Motivations of German Hospice Volunteers: How Do They Compare to Nonhospice Volunteers and US Hospice Volunteers?

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Abstract
We examined reasons of volunteering for hospice and nonhospice organizations in a study with 125 volunteers (22-93 years) from the United States and Germany. Motives of US and German hospice volunteers revealed similarities and few differences. Hospice volunteers are involved because they seek to help others, seek new learning experiences, seek social contacts, or seek personal growth. The US hospice volunteers reported motives related to altruistic concerns, enhancement, and social influence as more influential, while German hospice volunteers rated career expectations as being more important. Comparison of German hospice with nonhospice volunteers revealed stronger differences: German hospice volunteers scored higher on altruistic motives, while German nonhospice volunteers yielded higher scores on self-serving motives. Findings contribute to improved understanding of volunteering motivation and of activating or retaining hospice volunteers.

Keywords
hospice, palliative care, volunteering, motivation, recruitment, retention

Volunteer rates for hospice are known to be low compared to other areas of civic engagement—worldwide and in Germany in particular.1,2 In the United States, for instance, volunteer rates for hospice are twice as high as in Germany.1,2 With the majority of German volunteers engaging in the areas of culture and recreation,3,4 a body of compelling research has been conducted on these groups of volunteers.5 In contrast, not much is known about German hospice volunteers in comparison to nonhospice volunteers. Furthermore, existing cross-cultural studies that compared motives of Canadian, British, and French hospice volunteers suggested cultural differences6,7 that may also be found among German and US hospice volunteers due to differing health systems. Trying to fill this current research gap, the present study has 2 scopes: first, motivations of German and US hospice volunteers are compared, and second, volunteering motives among German hospice volunteers are compared to motives of German nonhospice volunteers.

Hospice volunteerism is facing the dual burden of rising demand due to demographic change and declining volunteer applicant numbers. First, hospice volunteers are, and will be, increasingly called upon to complement state health and social delivery.8 In particular, since annual numbers of deaths following chronic illness are expected to rise by 26% from 2009 to 2050.9 Second, the current decline in volunteer rate needs to be overcome by changing the prevalent demographic imbalance among hospice volunteers in order to meet this growing demand. While men and young individuals (20% ≤ 50 years) rarely get engaged in hospice work, it is mostly married white women aged 50 years and older who become hospice volunteers.10 Therefore, with numbers of potential caregivers diminishing in aging societies, hospice organizations are facing the challenge of enthusing volunteers for hospice services.

Using the key concepts found in common definitions of volunteerism11 as well as Smith’s12(p22) conception that volunteering is “essentially (primarily) motivated by the expectation of psychic benefits of some kind,” we defined the work of hospice volunteers as free provision of support to terminally ill patients and their families that takes place at patients’ current place of residence and entails mutual benefits for volunteers, patients, and families.

The Functional Approach to Volunteer Motives

Building on the Functional Analysis of Prosocial Behaviors,13-15 the present study explored the motivations of volunteering. The functional analysis of prosocial behaviors gives special emphasis to individual motives for volunteering. According to this

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approach, volunteering activity is expected to serve particular functions for an individual. In this vein, Clary et al.\(^{14}\) suggested that volunteering may satisfy 1 or more needs for an individual at the same time and that the same volunteer work can refer to different motives at different times. Also, different people may do the same volunteer work for different reasons. Consequently, Clary et al.\(^{14}\) identified 6 motivational functions of volunteerism. Such functions of volunteering were found to be related to altruistic and humanitarian concerns for others, seeking new experiences, wanting to help others, and striving for personal growth.\(^{14}\) It was suggested that volunteering can also have self-serving functions, for example, related to career interests.\(^{16}\) Volunteering functions may be mixed, reflecting both altruism and a personal gain expectation.

