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**Managing Compassion - The Role of Psychological Contract Theory and
Emotional Labour in Public Children's Hospital Volunteering**

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April 2025

Declaration

“I, Isidora Davidoula Mytilinaiou confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.”

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Declaration

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Abstract

This thesis explores the management of volunteers in public children's hospitals through the lenses of psychological contract and emotional labour theories. Focusing on the emotionally charged context of children's hospitals, where volunteers play a crucial role in providing emotional support and administrative assistance, this study addresses a significant gap in understanding the expectations and experiences of volunteers in this sector. The phenomenon under investigation is the psychological and emotional dynamics that shape volunteer engagement and satisfaction, particularly in environments that demand high emotional labour.

Existing literature highlights the challenges faced by volunteers in public sector hospitals, such as unmet expectations, emotional exhaustion, and conflicts with paid staff. Psychological contract theory, which examines the unspoken agreements between volunteers and hospitals, and emotional labour theory, which looks at the emotional demands placed on volunteers, provide the theoretical foundation for this research. These theories are applied to develop a comprehensive conceptual framework aimed at improving volunteer management in public children's hospitals.

The study employs a qualitative grounded theory approach, conducting cross-national research in Greece and the UK to capture diverse cultural and operational perspectives. By examining the experiences and expectations of volunteers, staff, and managers, the research identifies key factors that influence volunteer satisfaction and retention. This cross-cultural analysis contributes to the understanding of both universal and context-specific challenges in volunteer management.

The primary contribution of this thesis lies in bridging the gap between theoretical knowledge and practical application in volunteer management. By integrating psychological contract theory and emotional labour theory, the study offers actionable insights and strategies for hospital administrators to enhance volunteer engagement and well-being. The findings underscore the importance of aligning volunteer expectations with organisational practices and providing adequate emotional support to sustain a committed volunteer workforce. This research not only enriches the academic discourse on volunteer management in public hospitals but also offers practical recommendations to improve the overall quality of care provided to young patients in children's hospitals.

1. Introduction

The aim of this qualitative grounded theory study is to contribute to the knowledge about the management of volunteers in the public health sector by employing the theories of psychological contract and emotional labour and by developing a comprehensive conceptual framework for the effective administration of volunteers in public children's hospitals.

Public children's hospitals often operate in emotionally charged environments, primarily because their major demographic consists of children (Smith et al., 2021; Johnson et al,2023). In these contexts, volunteers are required to provide emotional support and aid with administrative duties. The psychological contract, a tacit agreement between the volunteer and the hospital, has a substantial impact on the experiences and satisfaction of volunteers (Brown ,2011). When these expectations are met, volunteers are more likely to feel satisfied and committed, which enhances their performance and likelihood of remaining (Kwok, 2024). However, if expectations are not fulfilled, it can lead to dissatisfaction, emotional exhaustion, and volunteers' attrition, all of which can negatively impact the hospital's ability to provide comprehensive healthcare (Lee et al., 2024).

Emotional labour, which entails managing and controlling emotions and expressions to fulfil the emotional requirements of a particular occupation, is particularly crucial in the context of volunteering in children's hospitals (Gonzalez, 2024). Volunteers are required to continually demonstrate a pleasant and encouraging demeanour, particularly when faced with difficult situations. If not efficiently controlled,

this can lead to emotional stress and exhaustion (Kim and Kim, 2023). This study aims to improve understanding of the factors that contribute to effective volunteer management in public children's hospitals by integrating the concepts of psychological contract and emotional labour, thus offering a more comprehensive view.

This study analyses the viewpoints of volunteers, staff, and managers across two distinct cultural and operational settings, offering important insights into both universal and context-specific challenges associated with volunteer management in public children's hospitals. This thesis aims to develop a strategic framework for implementation in various public health institutions to improve volunteer management and elevate the quality of care provided to young patients (Liu et al, 2021). In addition, this study aims to bridge the gap between theory and reality by highlighting the psychological and emotional dimensions of volunteer work (Cramer et al., 2023) and consequently providing practical recommendations for hospital management with the objective of strengthening the supportive and enduring volunteer workforce at public children's hospitals.

1.2. Statement of the research problem and purpose of this study

The COVID-19 epidemic has drawn attention to the crucial role of volunteers in the global health and care sector while also highlighting their significance in the public sector. In 2020, the Greek government launched a volunteer programme aimed at individuals with diverse skills, such as medical professionals, students, and retired health sciences professionals, to assist the public health system (Kousi, Mitsi and Simos, 2021). Likewise in the UK, the attempt to recruit volunteer responders for the National Health Service (NHS) attracted over 750,000 participants in only four days (Patel, 2021).

Although recent UK surveys indicate a decrease in volunteering after the pandemic (Community Life Survey, 2021/22), there has been an increase in public sector volunteers; however, they report lower satisfaction compared to third sector volunteers (Kanemura and McGarvey, 2023). This finding aligns with NCVO research regarding volunteering in the public sector (McGarvey et al., 2020). This highlights the necessity of developing strategies to effectively integrate perspectives that enhance volunteer engagement in the public sector. Similarly, the recent environmental issues of wildfires and floods in Greece, together with the ongoing refugee and financial crises, have highlighted the significance of public sector volunteering and emphasised the need to strengthen volunteer efforts in the public sector (Sotiropoulos and Bourikos, 2014; Rozakou, 2017; Chtouris and Miller, 2017).

The presence of volunteers in public organisations offers numerous advantages, including addressing specific social needs, promoting innovation, gaining a deep understanding of various social issues, and showcasing an approach to

empathy that goes beyond basic partnership requirements (Rochester, 2013; Rees, 2014). Research continues to engage in the discourse surrounding volunteer management in the public sector, highlighting enduring challenges such as the prevalent notion that volunteers typically oppose the adoption of a more 'managerial' management style (Studer and Schnurbein, 2013; Sillah, 2022:24). Obstacles including the extended non-fulfilment of volunteers' expectations, organisational and managerial obligations, conflicts between paid staff and volunteers, and insufficient attention to the challenges faced by volunteers have been analysed primarily through the lens of psychological contract theory, which is typically applied to the employee-employer relationship (Vantiborgh et al., 2012; Bilan, 2019; Griep et al., 2020).

The existing literature highlights the drawbacks of using employee-focused performance measures for volunteers, the limitations of relying solely on quantitative measures to study volunteer experiences, the benefits of conducting in-depth qualitative research, and the importance of viewing the psychological contract as a social relationship (Pearce, 1993; Liao-Troth, 2001b; Conway and Briner, 2002; Taylor et al, 2006; Starnes, 2007; Kim et al., 2009; O'Donohue and Nelson, 2009; Wilson, 2019; Cnaan et al., 2021). By considering the socio-cultural aspects that influence expectations in the psychological contract, it is possible to use theoretical knowledge on volunteering to analyse the unique characteristics of volunteers' psychological contracts in comparison to those of paid staff (Farmer and Fedor, 2001; Nichols, 2013; Van Schie, et al, 2019; Dwyer and Buckle, 2020).

In addition, existing academic literature on hospital volunteering (Ripamonti et al, 2017; Gonella et al., 2019; Louch et al, 2019) highlights the necessity for further research to ensure that volunteers in public hospitals are adequately engaged and

supervised. This is essential as they must consistently manage their emotions to navigate challenging situations effectively and offer appropriate assistance to others (Eshenfelder, 2012). Therefore, recognising these distinctive aspects of emotional labour in the voluntary sector is considered essential in volunteer management, especially in the public health sector.

The purpose of this qualitative grounded theory study is to establish a conceptual framework designed for volunteers in public children's hospitals. This research examines the personal experiences of individuals who engage in volunteer activities or collaborate with volunteers in two children's hospitals, one in Greece and the other in the UK. This study aims to fill a gap in the existing literature on volunteer management in the public health sector by applying the theories of psychological contract and emotional labour. It seeks to contribute meaningfully to both theoretical understanding and practical applications in the field of volunteer management within public health.

1.3. Contribution of the literature on psychological contract theory and emotional labour theory to the methodological advancement of the thesis

As already mentioned, scholarly research has highlighted the crucial importance of psychological contract theory and emotional labour theory in understanding and efficiently overseeing volunteers in public hospitals for children. Psychological contract theory (Rousseau and Tijoriwala, 1998) clarifies the reciprocal expectations and responsibilities between volunteers and the hospital administration. Volunteers expect to have significant responsibilities, receive acknowledgement, and work in a nurturing atmosphere in return for their efforts; these influence their dedication and contentment levels. It is essential to align hospital practices with these expectations in order to maximise volunteer management and achieve organisational results (Grant et al., 2020). In addition, the theory of emotional labour, which is especially relevant in healthcare environments such as children's hospitals, investigates how volunteers handle emotional pressures when engaging with patients and their families. Hochschild's paradigm emphasises the importance of emotional competence and assistance required by volunteers to effectively fulfil their responsibilities (Hochschild, 1983). Research highlights the importance of offering training and organisational support to volunteers to aid in the effective management of emotional challenges and the maintenance of motivation.

Psychological contract theory and emotional labour theory provide comprehensive frameworks for comprehending and improving the administration of volunteers in children's public hospitals. Recent academic research underlines the significance of these theories in organised study frameworks, offering both theoretical and practical understanding. Psychological contract theory provides insights into the

expectations and perceived obligations of volunteers. This understanding can lead to increased engagement and retention among volunteers. Furthermore, emotional labour theory has been shown to effectively address the emotional demands placed on volunteers, thereby fostering a more supportive and productive work environment. Theoretical applications enhance scholarly understanding and offer practical strategies for hospital management to improve volunteer participation and attain positive organisational outcomes in public children's hospitals.

This thesis employs a qualitative methodology, specifically semi-structured interviews, to examine participants' perspectives on psychological contracts and emotional labour. This methodology produced detailed observations on the discrepancies between volunteers' expectations and their actual experiences, highlighting key factors for enhancing volunteer satisfaction and retention. The latest research has identified the significance of comprehending these psychological contracts, since they have a pivotal influence on the way volunteers are motivated. Furthermore, the significance of emotional labour in relation to volunteer engagement and well-being has gained recognition, making it an essential factor to address in volunteer management strategies. By incorporating these findings, this research provides a comprehensive framework for resolving the issues faced by public children's hospitals in sustaining a dedicated and contented volunteer workforce.

1.4. Theoretical framework

The paradigm of social constructionism, emphasising organisations and the processes of comprehending social change (Gergen, 1994; Hosking and McNamee, 2006), forms the basis for the epistemological framework that supports this research. Recent studies have expanded on this framework, exploring how social constructionism can be applied to various domains, including volunteering (Lock and Strong, 2010; Galbin, 2014; Burr, 2015). The application of social constructionism to volunteering enhances understanding of how volunteerism is influenced and given meaning within specific social contexts. This approach emphasises that the comprehension and significance of volunteering can differ markedly across various cultural, historical, and socio-economic contexts, illustrating the fluid and dynamic characteristics of social constructs.

Furthermore, social constructionism places considerable importance on the notion that the act of volunteering is not just an individual decision but rather is shaped by social frameworks, power dynamics, and cultural norms. Social frameworks are the organisational systems that facilitate individuals in preserving their well-being, entitlements, and means of living. Research provides evidence that the conduct of individuals, namely volunteers, demonstrates the following traits:

- i. **Social Framework as a Mechanism of Duty:** According to Kantian ethics, a perceived obligation often motivates volunteering. The presence of a sense of duty improves effectiveness and minimises the potential hazards linked to social services, as emphasised by Titmuss.
- ii. **Impact of Power Dynamics:** Power dynamics have a significant influence on the formation of voluntary participation. The dynamics at play can have either an

empowering or challenging effect on individuals' inclination to engage in volunteer work, aligning with Foucault's concepts of power and social frameworks (Johnson, 2013).

iii. Cultural and Social Capital: Volunteering is strongly associated with the ideas of cultural capital, social capital, and habitus, as suggested by Bourdieu. Volunteer actions are substantially influenced by individuals' social networks and cultural understanding.

The theoretical framework of this study adopts the “cause and effect argument pattern” (Hart, 2001:188) to examine whether a deeper understanding of why and how volunteers continue to offer their time in public children's hospitals might result in improved volunteer management. Psychological contract theory and emotional labour theory offer empirical evidence to substantiate the cause-and-effect relationship. Psychological contract theory offers a concise framework for effectively recruiting and retaining motivated and productive volunteers; however, its parameters undergo considerable changes within the context of volunteering (Pearce, 1993; Liao-Troth, 2001b; Taylor et al, 2006; Starnes, 2007; Kim et al., 2009; O'Donohue and Nelson, 2009; Nichols, 2013; Stater and Stater, 2019). The unique characteristics of emotional labour in the voluntary sector reveal the presence of emotional expectations and the deliberate choice to participate in volunteer work, thereby emphasising its distinct features (Barazza, 2011; Biron and van Veldhoven, 2012; Froyum, 2013; Molina et al., 2017; Ward and Greene, 2018; Ertas, 2018; Mastracci and Adams, 2019). This research aims to evaluate how psychological contract theory and emotional labour theory influence volunteers' perceptions and give insights into effective techniques for managing volunteers in public children's hospitals.

1.5. Research questions and research strategy

This study utilises grounded theory methodology to provide a qualitative analysis. The research questions for grounded theory research adopt a problem-centric perspective, focusing on individuals who are experiencing a specific event (Charmaz, 2017; Charmaz, 2021). Grounded theory methodology serves as a robust approach for theory construction, as it is based on data analysis that is closely tied to the existing data (Glaser and Strauss, 1998; Birks and Mills, 2015; Urquhart, 2013; Charmaz, 2017). This study is guided by the following objective/research question:

To examine the way in which volunteers are involved and managed in public children's hospitals in Greece and the UK by:

- i. Assessing the challenges encountered by volunteers;
- ii. Analysing existing approaches utilised for the management of volunteers;
- iii. Investigating the correlation between paid staff and unpaid volunteers;
- iv. Gaining a deeper understanding of the contributions and inherent value that volunteers bring to the public health sector;
- v. Capturing the participants' perspectives regarding the advancement of the management of volunteers, particularly within the realm of public children's hospitals;
- vi. Identifying and explaining the differences in attitudes and perceptions relating to volunteering in children's hospitals between Greece and the UK.

The questions are suitable for a qualitative grounded theory research approach, which is flexible and can yield significant insights and theories regarding the factors that affect the formation of psychological contracts among volunteers (Birks and Mills, 2015:21). By analysing the experiences of individuals, this research identified trends

and constructed ideas using the data obtained (Thornberg and Charmaz, 2014; Charmaz, 2017). Recent research studies offer further evidence supporting the application of grounded theory in the examination of volunteer management and psychological contracts within healthcare environments. These findings emphasise the continued importance and flexibility of grounded theory in research (Tie et al., 2019; Ralph et al., 2019).

1.6. Case studies

The Paidon Children's Hospital in Athens has a 100-year history of providing healthcare and childcare services, with a capacity of 750 beds. It is the largest paediatric hospital in Greece and one of the largest in Europe. The public children's hospital in Athens, Greece consists of and co-houses two different hospitals in the same building block, each of which has its own important history based on philanthropy and volunteerism.

Aghia Sophia Children's Hospital was built after a Panhellenic fundraising campaign at the end of the 19th century and has since then had a monumental impact on the child population of Greece. A few years later, the Aglaia and Panagiotis Kyriakou Children's Hospital was built on the same plot thanks to the donation of the named benefactors. Since March 1987, the hospital's purpose has been to provide primary and secondary care to children aged up to 14 years, and in special cases older, regardless of their families' economic, social, or professional status. The hospital emphasises medical research, specialisation programs, ongoing training for physicians, and education. In 2007, the non-profit organisation ELPIDA established Greece's first oncology hospital for children within the Children's Hospital. Three years later, in 2010, the oncology unit was transferred to the National Health System, equipped with medical facilities, marking a significant advancement in the cancer treatment of children in Greece. The Children's Oncology Unit provides Greek children with the opportunity to receive treatment locally, surrounded by their families, in accordance with leading worldwide healthcare guidelines, and achieving excellent recovery rates in comparison to global standards. Children from neighbouring countries without adequate medical facilities are often admitted to the unit.

Currently, the Children's Hospital welcomes the volunteer services of non-profit and non-governmental organisations and individuals who devote their time and effort to help sick children and their families. Unfortunately, there is no available data on the exact number of volunteers engaged in the Children's Hospital. This research is based on interviews with volunteers from three main non-governmental organisations. The first organisation is Angels of Joy, which strives to assist persons facing difficulties in seeing the positive aspects of life. This inspirational group offers psychological therapy via art to children in hospitals and comprises professional artists, music therapists, educators, psychologists, and research fellows. Programs for children encompass interactive and inspirational theatre performances, music therapy, applied theatre, and music therapy specifically designed for children and teenagers in child psychiatry wards, oncology wards, and intensive care units. The second organisation is the Volunteer Patient Care Service, originally founded in 1986 by a Greek Orthodox priest, which began its operations on 22 February 2003. The team currently consists of more than 400 volunteers, with 80% of their efforts focused on children in hospitals. The main goal of the organisation is to ensure that volunteers possess a comprehensive awareness of hospitals and healthcare institutions, including their unique characteristics, and to grasp the level of responsibility and attentiveness needed in these environments. Bi-monthly training sessions for specialists are organised for all new volunteers, and attendance is mandatory. Upon completion of the session, volunteers are ready to offer their assistance. The third organisation is The Smile of a Child, which was established in 1995 by a 10-year-old boy who, before his death, wrote in his journal about his desire to form an organisation to provide all children with the love, care, attention, and respect that he had experienced. From its early years, the organisation provided active support to children in hospitals for varying lengths of

time by using laughing, playing, singing, and discussion to assist, support, and empower children and their parents. The objective is for the children to see the hospital as a place where they experience playfulness, happiness, and creativity.

However, the Children's Hospital also houses children who live there as patients even though they do not need medical care. Some children have been abandoned by their parents; others have been separated from their families due to a public prosecutor's order following accusations of neglect or abuse. Public prosecutors in Greece have been using hospitals to house these children for many decades. While the medical personnel and NGO volunteers provide treatment and emotional support to children, experts widely agree that hospitals are not adequately prepared to manage situations of this kind, particularly for extended durations. Some children remain hospitalised for more than six months before officials can find a placement in a children's home, while children with special needs may have to wait for years (Manifold Files, 2024).

This research aims to augment the well-documented literature on the history of volunteering in the United Kingdom (Rochester et al., 2010; Hardill and Baines, 2011; Brewis and Finnegan, 2012; Conn et al., 2014; Howlett, 2018) by including an appendix (Appendix 1) that explores the history of volunteering in Greece. The objective is to expand the scope of comprehension by incorporating perspectives from a distinct cultural and historical context, in light of the extensive and diverse body of research regarding the UK's volunteering landscape. Greece provides a compelling case study that highlights the diverse motivations, challenges, and impacts of volunteering across various societies, due to its unique socio-political history and evolving civil society. The aim is to enrich the broader discussion on volunteerism by

investigating the historical development of volunteering in Greece, which will reveal both the similarities and the differences with the UK's experience. This approach not only enhances our comprehension of the global phenomenon of volunteering but also underscores the universal values of civic engagement and community service. Additionally, this appendix contributes to the development of a more comprehensive and inclusive perspective on volunteerism that transcends national boundaries by shedding light on lesser-known narratives and practices.

The second case study, the Great Ormond Street Hospital for Children (GOSH) in London, was established on 14 February 1852 after an extensive advocacy effort led by Dr Charles West, the first physician of the hospital (Harp,2024). At the time, child mortality rates were high, and the number of institutions exclusively focused on providing medical care for children was very limited. It has the distinction of being the first hospital in England to provide dedicated in-patient beds exclusively for children. Initially equipped with just 10 beds, this hospital achieved global prominence in the field of paediatric care due to the support of Queen Victoria. Notably, Charles Dickens, a close associate of the hospital's Chief Physician Dr West, played a pivotal role in its early fundraising efforts. Approximately thirty years after the establishment of the hospital, the Daily Telegraph published an extensive article on the hospital in December 1881 entitled "Tiny Tim in Hospital", which drew a parallel between the hospital and Timothy Cratchit, the ailing young boy in Charles Dicken's *A Christmas Carol* (1843), who was preserved from an untimely demise when Scrooge reawakens his humanity and becomes the boy's patron. The essay upheld a longstanding tradition by leveraging the emotional connections to childhood vulnerability often seen in the writings of Charles Dickens, a practice that has been there since the institution's establishment. Dickens made a substantial personal commitment to the hospital's

establishment (Charles Dickens : Great Ormond Street Hospital, n.d.). In January 1858 he chaired the first annual dinner organised in his honour to celebrate the hospital and gave one of the most famous speeches of his career: “The dream-children whom I would now raise, if I could, before every one of you, according to your various circumstances, should be the dear child you love, the dearer child you have lost, the child you might have had, the child you certainly have been... Each of these dream-children should say to you ‘O, help this little suppliant in my name; O, help it for my sake!’” (Dickens, 1858, as cited in Dickens Search, n.d.). Monies from the dinner were used to purchase the neighbouring property, leading to an expansion of the hospital’s capacity from 30 to 75 beds (Boehm, 2009). In 1929, GOSH received a significant enhancement when playwright J.M. Barrie, known for creating Peter Pan, donated the rights to his acclaimed play to the hospital. This donation bestowed upon the hospital a considerable and continuous stream of financial support. Like other healthcare establishments in the UK, GOSH depends on charitable contributions to supplement government financing. The hospital has received substantial assistance from individuals, companies, and charity institutions, allowing it to maintain its status as a globally eminent centre for paediatric treatment.

Today, as a positive response to the challenges faced by the NHS, the Department of Health's Strategic Vision for Volunteering emphasised the potential of using volunteers in local communities (Firth, 2013). Establishing a volunteer workforce was a strategy for public health projects to effectively include the local community. GOSH currently has an average of 1,000 volunteers who jointly provide over 3,500 hours each week across more than 60 different volunteering jobs, including administrative support, accompanying patients, playing with children, and dressing as superheroes to provide entertainment (Great Ormond Street Hospital, 2024). The

hospital is dedicated to involving volunteers in significant positions to improve its services and contribute to the patient and family experience. The Volunteer Services Team recruits, trains, and prepares volunteers for their positions. They also monitor and assess the volunteers' performance and analyse the effect of the services, including the impact that volunteers make on the lives of the patients and families. The objective is to increase awareness of hospital volunteering in society by providing the community with the chance to engage with their local hospital and assist its unique services.

1.7. Structure of the thesis

This study aims to comprehend the factors that enhance volunteers' engagement within the public sector and especially within public children's hospitals by using a qualitative grounded theory approach. The existing literature primarily examines the universality of volunteer management approaches, resulting in a knowledge gap regarding the expectations and responsibilities assumed by volunteers in their voluntary activities. The findings of this research may serve multiple stakeholders, including administrators of volunteers, managers of public entities, public policy designers, and particularly volunteers working in public hospitals.

Five more chapters follow. Chapter 2 establishes an understanding of current research in volunteer management by conducting an applied literature review that highlights the most important theories in the field. This study emphasises the importance of volunteer management in relation to the contributions and impacts of volunteers. It utilises the theories of psychological contract and emotional labour to develop effective techniques for enhancing volunteer management. Chapter 3 covers the research design and provides detailed information on the study's methodology. Chapter 4 examines the empirical inquiry undertaken for this research and delineates the study's findings. Chapter 5 presents an analysis and explanation of the findings and sets out the overarching statements that encapsulate the key conclusions derived from this research.

2. Literature review

This literature review is a comprehensive and critical examination of previously published research and academic literature relating to the management of volunteers. As per Knopf's suggestion (2006:129), this literature review encompasses not only a concise overview of prior research findings, but also an evaluation of the soundness of essential findings and identification of areas requiring further investigation. Therefore, this review follows a structured framework that begins with the statement of the research questions, as it is the research questions that guide the subsequent review.

As stated in the introduction chapter, the primary objective of this research is to investigate the methods by which volunteers are engaged and supervised in public children's hospitals located in Greece and the UK by:

- i. Assessing the challenges encountered by volunteers;
- ii. Analysing existing approaches utilised for the management of volunteers;
- iii. Investigating the correlation between paid staff and unpaid volunteers;
- iv. Gaining a deeper understanding of the contributions and inherent value that volunteers bring to the public health sector;
- v. Capturing the participants' perspectives regarding the advancement of the management of volunteers, particularly within the realm of public health;
- vi. Identifying and explaining the differences in attitudes and perceptions relating to volunteering in children's hospitals between Greece and the UK.

The relationship between a literature review and knowledge creation has substantial epistemological consequences, forming a distinct link between the fields

of literature review and epistemology. This literature evaluation is grounded in the epistemological framework of social constructionism, emphasising organisations and the mechanisms of comprehending and responding to social change in postmodern society (Gergen, 1994; Hosking and McNamee, 2006). Social constructionism focuses on the phenomena that emerge from the collective social interactions within a group (Andrews, 2012). From the perspective of social constructionism, specific methodologies, particularly case studies, are considered advantageous as they improve understanding of a particular context and facilitate direct collaboration among participants in formulating research questions and results (Camargo-Borges and Rasera, 2013). The incorporation of social constructionism in volunteering provides a profound comprehension of how the notion of volunteerism is formed and interpreted within a certain social context (Allahyari, 2000). This highlights the proposition that the understanding and significance of volunteerism can vary across different cultural, historical, and societal settings. Furthermore, social constructionism underscores the notion that volunteering is not solely an individual decision but is shaped by social structures, power relations, and cultural norms that define and govern the acceptable and beneficial manifestations of volunteerism (Hustinx, 2010).

The relevance of social frameworks, power relations, and cultural norms is examined in the second chapter of this investigation. The term 'social frameworks' refers to the structural mechanisms that assist people and collectives in supporting their rights, welfare, and livelihoods. The present research argues that the expected conduct of volunteers may be founded on Kant's concept of good will (2003), which indicates a perceived and anticipated responsibility. This analysis employs a Kantian philosophical framework for clarifying Titmuss' comparative analysis of three blood donation systems. Titmuss's study shows that the blood donation procedure is more

efficient and carries fewer dangers under a system based purely on voluntary involvement. Moreover, the “power dynamics” within volunteers are shaped by overarching social structures and personal interactions. According to Foucault's scholarly contributions, which have extensively examined the profound influence and consequential impact of power relations on individuals, it is critical to recognise and address systemic disparities, foster inclusive approaches, and empower volunteers to participate in decision-making procedures in order to promote fair and just volunteerism. Finally, the use of Bourdieu's theoretical framework, which includes cultural capital, social capital, and habitus, provides a useful lens for analysing the social phenomena and dynamics relating to volunteering. The second chapter of this analysis goes further into the cultural norms investigated by examining the shifting landscapes of volunteering in Greece and the UK. These landscapes are defined by the rise of informal mutual aid organisations and the implications of this transition for the management and involvement of volunteers in organised environments.

The third element of the study examines the institutional dimensions of volunteerism by assessing the administration and coordination of volunteers in their joint pursuit of goals. The current study discusses significant advancements and perspectives in the field of volunteer management theory while also shedding light on common misconceptions regarding the management of volunteers. In addition, it explains the essential frameworks used in volunteer management, underlining how the growth of these frameworks expands the range and impact of volunteering.

The main objective of the fourth section is to gain an understanding of the management of volunteer work, particularly in the context of the public sector. The proposed approach involves analysing the effects of policies that prioritise volunteer

provision while inadequately addressing integration problems. The current study examines volunteers' reactions to the training they have undergone and assesses the efficacy of current volunteer training programs. This section offers contextual information about the participation of volunteers in hospitals and the wider public domain, along with the problems encountered by these volunteers.

The fifth section of this review focuses on the interactive aspect of volunteering, primarily highlighting the collaborative relationship between paid staff and volunteers. It is crucial to comprehend the diverse aspects of volunteerism, which encompass both individual and organisational dimensions. However, it is important to emphasise that a comprehensive understanding of these dynamics cannot be achieved without placing them within the context of an interactive framework. Research to date has highlighted that the administration of interactions between volunteers and paid staff is a prevalent and enduring challenge encountered by organisations. The integration of volunteers is a commonly discussed phenomenon in the existing literature on volunteering, with particular attention given to the resistance exhibited by paid staff (Brudney, 1993a). Netting et al. (2004) assert that acknowledging the importance of volunteering and cultivating an inclusive atmosphere for volunteers can improve the interactions among managers, administrators, and both paid and volunteer staff.

To determine whether better knowledge of how volunteers at public children's hospitals use their time could lead to more effective volunteer management, this literature review follows the 'cause and effect argument pattern' (Hart, 2001:188). Psychological contract theory and emotional labour theory provide actual evidence supporting the previously indicated cause-and-effect explanation. Volunteers are increasingly seen as an integral element of the public sector's service delivery.

Theories and practices of volunteer management have been evaluated through these changes, particularly with the enhancement of trust among existing and potential volunteers. The goal of this last part is to examine how psychological contract theory and emotional labour theory may provide useful insights into methods that effectively manage volunteers.

2.1. Theoretical and contextual issues

Recent improvements in the third sector, combined with society's reliance on volunteering, have highlighted the need for a thorough investigation of the motivations that push diverse demographic groups to take on this role. When evaluated analytically, volunteering as an academic topic contains parallels with numerous areas within the social and organisational sciences. Theories of volunteering are typically organised hierarchically, use categories to explain facts, establish connections between categories, and utilise propositions to express rationales and forecasts. In summary, research has progressed from the use of categorisation methods to the adoption of conceptual frameworks.

This literature review, due to the field's novelty and the complexities of integrating multiple disciplines, not only analyses existing literature and historical and contemporary empirical data but also develops a proposed model with theoretical and contextual justifications (Webster and Watson, 2002).

This section of the study provides the theoretical foundation and reasoning for this investigation. This research is informed by the theoretical framework of social constructionism and emphasises that the decision to participate in volunteer work is not solely an individual choice, but is shaped by societal structures, power dynamics, and cultural norms that define and govern the acceptable and beneficial forms of volunteer activities. The common thread connecting Kant, Titmuss, Bourdieu, and Foucault with social constructionism is the focus on understanding social structures, power relations, and the construction of volunteers' realities in the UK and Greek contexts.

2.1.1. Kant's 'moral duty'

While interpersonal support has been a primary focus in the study of prosocial behaviour for a considerable period, contemporary theory has shifted its attention towards collective forms of prosocial behaviour, such as volunteerism (Snyder and Dwyer, 2012; Penner, 2002). Auguste Comte, a French philosopher, initially introduced the term 'altruistic behaviour' as a contrast to egoism and as a means of adhering to a more elevated and virtuous moral framework for living (Wilson, 2015:4). According to Smith (1981), the correlation between altruism, volunteerism, and volunteers represents a significant area of research. The author acknowledges that a volunteer society does not necessarily imply the absence of government or commercial institutions but rather emphasises the significance of volunteering as a serious endeavour. In addition, the author holds the belief that authentic altruism is a scarce and fluctuating incentive for human behaviour, and that any utopian frameworks founded upon human generosity are destined to be inadequate. Social structures help the volunteer sector work together while being open to different views on how to assign tasks in certain areas. Therefore, if not rooted in altruistic motives, what is the driving force behind the proliferation of volunteerism?

German philosopher Kant's philosophical perspective of idealism partially explains the response. Haski-Leventhal (2009) argues that the examination of altruism and volunteerism across various fields (psychology, sociology, economics, and socio-biology) has primarily relied on the self-centred perspectives of humans: as rational, economic beings who primarily act to promote their own self-interest. The Australian researcher and author Haski-Leventhal (2009) proposes an alter-centric approach, which involves acknowledging the possibility that individuals may sometimes act on

behalf of others simply because they care about humanity and because altruism is one of their fundamental principles. Research on volunteerism employing this alter-centric approach does not primarily concentrate on the reasons individuals participate in volunteering; instead, it examines various aspects, including the societal impact of volunteering, the transformative effects on the volunteer, the experiences and stages associated with volunteering, the importance of volunteering, and the relationship between the volunteer and the beneficiaries. According to Kant's theory of ethics, moral behaviour is not driven by personal desires, but rather by a sense of duty. Only actions that are motivated by a sense of duty can be deemed truly moral. The impetus to act ought not to stem from either self-interest or benevolence, but rather from our ethical obligations (Haski-Leventhal, 2009). Or as per Kant's (2003) assertion in *The Critique of Pure Reason*: 'Two things fill my imagination with ever-increasing wonder and awe: the starry heavens above me and the moral law within me.'

Kant examined social structures in his philosophical writings, and most notably in his ethical works. He mainly focused on personal moral autonomy and the basic principles of ethics, but he also looked into how society works to support and promote ethical behaviour. The central notion of Kant's philosophy is that a fair and moral society should be controlled by a set of rules and institutions. He suggested the essential importance of a civil society that institutes a structure of legal and ethical principles to safeguard personal autonomy and guarantee the prerequisites for ethical conduct. According to Kant's perspective, the establishment of societal structures, including a fair legal system and adherence to the rule of law, is crucial in facilitating the circumstances under which individuals can exercise their autonomy and strive towards moral objectives.

Kantian ethics is based on the categorical imperative, which emphasises the moral duty to act according to principles that have universal validity (Engstrom, 2009). The premise of the 'categorical imperative' asserts that people are born with the ability and responsibility to behave and think rightly. As per Haski-Leventhal's (2009) analysis, Kant formulated four concepts for the categorical imperative, out of which two could potentially demonstrate the understanding of altruism among volunteers. The first is the Global Rule principle, which reads, 'Act solely on that maxim by which you may intend that it become a universal law at the same moment' (Kant, 1785: 88). This principle of reciprocity suggests that individuals ought to treat others in the same way they would like to be treated. Therefore, engaging in altruistic behaviour aligns with this principle, as it reflects the expectation of receiving similar treatment from others. The second principle is that of the 'end in itself', which states: 'Act in such a way that you always treat humanity never simply as a means, but always as an end at the same time' (Kant, 1785: 96). This concept of absolute altruism, which regards the other as an entity rather than a means of self-advancement, is not only morally sound but also pragmatic.

Kant does not explicitly discuss volunteerism; however, his focus on moral obligation and the importance of principles that preserve individual autonomy and dignity can be construed as a support for voluntary actions driven by the moral duty to aid others. The Kantian ethical framework has the potential to provide a clearer comprehension of the fundamental drive behind the provision of voluntary services. Kant suggests that the ethical considerations of an action are not dependent upon its effects, but rather on the pre-existing ideas that inform the behaviour. When these aspects are applied to volunteers, it can be inferred that voluntary services are carried out as a result of a sense of duty or responsibility. Volunteers recognise that their

participation is essential for the efficient operation of society and the advancement of the well-being of all its members.

Richard Titmuss, a British social researcher and professor, examined the moral integrity of a community by questioning the justification for donating to unfamiliar individuals, in alignment with Kantian ethical ideals. Specifically, he reflected on the identity of the “stranger” in the context of contemporary societies characterised by affluence, consumerism, and polarisation. Titmuss cast doubt on a society’s integrity by asking, “Why donate to strangers... Who is my stranger in the relatively affluent, acquisitive, and divisive societies of the twentieth century?” (Mukta, 2012:448). So, if responsibilities are extended between the reciprocals of giving and receiving and current welfare programmes, what are the connections? In his seminal work *The Gift Relationship*, Titmuss acknowledges the issue of blood donation and concedes that no act of complete altruism exists. He suggests that blood donors are still motivated by self-interest, as they derive personal satisfaction from their donation (Rapport and Maggs, 2002:502). Titmuss uses the phrase “creative altruism” to describe a concept akin to an unconstrained gift, namely a human gift that fosters compassion among individuals and across the wider society. Titmuss contends that this type of altruism can provide favourable results, as blood donation systems dependent on voluntary and altruistic donors provide superior advantages compared to those reliant on compensated donors or the commercialisation of blood. The author deduces that voluntary blood donation, driven by altruistic motives and a sense of societal responsibility, resulted in improved blood quality, heightened communal spirit and unity, and reduced risk of disease transmission during blood transfusions. Mellstrom and Johannesson (2008) studied Titmuss's assertions in Sweden, discovering that offering financial incentives to blood donors led to a 50% decrease in the number of

blood donors. Similarly, according to Buurman (1999), blood donation in the Netherlands is regarded as an act of altruism, whereby individuals donate blood without anticipating any reciprocation. Moreover, Allessandrini (2007) conducts a comparative analysis of the motivations of blood donors in Canada, the European Union, and Australia. The author finds that while some donors reported experiencing a sense of social connection through their blood donation, the majority of donors express a sense of responsibility towards others, irrespective of any personal connection to the recipients of the blood. Finally, and as per Yu's assertion (2013), the act of donating blood in China is motivated not only by altruistic tendencies, but also by incentives that are driven by policies and feedback mechanisms.

