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The Motivations of Volunteers Who Work with Terminally Ill Patients A Qualitative Study of the La Baclesse Volunteers

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The Motivations of Volunteers
Who Work with Terminally Ill Patients

A Qualitative Study of the La Baclesse Volunteers

Submitted in Partial Fulfillment of the Requirements for Graduation with Honors
at Carroll College, Helena, Montana

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Abstract

This qualitative research study focuses on the volunteers at La Baclesse Hospital who visit terminally ill cancer patients, in order to explore the motivations behind such action and how these motivations affect the volunteers, and society. Drawing from interviews conducted in Caen, France, six La Baclesse volunteers responded to open-ended questions, focusing on the reasons to begin and to continue their volunteer efforts. The data shows the volunteers began at La Baclesse for diverse reasons, ranging from spirituality to altruism. Most volunteers had previous ties to volunteering which encouraged them to begin at La Baclesse, and volunteers had quite similar motivations to continue volunteering including benefits to patients, and the volunteer’s personal gain. The data specifically illustrates the value of the social capital involved in volunteering, and how that relates to the motivations to volunteer. Further study on volunteers could greatly complement and extend this research, particularly in regards to terminally ill patients, and, in turn, could lead toward a better understanding of social capital in volunteering and the role volunteering plays in the lives of those performing it.
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We can cure physical disease with medicine, but the only cure for loneliness, despair and helplessness is love. There are many in this world dying for a piece of bread, but there are many more dying for a little love. --Mother Teresa

Introduction

In the United States, citizens have long been recognized for their spirit of community involvement by noted foreign observers such as Alexis de Tocqueville and Max Weber. Indeed, contemporary social theorists have refined and expanded upon this spirit as social capital. In Western societies an increasing number of people regularly invest social capital through donating their time and effort freely to other members of their community through volunteerism. In France, volunteerism seems to be a relatively recent phenomenon. However, today 37% of French citizens are currently members of voluntary associations (Centre National, 1999). The intricacies of this growing volunteer role in France—who is volunteering, why they are motivated to do so, and how it affects them—are the focus of this research.

Interested particularly in volunteerism within the medical institution, I came into contact with La Baclesse Hospital in Caen, France. La Baclesse is a palliative care cancer hospital with a program in which volunteers visit hospitalized patients. The volunteer program has grown in membership and recognition over its seven-year history, and originally stemmed from a mobile
library program staffed by volunteers who became aware of a need for more
visitors to the patients. Being an already established yet developing volunteer
program within the medical institution, La Baclesse provided an opportunity to
study its volunteers and their motivations to work there.

This study uses qualitative methods to attempt to understand the
motivations for volunteers to begin and continue volunteering. The focus is on
those working with terminally ill patients. The working definition of motivation
is "the psychological features that arouse an organism to action"
(Dictionary.com, 2001).

Sociology is founded on uncovering truth by delving into what society
believes to be fact and often discovering that "things are not as they seem"
(Berger, 1963). This study seeks to confirm, reject, or elaborate on my
preconceived notions that volunteers donate their time and energy because they
believe it is simply an inherently good and benevolent act. I was interested in
knowing if there could be more force than a moral obligation as a member of
society pushing individuals to make an effort for strangers, particularly in the
seemingly intense setting of a cancer hospital.

As an attempt to understand the motivations behind volunteering to
spend time with terminally ill patients, I conducted a qualitative study of
volunteers who visit cancer patients at La Baclesse Hospital. The research
focused on the motivations of the volunteers at La Baclesse—specifically, why
the volunteers began and why they continue to volunteer.

The data collected and interpreted for this study shows that the volunteers
at La Baclesse began volunteering for varied reasons, but that they continued
their work for reasons largely in common. Their motivations to volunteer were
spiritual and altruistic in nature, as well as beneficial to personal gain, resulting
in social capital to be used elsewhere. The role the volunteer experience played
in the volunteers' lives was described as monumental.

This study also seeks to encourage and support future qualitative and
ethnographic research on volunteers for several reasons. It may grant social
scientists deeper insight into the medical field and how volunteers affect that
situation, socially, as well as how and why volunteers affect other situations
(outside of a medical setting). It can also grant some insight into the role of death
in society by examining how a volunteer came to work with dying patients, why
death interests (or does not interest) volunteers, and how they feel they can affect
the dying patients. Further research can help volunteer programs understand
how the volunteer comes to work and stay with the program; this data can help
recruit and retain volunteers. And volunteer data by sociologists can also
eventually enable the medical community to know why the volunteers in a
medical setting have come to work and stay there. Furthering this
understanding may allow for better relations and integration between volunteers and medical staff, as well as possibly increase volunteer programs, responsibilities and effectiveness.

Few studies have qualitatively explored the motivations of these volunteers, and, more particularly, few studies have looked at volunteers who choose to work with terminally ill patients. While studies do show that the number of volunteers in America and France continues to grow (Centre National, 1999; Hemmer, 1996), important sociological and psychological dimensions of this role remain largely unclear.

Some studies of volunteers quantitatively explore volunteerism through three venues: 1.) Several studies attempt to predict who is likely to volunteer by examining demographic data, human capital resources, or personality characteristics (e.g. Curtis, Grab and Baer, 1992; Gerard, 1985; Hettman and Jenkins, 1990; Penner, Midili, and Kegelmeyer, 1997; Van Til, 1988; Wilson and Musick, 1997). 2.) Other studies examine the effects of volunteer membership rather than the effects of the actual volunteer work,¹ (e.g. Rietschlin, 1998, Van Willigen, 1998). Thoits and Hewitt criticize these studies for attempting to understand volunteers by examining only their seemingly superficial membership statuses (2001). 3.) Additionally, many studies have illustrated the

¹ These studies focus on belonging to a volunteer organization but not necessarily providing a service.

For example, in their study of volunteer well-being, Thoits and Hewit found volunteer work to be beneficial to an individual’s well-being, defined as happiness, life satisfaction, self-esteem, sense of control over life, physical health and relief from depression (2001).

