

# Volunteering and Communication

*Studies from Multiple Contexts*

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Choir Nonprofit  
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**Publication Data**

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Lewis, Loril M. Gossett.

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New York • Washington, D.C./Baltimore • Bern  
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*Leadership, 15, 205–219.*

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October). *Facts*. Retrieved  
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## Chapter 8

### “LIKE NOTHING ELSE I’VE EVER EXPERIENCED”: EXAMINING THE METAPHORS OF RESIDENTIAL HOSPICE VOLUNTEERS

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I would say that being a hospice volunteer is unique within itself specifically just because of what you are involved with, the dying process. There’s nothing, there is no frame of reference. You just have to do it. It’s something that comes from the inside out. To be able to compare it to anything? I really can’t [explain the experience] to be honest with you. (Eric, 13-year hospice volunteer)

The Hospice Foundation of America (2011a) reports one out of three individuals in the United States decides to utilize hospice care services at the end of life. Hospice provides dignified end-of-life care for terminally ill patients and their families through “physical, emotional, psychological, and spiritual” services (Csikai & Martin, 2010, p. 388). According to Pace (2006), the goals of hospice are met by providing services that:

manage pain and any other symptoms that cause discomfort or distress, create a comfortable environment for the patient, allow the patient to be close to family and loved ones during the dying process, give relief to the patient’s caregivers, and offer counseling for the patient and those close to the patient. (p. 712)

A primary philosophy of hospice is that it accepts the inevitability of death and thus “focuses on quality rather than length of life” (American Cancer Society, 2011, para. 2).

Hospice volunteers play an important role in the delivery of hospice care for patients and their families (Coffman & Coffman, 1993). In 2010, more than 458,000 volunteers donated approximately 22 million hours of hospice services (National Hospice and Palliative Care Organization, 2012). As crucial members of an interdisciplinary health care team, residential hos-

pice volunteers provide approximately 7% of team time while working closely with clergy, physicians, social workers, nurses, counselors, and therapists to provide quality care to patients (Planalp & Trost, 2008). Hospice volunteers' direct care responsibilities typically include duties such as reading, visiting, providing emotional support, writing letters, notifying primary nurses regarding patient status, and providing respite care for family members (Hospice Foundation of America, 2011b).

Communication regarding death and end-of-life issues is often avoided in mainstream American culture (Planalp & Trost, 2008; Ragan, Wittenberg-Lyles, Goldsmith, & Sanchez-Reilly, 2008) since "most people have little or no experience with death" (Yingling & Keeling, 2007, p. 95). A major obstacle the hospice movement faces is "anything that relates to death is almost perceived as a failure" (Nelson, 2006, p. 15). So, it is no surprise that the purpose and value of hospice care is often misunderstood because of its goal to "deinstitutionalize the dying experience and provide a more humane system of care for the dying and their families" (Hospice Foundation of America, 2011b, para. 1).

Hospice volunteers share some characteristics with other types of volunteers, such as motivations and nonfinancial rewards (e.g., Kramer, 2011), and have repeatedly been identified as valuable contributors to end-of-life care (see Wilson, Justice, Thomas, Sheps, MacAdam, & Brown, 2005). Hospice work, in general, is often associated with *dirty work* because it requires both "regular contact with people or groups that are themselves regarded as stigmatized" (i.e., dying patients) and involves physically or socially tainted tasks associated with death (Ashforth & Kreiner, 1999, p. 415). In particular, hospice volunteers do not seem to fit within the traditional model of *help* typically associated with volunteerism and volunteer roles (i.e., serving food in a homeless shelter, giving blood to the American Red Cross) where the rewards of volunteering are intimately connected to tangibly improving the lives of others. On the contrary, residential hospice volunteers willingly interact with patients knowing that despite what they do or how much support and help they provide, the patients they serve will still die (see Lafer, 1991; Wittenberg-Lyles, 2006). Due to their distinct organizational perspective, it is important to understand how residential hospice volunteers communicate about their role experiences when volunteer service means accepting the inevitability of death.

There is little doubt the "impact of communication during the dying experience is profound for all participants involved" (Keeling, 2004, p. 35).

Research has identified for dying patients, survival (2005; Worthington, 2000) to understand the experience of their significant role in providing support for patients and families (Lean, & Nadin, 2010) through their experiences through 1) confront the "difficult situation that is characterized by death" (Utraiainen, 2003, p. 32); and 2) Gilstrap, 2011). Additional help organizations provide (i.e., role ambiguity, stigma, and families, regular experiences such as high absence, low retention, and (1987; Wilson et al., 2000

This study examines volunteers to describe their experiences "can be grasping" (Utraiainen, 2003) (2008), when individual organizational, divisional, and interpretations about selected individuals, and the metaphors used by residents. The research process may 1) reveal and 2) clarify the meanings with patients and family

## Metaph

Metaphors allow us to understand other and serve as a "powerful and transmitted" in organizational device for seeing some (503). As tools of explanation, they create order from new e

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Research has identified the benefits of effective end-of-life communication for dying patients, surviving partners, and family members (see Wilson et al., 2005; Worthington, 2008; Yingling & Keeling, 2007). It is equally important to understand the experiences/perspectives of hospice volunteers based on their significant role in providing both tangible and intangible quality-of-life support for patients and families (McKee, Kelley, Guirguis-Younger, MacLean, & Nadin, 2010). Investigating how volunteers communicate about their experiences through metaphors may help us better understand how they 1) confront the "difficult communication situation [of hospice volunteering] that is characterized by high uncertainty and social stigma" (Egbert & Parrott, 2003, p. 32); and 2) justify/articulate their role to others (White & Gilstrap, 2011). Additionally, exploring this volunteer sensemaking process may help organizations proactively address sources of hospice volunteer stress (i.e., role ambiguity, status ambiguity, problematic interactions with patients and families, regular exposure to death) which often results in negative outcomes such as high absenteeism, rapid turnover, conflict with other volunteers, low retention, and volunteer burnout (Paradis, Miller, & Runnion, 1987; Wilson et al., 2005; Yancik, 1984).

This study examines the metaphors used by residential hospice volunteers to describe their experiences working with dying patients since certain encounters "can be grasped only metaphorically, among them death and suffering" (Utriainen, 2004, p. 136). According to Heracleous and Jacobs (2008), when individuals construct metaphors they provide "a window to organizational, divisional, or task identities" along with "actors' assumptions and interpretations about their organizations and environments, groups and selected individuals, and the interrelations among them" (p. 69). Therefore, the metaphors used by residential hospice volunteers during this communication process may 1) reveal how they make sense of their organizational role, and 2) clarify the mental framework that informs how they communicate with patients and family members.

