stay and reasons to quit

Seven out of eight volunteers have no intention to quit. One volunteer states:

"I have no intention to stop volunteering at the hospice. Despite all the sad situations I have experienced and experience, I really love my work. I will keep on working here until I am not physically or mentally able to continue."

The remaining volunteer would quit due to Covid-19. She does not enjoy her work as much as she did before the pandemic. The reasons why the five ex- volunteers quit are various. In one case it was due to conflicts at work which affected her work satisfaction. Another ex-volunteer found the work- home distance too far which led to the decision to quit. Two ex-volunteers quit due to their age, one had trouble performing physically tough tasks due to her age and one did not want to turn 80 at the hospice. The remaining ex- volunteer quit due to the risks of the covid- 19 pandemic and because the volunteering became a physical burden. Her anxiety to catch the disease in combination with her physical condition made her decide to quit volunteering.

(Ex-) volunteers' own perception on the level of stress

Volunteers and ex- volunteers were asked to grade the level of stress they experience(d) at work. Level one was described as very relaxed working conditions and level ten was described as very stressful working conditions. Three (ex-) volunteers rate their stress-levels a six and the remaining (ex-) volunteers rate them a one, two or three. The average level of stress of (ex-) volunteers is a 3,38.

5. Discussion and conclusion

In this paragraph the results will be discussed. Firstly, an answer to the sub-questions will be given and these answers will be compared to existing literature. Afterwards, I will give an answer to the main research question. Thirdly, I will address the contributions this study gives to existing literature. Next, the limitations of this study will be discussed. Afterwards, I will describe the recommendations for further research and the practical recommendations for hospice coordinators. Lastly, I will give a short conclusion of this research and finish off my thesis with a personal message.

5.1 What are/ were the stressors Dutch hospice (ex-) volunteers experience?

In order to answer this first sub- question, information is collected from previous volunteering research in other countries and is translated into different potential job demands. These job demands created the basis of the interview questions to identify stressors. After conducting all thirteen interviews I am now able to answer this sub- question.

The most commonly experienced stressors of volunteers and ex- volunteers are dealing with death and dying, conflicts between visitors and volunteers, dealing with losing young patients or patients they had a strong connections with and the Covid- 19 pandemic. These stressors are experienced by more than half or half of the (ex-) volunteers. Other less commonly experienced stressors are time pressure, dealing with aggressive patients, conflicts between colleagues, disagreeing with certain rules of the hospice, insecurity and not having enough time to volunteer. These stressors are mentioned less than five times. These findings are consistent with various studies outside of the Netherlands, such as Brown (2011) and Paradis & Usui (1987). All identified stressors were also found within this study. However, one stressor was not found in any other study; the Covid-19 pandemic. The regulations caused by the pandemic lead to extra conflicts at work due to clashing opinions, between volunteers and volunteers and visitors. It also makes some volunteers dislike their work because they are not able not perform certain tasks anymore, such as complementary care and supporting close relatives of patients.

5.2 What motivates/ motivated Dutch hospice (ex-) volunteers to do their work?

In order to answer this sub- question (ex-) volunteers are asked what motivated them to start working at the hospice. Afterwards, the answers to this specific question are matched to the IMHPCV model. On top of that, volunteers are asked what motivated them to continue working at the hospice and ex- volunteers are asked what they appreciated the most about

their work. On top of that, the identified job resources also discovered some motivations to continue working at the hospice.

The most mentioned motivations to start working at the hospice are altruism, leisure and social influence. This entails that most volunteers and ex- volunteers have/had a strong urge to help others who are dying, want(ed) to do something with their free time and/ or had an experience in the past with close relatives/ friends who died/ were dying. Other less mentioned motivations to start working at the hospice are civic responsibility (feeling the urge to do something back to community), self- promotion (wanting to promote themselves through volunteering) and the fascination around death. When comparing the popularity of the five categories of the IMHPCV model to other countries, the Netherlands fits in the pattern for the most part. In both Germany (Stelzer & Lang, 2016), France (Garbay et al., 2015), Canada (Nissim et al., 2016), the UK (Claxton- Oldfield et al., 2012) and South Korea (Yeun, 2020) the most influential category is altruism. Thus, this result is consistent with other research showing that the most popular reason to start volunteering is because they want to help others and be of service to others. The second and third most influential in all these countries is leisure or civic responsibility. The same results are seen in this research. Personal gain and self- promotion are the least popular motivation to start volunteering. These results are not entirely consistent with earlier results from research by Claxton-Oldfield et al. (2012) which show that these two categories, while least influential, do influence the choice to become a volunteer. Personal gain is not mentioned at all within this study, which would mean it is not influential. An explanation for this could be that career-related motives score higher among young people than among older people. Among the thirteen (ex-) volunteers who were willing to be interviewed, nine of them are over 67 years old and two of them are incapacitated. Based on the above results of Claxton-Oldfield et al. (2012), it can be assumed that these demographic characteristics are a major reason that career-related motives are not mentioned by the volunteers. Self- promotion is mentioned only once, which is in comparison with studies such as Claxton-Oldfield et al. (2012), Yeun (2020), and Garbay et al. (2015), less influential. The way data is collected can be an explanation for this. Above mentioned studies used the IMHPCV model as a closed- ended questionnaire instead of an interview. Due to the face-to-face nature of interviewing, (ex-) volunteers could be ashamed to tell me they want(ed) to promote themselves to others. It could have made the decision to be honest about it more difficult.