Studies that specifically examine the motivations to volunteer often find they begin "to learn new skills, to develop the self, to enhance self-esteem, to prepare for a career, to express personal values and community commitment, and even to reduce ego-conflicts or identity threats" (Thoits and Hewitt, p. 117, 2001). People may begin the same volunteer task with entirely different motivations, and many different motivations can all play a part in one person’s volunteer act (Omoto and Snyder, 1990; Penner and Finkelstein, 1998).

This literature review has discovered that most studies that tend to be quantitative, rather than qualitative—showing who is volunteering where and the numerically measured effects of volunteering. The studies are unable to attain a quality and deep understanding of the personal motivations of the volunteer.
Methods

This study was performed with qualitative research methods to uncover elusive details in attitudes and behaviors and to penetrate deeper into the data being uncovered. The great advantage of qualitative research is that it often provides a rich forum to mine new variables that may inform later quantitative research, as a superior validity appears necessary.

This research is based on six in-depth interviews with open-ended questions. This form of questioning enabled the interviewees to provide their own responses and to initiate comments, rather than forcing them to conform to any preconceived notions. The data is not representative of all volunteers, but only of those interviewed. It is a preliminary study. It would be inaccurate to use my data from such a small sample size for statistical descriptions or general representations, but the small number of volunteers allowed this research to reach the depth that it has.

Six volunteers at La Baclesse Hospital were interviewed for between 45 minutes and 1.5 hours. The interview was designed to encourage the volunteers to speak about why they began and continued volunteering. The interview focused on what the volunteer saw as the positive and negative aspects of his/her
volunteer experience for him/herself and for the patients. The literature review
provided no model for the list of interview questions, so after consulting Murphy
Fox, the director of Carroll College’s Sociology department, I created questions to
provoke the volunteer to reveal his/her motivations. After this list was
formulated, I conferred with another sociology student also studying the La
Baclesse volunteers: we recognized our interview questions were nearly
identical, and I then felt confident in continuing my interviews with my original
list of questions.

Attending a monthly meeting of La Baclesse volunteers, I introduced
myself as a student researcher interested in their group. After asking if anyone
would be willing to talk with me, I gathered a list of about ten volunteers (out of
about 12 volunteers present) with interview dates chosen. Later, approximately
three volunteers canceled relating to health, traffic and time and I proceeded
with seven interviews occurring over several weeks. Unfortunately, one of these
interviews was taken in a cafe and was later omitted from the project due to the
difficulty in transcribing the cassette with its extensive background noise. Of the
remaining six interviews, four took place in La Baclesse (one in a conference
room, three in the library) and two took place simultaneously at the home of a

2 To view the list of interview questions, refer to the appendix.
volunteer. All interviews were taped and later transcribed onto a computer word processing program.

The volunteers were promised total confidentiality, so their names for this study have been changed. They consisted of five women (Michelle, Christine, Sarah, Jacqueline and Rachelle) and one man (Nicholas), five retirees and one employee (Christine). All volunteers were married with children, although Christine was the only one with children still in the house. Their ages ranged from mid-forties to mid-seventies. Three volunteers were practicing Catholics or Evangelical Christians and three were non-practicing, although raised either Catholic or Evangelical.

After transcribing the interviews, the data was organized by an open-coding method. Examining the first transcript, I noted phrases and comments that alluded to or explicitly stated motivations for volunteering. Further transcripts were then examined for any of the first’s motivations and any new motivations. Once all transcripts had been examined in this way, they were all reexamined in order to note any subtle hints at motivations described more explicitly by a later interview. After different groups of motivations were organized, they were examined as groups as to how they apply to the experience of volunteering.
A potential flaw in my data concerns the issue of language. (All interviews were conducted in French.) While I felt that the volunteers were overwhelmingly genuine and sincere in their responses, there exists the possibility that they simplified their interview comments, so as to make my comprehension easier. It is also possible that I have misinterpreted (and mistranslated) their data, although I have gone over the transcriptions many times to ensure accuracy. For particularly difficult passages, native French speakers have been consulted.

It seems necessary to mention, though, that as an American in Normandy (where the interviews took place) I was warmly received by whomever I came into contact with, and that I felt I sometimes “got in” to social groups and social situations normally reserved for trusted members of those groups. Therefore, in relation to the interviews, it seems highly possible that being a foreigner--and representative of the “stranger” spoken of by Simmel, addressed below--I was told information that under other circumstances might have been withheld or diluted. As a foreigner, I posed little threat of using the information locally, especially due to my lack of fluency in French, and lack of connections to the government, the university, the hospital or the director of the volunteer group.
The Stranger

According to German sociologist Georg Simmel (1908), the social type of "the stranger" is someone who bears a unique composition of nearness and remoteness in relation to others. Foreign, coming into a society, the stranger becomes attached to the society through common interests with the people, but always harbors the freedom to leave, to wander from this society: the stranger possesses the power of mobility. The stranger is also objective and therefore free from prejudice, having no particular ties to the society in which they live. This objectivity, however, is the special combination of "'remoteness and nearness, indifference and involvement;'" it is because the stranger simultaneously cares and does not care that they can be objective in regards to this society (Simmel, as quoted by Lemert, 1999, p. 186).

Simmel's social type of the stranger can be clearly seen on two levels of the La Baclesse study. The first and most important is the volunteer as the stranger. The volunteers at La Baclesse have come into the social situation of the dying as strangers in that they are not terminally ill. They are united with the patients in their common interests focusing on the patient's well-being, but they are also wanderers who could leave La Baclesse having no strong connections to that place where they do not inherently belong. They are part of the La Baclesse social system because they have chosen to be there, and they can choose to leave
at any time. This freedom to be a part of the patient experience or to leave it grants the volunteers some sense of objectivity and freedom from prejudice towards the patients. It is this objectivity and lack of prejudice that the others (the "non-strangers"), patients and their loved ones, do not possess. And it is this objectivity combined with the volunteers' sincere interest that enables the patients to confide revelations and confessions of fear, anger and guilt.

