CHAPTER 8
INTEGRATION

8.1 INTRODUCTION
In this chapter an integration and summary of the core findings of the three case studies is given and their similarities and differences are explored. How some of the different themes interlink is also discussed. Although various sub-themes found in the individual case studies are significant to the individual cases, some of them can be incorporated into common themes, as is shown below.

8.2 DESCRIPTION OF THE VOLUNTEER ROLE
8.2.1 Motives
The motives found in each of the three volunteers confirm many of those found in current literature. All three volunteers have experienced loss of people close to them (Scott & Cladwell, 1996; Garfield & Jenkins, 1981; Payne, 2001; Chng & Ramsey, 1984). The volunteers differ in both the extent to which this past bereavement experience acted as a motive for becoming involved in hospice and in the way it motivated them. They wanted to work through the bereavement experience (Glass & Hastings, 1992), or use the experience to “give something back” (Kottler 2000), or it acted only as a small catalyst highlighting another motive. They were also motivated into the role of volunteer in order to develop skills. The skills developed were the need to know how to deal with death and dying, skills for running a bereavement group and those related to education and career decisions. Acquiring a skill is put forward by Muller (cited in Unger 1991), and Payne (2000), as a motive for volunteering. Muller (cited in Unger 1991), however, claims that skills relate to what he calls human capital, as developing these skills are of economic value to the volunteer. Two of the hospice volunteers in this study however developed skills in order to fulfil altruistic goals (Kottler, 2000). Personal interest was cited by two of the volunteers as a motive for their hospice role (Scott & Cladwell, 1996; Garfield & Jenkins, 1981; Payne, 2001; Chng & Ramsey, 1984). One volunteer cites her main motivation as wanting to serve (Scott & Cladwell, 1996; Payne, 2001; Kottler, 2000; Unger,
1991). Kottler’s (2000) sense of multiple urges driving all helpers is true for all the volunteers in this study.

8.2.2 Perception of the Role

All three of these volunteers have the same kind of volunteer role, that of counselling the bereaved and dying in their homes. And all three have personal characteristics, which influence their perception of the role. These idiosyncratic elements are belief in counselling as being part of a bigger process (Kottler, 2000) and a belief that the role involves professionalism and higher ethics. This is not documented in the literature surveyed for the current study. In one volunteer the sub-theme of motives, specifically her central need to serve, influences her perception (Cantor, 1990).

All three volunteers demonstrate the impact of the hospice culture in their perception of the volunteer role. They see the role as listening to the client, reflecting, accompanying them through their journey, and encouraging them to express their feelings about the process they are going through but giving no advice. All of these elements correspond to the role of the volunteer as presented by hospice during training, a view which is based on Rogers’ theory (Barton, 1974).

8.3 EXPERIENCE OF BEING A VOLUNTEER

8.3.1 Effect on Relationships Outside of Hospice

The effect of the volunteer’s role on their relationships outside of hospice supports Uffman’s (1993) findings, in that it brings both difficulties and rewards in this area. Two of the volunteers say that outside relationships have been enhanced due to their volunteer experience. One volunteer reports that his improved skills of listening and confronting enhances his relationships. Another says that due to feeling satisfied through her role she is able to give more to her own family. These rewards are not reported in the literature surveyed for the current study. The same volunteer reports a change in perspective since working for hospice that enables her to appreciate her own family situation more (Uffman, 1993). On the negative side, one volunteer reports ending a relationship due to a girlfriend feeling
excluded from a significant part of the volunteer’s life – his hospice work. Another volunteer reports that the role takes time away from family, while the third reported no effects on outside relationships.

8.3.2 Meaning Behind the Role
Two volunteers report acts of service as the meaning behind their role. For one in particular being of use was a central theme relating to almost all other themes and sub-themes (Kottler, 2000). The volunteer currently taking a break from hospice involvement feels that counselling has lost some of its meaning for him and this is cited as one of the reasons for taking a break. A central theme for this counsellor was self-growth (Payne, 2000) and he feels as though he has reached a peak in this development.

8.3.3 Idiosyncratic Sub-themes
The following idiosyncratic sub-themes or idiosyncratic elements within the sub-themes were identified: ‘successful clients’ (chapter 5), ‘the meaning behind the role’ (chapter 4), ‘being part of something bigger’ (chapter 6), ‘personal growth vs self-doubt’ (chapter 6).

One volunteer shows evidence of Luks’ (1998) ‘helpers high’, which seems to relate to his past experiences.

Another volunteer displays exocentric altruism according to Karylowski’s (1982) classification system. This seems to help this volunteer to deal with the uncertainty associated with the difficulty in knowing whether or not she is helping a client (Kottler, 2000).