Motivations to continue working at the hospice are different from motivations to start working at the hospice. Most (ex-) volunteers receive(d) a lot of support from colleagues and

family/ friends, which motivate(d) them to keep on working. Other motivations are a great level of autonomy, the energy volunteering gives/ gave them and the level of gratitude and satisfaction they receive(d) from patients and relatives of patients.

5.3 Is Dutch hospice volunteering experienced as a stressful job in general?

In order to give an comprehensive answer to this sub- question I will balance the previous mentioned job resources (paragraph 4.2) to the job demands (paragraph 4.3) and conclude which process occurs according to the JDR model. Afterwards, I will discuss the level of exhaustion, the reasons to quit of ex-volunteers, the intention to stay of volunteers and the participants' own perception on their stress levels to further defend the conclusion to this sub-question.

As described in paragraph 4.1, the amount of job demands which were expected to be found, is less than expected and does not affect (ex-) volunteers in a negative way. Emotional demand and personal issues are by most (ex-) volunteers experienced as not too much of an issue and other described stressors, such as insecurity, policy and conflicts between colleagues are mentioned only once or twice. Another job demand which came to attention is the Covid-19 pandemic, which most volunteers experience as a burden, but is mentioned only once as a reason to quit.

On the other hand are all job resources which were expected to be experienced by (ex-) volunteers present in hospice care. The vast majority of the participants experience(d) support from colleagues and family, are/ were happy with the level of autonomy they receive(d) and receive(d) enough helpful trainings.

On top of that, nearly all (ex-) volunteers mention that their volunteering work sparks/ sparked their energy. They are/ were satisfied with their work and feel/ felt a lot of gratitude and fulfilment due to their volunteering. Even the (ex-) volunteers who grade their level of stress high, a six or a seven, experience(d) this. They continue(d) working at the hospice because of the great gratitude they feel/felt from their patients and their relatives. They feel/felt like their work has great meaning. Furthermore, the level of exhaustion the participants mention is not something to worry about. Only three (ex-) volunteers mention it, which is only 23 percent of all participants. On top of that, none of them have an intention to quit, except for one volunteer who would quit due to the Covid- 19 pandemic, which is a very exceptional situation. Furthermore, the reason why ex- volunteers quit is for most of them due to personal issues. Only one ex- volunteer quit due to conflicts at work which affected their work satisfaction and one ex- volunteer due to the physical and mental burden. Lastly, the

average level of stress which (ex-) volunteers were asked to rate their work is a 3,38, which can be considered as a low stress level.

I can conclude, based on all these mentioned findings, that the answer to this last sub-question is: *no, for most volunteers and ex-volunteers it is not*. After balancing out all job resources and job demands plus analysing the level of exhaustion, job satisfaction, reasons to quit, intentions to quit and their own personal score on stress, I can conclude that a motivational process occurs within Dutch palliative hospice care volunteering. The abundant job resources lead to positive outcomes, via their intrinsic motivational role. The job resources mentioned within this study, support, autonomy and knowledge, all play an intrinsic motivational role because they satisfy the basic human needs of autonomy, connectedness, and competence (Schaufeli & Taris, 2013). Consequently, these job resources have/had inherent motivational quality; they spark(ed) (ex-) volunteers' energy and make/made them feel engaged, which leads/led to better outcomes, such as organizational commitment, intention to stay and superior work performance.

These data support the earlier studies which examined stress within hospice volunteering. DiTullio & MacDonald (1999) and Brown (2011) found hospice volunteering to be a positive experience, satisfying and generally not stressful. These data also support studies of volunteers in hospice care, which indicated that most volunteers were satisfied with their work experience and felt adequately supported by the organization (Hepburn, Loughlin & Barling, 1997; Nissim et al., 2016).

5.4 Answering main question

How do/did Dutch (ex-) volunteers in palliative terminal hospice care experience their work?