The volunteer's responsibility is to visit patients. The relevance of this responsibility is well known among the volunteers. Five (everyone but Sarah) spoke about the need for patients to talk and believed in the necessity to have a human verbal connection with someone when ill. When asked whether there were many patients who needed someone to talk to, volunteers said that it depends on the patient, but that someone with family and friends nearby is as likely to need a volunteer visit as someone completely alone. Again, they felt that to speak to a stranger, someone with whom they have no connection outside of the hospital, can be quite valuable to both lonely and accompanied patients because, for the patient, to speak to someone with whom he/she has no contact offers confidentiality in which the patient can truly express themselves without offending, angering or hurting loved ones.
Jacqueline, Nicholas, Michelle, and Christine specifically mentioned the stranger and its importance. Jacqueline said:

It is easier to speak to a stranger... They speak in greater confidence... [There exists] a secret connection between the patient and the visitor. And it is this that is very important... I think that we bring them a moment to speak in complete confidence about that which oppresses them that they cannot always say to their families. (p. 1)

Nicholas provided further testimony:

It is not always so simple [when patients have families and friends] because when one is very close, it is not always possible to share fears... The situation creates a hide-and-seek game that is not very easy. I believe that the patients need to talk comfortably if they can about fears they may have. And when they cannot really do this with their families, this could be our role... They [the families] come to play this role of someone with whom the patient can express fears and then there is actually some sort of consequence. And sometimes there exist terrible things among families: hate, secrets, etc.... So often the patient has family nearby, but that is not always easy because there is often anguishing problems amidst the family, which could be something too heavy for the patient to bear. (p. 3)

Nicholas went on to illustrate his point:

I think that I help certain patients... I am thinking of a woman I saw yesterday who is suffering enormous guilt because of the fact that it is now her husband’s vacation time, but because of her illness, he cannot spend his vacation as he normally does. And she feels really, really guilty. I am sure that I have not completely solved this situation, but I believe that in speaking a bit with her about her emotions, perhaps it did her well. I find it horrible; she not only has cancer, but she is also more sick for her husband and her children. (p. 3)
On a second level, in studying this group, I was the stranger to the volunteers. Coming from afar with the best intentions and interests, but free from commitment, obligation, and ties to their social worlds--including the city, the hospital, and the particular volunteer program--I was able to become a stranger-confidante who could ask them personal questions, record their stories and critically evaluate their responses while posing little or no threat to their positions within their social circles. In doing such studies I have greatly relied on the objectivity and freedom from prejudice that has enabled me, I believe, to develop as sound a research format as possible.

The special combination of nearness and remoteness that strangers have with their social groups is exactly what allows the social group to confide in the strangers. But while the interests they share support the trust between the two, the strangeness forces the stranger, in the eyes of the others, into the same category as many strangers. The others see the stranger as having qualities that any stranger could have in light of the social situation. It is because of this that the stranger is essentially left without identity. Simmel states, “Strangers are not really perceived as individuals, but as strangers of a certain type. Their remoteness is not less general than their nearness” (Simmel, as quoted by Lemert, 1999, p. 188). Viewing the stranger as a type and not an individual was illustrated by the La Baclesse volunteers when they referred to me as the “little
American” or as the “student sociologist” or a combination thereof, although I had met with them at several meetings, private interviews and a couple of social gatherings. And although they had heard my name many times, and I believed I had been developing personal relations with them, it appears as if, at this point, I could only remain in the mass category of strangers fitting my type.
Results and Discussion

The data from this study yields both surprising and expected results. It was expected that the volunteers would have begun volunteering for similar reasons if not for the very same reason: studies show that people often justify their volunteerism by saying that they find it important to help others in need (Hodgkinson and Weitzman, 1992). But the volunteers in this study had begun volunteering for entirely separate reasons. There is also evidence that a familial or separate volunteering experience (other than that at La Baclesse) influenced these volunteers to begin at La Baclesse. Concerning continuation, a few distinct motivations among all the volunteers emerged; specifically, they are the perceived necessity for patients to be able to talk to someone and the direct positive benefits to the volunteers such as having incredibly meaningful visits with the patients, exploring interest in the spiritual experience of being near death, or the social capital gained from the experience.

The data that results from this research are organized into four categories: identifying as volunteers, motivations to begin volunteering, what the patient experiences,\(^3\) and what the volunteer experiences including four subsections of these experiences. Additionally, the data from one question on one interview will be considered valuable for its own worth, rather than valued

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\(^3\) This is the \textit{volunteer} perspective of what the patient experiences, as only volunteers were studied
for its place in and among a large group of similar data. Therefore, the results described in this section do not often indicate how many volunteers shared a particular response, because if even one commented, that comment is valuable in and of itself. Below, related data are presented together with discussion of that data.

**Identifying as Volunteers**

Identity theory suggests that one’s concept of self is made up of a hierarchy of socially defined roles such as “spouse,” “employee,” or “friend” (Charng, Piliavin, Callero, 1988). According to role-identity theory, past volunteer activity may influence the development of a “volunteer role-identity” with which the person views him/herself as a “volunteer,” even outside of the act of volunteering, and offers a sense of purpose and meaning in life (Thoits, 1992). This identity, in turn, promotes beginning and continuing new volunteer activity (Callero, 1985; Charng, Piliavin, and Callero, 1988; Grube and Piliavin, 2000; Penner et al., 1997; Piliavin and Callero, 1991). John P. Hewitt describes that social and personal identities--roles within the identity hierarchy--+, carried with a person at all times, have significant influence on “receptivity to various events” (1991, p. 135); if a person identifies socially and personally as a “volunteer” this identification alone could influence future volunteer activity.
Five volunteers (everyone but Jacqueline) at La Baclesse spoke of volunteering elsewhere in the past, of having family members who volunteered, or of currently volunteering somewhere in addition to La Baclesse. For example, Sarah explained that she has had familial examples of volunteers throughout her life: “I was used to thinking of others, of doing something for others. I had some models: my mother was [a volunteer] and, after my marriage, my mother-in-law when she retired... And my husband, also. So, I find that it is a part of my life to give time to others” (p.1). Like others, Rachel had also volunteered for years with mentally handicapped people before beginning at La Baclesse. “When I moved here [Caen] I told myself I would do something else. I wanted to always volunteer” (p. 5).