Another volunteer experiences being part of a bigger process as a counsellor (Dass & Gorman, 1992) as well as experiencing self-doubt (Dass & Gorman, 1992; Kottler, 2000).

The sub-theme ‘From the knowing into the doing’ relates specifically to this volunteer’s motives for becoming a volunteer, i.e. the need to know and learn about death and dying (chapter 4).
8.3.4 Confronting Mortality
All volunteers do have some negative experiences or difficulties when confronting mortality and each have their own way of dealing with this. All were able to confront these difficulties (Momeyer, 1985). These negative experiences were however the exception, as generally, the volunteers did not express undue difficulties in dealing with mortality. None of the volunteers acknowledge experiencing the stress of having to confront their own death in their work at hospice, which is contrary to findings described by Glass and Hastings (1992).

8.3.5 Negative Effects
In the theme of ‘experience of the volunteer role’ all three volunteers mention, under different sub-themes, the negative effect of how much time the volunteer role takes (Glass & Hastings, 1992). Another negative effect mentioned is of clients taking a volunteer for granted. This is a negative outcome not mentioned in literature but it would relate to volunteers specifically as it seems to be due to the fact that they are not paid. This problem could be classified under stress emanating from clients, which is discussed by Kottler (2000).

8.3.6 Role Flexibility
Two volunteers have stepped outside of the boundaries of bereavement and pre-death counselling to also deal with relationship issues. This is stressful for the one volunteer, but not for the other because, due to past experience, he feels equipped to deal with the issues. Stepping outside of bereavement and pre-death issues is due to the volunteers’ personal characteristics such as interest in the case and the supervisors’ flexibility with the definition of the role of hospice volunteer counsellor. The third volunteer remains within the boundaries of pre-death and bereavement issues. This is not documented in the literature surveyed for the current study.
8.3.7 Personal Growth
Payne (2001) cites personal growth as a satisfying aspect of volunteering. What constitutes this personal growth is unique for each volunteer. One volunteer cites the following: development of empathy, self-confidence, the ability to confront himself and others, a new value system resulting in a change in behaviour towards others, and a new awareness of himself and others. Self-confidence is related to having experienced success in the volunteer role and his perception of the role relates to developing a new value system and awareness. Furthermore, facing mortality relates to the development of empathy. Another volunteer reports the development of self-understanding and less arrogance since becoming a hospice volunteer. The third volunteer in this section refers to this simply as a sense of growth.

8.3.8 Past Experience
Two of the volunteers relate past experience in connection bereavement and being a member of problematic families as affecting their role (Berger, 2001). The volunteer who did not report this has less experience than the other two with both clients and personal bereavement. One volunteer relates his past experiences to positive aspects of his role. It is in relation to past experiences that he witnesses the ‘helpers high’ (Luks, 1998).

8.3.9 Relating to Clients
All volunteers institute boundaries within relationships with their clients. All are flexible within these boundaries though, and the amount of flexibility that they are comfortable with varies according to the volunteer. The boundaries help the volunteers to cope with different aspects of their role, such as being taken for granted and maintaining distance (Dass & Gorman, 1992; Kottler, 2000). For one volunteer the type of boundaries she installs relates to achieving her original motives, i.e. generating enough warmth within the relationship in order to be ‘useful’. Two of the volunteers acknowledge the importance of the relationship to the helping process (Kottler, 2000).
8.4 WAY OF COPING

8.4.1 External support

All three volunteers use the hospice organisation as support in their volunteer roles. This is in the form of supervision groups, training, supervisors and fellow volunteers (Riordan & Saltzer, 1992). One volunteer relies on her family for emotional support and one on a close network of friends. This is not documented in the literature surveyed for the current study.

8.4.2 Personal Resources

Each volunteer has personal resources for dealing with his or her role. They include a personal, up-front and pro-active way of dealing with issues and independently working through what has happened during counselling sessions by downloading and processing it mentally. These personal styles are not documented in literature surveyed for this current study. Personal belief system is another individual resource used by one of the volunteers to help deal with the effects of his volunteer role (Riordan & Saltzer, 1992). Self-awareness (Riordan & Saltzer, 1992) and the need to balance own needs with the volunteer role (Kottler, 2000) are used by this same volunteer as a personal resource.

8.5 IMPACT OF THE HOSPICE CULTURE

Although the sub-themes of ‘a light switched on’, ‘a sea of changing faces’ and ‘hospice training’ are significant to the individual cases, of which they are a part, they can be incorporated into the three common themes discussed below when looking at the volunteers as a group.