**Reasons of Volunteering for Hospice**

Evidence for the motivation of hospice volunteers came from Planalp and Trost\(^{17}\) who measured individuals’ underlying motives using the Volunteer Functions Inventory (VFI).\(^{14}\) The reasons reported were, in order of overall importance, values/understanding, social, and protection/enhancement. The least important type of motivation, by far, was the career function. Similar effects were found in studies that have applied the Inventory of Motivations for Hospice Palliative Care Volunteerism\(^{6,7,18}\). While motives related to altruistic and civic responsibility had the greatest degree of influence on volunteers’ decision to get engaged in hospice work, personal gain motives were rated least influential.\(^{6,7,18}\) Other motivations reported included sharing specific qualities and skills,\(^{19}\) personal growth,\(^{20,21}\) supporting the philosophy of hospice,\(^{21}\) overcoming social evils,\(^{10}\) own retirement,\(^{22}\) and a religious/spiritual background of some kind.\(^{23-25}\)

**Cultural Differences in the Motivation to Volunteer for Hospice**

Investigation of cultural differences in motives to volunteer for hospice has only recently gained attention through work of Claxton-Oldfield et al who examined differences among Canadian, British, and French volunteers.\(^{6,7,18}\) So far, however, no study has been conducted on differences among US and German hospice volunteers, 2 groups that are likely to differ from each other as indicated by the imbalance in rates for hospice volunteerism and areas of civic engagement. In the United States, for instance, volunteer rates for hospice are twice as high as in Germany\(^2\) and individuals more often engage in the public service sector, while Germans often volunteer in areas of culture and recreation.\(^{3,4}\) Existing literature on cultural differences in civic engagement between Germany and the United States explained the latter effect based on allocation of social responsibility.\(^3\) Although Germany has a strong social welfare system, the American equivalent is not fully developed yet.\(^3\) Thus, civic engagement in the health sector, such as hospice care, is crucial to overcome social imbalances caused by the fragile medical system.

The Effect of Age on Motivation to Volunteer

The relationship between age and motives for volunteering is well established. There are 2 perspectives on possible effects of age on volunteering: while the age-similarity perspective\(^{26}\) suggests that motives to volunteer do not differ across adulthood, the age-differential perspective\(^{27}\) suggests that age differences in reasons to volunteer result from motivational change across adulthood. The present study included age as a covariate in order to rule out possible effects on volunteers’ motives.

**Personality and Spirituality**

Besides age, we also included personality and spirituality as covariates. Existing literature suggests differences in personality traits and levels of spirituality among hospice volunteers and nonhospice volunteers.\(^{22,24,25,28}\)

The Present Study

In this investigation, we aimed at examining motivational differences between hospice volunteers from Germany and from the United States. In addition, we compared motives of German hospice volunteers to motives of German nonhospice volunteers. The US nonhospice volunteers were intentionally excluded from this latter investigation due to the wealth of literature that exists on volunteering motivation in the United States.\(^{13-15}\) Although volunteerism is generally associated with the motives to help and to learn more, existing literature suggests motivational differences among these groups of volunteers.

The first hypothesis put hospice volunteerism in a broader social and cultural context. Based on differences in the public health systems,\(^{3,4}\) we expected differences in the motivations to volunteer stated by US and German hospice volunteers. Due to higher expectations for engagement and participation, we expected US hospice volunteers to report greater motivations for values and social influence, whereas German volunteers were expected to yield higher scores on the self-serving motive of social bonding.

For the second hypothesis, we drew from work on motives, particularly findings that individuals volunteer to help and to make new learning experiences.\(^{13,16,17,29}\) While, for hospice volunteers, the motive to help people in need was positively related to civic engagement,\(^{10,16,17,22,29}\) people who volunteered for organizations other than hospice were motivated more strongly by career aspirations.\(^{16}\) Furthermore, we assumed that the latter group volunteers to strengthen social relationships, since our nonhospice participants came from affiliations including sports, education, and politics. In specific, we predicted that both hospice volunteers and nonhospice volunteers were motivated by values and understanding motivations. Additionally, we expected hospice volunteers to be more strongly motivated by altruistic reasons, whereas individuals who volunteer for other types of organizations should report rather self-serving motives related to social bonding.
Participants in this study were 75 hospice volunteers and 50 nonhospice volunteers (N = 125). We compared 3 groups, namely, German hospice volunteers (n = 45), US hospice volunteers (n = 30), and German nonhospice volunteers (n = 50). Participants ranged in age from 22 to 93 years with an average of 51.76 (SD = 15.08) years (German hospice volunteers: M = 54.08 [SD = 11.78], nonhospice volunteers: M = 47.26 [SD = 15.77], and US hospice volunteers: M = 56.35 [SD = 16.47]), $F_{2,109} = 3.90, P = .023$ (see Table 1).
Demographic characteristics proved similar between samples with a few exceptions (see Table 1). Significant differences emerged for German and US hospice volunteers with regard to tasks performed in their hospice organization (see Table 1). Significantly more US volunteers engaged in bereavement support and office work, while the majority of German hospice volunteers provided terminal care ($P < .05$).