Not only were the volunteers interested in working at La Baclesse with cancer patients, but they were interested in volunteering in general. They often experienced the act of volunteering as a natural extension of their daily activities and felt that there was a need to volunteer, to fill the role of the volunteer. Rachel expressed this in saying, “It’s true; we need to help. It is necessary that I go, that I am here doing a service and that I see others” (p. 3). Later in the interview, Rachel closed her remarks to me by saying:

I tell myself that I can do it [volunteer at La Baclesse]—almost that I must do it, almost--because I have time, because one must give time for others. I find that when one has time, one must help others. Of
course, I could keep myself busy, I could go to the movies, etc., but no. I feel that I must give time for others. (p. 14)

In response to friends who told her they could never do what she does, Rachel said, “Listen, everyone has their own path. You have yours, this is mine, and others have that one. And they are three good paths. There isn’t a better path. I believe that each person has their own gifts; it is necessary to use them as we can” (p. 8).

Jacqueline, who has no prior volunteer experience or familial examples, simply stated her volunteer activities as a fact when she commented, “It must be done” (p. 5).

**Motivations to Begin Volunteering at La Baclesse**

While one could assume unmentioned influences may have swayed the volunteers to begin volunteering either knowingly or unknowingly to the volunteer, four volunteers stated explicit reasons for beginning at La Baclesse.4 When directly asked, “What motivated you to begin volunteering at La Baclesse?” they responded:

Michelle: I read many books on pain and suffering... I found that interesting for a long time. I had already helped some people, some friends... I stayed until the moment they died. For me, it is not finished after death. (p. 1)

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4 Two volunteers did not answer this question.
Christine: I had to go with Michelle because she cannot see and she is all alone. She needs someone to drive her, especially in the winter. So, I decided to be her driver. Also, my sister-in-law does the same [volunteering with patients] in Paris. I have heard so many things, and I said, ‘Ok, it can’t hurt.’ It’s simple. (p. 2)

Nicholas: I do not like at all the manner in our society of “but death” in quotation marks. And I find that there is something that is very anguishing and dissatisfying, because we know very well that everyone dies one day, yet our society puts death in a strange place. We don’t speak of it. I find that in the hospital in particular, the people sometimes die under very difficult conditions—I would not like to know these conditions myself one day; I would not like to be hospitalized and be alone… I find that sometimes my visits to the patients are quite extraordinary. There are some patients who are serene and at peace with themselves; they bring me a lot, and that is perhaps what I search for, to assure myself by being near the patients who are calm and in serenity with themselves and who actually face death peacefully. (p. 1)

Jacqueline: I was sick and hospitalized here [La Baclesse], and in my room at the time there was another patient who never had any visitors, who was all alone. I don’t remember the details, if she had no family or her family didn’t come, but that really touched me, because she had no one to talk to, to recover a bit. I told myself that it must be awful to be sick and to be alone… I told myself that if one day I had the possibility, when I was retired…I would bring a little sun to those people who do not have anyone, or who have few. (p. 1)

Jacqueline empathized with lonely patients after her own hospitalization when her roommate had no visitors. This motivation might fit the “group-identity model” in which people volunteer with those with which they can identify (Simon, Sturner, and Steffens, 2000; Stark and Deux, 1996); in this case
Jacqueline could relate to those at La Baclesse because she had been through the hospital experience and she had witnessed her roommate’s loneliness.

These motivations to begin volunteering are notably distinct. They include having curiosity (Michelle), aiding a friend (Christine), being dissatisfied with death’s societal image (Nicholas), wanting to have an extraordinary visit (Nicholas), and seeing a need that they could fulfill (Nicholas and Jacqueline).

Prior to interviewing the expected response was a general and unanimous comment relating to “doing good for those who are less fortunate and are alone.” It was surprising to find such varied responses. The volunteers at La Baclesse begin volunteering for a diverse number of reasons.

**What the patient experiences**

According to the volunteers, in addition to simply having someone to talk to, patients benefit in other ways from the volunteer visits. Below are listed general comments and responses to interview questions focusing on the benefits to the patients from the volunteer visits:

- a smile
- a presence
- an exchange (not specified)
- “something” important
- help
- an appeasement
- serenity
- accompaniment to the end of life
• someone to make them feel welcome (in the hospital)
• love
• recognition
• confidentiality
• comfort for the patient’s family

Each volunteer contributed several of these comments. If every volunteer recognizes such positive effects of visits benefiting the patients, this appears to be, while general, a strong motivating factor to continue volunteering. A desire to bring these benefits to patients could also be a motivating factor to begin volunteering, if the benefits to the patient were anticipated. In fact Rachel, Michelle and Christine each said the overall experience of volunteering met their expectations, so these benefits were possibly anticipated.

Although no interview questions asked about negative effects on the patients from a volunteer’s visit, some volunteers contributed comments expressing that occasionally the volunteer visit disturbs the patient when he/she is, for example, watching television, not in the mood to talk, or already has other visitors. This did not appear to be a discouraging factor for the volunteers as several said that for a patient to refuse a visit from a volunteer is the right of the patient, which must be respected. And this comment shows volunteer respect for the patient.

5 The other three volunteers did not comment either way.
What the patient experiences as a result of the volunteer presence is described here by the volunteer—not the patient. Some differences could be expected to arise if the same questions regarding the effect on the patients were asked directly of the patients. But asking the volunteer for his/her perspective of how the patient is affected by the visit can give us some insight as to why the volunteer performs his/her volunteer work.

**What the volunteer experiences**

While during the interviews the volunteers spoke firstly and largely about benefits of the visits to the patients, volunteers extensively remarked on what they personally receive from the experience.

General positive effects volunteers stated they receive from their volunteer work are listed below:

- experiences a real contact and authentic conversation
- learns to listen, for work at the hospital and for life outside the hospital
- learns to be a better person
- becomes reflective and asks him/herself questions about the experience
- learns about life
- learns to be neutral and objective
- experiences tranquility and serenity
- is impressed to see patients at peace
- learns humility and the way of sufferance
- learns courage
- learns patience
- contacts patients’ secrets and feelings
With only six interviewees, I was surprised at the quantity and variety of positive results volunteers experienced from volunteering. It appears that these effects motivate the volunteers to continue volunteering after they have already begun. It is also possible, as with the benefits to patients above, the volunteers anticipated some of these effects before actually beginning to volunteer—particularly since three volunteers said the experience met their expectations—making these motivations to begin volunteering as well as to continue volunteering. It may be interesting to note that this list is longer and that these effects were spoken of more often than the benefits to patients. Clearly, there are many positive effects to the volunteers that encourage them to keep returning.