2.1.2. Power relations

Even though the subject of volunteerism was not explicitly explored by the prominent French philosopher and social theorist Michel Foucault, his views and assumptions are important for understanding volunteerism within a wider context. The primary focus of Foucault's work was on the concept of power and its mode of operation within social institutions and practices. The author's theoretical framework on power dynamics and disciplinary mechanisms offers valuable perspectives on the workings of volunteerism in contemporary society. Foucault's scholarly inquiry delved into the interplay between power dynamics and social institutions. The argument posited was that power is not solely carried by a centralised authority, but rather is diffused throughout society, manifesting in diverse institutions and practices. Foucault's theoretical framework on power can elucidate the ways in which these dynamics impact the perceptions and engagement of individuals involved in volunteer work. Volunteerism is a social practice involving power relations. Volunteer initiatives may exhibit distinctive internal power dynamics, hierarchies, and structures, which influence the duties and obligations of volunteers (Chong, 2011).

Accordingly, the voluntary sector holds a significant position in current societies and has garnered growing recognition as a platform for the integration of vulnerable people in recent times. While voluntary activities can serve as positive possibilities, they also have the potential to contribute to exploitation processes under certain conditions. (Stein, 2022; Kaun and Uldam, 2018). The review of the literature identifies critical views that question the explicit good nature of volunteering. Similar to other societal institutions, voluntary agencies may unintentionally endorse 'dark' practices or adversely affect outcomes due to their operations. Jonathan Kozol, an American

writer and educator, argues that only if the voices of those in need are being heard and understood can actual changes be achieved by volunteers and he raises the following question: 'While the well-intentioned goals of service learning may be to develop healthy, well-rounded citizens, is this being done at the expense of communities?' ([Kozol, 2015], as cited in Manchester and Baiocchi, 2015). Similarly, Morse (2015) analyses the case of volunteering on college campuses in the United States and argues that students are not trained properly to work with disadvantaged populations. Thus, universities ought to adopt a new approach when educating their students for voluntary community service. Morse's research links social dominance orientation to bad attitudes such as stereotyping and suggests that colleges should implement measures to reduce students' social dominance orientation and its negative effect on the community. Moreover, and as in the case of the "Make a Difference campaign" in the mid-90s in the UK, the involvement of volunteers is usually an attempt to link governmental policies with local communities, without taking into consideration the true needs for volunteering of these communities (Smith, 2001).

In addition, some charitable organisations are more concerned with providing a 'life-changing' opportunity for the volunteer, with less emphasis on the purpose and needs of the local community and people (Obregon, 2018). 'Voluntourism' refers to the custom of volunteering while on a trip to a destination (Douglas and Greenhill, 2017). This includes people who are travelling to another city paying their way to help. When the main aim of the trip is to work or help, it is different from volunteering, which typically has a longer duration. University students from the United States and Western European nations are encouraged to travel to developing countries under the premise of 'making a difference' to assist vulnerable populations and enhance their curriculum vitae (McGloin and Georgou, 2016). The Love You Give campaign has been developed

as a means of ending the popular practice of orphanage volunteering, since as UNICEF pointed out (2018): 'By volunteering in orphanages, many well-intentioned tourists are supporting an industry that tears families apart and exploits children.' Human trafficking agents and managers of orphanages lost a significant source of income after the end of war in many regions in Asia and Africa and consequently adapted their business model by using children as commodities of poverty to solicit financial donations from well-intentioned volunteers and donors (Punaks and Feit, 2014). Tuovinen (2014) from Finland provides an overview of the connection between voluntourism and the orphanage industry and cites the alarming data of the Save the Children organisation by highlighting that most children that live in orphanages (e.g. 92% of children in orphanages in Sri Lanka) have one or both living parents. Among others, Smith (1995:100) identifies the insufficient attention given to the dark side of volunteering faced by non-profit organisations in the UK and stresses the importance of accountability, which is usually overlooked in an organisation's drive to accomplish its strategic mission.

Additionally, to the concept of power, the concept of governmentality as proposed by Foucault may be of significance in the examination of the incentives and subjectivities of volunteers (Chong, 2011). The concept of governmentality pertains to the modalities through which individuals and groups are governed via methods of power and self-discipline. In the realm of volunteerism, individuals may participate in volunteer work either as a means of self-regulation or in reaction to societal standards or conventions. Foucault's conceptualisation of governmentality can offer valuable perspectives on the incorporation of volunteerism into the self-identity and subjectivity of individuals within distinct social and cultural milieus. Lawrence et al. (2005:182) emphasise the role of people's 'political will and talent' in attempting to incorporate

their beliefs into collective activities and further transforming them into organisational institutions. The collaborative dimension of empowerment, according to Rowlands (1995:103), is when individuals work together to produce a more widespread influence than each could have alone. This includes participation in political systems, but it might also entail collective action focused on cooperation rather than rivalry. However, successful empowerment also necessitates the acknowledgement of an individual's ideals (Venenklasen and Miller, 2002:64). Decision-making processes at all levels of volunteer engagement require a more equitable distribution of power, which is best achieved through volunteer empowerment.

Furthermore, Foucault conducted an analysis of the influence of knowledge and discourses on the configuration of power dynamics. Looking at volunteerism from this perspective means exploring the language, stories, and conversations that shape how people see and engage in volunteering in society. Foucault's examination of the generation and circulation of knowledge can facilitate the revelation of power relations that are inherent in the discourses surrounding volunteerism, and how these discourses shape the conduct and perspectives of volunteers. Different methods have been created to evaluate the importance and effects of volunteer work. One example is the Volunteer Investment and Value Audit (VIVA) method, which was developed by the Institute for Volunteering Research in the UK and used by many organizations worldwide (Gaskin, 2004). Recent studies show that performance assessment and evaluation programs aren't just unbiased ways to look at current situations. Instead, they play a powerful role and have important social and political effects (Read, 2021). At the same time, negative impacts on volunteers themselves constitute a broad issue within the analysis of the voluntary sector. In the name of the organisational mission, volunteers are sometimes forced to undertake and fulfil tasks that do not represent

their inner passion and motivation. Talbot (2015:210) discusses the “volunteer burnout” that contributed to the stress experienced by UK Scouts in their pursuit of belonging and enjoyment. Furthermore, another kind of volunteering that includes a degree of obligation and hence may sometimes cause more negative than positive consequences is employee volunteering, which is encouraged by companies (Tscirhart, 2005). Although it would not be advisable for a company to deter its employees from volunteering, it is important for businesses to take into consideration that volunteering could give rise to feelings of privilege and superiority in those employees who participate in these initiatives (Loi et al., 2020). On the other hand, there is a possible danger when employees stigmatise the voluntary work of their peers out of a belief that it is motivated by impressions management rather than intrinsic reasons (Rodell and Lynch, 2016). Furthermore, perceiving employee volunteering as a triadic interaction among employers, the third sector, and employees reveals that the significant benefits for the third sector and employers are not consistently reflected for employees. It seems that employee volunteering is more related to places and organisations that the businesses serve rather than areas and organisations that are most in need (Cook and Burchel, 2018).

Finally, the relevance of Foucault's notion of ‘biopower’ is noteworthy in the discourse surrounding social inequality. The term ‘biopower’ pertains to the mechanisms through which power is exerted over groups of individuals, regulating their existence, physicality, and conduct. This pertains to the methodologies and tactics that oversee and manage both individuals and collectives within society. Issues of social inequality in volunteering arise, in the sense that higher-status citizens are often engaged in more formal volunteering whereas lower-status citizens are active in informal volunteering. Cnaan et al. (1996) from the United States provide a synthesis

of four dimensions in order to present a universal definition of a volunteer. The authors conclude that the net costs of volunteering predominantly determine the most probable volunteer, based on an intriguing analysis of four dimensions: the voluntary nature of the action, the nature of the reward, the nature of the setting, and the final beneficiary. They reason that specific volunteer activities are anticipated from particular social groups. In contrast, the sacrifice of time and effort from less privileged volunteers or their net costs are the ones that rank a higher score on the 'board of volunteering'. Rochester (2006) argues that although informal volunteering in the UK is considered a potential route of increasing volunteerism, especially for those people who are at the risk of social exclusion, it is questionable whether this form of volunteering ought to be differently conceptualised and renamed to 'individual actions of neighbourliness or citizenship'. Hustinx et al. (2008) suggest that the short-term nature of a volunteering experience in Belgium does not result in its repetitiveness. In addition, issues of differences in active volunteering and placating volunteering within the safe societal borders of citizens have questioned the undemocratization of volunteering (Hustinx, 2010). In an attempt to examine whether volunteering is too exclusive, the report *Volunteering for All? Exploring the Link Between Volunteering and Social Exclusion* by the Institute for Volunteering Research (2005) in the UK concludes that groups of people living at the borders of social exclusion, for example, ex-offenders, were underrepresented, and it identifies the public image of volunteering and the attitudes of existing volunteers as barriers to participation. This emphasis upon the development of formal volunteering in the UK cultivates a system in which only a small percentage of the population can participate and a culture that is alien to most people living in deprived areas, thus excluding the contribution of the latter in areas such as one-to-one aid (Williams, 2004). Furthermore, this exclusion inhibits the complete integration

of all people into the British society and undermines the capacity of the excluded to fulfil the public and private obligations of citizenship (Lister, 1990:68).

2.1.2.1. The Jimmy Savile case

Notwithstanding the positive aspects of volunteering, it is essential to acknowledge the body of literature that examines the potential negative consequences of volunteering, commonly referred to as the 'dark side' of volunteering. This pertains to scenarios where volunteers inadvertently cause harm instead of good. The aforementioned circumstances include instances where volunteers establish and subsequently dissolve interpersonal connections in a brief period, exhibit a lack of comprehension regarding the communities in which they are functioning, and enforce their subjective beliefs regarding morality.

An extreme example of such a phenomenon within healthcare sector is demonstrated by the Jimmy Savile story, which pertains to the accusations of sexual misconduct committed by James Wilson Savile, a prominent television and radio personality, as well as a charitable donor. The NHS Savile Legacy Unit conducted an inquiry which has highlighted the dangers posed to susceptible communities by individuals who exploit the guise of volunteering to inflict harm on them (Lampard and Marsden, 2015:15).

In addition to the documented incidents and assaults that occurred on both Savile's personal and BBC premises, investigations revealed instances of Savile's sexual misconduct within three healthcare establishments: Broadmoor Special Hospital, Stoke Mandeville, and Leeds Teaching Hospitals. According to Lampard and Marsden (2015:54), the investigations conducted by hospitals reveal that Savile used his volunteer work, fundraising efforts, and celebrity status to expand his roles and influence within those institutions, thereby obtaining a level of access that exceeded

what would typically be granted to a volunteer. According to McAlinden (2018), it was emphasised in reports that Savile had nearly unlimited access to clinical areas and patients, and that incidents were observed in various locations within the hospital. Johnstone and Dent (2015) documented the rationale behind the victims' failure to report instances of sexual abuse during their tenure at Buckinghamshire Healthcare NHS Trust. One of the reasons cited was the lack of belief and dismissal of allegations by the hospitals.

According to Furedi's (2013) report, several members of the charitable sector in the UK, including Sir Roger Jones of Children in Need, refrained from involving Jimmy Savile in their activities due to prevalent rumours surrounding Savile's personal life. The case of Jimmy Savile elicited a profound sense of astonishment, not only due to the alleged criminal offences, but also due to the suspicion of a concealment of information. Savile was widely regarded as a 'national treasure', which added to the seriousness of the situation. He functioned as the primary charitable agent at the national level. According to Davis (2012), there is significant support for covering up chronic or acute mishaps and misdemeanours when organisations are unwilling to acknowledge them. The optimal course of action for the affected parties would have been to initiate legal proceedings against the hospitals, citing their vicarious liability for the actions of Savile that resulted in the violation to individuals. The victims faced a significant challenge as the organisations' response was that Savile's actions did not fall under the scope of vicarious liability for his wrongdoing, citing his non-employee status (Parsons, 2013).

However, measures were implemented to ensure the safety of hospital patients. The Leeds Teaching Hospitals NHS Trust expressed its willingness to gain insights from the victims' experience in order to prevent the recurrence of such incidents in the

future. The document, entitled *A further investigation into the allegations of abuse by Jimmy Savile at Leeds General Infirmary: A report by Leeds Teaching Hospitals NHS Trust*, featured a segment that evaluated the efficacy of the Trust's existing safeguarding protocols and provided suggestions for improvement. The Trust has recently conducted a review and update of its Volunteer Policy, among other initiatives. The updated policy encompasses a range of measures, such as employment verification, orientation, instruction, admission to the Trust, and unambiguous delineation of job responsibilities. According to Barlow and Scott (2015), all volunteers in the UK are required to undergo Disclosure and Barring Service (DBS) checks. The UK Health Secretary has rejected the plan for mandatory criminal background checks for all NHS volunteers every three years and advised against exclusive reliance on a national database like the criminal record. He advocates for NHS Trusts to adopt a considered strategy for volunteers who interact directly with patients, utilising DBS checks to guarantee that hospitals establish and maintain sufficient safeguarding measures (Kmietowicz, 2015).

2.3. Cultural conventions

Hart and Sulik (2014) from the United States assert that volunteering is a socially constructed action imbued with moral importance, varying across different nations and historical contexts within a certain country. The noted differences are substantial, as the considerable variations in global volunteering rates can be ascribed to the distinct cultural interpretations of volunteering, resulting in differing motivations and values linked to it. The authors' assertion on the social construction of volunteering underscores the importance of cultural context. It is essential to integrate cultural context to improve the correlation between volunteering typologies and participation outcomes, as well as to analyse motivations, to understand the diverse pathways into volunteering.

Although the subject of volunteerism did not occupy a central position in the scholarly pursuits of the distinguished sociologist Pierre Bourdieu, his theories and concepts may be used to comprehend the intricacies of volunteerism and its corresponding societal implications. This is particularly relevant due to the association observed in recent UK research between social class and volunteering engagement, highlighting a specific cohort of middle-class volunteers referred to as the 'civic core' (Dean, 2016). The notion of habitus as proposed by Bourdieu can offer valuable perspectives on the development of volunteering practices and trends. Bourdieu's habitus theory suggests that a person's willingness to participate in volunteerism is shaped by their social background and cultural capital within the context of volunteer activities. Cultural capital relates to the acquisition of knowledge, skills, and cultural resources by individuals through socialisation, education, and exposure to diverse cultural practices. The term habitus pertains to the deeply rooted dispositions, habits, and behaviours that individuals acquire through their socialisation and experiences.

The act of volunteering can be subject to the influence of habitus, whereby individuals tend to participate in activities that are consistent with their social and cultural orientations. And by utilising Bourdieu's theoretical framework of cultural capital, it is possible to gain insight into how various individuals or groups may participate in volunteerism as a function of their respective cultural and social contexts. The aforementioned concepts offer a theoretical model for examining how the cultural and social backgrounds, resources, and social networks of individuals influence their participation in volunteer endeavours. According to Davies (2018), in accordance with Bourdieu's theoretical framework, there exist specific structural limitations that impede the ability of young individuals in poor urban areas of Glasgow in Scotland to acquire knowledge about volunteering and gain access to opportunities. This absence of engagement with volunteering activities presents challenges for the integration of volunteering into the habitus of these young people, consequently perpetuating inequalities in youth volunteering.

This section examines the contextual elements that influence voluntary involvement in the UK and Greece. In addition to socio-economic criteria like age, income, and education level, numerous studies have performed theoretical and empirical assessments of the incentives associated with voluntary participation from diverse viewpoints and contexts.

2.3.1. Volunteering in the UK: An overview

The UK has a longstanding legacy of philanthropy, altruism, association, and collaboration. While there has been discussion about a decrease in participation, sectors such as volunteering and charitable donations are characterised by emerging societal trends and patterns of involvement, such as ethical consumerism, non-institutional civic activities, and online participation. In response to global governmental initiatives aimed at establishing mandatory national and community programs to foster pro-social behaviour, the Big Society approach emerged in the UK during the initial 15 years of the 21st century, intending to empower volunteers to play a more substantial role in the provision of public services (Dawson et al., 2019). The Time Well Spent study conducted by the National Council for Voluntary Organisations (Kanemura and McGarvey, 2023) offers the most current overview of volunteer engagement, encompassing context, interaction, impact, and retention in the UK. The study results revealed a decrease in certain volunteering activities, which can be partially ascribed to the impact of the pandemic. The primary reason for withdrawal, as reported by the majority, is a reduction in available time resulting from changes in personal circumstances. The prevalence of dissatisfaction with the management and organisation of one's volunteering group is relatively infrequent, with a mere 10% of individuals reporting such sentiments. The proportion of volunteers who perceive their volunteer work to resemble paid employment has increased from 19% in 2018 to 26% in 2022, while the proportion of volunteers who perceived their volunteering group or organisation to have unrealistic expectations regarding their level of involvement increased from 17% in 2018 to 24% in 2022. In addition, since 2018 there has been a rise in the number of volunteers in the public sector. However, these volunteers are

comparatively less content with their experience than third sector volunteers. Specifically, 87% of public sector volunteers reported being very or fairly satisfied, whereas 94% of third sector volunteers expressed satisfaction. Finally, this survey indicates that 'Virtual volunteering is here to stay': the use of technology in volunteering has markedly risen since 2020. Engaging in virtual or telephonic volunteering has emerged as the third most prevalent form of volunteerism. Approximately a third (31%) of individuals who engaged in volunteer work within the past year used online or telephonic means to contribute to their respective causes.

In the most recent and comprehensive *Community Life Survey* (CLS) 2021–2022, which gives summary data on formal and informal volunteering in the UK, both formal and informal volunteering have decreased. According to the data collected in 2021/22, approximately 16 million individuals in England, which accounts for 34% of respondents, engaged in formal or informal volunteering activities on a monthly basis. The current rate represents a reduction compared to the figures observed in the 2020/21 period (41%). During the aforementioned timeframe, a majority of 55% (equivalent to around 25 million individuals in England) had engaged in either formal or informal volunteering activities at least once within the preceding 12-month period. The current percentage is comparatively smaller than the rates observed in the year 2020/21, which were recorded at 62%. Furthermore, this percentage is the lowest ever documented by the CLS.

The outbreak of COVID-19 had a notable effect on the landscape of volunteering in the UK. The epidemic elicited a noteworthy public reaction, indicating the presence of a substantial and perhaps underexploited pool of persons that the NHS may potentially leverage (Tierney and Mahtani, 2020). The initiative to enlist

volunteer responders for the NHS successfully secured the participation of more than 750,000 individuals nationally within just a four-day period. The literature review conducted by Mao et al. (2023:12-13) has provided the following findings regarding COVID-19 volunteering:

- a. The key factors found to be associated with community organising and volunteering were social networks and linkages, local knowledge, and social trust.
- b. The majority of volunteers were female, belonged to the middle class, possessed a high level of education, and were within the working age range.
- c. The absence of cooperation with volunteer groups and other community-based organisations was observed.

The phenomenon of micro-volunteering has experienced a notable expansion during the COVID-19 pandemic. The largest volunteer initiative in recorded history involved 750,000 individuals who assisted not only NHS staff, but also vulnerable populations who were required to observe home isolation measures. The use of the Good Sam application by volunteer in different roles, such as check-in-and-chat volunteers, community response volunteers, and transport volunteers, was found to enhance the health of individuals during periods of isolation and improve patient experience in hospitals. This approach involves identifying the nearest volunteer on duty to the patient in need, as reported by Churchill (2020). Micro-volunteering has emerged as a solution to address various structural limitations associated with volunteering, such as time constraints and mobility issues. The NHS witnessed an enormous increase in the participation of volunteers, which facilitated institutional engagement with volunteering. This trend has also provided individuals with novel

opportunities to contribute their skills and time towards philanthropic endeavours (Heley et al. , 2019).

The adoption of micro-volunteering on a broad scale has led to a significant increase in the number and variety of volunteers who are supporting the healthcare system (Churchill, 2020). The enforcement of social distance protocols affected how volunteers performed their duties. The COVID-19 pandemic resulted in an increase in local volunteerism, particularly in the form of assisting isolated and elderly individuals with shopping and tasks. According to Mak and Fancourt's (2020) findings, the factors that influenced individuals' decision to volunteer during the COVID-19 pandemic differed from those during non-emergency periods. The authors propose that in addition to the typical demographic characteristics of volunteers, new categories also emerged. The development of virtual volunteering has expanded the participation of both new and existing volunteers, enabling them to engage in volunteer activities from the convenience of their own homes (Lachance, 2020). It is noteworthy that individuals who have been diagnosed with physical illnesses and disabilities exhibit a higher likelihood of engaging in volunteer activities that can be performed from home. In addition, individuals who have been diagnosed with mental health conditions exhibit a higher tendency to engage in volunteering activities compared to those without such diagnoses (Mak and Fancourt, 2020).

McGarvey et al. (2021) conducted a valuable study of the policy response to volunteerism during the COVID-19 pandemic in the UK, examining its effects and drawing insights from the experience. The study's participants were requested to think about policy solutions for the pandemic by means of volunteering, basing their responses on their individual and institutional backgrounds. The participants focused

their attention on several key policy response areas, including communication, cooperation, partnerships, national and local linkages, and leadership. The investigation indicated a lack of adequate leadership and strategic direction in both the volunteer sector and at the policy level. The study found that the participants considered that leadership in the domain of volunteering ought to be a collaborative effort between the voluntary sector and government. Additionally, the participants expressed the need for greater precision regarding sector leadership in addressing issues related to volunteering. The authors propose that a disputed relationship exists between the limits of governmental intervention and voluntary efforts, a complexity that was exacerbated by the commencement of COVID-19, revealing a pre-existing dynamic.

The outbreak of the pandemic resulted in a significant and noticeable rise in volunteerism. As a result, novel and noteworthy concepts for initiatives emerged to sustain the momentum of this endeavour over an extended period. Several recent reports have examined the topic of volunteering in the context of the pandemic and beyond. These reports, including *Communities vs coronavirus: The rise of mutual aid* (2020), *Volunteering during the pandemic and beyond* (2021), *Volunteering in England during Covid-19: The policy response and its impact* (2021), *Covinformation: Desk research report on the impact of Covid-19 on charities* (2021), and *The road to recovery: Covid-19 and volunteering* (2021), indicate that the COVID-19 pandemic may have the potential to inspire a new cohort of volunteers who are motivated to effect positive change in their local communities. The pandemic has facilitated the formation of networks that did not exist before. These networks will not be 'unmade' merely because the crisis has ended. The formation of these groups has had a transformative impact on local communities. The remarkable volunteer efforts during

the pandemic have the potential to pave the way for the creation of adaptable and technologically sophisticated volunteer programmes at the national level, which can effectively engage and motivate both existing and prospective volunteers. Volunteers exhibit a strong desire to resume their duties; however, organisations are aware of the challenges that may arise, particularly in light of changed responsibilities. Currently, there are ongoing efforts to develop new guidelines and training programmes to help in this matter. Moreover, the adoption of innovative tactics, including flexible and varied volunteer roles and the establishment of 'volunteer-ready pools,' may enhance the sustainability of volunteer participation. Moreover, the pandemic has led many organisations to reinvent their volunteer offerings. Working online, where location and defined hours are less important, has enabled organisations to explore various volunteer opportunities. In conclusion, organisational transformation projects must prioritise meeting the needs of a diverse volunteer base by addressing obstacles throughout the volunteer experience, therefore promoting inclusivity.

2.3.2. Volunteering in Greece: An overview

The recent fires and floods in Greece have yet again underscored the pivotal function of the voluntary sector during periods of urgency. The visual depictions of volunteer firefighters exhibiting selflessness in their efforts to combat the wildfires in the summer of 2021, coupled with the tragic passing of a 38-year-old volunteer firefighter, have brought to light a persistent observation regarding the state's inadequate institutional support for volunteers. Volunteers have often played a crucial role in aiding both government authorities and affected individuals to respond and recover from emergencies. Sotiropoulos (2004:156) highlights the significance of volunteering in Greece by emphasising the need to transform socially advantageous mobilisation from a dependent state to a sustainable structure. Nonetheless, individuals who work outside established organisational frameworks are often viewed as an inconvenience and their input is frequently undervalued (Whittaker et al., 2015).

The paper *Volunteering in Greece: Current situation and proposals* (National Institute of Labour and Human Resources, 2020) includes the most recent statistics on the extent of volunteering in Greece and other locations. Greece has limited sources of information, consisting solely of fragmented data, while other nations have a more organised approach to the measurement of volunteering. According to research conducted in 2010 that examined the magnitude and types of volunteerism in the European Union (EC, 2009), the level of engagement in volunteering in Greece is relatively low compared to other nations. Although exact figures are lacking, it is assumed that fewer than 10% of the population participates in volunteer activities (EC, 2009). It is essential to acknowledge that the estimations of the number of volunteers and the organisations engaging them vary or are inaccessible due to the lack of a

comprehensive database encompassing this information. The inadequate recording of voluntary organisations from various agencies does not facilitate definitive conclusions regarding the extent, characteristics, and evolution of volunteering. The Hellenic Ministry of the Interior intends to rectify this deficiency by implementing legislation that mandates the thorough registration of volunteers and their associated groups in a contemporary and regularly updated computerised registry. It is anticipated that initiatives taken in October 2023 by the Hellenic Ministry of the Interior to establish comprehensive registries for volunteers will result in a more methodical documentation of pertinent figures. There is also a notable emphasis on the formalisation of volunteer work, clarification of the legal status of volunteers, and provision of insurance coverage for volunteers, marking a significant milestone.

The recent increase in political involvement and volunteerism in Greece can be traced back to the country's dual challenges of managing the refugee crisis and navigating economic turmoil over the past ten years. In Rozakou's (2017) analysis, grassroots solidarity Greek organisations are described as exhibiting a lack of interest when faced with critical matters such as collaboration, openness, and institutionalisation. This description is exemplified by the Greek refugee issue. The individuals associated with these associations, who exhibited reluctance to be recognised as volunteers, voiced apprehensions about the institutionalisation of their activities. They fostered a sense of community with refugees through an all-encompassing and interdependent social network, and established relationships that extended beyond financial contributions. The primary contribution of the volunteers was to consistently rescue migrants, with a particular focus on minors, upon their arrival on the island and extend a welcoming reception to them (*Greece: Ramping up refugee reception*, 2015). According to Chtouris and Miller (2017), a significant number

of Greek volunteers tend to engage in volunteering and solidarity activities without a comprehensive strategy but rather based on interests that emerge within the context of a social crisis. Rozakou's remark is linked to the financial crisis that Greece experienced in the early 2010s.

According to Sotiropoulos and Bourikos (2014), the economic crisis in Greece facilitated the emergence of a novel volunteering trend that sought to address the new social requirements of the Greek people. At the start of the crisis, the implementation of government austerity policies resulted in significant social implications across various domains of society. The Greeks were necessitated to pursue alternate revenue sources due to insufficient personal incomes and a declining social state. As the crisis unfolded and its consequences became evident, various informal groups arose across different sectors, including healthcare (social pharmacies that dispensed complimentary medicines), education (social schools that aided students in preparing for university entrance without charge), food supply (Greek Orthodox Church soup kitchens that provided daily meals free of charge), and others. The crisis has brought about a transformation in the nature of social needs, which has consequently impacted the extent and range of volunteerism in Greece (Simiti, 2017). The Greeks were compelled to seek alternative sources for funding due to inadequate private earnings and a deteriorating societal condition. Subsequent research has revealed that the increase in volunteerism can be regarded as a form of opposition to the consequences of the financial downturn (Chrysostomou, 2015; Vathakou, 2015). The unstructured growth of the voluntary sector hindered the development of a successful and well-functional civil society since there was a lower level and of limited duration engagement in volunteering (Loukakis et al., 2018) that failed to correspond to the protection of the Greek civil society sector (Kalogeraki, 2019). Bourikos (2013:13)

observed a growing inclination towards heightened public involvement in informal volunteerism, both at the neighbourhood level and within the broader local community.

The findings of a study conducted between 2009 and 2013 on 32 volunteer groups in Thessaloniki, the second largest city in Greece, revealed a change in the primary activities of the sample groups. A shift occurred towards the provision of social services, accompanied by a decrease and replacement with informal solidarity networks. Non-governmental organisations faced financial challenges similar to those experienced by the wider Greek population, and they were compelled to shift their focus towards social services to obtain funding (Simiti, 2015). A study by Pekka-Economou and Hadjidema (2013) indicated a decline in membership, suspension of public grants, reduction in private sponsorships, increased requests for social solidarity action assistance and participation, rising scepticism in the broader social action context, financial challenges in covering operational expenses, and expressions of dissatisfaction among certain members.

With regards to the representation of Greek volunteers, a recent study examining youth volunteerism has yielded the following noteworthy findings (Kyriakopoulou, 2020):

- i. A significant proportion (82%) of individuals perceive volunteering to be of great importance.
- ii. A notable percentage (approximately 30%) have reported their involvement in a voluntary organisation or provision of voluntary services.
- iii. As regards the types of volunteering offered, social volunteering was offered by 46.67% of respondents, followed by animal volunteering at 26.67%, emergency volunteering at 20.00%, and environmental volunteering at 6.67%.

iv. In terms of frequency, 38% of respondents indicated that they would only volunteer in emergency situations, while 62% expressed a willingness to volunteer more regularly. There exists a correlation between an individual's gender and the specific circumstances surrounding their engagement in volunteer work. The survey results indicate that a higher proportion of women (77.8%) expressed their willingness to engage in voluntary actions on a regular basis, beyond emergency situations, compared to men (43.5%).

The final discovery demonstrates the gender dimension of participation in volunteerism in Greece. In the household setting, women are traditionally regarded as responsible for providing care. The phenomenon of women providing round-the-clock care for elderly relatives and disabled children, as a matter of obligation and altruism, is a well-known aspect of Greek society. Although Greek society places a significant emphasis on familial bonds, the provision of state-sponsored welfare assistance to Greek families is notably lacking. The aforementioned paradox highlights the socio-economic significance of the nuclear family in Greece, as it pertains to the emotional and financial aspects of obtaining healthcare coverage for its constituents. Consequently, family policy in Greece inadvertently promotes and perpetuates the ideological notion that the family serves as the principal foundation of societal welfare. The phenomenon referred to as 'Greek familism' is expected to receive backing from Greek women who bear the responsibility of familial caregiving (Papadopoulos, 1998).

2.4. The management of volunteers

Rochester (2006) examines the essence of volunteering in the UK in the Commission's report on the future of volunteering, titled *Making Sense of Volunteering: A Literature Review*. The report presents pertinent statistics and facts regarding the scope of volunteering, analyses trends and developments that can aid in the advancement of volunteerism and highlights the significant challenges and issues that the literature on volunteering should tackle. The report concludes that the research agenda pertaining to volunteers is straightforward in terms of scope. Additional research is necessary regarding the managerial tools that can promote the progression of voluntary action, particularly concerning volunteering as unpaid labour or service. This agenda will support the alternative perspective of the value of experiential knowledge in comparison to professional and managerial expertise (Rochester, 2006:33).

Brudney (2011:56) posits that optimal utilisation of the extensive resources, skills, and favourable dispositions present among potential volunteers in the United States necessitates proper preparation of the host organisation for voluntary involvement. Despite organisations' efforts to establish effective volunteer programmes, issues such as uncertain recruitment of volunteers, ineffective assignment of tasks, resentment among paid staff, and programme disbandment remain major challenges. Brudney (2011:56) refers to this type of workforce as an 'unconventional workforce'. Ellis (2000:7) suggests that to effectively utilise US volunteers, it is essential to transcend the conventional 'staff assistant scenario' and

create a think tank named 'What if...?' to investigate strategies for enhancing volunteer management practices.

The following subchapters give a review of relevant literature that has guided the application of volunteer administration. Volunteer engagement is studied in a range of contexts and the findings shed light on the broader question of how to improve volunteer motivation and commitment. The existing literature elucidates variations in volunteer performance, identifies key dimensions of this domain, demonstrates its complexity, and lays the groundwork for future research that will incorporate diverse factors to account for the heterogeneity in volunteer work engagement.

2.4.1. Contested perspectives

According to Einolf (2016), the existing body of literature pertaining to volunteer management is currently limited in scope. The author's review identifies only 81 empirical articles that have investigated the efficacy of volunteer management practices, which are notably fewer than the studies that have explored the attributes of volunteers. One group of scholarly articles examines the correlation between different attitudes and motivations with regards to job satisfaction, work hours, and retention intentions. Another group of articles investigates the impact of particular management strategies. Einolf (2016) suggests that there is a lack of evidence in support of three best practices commonly recommended in the practitioner literature, namely written policies, record-keeping, and individual evaluations. Subsequent research endeavours ought to employ rigorous methodologies, such as verified instruments, evaluations from external sources regarding the efficacy of volunteers, field trials, and longitudinal questionnaires.

Hager and Brudney (2015) assert that effective volunteer management strategies are characterised by specific practices that differentiate successful programs from unsuccessful ones, according to the established principles of volunteer administration. Their study conducted in the United States investigates the relationship between program outcomes, specifically recruitment ease, volunteer retention, and net benefits to organisational operations. It presents three propositions for adoption: universalistic adoption of 'best practices,' contingent adoption of practices, and configurational adoption of practice bundles. Based on the limited empirical evidence available, the authors argue that the connection between human resource practices in

volunteer administration and outcomes is not strong. However, it is recommended that organisations consider their unique institutional and external environments when managing their volunteer programmes.

Rochester (2007) argues that a one-size-fits-all approach to volunteer engagement within UK organisations is unsuitable. The author delineates four distinct models of volunteer involvement: the service delivery model; the support role model; the member activist model; and the co-worker model. The service delivery model involves a considerable level of volunteer participation in conjunction with professional assistance from paid staff. The support role model portrays volunteer work as complementary and supportive to that of paid staff. The member activist model involves the execution of all operations by volunteers. Lastly, the co-worker model is characterised by the absence of obvious distinctions between the roles of volunteers and paid staff.

Furthermore, the degree of volunteer involvement is dependent on the managerial structure implemented by an entity. Meijs and Hoogstad (2001) conduct a comparative examination of the programme management and membership management models in the Netherlands, emphasising their differences. As per their assertion, membership management can be advantageous for mutual support organisations through the engagement of volunteers in a horizontally integrated framework. Conversely, entities that emphasise service delivery and advocacy, requiring a higher degree of professionalism, may benefit from implementing programme management methodologies.

Finally, the existing body of literature emphasises the application of human resource management tactics in exploring barriers to volunteer retention. A study by

Cuskelly et al. (2006) uses a human resource management approach to evaluate how well voluntary management strategies can help predict issues with keeping volunteers in Australia. The authors highlight the significance of human resource practices that are associated with the matter of volunteer retention. The authors propose that future research should focus on the proclivities, expectations, and satisfaction levels of volunteers in relation to their favoured leadership approach. Cuskelly et al. (2020) indicate that dependence on strategic human resource management for decision-making may satisfy short-term objectives, such as staffing volunteer roles, yet may not effectively support the long-term aim of volunteer retention. Pynes (2008:398) identifies the unique challenges that arise in the management of human resources in the voluntary sector, and specifically those related to the changing characteristics of the volunteer workforce in the United States. As per Pynes' assertion, the existence of latent traits or imperceptible qualities, such as unique personalities, values, socio-economic backgrounds or cognitive approaches, mandates the adoption of human resources policies that are entirely free of discriminatory tendencies. It is imperative to establish an organisational framework that is free of any manifestation of partiality.