**Sampling Procedures**

**Hospice volunteers.** Based on convenience sampling, 1 hospice organization in Germany and 6 hospice organizations in the Midwestern United States participated in the study. Contacts to active volunteers were initiated through volunteer coordinators of each hospice, who invited volunteers to participate in the study. Hospice volunteer coordinators gathered the completed questionnaires and returned them to the study investigator.

**Nonhospice volunteers.** We applied a convenience and snowballing framework to recruit nonhospice volunteers. Hard copies of the questionnaire were distributed to active members of different local nonprofit organizations, including sports and recreation, education, politics, care, arts, and craft as well as church to be filled out and returned anonymously to the investigator. Thereafter, nonhospice volunteers’ participation was based on snowballing, with participants giving copies of the questionnaire to other nonhospice volunteers.

**Measures and Covariates**

The paper-and-pencil questionnaire used in this study comprised 5 sections. Section 1 gave information on aims of the study, design of the questionnaire, anonymity, and investigator. Section 2 assessed the control variables, personality, and spirituality. Section 3 examined motives for volunteering (as dependent variables). Section 4 included questions regarding volunteer involvement and section 5 assessed demographics. Following a piloting with 3 volunteers, we made minor changes to the questionnaire. The questionnaire was translated from German to English by the instructor and was then reviewed by a bilingual speaker. In the following, we will describe the instruments used in order of their occurrence in the questionnaire.

**Assessment of volunteers’ motives.** Motivation of volunteers was assessed using Skalen der Einstellungsstruktur ehrenamtlicher Helfer/scales of the attitude structure (SEEH)$^{30}$ for the German questionnaire and the VFI$^{14}$ for the English version. Bierhoff et al$^{26}$ suggest a content-related overlap between SEEH$^{30}$ and VFI$^{14}$ in 5 of the 6 motivational functions (except for protective). In order to allow comparisons of hospice with nonhospice volunteers, the same motivation inventory was applied in both groups. Participants rated the importance of 26 of the 30 reasons for their decision to volunteer on a 7-point scale ranging from 1 (not at all important/accurate for you) to 7 (extremely important/accurate for you). Table 2 illustrates the 6 motivational functions measured in our study. Cronbach $\alpha$ values were low to good (social bonding: $\alpha = .14$, social influence: $\alpha = .53$, understanding: $\alpha = .68$, values: $\alpha = .79$, enhancement: $\alpha = .80$, and career: $\alpha = .82$).

**Voluntary work.** In section 4, participants indicated how many types of organizations they were actively volunteering for (ie, Education, Church, Culture, Migration/Integration, Hospice, Other social activities, Sports, Environment, and Other), the amount of time per week they dedicate to volunteering, and to specify their volunteer role (for nonhospice volunteers: Organization, Counseling, Nursing, Companion/Support, Office work, and Other; for hospice volunteers: Terminal care, Bereavement support, Office work, Public relations, Management board, and Other). In this study, we did not assess the actual activities of hospice volunteers in detail.

**Demographics.** Participants reported gender (female, and male), age, marital status (ie, single, married, monogamous relationship and not married, divorced/separated, and widowed), educational attainment (ie, prehigh school, completed high school, completed college/university, and other), work status (ie, employed, retired, unemployed, homemaker, and other), and religion/spirituality (ie, catholic/protestant, jewish, baptist, muslim, no religion/confession, and other).