I can conclude, after answering all sub- questions, that Dutch (ex-) volunteers experience(d) their work as very valuable, which in almost all cases leads/led to great work satisfaction. Despite the fact they face(d) various emotional and physical challenges, they love(d) their work and can name endless examples of events within their work which make/ made them feel this way. The earlier mentioned stressors are for most (ex-) volunteers not a big deal, because most of these stressors do/did not happen regularly and they know/knew how to deal with them. They have great coping mechanisms. Because all of them know/knew how to deal with these stressors it does/did not affect them for a long time which make them manageable. Only two ex- volunteers within this study were really bothered by certain challenges and felt the need to quit their job.

5.5 Contribution to existing literature

This research contributes to scientific knowledge about stressors, motivations and stress of Dutch (ex-) hospice volunteers. Little research about this has been conducted within the Netherlands and it is the first to do so using the JDR model.

After conducting this study I can conclude that using this model as a theoretical framework and the basis for the interviews is successful. It is very helpful in setting up the interview questions and thus, in identifying a great number of stressors and motivations. It is also a very helpful tool to identify stress. No other study measured stress in hospice volunteering using this model. Most studies, such as Brown (2011) and Dein & Abbas (2005), only asked volunteers via interviews or focus groups whether they experienced their work as stressful or not and asked for an explanation. Within this study more dimensions of stress (exhaustion and duration of this exhaustion, intention to quit, reasons to quit), according to the JDR model, have been included. This gives a more valid answer to the sub- question. Furthermore, this study supports the theory of the JDR model that a lack of job resources may lead to undesirable outcomes for (ex-) volunteers. Specifically, it indicates that when volunteers receive no supervisor support, no support from colleagues, low levels of autonomy and trainings this would demotivate them and this, in return, increases the level of stress and decreases their intention to stay with the organization.

On top of that, this research is the first within the Netherlands to identify stress in both volunteers and ex-volunteers. As mentioned before, the results are in line with previous studies about stress, but all these studies only included volunteers. This study gives an inside of the differences of stress and stressors between volunteers and ex-volunteers. When examining the reasons to quit one ex- volunteers mentions they quit due to conflicts at work. When problems arose the coordinator did not take actions to solve these which made her feel unheard. Another ex- volunteer mentions they quit because it was physically too difficult, because she did not have any experience in nursing. This means that 40 percent of all ex-volunteers quit due to stressors at work which could have been avoided. In the first case the coordinator should have taken appropriate action and in the second case the hospice should have given her additional support or training when performing physically demanding tasks. In the volunteering group, both these stressors are not mentioned once. When comparing ex-volunteers' personal perception on their stress levels to those of volunteers, ex- volunteers' rate their stress levels higher. Volunteers mean stress level is a 2,6 and ex- volunteers' a 4,8. This is more than a two points increase. Three out of five ex- volunteers rate their stress levels a six or a seven, which is only rated once within the group of volunteers. Also, none of the ex-

volunteers rate their stress levels a one, which is rated two times within the volunteer group. The individual stress level for both ex-volunteers and volunteers is described in *Appendix VI.* Additionally, it was very hard to find ex- volunteers who were willing to participate. Only three ex- volunteers responded to my letter which was sent to dozens of hospices. After asking participating volunteers personally if they knew any ex-volunteers I still had a hard time contacting those ex- volunteers and most of them did not want to participate. This made me even more interested in their reason to quit and the stressors/stress they experienced. In conclusion, ex- volunteers within this study seem to experience more stressors and a higher level of stress. I even expect that, due to the fact only a small group of them was willing to participate, the level of stress is even higher than I was able to captured within this study.

Furthermore, this study discovers that the IMHPCV model is successful in categorizing all motivations within volunteers and ex-volunteers in the Netherlands. As mentioned before in the results chapter, some mentioned motivations such as social influence, the fascination around death and previous work experience cannot be categorized directly within the five motivations. However, indirectly they can. For example, previous research found out that hospice palliative care volunteers who had experienced the death of a close relative/friend leads to being a motivation for volunteering (Claxton-Oldfield et al., 2012). They all suggest that having personally experienced the death of a family member and/or a close friend is how many of them became aware of the opportunity to volunteer in hospice palliative care. Their decision to ultimately do so after their loved one's death in most cases most likely reflects an altruistic desire to help others who are facing the end of life. This means this motivation to start volunteering is indirectly altruistic. The fascination around death and dying could also be one which is indirectly altruistic. (Ex-) Volunteers mention they are/were interested in understanding the process of dying and want(ed) to learn something from the dying. But they also mention they want(ed) to help the dying in return, which is altruistic. Because they have/ had a fascination around death they are/were willing to help them. Previous work experience in the medical field can indirectly be seen as a motivation categorized in leisure or altruism. All these (ex-) volunteers have a background in nursing, which is known for its caring character. The main tasks of nursing is helping others and making their patients' life more comfortable (altruistic). On top of that, all these (ex-) volunteers are retired and have/had time to volunteer (leisure) which motivated them to start volunteering in this specific type of care.

