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HOSPICE VOLUNTEERS – THEIR SOCIAL AND EMOTIONAL COMPETENCES

Abstract: Social and emotional competences are fundamental for volunteers working in hospices. The author's aim is to analyse these competences as a foundation for the development of a method which could be used for measuring the level of social and emotional competences of volunteer candidates at St. Lazarus Hospice in Cracow. This knowledge can be useful in the volunteer recruitment process in hospices, where the carers serve the sick and dying.

The paper begins with the theoretical part which provides a definition of a hospice, a description of volunteers' role in its organizational structure, and a list of competences they should possess. The empirical part is focused on the research problem expressed in the question: what social and emotional competences do volunteer candidates possess? The study, based among others on statistical analysis, has revealed that the most significant competences in the volunteer's performance, motivation and persistence in voluntary service are emotional competences connected with personal maturity.

Keywords: volunteering; volunteer; social competences; emotional competences.

Introduction

Hospice voluntary service can be viewed as a very specific kind of voluntary service. Accompanying the sick and dying undoubtedly requires distinct personality features and particular competences, among which social and emotional ones seem the most valuable. Social competences are connected with establishing and maintaining relationship with patients, their families, the hospice staff, and other volunteers, while emotional competences are connected with a certain level of personal maturity and mental health. The paper focuses on social and emotional competences of hospice volunteers and describes the method used in the process of recruitment and selection of new volunteers. The study described in this paper

is an extension of an earlier study devoted to hospice volunteers' competences conducted by the author. (Seredyńska, 2018)

The author's aim was to develop a method used for determining social and emotional competences of volunteer candidates in the initial diagnosis. The study belongs to the paradigm of structural functionalism, which defines a hospice volunteer as a person who plays a specific role in the organizational structure of a hospice (Babbie, 2013), where each role and function requires distinct competences.

The theoretical part defines competences and describes a hospice as an environment in which they are developed and used. The empirical part presents social and emotional competences of volunteers at St. Lazarus Hospice in Cracow.

Hospice as a place where volunteers work

The person who opened the first hospice in the world – i.e. St. Christopher's Hospice opened in London in 1967 – and the creator of the hospice movement was a British doctor, nurse and social worker, Cicely Saunders (Du Boulay & Rankin, 2009). According to her, “fighting pain lies in the scientific centre of attention of the hospice staff” (Saunders, 1980, p. 266). Working in a hospice belongs to the ‘care system’, whose task is to complement the ‘health system’.

The word *hospice* comes from Latin and means hospitality, inn, rest house for travellers, lodging (Weber, 2009), and that is why a hospice is not to be associated with a particular place but with people who offer the dying **hospitality of their hearts**.

Throughout history hospices have always relied on volunteers who constitute the basis of the hospice staff. In Poland, work performed by volunteers is regulated by *Ustawa o działalności pożytku publicznego i wolontariacie* (2003, *Public Benefit and Volunteer Work Act*). According to it, a volunteer is a person who “voluntarily and without pay provides services as described in the Act” (*Ustawa o działalności...*, 2003). In her *Report*, Marta Gumkowska (2005, p. 3) states that “volunteer services are unpaid, voluntary and conscious to benefit other people, extending beyond bonds that tie a person to his family, acquaintances and friends.” The same definition is also repeated by Piotr Krakowiak and Janowicz (2008), who quote the *Support Office for the Movement of Social Initiatives*: volunteer services are unpaid, conscious, and voluntary to benefit other people, which reaches beyond family, acquaintances and friends. All these definitions cover the salient qualities of voluntary service, which include: being unpaid, selflessness, voluntariness, consciousness, and performance of tasks exceeding relations with one's family, acquaintances and friends.