Likewise, Alfes et al (2017) undergoes a thorough examination of research that investigates the effects of established human resource practices on volunteering. The researchers engage in an analysis of the empirical data in Germany in order to attain a more profound comprehension of this influence. The analysis reveals that, despite notable progress in human resources management research, additional investigation is required to formulate and validate hypotheses regarding the impact of current knowledge levels on human resources. The claim is supported by the theoretical understanding that the core nature of volunteerism is undergoing significant changes. Contemporary volunteerism is marked by irregular and inconsistent engagement,

contrasting with the previously established patterns of habitual and consistent participation, especially regarding group involvement and affiliation. Furthermore, it seems that entities are progressively losing their prominence and importance as the sole platform for societal involvement. Contemporary volunteerism differs from traditional forms, characterised by participation in strong, lasting communities. Instead, modern volunteers increasingly prefer solitary, task-focused activities and individualised endeavours. The traditional view of volunteerism as a formally organised activity focused on groups is being increasingly questioned and analysed in light of observed changes. The engagement model in Spain outlined by Aranda et al. (2018) differs from modern concepts of volunteerism due to its self-initiated character, stemming from individual determination. Despite this individualistic origin, it results in a variety of interactions and guidance among volunteers.

2.4.2. Volunteer management models

Brudney and Mejis (2014) claim that scholars who adopt a universalistic viewpoint typically advocate for a uniform method of volunteer management, commonly known as a one-size-fits-all approach. Scholars identified as 'universalists' possess varying perspectives on the particulars of the universal model, resulting in discord within the academic community. This underscores the importance of utilising contingency strategies and their effectiveness. The authors assert that successful volunteer involvement necessitates the recognition and application of fundamental principles of volunteer administration, as well as an understanding of situational variations that may influence volunteer management practices. In order to effectively respond to contextual particulars, a volunteer administrator must possess the necessary skills and knowledge to apply appropriate techniques. Competency is essential in this regard.

Brudney et al., (2019) conduct further research on the Volunteer Stewardship Framework, which seeks to elucidate the potential changes in volunteer administration and management requirements, along with the factors that drive these changes. The framework pertaining to the accessibility of volunteer energy and the provision of direction to volunteers encompasses four distinct types of volunteer administration and management: the 'membership' model, whereby the organisation benefits from exclusive access to volunteers who dedicate their time towards achieving its aims and objectives; the 'service' model, whereby the organisation recruits volunteers from the wider community who are subject to centralised supervision and whose work and performance are directed by a single body; the 'secondary' model, whereby the home organisation retains exclusive access to volunteers who are then assigned to external host organisations, allowing for shared supervision and guidance of the volunteers;

and finally, the 'intermediary' model, whereby volunteers are sourced from various segments of the community with several host organisations to facilitate external placements.

According to Safrit and Schmiesing (2012), Milton Boyce's model for volunteer management in the United States was widely adopted during the early 1970s. The field of volunteer management was founded on the basis of Boyce's contributions: his ISOTURE model is acknowledged for useful introduction of seven fundamental management concepts, which include identification, selection, orientation, training, utilisation, recognition, and evaluation. During the relevant time frame, Boyce's emphasis on evaluation was viewed as atypical; however, he established it as the foremost aim of training for volunteer managers.

Before 2004, there was a lack of empirical research on the essential competencies required for volunteer managers to effectively manage volunteer-based initiatives (Safrit and Schmiesing, 2012). Safrit et al., (2005) study from the United States aims to identify the essential competences for volunteer administrators by analysing both historical literature and current practices. Their research resulted in the PEP model, which comprises three discrete categories, namely personal preparation, volunteer engagement, and programme perpetuation. Each category comprises nine constructs. The authors highlight the importance of prioritising the personal and professional growth of volunteer managers. Furthermore, they introduce a competency known as resource development, which encompasses more than just budgeting and cost-effectiveness when executing volunteer programmes. According to the PEP model, the effective implementation of managerial activities is crucial for the attainment of sustainability. The Council for Certification of Volunteer

Administration (CCVA), an international organisation providing certification in Volunteer Administration, requires that all qualified candidates demonstrate proficiency in five essential competencies: ethics, organisational management, human resources management, accountability, and leadership and advocacy (CCVA, 2008).Boysen (2019) asserts that certification is a widely acknowledged professional credential, which recognises the competencies of practising individuals who must meet specific requirements to become certified as administrators. The CCVA recognises the importance of ethical decision-making and outlines five core principles, namely citizenship, respect, duty, justice, and trust, which guide the decision-making processes of managers responsible for supervising volunteers (CCVA, 2018). Although it is desirable to implement a comprehensive organisational philosophy, there is insufficient empirical evidence to indicate that such implementation is universally achievable. Cloke et al. (2007) observe a significant gap in the discourse on volunteerism in the UK, particularly with respect to the subject of ethical considerations within organisations. The operation of a voluntary organisation involves challenges related to organisational management, equitable recruitment practices, insufficient training incentives, and possible discrepancies in legal comprehension.

Harp et al. (2016) identify a fall in the number of volunteers in the United States, which underscores the need for a better comprehension of the factors that influence volunteer retention, such as volunteer engagement. A total of 235 individuals affiliated with three non-profit organisations in the US were surveyed to evaluate the effectiveness of a volunteer programme. The level of engagement among volunteers was found to be negatively associated with increased organisational constraints and role ambiguity. Organisational constraints are a form of demand that may cause

frustration among volunteers, limit their ability to complete tasks, and reduce their level of engagement. In addition, it is anticipated that the presence of role ambiguity may hinder the performance of volunteers and lead to a reduction in their perceived level of achievement. The authors investigated the moderating role of community service self-efficacy (CSSE) in the relationships between organisational constraints, role ambiguity, and volunteer engagement. The study found that volunteers with elevated collective self-efficacy (CSSE) show increased engagement despite organisational constraints, in contrast to those with lower CSSE levels. It is therefore recommended that organisations evaluate and facilitate volunteers' CSSE (i.e., cognitive, social, and emotional) in order to enhance their level of involvement when confronted with various requirements.

Likewise, the managerial procedures relating to the recruitment and retention of volunteers necessitate the development of emotional intelligence and intercultural education. In their study Bendaraviciene et al. (2019) from Lithuania delineate four sets of criteria that are linked to emotional intelligence and intercultural competence. By using these criteria, it is possible to increase the labour efficiency of volunteers. The authors delineate four specific categories of criteria concerning the recognition and acceptance of emotional and cultural awareness, the formation of interpersonal relationships at both emotional and cultural levels, and the mitigation of stress within an emotional and cultural framework. They further argue that the inclusion of an emotion-focused component in interpersonal relationships is linked to an improvement in volunteers' ability to understand the emotional state of others, facilitate communication, and regulate their behaviour, ultimately leading to positive social outcomes.

The study conducted by Tiltay and Islek (2019) offers supplementary proof of the importance of emotional and intercultural intelligence. Tiltay and Islek carried out a study within a Turkish setting to investigate the experiences of management practices. The results indicate that there exist a multitude of dynamic strategies that arise from the varied motivations of volunteers. Additionally, volunteer managers endeavour to foster a mutual comprehension among individuals possessing diverse traits. The study's findings indicate that research often overlooks various forms or frameworks of volunteering in non-Western contexts by characterising volunteering as an activity pursued in a 'institutionally individualised' manner within the Western context. Volunteers exhibit distinct characteristics, and cultural differences can influence their sense of belonging and overall satisfaction. The feasibility of a proposed management framework can be achieved by integrating organisational strategies and perspectives that promote sustainability, along with measures that ensure the retention of volunteers in specific contexts..

Finally, there is growing academic and practical interest in the importance and efficacy of emergency management tactics for spontaneous volunteers, particularly in scenarios that are unanticipated and unpredictable. A positive correlation has been observed between several human, community, and institutional factors and an increased likelihood of individuals engaging in volunteering activities during emergency situations. Consequently, there are initiatives in progress aimed at converting this enthusiasm into productive engagement. Paciarotti et al (2018) present a thorough analysis of a management framework designed for spontaneous volunteers in response to the flood crisis that occurred in central Italy in 2014. Their case study highlights the importance of spontaneous volunteers in emergency situations and the necessity of an organised management structure to facilitate an

efficient and effective voluntary response. The authors highlight a significant issue in their analysis: despite local governments approving and recognising the involvement of volunteers in emergency response efforts, professional emergency responders do not acknowledge or foresee the potential contributions of spontaneous volunteers within the emergency management framework. This concern extends beyond information management, enrolment procedures, coordination efforts, and regulatory enforcement. The study emphasises the importance of utilising a structured approach to Spontaneous Volunteers Management (SVM) for evaluating the effectiveness of volunteer involvement, particularly in situations that may develop into mass incidents (Paciarotti et al., 2018). Harris et al., (2017) provide additional validation for this finding by presenting their conceptual model, designed to address the challenges posed by the 'inclusion/exclusion paradox' in the United States. The presence of this paradoxical scenario holds noteworthy implications for the emergency officials' decision-making process concerning the integration of impromptu volunteers in emergency response endeavours. The presence of these volunteers is recognised as essential; however, disaster managers do not favour them. The authors present a conceptual model comprising five principles aimed at addressing the challenge of spontaneous volunteers. The principles encompass managers' ability to anticipate the integration of spontaneous volunteers, assess community characteristics, manage volunteer expectations, understand the notion of 'surge capacity,' and mitigate concepts that may lead to a 'inclusion/exclusion paradox.'

2.5. Volunteers in the public sphere

The significance of establishing collaborations between the voluntary sector and public organisations has been emphasised since the evolution of the social welfare regimes (Ferris, 1984; Lewis, 2006). As per Rochester's (2013:1) assertion, there has been a growing recognition of volunteering in the UK as an effective approach to addressing a wide range of social issues. These collaborations offer several advantages, such as addressing specific social needs, fostering originality, enhancing understanding of distinct social issues, and adopting a compassionate approach that transcends the fundamental obligations defined in a contractual agreement (Rees, 2014:55).

An analysis of volunteer management dimensions in the public sector of the United States indicates that effective volunteer management correlates with the enhancement of job-related skills among volunteers, which in turn contributes to greater organisational efficiency (Intindola et al., 2016). Zappala (2001) contends that in Australia, effective recruitment and retention of volunteers necessitates the development of innovative management strategies.

However, based on Gaston and Alexander (2001) study in the UK, public organisations tend to underestimate the value of volunteers, exhibit poor management practices, and impede organisational success by failing to appreciate volunteers' efforts. Steen (2006a) stresses that there is a significant interest in understanding the motivations that drive volunteers in the UK, which may be likened to the scholarly concentration on researching public service motivation. Enhancing understanding of the factors that motivate individuals to contribute their time to public service may significantly improve the effectiveness of volunteer recruitment, selection, and

retention strategies within the public sector. In addition, the growing number of volunteers donating their time and skills to public-sector groups necessitates the implementation of appropriate organisational and management techniques to maximise the use of this precious human resource. In order to efficiently turn donated time into concrete contributions, it is essential to gather and analyse trustworthy and up-to-date data about volunteers' demographics, viewpoints, and reasons for diminished engagement.

This chapter provides a thorough examination of relevant academic work that discusses the synthesis of volunteer involvement and management in the public sector, particularly in public hospitals. Volunteers who work within the public sector selflessly dedicate their time and energy to support the work of public organisations, improve public infrastructure, and respond to existing social problems. This chapter analyses hospital volunteering, providing a thorough examination of case studies and examples that illustrate the significance of volunteerism in public hospitals and its broader implications for operational effectiveness..

2.5.1. The four Cs in volunteer–public sector relations

Brudney (1993b) outlines a distinction between concepts regarding volunteer involvement in government-funded public services. His first perspective from the United States regards volunteer engagement as a method to reduce public expenditures and enhance the quality of public services. This suggests that by encouraging volunteerism, governments might potentially reduce their obligation to deliver essential services (Haski-Leventhal, 2009). As a result, a transfer of responsibility could potentially lead to the gradual deterioration of social welfare systems, to the point where even volunteer organisations may encounter difficulties in meeting the increasing demands. In contrast, the alternative viewpoint sees volunteer recruitment as a method of developing ties between the community and public bodies. The first relates to efficient cooperative associations characterised by lower costs and clarity, while the latter can be strengthened by an excess of volunteer labour supply relative to its demand (Handy and Srinivasan, 2004). As Milbourne and Cushman (2013:485) state, the key issue in all these situations is the assessment of trust in interactions between the public and voluntary sectors.

According to Najam's (2000:383) proposal, there exist four Cs in the relations between NGOs and the government, which refer to four potential strategies that can be employed to achieve objectives. These strategies are complementarity, cooperation, co-optation, and confrontation. The current review applies this four Cs framework to describe the possible collaborations between volunteers and public organisations.

The public sector typically demonstrates a favourable perspective on the effective utilisation of volunteers, as they can offer an additional array of services while adhering to budgetary constraints. An illustrative example is the use of volunteers within regional public libraries in the UK. According to Casselden et al. (2019), English public libraries are presently adopting a hybrid model with the aim of augmenting their voluntary effectiveness. This approach involves the engagement of volunteers to reduce the shortcomings resulting from a decrease in paid staff due to austerity measures implemented by local governments. Volunteer groups are widely recognised as organisations that offer added value, as they are enlisted to offer supplementary assistance to library personnel in various capacities and contribute to the organisation of events, thereby enhancing the efforts of the current paid staff. Complementarity is increasingly important as individuals without professional qualifications are taking on traditional civil society roles, while public institutions outside the civil sector are increasingly guiding voluntary initiatives (Skinner et al., 2019).

In addition, library management places considerable emphasis on fostering cooperation among volunteers and paid staff members. The achievement of this objective is facilitated by creating an environment that promotes positive interpersonal relationships, which are strengthened through educational programmes and nurtured through a consistent sense of self-assurance and trust. According to this perspective, cooperation is regarded as a distinctive type of assistance, as it entails a collective endeavour by individuals to tackle a particular social issue. Based on the analysis conducted by Van Vugt et al. (2000) in the Netherlands, cooperation can be defined as a distinct type of assistance that exhibits a set of fundamental attributes. The attributes include the quantification of beneficiaries, the presence of shared

interdependence, the duration of assistance, and the specific nature of the supportive action. According to the authors, cooperation possesses characteristics that differentiate it from other types of assistance. Unlike forms of help that involve mutual benefit or empathetic response, such as aiding individuals in distress, cooperation exhibits separate, distinct features.

The phenomenon of co-optation is evident in the assignment of particular job responsibilities to individuals who voluntarily provide their services. The implementation of a well-defined volunteer policy is a crucial element of efficient management protocols, as it enables the alignment of volunteers' skills with appropriate positions within public institutions. Volunteers experience a transition whereby they shift from being external entities to assuming the role of authorised associates. Eriksson (2018) performs a study that involves a three-year ethnographic investigation of the establishment of co-optation relationships within two prominent welfare agencies in Sweden. The study specifically examines a psychiatric agency situated in a rural region and the volunteers affiliated with a local social service administration. The author presents a thorough examination of four distinct attributes that establish the co-optation dynamic between the two entities. The integration of the distinct structural rationale of both parties, the establishment of activities guided by unique and shared regulations, the exercise of organisational authority over events, discussions, and engagements to align with the organisation's well-being, and the emergence of unique challenges that affect the organisation and contribute to its transformation are all interconnected elements..

The shift towards a hybrid model in public service delivery is noteworthy in the context of confrontation. This model emphasises increased volunteer involvement and

a corresponding decrease in dependence on paid staff. The paid staff express their opposition to the practice of volunteers assuming roles conventionally carried out by salaried employees. Concerns have been expressed by front-line personnel regarding the potential risks that may arise when volunteers assume control. This stands in contrast to the perspectives of volunteers, who perceive limitations in their actions due to the presence of various pre-existing regulations outlined in their job specifications. Einarsdottir and Osia (2020) provide a thorough examination of the complicated dynamics that give rise to conflicts between employees and volunteers in the UK fire service in their article *That's my job*. The authors attribute the observed phenomenon to the 'pseudo employee effect', whereby paid staff tend to underestimate the training and services provided by volunteers who perform similar tasks to paid staff. In line with the aforementioned, Ivonchyk (2019) suggests that volunteer programmes may have a substantial and enduring influence on government budgetary conduct in the United States. It is evident that an increase in volunteer engagement, as measured by the ratio of volunteers to workers, is unlikely to result in immediate cost reductions. Once adequately educated, volunteers have the potential to contribute to the provision of public services at comparable levels, therefore reducing the need for more staff and subsequently decreasing expenditure.

2.5.2. Volunteers in the public sector

There appear to be four primary reasons for governments to be engaged in promoting volunteering. Volunteering can be viewed as a means to enhance the quality of life and career prospects of individual volunteers, can help maintain the affordability of public services or optimise their quality, can serve as a means to cultivate or sustain social capital and social cohesiveness, while also promoting the inclusion of socially marginalised groups, and can improve the cohesion and camaraderie within a local community (Haski-Leventhal et al., 2009).

The act of engaging in volunteer work within the public sector is characterised by the following attributes (Brudney, 1999a: 222-223):

- i. The volunteer activity is supported and carried out under the auspices of a governmental organisation.
- ii. Volunteer activities occur within a structured environment, and specifically within an organisational framework.
- iii. The volunteers do not receive compensation for their time and effort.
- iv. Volunteers who engage in public sector activities are eligible to receive compensation for expenses incurred during their service, including but not limited to travel expenses, meal expenses, and parking fees.
- v. The allocation of volunteer time ought to be voluntary in nature, rather than being enforced or influenced through pressure tactics.
- vi. The primary objective of the volunteer activity is to help the clients of government agencies.

vii. Government-sponsored volunteer programmes assign citizens to roles that involve continuous service delivery responsibilities, such as client interaction, or organisational upkeep tasks, such as aiding paid personnel.

Rochester et al. (2010) provides insights into the recruitment of volunteers in UK public organisations by drawing upon the three distinct models identified by Steven Howlett. The models discussed in this context include the receptionist model, which suggests that the management of volunteers is a straightforward and low-skilled responsibility; the workplace model, which views volunteer work as supplementary and on the same level with that of paid employees; and the 'antidote to the receptionist model', which proposes the development of a new model that is more effective in engaging and managing volunteers. In their work, Scott and Russell (2000) provide a comprehensive examination of sectoral contracting responses in the UK, offering a wide-ranging analysis. This viewpoint is characterised by a focus on bureaucratic functions, a dependence on local governance for financial backing, the strengthening of administrative and legal capabilities, and the prioritisation of enhancing the skills of a specific group of volunteers, while neglecting traditional volunteers who possess social rather than technological skills.

Based on an analysis of empirical data gathered from homelessness services in two local authorities in southeast England, Buckingham (2012a) presents a conceptual framework outlining various organisational approaches towards engaging volunteers and their contractual arrangements. The taxonomy consists of four discrete categories: comfortable contractors; compliant contractors; cautious contractors; and community-based non-contractors. The first two categories consist of housing associations and charitable organisations that involve no or minimal volunteer

participation and rely heavily on government agreements. The third category, known as cautious contractors, consists of individuals who are both compensated employees and volunteers. These contractors face challenges in adhering to governmental regulations as a result of conflicting interests among different stakeholders. The fourth category, known as community-based non-contractors, consists solely of volunteers and is firmly embedded within local communities. They function autonomously from governmental financial support. Finally, community-based non-contractors demonstrate enhanced resilience due to their increased dependence on voluntary contributions and labour, a trend that can be attributed to the decline in public sector funding.

Co-production and co-creation are two additional concepts that are closely associated with the engagement of volunteers in contractual arrangements. One of the aims of public organisations is to ensure the voluntary engagement of individuals in addressing social issues. The occurrence of co-production and co-creation arises when individuals actively participate in the process of designing and delivering services. Benjamin and Brudney (2018) argue that it is imperative for scholars to consider three key observations derived from the existing literature on the voluntary sector, in order to effectively assess the viability of co-production within the US public sector. They suggest that individuals who participate in volunteer activities have the capacity to cultivate attitudes and skills associated with citizenship, especially when they are provided with chances to exercise their decision-making capabilities. Accordingly, it is not appropriate to assume that increased participation always results in better outcomes, adherence to democratic principles, and an enhanced capacity for civic engagement. In essence, although volunteerism possesses the capacity to facilitate the acquisition of skills, there exists no assurance that individuals will

effectively utilise these acquired skills in the context of civic engagement. Additionally, Torfing et al. (2016) conduct an analysis on the potential challenges that hinder the growth of co-creation within the US public sector. The authors highlight the differentiation between service provision and public problem solving, asserting that service provision is characterised by a relatively stable and established context, whereas public problem solving is characterised by a less structured and institutionalised context. The difference between public and private stakeholders can be ascribed to the fact that public regulation is often enacted on a national or supranational scale, leading to a significant disconnection. Hence, the task of fostering effective communication and collaboration between these two entities may present inevitable challenges. One notable consequence is the tendency of the public sector to neglect the potential of contracting and instead participate in basic efforts within marginalised social communities.

Research also identifies the factors associated with the engagement of volunteers in the public sector. Musso et al. (2019) shed light on the diverse manifestations of volunteerism in the realm of public safety in the United States. In municipalities that exhibit smaller dimensions, higher levels of property crime, and a population with conservative political orientations, there appears to be a heightened prevalence of volunteerism within the realm of law enforcement. On the other hand, the involvement of volunteers in firefighting is linked to various factors, including the size of the municipality, its fiscal capacity, and the organisational structure. Furthermore, Tomczak and Bennett (2020) propose a novel framework consisting of five normative criteria that facilitate the involvement of volunteers in the criminal justice system. They illustrate this framework by examining the Samaritans' provision of emotional support to distressed prisoners in England and Wales. The framework

proposed in this study seeks to enable comprehensive assessments of the diverse ways in which volunteer involvement can be perceived as a positive influence within the specific context of correctional institutions. After meeting these criteria, it is advisable to observe an increase in the democratic supervision of public entities, an improvement in the quality of decision-making and service delivery by public entities, and the cultivation of essential skills and a heightened sense of responsibility among volunteers.

It is worth mentioning that current scholarship identifies a need to establish a methodology for evaluating the significance of training for public volunteers. Dover (2011) recognises a new form of work, known as institutional work, which can develop volunteer programmes that foster mutual benefits for both public staff members and volunteers in the UK. The historical context of police volunteer management reveals significant findings regarding the role of volunteers in law enforcement agencies (Callender et al., 2019; Millie, 2019; Van Steden and Mehlbaum, 2019). It is posited that effective management and supervision are essential for the proper placement of police volunteers. In order to effectively recruit and retain volunteers within the police force, it is advisable to cultivate a favourable working atmosphere and optimise the potential of volunteers' competencies, expertise, and undertakings. During periods of financial limitations within the public sector, it is plausible that conventional law enforcement personnel may perceive the presence of volunteers as a potential obstacle. Conventional law enforcement personnel recognise the importance of input and assistance from volunteer workers. Fostering conscientious citizenship within the socio-political framework requires an understanding of the importance of these volunteers. Obstacles posed by police unions, which argue that these volunteers threaten traditional employment opportunities, must be overcome. It is striking to

witness the motivation exhibited by volunteers who actively engage in police work and make valuable contributions to society. Nevertheless, it is imperative for law enforcement agencies to improve their training, supervision, and management protocols in order to fully leverage the capabilities of these volunteers. By prioritising the exploration of volunteer engagement strategies that are consistent with the core values and commitments of the police force, law enforcement agencies will be able to maximise the contribution of volunteers.

Finally, the literature also explores the volunteers' levels of satisfaction, learning, and performance, as well as the outcomes resulting from the training they receive. The study conducted by Vizesfar et al. (2018) examines the efficacy of a first aid health programme among hospital volunteers in Iran, using Kirkpatrick's evaluation model. This study evaluates the Kirkpatrick model, indicating that the volunteer training program, which includes theoretical and practical elements, may enhance the knowledge and skills of volunteers. The programme's volunteers exhibit a positive affective state in relation to their participation, which in turn contributes to an enhancement of both awareness and efficiency. Moreover, a study by Dong et al. (2016) on the use of Kirkpatrick's evaluation model to assess the efficacy of training for hospital helpline volunteers in New Zealand indicated that the training was effective in improving volunteers' awareness and attentiveness towards helpline interventions. The evaluation indicated that most trainees successfully applied their acquired knowledge in practical contexts, particularly in the operation of telephone systems. The use of the Kirkpatrick Model is recommended for assessing educational programs for public sector volunteers, as it highlights a significant shift in citizen engagement, moving from a focus on citizen empowerment and social equity to an increased

emphasis on efficiency and performance measurement (Amirkhayan and Lambright, 2017).

2.5.3. Hospital volunteering

It is important to begin the discussion of hospital volunteers with a definition and outline of the characteristics of this group. According to Barbieri et al. (2017), hospital volunteers in Italy play a crucial role in patient care by providing non-medical services and contributing to various support services. They serve as an additional resource for staff members and contribute to the overall comfort and well-being of patients. Netting et al. (1989) assert that the changing needs of patients in the United States have prompted a gradual diversification of hospitals, subsequently leading to an evolution in the role of volunteers. The act of hospital volunteering differs significantly from informal care rendered by family members, as volunteers have the autonomy to determine the timing, duration, and location of their service provision, and their services are predicated on voluntary action. Within the realm of healthcare, volunteers can assume a range of roles, including those of 'activists', 'self-helpers', and 'assistants', which may overlap to varying degrees. According to Hujala et al. (2014), individuals in Finland engaged in activism participate in activities aimed at effecting social or political change, self-helpers provide peer support and therapy to individuals or groups of patients, and assistants assist in care operations and may serve as supplementary support for trained personnel. An organisational-level approach is necessary to integrate and complement voluntary hospital programmes effectively. This approach accounts for the multifaceted nature of potential voluntary tasks and the diverse types of volunteers involved.

Volunteering at hospitals has been a customary practice across various cultures and time periods. Blanchard's (2006) qualitative investigation on the motivation of hospital volunteers in the United States indicates that altruism, which is

characterised as the act of giving back to society and making a difference in the lives of those in need, was the primary incentive for volunteers of different genders and age groups. As the voluntary sector's capacity to deliver new social services and generate employment opportunities becomes evident, a shift in the motivations of hospital volunteers is observed. According to Ferreira et al.(2012), the progression of altruism in Portugal is dependent on prior development and learning. To promote volunteering, administrators of hospital volunteer programmes are advised to incorporate educational components such as educating volunteers about the cause, providing hands-on learning experiences, and demonstrating the necessity for volunteers. The correlation between civic activism and youth movements in Europe has promoted hospital volunteering among young individuals, resulting in a shift in the demographic makeup of hospital volunteers (Read, 2010).Galea et al. (2013) point to a shift in the hospital volunteer profile, particularly in the UK. Their research found that 66% of respondents observed that new volunteers are predominantly younger, while slightly over 50% exhibit increased ethnic diversity. However, Zweigenhaft et al. (1995: 25) argue that older volunteers in the United States exhibit greater effectiveness than their younger counterparts and additionally that women demonstrate higher levels of effectiveness than men.

The significance of volunteerism in public hospitals has been widely demonstrated in prior research. When examining the costs and benefits of volunteering, it is crucial to consider both financial and non-financial resources from an organisational perspective. The use of volunteers in UK hospitals has been observed to yield considerable cost savings and enhanced patient satisfaction outcomes, as reported by Hotchkiss et al. (2014). Handy and Srinivasan (2005:491) identify five independent variables that determine hospital volunteer demand in

Canada: the costs of volunteer labour, volunteer productivity, the existence of a hospital volunteer workforce, the number of hospital beds, and the satisfaction gained from utilising volunteers. The authors arrive at the conclusion that policies aimed at promoting hospital volunteering and subsequently augmenting the pool of volunteers may not necessarily result in cost reduction for hospitals. In contrast, they argue that if the use of volunteers is driven by demand rather than constrained availability, hospitals should emphasise the incorporation of volunteer work more than its supply. Additionally, although time is typically excluded from financial statements, they are crucial to the functioning of organisations and should therefore be considered (Handy and Mook, 2011: 418). Bowman (2009) suggests that the aggregate economic worth of volunteer time in the United States refers to the income that an organisation would forfeit in the absence of its volunteers, which is equivalent to the volunteers' contribution to the organisation's revenue.

Furthermore, the review of literature on hospital volunteering in the United States indicates that the financial benefits derived from voluntary work escalate in proportion to the extent of volunteerism (Hotchkiss et al., 2008). Thus, it can be deduced that an increase in the level of volunteerism is positively correlated with the magnitude of advantages that accrue to the hospital. In a survey across 31 hospitals in Canada, Handy and Srinivasan (2004) conducted a cost-benefit analysis of utilising volunteers within hospital settings. The expenses include various aspects, including recruitment, training, supervision, and management of volunteers, in addition to expenses not related to labour, such as venue rental, equipment procurement, provision of refreshments, outfitting, insurance, security clearance, and safety assessment. The cost of volunteering is, on average, one-third of the investment return designated for the volunteer program. The study reveals those hospitals enjoyed

advantages such as enhanced service quality and reduced workload for staff. Consequently, in accordance with the recommendations of the report by Fitzsimons et al. (2014) for the UK, it is essential to maintain a consistent allocation of funds for hospital volunteering, given the substantial return on investment, estimated to be five to fifteen times the initial expenditure.

The literature highlights the significance of volunteer administration, often conducted by nursing staff (Handy and Srinivasan, 2005). Ferreira et al. (2012:27) conducted a study in Portugal demonstrating that hospital volunteers prioritise training strategies over recognition strategies within human resources management. The process of recruiting volunteers is governed by established regulations and ethical principles, whereas the ability to retain them is contingent upon their level of motivation and perception of their meaningful involvement in the organisation (Boyle et al., 2017).

2.5.4. Case studies of hospital volunteering

Lourens and Daniels-Fix (2017) conducted a study that examined the implementation of a hospital volunteer programme in South Africa and provide recommendations for its future development. The findings suggest that the use of volunteers within hospital environments effectively fulfils the requirements of both the volunteers themselves and the hospital administration. The incentive for volunteers is the acquisition of novel skills, while the corresponding incentive for the hospital is the economic advantages it will accrue. The volunteers' motivation stems from their personal satisfaction derived from providing human services, while the hospital's altruistic motivation is driven by the desire to strengthen their empowerment and community-based role. The authors' conclusion is that hospital volunteerism represents a mutually beneficial exchange or *quid pro quo*, for both hospitals and volunteers.

Rogers et al. (2016) conducted a study involving 107 hospitals in the United States, demonstrating a correlation between the strategic management of volunteer human resources and patient satisfaction in hospitals. The study found a positive association between volunteer management and hospital outcomes, indicating that patient needs are met. Furthermore, the willingness of volunteers to fulfil their responsibilities does not show a positive correlation with patient satisfaction or the operational success of the medical facility. These assertions have been confirmed by hospital-based research in the United States that examines the distinctions in the incentives of unpaid and paid staff (Liao-Troth, 2001a). Additionally, the readiness of volunteers to meet their obligations does not exhibit a positive correlation with patient

satisfaction or the operational effectiveness of the medical facility. It has been suggested that the advantages resulting from the exchange of experiences between volunteers and patients are a direct result of the distinctive training and acquisition of specialised skills on the part of the volunteers. In research conducted at the Peter MacCallum Cancer Centre in Australia, Kinnane and Gagliardi (2011) investigated the importance of volunteer training in helping patients with cancer. The authors argue that it is crucial for professional support services to consider the distinct characteristics of hospital volunteers, including the emotional ramifications of their situations. After the successful completion of training programmes, it is anticipated that volunteers will demonstrate an enhanced understanding of their duties in facilitating face-to-face service, a greater sense of dependence on their role, and improved proficiency in communication.

Furthermore, beyond fulfilling managerial objectives, the use of volunteers within hospital environments presents potential benefits for patients. In their study, Howson et al. (2018) investigated the impact of trained volunteers on the quality of mealtime care for elderly hospital patients in the UK. The authors found that qualified volunteers were held in high regard by both patients and nurses, as they effectively addressed the need for high-quality mealtime care by freeing up valuable nursing time. The significance of this voluntary intervention was heightened by the vulnerability of elderly patients with dementia or delirium to malnutrition. Thus, the assistance of volunteers is highly valued beyond mere sufficiency. This positive conclusion is reinforced by additional research conducted by Bateman et al. (2016) in Australia , Ellis et al. (2020) in the United States, Blair et al. (2019) in the UK, and Steunenberg et al. (2016) in the EU. Baczynska et al. (2016) conducted the Southampton Mealtime Assistance Study in the UK , which showed that proficiently trained volunteers provide

aid to elderly patients beyond simply feeding them. Volunteers' interventions offer a range of benefits, including physical improvements such as enhanced physical function, psychological benefits such as reduced anxiety and emotional distress, social benefits such as increased quality of life and independence, and organisational benefits such as decreased hospital stay duration and cost.

Volunteers in children's hospitals fulfil diverse roles, including assisting at information desks, managing gift shops, visiting families in surgery waiting areas, coordinating library services, and engaging in special projects, while also making substantial contributions to fundraising initiatives. Erskine (2016) provides an analysis of the fundraising efforts of a volunteer for a children's hospital in the United States, drawing on personal memories of spending time in the hospital's paediatric intensive care unit while his son received treatment. Following the death of his child, the volunteer created a strategy for fundraising and launched a campaign aimed at supporting the carers and children who were receiving medical treatment. As a result of his efforts, a world-class standard of care was established, benefiting numerous patients. Meyer et al. (2013) propose that children hospital's volunteers in Germany can promote the objectives of hospitals by enhancing the hospital's reputation, identifying potential sources of funding, engaging in advocacy efforts, and exerting influence on lawmakers to support the hospital's requirements. Volunteers also may improve the credibility of hospitals by enhancing their public image and reputation.

Numerous research studies have investigated the management of hospital volunteers, identifying several organisational procedures—such as orientation, training, supervision, empowerment, and incentives—that significantly influence volunteer satisfaction and effectiveness (Ferreira et al., 2012; Handy and Srinivasan,

2004a; Hotchkiss et al., 2008; Rogers et al., 2016). Effective communication with volunteers in China is crucial as it facilitates reflection on their experiences and accomplishments, as well as the acquisition of valuable insights regarding novel recruitment incentives (Wu et al. , 2019). According to McDiarmid and Auster (2005) research in Ontario hospital libraries in Canada, it is not advisable to view volunteers as a quick or sustainable remedy for the issue of inadequate staffing. In addition, a study by Ripamonti in Italy (2017) suggests that the satisfaction of hospital volunteers, their level of involvement, and their intention to continue volunteering can be predicted. The study found that environmental variables have a more significant impact on these factors than socio-demographic and personal variables. The study conducted qualitative research in Italian hospitals and used semi-structured interviews with hospital volunteers to propose policies for the promotion of hospital volunteering. The policies encompass the creation of a unified vision regarding the role of volunteering between the hospital and volunteers, the execution of integrated care models that involve both professionals and volunteers, the provision of sufficient training for hospital volunteers to improve their emotional support and skill development, and the education of healthcare staff to recognise the contributions of volunteers in Italy (Gonella et al., 2019). Ultimately, Bartush (2012) proposes the creation of a volunteer advisory council to effectively sustain a robust volunteer workforce within hospitals in the United States. Besides aiding in volunteers' communication and education, the council has the capacity to facilitate volunteers' readiness for accreditation assessments through the administration of surveys that provide feedback to hospital personnel and ensure that volunteer orientation is appropriately aligned. Furthermore, Bartush (2012) emphasises the importance of establishing straightforward instructions for volunteers to prevent potential conflicts that may emerge. At Randolph Health

Hospital in the US, all volunteers are expected to participate in an annual training and quiz, which takes place every October. This training is conducted both online and in the hospital setting. The training programme comprises nine distinct modules that encompass a wide range of topics, including but not limited to general data, safety concerns, diversity monitoring, and infection control. The use and implementation of the quiz serves as an effective prompt for the hospital's policies and regulations.

Koivula and Karttunen (2014) conducted an exploratory investigation in Finland with the aim of determining whether the presence of volunteers in a hospital setting can be viewed as an opportunity or a potential threat. The authors present a heuristic model of the triangle of volunteer management, which outlines the fundamental aspects of managing volunteers. The model's axes delineate the key features of volunteer management, including the conceptualisation of volunteering, its definition, and its function and purpose. Efficient coordination and management of volunteer personnel necessitates a well-coordinated endeavour, and it is crucial to ascertain the responsibilities of a volunteer coordinator at the hospital level. Rogers (2017) suggests that hospitals in the United States facilitate effective management of volunteers in line with the organisation's strategic objectives. According to the author's recommendations, the management of volunteers is optimally executed when hospitals allocate dedicated paid personnel to oversee volunteer management, rather than treating it as a supplementary task. If the managers overseeing the volunteers are unable to allocate sufficient time to the development of efficient procedures, a potential resolution could involve the recruitment of proficient volunteers who can help. Guan et al. (2019) emphasised that ethical considerations require the implementation of measures at multiple levels, such as aligning self-interest with altruism, creating a

code of ethics for voluntary hospital service, and fostering a voluntary spirit to support the sustainable development of voluntary hospital service in China.