### Metaphors as Organizational Reality

Metaphors allow us to understand one type of experience in terms of another and serve as a "prime device by which symbolic realities are created and transmitted" in organizations (Pondy, 1983, p. 160). A metaphor is "a device for seeing something *in terms of* something else" (Burke, 1945, p. 503). As tools of explanation, metaphors allow organizational participants to create order from new experiences and situations by drawing on the familiar

and already-known contexts of experiences (Lakoff & Johnson, 1980; Morgan, 2006). Simply put, we use metaphors to help us make sense of the strange by using the language of the familiar (Phillips & Bach, 1995). Like flashlights illuminating the darkness of new experiences, metaphors guide/misguide our thoughts and attention by structuring "what we perceive, how we get around in the world, and how we relate to other people" (Lakoff & Johnson, 1980, p. 3). More importantly for this study, metaphors serve as significant linguistic means for expressing the understanding of "difficult or obscure concepts," including experiences with mortality and death (Ross & Pollio, 1991, p. 293).

In organizations, metaphors produce and reflect new perspectives and worldviews, especially when members are faced with situations that require them to go beyond familiar ways of thinking and acting (Putnam & Fairhurst, 2001). Metaphors can transform individual episodes of reality into coherent worldviews by "helping organization participants to in-fuse their organizational experiences with meaning and to resolve apparent paradoxes and contradictions" (Pondy, 1983, p. 157). This function of metaphors is particularly relevant for hospice volunteers who communicate with patients and family members in informal, interpersonal situations without the established and well-known communication scripts of rehabilitation and/or curing. Thus, metaphors serve as important tools for helping hospice volunteers communicate about their experiences with death and dying (Sexton, 1997).

To date, researchers are just beginning to examine the role of metaphors in health care settings that deal with death and dying (Vivat, 2008). The scant hospice studies that exist have primarily concentrated on metaphor usage of hospice patients (Stanworth, 2006), nursing home staff (Moss, Moss, Rubinstein, & Black, 2003; Öresland, Määttä, Norbertg, & Lützén, 2011), and hospice workers in general (Utriainen, 2004; Vivat, 2008). However, in a culture that often equates spending time with the dying as nothing more than depressing (McDonald, 2008; Rimas, 2008), what makes hospice volunteers unique is that they willingly seek out these interactions that others often avoid and enact communication behaviors that gets them "involved with the patient on an emotional and personal level" (Egbert & Parrott, 2003, p. 29). By examining how volunteers communicate about their role through metaphors, we can better understand how they conceive of their organizational identity outside the bounds of institutionalized medicine but within the framework of a formal hospice organization (Egbert & Parrott, 2003).

## Experiencing Hospice

Thirty-eight hospice volunteers from a Midwestern hospice organization were recruited for a larger project we conducted. After initially contacting hospice organizations for approval, volunteer meetings and collating responses, we personally contacted willing volunteers and set up face-to-face interviews. Working as a hospice volunteer and agreeing to participate in the study, the recruited volunteers ranged in age. The majority of participants were married, and 16% widowed (range of hospice volunteer service was 1-15 years).

In-depth, face-to-face interviews were conducted at private locations convenient to the hospice organization. Confidentiality was given and participants gave permission to audio-record. Through the use of pseudonyms, we asked volunteers to complete the sentence "My experience with patients is like...." All participants provided a metaphorical expression in response to this phrase, and we collected these metaphorical expressions. At the end of the first interview, we met at 29 interviews, we conducted the remainder of our overall volunteer project.

All interviews were transcribed into pages of text for the manuscript. Eisenberg (1987), "a nuanced summary of [volunteer] data, but dominant metaphorical summary of [volunteer] within hospice (p. 371). Sorting volunteer metaphors emerged, clustering around (Eisenberg, 1981, p. 7). Our main r

## Experiencing Hospice Volunteering Through Metaphors

Thirty-eight hospice volunteers (25 females, 13 males) from nine different Midwestern hospice organizations participated in this study as part of a larger project we conducted examining residential hospice volunteer experiences. After initially contacting hospice directors at participating organizations for approval, volunteer coordinators shared our research purpose at volunteer meetings and collected names of prospective participants. Then, we personally contacted willing participants to introduce our research focus and set up face-to-face interviews. Criteria for participation included actively working as a hospice volunteer in a residential setting. All volunteers that agreed to participate in the larger project were interviewed. The age of recruited volunteers ranged from 21 to 86 years old ( $M = 63.55$  years). The majority of participants were married (75%), along with 8% single, 1% divorced, and 16% widowed (8% widows, 8% widowers). The reported years of hospice volunteer service ranged from three months to 20 years ( $M = 5.02$  years).

In-depth, face-to-face semi-structured interviews were conducted at private locations convenient for volunteers including their homes, local cafés, hospice organization conference rooms, and university libraries. Participants gave permission to audiotape interviews and were guaranteed confidentiality through the use of pseudonyms. In order to solicit metaphors, we first asked volunteers to complete the following phrase: "Working with dying hospice patients is like..." All participants, except for three hospice volunteers, provided a metaphorical expression in response to this prompt. Second, based on responses to this phrase, we asked participants follow-up questions to clarify metaphorical expressions. Although theoretical saturation for metaphors was met at 29 interviews, we continued to conduct interviews due to the nature of our overall volunteer project (Glaser & Strauss, 1967).

All interviews were transcribed verbatim resulting in 21 single-spaced pages of text for the metaphor portion of our overall data. Like Smith and Eisenberg (1987), "a number of metaphors were initially identified" in our data, but dominant metaphors emerged due to "their ability to provide a coherent summary of [volunteers'] worldviews" as organizational members within hospice (p. 371). Specifically, metaphors were isolated by repeatedly sorting volunteer metaphors into groups until "patterns of metaphors emerged, clustering around recurring 'main' metaphors" (Koch & Deetz, 1981, p. 7). Our main metaphor labels reflect actual metaphors provided by

volunteers (i.e., receiving a gift, friendship, family) as well as novel metaphorical labels created by condensing similar or nested metaphors into one metaphor that describe that cluster (i.e., dress rehearsal, helping hand, fact of life; Koch & Deetz, 1981). Ultimately, six main metaphors capture how volunteers framed and articulated their experiences working with dying patients: receiving a gift, friendship, family, dress rehearsal, helping hand, and fact of life.

### Receiving a Gift

The most frequently mentioned metaphor highlighted the gratifying nature of the hospice experience. Although a volunteer's job is to spend time in the company of those who have six months or less to live, participants described their experiences as anything but depressing. In fact, volunteers used metaphorical expressions emphasizing the gifts *they* received from working with hospice patients. For example, spending time with hospice patients was described as an honor and a privilege—an experience that enhanced the quality of their own lives. Therefore, even though some volunteers acknowledged they provide a service to patients (i.e., helping hand), this metaphorical expression emphasized the benefits volunteers receive from patients. For example, Michelle, a 5-year hospice volunteer, said working with hospice volunteers is like

nothing else that I've ever experienced because it makes me feel humble and grateful that I can go in and do a service for them because there's not a lot of people that want to do this. And so, you know it's kind of a gift from God.