The personal and emotional nature of volunteering with people who are terminally ill allows for extremely meaningful and extremely challenging experiences within the realm of volunteering. Both of these types of experiences are more closely examined below, followed by sections specifically focusing on spirituality and death concerning the volunteers and on social capital.
I. Extremely Meaningful Experiences

In a volunteer setting such as that of La Baclesse, any experience may carry a lot of emotional weight. In such a sensitive situation as visiting dying patients, volunteer-patient experiences have great potential to be both challenging and life-changing.

All volunteers interviewed shared stories of particular encounters with patients that left meaningful impressions upon them, and many expressed the importance of these positive encounters by agreeing with Rachel:

Even if I did well for ONE person out of ten, it’s worth the effort. That’s it. It’s not for me, because I am there for the others, but I tell myself, ‘There was one person who benefited from a moment that did them well. So, it is worth the effort to continue.’ (p. 3)

Other testimony from the volunteers illustrates the existence and range of these meaningful experiences. Rachel said:

I remember a woman I saw several times. One day when I went to see her she was not doing well at all. She was turned in her bed with her eyes closed, and I was shocked. I softly said, ‘So, it’s not going well today?’ She murmured something, and then I said, ‘I am thinking of you, and I am praying for you also.’ (I knew that she was Orthodox Catholic.) And she simply said, ‘Thank you, Rachel.’ Without even opening her eyes she knew it was me, because she had recognized my voice! I never forget that, because I thought, ‘We took that path together--all the way to the extreme.’ (p. 4)

Rachel added:

If there is a good contact, in general, they are happy to see me again, because they feel welcome. I remember a little English woman; she was adorable. She decided to be treated in France.
And she was extraordinary because she had an accent like yours. If all the patients were like that, it would be marvelous because the contact was excellent and little by little the patient speaks a bit more. (p. 3)

Rachel once entered a patient’s room for a visit and found that she had just died. Rachel began to leave as the daughter of the deceased entered. Rachel told her she was sorry and tried to exit the room to leave the daughter in peace when the woman began ranting about her poor relations with her mother, and then with her brother. About a half hour later Rachel was able to console the woman by suggesting she make amends with her mother at her deathbed. The woman agreeing and seemingly coming to some sense of peace, Rachel left the unanticipated situation feeling she had somehow been a help to the daughter (p. 8).

In regards to meaningful experiences Nicholas contributed:

It isn’t unusual that I leave La Baclesse almost better than when I entered, which is a little curious. It’s something that I didn’t really expect when I came to La Baclesse. In the beginning I thought that it was I who would bring something to them. In fact, that is not always the case. Sometimes I visit patients who are really astonishing and extraordinary for many reasons. Often—not always, but often—the mask falls. That’s to say that the mask falls soon enough and there’s a conversation quite authentic, quite real, and the patients and I say things that are quite important to both of us. When this is the case, it is something very calming... It is quite impressive to see the patients in peace, a little, with themselves, facing death (p. 3). Perhaps in everyday life outside of hospitals...you can be mistaken thinking you have pleased somebody, when in reality, that is not the case. Here at La Baclesse,
I think this is less frequent. It seems to me that there’s a connection that is more real. (p. 5)

Michelle was present at the deathbed of a 98 year-old friend. She held her hand during her last moments:

I tried to send love and energy...I felt all the children [of the friend] there, behind me. And I felt all the energy and love coming from them. And then I saw—I am not sure if my eyes were closed or not—I saw her husband there, who had previously died. Do you understand? I saw him get on his knees to read! I really saw him like that... And I felt all the love coming from the children. She felt it, too. I had this feeling of extraordinary love. (p. 7)

A year and a half later, a granddaughter in the family was getting married.

During the mass, Michelle felt her deceased friend present and saw her sitting in the pews. After the mass, another grandchild told Michelle that she had felt her grandmother during the song. Michelle was overwhelmed with the proof of the deceased’s presence there. “So, life after death exists, she exists, the family is all there. It’s incredible” (p. 8).

Christine recounted a moving story about a female patient who had many problems including the recent deaths of her husband and her mother. Her only relation left was her daughter with whom she did not get along and was not on speaking terms. When Christine visited her, she was in a terrible state not wanting treatment and not wanting to live anymore. Christine stayed with this woman for more than an hour (much longer than most visits) learning of the hardships of the patient, and then asked a doctor (the head of the volunteer
group) to stay with the woman. This patient decided, through conversations at
the hospital, to reconnect with her daughter. The last Christine heard of her, she
left La Baclesse with her daughter and “from the moment when the problem
with her daughter was faced...her suffering left as well. The sufferance wasn’t
only physical, it was much more moral” (p. 4).

II. Negative Experiences and Challenges

While the volunteers continue to visit the patients because of positive
experiences, the visits are certainly not void of negative experiences and
challenges. The testimonies of the volunteers regarding these are numerous and
moving. For the volunteers, the negative experiences provide contrast for the
positive. The volunteers can more clearly see the value in continuing
volunteering.

The negative comments voiced during the interviews can be categorized
as apprehension about visiting, hesitation to continue visiting, and doubt and
uncertainty as to whether the volunteer has had a positive effect on the patient.
Note these negative comments are not negative in the extreme sense of the word,
such as would be a response of “become fearful” or “hate to visit.” Rather, the
volunteers’ negative responses here tend to lean towards wanting to do good
work with some reservation. This desire actually supports the motivations to continue volunteering.