The analysis of hospital volunteering at Metaxa Hospital in Greece yielded several important findings (Tselou, 2008). The initial partnership between the volunteer community and the hospital's social service was characterised by a mutually beneficial focus on patient care. However, over time, self-interest became the dominant factor, leading to a breakdown in the relationship and ultimately compromising the well-being of patients. In addition, the state's role appeared to be insignificant with regards to social and voluntary services, thereby encouraging independent decision-making within a state hospital without oversight. The study challenged the stereotype that female Greek volunteers possess superior caregiving abilities, noting the growing presence of male volunteers in hospitals. Moreover, the hospital's facilities for voluntary efforts were deemed rudimentary, lacking the necessary provisions for volunteers to effectively carry out their intended purpose of aiding patients. Finally, it was found that volunteers and paid staff engage in collaborative efforts across all organisational levels, with the former regarded as a highly valuable resource for the latter.

This study emphasises the need for additional research to address the following questions:

- i. Is there a correlation between the rising self-promotion of individuals with financial power and authority who establish voluntary organisations in the healthcare industry?
- ii. At what level does the institutional factor facilitate or impede collaboration between volunteers and hospital management?

iii. To what extent does political ideology continue to impact the relationships between voluntary organisations and the State, or between individual voluntary organisations in Greece?

2.6. Volunteers and paid staff

The human resources of non-profit and public organisations often involve a partnership between paid employees and volunteers. As previously mentioned, coproduction is the terminology employed in scholarly literature to denote this type of collaboration, which exhibits varying degrees of implementation across different organisations. Two primary factors have contributed to the growing academic interest in this subject matter. The first suggests that volunteers play a crucial role in the operations of non-profit and public organisations; without their contribution, these entities would be unable to accomplish their objectives using only paid staff. The second relates to the professionalisation of non-profit and public entities and the incorporation of contemporary management strategies aimed at optimising their efficacy. This, at times, may be at odds with their volunteer-based principles (Lopez-Cabrera et al., 2020).

Handy et al. (2007) indicate that the principal empirical study on this topic was conducted by Brudney and England (1990). Their research, based in the US, demonstrates that the differentiation between paid and voluntary labour is unclear, and as organisations expand, salaried employees may take on roles previously held by volunteers, and conversely. Brudney and England (1983) provide evidence that volunteers are augmenting rather than substituting for paid employees in coproduction setups. In addition, according to Lopez Cabrera et al. (2020) study in Spain, a noteworthy research finding is the distinction in conflict perceptions between paid employees and volunteers. This suggests that paid employees encounter higher levels of conflict compared to volunteers. Maier et al. (2016) argue that the adoption of

business-oriented regulations within the context of a 'professionalism' or 'managerialism' trend in organisations increases task conflicts and creates role conflicts for both paid employees and volunteers. This uncertainty regarding their specific role within the organisation may lead individuals to perceive themselves as fulfilling the responsibilities of two separate roles.

This section presents the key findings of research on the relationship between volunteers and paid staff, reviews the literature on the integration of volunteers and salaried personnel, and analyses the differences and similarities in attitudes among staff and volunteers, particularly within the context of the NHS.

2.6.1. Dynamics of volunteer and staff relationships

The relationships between volunteers and paid staff within organisations that implement volunteer programs are significant. The seminal work, *Volunteers: The organisational behaviour of unpaid workers* (Pearce, 1993), is credited with laying the groundwork for the study of paid staff and volunteer interactions in the United States. Pearce identifies the tension among paid staff and volunteers and invites scholars to address this 'unpleasant secret'.

On the basis of Macduff's (2012) examination of practitioners' literature and academic research over an extended period of time, it is possible to identify three distinct categories of teams: volunteer–staff teams that make things; volunteer–staff teams that run things; and volunteer–staff teams that recommend things. Poor volunteer–staff relationships in these categories are usually noticed when there is a limited exchange of information since it is arguable that the possession of knowledge has significant power in an organisational context. Professional status, financial gain from charitable activities, and organisational management systems constitute the three main sources of potential friction between volunteers and staff (Pearce, 1993).

Particularly in hospital settings, it is evident that the concurrent utilisation of both volunteers and paid employees represents a persistent paradox. Current studies suggest that managing tensions strategically may be more effective than striving for a complete resolution of all tensions (Von Schnurbein et al., 2023). Von Schnurbein et al. (2023) from Switzerland assert that conflicts concerning processes, tasks, and relationships are more common in health care settings than those related to status, thereby supporting the findings of Lopez-Cabrera et al. (2020) in Spain. Therefore, it

is imperative for volunteer managers to cultivate a culture of reciprocal appreciation, foster effective communication between volunteers and paid staff, and ensure adherence to designated roles and responsibilities. Von Schnurbein et al. (2023) do not support Lopez-Cabrera et al.'s (2020) claim that paid staff members report conflicts more frequently than volunteers, or that conflicts have more severe negative consequences to paid staff in comparison to volunteers. A further study in Spain by Lopez-Cabrera et al. (2020) confirms their earlier finding that there is a disparity in reported work satisfaction levels between paid staff and volunteers, with volunteers exhibiting higher levels of satisfaction. Their study indicates that paid staff experience significant role conflict and ambiguity. They feel responsible for defining their own roles and evaluating their contributions, incentives, and efforts by comparing them to the responsibilities of volunteers. Additionally, they report a perceived lack of fairness linked to this comparative process with volunteers.

Rimes et al. (2017) suggest that the existing literature tends to place a greater emphasis on satisfaction rather than on conflict. However, there is a body of literature that presents the coexistence of staff and volunteers as an ideal combination lacking conflicts or potential obstacles. The optimal staff–volunteer relationship may be characterised as a ‘collaborative alliance’ whereby both parties enhance and maximise each other’s effectiveness. This principle is equally applicable to both staff-led and volunteer-led organisations (Mausner, 1988). Volunteers in organisations managed by staff members enhance and expand the capabilities of the staff by providing them with additional time and resources to effectively carry out their core responsibilities. Within voluntary organisations, staff members play a crucial role in relieving volunteers from work that they are unable to do due to limitations in time, interest, or skill. Mausner (1988) suggests that the endeavours of volunteers in the United States are facilitated

by the assistance provided by staff members to achieve their selected goals. In both scenarios, there exists a nuanced equilibrium or 'dynamic tension' as personnel and volunteers strive to mutually enhance each other's efforts. The concept of an ideal connection is exemplified by the 'teammate' model, whereby volunteers and staff collaborate on an equal footing to effectively accomplish the objective of the organisation (Schroder, 1986).

Macduff and Netting (2007) suggest that volunteer managers in the United States use a variety of strategies to facilitate volunteer integration, the majority of which revolve around paid staff actively establishing a welcoming environment. This fosters a favourable atmosphere that facilitates effective communication and rapport between volunteers and paid staff. Netting et al. (2013) contend that personnel may not inherently oppose the involvement of volunteers. According to the findings of their study in the United States, the resistance described above is not ingrained in the culture of some organisations. It could indicate that different cultural norms will result in different levels of resistance. Organisations may vary by culture and may bring to light different volunteer–paid staff connections. The research conducted by Blair et al. (2019) in Australia demonstrates that adequate support from a compensated volunteer coordinator, clear role boundaries, and effective use of the implementation and training resource package lead to significant improvements in the quality of emotional and physical care provided by volunteers, while also reducing the caregiving burden on families and staff.

The recent meta-ethnographic review in palliative environments by Oliver et al. (2023) indicates that the COVID-19 pandemic in the UK has restricted volunteers' ability to engage in direct, in-person interactions. However, narratives reveal a clear inclination among volunteers to collaborate with paid staff members, highlighting their

desire to form meaningful and purposeful connections. This meta-ethnographic research concludes that while volunteers and paid staff possess distinct responsibilities and purposes in palliative care, their membership in the same collective team is crucial for effective collaboration. Collaboration is described as an activity that transcends mere coexistence or joint efforts among colleagues. It suggests active collaboration and collective efforts towards common goals. This study found that paid staff are crucial in empowering volunteers by establishing shared objectives and involving them in the decision-making process.

2.6.2. The interchangeability of paid staff and volunteers

The study conducted by Mook et al. (2014:68) in the United States aimed to investigate the extent of interchangeability between volunteers and paid staff. The researchers identified the following five unaddressed research issues from prior studies and considered them in their analysis:

- i. How frequently are paid employees replaced by volunteers and vice versa in organisational settings? Is there a correlation between changes in substitution rates and organisational or individual factors?
- ii. What proportion of paid staff substituted by volunteers and volunteers substituted by paid staff was of extended duration, as opposed to being temporary?
- iii. What are the reasons behind organisations' decisions to reduce the number of paid employees and/or volunteers, as perceived by the volunteers? Do these reasons vary between individuals who have undergone permanent replacement versus those who have undergone temporary replacement?
- iv. What is the proportion of volunteers who perceived the substitution of paid employees with volunteer labour or vice versa as inequitable or unethical? Is there an apparent divergence in perspective between volunteers who have taken the place of permanent workers and those who have taken the place of temporary employees?
- v. What are the organisational and interpersonal factors that impact the determination to substitute paid staff with volunteers, and vice versa?

The authors' conclusion highlights the necessity of qualitative studies to explore the correlation between the exchange of volunteer and paid staff and the type of organisation. Specifically, future studies should examine whether larger organisations

possess distinct characteristics that impact the likelihood of labour exchange. Furthermore, it is recommended that forthcoming studies explore the underlying reasons why individuals who volunteer for high-skilled positions are more likely to substitute paid employees than those who volunteer for low-skilled roles. Additionally, forthcoming research should investigate the characteristics of the professions and salaried workers that are being substituted, along with the underlying reasons for both temporary and permanent interchange. In conclusion, the previously mentioned research questions require further investigation through studies utilising representative samples of volunteerism. It is particularly important to examine how this phenomenon may differ across various types of organisations, including charities, for-profit entities, and government agencies.

The study conducted by Netting et al. (2004) in the United States examines the possibility of an ideal combination of volunteers and paid staff. The authors highlight the importance of establishing a balance between the two that is compatible with the organisational culture of each organisation. The provision of guidance on the successful management of interactions between volunteers and paid staff remains a commonly sought-after offering among experts in the field of volunteer management. Requirements are articulated by administrators, managers, and agency personnel, highlighting the need for attention and development of interconnections within organisations that include both paid and volunteer staff.. Irrespective of whether the individuals involved are paid or offering their skills and time for the greater good of society, establishing connections and managing complex human interactions remain essential aspects in all human service contexts. The failure to recognise that volunteers, similar to paid staff, incur costs, along with an inadequate understanding

of the nature of volunteering within the organisational ethos, may contribute to various issues in the interactions between volunteers and paid personnel.

Another study conducted by Netting et al. (2005) in the United States provides empirical evidence that entering into a contractual agreement with a faith-based community may enhance an organisation's ability to effectively manage evolving role expectations and the associated uncertainties. This study was conducted on a sample of 15 faith-based organisations. The diverse roles of participants, volunteers, and paid staff demonstrate their flexibility, supported by cross-training, role diffusion, and the ability to perform various tasks as needed. The pragmatic response to human needs appears to hold greater significance than role-based boundaries. The organisational culture and faith-based nature of the work serves as a means of attracting both remunerated staff and volunteers, while also providing a stated personal benefit for both groups.

The extent to which paid and volunteer labour can be used interchangeably was investigated by Handy et al. (2007) through an analysis of data from various Canadian non-profit organisations, including two nationwide surveys and case studies of two hospitals. The studies present numerous factors associated with interchangeability. The model proposed by the authors indicates that the probability of an organisation transitioning between paid staff and volunteers depends on two main factors: organisational exigency and the availability of volunteer labour. The interplay of these variables creates environmental constraints that affect organisations' decisions regarding labour interchangeability, including the replacement of paid employees with volunteers and the reverse. From an organisational perspective, and within the limits of environmental constraints, paid and volunteer labour can be

substituted for one another until the point at which the additional output generated by volunteer labour is equivalent to that of paid labour. Stated differently, the organisation opts for volunteer labour when the addition of one unit of volunteer work yields a greater net positive impact on the final output compared to the addition of one unit of paid labour. The process of substitution will continue until the net gains from adding supplementary units of compensated and unpaid work equal the net losses from the same additions.

A significant study conducted in the United States by Chum et al. (2013) illustrates the bidirectional phenomenon of employees replacing volunteers and vice versa, noting a marginally higher occurrence of employees substituting for volunteers. However, according to the authors, the replacement of employees by volunteers raises more significant ethical concerns. The data suggests that organisations should consider developing policies, potentially through collaborative efforts, which consider the appropriate circumstances for interchanging paid employees and volunteers, as well as the replacement of employees by volunteers. It is imperative to exercise discretion when undertaking such measures, despite the ethical dilemmas that may arise. The replacement of paid staff by volunteers may lead to a fragmented labour force, necessitate the hiring of additional paid staff to manage volunteers, and send the negative signal to existing paid staff that they are dispensable.

In the health sector and hospital settings the Patient Reporting and Action for a Safe Environment (PRASE) method is used to gather primary data on the interchangeability of volunteers and paid staff. This systematic method of gathering patient feedback seeks to enhance services. A two-year improvement project was conducted to assess the feasibility of utilising hospital volunteers for collecting PRASE

feedback, as reported by Louch et al. in the UK (2019), to establish a sustainable mechanism for the PRASE intervention. The aim of this study was to investigate the perspectives of ward personnel, hospital volunteers, and their supporters as they work together to execute a patient-centred patient safety intervention. While not universally applicable, the PRASE intervention was deemed credible by employees, and all the participants reached a consensus regarding the authenticity of patient feedback for enhancing the quality of services. The hospital volunteers' contribution to the intervention received appreciation from all stakeholders, who specifically acknowledged their autonomy and the resultant transparency and accountability that follow from their involvement in helping initiatives.

2.6.3. The role of volunteers in the NHS: Views from the front line

The act of volunteering within the NHS and the broader care system has attracted significant attention and policy emphasis from NHS England and the Department of Health and Social Care. The NHS70 celebrations placed significant emphasis on volunteering, which was also identified as a key priority in the NHS Five Year Forward View (NHS England, 2014). In September 2018 NHS England committed a sum of £2.3 million to aid Helpforce's efforts in enhancing the volunteering services of 10 NHS trusts. It is anticipated that volunteering, in conjunction with other types of social action, will constitute a component of the NHS's long-term strategy.

The study titled “The role of volunteers in the NHS: Views from the front line” (Buck et al., 2018) aimed to examine the perceptions of acute care frontline NHS workers concerning the operational challenges they face, the importance and responsibilities of volunteers, and the potential contributions of volunteers. The report's key findings include a significant level of support for volunteerism among frontline personnel, as well as three distinct types of value it offers to staff, patients, and volunteers. The assistance provided by volunteers is extremely important, as it enables professionals on the front line to concentrate on delivering clinical care. Frontline healthcare workers acknowledge that volunteers can potentially enhance the humanistic aspect of hospital life by performing non-clinical duties, such as providing emotional and personal support, which staff members may not have the opportunity to do due to time constraints. This allows healthcare workers to dedicate more time to clinical care.

However, staff warned that certain difficulties may arise, predominantly due to uncertainty regarding the obligations and accountabilities of both volunteers and personnel operating at the forefront of patient care. Within the scope of the research, the lack of clarity usually related to the distinction between volunteer and employee positions. The survey responses shed additional light on the matter, indicating a need for improved understanding of these limitations among employees, which can often be attributed to inadequate training. Respondents indicated reassurance that volunteer work is not meant to replace paid employment. The interviewees reported instances where fellow employees expressed apprehension regarding volunteers potentially usurping salaried positions or perceived a sense of intimidation.

The apprehension surrounding the duties of volunteers and employees does not arise solely from the lack of clarity. Staff also assess the degree to which volunteers fulfil responsibilities that were formerly carried out by compensated personnel. As per the statements of the interviewees, it is crucial to refrain from depending on volunteers: the individuals expressed nervousness regarding the involvement of volunteers in duties such as patient conveyance and nourishment, which they believe should be carried out either by porters or healthcare assistants. It was also acknowledged that employees cannot solely depend on uncompensated volunteers who may not be readily available at a moment's notice.

The conclusions drawn from the report suggest that improving collaboration between hospital staff and volunteers could enhance the success of volunteering in hospitals. The following measures were recommended:

- i. Ensure that all NHS acute care trusts have a well-organised plan for volunteering. It is imperative to devise a comprehensive strategy that ensures the

hospital board members are held accountable for enhancing the proficiency of frontline workers via volunteer assistance, while also strategically aligning volunteering with the trusts' operational procedures.

ii. Take a proactive approach in exploring strategies to expand the range of existing volunteer opportunities to align with the preferences of frontline staff and volunteers.

iii. Equip and authorise frontline staff across all levels and groups to establish collaborative working associations with volunteers. This can be achieved by explicitly including this obligation in job descriptions, training programmes, and orientation sessions. This implies that the frontline staff would efficiently manage the task of establishing communication with volunteers and providing them with necessary aid.

iv. Establish effective communication channels between hospital volunteer services and front-line staff teams is crucial. It is imperative that employees are provided with clear and concise information regarding the various domains where volunteers can offer their assistance, as well as the appropriate channels through which they can solicit the aid of volunteers.

v. Recognise the crucial responsibility of board members and senior management in guaranteeing that volunteers are duly recognised for their distinctive contributions to hospital operations and remunerated for the time they dedicate.

2.7. Towards a conceptual framework through the lens of the psychological contract and emotional labour theories

There is growing interest among scholars and practitioners in understanding the process of developing policies and procedures for the integration and retention of volunteers within organisations. This section presents a thorough examination of the existing literature concerning the relationship between psychological contract and emotional labour theory, as well as the integration of volunteers. The objective of this chapter is to discuss the current research that offers detailed recommendations on how to enhance our knowledge of whether volunteer integration techniques may benefit both volunteers and organisations.

Psychological contract theory (PC) is a conceptual framework that defines an individual's perception of the reciprocal obligations between themselves and another entity, such as an employer (Rousseau and Tijoriwala, 1998). Based on extant literature, it is evident that there exists a discernible distinction between PCs used for employment purposes and those used for volunteering activities. Delayne (2014) contends that qualitative or mixed research methodologies ought to be prioritised to thoroughly investigate the nature and characteristics of PCs utilised by volunteers. Nichols and Ojala (2009) offer a critique of the current use of modern PC frameworks in volunteer management, contending that these frameworks fail to accurately capture the complexities inherent in the volunteer–volunteer manager relationship. According to the research conducted by Farmer and Fedor (2001) in the United States, it is found that volunteers demonstrate a greater level of attachment to relational psychological contracts in comparison to managers. On the other hand, Taylor et al.(2006) and

Nichols and Ojala (2009) from the UK stress that managers generally exhibit a greater degree of consciousness regarding transactional obligations. Finally, there is a compelling need to investigate a third dimension, specifically values-related or ideology-related PCs (O'Donohue and Nelson, 2009a; Delayne, 2014).

The primary focus of emotional labour research pertains to the mechanisms through which individuals achieve a desired emotional expression. According to Morris and Feldman (1996), the concept of emotional labour refers to the efforts made by employees to exhibit emotions that are considered desirable by the organisation in the context of interpersonal exchanges. Kruml and Geddes (2000) from the United States expand upon Hochschild's foundational research on institutional emotional regulation by incorporating the concepts of effort and dissonance. Their objective is to stimulate further investigation into emotional labour and its impact on various factors that contribute to favourable working environments, ultimately fostering employee productivity and customer satisfaction. The lack of a formalised employment contract gives rise to a significant concern regarding emotional labour in the context of volunteer work. Thus, it is essential to consider the emotional experiences of individuals engaged in unpaid service to effectively capture the characteristics of this theoretical framework. Just as with the broader concept of emotional labour, the emotional labour performed by the majority of volunteers is often overlooked and goes unrecognised by the organisation (Field and Johnson, 1992).

This chapter offers a comprehensive analysis of the use of psychological contract theory within the domain of volunteer management. It outlines the primary perspectives that can be employed to examine and evaluate individuals' psychological contracts. This study analyses recent academic literature and case studies related to

the psychological agreements of individuals involved in volunteer work, while integrating prior empirical research on psychological contract development, breach, and fulfilment..

This section also presents a comprehensive analysis of the literature relating to the theory of emotional labour within the voluntary sector. This study examines empirical evidence concerning the potential benefits of incorporating emotional labour into volunteer management practices, as illustrated by the analysis of prior case studies. Considerable weight is given to the analysis of the psychological contract and the appearance of emotional labour among individuals involved in voluntary service within hospitals.

2.7.1. The use of psychological contract theory in volunteer management

According to Hager and Renfo (2020), organisations can be positioned on a continuum ranging from those with limited experience to those with a high level of expertise in managing volunteers. While some organisations may fall in the middle range of the spectrum and resist categorisation, the other two distinct groups at either end are clearly defined and easily identifiable. The effectiveness and positive experience of a volunteer are primarily influenced by the balance between the resources provided by the organisation to the volunteer and the expectations held by the volunteer towards the organisation; efficient voluntary administration plays a crucial role in promoting alignment. This scenario creates a dichotomy in which organisations do or do not provide their volunteers with mutually advantageous opportunities. The authors' conclusion suggests that psychological contract theory offers a clear framework for effectively recruiting and retaining satisfied and productive volunteers.

Nichols (2013) analyses the constraints in research regarding the psychological contract of volunteers, attributing these limitations to the direct application of metrics derived from employee studies and the overarching assumptions common in the prevailing discourse on psychological contracts. The related literature found in the works of Pearce, 1993; Liao-Troth, 2001b; Conway and Briner, 2002; Taylor et al, 2006; Starnes, 2007; Kim et al., 2009; O'Donohue and Nelson, 2009; Wilson, 2019; Cnaan et al., 2021, illustrates the problems that arise from applying to volunteers the same PC measures designed for employees, the constraints of solely quantitative measures in exploring the experience of volunteers, the added value of producing

findings from detailed qualitative work, and the value of understanding the psychological contract as a social relationship. Nichols (2013) asserts that by considering the socio-cultural factors that shape expectations within the context of the psychological contract, it becomes feasible to draw on theoretical insights on volunteering to examine the distinctiveness of volunteers' PC, as compared to that of employees.

The psychological contract of volunteers can be examined from two primary perspectives. The initial aspect examines the relationship between an organisation and its volunteers. Studer and Schnurbein (2013) present three propositions illustrating the influence of organisational factors on volunteers. They conclude that effective coordination of volunteers relies on the precise definition of roles, ongoing monitoring of social processes to prevent conflicts, and the organisation's clear communication of its identity, mission, and values. Volunteers prioritise organisational support and clear role definitions when deciding to maintain their engagement with an organisation. Walker et al. (2016). The institutionalisation of the non-profit sector, along with the adoption of business-oriented governance and operational practices, has resulted in a shift from collective to individual forms of volunteerism. This shift highlights the importance of individual commitment to social altruism, rather than exclusively prioritising the achievement of the organisational mission (Vantilborgh et al., 2011). An alternative viewpoint on the relationship between an organization's mission and its volunteers involves two fundamental aspects of the psychological contract: the transactional and the relational (Delaney, 2014). Organisations interpret the psychological contract through transactional lenses, while volunteers perceive it in the context of interpersonal relationships, reflecting their respective missions.

The second perspective considers the impact of an individual's personality and motives on the psychological contract of volunteers. In Liao-Troth's (2001b) analysis, the author explores the view that the establishment of psychological contracts necessitates a thoughtful examination of an individual's personality. The author contends that personal motivation does not directly affect psychological contracts yet recognises that it can influence the specific terms and conditions of these contracts. This assertion suggests a correlation between an individual's personality traits and the nature of their psychological contract.

With regard to personality traits, Clary, Snyder, and Ridge (1992) employ a functional approach to address the recruitment, placement, and retention of volunteers. The Volunteer Functions Inventory is introduced as an instrument that evaluates six scores linked to fundamental motivations satisfied through voluntary engagement: values, understanding, career, social, esteem, and protective. Values represent the selfless nature exhibited by individuals. Understanding is a fundamental cognitive process that encompasses the acquisition of knowledge and insights derived from personal experiences. The pursuit of a career is closely connected to the development and mastery of particular skill sets. Social behaviour refers to the inclination to conform to societal norms and expectations. Esteem refers to the emotional experience of perceiving oneself as being valued and significant. Lastly, protective pertains to the act of distancing oneself from unfavourable emotions regarding one's own self.

In the realm of typology analysis, Vantilborgh et al. (2013) conducted research in the Netherlands that categorises the psychological contract into three distinct types: transactional, relational, and ideological. The authors demonstrate the importance of an individual's personal traits in the reciprocal relationship with an organisation by

examining five relational hypotheses that involve conscientiousness, extraversion, agreeableness, neuroticism, and tenure in conjunction with contracts. Blackman and Benson (2010) propose three distinct levels of contracts related to transactional, career, and relational dimensions in their analysis of the psychological contract, incorporating the career aspect into its development. Volunteers take into consideration these contracts when they make a commitment to participate in voluntary activities within an organisational context.

2.7.2. Development, fulfilment, and breach of volunteers' psychological contracts

Hoye and Kappelides (2021) conducted a systematic review of the literature to investigate the potential of using the psychological contract framework to examine the volunteer experience. Its aim was to ascertain the current understanding of the temporal and dynamic characteristics of psychological contracts and their potential impact on volunteer engagement and future volunteering intentions. This review highlighted the transactional, relational, and ideological aspects of volunteer PCs, particularly in relation to PC development, breach, or fulfilment.

In context of the PC's development, Kappelides et al. (2019) study in Australia provides evidence that volunteer recruitment practices and volunteer expectations directly influence the development of volunteers' PCs from the very first interactions they have with an organisation, and even before they commence their voluntary duties. O'Donohue and Nelson's (2009b) study examines the psychological contracts, motivation, values, and job satisfaction of volunteers in a sample of five hospitals in Australia. According to the results, participants view their psychological contracts to have economical, socio-emotional, and ideological components. The primary emphasis of numerous volunteers is not confined solely to individual self-interest or the interests of an organisation but rather encompasses broader interests that transcend the boundaries of the organisation. The authors provide empirical evidence highlighting the significance of the psychological contract in conceptualising and understanding the relationship between volunteers and organisations. They suggest that participants' attitudes towards unsupportive managerial behaviours, particularly in terms of

recognising volunteer contributions, work structure, and coordination, can lead to a violation of the psychological contract and this violation may further result in a decrease in volunteers' engagement. Conversely, psychological contracts are satisfied through the promotion of social connections and community development, which aids in personal growth and skill enhancement, aligns with various religious, political, social, or ideological beliefs, and provides recognition and rewards for organisational citizenship. Finally, the authors argue that leveraging digital technologies has the potential to enhance the recruitment and retention processes by adhering to appropriate standards for the psychological contracts of volunteers.

Regarding PC breaches, it is possible that certain initial obligations undertaken by an organisation may not be fully met over an extended period. Vantiborgh et al. (2014) from the Netherlands propose the Exit, Voice, Loyalty, Neglect framework as a means of explaining the reactions of volunteers when their psychological contract is not fulfilled. This framework highlights the various ways in which volunteers respond to dissatisfaction within their relationships with an organisation. To mitigate negative sentiments, including resentment and frustration, stemming from a PC breach, organisations should provide clear explanations of the primary factors contributing to these breaches (Griep et al., 2020). Recent research indicates an upward trend in the degree of organisational dedication to fulfilling the psychological contract obligations of volunteers. In instances where the behaviours exhibited by volunteers are inconsistent with the goals and principles outlined in an organisation's mission, volunteer managers ensure adherence to policies and guidelines while simultaneously avoiding volunteer disengagement. According to Bilan's research (2019) in the United States, the avoidance of psychological contract breach is a significant determinant in the attainment of effective volunteer management. This is achieved by analysing various factors that

may adversely affect volunteer behaviour. By identifying key factors that influence volunteer motivation, volunteer managers can align the goals and values of the organisation with those of the volunteers, potentially decreasing disruptive behaviours and violations of organisational regulations. Moreover, the importance of establishing a framework for psychological agreements is unique to the specific group of volunteers. Research indicates that the psychological agreements of volunteers are affected by contextual factors and their specific objectives. A study conducted by Barrett et al. (2017) suggests that the psychological contract of international volunteers exhibits a lower degree of expectations in comparison to volunteers who engage in activities within their own country. The psychological contracts of international volunteers comprise various expectations, which can be relational, transactional, and values based. It is worth noting that the relational and values-based aspects hold greater significance than the transactional elements. When volunteers believe their practical assistance is inadequate for reaching a particular objective, they tend to modify their psychological contract instead of viewing it as a violation of that contract. In faith-based organisations in Indonesia, the psychological contracts of members are significantly influenced by spirituality, which affects their emotional dedication. Conversely, breaches in the transactional psychological agreement do not have a substantial effect on their emotional dedication (Handayani et al., 2020). Finally, the study by Vantilborgh et al. (2014) from the Netherlands highlights the importance of acknowledging the unique characteristics of volunteers' ideological commitments. This study indicates that volunteers will seek to rectify the non-fulfilment and breach of their ideological psychological contracts by exerting extra effort, driven by the personal significance of their ideological commitments..

When it comes to the fulfilment of PCs, a number of recent studies have concentrated on investigating efficacious approaches to bolster volunteer recruitment and retention outcomes. The objective is to optimise the invaluable contributions of volunteers as an essential part of an organisation's human resource management. Fisher et al. (2004) found that volunteers' perspectives in Australia are significantly influenced by their initial encounter, even before they begin their volunteer work. The findings suggest that the selection of written material, accessible through online platforms for prospective volunteers, has a notable impact on the early stages of the development of a volunteer's psychological contract. This is due to the need for congruence between an organisation's expectations and the aspirations of prospective volunteers. In addition, the research conducted by Griep et al. (2016) in Belgium emphasises the role of organisational governance in effectively managing volunteers. The study involved a diary survey with 247 volunteers, categorising them into collective and reflexive groups. It demonstrated the application of stimulated communication strategies in both group types to enhance the fulfilment of the psychological contract. Similarly, Stirling et al. (2011) conducted a study in Tasmania that identifies several volunteer expectations, including the use of effective relational management strategies. Furthermore, in their examination of the management of volunteers in sports events, Nichols and Ojala (2009) place significant emphasis on the importance of clear job descriptions, task flexibility, recognition of volunteer participation, and the quality of work relationships in the UK. Kappelides (2017) investigated qualitative research on psychological contracts in volunteer settings at Australian camps, analysing the relationship between these contracts and volunteer retention. The study concluded that the relational components of the contracts were more significant than the transactional elements. The volunteers expressed a preference for management practices that are

informal yet consistent, with a focus on the importance of interpersonal interactions. Finally, the research conducted by Wang and Yu (2015) investigated the relationship between motivation, psychological contract, and volunteerism at the 2010 Shanghai World Expo in China. Their research shows that the unambiguous definition of the volunteers' tasks and obligations, as well as the organisation's equal treatment, impact volunteers' PC fulfilment.

2.7.3. Emotional labour in volunteer management analysis

Foster (2018) asserts that individuals frequently engage in the practice of emotional labour within their personal time. Emotional labour constitutes a form of mutual gift-giving, in which individuals engage in the act of exchanging gifts, thus fostering a sense of social interconnectedness. The proposed theoretical framework of emotional labour serves as a mechanism that offers a better understanding of the phenomenon of volunteer participation. It emphasises the importance of emotional attachment as a motivating factor, strengthening volunteers' continued involvement in long-term contributions. Empirical research studies have provided evidence that lends support to the notion that the recognition and acknowledgment of emotional labour significantly contribute to the improvement of volunteers' performance. Additionally, various principles derived from this concept can be employed to prepare volunteers for their specific responsibilities effectively. Volunteers frequently demonstrate an elevated level of emotional labour and surpass their anticipated duties as a result of their profound emotional connection to the individuals and goals they are dedicated to serving. Eshenfelder (2012) posits that volunteers in the United States must consistently employ emotional regulation to effectively manage complex situations and provide appropriate support to those facing difficulties.

The unique characteristics of emotional labour in the voluntary sector are highlighted by emotional expectations and the intentional decision to engage in volunteer work, thereby emphasising its distinct attributes. The underlying argument for this phenomenon is rooted in the assumption that individuals' expectations and choices are impacted by their unique emotional states, which involve sentiments such

as sympathy and compassion (Barazza, 2011). The report by Ward and Greene (2018), commissioned by the National Trust in the UK, provides a comprehensive and evidence-based analysis of volunteer management. It reveals that volunteers exhibit a significant emotional connection to the properties and areas where they choose to serve. The existence of this emotional attachment highlights the diverse range of emotions that volunteers experience in relation to their voluntary pursuits. Moreover, the practice of selecting employees who share similar backgrounds to the audience they serve can be a viable strategy for mitigating the likelihood of experiencing burnout. The study conducted by Molina et al. (2017) in Italy notes that individuals who display a motivation to participate in volunteer activities based on their personal experiences are less vulnerable to burnout, because of their heightened personal awareness of the difficulties entailed in engaging in specific volunteer endeavours.

Existing research in North America also raises questions regarding the potential oversight of emotional labour within the volunteer setting and the anticipation that volunteers will maintain a positive demeanour despite the inherent difficulties associated with their responsibilities (Mastracci and Adams, 2019). According to Froyum (2013) research in the United States, the lack of emotional support provided by the organisation can create difficulties for volunteers, leading to the expression of negative emotions while engaging in emotional labour. The presence of affective involvement, marked by heightened emotional responses during the fulfilment of voluntary duties, may influence the effective management of emotional labour in volunteer settings and decrease the likelihood of volunteers intending to withdraw from their participation. The research conducted in the United States by Ertas (2019) identifies a significant positive association between organisational support, encompassing both mission-related and emotional aspects, and the level of voluntary

engagement. Moreover, there is a correlation between voluntary engagement and subjective well-being, as well as the perception of social benefits.

While the emotional engagement of volunteers offers distinct advantages, effectively leveraging the benefits of these emotionally committed individuals poses challenges for those responsible for their management. According to Colley's research in the UK (2003), the imposition of control over an individual's emotional labour can result in heightened anxiety among managers. The UK study conducted by Ward and Greene (2018) revealed that managers often encounter a sense of powerlessness when fulfilling their responsibilities in supervising voluntary activities. The magnitude of this emotion is reinforced by the volunteers' perception of their degree of influence. The lack of perceived control by managers has the potential to lead to a state of managerial paralysis. Bendaravičienė (2019) contends that it is essential to expand traditional management theory to formulate strategies that improve the emotional labour of volunteers in Lithuania, addressing diverse challenges.

2.7.4. Empirical studies

A significant aspect of volunteer training pertains to the effective preparation of volunteers for their designated roles, as well as the cultivation of skills that align with the emotional requirements of their responsibilities. Despite being an emerging field, scholarly initiatives have begun to investigate the application of emotional labour among volunteers in the third sector, with empirical research providing various explanatory perspectives on this phenomenon within the voluntary sector. This phenomenon has been identified through a variety of instances, including the investigation known as the 'Unknown Sock Knitter' study, which delved into the emotional labour and voluntary efforts of women in Australia during the Great War (Scates, 2001), as well as the Girls Scouts of San Diego study in the United States, which examined the difficulties associated with reciprocity in the context of volunteerism (Goerisch, 2017).

The field study conducted by Thornton and Novak (2010) offers valuable insights into how volunteers express their emotional labour within a rural rape crisis centre in the United States. A central finding is the mirroring effect experienced by volunteers when interacting with rape victims. Rather than fulfilling the role of trained and supportive personnel, volunteers are motivated by empathy, compassion, and a dedication to alleviating the distress endured by individuals who have been victims of sexual assault. In contrast to the conventional practice observed among crisis line personnel, who typically maintain anonymity and engage in brief interactions with clients, rape crisis volunteers adopt a different approach by establishing enduring and intimate relationships with individuals seeking their assistance. As per Baines'

(2011:152) study conducted in Canada and Australia, a volunteer expresses the following sentiment: “I must go out and do volunteer work. If I didn’t, I wouldn’t have a real sense of what is going on out there in the community, I wouldn’t be able to look people in the eye and say, I know what you are going through and I’m with you in trying to change it.” Gray (2009) highlights this significance of emotional labour in fostering trust and addressing exclusion barriers through the example of Family Support Workers in East London in the UK who engage in befriending excluded refugee families. The articulation of emotional expression by both refugee families and volunteers facilitates the effective communication of identified needs and the corresponding resources that can fulfil those needs. The findings of a similar study focussing on a qualitative analysis of asylum seekers in Germany (Stock, 2017) indicate that volunteers gain insight into the circumstances of refugees and tend to prioritise individual concerns over organisational responsibilities through their interactions.