**Assessment of personality characteristics.** In order to measure personality factors of volunteers, we used a 16-item short version of the Big Five Inventory (BFI-S) of personality dimensions. $^{31-33}$ Within the BFI-S, personality dimensions are measured with 3 or 4 items on a 7-point Likert-type scale from 1 (strongly disagree) to 7 (strongly agree): neuroticism ($k = 3$, eg, I see myself as someone who gets nervous easily), extraversion ($k = 3$, eg, I see myself as someone who is outgoing, sociable), openness to experience ($k = 4$, eg, I see myself as someone who has an active imagination), conscientiousness ($k = 3$, eg, I see myself as someone who does things effectively), and agreeableness ($k = 3$, eg, I see myself as someone who is outgoing, sociable). We found adequate item discrimination power, ranging from 0.35 to 0.53. Internal consistency $\alpha$s were low (conscientiousness: $\alpha = .52$, agreeableness: $\alpha = .59$, extraversion: $\alpha = .60$, neuroticism: $\alpha = .61$, and openness: $\alpha = .74$) but in line with findings by Lang et al$^{33}$ who reported similarly low Cronbach $\alpha$ values for the BFI-S in a nationally representative
Table 3. Between-Subjects Effects for Country, Age, and Self-Construal for the Motivation to Volunteer in Hospice.

<table>
<thead>
<tr>
<th></th>
<th>Social bonding, F</th>
<th>Understanding, F</th>
<th>Enhancement, F</th>
<th>Values, F</th>
<th>Social influence, F</th>
<th>Career, F</th>
<th>Overall, F</th>
</tr>
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<tbody>
<tr>
<td>Country</td>
<td>1.11</td>
<td>4.75&lt;sup&gt;a&lt;/sup&gt;</td>
<td>26.88&lt;sup&gt;b&lt;/sup&gt;</td>
<td>16.67&lt;sup&gt;b&lt;/sup&gt;</td>
<td>17.34&lt;sup&gt;b&lt;/sup&gt;</td>
<td>3.75</td>
<td>12.33&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Age</td>
<td>0.17</td>
<td>1.21</td>
<td>4.69&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.00</td>
<td>8.18&lt;sup&gt;c&lt;/sup&gt;</td>
<td>10.06</td>
<td>3.99&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Country × age</td>
<td>0.08</td>
<td>0.00</td>
<td>0.94</td>
<td>0.11</td>
<td>0.13</td>
<td>1.81</td>
<td>0.69</td>
</tr>
</tbody>
</table>

<sup>a</sup> P < .05.  
<sup>b</sup> P < .001.  
<sup>c</sup> P < .01.

sample. In this study, the broad and short measures of personality served only as covariates.

**Assessment of spirituality.** Spirituality was assessed using 3 items of the scale Transpersonales Vertrauen/Transpersonal Trust, which measures transpersonal confidence, faith, and belief on a 4-point Likert-type scale from 1 (disagree strongly) to 4 (agree strongly). Volunteers rated their own relationship with God/a higher being (I often feel closely related to a power greater than myself, I rely on it in times of hardship), transcendence conviction (My soul lives on after death), and engagement in spiritual mind/body practices (Spiritual activities [eg, meditation, praying] have helped confront tragedy and suffering). Internal consistency reached an α of .90.

**Procedure of Statistical Analyses**

All statistical analyses were carried out using IBM SPSS 20.0 for Windows. We calculated frequencies and descriptive statistics. Tests for statistical significance were performed using t tests (P < .05), repeated-measures multivariate analysis of variances (MANOVA), and multivariate analysis of covariance (MANCOVA). Work on this study was conducted in parts as a supervised thesis and as such approved by the institute’s board and conducted in accordance with German laws on data protection.

**Results**

The presentation of results follows 2 steps. First, we report the results on comparisons of US and German hospice volunteers. Second, motivations of German hospice volunteers are compared with German nonhospice volunteers. Possible confounds with covariates are reported in a final section.

We determined the number of motives volunteers reported as highly influential on their decision to volunteer by classifying motives with mean scale values greater than 4 as important. In our study, most volunteers rated more than 1 motive as having a significant impact on their decision to serve. The median value was 2 motives. Prior to main analysis, we conducted homogeneity of variances tests for all variables in order to reflect possible differences in variances. Bartlett test revealed that variances were homogeneous across groups.