The most surprising of the negative responses was the doubt and uncertainty as to whether the volunteer has had a positive effect on the patient. When asked directly how the patient benefits from the volunteer visit, all volunteers contributed many of the benefits listed under “What the patient experiences” above, but five volunteers (everyone but Nicholas), at different points in the interviews, also sighed and commented with a phrase such as, “I really do not know.” Before interviewing, it was assumed, apparently prematurely, volunteers would be confident of their positive effects on patients, and that, in fact, that would be their motivating factor to continue volunteering. When several volunteers questioned whether they have positively contributed to the patients’ situations, we must look further to find the motivations to continue volunteering. To balance this point at which volunteers are sometimes unsure of what they bring to the patient, all volunteers contributed specific stories about connections with patients that were extremely beneficial to both the patients and the volunteers, discussed above. It seems that experiences such as these, however rare, serve as motivation enough to counteract uncertainty with many other patients.
The following interview quotes illustrate the range of negative comments volunteers contributed. In response to a question about how she benefits the patients, Rachel whispered:

I don’t know. It’s a mystery. It’s a mystery because I have been coming seven years and I can count on my hand when I really had truly positive memories--maybe there are five. [For these] I really felt that I had been important for the person, if you will, and to have done well by them. (p. 4)

After detailing a meaningful contact, Rachel said:

It was good [that experience]. I need to gain ground. With four times gaining ground like that... I tell myself, 'But wait, there was this woman, and this woman, and that English woman, and... There was a meaningful contact.' I need to revisit the positive experiences sometimes (p.4). It’s true that at each patient’s room I say, 'What I am going to find?' when I don’t know the person. But one is not always very good, huh? We do what we can, but...sometimes one leaves and says, 'Oh, I was awful. It wasn’t good.' And then sometimes there’s a little phrase from a patient who tells me, 'You have done well for me.' And that will keep me going for 3 months, because that gives you courage (p. 3).

Here, Rachel explicitly states that the positive experiences are what motivate her to continue despite of the negative experiences. In response to the question, “How do you feel just before coming to La Baclesse?”

Rachel responded:

How do I feel? Ahhh...very bad... Wednesday morning, I say, 'My God. It’s today...” I say to myself, ‘What am I going to find? How am I going to react? Will I be good? Will I be with God facing this sufferance and this depression?” It’s difficult. I am Catholic, so often I say a little prayer: “Lord, come with me. Speak for me. (p. 3)
Genuinely challenged at times, Rachel said that her ability to aid the patients has greatly improved over time. She now recalls times she did not act in a way that she would today in that particular situation (p. 4). While her hindsight appears to be clearer, Rachel also said that the more she knows, the less she feels she knows. She expressed:

One has the impression of making progress because we have the continual training sessions, but can always say, ‘But no, I haven’t yet done much better.’ So we can always do better...to be closer, to know how to listen better, to know how to hear better what the person is saying by a gesture, a word or a look. We have so much to learn from a patient--of that I am perfectly aware. (p. 4)

When asked what she gave to the patient, Rachel responded, “I try to give love, I believe. I try--I am not saying that I give--I try to give love and compassion by listening, by being present” (p. 6). While this quote does not exactly demonstrate a negative experience, it does allude to a lack of assurance and the challenge in light of the lack; Rachel is not convinced that she gives love, she only knows that she tries.

I asked Rachel if she meets with other Baclesse volunteers outside of the hospital. She responded, “No, one is a bit alone... And it’s not easy because I can’t share a difficult experience with someone” (p. 7). Several volunteers expressed feelings of being alone facing the trials of their volunteer efforts often without the support of a team.
In her parting remarks, Rachel said:

Often I ask myself, ‘Should I continue, should I stop?’ But then I say to myself, ‘But no, when you visit, all goes well.’ And it’s true. There are mornings when I say, ‘I am stopping, I quit. I can’t do it anymore,’ and then, ‘No, when you go, it goes alright. That woman spoke well with you.’ So, fine, I decide to continue. (p. 9)

“Each week you go through this?” I asked Rachel. “Each week,” she said.

Sarah expressed her doubt in saying:

I remember that at the beginning [of volunteering], we want to help in some way, we want to do something for the patients. And then, we do nothing definite. And we recognize that it is just a presence or a smile [that we can give]. (p. 2)

A friend who had cancer called Sarah to tell her that she was at La Baclesse.

Sarah went to see her two or three times, and then eight days after her last visit, her friend died. Sarah began to question herself, whether she did the right thing for her friend. In this case, Sarah consoled herself by remembering that it was the patient, her friend, who had called and asked her to come. (p. 4)

There is sometimes the added challenge of conflicts with nurses and others in the medical setting. In the beginning, Sarah felt a lot of resentment and jealousy from the nurses on her floor. She said that they did not understand why the volunteers were there, and she suspected they felt a part of their job being taken away by unpaid workers. This situation, though, has been ameliorating since the beginning. Concerning society in general misunderstanding the role of the volunteer, Sarah said:
I believe that the modern mentality... Certain people have a hard time understanding that some people volunteer because they love to do that, without earning money. There is also a materialistic ambiance in the real world where everything is centered around money. So they have a hard time understanding when we come. (p. 5)

Just before coming to La Baclesse, Jacqueline always experienced a slight hesitation and wondered how it would go that particular day. Sometimes she was a little anxious, but said that she must "try to enter [the patient's room] anyway because if one doesn't surmount the anxiety, one doesn't bring anything [to the patient]" (p. 3). After the visits could be the most challenging times for Jacqueline:

There are difficult cases, painful cases. Sometimes after a difficult visit, I am not capable of going to see someone else. I stop because I feel that I would bring nothing to the next one... We must not be afraid of saying, 'I can't go today; I can't do it anymore.' We must not insist... Definitely there are the patients who need someone to listen to them. But what worries me is that sometimes with certain patients I have the impression of having been of no benefit. That definitely happens (p. 3). We shouldn't have the pretension to have relieved all their [patients'] apprehension and all their sadness, as they are very sick... no. We sometimes bring them a little outside air, so to speak. And that is very difficult to appreciate, I think. (p. 5)

I asked Jacqueline if it is easier to make the visits now that she has been volunteering three or four years. She replied, "Perhaps it is more difficult now, because I am conscious of my weaknesses. In the beginning one is full of enthusiasm, we want to do really well at this. But the more one learns, the less
one knows” (p. 6). I questioned, “But you continue?” Jacqueline said “definitely” four times, and then, “I must continue, to ameliorate that [the consciousness of weaknesses]” (p. 6). For Jacqueline, it can be a challenge to visit patients with families because the family is often very eager to hear positive news concerning the patient’s health. The volunteers are not qualified to provide any medical advice, but all the same Jacqueline feels this pressure and has no means to respond (p. 8).

Nicholas contributed that after the visits, like other volunteers, he was often incapable of resuming his regular activities. He found he needed some tranquil time alone to think about what has happened that afternoon (p. 4).