Furthermore, according to the findings of Sawbridge and Hewison (2013), the Samaritans organisation in the UK develops a useful strategy for the regulation of volunteers’ emotional labour, which is promising in terms of potential implementation. The Samaritans begin volunteer service after receiving training and guidance in the essential skills needed to provide individuals who have actively engaged in a suicide attempt with the necessary emotional support. Clearly, given the demands of their undertaking, the Samaritans implement a well-organised framework of assistance to acknowledge this reality. The findings of this research indicate that the implementation of well-regulated and sufficiently supported professional frameworks can result in positive outcomes while regulating the emotional labour of volunteers. Similarly, Shih et al. (2010) identify a significant positive association between the emotional labour

exhibited by volunteers and the extent of service training provided by organisations in the United States. The study specifically highlights that the volunteers' capacity to manage their emotions effectively during their tasks has a positive influence on the quality of services provided to service users. It further suggests that it is possible to mitigate 'volunteer emotional exhaustion' by offering training and support in emotion regulation during interpersonal interactions, rather than implementing constraints on volunteers' emotional expressions. Furthermore, the study conducted by Hayton in the UK (2017) investigated the emotional labour exhibited by student volunteers involved in a sports programme that specifically targets coaching individuals from hard-to-reach populations. The study indicates a difference between the authentic emotions felt by the volunteers and the emotions they externally exhibit while pursuing the organisation's objectives. Hayton posits that providing comprehensive training for volunteers is essential for the effective management of their emotions during volunteer activities. Addressing potential bias towards retaining negative emotions is essential, as it may discourage individuals from participating in future services..

Additionally, it is important to stress that the degree of emotional labour carried out by volunteers may vary depending on the specific nature of their volunteer activities. Knight and Britton (2019) provide an analysis of the perceptions surrounding emotional labour within the population of Special Constables in the UK, who are volunteer police officers. The authors identify challenges encountered by Special Constables that necessitate emotional labour and propose the need to customise support services to address the distinct experiences of volunteer officers. This conclusion is drawn from two extensive nationwide surveys conducted among Special Constables and qualitative insights gathered through interviews in five different police forces. To identify and address ongoing challenges such as socio-economic

disparities, cultural barriers, and professional role conflicts, it is essential that aid provision is systematically organised, sufficiently financed, and reliably implemented.

Finally, the available empirical evidence suggests a positive correlation between empathy and emotional labour. Doidge and Sandri (2019) conducted a study that focuses on the emotional labour undertaken by volunteers of the Jungle, an informal refugee camp situated near Calais in France. The authors' research project explores the importance of emotions as a catalyst, arguing that empathy not only prompts intervention but also fosters voluntary participation as volunteers engage with their emotions. Rather than impeding research, emotions can actually foster the exploration of new avenues of investigation. This phenomenon can be attributed to the potential of volunteering to function as a means of channelling emotions that exist within individuals' lives but are otherwise unexpressed. Therefore, it is suggested that volunteers stationed at Calais develop strategies to manage their individual emotions of sorrow and dissatisfaction regarding the immigration situation in Europe by helping at the Jungle camp. Karsten (2013) conducted a quantitative analysis of data from a convenience sample of 25 helpline volunteers in Germany, who managed a total of 1033 crisis line calls. The research findings indicate that emotional labour is significant in crisis line volunteering and is influenced by societal expectations regarding the appropriate expression of emotions.

2.7.5. The emotional labour of hospital volunteers

There is growing recognition of the significance of emotional labour in the context of hospital care, an area of volunteering that is progressively gaining ground. Within this framework, emotional labour is an essential element of healthcare delivery within hospital settings, and acknowledging its importance is critical in a discussion of volunteer efforts in such contexts.

According to James (1992), the concept of care work encompasses three fundamental elements: organisation; physical labour; and emotional labour. The equation 'care = organisation + physical labour + emotional labour' effectively encapsulates the essential components of care work. The maintenance of a balanced relationship between physical and emotional labour is significant for organisations providing care, as it aims to achieve optimal outcomes for both carers and recipients. The practice of emotional labour primarily pertains to the habitual responses to frequently encountered situations. It could be argued that emotional labour poses a level of difficulty that is comparable to physical labour. Furthermore, as in the case of physical labour, the outcomes of emotional labour are dependent upon the competent management of specific situations.

Conflicts often arise in hospitals due to the constraints imposed by the institution, the oversight of managers, and the ethical principles that govern the provision of care services. When examining the impact of hospitals' formulation of job descriptions and regulations on the participation of volunteers in delivering care, it is essential to evaluate the extent to which these measures facilitate or impede the capacity of volunteers to make contributions. According to Mellow's (2007) study in

Canada, it is evident that a considerable portion of care-work descriptions involve both instrumental and emotional aspects. However, the emotional labour carried out by volunteers in hospital settings often goes unnoticed or is not given due recognition. The written depictions provided by healthcare institutions have inherent limitations in accurately communicating the comprehensive scope of volunteers' caregiving duties. Therefore, Louch et al. (2019) argue that in the UK, the protocols and instructions designed for volunteers must be suitably adapted to meet the urgent needs of patients, as understood by the volunteers. It is recommended that hospitals prioritise the establishment of comprehensive work descriptions for volunteers, taking care not to disregard the emotional labour that these individuals often undertake, which is frequently assumed to be implicit (Readers' Panel, 2018).

Volunteers experience a range of emotional responses when interacting with patients who are facing difficulties, encountering individuals who have been neglected and have long-term medical conditions within hospital settings, managing patients who present challenges, and witnessing the loss of patients under their care. The spectrum of emotional reactions encompasses feelings of anxiety, frustration, guilt, and powerlessness. Gonella et al. (2019) study in Italy suggest that the volunteers' failure to achieve a suitable degree of emotional detachment is accountable for the emergence of adverse emotions. Their findings indicate that individuals who engaged in volunteer work at hospitals, irrespective of their present or past participation, demonstrated notable levels of burnout. Accordingly, in Ripamonti et al. (2016a) study in Italy, volunteers who discontinued their participation were found to exhibit significantly higher levels of emotional exhaustion than their counterparts who continue to be actively involved. The difference is especially apparent with regards to emotional distress. It is essential to expand the inquiry to include all aspects related to

the work of hospital volunteers, with the goal of reducing fatigue and improving integration procedures for volunteers.

2.8. Conclusion

The objective of this review was to provide an understanding of the various elements discussed in the literature on volunteerism and volunteer management, with a specific focus on the public sector context. As per the *Time Well Spent 2023* publication of NCVO in the UK (Kanemura and McGarvey, 2023) , which sheds light on the transformation of volunteering since 2018, there has been a notable increase in the number of volunteers in the public sector. However, reports indicate that these volunteers demonstrate reduced satisfaction with their experience relative to their peers in the third sector. This finding aligns with prior NCVO research on public sector volunteering (McGarvey et al., 2020), emphasising the necessity of developing strategies that integrate perspectives to enhance volunteer engagement and optimise service delivery.

The field of inquiry in question is of considerable significance, given that its primary aim is to improve volunteer engagement. In contemporary society it is imperative to facilitate volunteer engagement and emphasise the importance of efficient volunteer management, especially in light of cuts to welfare budgets and funding for organisations (Adam et al., 2020). Further research is required to deepen our understanding of the level of readiness and willingness of volunteers to offer their services, as well as Kant's concept of moral obligation. The rationale behind this assertion is that not all instances of engagement in volunteer work inherently embody the quality of selflessness, and conversely, not all acts of selflessness are carried out through acts of volunteerism.

The subject of volunteering in the public sector remains a topic of ongoing discussion and poses enduring difficulties. The assertion that volunteers generally show hesitance to adopt a more 'managerial' approach to management is widely recognised. Additional claims assert that volunteers inherently possess the necessary competencies to proficiently execute assigned tasks, as well as the belief that all entities seeking their assistance are readily accessible and easily approachable. In addition, the existing body of literature concerning hospital volunteering and its components indicates that there is a wide range of factors that influence individuals' decision to volunteer in a hospital. Furthermore, it is evident that volunteers, healthcare patients, and organisations all experience various benefits as a result of this volunteering activity. The effectiveness of volunteer services depends on the particular context of their application, highlighting the need for further research to properly train and manage volunteers in public healthcare settings.

A lack of clarity relating to the duties and obligations of volunteers can result in discordance between staff and volunteers. The implementation of volunteer initiatives has the potential to generate unfavourable dynamics in interactions with paid staff members. Volunteers may encounter resistance or scepticism from personnel who may demonstrate an unwillingness to consider their suggestions. To ensure volunteers make a meaningful impact, it is essential to provide effective support and supervision. This is especially crucial given the substantial effort required from both staff and volunteer coordinators.

Consequently, further study on the impacts of volunteering is required. This study uses psychological contract theory and emotional labour theory to investigate volunteers' expectations and obligations in the context of their volunteer work.

According to the results of this literature review, there is a variance in the perceived significance of the components of the psychological contract between volunteers and their supervisors: the first group focuses heavily on delivering volunteer activities that meet volunteers' objectives and personal interests in an appealing social setting, while the second imposes precise parameters on volunteers, including regulatory and educational requirements. Consequently, it is essential to critically analyse the methods used in volunteer management to address the psychological and emotional needs of volunteers, while effectively adapting and implementing management strategies.

3. Methodology

This chapter aims to provide an overview of the research methodologies employed in the present qualitative grounded theory study, which investigates strategies for enhancing comprehensive volunteer management, particularly within the public health sector. The methodology employed in this study offered a comprehensive understanding of the perspectives of volunteers, staff, and management with regards to volunteer involvement and management in children's hospitals. This approach served to establish a theoretical framework based on observable facts, utilising the concepts of psychological contract and emotional labour.

This chapter offers a comprehensive analysis of the appropriateness of grounded theory and a constructivist methodology for the current research. It includes the essential elements of the research plan, namely, the methodology, study participants, procedures, analysis method, and ethical considerations.

3.1. Research questions

The fundamental aim of this study, as outlined in the introductory chapter, is to examine the approaches followed for engaging and supervising volunteers in public children's hospitals in Greece and the UK. Consequently, within the context of two children's hospitals, the objective/research question is the following:

To examine the way in which volunteers are involved and managed in public children's hospitals in Greece and the UK by:

- i. Assessing the challenges encountered by volunteers;
- ii. Analysing existing approaches utilised for the management of volunteers;
- iii. Investigating the correlation between paid staff and unpaid volunteers;
- iv. Gaining a deeper understanding of the contributions and inherent value that volunteers bring to the public health sector;
- v. Capturing the participants' perspectives regarding the advancement of the management of volunteers, particularly within the realm of public health;
- vi. Identifying and explaining the differences in attitudes and perceptions relating to volunteering in children's hospitals between Greece and the UK.

3.2. Methodology strategy

Qualitative research is widely esteemed in the field of social sciences due to its substantial advantages in comprehending social environments. Stake (2010) suggests that a qualitative approach is appropriate for research that seeks to elucidate a phenomenon by utilising an individual's experiential perspectives within a specific setting. Creswell and Poth (2018) and Merriam and Tisdell (2016) demonstrate that qualitative research effectively elucidates complex social processes by providing comprehensive descriptions and valuable insights.

Considering the objective of this study, which is to assess the experiences and perspectives of those involved in volunteering at children's hospitals, qualitative methodology was selected as the most appropriate approach. The qualitative research method engenders several philosophical debates on the comprehension, exploration, or acquisition of knowledge about any social context. It also prompts numerous philosophical questions regarding one's perception of the social environment. This encompasses the examination of epistemology and ontology, which have a significant impact on the manner in which a researcher carries out the research process (Guba and Lincoln, 1994; Denzin and Lincoln, 2018).

This study employs grounded theory approaches and utilises a social constructivist perspective. Interpretative grounded theory, part of the social constructivist tradition, aims to conceptually comprehend a phenomenon, formulate theoretical assertions, recognise subjectivity in theorisation, and provide a creative interpretation (Charmaz, 2006:127; Bryant and Charmaz, 2019). This methodology enables the examination of results using empirical data gathered from participants,

guaranteeing that the conclusions are directly connected to the real-life experiences of those participated in the research.

3.3. Grounded theory methodology

The present investigation employs the methodology of grounded theory to conduct a qualitative analysis. According to Stake (2010:17), grounded theory is a credible qualitative approach that facilitates the transition from individual knowledge to collective knowledge. As cited in Heath and Cowley (2004), Hammersley locates the origins of grounded theory in symbolic interactionism. Social interactions have a crucial role in the development of society by establishing common meanings that have a greater influence on individuals. Glaser and Strauss introduced the expansion of grounded theory in their 1967 publication, *The Discovery of Grounded Theory*. The paper emphasised the justification for utilising qualitative research methodologies to develop theoretical analysis. It was partially composed as a disagreement against the generally held belief that all major theories had been discovered and that research's role was only to validate these theories through quantitative and scientific methods (Goulding, 1999). Although both Glaser and Strauss recognise that researchers do not approach the field without preconceived ideas, Glaser's methodology for data analysis is more flexible and less rigid than that of Strauss (Heath and Cowley, 2004).

The methodology employed in this study is shaped by and aligned with Charmaz's grounded theory approach. Charmaz, a student of Glaser and Strauss, presented a variant of grounded theory coding characterised by its constructivist methodology. Charmaz (2008:168) underscored the necessity of flexibility, particularly highlighting the imperative for researchers to formulate adaptable coding guidelines, as it is impractical for them to maintain an objective detachment from social research, given their intrinsic involvement in the context being examined and the data being collected (Charmaz, 2006: 10).

This research study is based on the principles of grounded theory methodology, as outlined by Bryant and Charmaz (2007). Bryant and Charmaz (2007) explained the fundamental principles of grounded theory, including but not limited to coding, producing memos, analysing data in real-time, selecting essential groups from coding, and constructing theory. The application of procedural steps in grounded theory methodology enables researchers to systematically analyse data from a unique perspective, hence increasing the potential for generating fresh theories from the data (Charmaz, 2006). Recent academic publications have further developed and built upon these fundamental principles. Urquhart (2013) and Thornberg and Charmaz (2014) analyse the ongoing evolution and proliferation of grounded theory methodologies, emphasising their adaptability and the persistent relevance of constructivist grounded theory in modern qualitative research.

This study integrates modern interpretations along with the advancing field of grounded theory. This guarantees a resilient and flexible methodology for qualitative research, considering the intricacies and implications of social interactions on shared knowledge.

3.4. Comparative Design

This study's essential element is its comparative design, which analyses hospital volunteering in two unique national contexts: Greece and the United Kingdom. The selection of the two countries was shaped by their diverse healthcare systems, cultural attitudes towards volunteering, and the role of volunteers in public hospitals. The United Kingdom possesses a well-established history of official hospital volunteering, typically included into hospital management systems, whereas Greece's hospital volunteering framework is more informal and generally supported by non-governmental organisations (NGOs). This contrast establishes a robust basis for evaluating volunteer management tactics, institutional collaboration, and the perceived importance of volunteering in hospital settings.

The selection of Greece and the UK as example studies is based on their significantly different healthcare and volunteer systems. The National Health Service (NHS) in the UK utilises a structured and institutionalised approach to volunteering, defined by explicit laws, allocated financial resources, and extensive training programs for volunteers (Galea et al., 2013). Volunteering in the UK is deeply integrated into healthcare institutions, with substantial involvement from local communities and national agencies like the Royal Voluntary Service (Galea et al., 2013). The structured framework of volunteering in the UK designates volunteers as vital elements of hospital operations, assisting with administrative tasks, offering patient companionship, and performing supplementary healthcare roles.

In Greece, hospital volunteering is predominantly influenced by a healthcare system that has always depended on informal networks and NGOs for assistance. The Greek healthcare system has seen significant financial strain due to economic

crises, leading to a heightened dependence on volunteers to mitigate service provision shortfalls (Kaitelidou et al., 2016). Volunteering in Greek hospitals is often coordinated by humanitarian organisations, such as the Hellenic Red Cross, rather than being included into the hospital's management systems (Sotiropoulos and Bourikos, 2014). The voluntary sector in Greece operates with limited governmental support, affecting the sustainability and organisation of volunteer programs in public hospitals. The systemic discrepancies make Greece and the UK significant subjects for a comparative investigation of hospital volunteering.

A major public children's hospital was chosen in each country: Great Ormond Street Hospital (GOSH) in the United Kingdom and Paidon Children's Hospital in Greece. These institutions were chosen for their prominent position as leading children's hospitals, their reliance on volunteer assistance, and their established partnerships with volunteer organisations. Moreover, the selection guaranteed similarity for hospital size, extent of volunteer participation, and the existence of organised volunteer programs.

Great Ormond Street Hospital, an internationally acclaimed establishment, possesses a sophisticated volunteer program reinforced by committed volunteer services. Volunteers at GOSH engage in diverse activities, such as directing families, aiding in playrooms, and providing support to children undergoing medical procedures (GOSH Annual Report, 2021). The hospital's organised volunteer management conforms to the overarching UK framework for incorporating volunteers into hospital administration.

Conversely, Paidon Children's Hospital in Greece functions within a distinct volunteering context. Volunteer engagement is often coordinated by other NGOs rather than being directly managed by the hospital. Volunteers at Paidon participate

in patient companionship; however, their incorporation into hospital operations is less formalised than at GOSH (Kaitelidou et al., 2016).

A comparative approach is especially valuable for understanding how different institutional contexts influence volunteer management and the perceived importance of volunteering in hospital settings. This study aims to identify best practices, problems, and potential for policy enhancement by comparing the highly organised system in the UK with the more informal system in Greece. The study discusses how socio-economic factors, healthcare governance, and cultural attitudes influence hospital volunteer programs.

This comparative design enhances the study's findings on volunteer engagement in public healthcare by integrating insights from two distinct healthcare environments. The results establish a foundation for formulating evidence-based strategies aimed at enhancing volunteer management and integration across various hospital settings.

3.5. Social constructionism in volunteer management theory

The constraints of the volunteer management theory examined in the literature study can be addressed by the significant perspectives offered by social constructionism (Dillivan, 2013; Salipant and Niederpruem, 2014; Romaioli, Nencini and Meneghini, 2016; Weenink and Bridgman, 2017).

The management of volunteers is often oversimplified into contextualised kinds and types by combining well-known management practices and procedures, under the assumption that elements from staff management may be applicable to volunteer management (Hager and Brudney, 2015; Einolf, 2016). Moreover, the implementation of volunteer management strategies does not consistently correlate with increased volunteer retention, as shown by the case of hospital volunteering (Pynes, 2008; Alfes et al, 2017; Cuskelly et al., 2020). Traditional management perspectives regard volunteering as an objective phenomenon that influences an organisation, such as a hospital. This notion of volunteering is based on a positivist epistemology and does not necessitate the exploration of the essence and characteristics of volunteering through direct experience. In this context, volunteering is perceived in a way that is disconnected from its genuine participants.

The social constructionist viewpoint does not cast doubt on the reality of volunteering, but it places greater emphasis on the ways in which people relate to volunteering and the many ways in which individuals interpret its significance. Moreover, social constructionism is defined by its focus on the flexibility and contextualisation of linguistic expression (Camargo-Borges and Rasera, 2013). Therefore, it maintains that communication during volunteering is also a forum for the

negotiation and production of meaning. In addition, social constructionism highlights the roles that social actors play in the construction of events (Galbin, 2014). The socially created element of volunteering is emphasised, both in terms of its existence as a process and as a product of the interactions of many social actors in a society. Moreover, the social constructionist viewpoint on crisis communication (Zhao, 2020) not only helps to conceptualise volunteering as something that is socially built but also sheds light on the historical and cultural context in which volunteering takes place. As a result, social constructionism functions as a supplement to the managerial lens of volunteer management by including additional social and cultural viewpoints.

This research aims to conceptualise the phenomenon of hospital volunteering in children's hospitals by analysing data from interviews and developing a theory based on the interpretation of participants' collective experiences. The theory that emerges from the study is the researcher's interpretation of the obtained data, in accordance with the principles of constructivist grounded theory (Charmaz, 2006).

3.6. Study participants

According to Hennink et al. (2019), the purpose of qualitative sampling is to choose an adequate number of participants and/or observations that give rich data in order to gain an understanding of the phenomena under investigation. The two main sampling strategies in qualitative research are purposeful sampling and random probability sampling (Patton, 2015).

The present investigation used purposeful sampling to select participants. The sample procedure commenced with convenience sampling to discover readily available participants, subsequently used theoretical sampling to choose individuals based on preliminary interview analyses, aimed at generating data to address the necessity of developing emergent theories or categories (Morse, 2007). Subsequently, the first set of interviews took place between October 2021 and February 2022, and the second set of interviews took place between September 2022 and January 2023.

The recruitment of participants was conducted through the administrators of volunteers at the two hospitals, as well as with the administrators of volunteers at three Greek non-governmental organisations that have longstanding associations with volunteers at Paidon Children's Hospital. The study details were conveyed through email by the administrators to their network of volunteers, soliciting anyone wanting to participate. In total, online interviews were conducted with 12 volunteers, 9 members of staff, and 1 manager at the Paidon Children's Hospital in Greece, and with 17 volunteers, 6 members of staff, and 1 manager at the Great Ormond Street Children's Hospital in the UK.

Hospital	Management	Staff	Volunteers	Male	Female	1 st set of interviews	2 nd set of interviews
Great Ormond Street Hospital, UK	1	6	17	4	20	16	8
Paidon Children's Hospital, Greece	1	9	13	5	17	14	8

Table 3.1: Classification of Interviewees

Hospital/Role	Reception/Guide/ Wayfinding	Chaplaincy	Pet Programme	Playroom	Wards/ Interactive (Clowns/Theatre/ Playing)	Wards/ Personal Care	Wards/ Clinic
Great Ormond Street Hospital, UK	7	2	2	2	-	-	4
Paidon Children's Hospital, Greece	-	-	-	-	10	10	2

Table 3.2: Classification of Volunteers

3.7. Data collection

The analytical approach for this study was carried out by employing a qualitative research strategy and by gathering and evaluating data in the form of testimonies (Creswell, 2003:181-182). This study employed a semi-structured interviewing methodology, following a predetermined topic outline but permitting clarifying questions or enquiries into other relevant thoughts and perspectives. This adaptability can elucidate the unique problems deemed essential by respondents, provide insights into pertinent areas not explored by the researcher, and illuminate the ideas, attitudes, behaviours, and perceptions of diverse individuals through open discourse (Mason, 2002:65).

The design of this study's interview schedule (Appendix 2) was based on the interview guides of the King's Fund reports, *The role of volunteers in the NHS* (2018) and *Volunteering in acute trusts in England* (2013), which highlight the challenges faced by volunteers, staff, and hospitals and emphasise the importance of balancing the three sets of challenges to operate adequately.

The interviews began with open-ended questions designed to elicit participants' first interest in hospital volunteering. Subsequent or intermediate enquiries were executed with enhanced rigour, aiming to acquire more extensive data regarding the recruitment and retention of volunteers at the two children's hospitals (Charmaz, 2006:31). The interviews concluded with a series of open-ended questions that were designed to elicit a wider picture of the volunteers' management and administration.

3.8. Procedures

Due to COVID-19 regulations, qualitative research interviews that were initially planned to be conducted in person took place online. Following approval from City University's Research Ethics Committee, the interviews were conducted entirely online via the Zoom and Google Meet platforms.

There are several challenges associated with the use of videoconferencing technology for remote interviews, including participants' lack of familiarity with online meeting platforms and various technical issues that arise during interviews (Maluana, 2022). However, the participants in this study were either familiar with the online meeting platforms or were facilitated by their administrators or family members to participate in the online interviews. Furthermore, there were no interruptions in the video and audio, and the internet connection remained constant.

The interviews commenced with open-ended questions aimed at uncovering individuals' initial interest in hospital volunteering. Subsequent or intermediate investigations were conducted with increased rigour to obtain more comprehensive statistics on the recruitment and retention of volunteers at the two children's hospitals (Charmaz, 2006:31). Interested participants were sent an email providing a summary of the study project, the proposed dates and time of the online meeting, the Interview Consent Form signed by the researcher (Appendix 3), the semi-structured interview guides, and the Participant Information Sheet (Appendix 4). Prospective participants sent back their signed consent forms and agreed on a specific time and date for the interviews. This preparation was essential to ensure that interviews were conducted promptly while accommodating participants' daily responsibilities (Radcliffe, 2013).

The interview process was as follows:

1. Following initial introductions, the research objective was articulated.
2. Prior to conducting any interview, the participant's written and verbal informed consent was confirmed to ensure ethical research practices were upheld.
3. A briefing regarding the protection of anonymity and confidentiality, along with the participants' right to withdraw from the interview at any time, was delivered orally.
4. Although permission to record the interviews was granted via the consent form, participants were advised about their right to request that the recorder be turned off if they did not want certain topics recorded. The decision to record the interviews was based on Heritage's recommendation, as cited in Bryman (2016), who states that recording has the following benefits: it corrects the natural limitation of individual memory, allows for a more thorough examination and repetition of answers, uses secondary data analysis, helps to counter assertions influenced by the researcher's personal biases, and allows data to be analysed.
5. During the interviews, particular attention was paid to the emotional state of the participants. Because most of the volunteers talked about difficult situations that they have encountered with very sick children, peaceful stillness and reassuring words allowed the participants to take the time they needed to process their feelings, by letting them know that it was acceptable to express these emotions (Lobe, Morgan, and Hoffman, 2022).
6. Memo writing was utilised during the interviews. The memos covered various topics, such as concerns and personal reflections regarding the study, interpretation of pertinent literature, evaluation of process quality, and consideration of emerging codes and categories (Charmaz, 2006; Urquhart, 2013; Birks and Mills, 2015). Additionally, the process of conducting interviews was enhanced by the composition

of memos, which facilitated the identification of saturation, defined as the stage at which no new themes emerged from the collected data. The present study reached the point of saturation after conducting the first set of interviews.

7. The process of audio transcription involved the automatic conversion of recorded audio from a Zoom meeting to a digital text format, which was then stored in a personal computer. Meetings conducted on Google Meet were recorded and subsequently transcribed using the Avrio research platform.

3.9. Data analysis

Data collection constitutes the first cornerstone of qualitative research. The second is data analysis, which is a critical phase in the qualitative research process. The transcription and coding of data into coherent and manageable units were essential components of the data analysis in this study.

The transcripts of the first set of interviews were coded in the sequence of the interviews carried out, enabling the reflection and the revision of the interview questions for the second set of interviews. Coding facilitated comprehension of the viewpoints held by the participants and analysis of their thoughts and experiences. Codes were generated from the data during the research process for the purposes of data analysis (Urquhart, 2013). The first set of interviews was coded manually, whereas the combined coding of both sets was done using computer-assisted qualitative data analysis tools.

Coding techniques are essential in grounded theory for systematically guiding the analysis of interviews to focus on participants' initial experiences (Charmaz, 2006; Stake, 2010). The following subchapters outline a three-stage analytical procedure comprising coding, re-focused coding, and theme identification of the presented data. The aim of this approach was to identify consistent and significant themes and patterns that are present within the data.

Integrating memos into the analytical process has been beneficial since they help researchers remember their initial views and promote reflection during later phases of analysis. A recent study highlights the importance of memos in qualitative research, particularly regarding their role in enhancing the credibility and reliability of

data (Nowell et al., 2017; Birks et al., 2019). Furthermore, by comparing the initial and re-focused codes and analysing the researcher's notes, one can assess the potential influence of personal biases. The method is essential for distinguishing subjective interpretations from factual information, thereby improving the overall reliability of the research findings (Tufford and Newman, 2012; Noble and Smith, 2015).

3.9.1. Initial coding

Initial codes were generated via an in-depth examination of interview responses on a line-by-line basis (Glaser and Strauss, 1998; Charmaz, 2006; Birks and Mills, 2015; Urquhart, 2013). The formulation of codes was based upon the research questions, the literature review, and the theoretical framework of this study. The process of deconstructing and reconstructing data through analysis ensured that equal consideration was given to all the information and minimised the potential introduction of bias.

During initial coding, the identified codes, a succinct description, and their frequency of occurrence were generated. A decision was subsequently made regarding the key themes. Two effective methods exist for achieving consensus on fundamental concepts (Allsop et al., 2022). The initial step involves the combination process, wherein two closely related open codes are integrated into one code. The second approach employs a process of elimination, which involves discarding concepts that seem important at first but lack corroboration in the interviews. Both were utilised in this study.

3.9.2. Re-focused coding

The codes produced by the researcher were regarded as preliminary theoretical categories and underwent the targeted coding method of memo writing. Charmaz (2015), as referenced by Kenny and Fourie, indicates that memo writing facilitates the analysis of codes, identification of influential factors, tracking of research development, documentation of data gaps, and support for the formulation of “conceptual conjectures”.

3.9.3. Theoretical coding

There is a divergence of opinion among grounded theorists regarding the precise point at which theoretical sampling commences. Traditional grounded theory, associated with Glaser, and advanced grounded theory, linked to Strauss, Corbin, and Clarke, propose that theoretical coding can commence during the open coding phase as initial data reveals concepts that may indicate potential theories. The constructivist grounded theory associated with Charmaz, which informs the data analysis of this research, posits that theoretical sampling commences following the emergence of categories (Chun Tie, Birks, and Francis, 2019).

Charmaz's coding methodology is notably more subjective, intuitive, and impressionistic than classic or advanced grounded theory (Kenny and Fourie, 2015: 1279). Charmaz's approach prioritises comprehensive and thorough interview techniques to deliberately extract a profound investigation of the interpretations that participants assign to their experiences (Hallberg, 2006).

As a constructivist theory study, the analysis yields the researcher's interpretative grasp of how the participant constructs their understanding and meaning of reality in the form of a story, rather than the researcher's explanation (Hallberg, 2006:147).

3.9.4. Use of NVivo

Lately, the complexity of qualitative data analysis has been significantly reduced, and the laborious procedure has been simplified due to advancements in software technology (Hilal and Alabri, 2013). The increasing use of electronic data coding methods enables researchers to achieve greater precision in handling such data. The Qualitative Data Analysis (QDA) software NVivo, created by QSR International, offers numerous advantages and can significantly improve the quality of research.

The experience of this research revealed that qualitative analysis software, such as NVivo, enables researchers to dedicate more time to analysing and exploring data in a variety of ways, as opposed to sifting through extensive paper documents or scanning multiple Word files. The optimisation of NVivo's efficiency ought to be regarded as an opportunity to allocate additional time towards data analysis, as opposed to reducing the overall duration of the project (Bazeley, 2007; Leech and Onwuegbuzie, 2007; Hoover and Koerber, 2009; Woods et al., 2016).

The present study utilised NVivo 12 software to facilitate the organisation and examination of the research data. This decision was made due to the software's ability to offer a wider range of options for categorising rich-text data and to enhance the accuracy and reliability of the findings. Furthermore, it decreased the duration and effort needed for manual analysis of results. The software served as a valuable tool for the integration, management, and organisation of data. It was utilised not as the primary coding source but as a supplementary resource (Bryant and Charmaz, 2007).

The software facilitated keyword searches to compare them with manually coded categories and themes.

3.10. Ethical considerations

Ethical considerations were given utmost priority during all stages of the study's design. This study exhibited consistent compliance with ethical standards by ensuring that all levels of consent were obtained prior to, during, and after the research (Creswell, 2003:66-67; Sin, 2005:277).

The protection of participants and data in this study encompasses three phases of the research process: research design, fieldwork, and the analysis and application of qualitative data (Guillemin and Gillam, 2004:263; Shaw, 2008:400).

3.10.1. Ethics of research design

The informed consent process for participants (Appendix 3) was developed in alignment with the recommendations of the University's Research Ethics Committee and the research data management guidelines, facilitating researchers in the organisation, planning, and reuse of their data throughout their projects. Ethics guidelines regulating academic research undertaken by City University students stipulate that interviewees must explicitly agree to being interviewed and be fully informed as to how the information generated by their interview will be used.

The consent form for this research was designed to ensure that participants understand the purpose of their involvement and that they agree to the conditions of their participation. In addition to the Informed Consent Form (Appendix 3), participants were sent the Participant Information Sheet (Appendix 4), which includes a concise explanation of the research project and its objectives, as well as a clear outline of the whole research process. The document is written in a language that is understandable to a general audience and includes an explanation of what participation entails, including duration, location, and details of the research process.

3.10.2. Fieldwork ethics

When informed consent is necessary, trust, mutual respect, and understanding are essential factors. This research ensured that a consistent methodology was followed during the interviews, which included the following steps:

- i. Participants were informed that their involvement was voluntary and that they could withdraw from the interviews at any time.
- ii. The study's objective and the issues outlined in the Participant Information Sheet (Appendix 4) were articulated and elucidated.
- iii. No information was withheld to guarantee the interviewees' full capacity for participation.

3.10.3. Ethics of data analysis

Qualitative research includes numerous methods and techniques that respond differently to the digital data era. Technological advancements have impacted the collection, analysis, and publication of qualitative data. The ethical and practical aspects of qualitative research require more detailed and comprehensive examination concerning qualitative research practices and technologies, which are continually evolving (Hesse et al., 2019).

Although the risks to human subjects associated with this study are categorised as low according to the Bayes Business School Proportionate Review, all relevant stakeholders' concerns were considered, and any advantages generated from this research were deemed to outweigh any possible harm to participants.

This research complies with the standards of the General Data Protection Regulation (GDPR) and Data Protection for Social Research (2020), the UK Data Protection Act (2018), and the Digital Economy Act (2017), and guarantees that findings are analysed and disseminated in a responsible manner through the following checklist:

- Appropriate and licenced statistical tools (i.e., NVivo12) are used.
- The processed data is stored securely on a personal computer. To ensure the protection of respondents' anonymity, data is saved in a manner that reveals only the type of participant (e.g., Volunteer 1, Staff 1, Management 1), and it is coded in a way that makes it impossible to identify the individuals if the personal computer is unlawfully accessed.

3.11. Quality of the research

Charmaz and Thornberg set out four fundamental standards for grounded theory research within a constructivist framework: credibility; originality; resonance; and usefulness (Charmaz and Thornberg, 2020).

Establishing credibility in research necessitates relevant information to formulate insightful enquiries about the data. This can be achieved through systematic evaluations during the investigation process and the construction of a comprehensive analysis. This study used stories extracted from interviews, which explained principal themes and concurrently provide evidence for the study's findings (Leech and Onwuegbuzie 2007; Leedy and Ormrod, 2013). Maintaining an impartial approach to interpreting data was also crucial. The process of transcribing interviews and coding was carried out both through software and manually to guarantee comprehension of the interview material (Maher et al., 2018; Nowell et al., 2017). The necessity for credibility extends to the researcher's conduct; employing constructivist grounded theory requires the consistent application of reflexivity throughout the research process to prevent covert beliefs from influencing the findings. This research used a number of guidelines to address the limitations of misinterpretation, bias, and precision, including phrasing questions in a way that allows respondents to react in their own words, avoiding emotive or judgemental language, which might influence respondents' replies, or explicit reactions, such as surprise or delight, when hearing answers as this might affect the interviewee's response to follow-up questions, and not making too many 'why?' inquiries (McNamara, 2009). Finally, the use of memos facilitated the researcher's commitment to the theory under development by promoting reflection throughout the research procedure. Despite the use of two coding methods

in the data coding process, the grounded theory that resulted from the study was not subjected to respondent checking. The findings and conclusions of this study are constrained by the lack of respondent validation for the grounded theory developed from the data (Morse et al., 2002; Birt et al., 2016).