**Do Motivations Differ Between German and US Hospice Volunteers?**

A 2 × 2 (Age × Country) MANOVA showed main effects for country, V = 0.47, F<sub>6.66</sub> = 9.86, P < .001, and for age, V = 0.27, F<sub>6.66</sub> = 3.99, P = .002, but no interaction between country and age for any of the motives, V = 0.06, F<sub>6.66</sub> = 0.69, P = .655, nonsignificant. As displayed in Table 3, the test of between-subjects effects revealed that country was significantly related to values, F<sub>1.71</sub> = 10.29, P < .002, enhancement, F<sub>1.71</sub> = 24.48, P < .001, career, F<sub>1.71</sub> = 6.36, P = .014, and social influence, F<sub>1.71</sub> = 11.79, P = .001. Compared to participants from Germany, US hospice volunteers yielded significantly higher scores on values (M = 6.44, SD = 0.67; German: M = 5.49, SD = 1.16), enhancement (M = 4.51, SD = 1.45; German: M = 2.73, SD = 1.47), and social influence (M = 2.73, SD = 1.30; German: M = 1.68, SD = 0.90), while German participants yielded higher scores for the career motive (M = 1.79, SD = 1.09; US: M = 1.37, SD = 0.55; see Figure 1). Similarly, age showed significant effects for enhancement, F<sub>1.71</sub> = 4.69, P = .034, career, F<sub>1.71</sub> = 10.06, P = .002, and social influence, F<sub>1.71</sub> = 8.18, P = .006, with young hospice volunteers scoring higher on all 3 dimensions (enhancement: M = 4.08, SD = 1.82; career: M = 2.25, SD = 1.50 and social influence: M = 2.76, SD = 1.39) compared to older hospice volunteers (enhancement: M = 3.25, SD = 1.63; career: M = 1.44, SD = 0.58 and social influence: M = 1.91, SD = 1.06).

**Do Motivations Differ Between Hospice Volunteers and Nonhospice Volunteers in Germany?**

A repeated-measures MANOVA indicated significant differences of rated importance of motives within the groups of German nonhospice volunteers, V = 0.84, F<sub>5.42</sub> = 44.00, P < .001, and of German hospice volunteers, V = 0.92, F<sub>5.40</sub> = 91.39, P < .001, justifying comparisons between the 2 groups. The Pillai-Spur coefficient in the MANOVA yielded a significant group effect, V = 0.49, F<sub>6.85</sub> = 13.74, P < .001, allowing separate univariate 1-way analysis of variance (ANOVA) on each of the motive scales. The ANOVA on the index of social bonding revealed a significant effect, F<sub>1.90</sub> = 14.33, P < .001. Nonhospice volunteers (M = 4.71, SD = 1.26) reported this motive as significantly more influential than hospice volunteers (M = 3.70, SD = 1.29). Significant differences also emerged for values, F<sub>1.90</sub> = 19.33, P < .001, and social influence, F<sub>1.90</sub> =
22.48, \( p < .001 \). Follow-up comparisons revealed that hospice volunteers reported significantly greater values motivation (\( M = 5.49, \ SD = 1.16 \); nonhospice volunteers: \( M = 4.27, \ SD = 1.48 \)), while nonhospice volunteers scored higher on social influence (\( M = 2.89, \ SD = 1.48 \)) than hospice volunteers (\( M = 1.68, \ SD = 0.90 \)). Hospice volunteers (\( M = 5.07, \ SD = 1.29 \)) also yielded higher scores on the understanding motive compared to nonhospice volunteers (\( M = 4.57, \ SD = 1.17 \)); however, this pattern of means did not reach the level of significance, \( F_{1,09} = 3.72, \ p = .057 \). Enhancement and career motives did not differ significantly between nonhospice volunteers and hospice volunteers (see Figure 1).

**Control Analyses Regarding Potentially Confounding Effects of Covariates**

We conducted a MANCOVA to control for potentially confounding effect of the covariates spirituality and personality. A comparison of the Big Five personality factors between nonhospice volunteers and hospice volunteers revealed just 1 significant difference between the 2 groups, \( V = 0.10, F_{5,105} = 2.42, \ p = .041 \). Nonhospice volunteers scored significantly higher on neuroticism than hospice volunteers, \( F_{1,109} = 11.38, \ p = .001 \). On average, hospice volunteers (\( M = 3.45, \ SD = 0.68 \)) reported a significantly higher sense of spirituality than nonhospice volunteers (\( M = 2.58, \ SD = 1.12 \), \( t_{3,67} = -4.91, \ p < .001 \)). Spirituality and personality did not show significant associations with motives of volunteering and are thus not reported in detail.