Sometimes with a patient who spoke of enormous pain, the situation was difficult and weighed on Christine’s mind. She said that after an afternoon like that, she had no more energy to do anything, that she was completely spent (p. 4). The patients often have extremely heavy and strong medical treatments for their cancer. Michelle said, “I believe that it kills the cancer, but it kills the people, too, in the end… Chemotherapy destroys the good cells as well as the bad… If I had cancer, I don’t know that I would go to La Baclesse… I would try for the softer medicines” (p. 9).

In expressing doubt, Michelle said, “There are days when you say, ‘Great. I don’t have the impression of having done anything extraordinary today” (p. 5).
III. Spirituality and Death

Lastly, concerning what the volunteer experiences, a fascinating motivation arose as an interest in spiritual and/or religious connections to volunteering with people who are approaching death. Volunteers spoke strongly about this connection and about their spiritual interest in death. Some of their individual contributions on this subject are shared below.

When asked if the volunteering experience had anything to do with her spirituality or religion, Rachel, who is a practicing Catholic, said that while she did not volunteer because of her religion, her religion helped her volunteer. “When I arrive, [I say], ‘Dear God, come with me today.’ And when I am in difficulty, I say, ‘Holy Spirit, help me,’ because we have nothing, we are there, but we need help from Heaven” (p. 5-6).

I asked Rachel about dealing with the deaths of her patients. She responded with confidence, “One is here for the living. I am here for the living--all the way to the end” (p. 6).

Sarah said that she volunteers to love God, that her volunteering is an act of devotion:

My religious convictions are very strong... In the Evangelical Church you discover the Word and the people when you visit a sick person, when you give a drink to someone, when you give clothes... It’s love for God. So the Word is very strong for me. (p. 1)
On patients dying, Jacqueline said that it is always very hard:

Our society isn’t very acceptable of death, so it is always something difficult. When the patients are young it is especially difficult. We are prepared, though, when the patients are really, really ill, but that doesn’t mean that this step isn’t difficult to take. Our goal is precisely to render the situation the most acceptable for the patient, and also for us. But it is always difficult (p. 3). It’s [volunteering at La Baclesse] is a means to really live life. It’s a little paradoxical because unfortunately we face death, but it is also life. I believe that it is important to accompany people until the end of the road. We are all the same in the end. More or less we will all know illness and diseases. (p. 5-6)

For Nicholas there was something mysterious and spiritual about the experience and found the passage between life and death astonishing, but he preferred not to try to articulate the spiritual ramifications of this experience. As mentioned under “Motivations to Begin Volunteering,” Nicholas was dissatisfied with society’s manner of dealing with the inevitable, with death, and that knowing he would not like to die alone on the edge of society, he decided to volunteer to promote acceptance of death. For Nicholas, there are certainly spiritual ramifications of volunteering:

I feel very close to trying to communicate with certain spirits and I find that certain patients are also very close to this reasoning. There is something very mysterious in the passage from life to death. In fact, I find that there is something a little astonishing there. This passage between life and death is definitely a point of interrogation for me, a point of mystery. And I prefer to leave it at that, if that’s alright with you; I don’t want to color such a subject so institutionally, if you will. (p. 6-7)
Michelle and Christine both believed in life after death and that being with a patient at the moment when he/she dies can provide a preview or a small glimpse of the life after death. Being present at this moment is indeed the closest one will ever come to experiencing death without dying. Both these women also expressed belief in the necessity for a person to be in peace when he/she dies in order for him/her to be in peace in the afterlife; and that they, therefore, are trying to contribute to this peace. As Michelle said, “The dying person must not be in pain, be agitated or be scared. If they leave in peace, they will arrive on the other side in peace. They know to look for the light” (p. 8).

I asked Michelle how she first became interested in helping at La Baclesse. Part of her response included her previous experiences of being with friends when they had died. “I found that very interesting because I think that they are living in a different way, all the same. For me, it’s not finished after death, so they live somehow” (p. 1).

Michelle often expressed her interest in death and the passage from life to death. She recounted the story of a female patient who said, “This is my moment to reflect on life and death,” which certainly peaked the interest of Michelle who hoped to receive “a little impression” about the patient’s situation. When the patient fell asleep before speaking more, Michelle was disappointed (p. 2).
While the passage between life and death fascinated Michelle, she shied away from mentioning anything spiritual or religious until the patient mentioned something first. Once they did, Michelle encouraged them to expand on the topic by asking questions. "It's a preview... Some patients will talk of God, Jesus, Mohammad... It's exciting" (p. 6,9).

Christine expressed similar interest to Michelle in wanting to accompany someone "to the last extremity," and that while her sister-in-law volunteering at a similar program in Paris really "accompanies a patient," at La Baclesse, Christine only "visits the patient." Michelle agreed (p. 5).

I asked Michelle and Christine if they were religious; I already knew that they were spiritual. Michelle said that she is Catholic but does not practice anymore. Christine said that she has a definite spiritual life, but that she does not need the church or religion anymore. When she was young, she was interested in many religions but found that they have such similar basic concepts; "It is the principle of love that we can find everywhere. It seems to me that sometimes the religions act in the manner of a barrier" (p. 8-9).

One patient told Christine that he had been revived after being declared dead for some seconds. Christine said she believed that often after coming back from an experience like that, the people are usually filled with love and empty of the fear of death.
IV. Social Capital in Volunteerism

Sociological work of the 20th century has led to the exciting discovery of a form of capital that is gained and spent within social situations. According to Pierre Bordieu, social capital attained through social relations by individuals or groups can be used to further personal or group interests and goals, and, unlike economic capital, the more social capital is spent, the more there is to spend (Bordieu, 1986). Robert Putnam, recently renowned author of “Bowling Alone,” says social capital can be attained through networks, norms and trust. For example, social capital can be gained through employment at one company by meeting executives, connecting with employees in partner companies, etc.; the capital can then be spent in searching for a position with a different company by drawing upon the networking possibilities created during the first position.

James Coleman, in his book “Foundations of Social Theory,” describes six types of social capital as obligations and expectations, information potential, norms and effective sanctions, authority relations, appropriable social organizations, and intentional organizations (1990).

