Perception of Hospice volunteers Needs for the continuing Hospice Volunteering: 
An Application of Q-methodology

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Abstract. This purpose of this study is identifying the need of hospice volunteers for the continuing Hospice Volunteering. Method: The study used Q-Methodology, which provides a method for analyzing the individual’s subjectivity. The 27 subjects classified 26 selected Q-Statements on a 7 point scale to make a normal distribution. The collected data were analyzed by a PC QUANL program. Results: Four needs were recognized by continuous hospice voluntary service, which were classified as Type 1: Need for recharging Type 2: Need for communication education Type 3: Need for systemic support, Type 4: Need for spiritual support. Conclusions: This findings contribute to developing consultation and supporting programs to support the volunteers who continuous the voluntary service activities.

Keywords: hospice, nursing, Q-Methodology, volunteer

1 Introduction

In 2013, announcing "Hospice Palliative Care Activation Measures" for the settlement of specialized medical care for patients with terminal cancer. Korean Ministry of Health and Welfare said that it planned to expand a Palliative Care Team (PCT) system to allow medical institutions to register and operate PCT with certain requirements and to legislate the expansion and management of home hospice palliative[1]. Hospice volunteers are valuable not only to patients and their families, but also to the society. Volunteering are social resource, and are regarded as an activity that creates an atmosphere of personal happiness as well as contributing to the happiness of others and providing social value[2]. Current PCT operations show that most members in PCT are volunteers[3]. For this reason, PCT is very important in terms of alleviating the physical, mental, spiritual and social burdens on patients and
As the number of PCT was increase, further discussions on their roles and management will also be required. Hospice volunteers must be maintained long-term volunteer service period. Because hospice volunteers have relationships with their patients that are closer than do volunteers in other areas. According to Lee and Lee[6], hospice volunteers become a new family member of patients and eventually come to feel that they themselves can speak for the patient. To be able to put these empathetic interests and emotions into perspective, hospice volunteers need to spend a great deal of time with patients and their families. However, previous studies have reported that volunteers often get burned out and drop out of service[7-8].

When the volunteers stopped, it is not only results in a loss of the financial resources of recruitment and education, but it also undermines the confidence of employees and patients and debase the morale of the remaining volunteers. There are a few qualitative studies and questionnaires have investigated about motivation of volunteers, including why they continue to volunteer and why they stop volunteering[9-10]. According to Galindo-Kuhn, and Guzley[11], who mentioned drop outs, volunteer sustainability, volunteers' satisfaction and mental benefits come from volunteering situations, not from simple volunteering activities and related results.

In order to analyze the factors needed for continuous volunteering, studies on the actual experiences of hospice volunteers and their subjective experiences about volunteering situations need to be conducted[12-13].

Studies on the factors is required for continuous volunteering is the primary research necessary for securing lasting volunteer activity. Therefore, the importance of these factors needs to be high lighted as a key issue in activating volunteer work. Thus, this researcher applied Q methodology to identify the types of needs that hospice volunteers for continuous hospice volunteer service and to provide basic data for the development of support measures and intervention programs for these volunteers.

2 Method

2.1. Construction of Concours (Q population)

The Q-population was composed through the following process: The first stage was to obtain written narratives from nursing students, called the Q-population. In this stage, 20 hospice volunteers were asked to fill out a questionnaire of the following two questions; "What do you think are necessary factors for continuing with hospice volunteering activities?", "What makes you serve as hospice volunteers?" The purpose and the process of the research were explained to volunteers in interview and respondents were selected among volunteered participants. To avoid repetition, 90 statements were extracted from the collected data. In-depth interviews were
conducted with seven volunteers in order to clarify the meaning of their statements and to check for any additional statements.

2.2. Q-sample

A total of 90 statements were reviewed and extracted by two professors to be selected, it categorized and then 26 Q-sample were extracted.

2.3. Selection of participant (P-sample)

To collect P-samples for Q-sorting, hospice volunteers Those who long served as a hospice volunteer were selected among the researchers acquaintances. Taking demographic characteristics into account, the P sample was selected by convenience sampling 27 nursing students (Table 1).

2.4. Q-sorting

27 volunteers produced Q-statements with a rating on a scale of 1-7 Participants of Q-sorting were to read each of the cards with Q-statements and classify the statements they most agree with on +3 (7) and the statements they most do not agree with on -3 (1).

2.5. Data analysis

The pc-QUANL program was used to analyze the Q sorts. Principle Component Factor Analysis was used for Q factor analysis, and for the most ideal decision, the type determined as the best results was calculated by entering various numbers based on Eigen value greater than 1.0.