Volunteers repeatedly used adjectives such as rewarding, pleasant, peaceful, and personally satisfying to characterize the nature of the gift they received from patients. Candice, a 6-year hospice volunteer, revealed,

For me, it's a gift to work with [patients] because we're coming into somebody's life at a vulnerable stage and it could be the end of their life, which it more than likely is. So, you're coming and these people are just so open to us, to strangers coming to them. And it's just such a gift I think to be able to experience either being with them when they die or being with their family and just, I mean it's amazing.

In framing their experiences as *receiving a gift*, volunteers emphasized the reciprocal nature of their hospice experience. Volunteers consistently said they were grateful to be invited into patients' lives at a time usually reserved for medical experts and family, as well as humbled to learn from and about

patients themselves. As a result, volunteers often described the dying process with respect to their own lives.

### Friendship

The second most frequently mentioned metaphor in explaining what volunteers experienced was friendship. Specifically, the friends and family often communicate about the loss of a loved one for the first time, getting used to the idea of going forward to hearing patients say goodbye, a sense of loyalty by remembering the person, and saying farewell. Lack of understanding of the importance of the friendship with hospice patients: "I never say I am your friend. I say I am your friend." Some volunteers said, "Working with hospice patients is like seeing them. You want to be there for them. You want their best interests. When a patient died, it felt like "

The friendship metaphor highlights that a patient relationship can be more than a service is only given. The interactions can take place through visits, body, treatments, or procedures. They enjoy interpersonal relationships.

One unique element of the friendship metaphor is the omnipresence of the relationship. Frank, a 2-year hospice volunteer, revealed that his relationship was affected his relationship:

They become like a real friend. You protect your heart more. You care about them as much as you would if you were their friend.

The *friendship* metaphor highlights that a volunteer identity differs from that of medical experts create, or are expected to be.



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patients themselves. As a result, hospice volunteers' unique access to patients and the dying process was viewed as a source of honor that added value to their own lives.

### Friendship

The second most frequent metaphor was voiced as essentially important in explaining what volunteers do and how they sought to relate to patients. Specifically, the friendship metaphor was explicitly used by volunteers to communicate about the lifecycle of patient interactions from meeting patients for the first time, getting to know patients, becoming attached, looking forward to hearing patients refer to volunteers as "a friend," demonstrating a sense of loyalty by reminding patients they will not be alone, and finally, "saying farewell." Lacey, a 2-year hospice volunteer, underscored the importance of the friendship metaphor when explaining her role to new patients: "I never say I am from hospice. I just say, 'I am just here to help you. I am your friend.'" Similarly, Edith, a 2-year hospice volunteer, added, "Working with hospice patients is like visiting a friend. You look forward to seeing them. You want to take them little things. You want to see them happy. You want their best interests." Finally, volunteers also stated that when a patient died, it felt like "losing a good friend."

The friendship metaphor emphasizes the perception that the volunteer-patient relationship cannot be reduced to an objective or clinical bond where by a service is only *given to* another. When patients are construed as friends, interactions can take place almost entirely beyond the boundaries of the body, treatments, or prognoses, thus making it possible for both parties to enjoy interpersonal rewards such as connection, happiness, and attention.

One unique element of the metaphorical volunteer-patient friendship was the omnipresence of the farewell ingredient throughout each interaction. Frank, a 2-year hospice volunteer, alluded to how the foreknowledge of death affected his relationships with patients:

They become like a really good friend that is dying, that will be dead within six months to a year, or two years. So, you know, whatever you do is short term....You protect your heart more. You still give it to them, but you don't give it to them as much as you would if you were going to make a relationship for life with someone.

The *friendship* metaphor is telling because it hints at how the hospice volunteer identity differs from the objective relationship professional medical experts create, or are encouraged to create, with patients. Specifically, volun-

teers consistently described the authentic and intimate nature of their friendships with patients. However, volunteers' metaphorical conception of friendship also reveals how anticipation of the relationship's brevity (i.e., days instead of months, months instead of years) may impact levels of relationship investment as a means to minimize amounts of emotional distress.

### Family

Whereas the friendship metaphor characterized the nature of the relationship between volunteers and patients, the next metaphorical expression compared the type of care given to patients using family terms. Specifically, volunteers stated working with dying patients is like taking care of a "new family member," "a brother," or an "extended family member." Many volunteers articulated that the quality of care they provided patients was like the care they would provide family because with patients, like family, "there is a connection and if they need something, you are there with them."

Thus, the family metaphor is not only a reflection of how volunteers felt about patients; it became an important factor in determining how they should care for patients they interacted with in their organizational role. Eva, a 7-year hospice volunteer, explained the nature and extent of her service to patients by saying hospice volunteering is "like doing what you would do [for] your own family if they needed you." Consequently, volunteers' behaviors were not reducible to role requirements alone but were also guided by what they would be willing to do if patients were members of their own families.

It is important to note, however, that while some volunteers characterized their care using the metaphor of family, they also recognized differences from their own family relationships. Davis, a 2-year hospice volunteer, illustrated this distinction by pointing out "the difference between a real family member [and a hospice patient] is that you don't grieve as much because you are not with them long enough." The *family* metaphor signifies a strong attachment with patients because care is conceived as if patients were family, but like the friendship metaphor, this metaphorical expression does not address what happens *after* the patient dies. Although this metaphor provides role clarity for hospice volunteers by guiding them as to what can and should be done while the patient is alive, once the patient dies the family metaphor ceases. Even though these volunteers still believed in the authenticity of their patient relationships, they claimed not to experience the same intensity of grief that they would likely feel after a family member's death. This distinc-

tion is likely impacted by mental mechanism to cope

### Dress Rehearsal

Fourth, volunteers use as a type of mental dress rehearsals. Specifically, they find opportunity to contemplate the process might be like for a year hospice volunteer, I with dying patients by say

how I want it to be when somebody can come in like me put myself in their shoes. I hope somebody comes in

Spending time in the corner reflect on their own lives After the experience of spared the hospice experience loved ones that are close hospice volunteer, said work

rewarding and peaceful. someday I'm going to die have to be something that

The *dress rehearsal* particular, hospice volunteers themselves and their patient source of identification commonality with patients. Within this frame, the commonality between volunteers differences that might educational background, culture that is preoccupied patients provided a rare

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**Dress Rehearsal**

Fourth, volunteers used metaphorical expressions that can best be labeled as a type of mental dress rehearsal that comes from working with dying patients. Specifically, they felt working with hospice patients provided them an opportunity to contemplate their own mortality and imagine what the dying process might be like for themselves and their family members. Darla, a 3-year hospice volunteer, explained how she makes sense of spending time with dying patients by saying it is

how I want it to be when I'm dying. If I'm in that situation, I just hope that somebody can come in like me to help me with the end of my life. It's such a transition. I put myself in their shoes. I want to be treated how I am treating them, you know. Or I hope somebody comes in and has a big heart and can fill my shoes.