The second of these, information potential, is a form of social capital in which information is obtained indirectly through social interactions with informed members, or experts, rather than through traditional research. In the case of La Baclesse volunteers, volunteers obtained information about death, life
and spirituality (among other things) through encounters with patients. The capital could then be spent, as it was with La Baclesse volunteers, by using the information to improve their own lives or to satisfy personal interest goals relating to life, death and spirituality.

In light of Coleman’s optimistic and general nature of categorizing social capital, Portes and Sensenbrenner have adjusted Coleman’s social capital theory defining their own four types as value introjection, reciprocity transactions, bounded solidarity and enforceable trust (1993).

The second of these, reciprocity transactions, stems from work by Simmel and describes social capital exchange in social situations where obligations and expectations dictate a norm of reciprocity of exchange between each party. This form of capital can also be illustrated by La Baclesse volunteer testimony. While volunteers often stated that they volunteered for the patients, long periods of time when they felt they were not receiving positive responses from the patients often caused the volunteers to question whether they should continue. Volunteers gave their time and effort in exchange for positive feedback from patients, and in some cases for more. Michelle began volunteering in hopes of having the experience of being present at the moment someone dies, or in the least, at learning of death (an example of information potential social capital), and when she did not have this experience or receive this information for a long
period, she became dissatisfied with her volunteer position and questioned whether or not to continue volunteering if she was not receiving this. According to this example of reciprocity transaction, both parties need to contribute to the exchange in this social situation, and for Michelle, it was an uneven exchange.

Both information potential and reciprocity transaction social capital emerge and utilized within the volunteer experience at La Baclesse. Certainly, this capital is a benefit to the volunteers. Although no volunteers demonstrated knowledge of social capital, all volunteers showed that they use and profit from the social interactions with the patients.
Conclusions

Volunteers at La Baclesse have been motivated to begin and to continue volunteering by an array of factors. The similarities and differences among the volunteers and the particular examples of each have been enlightening.

From these interviews several motivations to begin volunteering emerged. La Baclesse volunteers stated they began with distinctly unique motivations ranging from curiosity to altruism to interest in death. Many volunteers also had a history of volunteering in their lives; they have volunteered previously, have had family members as models of volunteers, or they are simultaneously volunteering outside of La Baclesse, all encouraging volunteer work at La Baclesse. Anticipated benefits to the patients as well as the volunteers could also be attributed to the decision to begin volunteering.

Motivations to continue volunteering were abundant. Firstly, the volunteers perceived many benefits of their visits to the patients—most importantly the ability to talk to someone, especially a stranger. The volunteers were also quite aware of personal benefits to volunteering including having incredible encounters, directly experiencing death and a form of spirituality, and receiving social capital.

Overall, the motivations of the La Baclesse volunteers were much more varied than research had anticipated they would be, although the range of
different motivations was not the only surprise. The depth and importance of some of the motivations of the volunteers surpassed the initially anticipated level of interest, commitment and personal emotional investment the volunteers demonstrated through their motivations.
Recommendations for Further Research

The results of this report have been insightful; they should be used to develop further research in this corner of sociology and the world. While they cannot represent volunteers in general, the data reported here can provide stepping-stones from which to leap into further study on other groups of volunteers.

Further research could greatly complement and extend this research by performing larger studies (with more volunteers), comparing volunteer groups cross-culturally (France-U.S., for example), or doing quantitative study more easily interpreted in numerical form and that can accurately represent volunteers, for example, in France as a whole. Taking just one intriguing finding from this study, such as volunteer interest in the passage between life and death, could develop into a worthwhile, in-depth study serving to clarify even more the motivations of volunteers or the role of death in society.

A native French speaker could also replicate this study, as language differences certainly played a role in this research. Mentioned in the methods section of this report, my French skills stopping short of fluent may have been a barrier to conducting interviews or interpreting data. (Although they may have been an advantage, too, also mentioned in the methods section.) The data from a study of La Baclesse volunteers conducted by a native speaker could heed
different responses; the comparison between the two studies (this one and the native speaker’s) might illustrate two unique dimensions of the picture and together actually be the most accurate portrayal of La Baclesse volunteers’ motivations. And the study done by a native on other groups of volunteers could also result in different responses, simply because of greater language proficiency.

Further extensive and in-depth study of volunteers, and particularly volunteers who work with terminally ill patients, focusing on better understanding how someone is motivated to begin and continue to volunteer in this capacity will enable society, and particularly the social science community to understand the roles of the volunteer in society. Social scientists have the potential to use this data to develop studies and produce outcomes that can greatly affect the sociological community, the medical community and volunteer programs as well as understand and affect societal views of death for the better good of all society, for both the living and the dying.

In conclusion, I will close with a quote from Nicholas, who, in describing his volunteer experience at La Baclesse, described this study:

I believe that I have told you many things, but in fact, it is without end. That’s to say that this afternoon I am going to visit some patients, and quite unexpectedly, there will be some situations that will continue to follow me and to question me. So, in reality, it is something without end. (p. 10)
Appendix

Volunteer Interview Questions*

When did you begin volunteering at La Baclesse?
What motivated you to begin volunteering here?
Do you volunteer anywhere else?
How many hours a week do you volunteer, and how many hours do you spend with each patient?
How many patients do you see each week? Do you often see the same patient more than once?
Why do your patients receive a volunteer visit? What do they need?
What do you do exactly with the patients?
Do many patients you see need someone to listen to them?
Does this experience meet your expectations?
How do you feel and what do you think of just before coming to the Baclesse to see the patients?
During your visit, how do you feel? What do you think of?
After visiting your patients, what are you thinking about? How do you feel?
How does the patient benefit from your visit?
Is the patient always happy to see you?
Is this a rewarding experience for you?
Why do you continue to do this?
Have your relationships with your patients changed since you began?
How has your life changed since you began? How has it been affected by your experience as a volunteer?
Is there a spiritual or religious side to volunteering for you?
Is there a need for more volunteers?
Do you meet with the other volunteers outside of La Baclesse?
What qualities do you think a volunteer must possess to be content with their volunteering experience and to benefit the patient?
Have you met the family members or friends of the patient? What was their reaction to you?
How do your friends and family react to you volunteering?
Would you recommend this experience to your friends?

*This list is a translation from the original list in French. Also, it is possible not all of these questions and additional questions may have been asked to the interviewees.
References