2.6. Conflict of Interest and Ethical Considerations

The present study was conducted after receiving approval (GIRB-A14-Y-0017) from the institutional review board at the school of medicine of the Gyeongsang national University.
3 Result

3.1. Formation of the type

The results of the Q factor analysis on the perceptions about needs to related to the continuous volunteering of hospice volunteers are as follows. The total variable was 50.2%, which implied that the 4 types shown in this study had about 50% explanation power <Table1>. This means that all participant have a wide range of opinions. The Eigen values for each type were 8.4485, 2.0807, 2.0054, 1.024 with the variables of 31.2%, 7.7%, 7.4% and 3.7%. The most common factor related to continuous volunteering was Type 1, showing 31.2% of the explanatory power. Type1 was ‘Recognition of Adapting and recharging needing type, Type2 was ‘Recognition of Need for communication education, Type3 was Need for systemic support and Type4 was Recognition of a need for holistic care. The correlation coefficient between types 1 and 4 was 0.708, which was a significantly higher value than the correlation coefficients for the other types. The low correlation for the other types indicated that they were independent of each other.

Formation of the Q type

1) Type 1: ‘Need for recharging’

10 volunteers belonged to Type 1. The Type 1 participant strongly agreed with the following items: a time and system for helping new volunteers adapt is required to help new volunteers adapt to volunteering (Q18, Z=1.80), physical strength and time should be allocated to ensure that volunteering does not cause stress (Q13, Z=1.51), volunteers should manage themselves to prevent burnout and stabilize their mental health (Q14, Z=1.4), hospice volunteering needs to be recognized as a professional field (Q1, Z=1.5).<Table 4>. In order to manage the related emotional distress, hospice volunteers said that they talk to hospice team nurses, coordinating priests, and fellow hospice volunteers. Volunteers also report experiencing psychological and physical burnout. For this reason, they feel they need programs for psychological recharging. Based on their reports of physical and psychological burnout, Type 1 volunteers were called the ‘Adapting and recharging needing type.’

2) Type 2: ‘Need for communication education’.

6 volunteers belonged to Type 2, the mean of serving period was 3.3 years. The type 2 volunteers strongly agreed with the following statements: more volunteer programs need to be developed (Q5, Z=1.7), terminal cancer patients need to believe that their quality of life is important (Q3, Z=1.5), volunteers should manage themselves to prevent burnout and stabilize mental health (Q14, Z=1.5), regular and continuous communication training programs are needed (Q7, Z=1.3). They are often troubled by various and unexpected responses about facing death from patients and their families. They said they have difficulty communicating when patients or family members either joke or are cynical about death. It was obvious that they felt lacking in the ability to communicate. Thus, Type 2 was called the “Need for communication education.”
3) **Type 3: ‘Need for systemic support’**

5 volunteers belonged to Type 3, the mean of serving period was 4.4 years. Type 3 volunteers participant strongly agreed with the following statements: terminal cancer patients need to believe that their quality of life is important (Q3, Z=1.8), Volunteers feel less ashamed when patients and their families are well supported (Q21, Z=1.7); it is necessary to provide practical help to patients by acquiring knowledge with respect to the patient's disease and treatment (Q20, Z=1.4), continuous care needs to be provided for the bereaved family (Q12, Z=1.1), there should be an educational and training period before volunteering (Q24, Z=1.0). Type 3 volunteers were found to have the desire help with the living environment or conditions of their patients and families. They spent a great deal of time seeking methods to practical support patients and their family in conjunction with finances, religious support organizations, sourcing bread and daily necessities from food banks and rice and side dishes from the Red Cross, and discussing task priorities with other volunteers. For these reasons, they were called the ‘Need for systemic support.’

4) **Type 4: ‘Need for spiritual support’**

6 volunteers belonged to Type 4, the mean of serving period was 6.4 years. Type 4 volunteers strongly agreed to the following statements: terminal cancer patients need to believe that their quality of life is important (Q3, Z=1.7), hospice volunteers should feel the expertise (Q1, Z=1.6), hospice volunteers should be able to provide patients with spiritual care (Q10, Z=1.5), and a time or system for helping new volunteers adapt is required to help new volunteers adapt to volunteering (Q18, Z=1.0). Type 4 volunteers need to provide psychological support to patients struggling with their disease because these individuals are not only vulnerable physically, but also psychologically. Based on these results, Type 4 individuals were considered to resolve the conflicts related to death in dying patients and were called ‘spiritual nursing needing types.’

4 Discussion

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skills in the field is important.  

Volunteers, their family’s understanding and support is needed.

This was a perception of Hospice volunteers needs for the continuing hospice volunteering. The following four types were confirmed: Need for recharging, Need for communication education, Need for systemic support, and Need for spiritual support. Type 1 requires programs that can provide time to recharge and recover from physical and psychological burnout. Claxton-Oldfield et al(2012) said that issues like role ambiguity and witnessing patients’ suffering make volunteering less satisfying. Volunteers must be supported when dealing with these challenges. According to Brown(2011) who provided counseling about satisfaction and retention for hospice palliative care volunteers, volunteers experience stressful experiences in their early days of volunteering, and these experience often cause them to quit volunteering. The reasons that volunteers quit in their early days of volunteering were analyzed; it was concluded that these reasons relate to volunteers feeling emotionally drained or burnout. In their study on volunteers, Kim et al (2002) reported that hospice volunteers experienced lowered burnout resilience and lower activity satisfaction. The above results are consistent with the results of this study.