Tasks performed by hospice volunteers are determined by the goals of hospice care. A sick person and his family who are covered by hospice and palliative care are the agents of volunteer's services. The tangible effects of this care include

comprehensive support offered to the sick and their families during sickness and mourning. (Stokłosa, 2009)

Hospices all over the world are looking for effective ways to recruit volunteers (Claxton-Oldfield, 2011). One of the interesting attempts in this field was undertaken in a study conducted in the United States, in which the answers given by 2141 volunteers were used to create 5 scales of a new questionnaire to facilitate the recruitment process. These are the scales of altruism, civic responsibility, self-promotion, leisure and personal gain.

The author of this article refers to studies conducted as part of the search for methods of recruitment and selection of volunteer candidates at St. Lazarus Hospice in Cracow.

Social and emotional competences of a hospice volunteer

According to the definition, competences are “aptitude for knowledge, skills and attitudes that enable a person to perform his professional duties at an appropriate level” (Filipowicz, 2004, p. 8). This term was first used in pedagogy in 1970s by *Komisja do spraw Akredytacji i Kształcenia Nauczycieli (Commission for Accreditation and Teacher Education)*, which described competences as “a construct valuable in determining significant components of professional teaching qualifications.” (Kościelniak, 2010, p. 118)

There are many different classifications of competences, e.g. they can be divided into cognitive and non-cognitive ones (Krajewska, 2010); the latter are more important for hospice volunteers than the former, and include emotional, moral, social, spiritual and aesthetic competences, motivational competences and psychomotor competences. The recruitment process of volunteers for hospices focuses on the first four. Each competence is composed of three basic aspects, namely: knowledge, knowledge application skills, and attitudes connected with the person’s beliefs, emotional reactions and behavioural tendencies.

Generally, motivation for volunteering can be very diverse (Piechota, 2014). As the results of a study carried out in an association demonstrate, the most important types of motivation to become its member can include success of the association, contacts with people, and acquisition of skills and knowledge. However, motivation for volunteering in a hospice differs, or at least has a different distribution. Mirosław Górecki (2010) lists its basic types:

- altruistic motivation – 46.3% of respondents,
- task-based motivation – 21.8% of respondents,
- ideological motivation – 14.8% of the respondents,
- affiliative motivation linked with searching for the environment filled with people who think in a similar way – 9.2% of respondents,
- egoistic motivation – 7.9% of respondents.

Voluntary service teaches these social competences that might be useful in professional careers (Kulig-Moskwa, 2013; Pasteczka 2012; Valeeva & Karimova, 2014; Schaper, 2017), as confirmed by a study among 62 employers, 10 representatives of employers, and 76 students of the Pedagogical University of Cracow. The respondents admitted that being engaged in voluntary service allows one to obtain skills useful in future professional life in the following areas: teamwork, effective communication, understanding of social and cultural issues, self-awareness, time management and time planning.

Voluntary service requires specific competences (Heller, 2012; Kaźmierska, 2012; Schvaneveldt & Spencer, 2016; Zanbar & Itzhaky, 2013), such as creating the atmosphere of intimacy and acceptance, undertaking activities conducive to emotional empathy, accepting the sphere of mutual values, and following the principles of effective communication.

Sometimes voluntary service is described as a character-building experience, as it shapes the following qualities, described in a study of 50 volunteers in Płock: selflessness (60% of respondents indicated this quality), care for others (52%), sensitivity and responsibility (40%), respect, honesty, engagement, tolerance, patience, openness and courage (36%), patriotism, dignity and self-reliance (10%) (Schulz, 2015).

Volunteers' competences are also discussed in the context of cultural needs (Watts, 2019). They should, as the researchers from the United Kingdom indicate, take into account the diversity of potential clients. Volunteers should be open to such diversity, which also includes the diversity of the volunteer team itself.

The author of this paper created a model of hospice volunteer basic competences used both for her studies and during the recruitment and selection process of volunteer candidates at St. Lazarus Hospice in Cracow. Here only social and emotional competences are discussed and Table 1 presents social competences of a hospice volunteer (Seredyńska, 2018).

The next table contains emotional competences of a hospice volunteer.

Both tables above present competences and their three aspects: knowledge, skills and attitudes.