To explore possible effects of age on the motivation to volunteer, we compared 2 age-groups of young volunteers, who ranged in age from 22 to 49 years (\( M = 34.76, \ SD = 10.16 \)) and older volunteers who ranged in age from 50 to 93 years (\( M = 60.38, \ SD = 8.28 \)). For young volunteers, understanding (\( M = 5.15, \ SD = 1.15 \), values (\( M = 4.90, \ SD = 1.73 \), social bonding (\( M = 4.16, \ SD = 1.32 \), and enhancement (\( M = 3.81, \ SD = 1.61 \)) had the greatest influence on their decision to volunteer, while the self-serving motive of career-related experience (\( M = 2.52, \ SD = 1.50 \)) was rated the least influential motive (\( V = 0.84, F_{5,30} = 31.93, \ p < .001 \)). Older volunteers reported that their decision to volunteer was strongly related to values (\( M = 5.40, \ SD = 1.34 \)), understanding (\( M = 4.97, \ SD = 1.26 \)), social bonding (\( M = 3.94, \ SD = 1.43 \)), and enhancement (\( M = 3.03, \ SD = 1.53 \)), whereas volunteering motives related to career (\( M = 1.48, \ SD = 0.69 \)) were reported as least influential (\( V = 0.93, F_{5,67} = 190.29, \ p < .001 \)).

**Figure 1.** Motivational differences between nonhospice volunteers, German hospice volunteers, and US hospice volunteers. \(* * * p < .001. \) \(* * p < .01. \) \(* p < .05. \)
Discussion

The purpose of the present study was 2-fold: first, applying a cross-cultural perspective to investigate motivational differences between hospice volunteers in the United States and in Germany. Second, to compare the motivation of hospice volunteers and of nonhospice volunteers in Germany.

Cultural Differences in Motivation to Volunteer

In line with our assumptions, US hospice volunteers yielded higher scores in motives related to values and to social influence, a finding that may be explained in terms of the differing welfare regimes. With a well-working health sector and medical insurance systems lacking in the United States, altruistic motivations to bridge this social imbalance may be more pronounced in US citizens when compared to German citizens. Furthermore, in the US public opinion, and media, there may be stronger social norms demanding volunteerism in the health sector in order to substitute for public health care. In this vein, we found that US volunteers were more strongly motivated by enhancement, while career-related expectations (eg, in the public health sector) were more important to German hospice volunteers. However, our comparisons also revealed similarities in motives of hospice volunteering. Both German and US hospice volunteers rated motives related to values and understanding as most important, while motives related to career expectations and social influence were reported to be least influential in their decision to volunteer. This finding was unexpected when considering that the US hospice movement has seen a more rapid integration of hospices into society than Germany, a greater number of hospice volunteers, and received greater public awareness about opportunities to volunteer.

Differences between hospice volunteers and nonhospice volunteers in Germany. Greater differences emerged for the comparison of German hospice volunteers and German nonhospice volunteers. Findings of this research suggest that hospice volunteers and nonhospice volunteers are volunteering for different reasons. In accordance with previous research, we found that nonhospice and hospice volunteers were comparably motivated to help other people and to make new learning experiences. However, hospice volunteers rated altruistic concerns for others and new learning experiences as stronger triggers for their service, whereas nonhospice volunteers scored higher on the self-serving motives related to social bonding and achieving influence.

Trying to improve understanding of why relatively fewer people engage in hospice volunteering compared to other areas of civic engagement, our findings suggest that hospice volunteers are seeking to help others but also want to gain growth experience related to personal confrontation with death and dying. Nonhospice volunteers, in contrast, seem to be more strongly motivated to volunteer in order to meet people. Furthermore, and as we had expected, nonhospice volunteers’ decision to sign-up for service is more strongly associated with meeting friends or families. In general, our findings suggest that both groups attach different meanings to civic engagement: while hospice volunteers associate their civic engagement with societal agendas, nonhospice volunteers get engaged for a rather recreational purpose.