5.6 Limitations

Despite the interesting findings that are retrieved from the data, there are some limitations of this research. Firstly, the timeframe of this research is limited, therefore the number of participants who are interviewed is quite small. Specifically, the number of ex- volunteers included in this study could have been more if there was more time to collect participants. As a result, important stressors and the levels of stress of ex- volunteers could have been missed. Also, I did not manage to interview volunteers and ex-volunteers who are not affiliated with VPTZ Nederland. Even though I tried reaching out to some of these hospices, none of them wanted to participate. Consequently, this study was not able to catch those (ex-) volunteers' motivations, stressors and stress. If these were studied too, the generalizability of the findings would increase.

Another limitation of this study is that the volunteers who responded to the survey may have been especially strongly motivated to help out, not only within the hospice, but with the interview as well. If so, the sample would not be representative of a wider range of hospice volunteers, but rather it would represent the views of volunteers who are strongly committed and therefore especially valuable to hospice.

Finally, the situation in which Dutch volunteers are working now are very exceptional, due to the Covid-19 pandemic. This leads to new stressors and different levels of stress for some volunteers, which most definitely will change after the Covid- 19 pandemic. A long-term study would increase the validity of the findings.

5.7 Recommendations for further research

It would be interesting to study the changes in stressors and motivations over time. New unexperienced volunteers, whose working experience is less than three years, experience more stressors/ job demands than experienced (ex-) volunteers do/did. They describe, for example, more physical and mental exhaustion. On top of that, these (ex-) volunteers also describe insecurity and a lack of self- confidence at work, which none of the experienced (ex-) volunteers experience(d). Furthermore, after studying the stress levels and working experience, described in *Appendix VI*, it became clear that in this study new, unexperienced volunteers rate their stress levels higher than experienced ones. (Ex-) volunteers who worked only one or two years at the hospice all rate their stress levels a six or a seven. This is in contrast to experienced (ex-) volunteers, who work(ed) over three years at the hospice. They all rate their stress levels a three or lower. Only one experienced ex- volunteer rates their stress level a seven. Thus, these findings indicate there could be a possible negative

relationship between stress and working experience. However, the cross-sectional nature of this study does not allow us to track how these change over time. The same is for motivations. For example, volunteers may want to switch roles within the hospice organization from direct patient care to administration duties due to changing motivations. Thus, longitudinal studies are needed to investigate possible long-term changes in motivations and stress and its effects on volunteerism. Given the growing demand for diverse hospice volunteers, an investigation of these questions is vital in order to retain new hospice volunteers and to keep hospice volunteerism alive in times of demographic and organizational change.

Finally, it would be interesting to focus on volunteers' views on death and dying. Due to the open atmosphere while interviewing, some (ex-) volunteers told me about their views on their own death and those of their close relatives. This led to some very interesting conversations about the way they deal with these situations. Many started hospice volunteering due to a personal bereavement or because they had survived a life-threatening illness themselves. Several (ex-) volunteers explained that death could be a merciful release and was not necessarily scary. It would be interesting to study how these volunteers cope with death and how these coping mechanisms developed/ changed due to their work at the hospice. In the Netherlands, no such research has been conducted before. These results can be used to train new hospice volunteers or even for grief counselling. A qualitative research using interviews or focus groups should fit this research question.

5.8 Practical recommendations

Although qualitative research does not aim to make generalizations, the findings in this study provide a few potential implications for coordinators of hospice volunteers. This in order to recruit and retain (future) volunteers, to keep up with the booming demand.

1. When it comes to recruiting new volunteers in the Netherlands, volunteer services managers might tailor their recruiting messages to match the most influential categories of motivations to start volunteering of the IMHPCV model; altruistic and leisure. This study proved it is a comprehensive model in including all motivations to start volunteering within the Netherlands, which means it could be effective in recruiting techniques.
2. When it comes to retaining future volunteers, it is of great importance for coordinators to be aware of why volunteers quit. Within this study, ex-volunteers tend to experience more stress and getting ex- volunteers to participate has not been an easy task. Face-to- face conversations or a questionnaire (if certain volunteers do not feel comfortable

discussing this information face- to- face) would be useful to identify their reasons to quit and stressors. This information could help coordinators tackling certain challenges these volunteers struggled with, in order to retain future volunteers. On top of that, regular individual evaluations about their work satisfaction could be a great retaining technique. In hospices within this study had these evaluations in group settings, which made some of the volunteers afraid to open up. Individual evaluations could give a better inside about personal issues and conflicts.