Table 1: Social competences

Competence	Knowledge	Skills	Attitudes
Teamwork	a volunteer knows the rules governing team work,	a volunteer can cooperate with the hospice staff, other volunteers, patients and their families,	a volunteer is aware of the importance of team work; a volunteer aims at mutual team decision making and problem solving.
Initiating and maintaining relations with the hospice staff, other volunteers, patients and their families	a volunteer knows the rules which govern initiating and maintaining interpersonal relations,	a volunteer can initiate and maintain appropriate relations with the hospice staff, other volunteers, patients and their families,	a volunteer aims at developing positive relations with the hospice staff, other volunteers, patients and their families; a volunteer is aware of the importance of developing and maintaining positive relations in voluntary service.
Taking the initiative	a volunteer knows the rules governing effective work; a volunteer knows the range of his responsibilities,	a volunteer can take the initiative within the area of his competences; a volunteer can take independent decisions, but, at the same time, should not exceed the range of his responsibilities,	a volunteer is aware of his own responsibility; a volunteer aims at performing his duties with maximum engagement and initiative.
Communicating with the hospice staff, other volunteers, patients and their families	a volunteer knows the rules governing interpersonal communication, both verbal and non-verbal,	a volunteer can apply the knowledge of verbal and non-verbal communication while communicating with others,	a volunteer is aware of the verbal and non-verbal messages he sends while communicating; a volunteer aims at correct decoding verbal and non-verbal messages sent by others, especially patients.

Source: own elaborations

Table 2: Emotional competences

Competence	Knowledge	Skills	Attitudes
Understanding one's own emotions	a volunteer possesses knowledge allowing him to understand the world of emotions,	a volunteer is able to understand his own emotions,	a volunteer is aware of his emotions.
Recognizing other people's emotions	a volunteer possesses knowledge of emotions and their expression,	a volunteer can recognize emotions experienced by patients and their families, other volunteers and the hospice staff,	a volunteer aims at improving his skills in recognizing other people's emotions.
Acknowledging one's own emotions	a volunteer possesses knowledge of emotions and their expression,	a volunteer can acknowledge emotions he experiences,	a volunteer is aware of the world of his emotions, a volunteer aims at mature expression of his emotions towards others.
Controlling emotions	a volunteer knows the rules of emotion control,	a volunteer can control his emotions,	a volunteer aims at mature control of the emotions he expresses.

Source: own elaboration

Methodology

The study described in this paper began in 2012 and stemmed from the author's participation in the recruitment and selection process of volunteer candidates, whose task is to provide care to the sick and dying at St. Lazarus Hospice in Cracow. The paper focuses on their social and emotional competences, which is an important issue for persons responsible for recruiting new volunteers. The main research question was: What social and emotional competences do volunteer candidates possess? In order to find the answer to this question, the following detailed questions were asked: (1) What is the level of social and emotional competences of volunteer candidates? (2) To what extent do their social and emotional competences depend on age and education? (3) How are social and emotional competences of volunteer candidates connected with their motivation? (4) What is the connection between social and emotional competences of volunteer candidates and their decision to enter and remain in voluntary service at a hospice?

Due to the diagnostic nature of the study, no research hypotheses were formulated. The variables used in the study included: social and emotional competences, age,

education, entering voluntary service, and motivation of volunteer candidates. The following indicators were used: for social competences – a low level of needs related to avoiding difficulties and relations; for emotional competences – a low level of two defense mechanisms: withdrawal and omnipotent control; for entering voluntary service – team coordinators' opinions; for motivation – candidate's answers during the interview conducted by a psychologist.

The method used in the study was a diagnostic survey, while the techniques included structured and semi-structured interviews and a questionnaire.

The tool used to determine volunteer candidates' competences was *Kwestionariusz dla kandydatów na wolontariuszy hospicjum* (*The Questionnaire for Hospice Volunteer Candidates*) developed by the author. The reliability of the tool measured by Cronbach's alpha equals 0,70. The tool is currently undergoing the verification process.