Spending time in the company of patients gave volunteers an opportunity to reflect on their own lives and provided an "inkling of what there is to come." After the experience of seeing dying up close and personal, a volunteer compared the hospice experience to a "glimpse into what I will face or other loved ones that are close to me will face." Similarly, Paige, an 8-year hospice volunteer, said working with hospice patients is

rewarding and peaceful. And, I think a lot of times it helps me in realizing that, yes, someday I'm going to die but it could be very peaceful going and nice. It doesn't have to be something that you dread.

The *dress rehearsal* metaphor reveals an important volunteer motive. In particular, hospice volunteers were able to see the commonality between themselves and their patients because they focused on dying as the significant source of identification. One hospice volunteer expressed this sense of commonality with patients when he said, "we're all kind of hospice patients." Within this frame, the dying process is the major source and sustenance of commonality between volunteer and patient, minimizing all other significant differences that might exist (i.e., physiological health, expected length of life, educational background, religious background, family values). Amidst a culture that is preoccupied with saving lives (Sexton, 1997), volunteers believed patients provided a rare preview of what they can expect physiologically,

psychologically, and interpersonally in the midst of the dying experience, similar to that of a dress rehearsal preparing actors for a performance.

### Helping Hand

Fifth, volunteers used helping metaphors, such as "providing a service" and "satisfying a need," to describe their experiences working with hospice patients. Hannah, a 1-year hospice volunteer, explained that working with hospice patients is similar to that of "being someone's right hand when they don't have one. It's being there to help when they can't help themselves. It's just being that helping hand when they can't [help themselves] to a certain point." In addition to satisfying the tangible needs for patients (i.e., bringing a cold glass of water, changing the channel on the television, writing a letter to a friend or family member), this metaphor highlights the socially derived benefits of the in-person presence of volunteer service. For example, Barbara, a 5-year hospice volunteer, said, being with patients is like, "bringing happiness to someone or making them happy. Like bringing something to them in the midst of their surroundings."

The *helping hand* metaphor is not surprising since helping is a primary motive in the health care field and for volunteering in general (see MacNeela, 2008). However, what makes the volunteer expression of this metaphor distinctive is its emphasis on the emotional and social value of the volunteers' physical presence in bringing forth the possibility of comfort, encouragement, and laughter, particularly as they help patients progress *through*, but not overcome, the dying process. Thus, this metaphorical expression reveals the importance of volunteers' presence during the dying process when patients' fears of aloneness and isolation are greatest. In this way, the helping hand metaphor is consistent with hospice's mission to comfort, not cure, since help is provided when the patient is dying and not as an attempt to prevent death or extend life.

### Fact of Life

Although mentioned the least, volunteers employed metaphors of life when talking about their experiences with hospice patients. Specifically, dying was conceived not as a separate, distinct entity apart from life but as an integral part of the life process in two ways. First, dying served as a type of instruction for volunteers about how to live life. Eliza, a 3-year hospice volunteer, remarked working with hospice patients is about "accepting life. As I

said, when you take your life as a gift, you just don't know when you're in the company of dying. It's the fragility of life as it is that is a constant reminder for you to make the most out of [life]."

Second, volunteers remarked that being with (i.e., a 3-year hospice volunteer) about "facing the fact that dying is a fact. As volunteers met their patients, they found a distinct element separate from the apparently minor semantics of the hospice volunteer role, as if it were a part of life itself, because of their participation in the dying process."

While family members are often involved in the dying process and their love is a source of comfort when volunteers first meet patients, unlike family and friends, volunteers occupy a privileged position during the dying process (i.e., it is not the dying process itself that volunteers occupy a privileged position in). Family and close friends are often involved in the transition from a cure-based approach to anticipatory grieving, but once the onset of dying occurs, hospice volunteers and patients accepting the dying process, and others may attempt to inter-

### (Re)Conceiving

Our interview data indicate that volunteers use to frame and communicate their experience of receiving a gift, friendship, and life. Overall, the metaphors used by hospice volunteers 1) make sense of their experience in hospice, and 2) reframe their experience and contribution beyond

the dying experience, performance.

providing a service" working with hospice and that working with hospice is on their right hand when they help themselves. It's [for themselves] to a certain extent, bringing patients (i.e., bringing patients) to a certain point, writing a letter, and the socially derived.

For example, Barbara is like, "bringing something to

helping is a primary general (see MacNeela) of this metaphor disvalue of the volunteers' of comfort, encourage progress *through*, but the verbal expression reveals the dying process when patients in this way, the helping to comfort, not cure, not as an attempt to pre-

used metaphors of life patients. Specifically, dying part from life but assisting in serving as a type of a, a 3-year hospice volunteer out "accepting life." As

said, when you take your first breath, you know you're gonna take your last. You just don't know when it's going to be." In this way, volunteering to be in the company of dying patients was articulated as much as a lesson about the fragility of life as it was about dying itself. Dying and death thus served as a constant reminder for volunteers that "time is short" and that they should "make the most out of [life]."

Second, volunteers referred to the dying process as a "fact of life." Daniel, a 3-year hospice volunteer, added that working with hospice patients is about "facing the fact that everybody is going [to die] eventually." Since volunteers met their patients when they were already in the process of dying, as residential hospice volunteers do, they did not regard the dying process as a distinct element separate from living as much as an essential part of life. This apparently minor semantic difference reveals a distinguishing characteristic of the hospice volunteer orientation. Hospice volunteers conceived of dying as if it were a part of life and did not exclusively focus on dying as an end to life because of their particular organizational role.

While family members of patients might mourn the beginning of the dying process and their loved one's entry into hospice care, this is the moment when volunteers first meet patients as part of their official role with hospice. Unlike family and friends who witness all or most of what happens prior to the dying process (i.e., illness, treatments, attempts at rehabilitation), hospice volunteers occupy a privileged perspective in relation to the patient. While family and close friends may experience difficulty in accepting a loved one's transition from a cure-based to comfort-based model of care due to the onset of anticipatory grieving, hospice volunteers begin their organizational role once the onset of dying begins. Thus, they repeatedly enter into the lives of patients accepting the dying process as a *fact of life* at the very moment when others may attempt to inhibit, delay, or prevent the acceptance of this fact.

