End-of-Life Volunteerism: An Analysis of No One Dies Alone (NODA) Program Volunteers

OAKLAND UNIVERSITY WILLIAM BEAUMONT®

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Introduction

The inception of hospice in the United Kingdom during the mid 20th century marked a focal point in medical care for dying individuals. Hospice founder Cicely Saunders wanted to maintain a balance of "the sophisticated science of our treatments with the art of our caring, bringing competence alongside compassion".[1] Since then, hospice has grown into a household term for end-of-life medical care.

Organized care for terminally ill and dying individuals was further developed in 2001 by Sandra Clarke, CCRN. Clarke founded the No One Dies Alone (NODA) Program after being unable to fulfill a dying patient's wish of end-of-life companionship.[2] The NODA Program prepares volunteers to spend time at bedside with dying patients who are alone for whatever reason. In 2014, Corewell Health William Beaumont University Hospital (CHWBUH; formerly Beaumont Royal Oak) implemented its chapter of NODA that was later redesigned in 2019.

End-of-life care is a sensitive subject that can provoke feelings of fear and sadness. Thus, individuals wanting to volunteer in this setting must have specific qualities or experiences that drive their desire to spend time with dying hospice patients. The main goal of this project is to learn more about the personal motivating factors and cohort details of NODA volunteers at CHWBUH.

Aims and Objectives

- This project aims to identify the personal motivating factors and attitudes toward end-of-life volunteerism of NODA volunteers at CHWBUH.
- This project aims to investigate why volunteers choose the NODA Program specifically, as hospice volunteering can be particularly emotionally taxing.
- This research aims to increase academic exposure of the NODA Program in hopes that more hospital systems adopt a similar program.

Methods

This study was exempted through the Oakland University IRB. The data of this study were collected via Qualtrics survey with CHWBUH NODA participants (n = 37). The survey included demographic information such as age, highest level of education, employment status/sector, and prior volunteer experiences. It also included two pre-established inventories, Inventory of Motivations for Hospice Palliative Care Volunteerism (IMHPCV) and the Collett-Lester Fear of Death Scale (CLFDS).

The IMHPCV is a valid, 25 item Likert-scale inventory for assessing volunteers' motivations for their involvement with hospice and palliative care.[3] The CLFDS is a 36 item, Likert-scale based assessment of fears surrounding death, including: death of self, dying of self, death of others, and dying of others.[4]

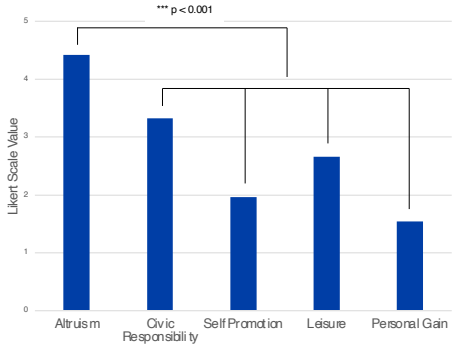
Results

Table 1. Volunteer Demographic Information

Age	**68%** of volunteers are 55 or older
Gender Identity	**76%** of volunteers identify as women
Education Level	**86%** of volunteers completed at least some post secondary education
Employment Status	**56%** of volunteers work full time, **32%** are retired
Employment Sector	**60%** of volunteers work in healthcare
Volunteer Status	**90%** of volunteers pursue other volunteer opportunities

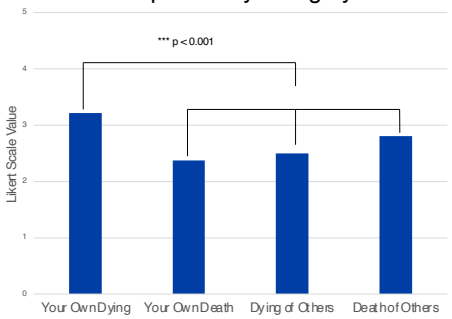
Results continued

Figure 1. Average Likert Scale IMHPCV Responses by Category



Via the IMHPCV, participants gave the highest Likert scale scores for motivation to become a NODA volunteer in the **altruism** category compared to all other categories including **civic responsibility, self promotion, leisure, and personal gain** ($p < 0.001$).

Figure 2. Average Likert Scale CLFDS Responses by Category



Participant's **own dying** category evoked the highest levels of disturbance/anxiety via the CLFDS ($p < 0.001$). There was no significant difference between participant fears and attitudes of their own death/dying versus others death/dying.

Conclusions

- Volunteers were primarily motivated by **altruism** when pursuing NODA. This aligns with how unique NODA is relative to other community volunteer opportunities that may be more heavily influenced by other categories (leisure or personal gain).
- Per the CLFDS, volunteers had the highest levels of disturbance and anxiety for **their own dying** as opposed to the death and dying of others. This may provide insight into their ability and motivation to maintain volunteerism in the presence of dying individuals.
- NODA is a highly regarded, fulfilling volunteer activity for community members. Some testimonials from current volunteers are:
  - "I pursued medicine because I cherish the personal bond with patients. I felt that NODA could help me reconnect with my purpose."
  - "It was truly an eye opening experience. Everyone has different thoughts about dying and what it means to them. Sitting with patients, talking with them, and offering what comfort I could was deeply impactful. "

References

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Acknowledgements

Thank you to my lovely study participants for taking the time to fill out the survey! Additional thank you to Kevin Hickey and the CHWBUH Department of Spiritual Care for support in completing this project.