3. When it comes to retaining volunteers, hospice volunteer coordinators must never forget the vital role they play in the lives of the hospice volunteers. Although the level of stress within this research is generally low, there were hints that especially at the start of their career volunteers tend to experience more stress. Volunteers routinely look to their coordinators for emotional support problem-solving. This makes special attention to these new hospice volunteers during the first year(s) of service extremely important.

5.9 Conclusion

Although many Dutch hospice palliative care volunteers and ex- volunteers do encounter a variety of stressors/ challenges, they do not generally perceive their work as stressful. Due to the fact these stressors are temporary or not long lasting and they are all highly motivated, most of them have no intentions to quit and most reasons why ex- volunteers did quit are not worrying. They feel/felt a lot of gratitude by their work, although it is/was sometimes sad. However, there will always be need for improvement for hospice coordinators in order to retain (future) volunteers.

5.10 A personal message

After talking to all these volunteers and ex- volunteers I would like to say one final thing. I really believe that it is of great importance to get rid of the taboo around the hospice and hospice work. Many volunteers I spoke to know people who see the hospice as a "death house" which they would never get in contact with. Even when I told my own friends and family about the subject of my Masters' thesis, most of them responded like it is a spooky and sad place. But the hard reality is that everyone is going to die one day, it is the only thing in life we cannot control. When this moment is near, I strongly believe this place is wonderful when dying at home is not possible anymore. I had such a great time interviewing all (ex-) volunteers, you could really feel how thankful they are/were to care for their patients and they

do/did it with so much passion. I know for sure now that when my moment is near, I will visit my local hospice.

To anyone who is still sceptical about the hospice I would like to say: do not hesitate to visit your local hospice one day, it will blow your mind how calm, comfortable and happy this place is.

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Appendices

Appendix I: Invitation letter coordinators

Beste meneer/ mevrouw,

Ik ben Gianne Thomas, ik ben 22 jaar en woonachtig in Zuid-Limburg. Ik zit momenteel in mijn laatste jaar van mijn master Health Economics, Policy and Law. Deze master volg ik aan Erasmus Universiteit in Rotterdam.
Voor mijn afstudeerscriptie heb ik gekozen onderzoek te doen naar de motivaties, stressfactoren en de mate van stress die hospice vrijwilligers ervaren in hun werk. Door onder andere de transitie van verzorgingsstaat naar participatiesamenleving en de vergrijzing is de vraag naar vrijwilligers in de palliatieve fase groot. Echter, gezien de emotioneel veeleisende aard van het werk, is natuurlijk niet iedereen geschikt voor dit soort werk. Ik vraag me daarom af wat de motivaties van deze vrijwilligers zijn, in welke mate ze stress ervaren en welke stressoren deze stress dan veroorzaken. Dit soort onderzoek is binnen Nederland nog nauwelijks uitgevoerd en uitkomsten van dit onderzoek zouden dus handvat kunnen bieden in het werven van nieuwe toekomstige vrijwilligers.

Om een zo allesomvattend antwoord te krijgen op de onderzoeksvraag zullen interviews worden afgenomen. Deze interviews zullen 30 a 45 minuten duren en in april of begin mei gaan plaatsvinden. In verband met Covid-19 lijkt het me verstandig dat deze interviews in een online setting zullen worden afgenomen. Echter, wanneer een geïnteresseerde vrijwilliger toch liever fysiek wil worden geïnterviewd, is dat ook te regelen. Ik beschik over een auto.

In de bijlage heb ik een brief opgesteld die u kan doorsturen naar de vrijwilligers, om geïnteresseerden te informeren. Wellicht is het ook een idee om deze brief op te hangen in het hospice, mits dat natuurlijk mogelijk is. Voor mijn onderzoek includeer ik vrijwilligers én ex-vrijwilligers. Wanneer u dus interesse heeft om mee te delen aan dit onderzoek, zou ik het op prijs stellen als dit documentje ook naar ex-vrijwilligers kan worden gestuurd.

Ik hoor heel graag van u!

Gianne Thomas

Bij vragen ben ik ook te bereiken op: 06-15318403

Appendix II: Invitation letter (ex-) volunteers

Onderzoek naar motivaties, stressoren en stress binnen (ex-) vrijwilligers in de Nederlandse hospice zorg

Geachte heer/mevrouw,

Met deze informatiebrief wil ik u vragen of u mee wilt doen aan mijn afstudeeronderzoek. U leest in deze brief wie ik ben, om wat voor onderzoek het gaat en wat meedoen aan dit onderzoek voor u inhoudt.

Wie ben ik?