The Questionnaire contains 60 items. One of them refers to adjectives used by a respondent to describe himself. Other items contain a scale with 4 levels (0 – never, 1 – seldom, 2 – sometimes, 3 – often, 4 – always) and refer to the following needs: fun, pleasant sensual experiences, avoidance of physical injuries, avoidance of humiliation, and exhibitionism. They also check two psychotic defense mechanisms: primitive withdrawal and omnipotent control.

The interview with volunteer candidates was conducted following the questions from a semi-structured interview, in which the main questions referred to the motivation behind candidates' decision to become volunteers in a hospice, their experiences connected with terminal illnesses, and their own health problems. The structured interview with the team coordinator included questions about candidate's final decision whether to enter voluntary service in a hospice or not and was conducted several months after completing the training.

The study was conducted at St. Lazarus Hospice in Cracow and included 74 volunteer candidates (56 women and 28 men), who participated in three volunteer trainings organized by St. Lazarus Hospice in Cracow during the last three years.

Results

The level of social and emotional competences was calculated by reversing the rank of the results obtained on the scales of needs related to avoiding difficulties and narcissism, and defense mechanisms related to emotional problems. These needs include the need for fun, the need for pleasant sensual experiences, the need to avoid physical injuries, the need to avoid humiliation and the need for exhibitionism, while defense mechanisms are primitive withdrawal and omnipotent control. Previous studies revealed that a high level of these needs and defense mechanisms correlates with a low level of social and emotional competences. Therefore, a low level of these needs has been assigned the highest level of social competences (5) and a high level of these needs - the lowest level of social competences (0). The low level

of defense mechanisms was assigned the highest level of emotional competence (2) and the high level of defense mechanisms - the lowest level of social competences (0).

The group of respondents included persons who obtained the maximum score of social competences, $\max=5$, and persons who obtained the minimum score, $\min=0$. Most respondents, as many as 29, obtained the maximum score of social competences ($\text{mod}=5$), while half of the group obtained a score of 4 or more ($\text{mod}=4$).

The group of respondents included persons who obtained the maximum score of emotional competences, $\max=2$, and those who obtained the minimum score, $\min=0$. Also here the vast majority, as many as 70 people, obtained the maximum score, $\text{mod}=2$.

Judging by the results obtained by the respondents, it can be concluded that most of them possess adequate social and emotional competences necessary in hospice voluntary service. However, it is worth noting here that emotional competences outweigh social ones in importance, as – with the abovementioned criteria applied – it is unlikely for respondents with high or very high scores on the scale of psychotic mechanisms to be offered the position of a volunteer.

An average age of the respondents was 45, with the youngest volunteer being 20, and the oldest – 75.

The correlation between competences and age was calculated using Spearman's rho. A nonparametric test was chosen because the variables used in the study are not normally distributed, which was confirmed by the Shapiro-Wilk test. For Spearman's rho to be 0,90, the sample must contain at least 58 respondents, and this condition was met in the study.

Spearman's rho did not show statistically significant correlation between social and emotional competences and age. However, this correlation was positive and equalled $\rho=0,137$ for age and social competences and $\rho=0,179$ for age and emotional competences.

Respondents' education was also analysed. Most of them, i.e. 67% of volunteer candidates, held university degrees, 28% passed the high school examination, and the others graduated from primary or vocational schools. Interesting results were noticed while analysing correlation between social and emotional competences and education (using Spearman's rho), namely, these correlations were negative, which means that the better the respondent was educated, the lower social and emotional competences he possessed. Correlation between education and emotional competences was not statistically significant with $\rho=-0,046$, while correlation between education and social competences was statistically significant ($p<0,05$) with $\rho=-0,244$.

It seems that respondents with lower education levels are characterised by higher levels of social and emotional competences. This observation is confirmed by experience gained by the author during interviews with volunteer candidates. A substantial number of people who graduated from high schools and vocational

schools come to a hospice willing to establish relations with patients and with a lot of empathy and personal maturity.