Originality in research can manifest in diverse ways, including the provision of novel perspectives and the establishment of the analytical significance of a study. This research generated evidence based on experience to address specific research questions. The originality of this study arises from the identity of the cross-national researcher, which provides an alternative cultural perspective, insights into the cognitive processes of various cultures, and an understanding from a native perspective (Hantrais, 1995). Additionally, the researcher re-evaluated her own country from the standpoint of an external observer. However, the use of grounded theory model for volunteer management in children's hospitals is not wholly original because it is based to a large extent on psychological contract theory, as evidenced by relevant research (Pearce, 1993; Liao-Troth, 2001c; Taylor et al, 2006; Starnes, 2007; Kim et al., 2009; O'Donohue and Nelson, 2009; Wilson, 2019; Cnaan et al., 2021) who demonstrated the inadequacy of using the psychological contracts that were designed for employees to investigate volunteers.

The resonance of a study is indicative of the researcher's ability to develop theoretical constructs that accurately captured the experiences of the study participants while also offering valuable insights to a wider audience. In order to achieve resonance, it is imperative for researchers to customise their data collection methods to shed light on the experiences of the participants in their study. The use of continuous analysis facilitated systematic comparisons (Moser and Korstjens, 2018), and this study illustrates the relationships between the analysis and the resulting

theories. Constant comparative analysis was crucial for validating the theory developed from the data. The present investigation uses constructivist grounded theory methodology. It is essential to recognise that the results and conclusions do not aim to offer a conclusive representation of the phenomenon under investigation. The conclusions and findings were among several potential interpretations or constructions of the data, which were influenced by the researcher's background, values, and familiarity with pertinent theory, (Charmaz, 2006). Consequently, other researchers in the same domain may have differing opinions on the rationale used in this investigation and the robustness of its methodology, which could influence the study's impact (Thornberg and Charmaz, 2014).

The study's usefulness encompasses several aspects of its impact, including improving research participants' understanding of their daily experiences, providing a foundational basis for policy and practice implementation, fostering new research directions, and revealing common processes and practices. Despite the frequent use of constructivist grounded theory as a methodology, there is a lack of literature assessing its appropriateness for research in volunteer management (Weenink and Bridgman, 2017). Hence, this work has the potential to make a valuable contribution to the field by presenting a comprehensive overview of the significance of the methodology in question. In addition, drawing comparisons (Coccia and Benati, 2018) between the UK and Greece yielded novel perspectives and deepened the understanding of volunteer management in children's hospitals. Lastly, the present research endeavour aims to make a scholarly contribution to the field of volunteering, with a specific focus on volunteering in children's hospitals. The study sought to examine the management of volunteers in this context. Consequently, its applicability and practicality may be restricted to its particular context.

3.12. Assumptions, delimitations, and limitations

This research assumes that grounded theory development can be enhanced by analysing coded interviews to extract information regarding the psychological contract of volunteers. It is assumed that all participants provide accurate and complete responses during the interviews. This research posits that existing theories in volunteer management, primarily focused on the third sector (Einolf et al., 2016; Smith, 2020), may not adequately address the unique management models required for volunteers in the public sector, particularly within public children's hospitals (Taylor et al, 2021).

Therefore, a delimitation of this study is that it included only volunteers in public children's hospitals and thus did not fully reflect all public sector volunteers. A larger and more diverse group may provide more insights. A study that examines volunteers in various fields may identify similarities and differences between volunteers in different public organisations (McLennan et al., 2022). Additionally, perceptions may vary among volunteers in different organisations, including police, fire departments, or local government volunteers. The findings' generalisability may be restricted to particular volunteer groups, as variables influencing volunteering can be affected by the functioning of various public organisations (Birchall and Simmons, 2004).

Finally, the literature review conducted for this study may introduce bias and limitations. Literature evaluations are frequently performed before initiating research; however, they may lack comprehensiveness (Urquhart, 2013; Charmaz, 2014). Following the initiation of the coding process and the formulation of the foundational theory, the researcher conducted a comprehensive review of the literature to explore the emerging theory in greater depth (Urquhart, 2013; Birks and Mills, 2015). It was

essential to ensure that the literature review did not introduce bias into the research analysis, as this involved avoiding the manipulation of data to conform to a pre-existing hypothesis (Urquhart, 2013; Timonen, 2018).

3.13. The researcher

The researcher's initial academic interests were in the fields of social policy and economics. Subsequent studies encompassed a postgraduate program focused on the voluntary organisations sector and a Master of Philosophy concentrating on organisational change within the third sector. Finally, a Diploma in Public Relations developed the researcher's expertise in the organisational success of voluntary activity and organisations, with a particular focus on the pivotal role of communication.

Project management, data handling, and continued involvement in volunteer activities over an extended period of time are three of the researcher's professional and academic skills that proved extremely helpful when carrying out this study.

An ethnographic dissertation on voluntary associations on Zakynthos island in Greece and a descriptive dissertation on the Greek YWCA constituted the researcher's initial steps in research. During a recent collaboration with the School of Medicine of the National and Kapodistrian University of Athens on the recruitment and retention of volunteer blood donors and the analysis of questionnaires sent out to the 94 blood donation centres in Greece, the researcher's team identified and evaluated the needs of blood donors and developed an effective toolkit that helped to fill out the gaps in blood donors' knowledge and skills and help them become more action-oriented.

The aforementioned project would not have been possible without the collaboration between the researcher and postgraduate medical students, which served as the basis for the students' dissertations on the recruitment of blood donors. The project management skills needed for this undertaking were cultivated by the

researcher while working as an Erasmus Senior Project Manager, during which she became adept at connecting and collaborating with people from different backgrounds and developed expertise in team coordination, risk management, dissemination of results, follow-up initiatives, engagement of stakeholders, conflict management, monitoring and control, evaluations, and reports.

Finally, volunteering has been a continuous thread throughout the researcher's academic, professional, and voluntary journey. Mapping the voluntary sector stakeholders and developing partnerships with medical staff in developing countries formed the basis of the researcher's approach as the Director of Education at the Fetal Medicine Foundation. The Look for Life campaign by the Fetal Medicine Foundation seeks to lower maternal and perinatal fatalities in developing nations by educating local healthcare professionals, establishing fetal medicine centres, and enhancing the care of expectant mothers. In addition, as the Head of Volunteers of an online crowdfunding platform, the researcher has planned for the strategic involvement of digital volunteers, prepared them for their duties through online one-on-one conversations, managed them through online management software, and investigated sustainability strategies by constructing program funding budgets.

3.14. Conclusion

The objective of this chapter was to outline the research methodology employed to address the study's research questions. The methodology, sample characteristics, interview schedule, and data collection were described comprehensively.

The study employs constructivist grounded theory to establish a theoretical framework for understanding the variables associated with hospital volunteering. This will ultimately enhance the administration of volunteers in the public sector, particularly in hospitals. This advancement is made possible through the active participation of all study participants, namely, volunteers, staff, and management, in two hospital settings, who provided valuable insights into their experiences.

The following chapter aims to present the findings of this study and demonstrate adherence to the methodology described in the relevant chapter.

4. Volunteers in public children's hospitals

The purpose of this qualitative grounded theory study is to develop a comprehensive conceptual framework for the management of volunteers in public children's hospitals. The present chapter discusses the findings with reference to the methodology of grounded theory and to the following objective/research question:

To examine the way in which volunteers are involved and managed in public children's hospitals in Greece and the UK by:

- i. Assessing the challenges encountered by volunteers;
- ii. Analysing existing approaches utilised for the management of volunteers;
- iii. Investigating the correlation between paid staff and unpaid volunteers;
- iv. Gaining a deeper understanding of the contributions and inherent value that volunteers bring to the public health sector;
- v. Capturing the participants' perspectives regarding the advancement of the management of volunteers, particularly within the realm of public health;
- vi. Identifying and explaining the differences in attitudes and perceptions relating to volunteering in children's hospitals between Greece and the UK.

This chapter provides a detailed description of the methodology employed to analyse the transcripts obtained from the 46 individual interviews, with the aim of identifying codes and themes. The study employed a research methodology that involved three distinct levels of analysis: (a) initial coding, (b) re-focused coding, and

(c) theoretical coding. The process of constant comparison was employed at every level of analysis to refine the data, ultimately leading to the identification of themes within it. This chapter incorporates tables and graphs that serve to illustrate comprehensive codes and themes. Additionally, quotations from individual interviews are included to illuminate significant subjects.

According to the findings:

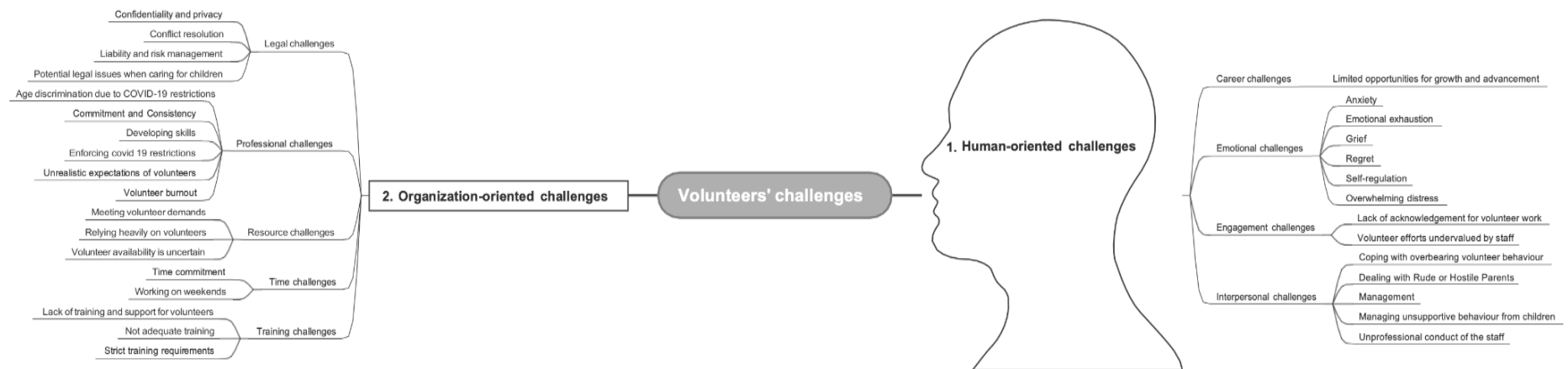
- i. The challenges currently faced by volunteers within the two public children's hospitals examined are broadly categorised into two main groups: individual-oriented and organisation-oriented.
- ii. The management techniques used at both public children's hospitals are based on the implementation of an integrated management model that incorporates accountability, and support. Additionally, there is agreement among the participants about the significance of assessment and feedback.
- iii. The dynamics between paid staff and volunteers in public children's hospitals can present minor challenges stemming from miscommunication issues; however, these relationships yield mainly positive outcomes when they are characterised by effective coordination, mutual respect, appreciation, and shared responsibility.
- iv. Volunteers' contributions take a range of forms, including the provision of support to young patients and their families, community engagement, and assistance to hospital operations.
- v. Participants argue that it is crucial to develop standards for the integration of volunteers into public children's hospitals and acknowledge and value the significant contributions made by these volunteers.

- vi. Twelve differences and twelve similarities are identified through an analysis of the viewpoints of three different groups of stakeholders in the two case study settings, respectively.

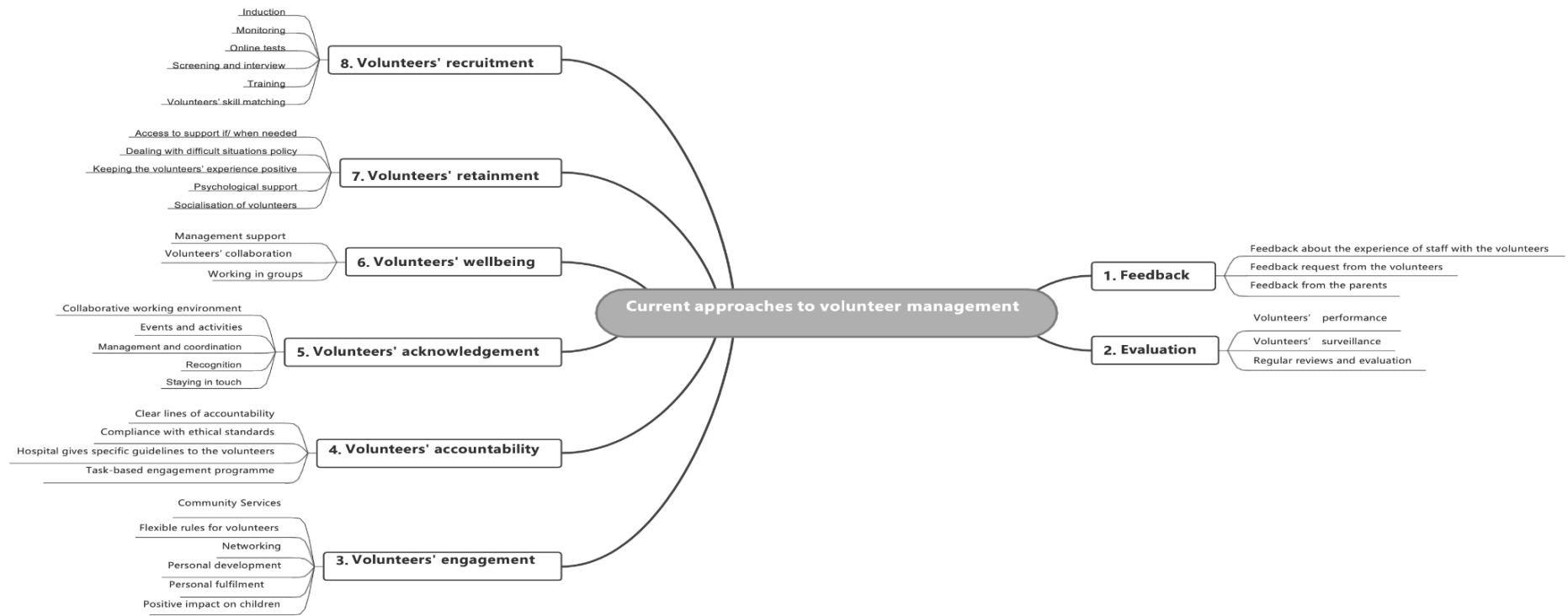
4.1. Data analysis process

As already mentioned in the methodology chapter, the first set of the 30 interviews were coded manually during the initial coding, allowing for a first-stage analysis. This facilitated the constant comparative analysis technique that is critical to grounded theory methodology. After the second set of interviews took place, all 46 transcribed interviews were uploaded into the NVivo 12 software and were analysed in the three following groups: participant volunteers; staff participants; and management participants. Each vignette obtained through manual coding was entered into NVivo either categorizing it with a unique new code or associating it with an existing one. After examining the number of vignettes allocated to each code, codes were selectively derived from the dataset.

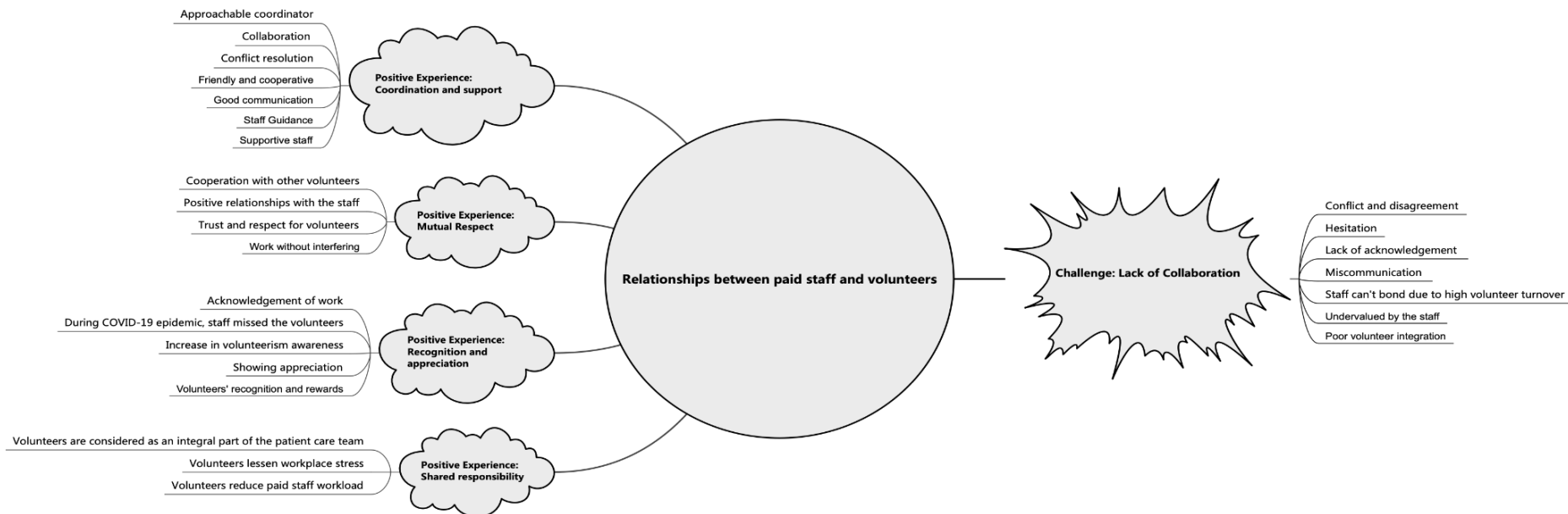
Following the initial coding, the researcher employed NVivo 12 software to facilitate the identification of re-focused codes from the data. During the phase of analysis called "re-focused coding," the researcher looked for ideas that came up from the similarities that were seen in the first codes. To answer sub-questions i, ii, iii, iv, and v, mind-mapping software was used to organize the ideas that came up from looking at the first codes into a full mind-map that can be seen in Graphs 4.1, 4.2, 4.3, 4., and 4.5.



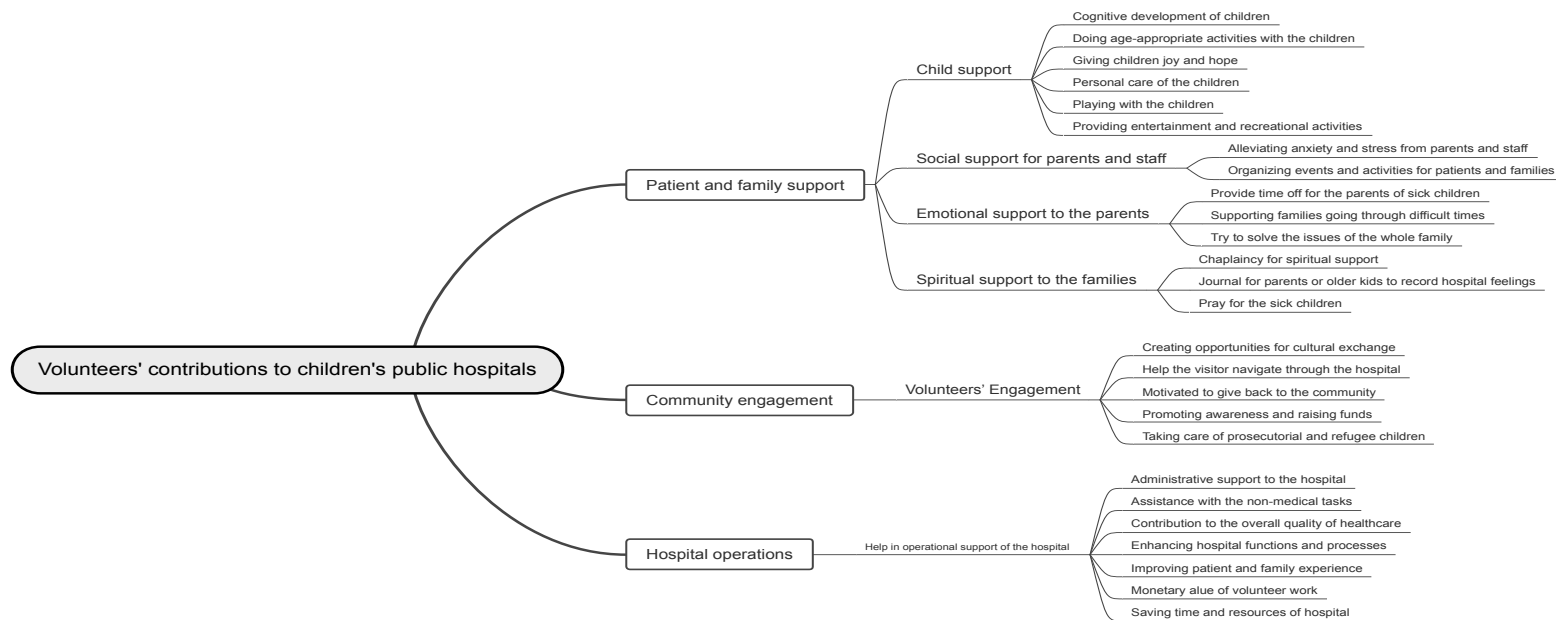
Graph 4.1: Volunteers' challenges



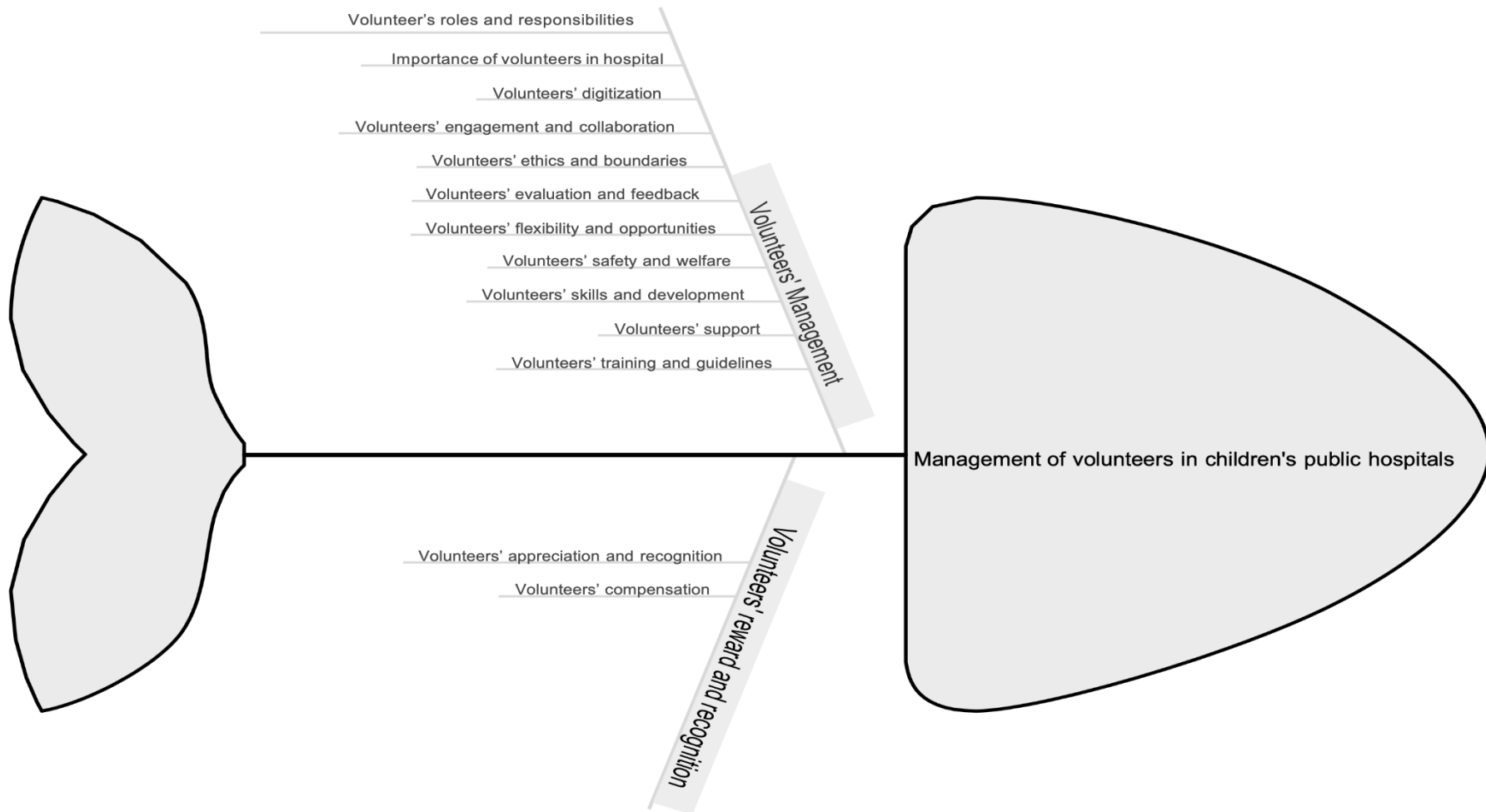
Graph 4.2: Current approaches to volunteer management



Graph 4.3: Relationships between paid staff and volunteers



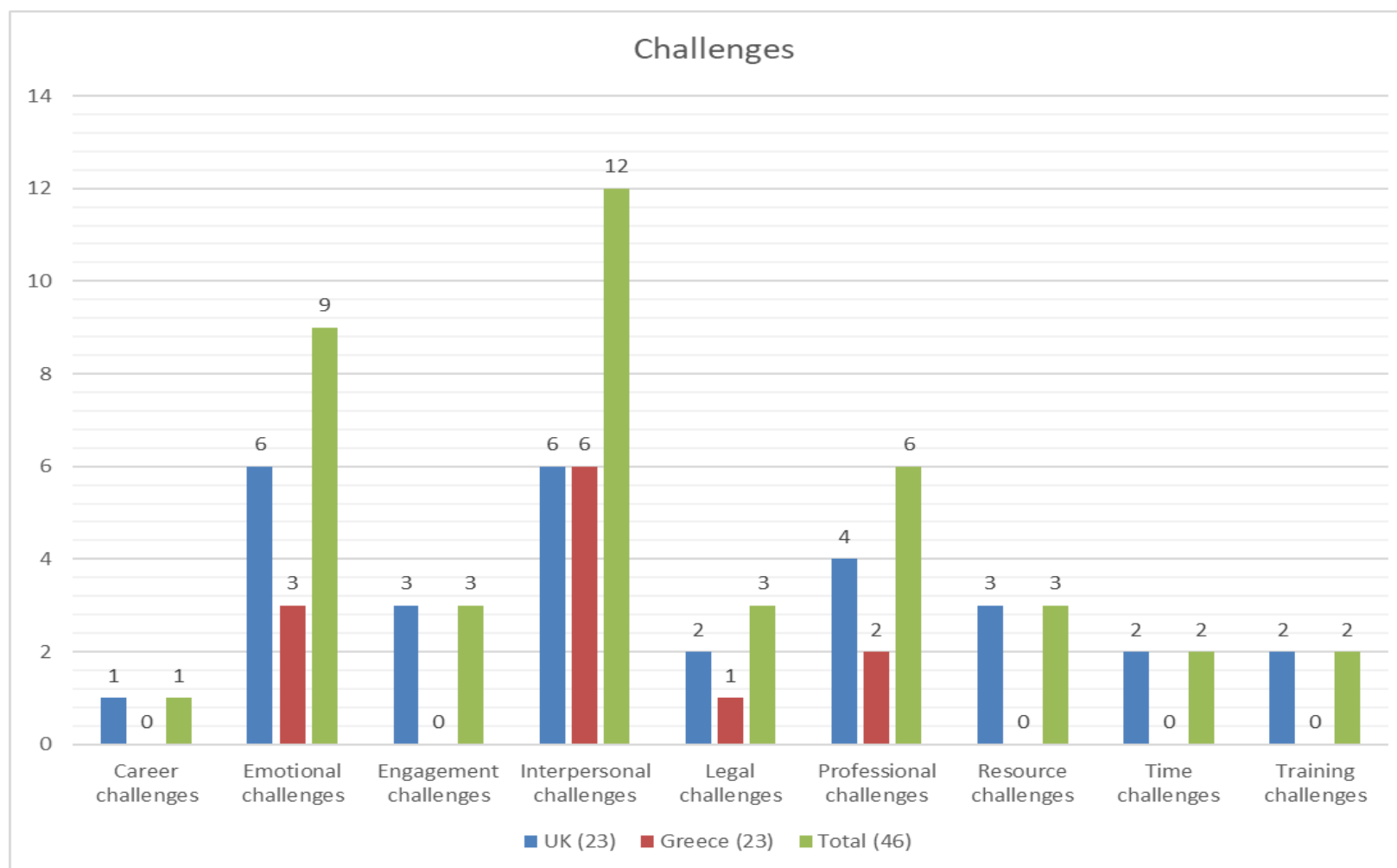
Graph 4.4: Volunteers' contributions to children's public hospitals



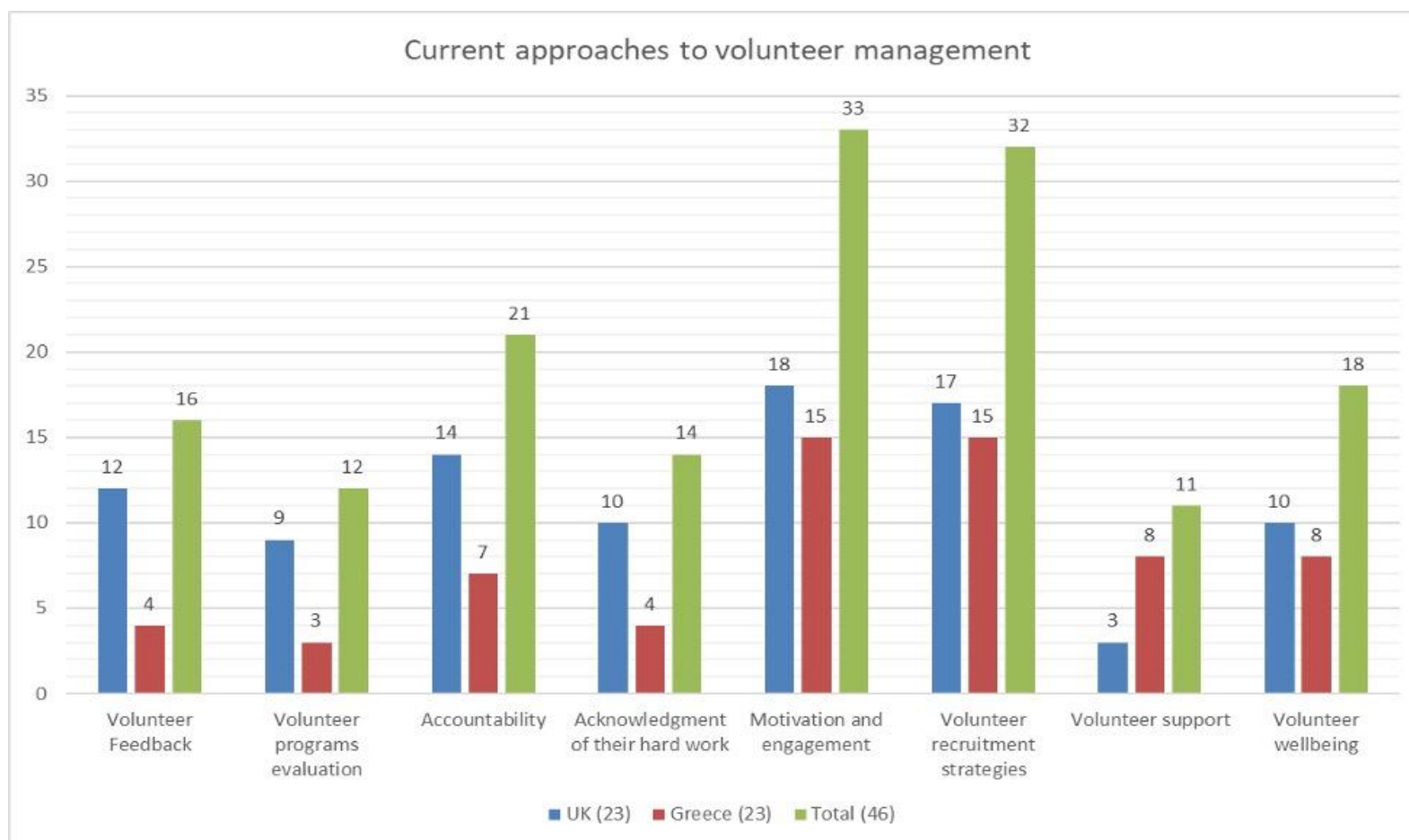
Graph 4.5: Management of volunteers in children's public hospitals

In response to question (vi), the coded transcripts from both case studies were looked at to find key words that went with the most common re-focused codes. This enabled the researcher to grasp the similarities and differences in the viewpoints of the stakeholders from the two public hospitals for children. The cross-case synthesis determined the frequency of themes in each hospital, allowing for the discovery of similarities and differences. By using the NVivo data analysis software, the researcher identified the frequency of occurrence for each re-focused code within each specific public hospital. By considering the number of individuals interviewed in each hospital, it was possible to determine the codes that occurred most often.

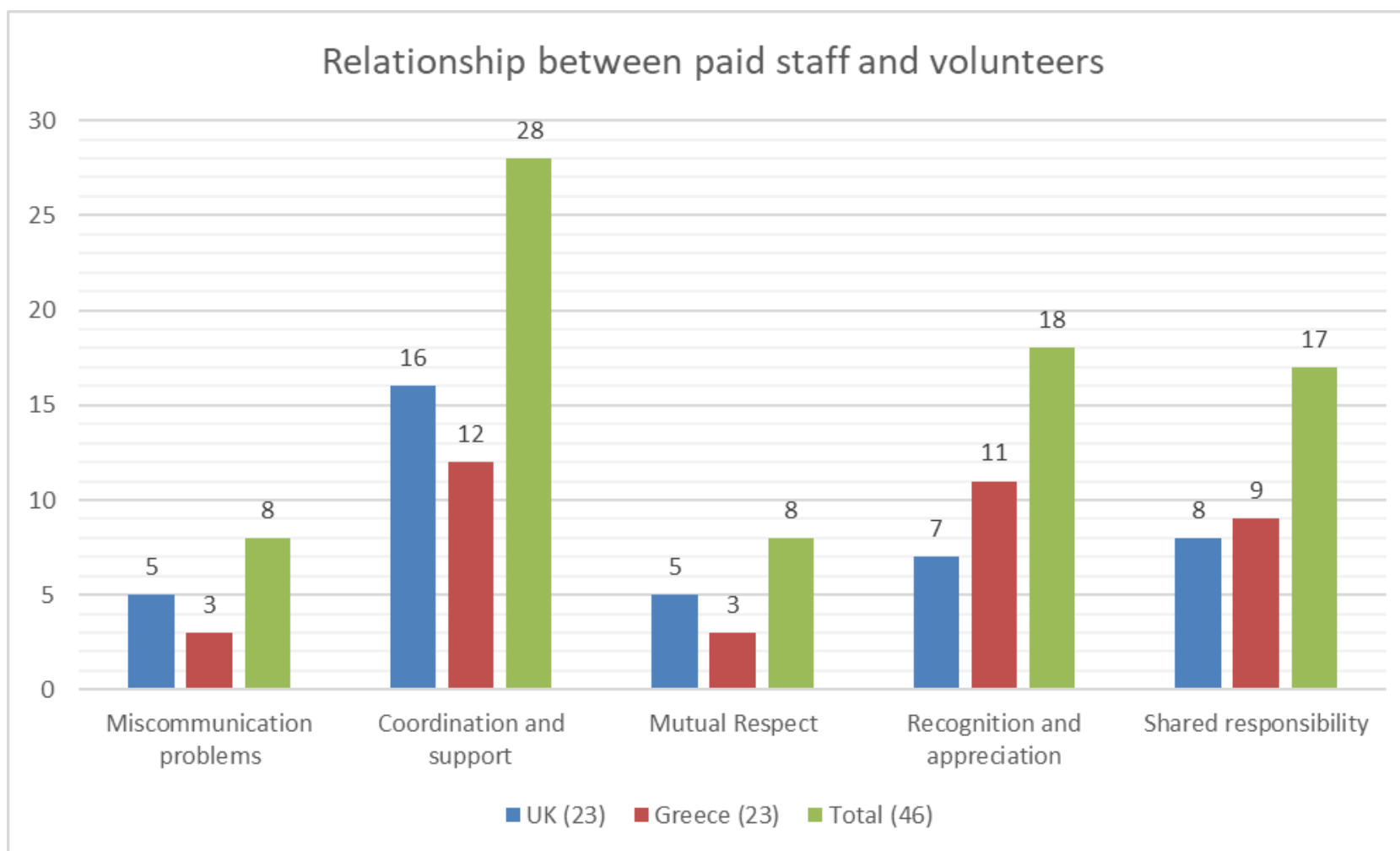
The following five graphs illustrate similarities and differences among the participants from the two public children's hospitals, as identified by the analysis of the re-focused codes.