### (Re)Conceiving Volunteer-Patient Relationships

Our interview data indicate six recurring metaphors hospice volunteers use to frame and communicate about their experiences with the dying: receiving a gift, friendship, family, dress rehearsal, helping hand, and fact of life. Overall, the metaphorical expressions identified in this study reveal how volunteers 1) make sense of their organizational and interpersonal experiences in hospice, and 2) remind themselves of their unique organizational value and contribution beyond medical experts and family members. Our findings

emphasize the sensemaking function of metaphors during interactions. Volunteers use metaphors "to punctuate and (re)define identity in the process of selecting, highlighting, and reifying particular interpretations of situations, clients, and tasks" (Tracy, Myers, & Scott, 2006, p. 301).

*From a volunteer coordinator:*

As a hospice volunteer director, I often have volunteers say that they receive far more from their hospice volunteer experience than they ever thought possible and always more than they feel they give. "Honor," as mentioned in the study, is a word I hear a lot from volunteers—honored that families would invite them in at such a delicate time in their lives and trust them with the care of their loved one; honored to hear their stories and reminisce with them; honored to walk with them through the final part of their journey. This theme of "grace" may not be the reason many of our volunteers come to us, but I believe it is the main reason they stay.

In hospice, we view death as a part of life, an idea that is challenging for most. Seeing the dying process personally is often the first step in overcoming the fear surrounding death. This "dress rehearsal" gives volunteers the gift of peace and helps them understand that death can be beautiful, serene, and comfortable.

The idea of using this study to enhance in-service opportunities is the most valuable practical application of its findings. These metaphors create a starting point for facilitating discussion among volunteers, giving them the opportunity to share their own ideas related to each identified metaphor, and create the sense of community and support mentioned in the study findings. This conversation helps volunteers understand that, while each volunteer experience is different, they all share common themes.

Director for Volunteer Services for Hospice & Palliative Care

Volunteers also use metaphors as a means to refute "widespread social perceptions of dirtiness" associated with working with the dying which are often held by those unfamiliar with hospice or its goals (Ashforth & Kreiner,

1999, p. 421). Situated a who they serve is tainted recalibrate, and refocus cc benefits of their role (Ashforth, 2006). Specifically, volunteers reframe pressing (McDonald, 2006) highlighting how volunteers By emphasizing the relational interactions with hc metaphors recalibrate vo attributes and derive pers errepugnant" (Ashforth, 2006). frames of *dress rehearsal* stigmatized to nonstigma exclusively on the life-a thing far into the future appreciate life) of the hospice (p. 423).

Three major conclusions metaphorical expression volunteer receives from the p relational or emotional : life, opportunities to refl honor of being able to bi ally beneficial aspects c teers distinguishes them patient is typically diffi nurse, specialist) based Ohlén, 2005). These fin pice volunteering is oft great satisfaction. Thus, tion to what volunteers make hospice volunteer insiders and outsiders a their work role" (Ashforth, 2006).

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1999, p. 421). Situated amidst the perception that what volunteers do and who they serve is tainted, the metaphors highlight how volunteers reframe, recalibrate, and refocus common social stigmas and help them rationalize the benefits of their role (Ashforth & Kreiner, 1999; Tracy & Scott, 2006). Specifically, volunteers reframed experiences that others might dismiss as depressing (McDonald, 2008; Rimas, 2008) in the *receiving a gift* metaphor by highlighting how volunteer-patient interactions enhance their quality of life. By emphasizing the relational value of their physical presence and interpersonal interactions with hospice patients, the *friend*, *family*, and *helping hand* metaphors recalibrate volunteer experiences so they can "perceive positive attributes and derive personal fulfillment from tasks that many others consider repugnant" (Ashforth & Kreiner, 1999, p. 422). Finally, the metaphorical frames of *dress rehearsal* and *fact of life* refocus "a shift in attention from stigmatized to nonstigmatized" aspects of hospice work by focusing almost exclusively on the life-affirming qualities (i.e., refocusing dying as something far into the future and emphasizing how hospice helps volunteers appreciate life) of the hospice volunteer experience (Ashforth & Kreiner, 1999, p. 423).

Three major conclusions can be drawn from these findings. First, each metaphorical expression explicitly or implicitly emphasizes what the volunteer receives from the patient, or in conjunction with the patient, including relational or emotional satisfaction, attachment, wisdom about how to live life, opportunities to reflect on the meaning of the dying experience, and the honor of being able to bring happiness to someone. The importance of mutually beneficial aspects of these relationships for residential hospice volunteers distinguishes them from other health-related relationships whereby the patient is typically differentiated from a health care provider (i.e., doctor, nurse, specialist) based on the type of service he/she gives (Andersson & Ohlén, 2005). These findings support McKee et al.'s (2010) claim that hospice volunteering is often perceived as a humbling experience that brings great satisfaction. Thus, it is no surprise this study's metaphors draw attention to what volunteers gain through their hospice work in an attempt to make hospice volunteering "more palatable and perhaps even attractive to insiders and outsiders alike, helping persuade dirty workers to identify with their work role" (Ashforth & Kreiner, 1999, p. 421).

Absent from volunteers' metaphors, however, is the non-rewarding or less honorable aspects of working with dying patients and their families. Although the metaphors discovered in this study are important for understanding

how hospice volunteers frame and socially construct the meaning of their role despite its dirty work connotations (Ashforth & Kreiner, 1999), the all-most exclusive emphasis on the rewarding and functional aspects may preclude hospice volunteers from interpreting and communicating experiences that might be filled with dread, doubt, anxiety, frustration, and grief. For example, Beth, a 5-year hospice volunteer, alluded to the challenges of authentically voicing her experiences against a perceived need to highlight only the positive. She acknowledged that hospice volunteering

is sort of hard. I feel like, well, I don't have this feeling of 'oh that was good.' I just feel like I don't want to say it's a duty but gosh, how do I say it... Sometimes I am reluctant to go [visit patients].

Thus, the frames of volunteers in this study may disallow the articulation of certain interpretations in light of fears that these expressions might undercut the benefits hospice and hospice volunteers provide.

Second, the volunteers' metaphors feature aspects of life and living more than death itself. Given the volunteers' close proximity to dying patients, one might think their metaphors would emphasize dying and death through the prism of an ending. However, volunteer metaphors reveal a much more nuanced and expanded conception of dying by highlighting what can be gained or added to life during the dying process. These findings support Wittenberg-Lyles (2006) who argues the experiences of hospice volunteers "[facilitates] an understanding of death as an unavoidable part of life [and helps] them to accept death" (p. 54). Based on the volunteers' metaphors from this study, we learn 1) dying is conceived as an addition to the cycle of life, 2) intimate bonds can be developed even in the midst of dying, 3) reflection and wisdom are byproducts of spending time in the company of those who are dying, and 4) encouragement and joy are possible even in the final stages of patients' lives. Volunteers' acceptance and reframing of death confirms "hospice care really does provide a qualitatively different experience for terminally ill patients" (Egbert & Parrott, 2003, p. 31) because of the manner in which they orient themselves to their organizational role and the patients and family members they serve.