Impact of Age on Motivation to Volunteer

Our findings are in accordance with the age-similarity perspectives, suggesting that both young and older volunteers volunteered to help those in need. Across the 2 age-groups, the 4 most salient motives for volunteering were values, understanding, social bonding, and enhancement. Weak support was found for some assumptions regarding the socioemotional selectivity theory, which suggests that as individuals age, they experience a shift in priorities of their social goals emphasizing goals related to emotional gratification, while social goals related to knowledge seeking become less important.

In line with our assumptions and existing literature, career-related expectations and motivations—the least influential motive for both age groups—differed between the 2 groups and decreased significantly with age. Young individuals might hope for contacts beneficial for their future career or for employment in general, while older individuals were likely to be permanently employed and to have less future-related career expectations.

The importance of the enhancement motive for young individuals was unexpected: enhancement/civic responsibility seems to be a more important motive for young individuals when compared to old volunteers. Volunteering may provide personal growth in young adulthood, the opportunity to replenish for work-life and to increase one’s self-esteem through contributing to society and others. Furthermore, young volunteers stressed the role that significantly others have in their decision to volunteer, reflecting their interest in sharing activities with friends and not to fall short with respect to civic responsibility.

In brief, we found only little age differences in volunteers’ reasons for civic engagement. Thus, the phenomenon of demographic imbalance among certain groups of volunteers does not necessarily result from differing motives between young and older volunteers but from other aspects that need to be investigated further.

Differences in Personality Traits of Hospice Volunteers and Nonhospice Volunteers

Consistent with previous research, both volunteer groups scored high on personality constructs such as conscientiousness, agreeableness, openness to experience as well as extraversion and lowest on neuroticism. A finding that reflects a positive personality image of volunteers as being altruistic, talkative, reliable volunteers who stay calm in stressful situations, and are willing to try new activities. Not surprisingly, we found that hospice volunteers were significantly less neurotic than nonhospice volunteers. One reason may be that the emotional distress hospice volunteers are exposed to while working with patients who have incurable disease, leads to a
positive selection with respect to psychological resilience. Claxton-Oldfield and Banzen\textsuperscript{28} suggested that lower scores on neuroticism might be highly beneficial for hospice volunteers because it allows them to stay calm in stressful situations, to deal with advanced illness or death, and to support the bereaved, whereas high scores of neuroticism were associated with limited coping skills and fear of death. Accordingly, we found that hospice volunteers yielded significantly higher scores on spirituality than nonhospice volunteers. This finding is congruent with existing literature showing that faith and spiritual mind/body practices, such as praying and mantras, serve as a way to cope with hospice stress and prevent compassion fatigue or burnout.\textsuperscript{22,24,25}

\textbf{Limitations of the Study}

When interpreting findings of this study, one caveat is the small and fairly homogenous group of volunteers. We cannot preclude that findings result from differential selectivity in the respective cultures and may thus not allow a valid comparison. A second limitation is that the subgroup of German hospice volunteers is based on an evaluation of 1 hospice care organization and may not be representative of most German hospice care programs. The subgroup of nonhospice volunteers, in contrast, was fairly heterogeneous, ranging from individuals who supervised kids at football camps to individuals who provided companionship at nursing homes. With some of the nonhospice volunteers performing tasks similar to the ones provided by hospice volunteers, there may have been an overlap between the 2 samples, which, in turn, may have underestimated true effects. A third caveat when interpreting our findings is that we studied active volunteers only. Consequently, it is not possible to conclude whether there were changes in volunteers’ characteristics and motivations in the course of their respective civic engagements. This may also account for the scarcity of age differences as young hospice volunteer may pursue goals that are more comparable to those of older adults (reflecting a greater awareness of life’s finitude). Thus, we submit that it may not be possible to generalize the results of the present study to potential future volunteers. A final limitation of the study is the makeup of the subgroups. The predominant demographic imbalance among hospice volunteers—participants were mainly female hospice volunteers aged 50 years and older—complicated comparisons to determine how young and older volunteers differed from each other. Clearly, there is need to better understand the role of chronological age in motives for volunteering.