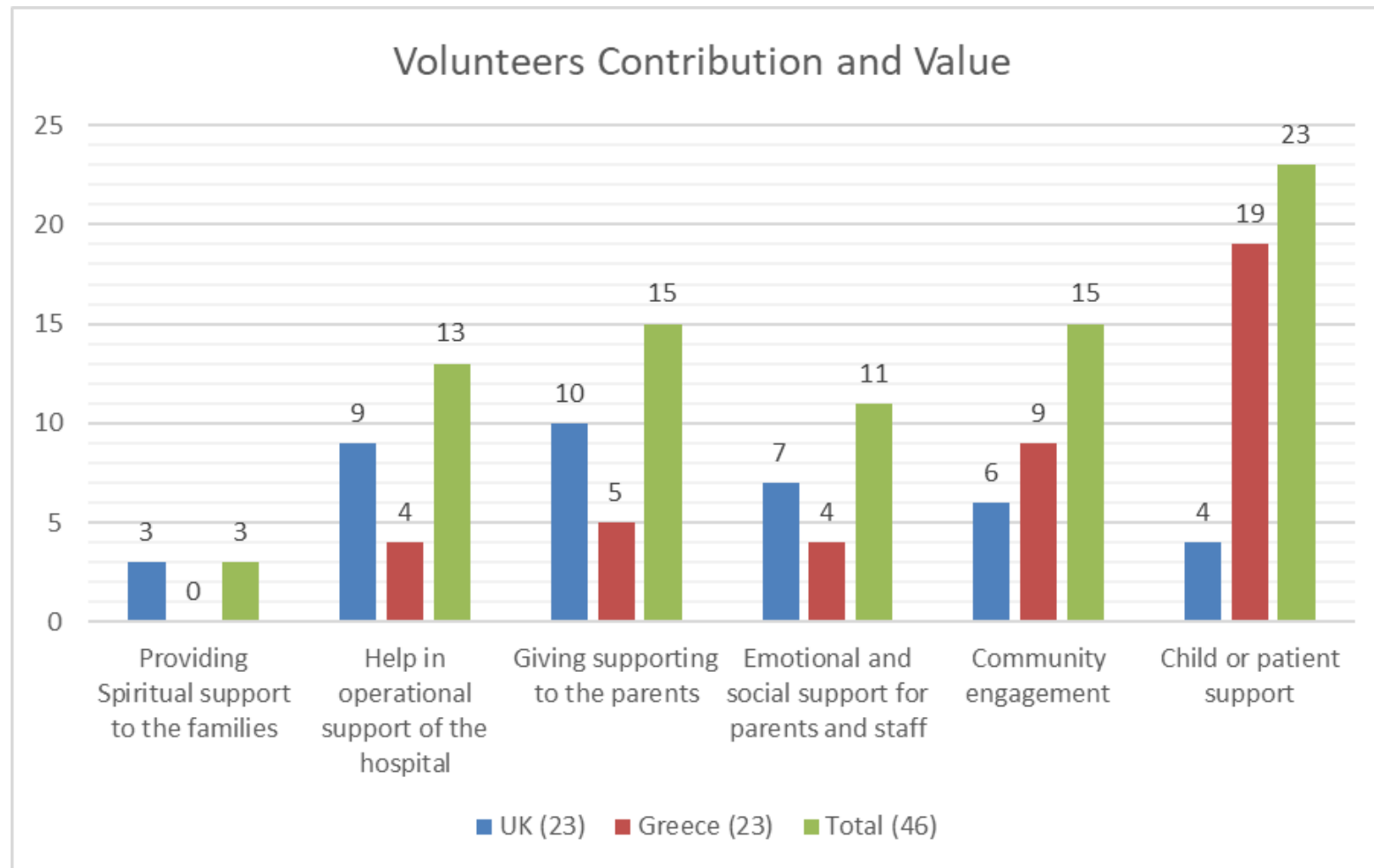
Graph 4.6: Volunteers' challenges (Greece / UK)



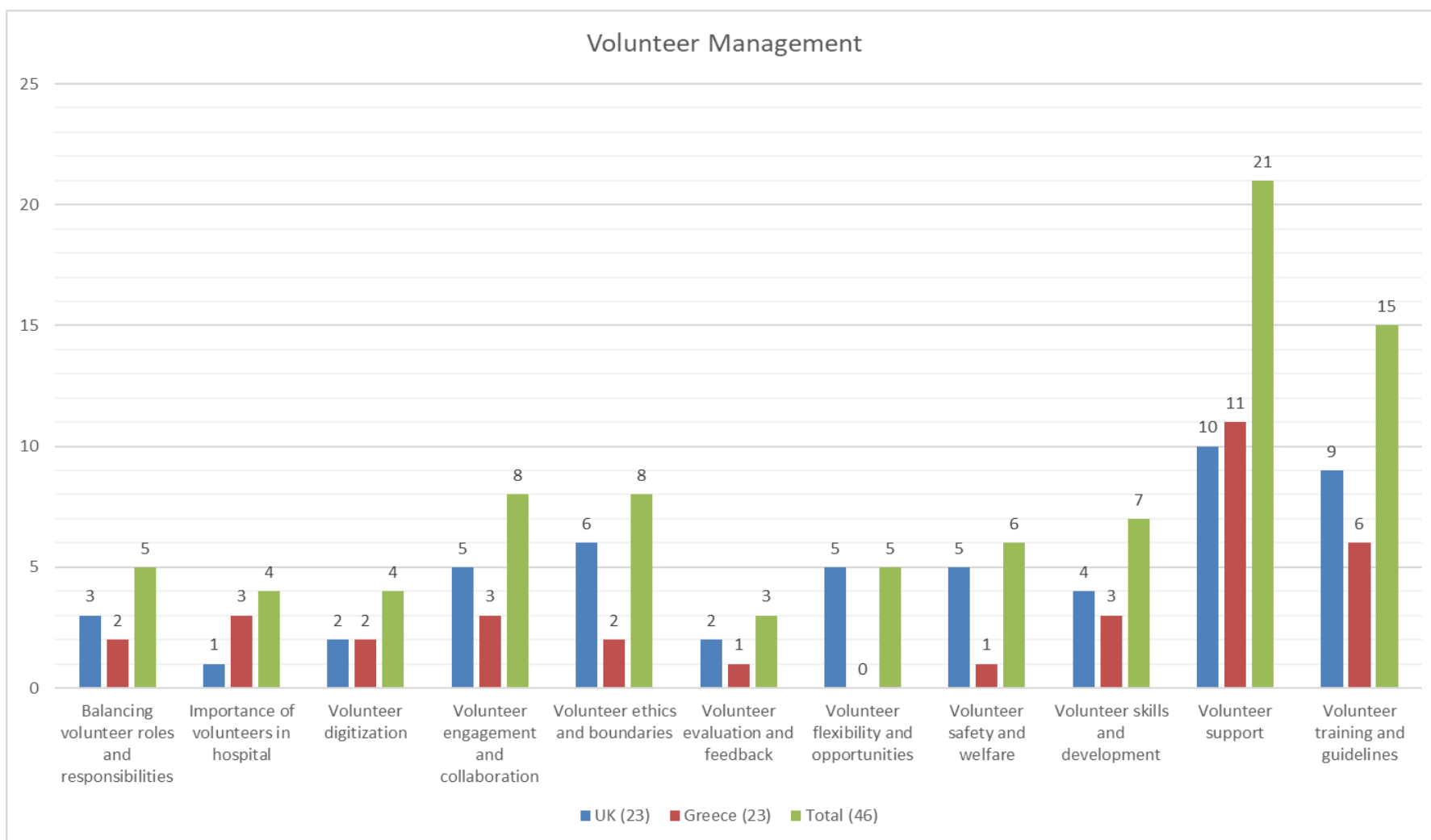
Graph 4.7: Current approaches to volunteer management (Greece / UK)



Graph 4.8: Relationship between paid staff and volunteers (Greece / UK)



Graph 4.9: Volunteers' contribution and Value (Greece / UK)



Graph 4.10: Volunteer Management in children's public hospitals (Greece / UK)

4.2. Re-focused Coding

The next step in creating a grounded theory was re-focused coding, which involved putting together and combining themes from the initial codes scrutiny. This particular research:

- i. Identifies a wide range of challenges faced by volunteers in two public children's hospitals. These are classified into two main categories: individual-oriented challenges, including career, emotional, engagement, and interpersonal issues, and organization-oriented challenges, including legal, professional, resource, time, and training issues.
- ii. Highlights that the discourse on the management strategies employed in two public children's hospitals is multifaceted; the two key dimensions that stand out are the significance of evaluation and feedback, and the fostering of motivation and support.
- iii. Demonstrates that there are challenges in the dynamics between paid staff and volunteers in public children's hospitals, which arise from issues related to miscommunication; however, it is important to note that these relationships can have positive consequences when they exhibit efficient coordination, mutual respect, appreciation, and shared responsibility.
- iv. Shows that volunteers contribute in several ways, including easing the burden of care for families of young children and assisting with administrative tasks and community outreach.
- v. Identifies two prominent themes for the management of volunteers in public children's hospitals: the importance of formulating guidelines for the role of

volunteers in the operation of public children's hospitals, and the need to acknowledge and value the contributions made by these volunteers.

- vi. Discusses the views of the people who have a stake in the two hospitals to learn more about the twelve differences and twelve similarities in the problems volunteers face, the way they are managed now, their interactions with paid staff, the work they do, and the way they will be managed in the future.

4.3. Challenges faced by volunteers

The present analysis employs the comprehensive term 'individual-oriented codes' to refer to the various aspects related to the career, emotions, engagement, and interpersonal challenges faced by volunteers. The term 'organisational-oriented codes' refers to a set of five codes that specifically address the legal, professional, resource, time, and training difficulties encountered by volunteers.

Themes	Re-focused codes	Initial codes	Files (How many participants discussed the theme)	Ref (How many times the theme was mentioned)
Individual-oriented challenges	Career challenges	Limited opportunities for growth and advancement	1	1
	Emotional challenges	Anxiety	4	5
		Emotional exhaustion	7	8
		Grief	3	4
		Regret	1	2
		Self-regulation	1	1
		Overwhelming distress	2	3
	Engagement challenges	Lack of acknowledgement for volunteer work	2	2
		Volunteer efforts undervalued by staff	1	1
	Interpersonal challenges	Coping with overbearing volunteer behaviour	2	2
		Dealing with rude or hostile parents	5	6
		Management	1	1
		Managing unsupportive behaviour from children	2	2
		Unprofessional conduct of the staff	3	7

Organisation-oriented challenges	Legal challenges	Confidentiality and privacy	1	1
		Conflict resolution	1	1
		Liability and risk management	1	1
		Potential legal issues when caring for children	1	1
	Professional challenges	Age discrimination due to COVID-19 restrictions	1	1
		Commitment and consistency	1	1
		Development of skills	1	1
		Enforcement of COVID-19 restrictions	1	1
		Unrealistic expectations of volunteers	1	1
		Volunteer burnout	1	1
	Resource challenges	Meeting volunteer demands	1	1
		Heavy reliance on volunteers	1	1
		Lack of certainty regarding volunteer availability	1	1
	Time challenges	Time commitment	1	1
		Working on weekends	1	1
	Training challenges	Lack of training and support for volunteers	1	1
		Inadequate training	1	1
		Strict training requirements	1	1

Table 4.1: Challenges faced by volunteers

4.3.1. Individual-oriented challenges

The 'individual-oriented challenges' umbrella covers four re-focused codes out of the initial 14 codes. This section showcases the re-focused codes identified during the preliminary coding stage's connection analysis.

Career challenges

The term "career challenges" was referred to only once, suggesting that individuals who participate in volunteer activities at children's hospitals may face certain barriers in terms of advancing their careers and gaining additional knowledge and skills in the healthcare sector. While participating in volunteer work was seen to provide valuable opportunities for experiential learning and networking, it did not offer the same level of professional development and advancement as paid positions.

Volunteering in healthcare may be rewarding and teach you a lot about the field, but it may not give as many professional development and progression chances as a paid job. (Volunteer 12)

Emotional challenges

Six initial codes were assigned to the re-focused code of emotional challenges. This code was associated with descriptions of emotionally challenging circumstances, such as providing care for ill children or offering support to bereaved families.

Most of the volunteers reported emotional exhaustion, anxiety, and overwhelming distress as a result of negative encounters, such as being subjected to complaints from a staff member:

During Covid times, I asked a member of staff to wear a mask, and he was offended at how I'd said it, and the result was that the volunteer department decided to tell volunteers not to ask members of staff to wear masks anymore and not to ask anybody to wear masks anymore. That wasn't our role... It does still continue to cause me anxiety when I recall the episode in which a member of staff complained about me.

(Volunteer 3)

Numerous volunteers had encountered severe grief and described their experiences of emotional distress in detail:

Both parents and her siblings were also there, and there was lots of fussing around with the staff. They approached me and asked if I would be comfortable sitting with this girl. She was in a private room. The family went off and had a meeting with the staff. The girl was quite into drawing, and obviously she liked dogs, and I painted dogs, so we've got some crayons, and we did some drawing in the bed. And I ended up being with her for about two hours. It was quite a long time. I think it's the longest I've ever spent with one single patient. And then the following week I turned up and I was surprised to see that she wasn't on my list. So, I said: "You know, is there any reason why I'm not going to see this child?" And, I thought, "I hope I didn't do anything wrong last week, because I was there for quite a long time." And there was this kind of sideways look at each other with the staff who were sort of checking me in. I went into a room and a lady appeared and she said to me: "I'm sorry to tell you, but she passed away a couple of days earlier." Sorry, I feel emotional, [crying] that she'd passed away and I had no idea how she'd be, but she was waiting for a heart transplant. And it was due to go ahead, and they'd had to cancel it at the last minute, and she passed away.

(Volunteer 8)

Furthermore, addressing intense emotional states like frustration, excitement, and anger requires self-regulation.

I deal mainly with aggressive children. And I always try to explain to myself that this is not their fault. They feel scared. And I have to find a way to unlock this anger and make them feel more relaxed. If I regulate my feelings, then I can help them. (Volunteer 27)

Lastly, the feeling of regret was mentioned twice by volunteers who exhibited a lack of recognition of the significance of their impact, a failure to perceive the necessity or importance of the mission, and a sense of being merely one among a small number of individuals engaged in any charitable actions:

Yes, while I was there, I did feel that I was making a difference, but then it stops. I mean over time. I wasn't able to save the kid from anything, I just gave him some extra company, filled some hours. Just that. That's how I feel. (Volunteer 1)

Engagement challenges

This re-focused code addresses the potential threat to volunteer engagement in children's hospitals arises from the feelings of discomfort experienced by volunteers due to a lack of acknowledgment and appreciation of their efforts, as expressed by a small number of volunteers:

A consultant at the time asked me to get something and I couldn't get into the room to get it. And I came back, and she wasn't happy with me, but she'd forgotten that I was only a volunteer. Obviously, she was very stressed and very disappointed about the fact that I hadn't been able to, to get that piece of equipment for her that she needed. And previously I was on wards and the staff team didn't talk to us. They never

acknowledged we'd even come onto the ward. They would literally ignore us when we went onto the ward. So that was very hard at the beginning. (Volunteer 4)

Interpersonal challenges

The main emphasis of this re-focused code centres on the interpersonal difficulties encountered by volunteers in their relationships with parents, child patients, and staff members. The themes that have been identified address the challenges associated with interacting with parents who exhibit rudeness or hostility, handling unsupportive behaviour from children, and addressing any instances of improper behaviour from staff members and management:

One negative experience was with a member of staff on the ward. Whenever she saw me coming with the dog, she'd roll her eyes and get really annoyed at the fact that the dog was there. And she'd go, "Ooh, smell." You know? (Volunteer 9)

4.3.2. Organisation-oriented codes

While each initial code was only counted once, this analysis acknowledges that the presence of multiple perspectives offers diverse insights into the same phenomenon. The re-focused codes that were identified during the analysis of relationships in the initial coding phase are presented below.

Legal challenges

Potential legal issues are one of the primary concerns that may arise in relation to volunteers. While volunteers play a crucial role in children's hospitals, negative incidents involving staff members may have legal repercussions. According to the participants, the need to preserve confidentiality and privacy poses challenges relating to the safeguarding of sensitive patient and staff information. Conflict resolution, which entails effectively addressing and resolving disagreements or grievances originating from patients, families, or staff members, is an additional obstacle. Furthermore, the management of liability and risk presents a significant challenge, necessitating adherence to established safety protocols and the timely reporting of incidents or accidents. Finally, taking care of children in hospitals presents potential legal issues, including the need to secure consent and adhere to regulatory requirements.

A volunteer had come for one of these children. When they returned to the room after playing ball in the hospital courtyard, the child didn't want to. I happened to be passing by at that moment and I see the volunteer virtually uninvolved in the child's movement. The child left and disappeared from his side. So, when I asked him, the answer was that it is outside of your remit. Discussing it with the Director of the Nursing Service the next day as a point of general concern, because in one way or another we have

the responsibility for these children, and through discussions with Social Services we learned that because there exist various legal issues, if a volunteer chases a child to catch him, pick him up, be close to, and for whatever reason the child falls and is injured, the volunteer is responsible because he actually caused the specific injury. So, in his attempt to help, the volunteer inadvertently created a legal problem. (Staff 8)

Professional challenges

The re-focused code of professional challenges was assigned six initial codes. This code was linked to vignettes that presented obstacles to maintaining and advancing volunteers' professional engagement.

The issue of age discrimination arising from Covid-related restrictions, whereby individuals were excluded from specific roles or activities based on their age demographic, was identified as a significant obstacle.

Actually, I did become very upset when I wanted to go back during Covid when I'd had all my vaccinations. Suddenly, some rules seemed to change. Initially, being over 70 was considered an excuse. (Volunteer 11)

Additionally, commitment and consistency were challenges that covered the need to fulfil obligations and maintain a regular schedule:

I had said that every Thursday between five and ten I would go... and every Thursday for two years I couldn't do anything else. I didn't do anything else. That commitment, I think, was one of the hardest parts that I felt. (Volunteer 17)

Moreover, the process of skill development presented individuals with the challenge of acquiring new abilities or enhancing their existing competencies.

The most difficult phase was developing skills...In the beginning, I experienced a lot of conflicting emotions...I always wondered why these children are in these circumstances. (Volunteer 22)

Furthermore, the implementation of COVID-19 restrictions presented a formidable task, encompassing the adoption of mask-wearing, hand sanitisation, and the maintenance of physical distancing measures:

I mean, sometimes the reactions you get actually come from a stressed parent interpreting what you say or being upset by it. You can't anticipate that, and you can try to be neutral, but particularly during covid times, asking somebody to wear masks and that somebody got upset. And you feel bad about that, that you've created an upset for somebody. (Volunteer 3)

The additional presence of unrealistic expectations placed upon volunteers posed a significant challenge, as tasks were demanded from volunteers that exceeded their capabilities or responsibilities:

We help the nursing staff, but sometimes they ask much more from us. We are there to help children, not the nursing staff. (Volunteer 27)

Finally, a key reported challenge was volunteer burnout, characterised by individuals experiencing stress, exhaustion, and the feeling of being overwhelmed in relation to their role:

I faced challenging or unexpected situations, such as emergencies or difficult conversations with patients or families that have complex medical conditions or who are facing difficult emotional challenges. This was emotionally demanding. (Volunteer 18)

Resource challenges

Resource challenges, such as meeting volunteers' demands and heavily relying on them for essential services, can lead to misconceptions about the nature of volunteer work and volunteer management. Participants noted this development on several occasions:

The nurses would complain to me that he wasn't eating or brushing his teeth, and I'd intercede and then I'd take him, and he'd listen to me anyway and I'd tell him to brush your teeth and stuff and we'd joke around, I know, and there was sort of the emotional attachment, but what I didn't like afterwards was that he'd become too attached to me.
(Volunteer 1)

Time challenges

Another difficulty encountered was the need for effective time management in order for volunteers to maintain a balance between their altruistic activity and other personal or professional obligations. Weekend work poses a formidable challenge as volunteers are compelled to change their leisure plans in order to support the team.

We would always try our very best not to take our holidays at the same time. And we would contact each other during the week as well for updates. (Volunteer 11)

Training challenges

Three initial codes were assigned to the re-focused code of training challenges. The lack of proper training and support for volunteers led to inadequate guidance, feedback, and supervision. In addition, training failed to cover the various facets of volunteers' roles or responsibilities:

I would say the training wasn't adequate, but I was okay... because I had prior experience. (Volunteer 13)

It is worth noting that one volunteer expressed an unfavourable opinion of the need to fulfil demanding mandatory training obligations:

I'm a person of a certain age. I think that there is too much training. You can be trained as much as you want, but it's when you're in the situation, it is experience that matters. (Volunteer 4)

4.4. Volunteer management

The present analysis employs the term "motivation and support" to cover a range of aspects related to the recruitment, engagement, well-being, recognition, retention, and accountability of volunteers. Feedback and evaluation were also acknowledged as essential practices for the improvement of volunteers' performance.

Themes	Re-focused codes	Initial codes	Files (How many participants discussed the theme)	Ref (How many times the theme was mentioned)
Feedback and evaluation	Feedback	Feedback about the experience of staff with the volunteers	4	10
		Feedback request from the volunteers	6	6
		Feedback from the parents	4	5
	Evaluation of volunteers' programmes	Volunteers' performance	3	2
		Volunteers' surveillance	1	1
		Regular reviews and evaluation	8	13
Motivation and Support	Volunteer wellbeing	Management support	14	16
		Volunteers' collaboration	2	2
		Working in groups	6	7
	Acknowledgment of volunteers	Collaborative working environment	7	9
		Events and activities	3	4
		Management and coordination	2	2
		Recognition	4	4
		Staying in touch	5	8
	Volunteer Accountability	Clear lines of accountability	4	5
		Compliance with ethical standards	8	8
		Hospital gives specific guidelines to the volunteers	5	7
		Task-based volunteer engagement programme	7	8
	Volunteer Engagement	Community services	6	7
		Flexible rules for volunteers	3	3

	Networking	2	4
	Personal development	6	15
	Personal fulfilment	27	44
	Positive impact on children	11	25
Volunteer retainment	Access to support if/ when needed	2	2
	Dealing with difficult situations policy	2	3
	Keeping the volunteers' experience positive	8	14
	Psychological support	2	2
	Socialisation of volunteers	7	10
Volunteer recruitment	Induction	10	13
	Monitoring	3	3
	Online tests	2	2
	Screening and interview	7	10
	Training	25	36
	Volunteers' skill matching	4	6

Table 4.2: Volunteer management

4.4.1. Motivation and support codes

The "motivation and support" umbrella includes six re-focused codes out of the initial 29. All participants cited a minimum of two initial codes pertaining to the overarching category of motivation and support. The following section presents the re-focused codes identified during the preliminary coding stage's analysis of the connections.

Volunteer recruitment

With over six initial codes assigned to this re-focused code, participants' responses described the recruitment process of volunteers as consisting of five main stages: application; screening; induction; training; and matching. The objective of this procedure was to carefully choose and adequately prepare individuals to serve as volunteers in children's hospitals.

The first stage involves contacting the volunteer services department and completing an application form, which included various evaluations designed to determine the applicants' skills and dispositions. The following stage is a screening and interview process, where applicants are asked about their motivation, availability, preferences, and expectations for volunteering.

The procedure is as follows: Someone fills out our application, we receive it, and volunteers describe their skills, talents, and contributions. We conduct the initial screening through the application, after which we reach out to them. After talking to them and getting to know them, we will start accepting them if they meet current needs.
(Management 2)

The next stage involves conducting an induction session to familiarize the volunteers with the policies, procedures, values, and culture of the children's hospital. Occasionally, the hospital provides individuals with standardized clothing and an ID badge. So, throughout the induction, we emphasise the necessity of consistency and commitment, as well as being a member of a team, since it is also one of the hospital's values. We talk about values and the need for a reliable, helpful, and welcoming team. When you walk into the hospital, we have our guides: the ones in the yellow T-shirts! Every day we have a team leader who manages all the volunteers that are there in the main reception area as guides. (Management 1)

The subsequent phase is the provision of training, instruction, and guidance on the specific duties and obligations associated with various positions, including administrative support, patient care, and ward assistance. In addition, the volunteers acquire knowledge about health and safety, infection control, confidentiality, and communication competencies.

When you start, for the first three months, your duties are to help and take people around the hospital, show them where the departments are, and be in the main reception area. It's what's called being a guide. (Volunteer 8)

The final stage of recruitment involves matching the volunteers with a suitable role based on their skills, interests, and availability.

I didn't have any apparent skills. However, one of the roles that were presented among several others was that of a pet therapist, where individuals were invited to bring their pets. Indeed, I had the ideal candidate for this purpose, my 10-year-old Labrador: a highly tranquil and lovely dog. Subsequently, I had him evaluated by a non-profit organization called Pet Therapy, and he successfully met their criteria. So, I commenced my volunteer work alongside him in March of 2017. (Volunteer 9)

Additionally, they receive a supervisor or mentor who will guide them throughout their volunteer journey.

We then implement an oversight mechanism to monitor the volunteers' progress, pinpoint any obstacles they face, and assess whether they require psychological support. There exists the option to provide individuals with guidance from our experienced supervisors who possess expertise in similar situations. (Management 1)

Volunteer engagement

The initial codes for the main motivations for volunteering in children's hospitals merged to create this re-focused code. Achievement and development served as a driver for some of the volunteers. They desired to be the best at what they do while also enhancing their knowledge and abilities in a flexible manner. The children's hospitals provided them with possibilities for training and professional growth, as well as work that is both challenging and fulfilling.

I really enjoy guiding. Generally, I am here once every week. You meet lots of different people all the time. I enjoy discussing with people, talking to the children, and, where the opportunity arises, making them smile. If the opportunity presents itself, I will seize it. Soon after becoming a guide, I received a promotion to team leader. And I've been team leader ever since. (Volunteer 12)

Other volunteers were motivated by their existing status and role within society. Children's hospitals provided them with positions of responsibility, recognition, and networking possibilities:

I didn't feel ready for retirement at 65, but I was barely outside the statute that allowed you to work beyond the age of 65. And so, I thought, I've got to find a way to use my

abilities because I'm not the kind of person who wants to sit at home. Being an active member of society was an important issue for me; therefore, I was looking at volunteer opportunities as well, and a position as a volunteer chaplain came up. And I thought that it required both my skills as a social worker as well as something a little different and new. I could cover my religious community as the chaplain. (Volunteer 11)

The relationships they shared inspired another group of volunteers. They wanted to be a part of a community and develop connections and bonds with people who shared their beliefs, passions, or interests.

I learned about volunteering at the hospital during an excursion. I found myself deeply moved and eager to learn more. I like being a member of a community of people who have committed their lives to improving children's lives. I adore seeing these youngsters grow, heal, trust, accept us into their lives, and allow us to care for them. (Volunteer 25)

Ultimately, personal experiences inspired some volunteers. The desire to have a positive impact on children and engage in community service motivated volunteers who felt compelled to give back to others in similar circumstances to themselves, whether they had previously experienced or were recovering from sickness or had an experience with their own child.

I was a patient at Great Ormond Street when I was a baby. So, I've always had a personal connection with the hospital. And I started making a monthly donation to the charity about 20 years ago. And then I retired, and I'd always wanted to do voluntary work of some kind, and I went online, found GOSH, applied and got the role. So that's basically why I did it, because I wanted to give back something to the hospital. (Volunteer 5)

Volunteer well-being

Three initial codes were assigned to the re-focused code of volunteer well-being. This code captured participants' views on management support and collaborations among volunteers.

Volunteering opportunities at children's hospitals include a variety of work for volunteers who contribute to groups under the guidance of a team leader. These program coordinators or managers work with volunteers to provide them with appropriate tasks based on their interests and talents. Furthermore, these programs adhere to guidelines in order to guarantee the safety and well-being of all volunteers. *When you arrive and you go up to sign in at the volunteers' office, there's usually somebody there who will come out and say hello. And the administrators will come down from the volunteer office to speak to us during the day. So, you know, you are not just left alone, but we know that they're somewhere around if needed. (Volunteer 8)*

As participants shared their volunteering journey, they mentioned and cited evidence of the importance of working in groups and collaborating with each other: *Occasionally, the hospital wards would offer us opportunities to assist with events like the Christmas party or Easter activities. We enjoyed being involved more, doing group work, and being with other volunteers. One fun thing they did was film while singing a line of a song or carol and sending it in to be put together as a film. It was a fun and enjoyable experience. (Volunteer 14)*

Acknowledgment of volunteers

This re-focused code includes phrases that highlight the participants' sense of being part of an organisational culture that cared about more than just performance.

Vital factors for recognising volunteers' hard work included:

- i. A collaborative working atmosphere

Because you always feel that you are still required rather than becoming no longer needed. We feel appreciated. (Volunteer 11)

- ii. The scheduling of events and activities

Yeah, every year they all have an award ceremony for Volunteer of the Year. (Volunteer 8)

- iii. The acknowledgement of volunteers' contributions

We got a message, an email, like, I think last week or a couple of weeks ago, about how happy parents were that volunteers were back. And that made me feel really good. (Volunteer 10)

- iv. Efficient coordination of volunteers' activities

Look, once the week starts, they call you and they tell you how the shifts and the schedule are in general. If you want to go, they'll tell you when you can go. So, you can negotiate. You can even say I went to this kid, and I really wouldn't want to go back. I'm having a hard time. So that's basically how it's done. A lot of times, if they have a need, they might say, Could you go on Saturday? (Volunteer 15)

In addition, children's hospitals expressed concern regarding the potential reluctance of volunteers to resume their duties following an extended absence due to COVID-19 infection control protocols. However, volunteer coordinators endeavoured to maintain volunteers' engagement and awareness through various communication channels so that they maintained contact:

For all the other volunteers that did not come, we have ramped up all our communication with them. They got a weekly email newsletter with lots of fun stuff, games, quizzes, and a bit about what's going on in the hospital. We focused on some lovely things in the hospital for them, so it made them feel they're still connected... Therefore, we significantly increased our communication efforts with them. We did a lot of one-to-one Zoom meetings, making people feel okay. We had a big monthly get-together as well, where everybody got together via Zoom. (Management 1)

Volunteer accountability

Over four initial codes included reference to the re-focused code of accountability, which covered the specific roles and boundaries of volunteers in children's hospital settings.

Accountability was concerned with how volunteers' conduct might affect the well-being of children and their families. This is dependent on both fundamental cultural and individual characteristics, as well as the correct completion of technically challenging tasks. Therefore, participants identified a vital need to clarify the expectations and responsibilities of volunteers before engaging them by:

i. Setting clear lines of accountability:

Love may be harmful at times. As a result, I feel that preparing for this offering is critical. We are not conducting things in our own manner there. We are available to help, but only in accordance with the hospital's policies. (Volunteer 25)

ii. Adhering to the required ethical standards:

We are being prepared and informed, of course, about ethical matters, like confidentiality. (Volunteer 22)

iii. Providing specific guidelines and descriptions of volunteers' tasks:

There are guidelines about the presence of dogs in the patients' rooms. I believe the guidelines were not sufficiently clear. They have explained this to me If you put a dog on the bed with the child, use a towel. (Volunteer 7)

Volunteer retention

The retention of volunteers was cited as an essential element in effective volunteer management. Volunteers in children's hospitals reported having access to various types of support when needed.

The availability of a cell phone with a live answer is undoubtedly the most crucial factor. This implies that regardless of the challenges you face, you can trust in receiving guidance. (Volunteer 15)

Other volunteers emphasised the role of a clear policy when dealing with difficult situations such as emotional stress, ethical dilemmas, or conflicts with staff or patients:

I requested help, and I received it. It is part of our training to know when it is the time to ask for help. (Volunteer 19)

Moreover, by offering opportunities for personal growth, social interaction, and fun activities, volunteer coordinators kept the volunteers' experience positive.

Our Bear Team won the award for the best team about two and three years ago, which was great. So, I and every member of our team were very proud of that. (Volunteer 4)

Furthermore, volunteers stated that they have access to psychological support such as counselling, debriefing, or peer support groups.

We did, of course, have a program psychologist who we would see as a group In our group meetings, we primarily engaged in conversation. If somebody wanted to say

something more—to express something, some thought, or a concern—that was the pattern of our meetings. (Volunteer 17)

Finally, researchers identified socialization as a key component in volunteer retention.

But we do manage special events. So, we run big events throughout the year as well. We've got Christmas parties. So that's when we'd put out a call to all the volunteers. Do you want to come and do extra volunteering? We get lots of people wanting to do that. (Management 1)

4.4.2. Feedback and evaluation codes

The theme of feedback and evaluation covered six re-focused codes. With over 10 vignettes connected to it, one of the initial feedback codes related to the significance of the paid staff's feedback about volunteers. Another code referred to the need for frequent reviews and assessments, with over 13 vignettes attributed to it. Additional codes covered the significance of patients' and families' input and the assessment of volunteers' performance.

The process of examining the associations in initial coding led to the identification of specific re-focused codes, as discussed in the following section.

Feedback

Feedback was deemed valuable within the context of the two children's hospitals. Several participants emphasised the importance of incorporating the perspectives and insights of patients, staff, and volunteers as a crucial component of effective volunteer management.

Staff members conveyed the following views regarding volunteer team members:

We have repeatedly requested feedback from the volunteers under our supervision. They inquired about any issues or concerns that surfaced during their time with us. Notably, we nominated one of our volunteers for a staff award in the previous year.
(Staff 6)

In addition, members of staff mentioned that the support of the volunteer administrators was essential in handling difficult situations with volunteers:

The administrators of volunteer services ask us how things are going with the volunteers. On one or two of those occasions, we've had a problem with a volunteer and needed the administrators' assistance in figuring out how to handle it and by having difficult conversations with them about their suitability for the position. They thus provide us with a lot of help in that regard. (Staff 4)

Other members of staff shared their views about the importance of feedback by extending its scope to include the opinions of parents and young patients:

One family had both parents who were blind and needed a lot of help in the hospital. So, a volunteer was incredibly helpful in terms of, you know, helping arrange the admission and being more practical support for the family. And the parents felt grateful and expressed it. (Staff 5)

However, when questioned, volunteers regarded that, although necessary, their feedback was not of great use to or valued by the hospitals:

I don't think they care about our feedback. I think they know what we're doing and let us stay in the hospital. That's all! (Volunteer 22)

Evaluation of volunteer programmes

The evaluation of volunteer programmes refers to the assessment of the impact of volunteers at two children's hospitals. This theme highlighted the importance of conducting regular reviews and evaluations of the support and oversight given to volunteers, as evidenced by the allocation of more than 13 vignettes for this code.

Since we collaborate closely, we hold an annual meeting to evaluate the program, as well as the performance and experience of the volunteers, to ensure everyone's well-being. (Staff 7)

The volunteers' work is assessed through a questionnaire that gathers data on the number of patients attended to, the duration of time spent with each patient, and the volunteers' evaluated psychological influence on patients.

We have a form that volunteers fill out after they volunteer. We ask them how many patients they saw and how long they spent with each one. We think spending more time with a patient means helping them more. We give a score for that. We also ask the volunteers some questions about how the patient felt. Did they feel better or worse after the volunteer was there? Did they feel happier or sadder? More relaxed or more stressed? We want to know if the volunteer made the patient feel better emotionally.
(Management 1)

Administrators and staff regarded the surveillance and evaluation of volunteers as equally important for security purposes.

Of course, they receive monitoring and evaluation. Child safety is the most important thing. They have to be able to stand in a paediatric area with the specifics that exist and the challenges that may arise from different conditions. It is essential to be able to deal with all of these challenges on their own, and then to constantly contribute to the child's safety. (Management 2)

4.5. Volunteer and paid staff relationships

The research findings indicate that there are challenges in the dynamics between paid staff and volunteers in public children's hospitals, which arise from issues related to miscommunication. However, it is important to note that these relationships can also have positive consequences when they exhibit efficient coordination, mutual respect, appreciation, and shared responsibility.

