

CHAPTER 9 CONCLUSION AND RECOMMENDATIONS

9.1 INTRODUCTION

This chapter presents a general discussion of the study including its strengths and weaknesses. Recommendations for future research and recommendations for the hospice organisation, based on the findings of the study, are given.

HOW THE AIM OF THE STUDY WAS REALISED

The aim of the study is to provide an integrated picture of the volunteers, their role, the human dimensions of this experience, and the impact this has on their lives. This aim is attained through using an interpretive research paradigm that focuses on the understanding of the phenomenon under study from the participants' point of view and explores the subjective reasons and meanings behind behaviour (Terre Blanche & Durrheim, 1999).

THE STRENGTHS OF THE STUDY

The strengths of the study are that it uses an ethnographic epistemology that lends much depth and "thick description" to the study (Denzin, 1989, p. 83; Erlandson, et al 1993, pg. 94). This is the first time that hospice volunteers have been studied using this theoretical framework. As a result new information and insights are attained. Existing theory is supported and in some cases expanded. The volunteers are given a voice. Supervision and consultation were used to check the interpretations thereby improving the quality of the study.

WEAKNESSES OF THE STUDY

The methodology used in the present study does not enable one to generalise findings.

RECOMMENDATIONS FOR FURTHER RESEARCH

Little research examining the subjective experience of the hospice volunteer role has been carried out within an interpretive paradigm. As a result comparisons to other studies can not be made within certain sections of this

study. More research using an interpretive paradigm would be useful. To carry out similar studies in the sister hospice of this particular organisation would provide a different cultural perspective on the volunteer role, as the volunteer population in the sister hospice differs in racial structure to the one in this study. It would be useful to carry out research cross-culturally, and across different socio-economic strata to see if these factors could have bearing on the subjective experience of the hospice volunteer.

Further research on endocentric versus exocentric sources of altruism, according to Karylowski's (1982) classification system, could be used to see if this brings about a different subjective experience of the volunteer role. According to Karylowski (1982), exocentric altruism focuses on external elements or environmental elements as its source of origin. In exocentric altruistic behaviour what is reinforcing to the helper is the improvement of the person's condition. The observation of this change alone is inherently reinforcing for the helper, whether they are the agents of change or not. Karylowski (1982) claims that this type of altruism allows the helper to be more sensitive to the other person's needs and perspective as their perception is outwardly directed. Within this study the volunteer exhibiting this type of altruism shows resilience to the stress relating to the uncertainty as to whether or not she had helped the client in her role as hospice volunteer.

RECOMMENDATIONS FOR HOSPICE

The hospice organisation functions very well in terms of providing a supportive environment for its volunteers. All three of the volunteers in this study experience the hospice environment positively in terms of support, training, guidance and an authentic, "*holding*" culture. The few problems that do arise may be specific to these volunteers, as due to the small sample size, idiosyncrasies are inevitable. Further research should be done in these areas to establish whether or not the needs that arose within these volunteers are indeed general needs. However, the problems that did arise in the organisation are as follows:

- Two out of the three volunteers have stepped outside of the role of bereavement and pre-death counselling and have gone into relationship counselling. This is related to the impact of the hospice organisation as the supervisors define the volunteer role in a flexible manner in terms of the kinds of issues their volunteer's deal with. Going outside of pre-death and bereavement counselling was stressful for one volunteer however, as he did not feel prepared for a different kind of counselling role to that for which he had been trained. As relationship issues seem to emerge within bereavement and pre-death counselling, perhaps hospice training could also focus on relationship counselling within their training programme.
- The other common element with two volunteers was difficulty in accessing evening supervision as it is at a difficult time. Difficulty was also experienced accessing training as it is offered only during weekdays while this particular volunteer is working. This volunteer suggested alternating training so that it could be held on Saturday mornings every second month.
- Another volunteer finds that difficulties in communication within the organisation interfere with accessibility to resources, i.e. supervisors and training. He suggests that an e-mail system could perhaps be put in place.

CONCLUSION

This study uses ethnographic inquiry to provide an integrated picture of the hospice volunteer, their role, the human dimensions of this experience, and the impact it has on their lives. Four major themes are highlighted and explored: 'Description of the role', 'The experience of being a volunteer', 'A way of coping' and 'The influence of the hospice culture'. Sub-themes that emerge within each case study vary due to the individual nature of the experience of the role. Themes are explored in light of current theory and findings to note the similarities and differences of this specific sub-group of volunteers compared to others found in the literature reviewed. The qualitative research method of ethnography proved valuable in attaining this kind of

information. Areas for future research have been discussed as well as recommendations for the hospice organisation.