Third, the metaphorical expressions of *friendship* and *family*, in particular, detail the specific way in which hospice volunteers simultaneously attempt to connect with patients while trying to protect themselves from grief and depression. What is omitted from the articulated metaphors is the impact personal/intimate term usage may have for volunteers and their organization-

all experiences. Is it possible to be a "family member" and, over time, simply become a friend? Moreover, to what extent do hospice volunteers situate their role as "family" and "really close friend" in their volunteer orientations for hospice care? The metaphors identified in this study for making sense of what it means to be a hospice volunteer role require

### Practical Applications

Hospice volunteer training programs for family members and friends (Coffman & Coffman, 2008), is a fundamental component of their organizational role in working with dying persons who are potentially stressful...volunteers in a hospice program they undergo a training process (p. 244). The form of training but they typically include philosophy, beliefs/fears, grief process, spiritual care, role requirements, and (Worthington, 2008). Unfortunately, training programs may be one of the most important aspects of hospice care for patients and their families (handouts and off). The addition of metaphors since they provide "a way of speaking to "render new concepts in individuals speak," and "group" (Arroliga, Newnham). We propose the metaphors for hospice volunteer recruitment



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al experiences. Is it possible to view and communicate with patients "like a family member" and, over time, not be affected by grief following death simply because of the foreknowledge of the terminal nature of the relationship? Moreover, to what extent can emotion management really occur when volunteers situate their relationships with patients using such intimate terms as "family" and "really close friend?" Although the content of most hospice volunteer orientations focus on what happens *during* the dying process, the metaphors identified in this study indicate volunteers may be underprepared for making sense of what happens *after* the death of patients, especially when their volunteer role requires them to continuously transition to new patients.

### Practical Applications

Hospice volunteer training, including quality interactions with patients and family members and the ability to cope with stressors related to end-of-life care (Coffman & Coffman, 1993; Paradis et al., 1987; Worthington, 2008), is a fundamental component related to the effectiveness of volunteers in their organizational role. According to Wilson et al. (2005), "although working with dying persons and their families is generally recognized as potentially stressful...volunteers gain substantially as a result of the training program they undergo and through their subsequent work as active volunteers" (p. 244). The format of hospice volunteer training programs may differ but they typically include an overview of similar topics such as the hospice philosophy, beliefs/fears regarding death, care of the dying patient, the dying process, spiritual care, bereavement for family members, hospice volunteer role requirements, and stress management (Coffman & Coffman, 1993; Worthington, 2008). Unfortunately, Coffman and Coffman (1993) argue training programs may be leaving "volunteers underprepared for what is one of the most important aspects of their volunteer work—communicating with patients and their families" by relying too heavily on written documents/handouts and offering limited communication skills training (p. 27). The addition of metaphors to hospice volunteer training may fill this gap since they provide "a way to enhance teaching and communication" by helping to "render new concepts in familiar ways," "structure the language that individuals speak," and "verbalize the shared experiences of a given social group" (Arroliga, Newman, Longworth, & Stoller, 2002, p. 376). Therefore, we propose the metaphors uncovered in this study be incorporated into hospice volunteer recruitment and training in three ways.

First, select metaphors from this study may help volunteer coordinators in their volunteer recruitment efforts. Without prior experience with hospice, individuals may have difficulty understanding the purpose of hospice, including how the volunteer role fits within the hospice interdisciplinary team and how, as volunteers, they can best serve patients and family members. Moreover, hospice organizations themselves may have difficulty explaining the unique interpretive challenges residential hospice volunteers may experience in patients' homes as they typically are called upon to "fill the social support 'void' that the terminally ill may experience when traditional systems of social support are no longer available" (Worthington, 2008, p. 19). Therefore, volunteer coordinators can proactively use the *receiving a gift* and *helping hand* metaphors to socially re-construct the rewarding aspects of the volunteer role for receptive audiences that mollify or demystify stigmas often associated with the physical and social dimensions of hospice work.

Second, volunteer coordinators can use our metaphors to expand initial orientation programs for new volunteers. Due to the distinct context of hospice care, new volunteers may experience difficulty understanding the contradictory and misunderstood roles they play in this setting (Planalp & Trost, 2008). Incomplete orientation programs that do not address communication issues related to "the personal and professional development of volunteers and their relationship with others" (Hall & Marshall, 1996, p. 24) often result in unskilled volunteers and feelings of frustration and inadequacy (Paradis et al., 1987). From the perspective of experienced volunteers, the *friendship* and *family* metaphors provide a starting point to address recurring uncertainties related to aspects of the volunteer role, including volunteer-patient relationships and the interpersonal challenges and/or rewards of interacting with family members. The benefit of additional communication training is that "the experiences of [active] hospice volunteers may become rich sources of information contributing to training programs" (Egbert & Parrott, 2003, p. 32). In addition, the metaphors may help to contextualize communication instruction in hospice training programs (i.e., developing a relationship, talking about difficult topics) by asking new volunteers to consciously reflect on the advantages and disadvantages of adopting particular metaphorical orientations in their future experiences, thus preempting potential challenges they may face in the field. Future research should examine how hospice volunteer metaphors may change over time particularly since our study revealed no relationship between years of volunteer service and type of metaphorical expression. Additionally, researchers should compare the metaphors articulated

in this study with those of a nurse, social worker, doctor, and other professionals. Differences amongst hospice professionals may exist.

Third, volunteer coordinators can use our metaphors to enhance in-service training once volunteers begin their service. Issues such as role conflict, status ambiguity, and isolation are common in hospice volunteering (Patterson, 2010). Patterson (2010) asserts that experienced volunteers 'fit' in the network and that the way they [feel] has created a sense of 'not sure if their role [is] needed' in residential hospice "volunteers therefore do not have the immediate, facility-based organizational support service training provides. This study's metaphors shared experiences among volunteers by creating a language of hospice volunteering that provides a volunteer-patient relationship and provide their own metaphors to compare them to our findings about their experiences and pay ongoing attention to the themes present in the success view the organization" (2001, p. 350).

In conclusion, the residential hospice volunteer role (that requires 1) regular service consistent with the philosophy of metaphors will signify the usefulness of each meta-

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in this study with those of other hospice interdisciplinary team members (i.e., nurse, social worker, doctor, chaplain) to better understand similarities and/or differences amongst hospice organizational participants.