\textbf{Implications for Recruiting and Retaining Volunteers}

Findings suggest that reasons of volunteering for hospice strongly depend on specific motivational patterns that should be taken into account when attracting volunteers for hospice. For example, coordinators of volunteering programs in hospice may more strongly address altruistic motives such as a desire to help others. In contrast, efforts of nonhospice organizations may focus to a lesser extent on altruistic motives but rather on opportunities to be with others. Appealing to individuals’ altruistic concerns for other people and offering opportunities to make new experiences related to death and dying may be a promising way to recruit hospice volunteers, in particular, because hospice organizations already have a large pool of potential volunteers due to their daily work with families and friends of terminally ill patients. Following up with relatives and acquaintances of persons who died after a large enough grief period, hospice coordinators might be able to win new volunteers by mentioning the possibility to volunteer for their organization.

Similarly, both US and German hospice organizations should use likewise messages including humanitarian concerns for others, new learning experiences, and ego’s growth. Furthermore, US organizations may benefit from influence and positive word to mouth of their existing volunteers, while German organizations may be more successful when appealing to individuals’ career-related strivings.

Once hospice volunteer coordinators have recruited new volunteers, they should be eager to retain them by satisfying their need for new learning experiences and social relations. To do so, ongoing training opportunities, periodical supervision, and support groups for hospice volunteers can be useful. In order to satisfy volunteers’ social bonding motive, hospice coordinators may create networks that provide hospice volunteers with both social support options to cope with their hospice palliative care experiences and with opportunities to network and socialize outside the hospice context, for example, through walking tours, meditation sessions, or movie nights.

With regard to age differences, our findings suggest that active young and older volunteers may be equally responsive to calls that appeal to societal, relationship-related, and personal agendas. Not much can be said about what motivates not-yet volunteering young adults to engage in hospice volunteering. When recruiting young volunteers, hospice coordinators may want to speak to young adults’ career-related strivings emphasizing possible future occupational benefits of such volunteering activities. Furthermore, organizations may reach out for additional volunteers, when hospice volunteers spread the word about these volunteering opportunities among their peers.

\textbf{Future Perspectives and Outlook}

Findings point to the diverse reasons that guide hospice volunteers’ work. There is a need to consider such motives when attracting new volunteers or retain active ones. Thus, the findings also underscore that there are open questions regarding hospice volunteering related to advertising, specific tasks in the hospice organization, and possible change in motivation.

As indicated by our cross-cultural comparison, dissemination of hospice concept and public awareness about opportunities to volunteer are essential in getting individuals to sign-up for hospice. Not much is known about what are best practices to activate future hospice volunteers differentially than nonhospice
volunteers. Perhaps more experimental approaches would help to shed light on this issue. For example, can recruitment for hospice be improved when appealing to individuals’ desire to help others?

Also, most hospice organizations offer manifold volunteering tasks ranging from nondirect patient care, such as fundraising and administration, to direct patient care, including provision of terminal care and bereavement support. Assuming that volunteers take on specific tasks within an organization that provide the best match between their personal needs and personality characteristics, it would be worthwhile to examine differences in motivation and personality traits between volunteers within an organization rather than between organizations. More precisely, future research may compare motives of volunteers who (predominantly) provide direct patient care with those who (predominantly) engage in nondirect patient care. The present study did not allow for these comparisons, since volunteer roles were assessed using categories instead of precise tasks (terminal care, bereavement support, office work, public relations, management board, and other).

When seeking to retain active hospice volunteers, it is also important to better understand stability and change among multiple motives for volunteering over time. In line with existing literature,17–19,25 the present study showed that individuals volunteer for hospice for a number of reasons. However, the cross-sectional nature of this study did not allow us to track how volunteers’ motivations change over the time. For example, volunteers may want to switch roles within the hospice organization from direct patient care to administration duties due to changing motivations. Thus, longitudinal studies are needed to investigate possible long-term changes in motivations and its complex effects on volunteerism.

Given the growing demand for diverse hospice volunteers, an investigation of these questions is vital in order to change the demographic makeup of hospice volunteers and to keep hospice volunteerism alive in times of demographic and organizational change.

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