Ik ben Gianne Thomas, een 22 jarige masterstudente. Ik volg momenteel de opleiding Health Economics Policy and Law aan de Erasmus Universiteit te Rotterdam. Wegens Covid-19 volg ik deze studie volledig online, waardoor ik thuis in Zuid- Limburg kan blijven wonen. Vorig jaar heb ik mijn bachelor Gezondheidswetenschappen afgerond. In deze studie hebben we veel geleerd over palliatieve terminale zorg en mochten we ook een kijkje nemen in een hospice. Het werd me toen al snel duidelijk dat het een hele emotionele baan is, waar niet iedereen voor geschikt is. Vanaf dat moment vroeg ik me al af wat de motivaties van vrijwilligers én vrijwilligers die gestopt zijn binnen het hospice, in welke mate ze stress ervaren en welke factoren deze stress veroorzaken. Om die reden heb ik ook voor mijn afstudeerscriptie gekozen om hiernaar onderzoek te doen.

Waarom vraag ik u om mee te doen aan dit onderzoek?

Binnen Nederland is er nog weinig onderzoek gedaan naar de motivaties, stressfactoren en stress van (ex-) vrijwilligers binnen het hospice. Door onder andere de transitie van verzorgingsstaat naar participatiesamenleving en de vergrijzing is de vraag naar vrijwilligers in de palliatieve fase groot en is het van belang dat er genoeg vrijwilligers zich blijven inzetten. Door jullie motivaties en stressfactoren in kaart te brengen kan dit handvat bieden in het werven van nieuwe toekomstige vrijwilligers.

Om wat voor onderzoek gaat het?

Het onderzoek bestaat uit het afleggen van interviews. Deze interviews zullen 30 a 45 minuten duren. De interviews zullen in een online setting (zoals Zoom of Microsoft Teams) of telefonisch plaatsvinden. Als de online setting u in de weg staat om deel te nemen en u liever fysiek geïnterviewd wil worden, geef dit dan gewoon aan. Ik beschik over een auto.

Extra opmerkingen

Om deel te kunnen nemen aan het onderzoek moet u directe zorg leveren en minimaal 3 maanden werkzaam zijn/ zijn geweest in het hospice. Verder is deelname aan het onderzoek volledig anoniem.

Heeft u interesse om mee te doen? Daar helpt u mij enorm mee! Stuur even een mailtje naar: gpe.thomas@gmail.com of bel mij op: 06-15318403, dan kunnen we samen een geschikt moment vinden om het interview af te nemen.

Met hartelijke groet en hopelijk tot snel,

Gianne

Appendix III: Code book

Codes	Sub- codes	Sub-sub- codes
1. Personal information	1.1 Activities 1.2 Age 1.3 Gender 1.4 Employment 1.5 Working background 1.6 Working experience	
2. Job demands	2.1 Covid- 19 2.2 Difficulties within workplace 2.3 Emotional demand 2.4 Exhaustion 2.5 Insecurity 2.6 Personal issues 2.7 Policy 2.8 Reason to quit	2.2.1 Difficulties between colleagues 2.2.2 Feeling unheard 2.3.1 Connection 2.3.2 Dealing with death and dying 2.3.3 Uncomfortable situation patients 2.3.4 Uncomfortable situation visitors 2.4.1 Mental exhaustion 2.4.2 Physical exhaustion 2.6.1 Time 2.6.2 Time pressure 2.6.3 Work-home conflict
3. Job resources	3.1 Ambiance 3.2 Autonomy 3.3 Involvement 3.4 Job satisfaction 3.5 Knowledge 3.6 Support 3.7 Intention to stay	3.1.1 Collegiality 3.1.2 Connectedness 3.1.3 Role ambiguity 3.4.1 Energy 3.4.2 Gratitude 3.5.1 Self confidence 3.6.1 Support colleagues 3.6.2 Support family and friends
4. Motivations	4.1 IMHPCV 4.2 Motivations to continue working 4.3 Other motivations to start working	4.1.1 Altruism 4.1.2 Civic responsibility 4.1.3 Leisure 4.1.4 Personal gain 4.1.5 Self promotion 4.3.1 Fascination around death 4.3.2 Previous work experience 4.3.3 Social influence
5. Stress in general	5.1 Changes over time 5.2 Intention to stay 5.3 Personal grades on stress level 5.4 Reasons to quit	

Appendix IV: Interview volunteers

Introduction:

Ten eerste, heel erg bedankt dat u de tijd en moeite wil nemen om vandaag deel te nemen aan dit interview! Ik zal me even voorstellen. Ik ben Gianne Thomas, 22 jaar oud en ik kom uit Zuid- Limburg. Ik ben nu bezig met mijn master Health Economics, Policy and Law. Dit onderzoek doe ik dus ook als afstudeeropdracht. Ik probeer er, middels interviews met vrijwilligers maar ook ex-vrijwilligers, achter te komen wat jullie motiveert om dit werk te doen, in welke mate jullie stress ervaren en welke factoren/situaties deze stress dan veroorzaken. In Nederland is hier nog weinig onderzoek naar gedaan, terwijl dit wel nodig is omdat de vraag naar vrijwilligers in de palliatieve terminale zorg alleen maar zal gaan stijgen de komende jaren, door bijvoorbeeld de vergrijzing.
Het interview zal ongeveer een halfuur duren en alles zal anoniem zijn.
Het gesprek zal ook worden opgenomen, puur voor mijzelf en het onderzoek goed te kunnen uitvoeren. Deze opname zal dus nooit worden gedeeld met derde partijen en zullen na het onderzoek ook weer worden verwijderd. Gaat u daarmee akkoord?

- Dan kunnen we beginnen met het interview. Ik zal u eerst een aantal algemene vragen stellen over u en het hospice en dan gaan we vervolgens door met het inhoudelijke deel.

Personal information

1. Wat is uw leeftijd?
2. Hoe lang bent u al werkzaam binnen het hospice?
3. Is het een Bijna- Thuis- Huis of High- Care Hospice waarin u werkzaam bent?
   → Uitleg HCH en BTH
4. Wat zijn uw werkzaamheden?
5. Bent u naast dit vrijwilligerswerk nog ergens anders werkzaam?

Job Demands

<u>Emotional demand</u>

6. Ervaart u wel eens stress door de emotionele aard van het werk of kent u mensen die daarmee te maken hebben? Kunt u voorbeelden noemen?
7. Als u het werk als (emotioneel) zwaar ervaart, wat doet u dan om dit gevoel te verminderen? Waarom juist dit? Hoe lang duurt dit gevoel?
8. Ervaart u wel eens onprettige situaties met patiënten of familieleden van patiënten? Hoe gaat u hiermee om? Voorbeelden?

<u>Exhaustion</u>

9. Voelt u zich wel eens uitgeput of slaapt u slecht door het werk? (Zo niet: stel de vraag dan andersom: "geeft het werk u energie?" en welke dingen in uw werk geven u die energie dan?)
   - Zo ja, hoe vaak komt dit voor?
   - Houdt dit lang aan?

10. Vindt u het werk fysiek zwaar?

Home- work conflict

11. Heeft het vrijwilligerswerk invloed op de thuissituatie/ neemt u het werk mee naar huis? Zo ja, kunt u voorbeelden noemen?

Time pressure

12. Ervaart u wel eens tijdsdruk op het werk?
    - Waarom wel of niet?
    - Voorbeelden?
13. Heeft u genoeg tijd om vrijwilliger te zijn?

Personal fear

14. Komt u wel eens terecht in onbekende situaties binnen uw werk? Hoe gaat u daarmee om?
15. Ervaart u wel eens gevoelens van angst door of tijdens uw werk?

Stress in general

16. Zijn er nog andere dingen binnen uw werk die u minder waardeert of tegenaan loopt? /als stressvol ervaart?
    - Hoe gaat u hiermee om?
17. Als u uw werk een cijfer moet geven tussen de 1 en 10, waarbij 1 geen stress is en 10 heel stressvol is, welk cijfer geeft u uw werk dan?
18. Ervaarde u in het begin van uw carrière als hospice vrijwilliger meer stress?
    - Kunt u hier voorbeelden van noemen wat er toen anders was?

Job Resources

Support

19. Wat vindt u van de sfeer op de werkvloer/ binnen het team?
    - Waarom? Welke dingen maken dit prettig of minder prettig?
    - Interactie collega's
20. Voelt u zich op uw plek binnen het team?
21. Wat vindt u van uw rol binnen het team?
    - Is deze rol ook helder?
    - Heeft u wel eens het gevoel te veel of te weinig te moeten te doen als vrijwilliger?
22. Ervaart u steun van collega's en de leidinggevende als het bijvoorbeeld te zwaar wordt of als u met andere problemen zit?
23. Wat doet uw leidinggevende om de sfeer te behouden/verbeteren?
24. Wat vinden uw familie/vrienden ervan dat u dit werk doet?

Autonomy

25. Mag u zelf bepalen wanneer u werkt?

- Ervaart u dat als prettig?

26. Mag u uw taken zelf invullen?
    - Ervaart u dat als prettig?
27. Ben u tevreden met de taken die u moet uitvoeren?

Knowledge

28. Voorziet het hospice u van trainingen/ cursussen ontvangen om de taken binnen dit werk uit te voeren/ kennis te verbreden?
    - Ervaart u deze trainingen ook als behulpzaam?
29. Bent u zelfverzekerd op het werk? Heeft u wel eens gevoelens van onzekerheid ervaren?
30. Zijn er wellicht nog dingen die ontbreken die u nodig heeft om het werk nog beter te kunnen uitvoeren?