Third, volunteer coordinators can use the findings from this study to enhance in-service training. Although some initial uncertainties may be reduced once volunteers begin working with patients and families, "a level of role conflict, status ambiguity, and personal stress will remain ever-present" in hospice volunteering (Paradis et al., 1987, p. 176). For example, McKee et al. (2010) assert that experienced hospice volunteers have "ambiguity of 'where they fit' in the network of care," find "it difficult to describe their work in a way they [feel] has credibility with formal providers of care," and are often "not sure if their role [is] understood by formal providers" (p. 108). Since residential hospice "volunteers are dispersed over the community and therefore do not have the immediate access to peers more readily available in facility-based organizations" (Garfield & Jenkins, 1981, p. 11), ongoing in-service training provides a perfect opportunity to explicitly address these issues. This study's metaphors may help foster an ongoing discussion of shared experiences among volunteers and, in so doing, strengthen role identification, organizational identification, and community-building among volunteers by creating a language particular to both the rewards and challenges of hospice volunteering that transcends the privatized nature of the volunteer-patient relationship. Additionally, coordinators can ask volunteers to provide their own metaphors during continuing education sessions and compare them to our findings as an exercise to enhance metacommunication about their experiences. Volunteer coordinators and administrators should pay ongoing attention to the metaphors of their volunteers "because any themes present in the surface language provide a window into how employees view the organization and particular problems or situations" (Basten, 2001, p. 350).

### Conclusion

In conclusion, the metaphors from this study provide a glimpse into residential hospice volunteers' social construction of a highly ambiguous role that requires 1) regular exposure to the dying process, and 2) end-of-life care consistent with the philosophy of hospice. Although we argue the inclusion of metaphors will significantly improve recruitment and training efforts, the usefulness of each metaphor is dependent on a variety of organizational, situ-

ational, and interactional variables. Therefore, it is important to point out no single metaphor can best communicate the breadth and depth of the hospice volunteer experience. Against a backdrop of occupationally stigmatized service, the metaphors offered by volunteers in this study are particularly significant because they provide a starting point for understanding motivations for volunteering (i.e., receiving a gift, fact of life, dress rehearsal), the value of service provided to patients (i.e., helping hand), and clues for coping with uncertainty and stress by constructing role boundaries (i.e., friends, family).

### References

- American Cancer Society. (2011). *What is hospice care?* Retrieved from <http://www.cancer.org/Treatment/FindingandPayingforTreatment/ChoosingYourTreatmentTeam/HospiceCare/hospice-care-what-is-hospice-care>
- Andersson, B., & Ohlén, J. (2005). Being a hospice volunteer. *Palliative Medicine, 19*, 602-609.
- Arroliga, A. C., Newman, S., Longworth, D. L., & Stoller, J. K. (2002). Metaphorical medicine: Using metaphors to enhance communication with patients who have pulmonary disease. *Annals of Internal Medicine, 137*, 376-379.
- Ashforth, B. E., & Kreiner, G. E. (1999). "How can you do it?": Dirty work and the challenge of constructing a positive identity. *Academy of Management Review, 24*, 413-434.
- Basten, M. R. C. (2001). The role of metaphors in (re)producing organizational culture. *Advances in Developing Human Resources, 3*, 344-354.
- Burke, K. (1945). *A grammar of motives*. Berkeley, CA: University of California Press.
- Coffman, S. L., & Coffman, V. T. (1993). Communicating training for hospice volunteers. *OMEGA: Journal of Death and Dying, 27*, 155-163.
- Csikai, E. L., & Martin, S. S. (2010). Bereaved hospice caregivers' views of the transition to hospice. *Social Work in Health Care, 49*, 387-400.
- Egbert, N., & Parrott, R. (2003). Empathy and social support for the terminally ill: Implications for recruiting and retaining hospice and hospital volunteers. *Communication Studies, 54*, 18-34.
- Garfield, C. A., & Jenkins, G. J. (1981). Stress and coping of volunteers counseling the dying and bereaved. *Omega, 12*, 1-13.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York, NY: Aldine de Gruyter.
- Hall, S. E., & Marshall, K. (1996). Enhancing volunteer effectiveness: A didactic and experiential workshop. *American Journal of Hospice and Palliative Care, 13*, 24-27.
- Heracleous, L., & Jacobs, C. D. (2008). Understanding organizations through embodied metaphors. *Organization Studies, 29*, 45-78.
- Hospice Foundation of America (2011a). *Choosing hospice*. Retrieved from <http://www.hospicefoundation.org/choosinghospice>
- Hospice Foundation of America (2011b). *Volunteering and hospice*. Retrieved from <http://www.hospicefoundation.org/volunteering>
- Keeling, M. (2004). Final conversations: Messages of love. *Qualitative Research Reports in Communication, 5*, 34-40.
- Koch, S., & Deetz, S. (1981). *Metaphors in organizational communication: Applied Communication Research*. New York: Praeger.
- Kramer, M. W. (2011). Toward a new paradigm: Hospice members. *Communication Studies, 62*, 161-168.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago, IL: University of Chicago Press.
- MacNeela, P. (2008). The give and take of connections among Irish voluntary and profit organizations. *Journal of Business Ethics, 19*, 1-11.
- McDonald, B. (2008). My patient's journey. *Evening Times*, p. 18.
- McKee, M., Kelley, M. L., Guadagnoli, J., & White, G. (2008). A whole community: The impact of hospice on the community. *Journal of Palliative Care, 24*, 1-11.
- Morgan, G. (2006). *Images of hospice: A study of hospice staff communication*. *Journal of Business Ethics, 68*, 1-11.
- Moss, M. S., Moss, S. Z., Rubenstein, L., & White, G. (2008). National Hospice and Palliative Care Association. *National Hospice and Palliative Care Association*. Retrieved from <http://www.nhpco.org/files/public/2008/08/2008-08-01-Statistics-1-11.pdf>
- Nelson, B. (2006). How to have a hospice journey. *Nursing Ethics, 13*, 1-11.
- Pace, B. (2006). Hospice care: A journey. *Nursing Ethics, 13*, 1-11.
- Paradis, L. F., Miller, B., & Ivers, J. (2006). Hospice administrators. *The Hospice Journal, 23*, 1-23.
- Phillips, S., & Bach, B. (1996). Hospice care: A journey from webs, and heading for the future. *Journal of Business Ethics, 15*, 1-11.
- Planalp, S., & Trost, M. R. (2006). Hospice volunteers. *Health Care for Women International, 27*, 1-11.
- Pondy, L. (1983). The role of hospice care in the hospice movement. In L. Pondy, P. P. P. (Eds.), *Hospice care: A journey from webs, and heading for the future* (pp. 157-166). G. P. Putnam, L., & Fairhurst, G. (Eds.), *The new hospice: research and methodology*. New York: Praeger.
- Ragan, S. L., Wittenberg-Lyles, K., & Lyles, K. (2008). He finds meaning. *OMEGA: Journal of Death and Dying, 50*, 1-11.

important to point out no  
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ed from <http://>

'ChoosingYourTreatmentTea

*Palliative Medicine*, 19, 602

(2002). Metaphorical medi-  
ents who have pulmonary dis-

: Dirty work and the challenge  
*t Review*, 24, 413-434.  
ng organizational culture. *Ad-*

sity of California Press.

aining for hospice volunteers.