8.5.1 The Concept of Death and the Hospice Influence

All volunteers had some ideas on death that were already established before becoming involved with hospice. For two of them, ideas did not significantly change. For one volunteer, views on death did change significantly due to involvement with hospice and the volunteer role. Working through death issues was one of this volunteer’s motives for becoming involved with hospice. This volunteer moved from a fear of death to a “friendship almost with death.” This volunteer’s experience seems to support Rinaldi and Kears’
(1990) and Kasterbaum’s (1993) ideas that the hospice movement is changing society’s ideas on death in that it is making it more acceptable. In this volunteer, death is now associated less with fear and more with acceptance.

The volunteers all show a willingness to confront both positive and negative elements regarding ideas and experiences of death. In the theme of ‘the experience of being a volunteer’, all describe negative incidents or elements when confronting death in the hospice setting. Two of them also acknowledge a contradiction or apprehensiveness regarding their thoughts and ideas on death. This confirms Momeyer’s (1985) claim that to be effective in working with the dying it is necessary for the care giver to be able to confront their own fears regarding death. None of the volunteers in this study however currently shows a significant fear of death. This would seem to support Malsach (1982) who claims that fear of death can lead to stress in volunteers. Echoing this Hayslip (1986) and Cochrane (1990) claim that those who exhibit greater anxiety around death have more difficulty relating to and communicating with the dying.

All three of the hospice volunteers, along with 83% of hospice volunteers studied by Patchner and Finn (1987) believe in some form of life after death, although individual ideas as to what form this takes differs. Riordan and Saltzer (1992) found that hospice workers found comfort and stress relief in their religious beliefs. One volunteer is not sure what form this life after death will take but not knowing the specifics doesn’t bother him. The volunteers realise that they do not have all the answers to death, but are content in not knowing (Uffman, 1993). This aspect was also exemplified by a second volunteer in the theme of ‘experience of being a volunteer’.

8.5.2 Compatibility with Hospice

All the hospice volunteers report being comfortable with the philosophy of the hospice in terms of their way of approaching death. They also report other areas of compatibility such as areas of interest or expertise. One of the volunteers expresses experiencing the culture as “holding” and authentic.
Scott and Cladwell (1996) found continuing in hospice volunteer work to be associated with a belief in the hospice mission. Two volunteers particularly enjoy the team approach that hospice uses. Riordan and Saltzer (1992) suggest that creating a staff team approach to working in the hospice environment reduces stress.

For one volunteer, there is evidence in the theme of ‘experience of being a volunteer’, that adherence to the hospice philosophy can also induce stress if the desired outcome cannot be achieved (Glass & Hastings, 1992). This stress also linked the volunteer’s central motive for volunteering, that of being useful.

8.5.3 Supervision

All three volunteers use supervisors, supervision groups and fellow volunteers as support in their volunteer roles. All use these sources to gain insight into cases and new skills. The supervisors are experienced as “holding”, and positive. One volunteer finds supervision validating when the social workers confirm his perceptions of his cases. Riordan and Saltzer (1992) suggest consistent supervisory support as a way of reducing stress amongst hospice volunteers. Two volunteers in particular find the hospice very positive in their approach to supervision thereby building their volunteers up in the counselling role. Scott and Cladwell (1996) found feeling valued as a person and a positive relationship with staff to be associated with continuing in hospice volunteer work. The positive approach and de-emphasis of the critical supports Kasterbaum (1993) in his claim that hospice programmes represent thanatology at its best. All participants share in a sense of common purpose offering solidarity and togetherness as protection in facing mortality. Working in a team such as the one provided at hospice allows for the flexibility needed to work in an emotionally charged field. It can also promote an opportunity to develop new skills of self-awareness (Riordan & Saltzer, 1992). Riordan and Saltzer (1992) say that the team approach in hospice work is widely emphasised as it can provide physical and emotional support. Training is also reported by all three volunteers to be useful (Riordan & Saltzer, 1992).
The difficulties experienced in supervision are criticism from fellow volunteers, experienced minimally by one volunteer (Kottler, 2000). Glass and Hastings (1992) state that trying to work as a team can be stressful. Kottler (2000) states that those who are in the helping profession do not always treat colleagues with the compassion that might be expected of them. For one volunteer, communication problems within the organisation influences the access to both training and supervision (Riordan & Saltzer, 1992). Difficulties in access to training and supervision after hours are experienced by two of the volunteers. This is something not discussed in literature. One volunteer finds the changing membership of his supervision group difficult as he does not feel safe enough to use the group to vent emotions related to his work with dying clients as suggested by Riordan and Saltzer (1992). The hospice social workers are generally flexible in their approach to the kinds of cases their volunteers deal with and this also contributes to the volunteers stepping outside of bereavement and pre-death issues. One volunteer feels comfortable with this as past experiences have given him the necessary background and training to deal with these other issues. The other volunteer does not feel prepared for this so it causes stress and feeds into his self-doubt.

The following chapter contains conclusions and recommendations based on the findings of the three case studies and the above summary and integration.