Motivation to start volunteering and other motivations/ job demands continue working

31. Wat heeft u gemotiveerd om te starten met dit werk? Heeft een bepaalde situatie ertoe geleid dat u specifiek voor dit werk heeft gekozen?
32. Wat motiveert u om dit werk te blijven doen?
33. Bent u van plan om nog voor lange tijd vrijwilliger te blijven binnen het hospice?

Appendix V: Interview ex-volunteers

Same introduction as interview volunteers

Personal information

1. Wat is uw leeftijd?
2. Hoe lang bent u werkzaam geweest binnen het hospice?
3. Is het een Bijna- Thuis- Huis of High- Care Hospice waarin u werkzaam was?
   - Uitleg BTH en HCH
4. Wat waren uw werkzaamheden?
5. Was u naast dit vrijwilligerswerk nog ergens anders werkzaam?

Job Demands

Emotional demand

6. Ervaarde u wel eens stress door de emotionele aard van het werk of kent u mensen die daarmee te maken hebben? Kunt u voorbeelden noemen?
7. Als u het werk als emotioneel zwaar ervaarde, wat doet u dan om dit gevoel te verminderen?
   - Waarom juist dit?
   - Hoe lang duurt dit gevoel?
8. Ervaarde u wel eens onprettige situaties met patiënten of familieleden van patiënten? Voorbeelden?

Home- work conflict

9. Had het vrijwilligerswerk invloed op de thuissituatie/ nam u het werk mee naar huis?
   - Zo ja, kunt u voorbeelden noemen

Exhaustion

10. Voelde u zich wel eens uitgeput of sliep u slecht door het werk? (Zo niet: stel de vraag dan andersom: "gaf het werk u energie?" en welke dingen in uw werk gaven u die energie dan?)
    - Zo ja, hoe vaak kwam dit voor?
    - Hield dit lang aan?

Time pressure

11. Ervaarde u wel eens tijdsdruk op het werk?
    - Waarom wel of niet?
    - Voorbeelden?
12. Had u genoeg tijd om vrijwilligerswerk te doen?

Personal fear

13. Heeft u wel eens gevoelens van angst binnen uw werk ervaren?
    - Hoe ging u daarmee om?

Stress in general

14. Als u een cijfer moet geven tussen de 1 en 10, waarbij 1 geen stress is en 10 heel stressvol is, welk cijfer geeft u het werk dan?
15. Ervaarde u in het begin van uw carrière als hospice vrijwilliger meer stress?
    - Kunt u hier voorbeelden van noemen?
16. Wat is de reden dat u bent gestopt met het werk?

Job Resources

Support

17. Wat vond u van de sfeer op de werkvloer/ binnen het team?
18. Voelde u zich op uw plek binnen het team?
19. Wat vond u van uw rol binnen het team?
    - Was uw rol helder?
    - Had u wel eens het gevoel te veel of te weinig te moeten te doen als vrijwilliger?
20. Ervaarde u steun van collega's en de leidinggevende als het bijvoorbeeld te zwaar werd of als u met andere problemen zat?
21. Wat deed uw leidinggevende om de sfeer te behouden/verbeteren?
22. Wat vonden uw familie/vrienden ervan dat u dit werk deed?

Autonomy

23. Mocht u zelf bepalen wanneer u werkt?
    - Ervaarde u dat als prettig?
24. Mocht u zelf bepalen welke taken u uitvoerde?
    - Hoe ervaarde u dat?
25. Was u tevreden met de taken die u moest uitvoeren?
    - Welke dan bijvoorbeeld wel en niet?

Knowledge

26. Voorzag het hospice u van trainingen/ cursussen ontvangen om de taken binnen dit werk uit te voeren/ kennis te verbreden?
27. Was u zelfverzekerd op het werk of ervaarde u wel eens gevoelens van onzekerheid?
28. Waren er wellicht nog dingen die ontbraken om het werk nog beter te kunnen uitvoeren?

Motivations to start volunteering and other motivations/ job demands to continue

29. Wat motiveerde u om te starten met dit werk?
30. Waren en dingen binnen u werk die u erg waardeerde?

Appendix VI: (ex-) volunteers' working experience and stress levels

Ex- volunteers' working experience and stress levels

Ex- volunteers	Working experience in years	Stress level
1	9,5	7
2	1,5	6
3	14	2
4	2	7
5	15	2

Volunteers' working experience and stress levels

Volunteers	Working experience in years	Stress level
1	9	1
2	2	6
3	8,5	3
4	4,5	2
5	4	3
6	4,5	1
7	3,5	2
8	11	3