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iveness: A didactic and experi-  
*tive Care*, 13, 24-27.

tations through embodied meta-

trieved from

spice. Retrieved from

*Qualitative Research Reports*

- Koch, S., & Deetz, S. (1981). Metaphor analysis of social reality in organizations. *Journal of Applied Communication Research*, 9, 1-15.
- Kramer, M. W. (2011). Toward a communication model for the socialization of voluntary members. *Communication Monographs*, 78, 233-255.
- Lafer, B. (1991). The attrition of hospice volunteers. *Omega: Journal of Death and Dying*, 23, 161-168.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.
- MacNeela, P. (2008). The give and take of volunteering: Motives, benefits, and personal connections among Irish volunteers. *Voluntas: International Journal of Voluntary & Non-profit Organizations*, 19, 125-139.
- McDonald, B. (2008). My patients aren't going to be cured, but I can still make a difference. *Evening Times*, p. 18.
- McKee, M., Kelley, M. L., Guirguis-Younger, M., MacLean, M., & Nadin, S. (2010). It takes a whole community: The contribution of rural hospice volunteers to whole-person palliative care. *Journal of Palliative Care*, 26, 103-111.
- Morgan, G. (2006). *Images of organization*. Thousand Oaks, CA: Sage.
- Moss, M. S., Moss, S. Z., Rubinstein, R. L., & Black, H. K. (2003). The metaphor of "family" in staff communication about dying and death. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, 58B, S290-S296.
- National Hospice and Palliative Care Organization. (2012). *NHPCO facts and figures: Hospice care in America*. Retrieved from [http://www.nhpco.org/files/public/Statistics\\_Research/2011\\_Facts\\_Figures.pdf](http://www.nhpco.org/files/public/Statistics_Research/2011_Facts_Figures.pdf)  
[http://www.nhpco.org/files/public/Statistics\\_Research/2011\\_Facts\\_Figures.pdf](http://www.nhpco.org/files/public/Statistics_Research/2011_Facts_Figures.pdf)  
[http://www.nhpco.org/files/public/Statistics\\_Research/2011\\_Facts\\_Figures.pdf](http://www.nhpco.org/files/public/Statistics_Research/2011_Facts_Figures.pdf)
- Nelson, B. (2006). How to have a good death. *The Northern Echo*, p. 14.
- Oresland, S., Määttä, S., Norbertg, A., & Lützn, K. (2011). Home-based nursing: An endless journey. *Nursing Ethics*, 18, 408-417.
- Pace, B. (2006). Hospice care. *The Journal of the American Medical Association*, 295, 712.
- Paradis, L. F., Miller, B., & Rummion, V. M. (1987). Volunteer stress and burnout: Issues for administrators. *The Hospice Journal*, 3, 165-183.
- Phillips, S., & Bach, B. (1995). The metaphors of retirement: Cutting cords, disentangling from webs, and heading for pasture. *Journal of the Northwest Communication Association*, 23, 1-23.
- Planalp, S., & Trost, M. R. (2008). Communication issues at the end of life: Reports from hospice volunteers. *Health Communication*, 23, 222-233.
- Pondy, L. (1983). The role of metaphors and myth in organization and in the facilitation of change. In L. Pondy, P. Frost, G. Morgan, and T. Dandridge (Eds.), *Organizational symbolism* (pp. 157-166). Greenwich, CT: JAI Press.
- Putnam, L., & Fairhurst, G. (2001). Discourse analysis in organizations. In L. Putnam & G. Fairhurst (Eds.), *The new handbook of organizational communication: Advances in theory, research and method* (pp. 78-79). Thousand Oaks, CA: Sage.
- Ragan, S. L., Wittenberg-Lyles, E. M., Goldsmith, J., & Sanchez-Reilly, S. (2008). *Communication as comfort: Multiple voices in palliative care*. New York: Routledge.
- Rinjas, A. (2008). He finds optimism at the end of life. *The Boston Globe*, p. C2.
- Ross, L. M., & Pollio, H. R. (1991). Metaphors of death: A thematic analysis of personal meanings. *OMEGA: Journal of Death and Dying*, 23, 291-307.

- Sexton, J. (1997). The semantics of death and dying: Metaphor and morality. *ETC: A Review of General Semantics*, 54, 333-345.
- Smith, R. C., & Eisenberg, E. M. (1987). Conflict at Disneyland: A root-metaphor analysis. *Communication Monographs*, 54, 367-380.
- Stanworth, R. (2006). When spiritual horizons beckon: Recognizing ultimate meaning at the end of life. *OMEGA: Journal of Death and Dying*, 53, 27-36.
- Tracy, S. J., Myers, K. K., & Scott, C. W. (2006). Cracking jokes and crafting selves: Sense-making and identity management among human service workers. *Communication Monographs*, 73, 283-308.
- Tracy, S. J., & Scott, C. (2006). Sexuality, masculinity, and taint management among firefighters and correctional officers: Getting down and dirty with "America's heroes" and the "scum of law enforcement." *Management Communication Quarterly*, 20, 6-38.
- Utraiainen, T. (2004). Naked and dressed: Metaphorical perspective to the imaginary and ethical background of the deathbed scene. *Mortality*, 9, 132-149.
- Vivat, B. (2008). "Going down" and "getting deeper": Physical and metaphorical location and movement in relation to death and spiritual care in a Scottish hospice. *Mortality*, 13, 42-64.
- White, Z. M., & Gilstrap, C. M. (2011, November). "Why do you want to work with dying people?": An examination of how hospice volunteers voice motives and role to outsiders. Paper presented at the meeting of the National Communication Association, New Orleans, LA.
- Wilson, D. M., Justice, C., Thomas, R., Sheps, S., MacAdam, M., & Brown, M. (2005). End-of-life care volunteers: A systematic review of the literature. *Health Services Management Research*, 18, 244-257.
- Wittenberg-Lyles, E. M. (2006). Narratives of hospice volunteers: Perspectives on death and dying. *Qualitative Research Reports in Communication*, 7, 51-56.
- Worthington, D. L. (2008). Communication skills training in a hospice volunteer training program. *Journal of Social Work in End-of-Life & Palliative Care*, 4, 17-37.
- Yancik, R. (1984). Coping with hospice work stress. *Journal of Psychosocial Oncology*, 2, 19-35.
- Yingling, J., & Keeling, M. (2007). A failure to communicate: Let's get real about improving communication at the end of life. *American Journal of Hospice & Palliative Medicine*, 24, 95-97.

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