Type 2, the Need for communication education, emphasized that volunteers should be trained in communication skills. The phenomena of remaining in denial about death at the end of life is a common barrier between the family (Planalp & Trost, 2008).

People facing death express their thoughts in various forms(Andersson & Ohlen, 2005, Larson & Tobin, 2000). Some family members discuss death openly, while others avoid talking about it, reduce the emotional intensity, are cynical about it, or turn it into black humor(Kastenbau, 2008).

The volunteers said that it is difficult to discuss death-related issues and most difficult to talk to patients when faced with unexpected responses. For this reason, they said that communication training is needed. Lee et al.(2001) reported that it is not easy for volunteers to feel empathy and share their feelings with terminally ill patients or to talk with them about death.

Egbert and Parrott (2003) actually gave the highest score to the item ‘volunteers are most worried about how the patient or his family will take death,’ as in Choi and Han's (2005) study about burdens that hospice volunteers feel. They said that regardless of the length of a volunteer's experience, it is never easy to talk about death. Continuing volunteer communication with professionals is needed. According to Galindo-Kuhn et al(2002) volunteers’ satisfaction with activities, communication, amount of information, and education are recognized as key factors for volunteer satisfaction. Ebert et al.(2003) stated that receiving education on communication skills affects the motivation and activity of volunteers. Worthington(2008) said that hospice training programs should develop research and educational theories for volunteers and medical professionals, and that communication can substantially contribute to the development of these theories. This result is consistent with the needs of the Type 2 participant in this study.

Type 3 participant thought that the work of hospice volunteers should be considered more professional than other volunteer work and that its priorities need to
be systematized. This is because although hospice volunteer activity is meant to fully satisfy the volunteer's motivation for participation, they feel that they cannot manage the work if it is not considered professional. In their study on support strategies for volunteers, Macleod et al. (2012) reported that volunteers answered that the most important factor for education is high availability of resources.

In this study, Type 3 focused on the practical needs of the hospice patients. By expanding activities to provide patients with financial and economic support as well as hygiene, household activities and connecting organizations such as government offices, religious institutions, food banks, the Red Cross and other agencies, patients and their families were supported through volunteers' development of public resources and the connection of patients with them. Many studies report that hospice patients and their families need social assistance (Choi & Han, 2005).

Emphasizing that patients are "still living" in his study on communication between hospice volunteers and patient, Foster (2002) favored focusing on life rather than on illness or imminent death. Choi et al. (2002) reported socioeconomic support as one of hospice volunteers’ desirable roles and described support in the activities of basic living and fund-raising for sponsorship as specific actions to be performed by volunteers.

In this study, volunteers said that they experienced confusion when helping patients, or felt helpless due to lack of support, because the systems for patients and their families are not prepared. For volunteers, a manual to help the treatment of patients or to help with patients’ economic or family lives is needed. Above all, a support system for patients must be secured.

Type 4 participant emphasized the need for spiritual nursing training. Terminally ill patients want to talk about their fear of death, and as their environments are limited to home and hospital, they desperately want someone to talk to who understands the value of their existence (Emanuel & Fairclough, 1999). This is why hospice patients would rather be spiritually cared for by someone with a religion than by someone who does not; patients want to spend time with someone who believes in an Absolute or Supreme Being (Emanuel & Fairclough, 1999). Patients and their families talk about death as they wait for it, but spiritual care for volunteers is difficult because some patients focus more on the present and do not wish to think about how their conditions will get worse with time (Curtis, Patrick, Caldwell & Collier, 2000).

Kim et al. (2002) said that the final goal of hospice care is to help patients have a good death. Therefore, volunteers need to develop their spiritual nursing abilities by engaging in activities that help them to develop their spiritual sensitivity.

5 Conclusion

This study revealed the factors related to the continuous volunteering of hospice volunteers. Type 1 volunteers said they need time for emotional and physical adaptation and recharge because they are often highly involved in the emotions of their patients. They were analyzed as the ‘Need for recharging.’ Type 2, the 'Need for communication education,' want to develop their abilities to communicate with patients and their families. Type 3 are called the 'Need for systemic support' because
they are considered to be practical and professional service providers. Type 4
volunteers wish to develop their spiritual care to help dying patients and their families
overcome their fears and conflicts about death. These are the 'Need for spiritual
care.' Based on the results of this study, we suggest the following:

1) For continuous hospice volunteer activity, programs need to be developed to
allow volunteers with the same motivation the opportunity and time to recharge.

2) Organizational evaluation and educational program development operations,
among other resources, are needed to support volunteers.

Declaration of Conflict of Interest

The authors declare no conflict of interest.

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