The largest group, 36% of the respondents (27) decided to become hospice volunteers because of their need to compensate their mental and emotional problems, 30% (22) were motivated by values, and 3% (2) were unable to explain their motivation.

The results of the study reveal statistically significant correlation ($p < 0,05$) between emotional competences and motivation for entering hospice service (motivations are ranked as ordinal variables from the least selfless to the most selfless). This correlation equalled $\rho = 0,257$.

It turned out that emotional competences were more important in developing selfless motivation than social competences, of which correlation with motivation was not statistically significant.

The study also analysed correlation between the scores connected with social and emotional competences and the scores connected with respondents' entering or not voluntary service. This correlation was statistically insignificant ($p > 0,05$), although positive. Correlation between social competences and entering the service was $\rho = 0,037$, and correlation between emotional competences and entering the service was $\rho = 0,156$, which reflects the greater significance of the latter correlation. Indeed, it seems that mental health and personal maturity are more important for a hospice volunteer than his social competences.

Discussion and conclusions

Studies reveal that voluntary service teaches social competences which might be useful in professional careers (Kulig-Moskwa, 2013; Pasteczka, 2012). However, it is possible that people who enter voluntary service in hospices possess highly developed social and emotional competences, which can be beneficial for their work as volunteers. Moreover, social competences further developed through voluntary service are higher among volunteers with lower education.

Hospice voluntary service requires emotional competences (Heller, 2012), which include, among others, undertaking activities which enhance empathy and increase communicative skills (Kaźmierska, 2012). A volunteer should be able to communicate effectively in critical situations, both verbally and nonverbally. Voluntary service develops selflessness (Schulz, 2015). Our study revealed that indeed higher emotional competences correlate with higher levels of selflessness, and volunteer candidates with higher competences remain in service longer.

Summing up, the following conclusions can be drawn from the study:

- people who apply for voluntary service in a hospice usually have adequate social and emotional competences. The author's experience and studies on persistence in hospice service confirm that emotional competences are

crucial for hospice volunteers, especially the ones linked with personal maturity,

- the results indicate that people with lower education possess higher social competences. This correlation is statistically significant. Experience gained by the author while conducting interviews confirms that indeed people without university degrees are frequently more effective communicators and can understand the sick better than degree holders. It might result from their life experiences and preference to develop this area of life,
- correlation between emotional competences and motivation is also statistically significant. The more selfless the person's motivation, the higher his emotional competences. Emotionally mature individuals display more selfless motivation for hospice voluntary service.

The above conclusions should be treated as the foundations for further studies devoted to hospice volunteers' competences. As the study has revealed, emotional competences are crucial for success in this kind of voluntary service, so special attention should be paid to them in the recruitment process.

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WOLONTARIUSZE HOSPICYJNI – ICH KOMPETENCJE SPOŁECZNE I EMOCJONALNE

Streszczenie: Przedmiotem artykułu są kompetencje społeczne i emocjonalne, które mają podstawowe znaczenie dla wolontariuszy posługujących w hospicjach. Celem autorki jest opracowanie metody umożliwiającej określenie poziomu kompetencji społecznych i emocjonalnych, którymi dysponują kandydaci na wolontariuszy. Wiedza ta będzie przydatna w procesie rekrutacji wolontariuszy do posługi przy chorych i umierających.

W części teoretycznej artykułu wyjaśniono, czym jest hospicjum, jakie miejsce zajmują w jego strukturze wolontariusze i jakie stawia się wobec nich oczekiwania odnośnie kompetencji. W części dotyczącej badania główny problem badawczy brzmi: Jakie kompetencje społeczne i emocjonalne posiadają kandydaci na wolontariuszy hospicyjnych? Na podstawie uzyskanych wyników można stwierdzić, że szczególnie cenione są kompetencje emocjonalne związane z dojrzałości osobowej.

Słowa kluczowe: wolontariat; wolontariusz; kompetencje społeczne; kompetencje emocjonalne.

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