Themes	Re-focused codes	Initial codes	Files (How many participants discussed the theme)	Ref (How many times the theme was mentioned)
Challenge in staff–volunteer relations	Lack of collaboration	Conflict and disagreement	1	1
		Hesitancy of hospital staff	1	1
		Lack of acknowledgement	1	2
		Miscommunication	2	2
		Staff cannot bond due to high volunteer turnover	1	2
		Undervalued by the staff	3	4
		Poor volunteer integration	3	4
Positive experiences	Coordination and support	Approachable coordinator	3	3
		Collaboration	2	2
		Conflict resolution	1	1
		Friendly and cooperative collaboration	1	1
		Good communication	5	7
		Staff guidance	6	7
		Supportive staff	21	27

	Mutual Respect	Cooperation with other volunteers	1	1
		Positive relationships with the staff	1	1
		Trust and respect for volunteers	4	4
		Work without interfering	2	2
	Recognition and appreciation	Acknowledgement of work	6	7
		During COVID-19 epidemic, staff missed the volunteers	2	2
		Increase in volunteerism awareness	2	3
		Showing appreciation	11	14
		Volunteers' recognition and rewards	6	8
	Shared responsibility	Volunteers are considered an integral part of the patient care team	5	6
		Volunteers lessen workplace stress	3	3
		Volunteers reduce paid staff workload	13	21

Table 4.3: Volunteer and paid staff relationships

4.5.1. Challenges in the staff–volunteer relationship

The broad term "challenges in the staff-volunteer relationship" includes the specific re-focused code "lack of collaboration," which was found when the connections were analysed in the early stages of coding. The 'lack of collaboration' code was produced from seven initial codes, each referring to the problems that arise when staff and volunteers collaborate.

Lack of collaboration

Researchers found that the main problems in the working relationship between staff and volunteers were poor volunteer integration and staff members not valuing the work of volunteers. Lack of collaboration between staff and volunteers was found to be due to several factors, including staff reservations, weak feedback mechanisms, and conflicts and disagreements pertaining to the volunteers' roles and responsibilities.

Often, it's about staff not realising that the work that volunteers put in the hour, and the training they've had. Staff don't think that volunteers have any training. In the hospital, volunteers receive more training than most staff members. (Management 1)

As a result of this situation, a number of volunteers expressed dissatisfaction with the level of acknowledgment and appreciation they received from the staff in relation to their contributions:

I do think generally, and it's not exclusive here, that volunteers are very undervalued, probably by the paid staff more than anybody else. (Volunteer 3)

Furthermore, participants identified challenges in the process of integration and the fostering of strong relationships, particularly in situations where there was a notable turnover of volunteers:

Because we were observers, getting into these discussions was as hard as accepting their active role or having time to express our opinion about these volunteering roles, so to speak. There were so many different people on each shift. (Staff 15)

Therefore, both staff members and volunteers reported that miscommunication had a negative impact on their levels of engagement.

4.5.2. Positive experiences

The 'positive experiences' theme contains four re-focused codes that present the diverse positive experiences within the relationship between staff and volunteers. The following section provides details on the specific re-focused codes identified during the initial coding phase's analysis of relationships.

Coordination and support

This re-focused code explores the extent to which coordination and support exist in the relationships among volunteers and staff members. According to this study's findings, the staff members were described as individuals who exhibited kindness and amiability, even though the volunteers did not have constant visual contact with them.

We don't have a great deal of contact with the clinical staff. We might say good morning to the doctors and surgeons and those people, but everyone's nice. (Volunteer 5)

The staff members additionally provided support and guidance to the volunteers when asked. They assisted volunteers in resolving certain issues and provided training to prepare them for their assigned responsibilities.

I had a problem with an overweight girl. I couldn't move her easily and bathe her. So, I asked for help from the nurses. They know the techniques, and once I saw how they did it, I was able to move her by myself. (Volunteer 20)

The volunteers perceived a sense of respect and fair treatment from the staff members. Additionally, they derived satisfaction from their work and acquired valuable knowledge through their endeavours.

I mean, I think, I think we're incredibly well looked after as volunteers. They have really got our backs. They really do look after us well. (Volunteer 9)

Mutual Respect

This code refers to the experiences and interpersonal dynamics between volunteers and staff members. Both the staff members and volunteers expressed mutual appreciation for one another. According to staff members, the COVID-19 pandemic has fostered a heightened recognition of the significance of volunteers within the context of children's hospitals. They acknowledged that engaging with volunteers can present challenges due to external factors that influence their availability and level of commitment. However, they expressed appreciation for the volunteers' reliability and supportive nature.

But I mean, you know, we respect them in the same way as they do. Any of our members or staff would always try and make sure that they got Christmas gifts and things like that just to make sure that they knew that they were really respected because we really struggled without them during COVID. (Staff 6)

The volunteers expressed their commitment to maintaining a non-interfering stance towards the work of the staff while also being willing to help upon request. In addition, the volunteers described a positive rapport with their volunteer management team and exhibited confidence in their ability to effectively address any arising concerns.

I mean, the only people I have a real relationship with are members of the volunteer management team. And I'm good friends with them. I think I feel I can trust them, and I can go to them if I have an issue. (Volunteer 6)

Recognition and appreciation

The results associated with this theme indicate that medical personnel, specifically the nurses and physicians, express their appreciation for the volunteers. In order to foster a sense of inclusion and belonging among volunteers, the hospital staff employ various strategies, such as showing gratitude through the distribution of thank-you notes and gifts during the holiday season, as well as extending invitations to events for staff members. The Volunteer of the Year award has been assigned to few individuals who have demonstrated exceptional merit. The hospital staff demonstrate an understanding of the importance of the volunteers' contributions, particularly in relation to offering solace and joy to children undergoing difficult circumstances. The medical personnel at the hospital express their gratitude for the substantial contributions made by volunteers and duly acknowledge their efforts.

I mean, they are extremely friendly, very appreciative of what we do. They excel at reaching out to you and expressing their gratitude. I mean, during lockdown I had various cards they sent me thanking me, and, you know, you always feel that you are appreciated... actually from the rest of the hospital as well. (Volunteer 8)

Shared responsibility

The primary objective of developing the present code was to describe the working experience of volunteers. The research findings revealed that volunteers view themselves as essential members of the hospital team. The volunteers underscored the significance of establishing and cultivating connections with healthcare professionals, especially nurses, and noted that this can enhance their efficacy as volunteers in their respective capacities. Additionally, they explained that the allocation

of sufficient time for both strategy development and execution is imperative to maximise their potential influence.

Yes, they wait anxiously for us to go sometimes, because at times there are a lot of children gathered who they can't take care of all of them. They can be lively, they can be naughty, they can need care, and they can't manage (Volunteer 16)

Furthermore, the staff acknowledged the significant contributions made by volunteers in bridging existing gaps and offering valuable assistance to patients. Volunteers also recounted an instance where the individual exceeded the regular responsibilities by providing a bath to two refugee children who were unclean and affected with head lice. This highlighted how an ostensibly trivial act of compassion can have a profound influence on the well-being of the children.

What strikes me is that the nurses really feel relieved that a team goes in, even for half an hour to keep the kids occupied, because at least in that hour and a half they won't have to keep an eye on them. They will be able to devote their time to other things because that's the truth of it, too. They have a busy schedule and must balance taking care of children and performing medical duties. (Staff 12)

4.6. The contribution of volunteers

The current study delineates three primary categories, namely, 'patient and family support', 'community engagement', and 'hospital operation', which represent the various contributions made by volunteers. The themes encompass a total of seven re-focused codes, which were derived from the initial identification of 26 codes.

The following section headings outline the discovered findings relating to the contributions made by volunteers.

Themes	Re-focused codes	Initial codes	Files (How many participants discussed the theme)	Ref (How many times the theme was mentioned)
Patient and family support	Child support	Cognitive development of children	6	8
		Doing age-appropriate activities with the children	7	9
		Giving children joy and hope	6	11
		Personal care of the children	7	8
		Playing with the children	3	4
		Providing entertainment and recreational activities	6	8
	Social support for parents and staff	Alleviating anxiety and stress from parents and staff	8	9
		Organising events and activities for patients and families	3	4
	Emotional support to the parents	Provide time off for the parents of sick children	4	4
		Supporting families going through difficult times	10	12
		Try to solve the issues of the whole family	2	2
		Chaplaincy for spiritual support	1	1

	Spiritual support to the families	Journal for parents or older children to record hospital feelings	1	1
		Prayer for the sick children	2	2
Community engagement	Volunteers' Engagement	Creating opportunities for cultural exchange	4	5
		Help the visitor navigate through the hospital	4	5
		Motivated to give back to the community	5	7
		Promoting awareness and raising funds	3	4
		Taking care of prosecutorial and refugee children	2	3
Hospital operations	Help in operational support of the hospital	Administrative support to the hospital	2	3
		Assistance with the non-medical tasks	2	2
		Contribution to the overall quality of healthcare	3	4
		Enhancing hospital functions and processes	7	9
		Improving patient and family experience	3	6
		Monetary value of volunteer work	1	1
		Saving time and resources of hospital	3	3

Table 4.4: The contribution of volunteers

Patient and family support

The participants' comments highlighted the significance of volunteers in helping patients and their families in the two children's hospitals. This was evident through the assignment of fourteen initial codes to four re-focused codes.

The participants engaged in discussions regarding the importance of volunteers in providing support to children and stated that numerous children were experiencing fatigue from engaging in virtual activities. They expressed a desire for genuine human interactions, whereby they could participate in recreational activities and offer alternatives to excessive screen time. Volunteers frequently employed art as a method of engaging with children, as they have noticed that such interactions can yield therapeutic outcomes, enabling the children to divert their attention momentarily from their problems and experience happiness and a brief respite. One of the participants illustrated this by recounting the story of a young girl from the Democratic Republic of the Congo:

She was initially reticent but subsequently underwent a transformation, enthusiastically performing a melodious composition when presented with the opportunity (Staff 11).

The respondent expressed optimism regarding the potential of these interventions to facilitate positive transformations in children's lives, fostering the exploration of personal strengths and the pursuit of creative outlets.

In these places you face a lot of pain; volunteers go in there with the intention, with an open heart, to give children hope that this will somehow pass. Of course, when in units that are more difficult like oncology, it's even more sensitive, the environment that they have. (Staff 11)

Participants shed light on the diverse range of methods used by volunteers to provide social assistance to families and children who are dealing with illness or are confined to the hospital setting. The various means of extending assistance to families experiencing challenging circumstances encompass emotional, social, and spiritual support. Volunteers in demanding settings, such as oncology units, provided patients with emotional assistance and strove to facilitate possible encounters whenever feasible.

Treatment is a draining procedure for the families, and volunteers provide infrastructure in hospitals, such as recreational activities, to help the families and children cope with the challenges of disease. (Management 2)

In addition to providing emotional support, volunteers offered social and practical help by engaging in tasks such as running errands or dedicating time to the families of the patients.

Because quite often we'll find that we go into patients' rooms and, and their parents are there. During our stay, these parents have the option to either grab a coffee or take a moment to sit outside and enjoy some fresh air. And that also makes me feel quite rewarded that I've managed to offer the parents this little thing. (Volunteer 10)

Social support was also rendered through the coordination of celebratory gatherings, informal events centred around coffee, or even by accompanying families to the relevant hospital departments. The volunteers possess the capacity to exert a noteworthy influence on the well-being of the individuals they assist, as they provide comfort, foster social bonds, and cultivate a sense of belonging in circumstances that would otherwise present difficulties and isolation for those involved.

Finally, volunteers responsible for providing spiritual care to children and their families during their hospital stay acknowledged the diverse and extensive spiritual care needs of their patients. The volunteers prioritized their efforts toward aiding families with ill children, specifically those with distinct cultural or religious requirements. They conducted visits to the hospital wards, engaging in conversations with parents to ascertain whether they required any support pertaining to lodging or accessing resources within the medical facility. They also collaborated with organisations that provided specialised traditional cuisine and inspected the respite room, designated for parental relaxation, to ensure its proper condition. These facilities helped families who experienced feelings of isolation and provided support to families from diverse geographical backgrounds in accessing the necessary resources and aid during their child's hospitalisation.

They have a book where parents or older children, but usually parents, can write what they feel about what's happened to them in the hospital or write little prayers. And there's a prayer tree. Each week, the person leading the service would read out the new ones. And a different person would lead it each time. And then after that, we'd go up to the wards. And our role was almost certainly with the parents. (Volunteer 11)

Community engagement

This theme draws attention to the multifaceted ways in which volunteers contribute to the community. Hospital volunteering activities involve coordinating social gatherings. Various participants highlighted the importance of fostering interpersonal relationships and providing emotional assistance to individuals in distress, whereas others underscored the need to generate financial resources. This theme also exposed an awareness of the diverse experiences that can be acquired

through engaging in volunteer work, as well as the importance of the unique skills and capabilities possessed by individuals.

Halloween parties are so much fun. Everyone dresses up, including adults and teenagers. (Management 1)

Hospital operations

This theme explored the role of volunteers in offering operational assistance to children's hospitals. The term 'operational support' refers to the various actions and responsibilities that are necessary to ensure the efficient and effective functioning of a hospital. Volunteers play a vital role in offering operational assistance through the provision of non-medical services to patients and their families, including guidance, companionship, and emotional support. Hospitals benefit from the involvement of volunteers in terms of operational support, as they can help in areas where staff may face limitations due to resource constraints or competing demands. Volunteers play a crucial role in providing operational assistance, as their contributions, such as emotional support and companionship, are highly valued by patients and their families.

After years of experience, we rely on voluntary activities that help the community. All these activities are extremely beneficial, as they provide a nurturing environment for families. We see that volunteering really helps with children in need. And it's not just physical health. We also need to prioritize mental health. Medical staff always focus on the physical. Volunteering also strives for the psychological. It is a bit difficult for nurses to do it in such a short period of time. (Management 2)

4.7. Volunteer management in children's hospitals

The results of the study revealed two prominent themes in the management of volunteers at public children's hospitals, which emerged from the accounts of the participants. The first theme is the need to develop precise standards for managing volunteers in the operation of public children's hospitals. The second theme is the importance of acknowledging and valuing the crucial contributions made by these volunteers.

Themes	Re-focused codes	Initial codes	Files (How many participants discussed the theme)	Ref (How many times the theme was mentioned)
Volunteer management	Balancing volunteers' roles and responsibilities	Importance of mutual benefits in volunteering	1	1
		Keep the volunteers enthusiastic and excited	1	1
		Prioritise teamwork and collaboration	1	1
		Providing meaningful volunteer opportunities	1	1
		Volunteers need to be organised not managed	1	1
	Importance of volunteers in hospital	Alert management of instances of poor practice	1	1
		Raising awareness of hospital volunteers	3	3
	Volunteers' digitisation	Better computer skills	1	1
		Digitisation of volunteer programmes	1	1
		Online volunteering	2	2
	Volunteers' engagement and collaboration	Collaboration with new volunteers	1	1
		Consistency of volunteers	2	4
		Empowering volunteers	2	2
		Integration in hospital environment	6	6
	Volunteers' ethics and boundaries	Align with organisational goals	1	1
		Avoid allocating volunteers to the same ward	1	2
		Ensure volunteer safety	1	2

		Maintain confidentiality and privacy	1	1
		Professionalism and seriousness	1	1
		Volunteer rights	1	2
		Volunteers' protection framework	2	2
		Volunteers should not handle complicated issues	1	1
	Volunteers' evaluation and feedback	Opinion and feedback from volunteer	1	2
		Regular volunteer programme effectiveness evaluation	1	2
		Timely response to volunteer applications	1	1
	Volunteers' flexibility and opportunities	Misconception about volunteers	1	2
		Require flexibility in their roles	3	3
		Need for the hospital to address the demands of young volunteers	1	1
		Volunteer fairs and events	1	1
	Volunteers' safety and welfare	Children safety and welfare	2	3
		Creating service level agreements for external partners	1	1
		Empowerment of volunteers	2	2
		Formal requirements of volunteering	1	1
		Inappropriate for staff to put volunteers at risk	1	1
	Volunteers' skills and development	Accredited learning	1	1
		Adaptation	1	1
		Appreciating uniqueness	1	1
		Cheerful	1	1
		Computer skills	1	1
		Confident	1	1

		Diversity and Inclusion	1	1
		Empathetic	1	1
		Experienced	1	1
		Extroverts	1	1
		Flexible	1	1
		Tactful	1	1
	Volunteers' support	Addressing issues and concerns	1	1
		Clear communication	5	8
		Constructive criticism	1	1
		Dealing with emotionally demanding situations	1	1
		Effective volunteer support and supervision	13	16
		Psychological support to volunteers	5	5
		Scientific approach to developing volunteer programmes	1	1
		Skills matching	1	1
		Tailored approach for effective management	7	7
	Volunteers' training and guidelines	Clearly define staff and volunteer roles	7	10
		Guidelines for volunteer management	6	8
		Needs well-trained volunteers for complicated scenarios	1	1
		Outreach and promotion	2	2
		Training in the hospital environment	2	2
Reward and recognition of volunteers	Appreciation and recognition of volunteers	Appreciation of volunteers	8	9
		Receiving thanks makes a difference	1	1
		Recognition of their work	5	8
		Showing gratitude	3	3

	Volunteers' compensation	Allowances for lunch	1	2
		Future incentives	1	1
		Uniform T-shirts	1	1

Table 4.5: Volunteer management in children's hospitals

4.7.1. Volunteer management

The "volunteer management" theme is made up of 11 re-focused codes that show the different points of view that respondents had about how to best manage and include volunteers in the two children's hospitals. The subsequent section outlines the specific re-focused codes that emerged from the relationship analysis during the initial coding phase.

Balancing volunteer roles and responsibilities

We identified several essential principles and strategies that promote a balance in volunteering endeavours. These include recognising the significance of mutual benefits in the context of volunteering, fostering and maintaining high levels of enthusiasm and excitement among volunteers, prioritising teamwork and collaboration, offering meaningful and purposeful volunteer opportunities, and adopting an organisational approach rather than a managerial one when it comes to coordinating and overseeing volunteers.

I know that they have a long background about managing volunteers and they realise that it's important that volunteers also get something out of it. There should be something that the volunteers receive in return, like a psychological reward and I think, I think they're good about ensuring that. (Volunteer 13)

Importance of volunteers in hospitals

Recognising the significance of volunteers in the two children's hospitals was reported as imperative, given their indispensable contribution in delivering support, comfort, and assistance to young patients and their families. Acknowledging and

raising awareness of their valuable contribution not only enhanced volunteers' morale but also served as a catalyst for inspiring others to participate actively. Hence, as the findings showed, it is essential for the hospital to acknowledge and uphold these standards while giving precedence to the welfare and individual development of volunteers. Furthermore, effective communication between the hospital and volunteers is of utmost importance, as it is crucial to establish clear expectations and avoid instances of poor practice.

Well, I was praised as the volunteer of the year! By the management of the hospital! Therefore, I firmly believe that the hospital management should meet our expectations and recognize our contributions. (Volunteer 24)

Volunteer digitisation

Volunteers who already possessed digital experience and expertise reported feeling better equipped to fulfil their roles effectively in the modern digital era. However, regardless of their prior experience and expertise levels, hospitals should provide adequate training and support to all volunteers.

If they had supported me, I could, for example, do online meetings with kids and so on. I would have done it. (Volunteer 1)

Volunteer engagement and collaboration

Another theme that arose from the analysis was the importance of the establishment of partnerships, the promotion of collaboration between volunteers and paid staff, and the empowerment of volunteers to assume responsibility for their roles. Participants argued that through collaboration and the provision of assistance and

resources, hospitals can cultivate a favourable and gratifying environment for volunteers, raising the calibre of care extended to patients and their families.

Hospitals can build partnerships with community organizations, schools, and other institutions to promote their volunteer programs and increase volunteers' recruitment.
(Staff 10)

Volunteer ethics and boundaries

Participants highlighted the importance of maintaining a framework centred around ethical principles through comprehensive training for volunteers, specifically focusing on matters pertaining to confidentiality and privacy. It was suggested that it is the hospital's responsibility to ensure that volunteers have a positive experience, while also recognising and respecting the limitations of their offered services:

Hospitals can implement appropriate measures to protect patient information and provide volunteers with training on the importance of maintaining confidentiality and privacy. (Staff 10)

Volunteer evaluation and feedback

Based on the findings of this study, it is proposed that hospitals engage in regular evaluations of their volunteer programs, considering feedback from volunteers, staff members, and patients. This could facilitate the identification of potential challenges or areas for enhancement and ensure the ongoing alignment of the volunteer program with the requirements and expectations of all relevant stakeholders.

My personal opinion, always, of course, because we express our personal opinions here, clearly there will be improvements, which we always ask for, and there is always room for improvement. But you have to base this on feedback. (Staff 14)

Volunteer flexibility and opportunities

Documentation also highlighted the importance of volunteer flexibility and opportunities. Occasionally, misconceptions regarding the nature of volunteering led to false impressions among participants, resulting in a misalignment between the perceived and actual contributions that volunteers are capable of providing. Furthermore, reports indicated that tasks assigned to volunteers deviated from their initial expectations. Volunteers stressed the importance of greater flexibility and adhering to their preferred work schedule:

Volunteers have different scheduling constraints or availability than employees and require more flexibility in their roles. (Volunteer 18)

Volunteer safety and welfare

The establishment of a safe and secure environment has been recognised as a crucial factor in fostering a constructive and beneficial atmosphere for both volunteers and patients. As a safety and clean place to work, hospitals must create and enforce clear rules and instructions that spell out the responsibilities and duties of volunteers. They must also give volunteers protective gear like gloves, masks, or gowns, depending on their roles, to keep themselves and others safe from possible harm.

They know what they could do and couldn't do. For infection control purposes there are certain things with which they could go into a room, and others that they couldn't take into a room. (Staff 7)

Volunteer skills and development

The study findings indicated that the diversity of skills among hospital volunteers had significant benefits. The incorporation of diversity within volunteer groups was reported as having the potential to yield a multitude of advantages for both the hospital and the community. Diverse collectives can show exceptional problem-solving capabilities and foster innovation. In addition, engaging with individuals from various cultural backgrounds is a valuable educational opportunity for all volunteers, promoting their personal growth by expanding their cultural consciousness, developing empathy, and refining their capacity to collaborate efficiently with individuals from different socio-economic backgrounds.

It's really important that we try to make sure that all our volunteers come with just themselves and what they can offer. So, we're not looking for robots. We're not looking for people to all look like me or to do exactly like me. We want to make sure it's really diverse. (Management 1)

Volunteer support

The participants expressed the view that hospitals ought to furnish volunteers with sufficient support through the implementation of an effective volunteer program, which has the potential to improve the quality of patient care and provide valuable assistance to staff members.

So, the hardest part of that over the years was to find some time to give them support. We gain a unique perspective as we observe the children in a distinct environment. The volunteers need constant support. (Staff 15)

Volunteer training and guidelines

The use of training courses and the formulation of explicit job descriptions were identified as improving the administration of volunteers in children's hospitals. According to a report, hospitals should make sure volunteers receive enough training and supervision to ensure the safety and effectiveness of their efforts.

This system is very good for existence. This system involves a group of trainers stationed in hospitals, who are knowledgeable about the needs of the volunteers and provide them with the necessary training. Naturally, this system requires control and evaluation. (Management 2)

4.7.2. Volunteer reward and recognition

The theme of 'volunteer reward and recognition' consists of two re-focused codes that cover the diverse perspectives of respondents regarding how volunteers can be acknowledged and appreciated for their voluntary services. The subsequent sections delve into the specific re-focused codes that emerged from the initial coding phase's analysis of relationships.

Volunteer appreciation and recognition

Reports indicated that acknowledging and validating volunteer service, contribution, time, and commitment required recognition in the form of appreciation and rewards. Recognition served as a means of communicating to others the significant value of volunteers in the two children's hospitals. Volunteers said it was important to communicate significance, credibility, and worth clearly. They said that getting positive feedback through recognition made them feel even better. Additionally, appraisals from the hospitals' management served as a vehicle for the public's expression of appreciation or recognition.

Celebrating and thanking volunteers for their contributions is also essential to creating a positive and motivating environment. This may include recognising volunteers publicly, offering rewards or incentives for exceptional performance, and expressing gratitude for their efforts. (Volunteer 18)

Volunteer compensation

While compensation was only mentioned in three specific instances, it is important to acknowledge and reflect on this perspective as it has implications for the

broader management practices within the two children's hospitals. The volunteers did not receive any form of compensation or reimbursement; rather, they incurred personal expenses for their travel and food. It was proposed that, instead of payment for their services, volunteers could receive financial compensation to cover the expenses incurred during the course of their hospital-based volunteer work.

If you buy it in the hospital canteen, the cost of a cup of coffee is low. Therefore, they could consider offering a slightly more generous cup of coffee. (Volunteer 3)

4.8. Similarities and differences between the UK and Greece

The stakeholders' perspectives in the two different settings were compared to identify parallels and contrasts. These perspectives encompassed the issues faced by volunteers, their management, their interactions with paid staff, their contributions, and their ideal future coordination.

4.8.1. Challenges

Interpersonal challenges relating to the management of volunteers' expectations and adherence to role boundaries were the most frequently mentioned challenges faced by volunteers in both Greece and the UK. These expectations may originate from the relationships with either the patients and their families or the hospital professionals with whom volunteers collaborated. This phenomenon could potentially lead to disputes and escalate the volunteers' level of pressure. For example, a UK volunteer commented:

They were asking, for instance, if a volunteer could take them out for a walk. Could they go around the block on a really warm day, you know, and the volunteers couldn't, I think they're not covered by insurance to do things like that. (Staff 5)

In Greece, volunteers sometimes faced rejection from the children they aimed to help, as one volunteer described:

This happened when children did not want me at all in their rooms. I felt very bad, and it took me some time to cope with this. (Volunteer 22)

In the UK, volunteers frequently encountered the unease experienced by parents as a result of the volunteers' presence following the death of a child.

The child has passed away, and the parents weren't feeling okay with me being present there. (Volunteer 4)

The second most mentioned category is the emotional challenges encountered by volunteers in their roles, especially when confronted with the tragic death of children

or when exposed to the tremendous sadness experienced by families. A UK volunteer expressed profound sadness at suddenly witnessing the death of a child:

I was not aware that a boy in the ward was going to pass away. I stood there staring. I couldn't control my emotions. (Volunteer 4)

Conversely, Greek volunteers expressed a stronger and more enduring attitude. One volunteer admitted:

I had to deal with my feelings. That was hard. I had to overcome grief, put myself together, and help these children. (Volunteer 20)

Another stated:

Lots of times I have felt emotionally tired. I was expecting this. It is natural. The secret, then, is not to give up. Keep on going. That is the secret. (Volunteer 26)

With regards to the organisation-oriented challenges, a difference was found in the perception of the volunteer's role and the significance attributed to their professional efforts. There is a heightened focus in the UK on the need for rigorous regulations, legal safeguards, and acknowledgment of voluntary contributions. According to a UK staff member, there is a robust framework to safeguard the status of volunteers:

Hospitals must ensure that their volunteer program is compliant with relevant regulations and laws and that volunteers are properly trained and supervised to minimise the risk of liability. (Staff 10)

However, the extent of legal safeguarding and addressing workplace challenges is not as evident in the Greek context. A Greek volunteer voiced the belief that volunteers' presence in the hospitals was not safeguarded:

Most of the time I wonder... Sometimes we are not sure whether what we are doing is legitimate. We often question whether our presence in hospitals and similar settings is permissible. (Volunteer 26)

Finally, only the UK volunteers addressed the challenges relating to career development, engagement, resources, time, and training. They emphasised the impact of these factors, which are associated with the organisational processes of recruitment, retention, and training.

The volunteer team arranged for us to visit once a week. Unfortunately, I've had to change that because of my husband: I can't spend one day per week in the hospital. I can't leave him for that much time any more. (Volunteer 11)

4.8.2. Current approaches to volunteer management

There are several similarities in the motivation and consequent engagement of volunteers in the UK and Greece. A notable shared characteristic among hospital volunteers in both countries is their intrinsic drive to contribute to their respective communities. Both volunteer groups are driven to help others and have a tangible impact on their benefactors. As two UK volunteers stated:

I'm helping people, I go into the hospital, and I help people, so I get a great deal of satisfaction out, out of doing that. (Volunteer 5)

It is something that we choose to do on a voluntary basis. I don't do it for any kind of recognition personally, but I would say it's nice to know that we're making a difference. (Volunteer 10)

Volunteers in Greece showed a similar mentality. As one volunteer noted:

I am doing this only for the people in need. I am not doing this to gain praise or recognition from others. (Volunteer 20)

This phenomenon exemplifies the shared sense of contentment and well-being felt by volunteers in both countries. Moreover, it is important to note that hospital volunteers in both settings often develop strong connections with patients and their families. This not only fosters a collective sense of inclusion but also enhances the volunteers' dedication to sustain their significant endeavours.

The two countries' feedback, evaluation, and acknowledgement processes differ in method and extent, despite their similarities. Greece, there is an evident focus on continuous informal supervision and the establishment of trustworthiness among volunteers, particularly those affiliated with specific organisations that provide

volunteers to the public hospital. In contrast, UK volunteers encounter a feedback process that is characterised by greater coordination and a broader range of dimensions. The administration of volunteers takes place within a well-organised framework that encompasses both official and informal feedback methods on a regular basis. This is seen when volunteers actively engage in biannual review sessions with organizational leadership, thereby availing themselves of the chance to express any concerns or propose potential modifications. According to a volunteer:

When I'm talking with my immediate manager, we will talk about how we are doing and how, if there's any changes that need to be made and stuff like that, it's not a, not really a formal thing. (Volunteer 5)

Staff are also involved and participate in comprehensive feedback sessions, as seen by the following statement:

We went for a coffee after the first admission to kind of break down how it went. (Staff 5)

Furthermore, one volunteer recounted:

And there's a day in the team where all the volunteers that deal with the children meet and talk in terms of how it's going. (Volunteer 13)

In addition, it is noteworthy that the UK system has incorporated the use of new technologies to a greater extent. One example was presented by a management participant from the UK, who mentioned the use of frequent Zoom meetings as a means of communication (Management 1). Moreover, the use of technological instruments like iPads for conducting surveys about the role of volunteers was suggested by a staff member who pointed out:

Both the patients and we give feedback about the volunteers who themselves visit the wards equipped with iPads and conduct the surveys. (Staff 6)

This observation suggests that the feedback process in the UK is more structured, in contrast to the more interpersonal and trust-oriented system prevalent in Greece.

Also, people from both countries agree on the need to respect patient privacy, accountability, and professional boundaries. However, more volunteers from the UK stressed the need to set clear limits on their duties, especially when it comes to physical contact with patients (Volunteer 5). Similarly, although less frequently referenced, Greek volunteers emphasised the need to comply with confidentiality procedures:

Naturally, we are preparing for ethical issues such as confidentiality. (Volunteer 22)

Additionally, Greek volunteers were told to remain neutral when it came to accountability so that they wouldn't have to deal with problems caused by their own biases. A statement from the Greek management noted:

For some children, we may ask the volunteers to be neutral and detached, that is, not to come with racial or religious discrimination. (Management 2)

According to reports, individual biases have a greater influence in the Greek setting, suggesting a subtle difference.

Moreover, although volunteer contributions are more publicly acknowledged in the UK through initiatives like the Volunteer of the Year award (Volunteer 8), it was mostly the Greek volunteers who mentioned the ongoing contact and support they have with management. Greek volunteers described an atmosphere characterised by trust, collaborative efforts, and open channels of communication with hospital administration. Additionally, the participants noted that the environment was one that fosters collaboration. As one Greek volunteer stated:

Hospitals maintain open lines of communication with us. This includes soliciting feedback from our experiences and addressing any concerns or challenges that arise.
(Volunteer 18)

Finally, there are observable variations in the volunteers' support. UK volunteers discussed the importance of organized support structures that helped them feel valued and effectively manage the emotional strain associated with their roles. One volunteer specifically highlighted the practice of debriefing:

We have a debriefing session after each volunteer shift. (Volunteer 14)

In contrast, the Greek volunteers did not make mention of institutional support networks that acknowledged the valuable contribution of volunteers to the patients. Instead, one volunteer shared:

I have my own way of dealing with the sadness. I usually take a break, go for a walk, or talk to a friend. (Volunteer 26)

This observation suggests that the presence of structured mental health assistance for volunteers is more widespread in the UK, while volunteers in Greece may have to depend on personal coping mechanisms or informal support systems to a greater extent.

4.8.3. Relationships between paid staff and volunteers

The relationships between hospital volunteers and staff in both the UK and Greece have considerable similarities in terms of the presence of mutual respect and shared responsibility. Both sets of volunteers mitigate the burden on medical personnel by fulfilling non-medical responsibilities, thereby allowing the staff to dedicate more attention to direct patient care. The sense of integration expressed by UK volunteers is noteworthy, since they often recount being asked to carry out staff tasks, which serves to reinforce their perception of being an integral part of the team. *So, there is a positive working relationship between the management, the medical and nursing staff, and the volunteers. We feel part of the team. (Volunteer 2)*

Both the UK and Greece have robust coordination and support structures for hospital volunteers, accompanied by well-established ties with the personnel. The findings from both countries highlight the importance of support, as shown in the volunteers' awareness of the value of participating in a collaborative team setting. This sentiment is expressed by a volunteer from Greece who says:

There is always someone there from whom you can seek help. This is always the case, and this is why we don't have any problems. (Volunteer 26)

Moreover, a volunteer from the UK observes:

I think they treat us well and they respect the volunteers and I think we've got good relationships with volunteers, with other members of staff. I've always found all the nursing staff and medical staff very supportive to us as volunteers. (Volunteer 8)

Volunteers in both countries help to alleviate the workload of the medical staff by taking on non-medical tasks, thereby enabling the staff to focus more on direct

patient care. In both countries, the rapport between volunteers and staff has been reported as mostly positive, with staff expressing appreciation for the support provided by the volunteers:

Any of our members of staff always try and make sure that the volunteers got gifts for Christmas and things like that... just to make sure that they knew that they were really valued because we really struggle without them. (Staff 6)

Some communication problems reported in both countries mainly refer to procedural matters. Communication difficulties often lead to volunteers feeling overlooked or improperly integrated into the care team. For example, a UK volunteer recalled confusion regarding the policy about dogs on children's beds, stating:

There was a policy prohibiting dogs from sleeping on children's beds, which applied to me personally. I think it wasn't very clear. (Volunteer 17)

A similar sentiment was voiced by another UK volunteer:

They have professional meetings where there are cases that are causing particular concern, not the medical side obviously, but where social issues come into it as well. And whereas the employed chaplaincy staff were always involved in those meetings, we weren't. And I felt that was a lack because we might be the person that knows what's going in that family very well. (Volunteer 11)

This perspective was shared by a Greek volunteer, who said:

Starting these discussions was easy, but taking an active role and having time to share our thoughts and observations was harder. (Volunteer 19)

A UK staff member expressed concerns about the lack of relationship-building:

There is a high turnover of volunteers who come to the hospital, and this does not allow the staff to develop a relationship of cooperation and trust. (Staff 4)

However, differences in the relationships between hospital volunteers and staff in the UK and Greece became apparent. In the UK, there seems to be a better-established volunteer–staff dynamic. Recounts of personal ties between UK staff and volunteers suggest a deeper level of connection that extends beyond the hospital's confines. UK volunteers drew attention to instances where staff members demonstrated their gratitude, such as the act of mailing thank-you cards within the lockdown period; this gesture served as a more concrete expression of appreciation. In the UK, volunteer recognition seems to be more structured, including formal events and awards, as one UK volunteer noted:

Together, volunteers and staff will host parties and other events, and they will acknowledge the volunteers' contributions. (Staff 7)

Although recognition and appreciation were mentioned in more instances in the Greek context, the acknowledgment appeared to be of a very casual nature and mostly conveyed orally. A Greek participant explained:

Staff members primarily express their appreciation for the volunteer through their words and attitudes. (Staff 12)

4.8.4. Contribution and value of volunteers

Both Greek and UK hospital volunteers demonstrate a collective dedication to helping those requiring support. In both communities, the altruistic nature and unwavering commitment of the volunteers serve as clear manifestations of their genuine desire to provide aid in every possible manner.

The motivation to engage in volunteer activities is influenced by a variety of factors for volunteers from both Greece and the UK. A noticeable pattern seen in both countries relates to the influence of personal events, which significantly mould individuals' inclination towards serving. For instance, the stories of a number of Greek and UK volunteers are deeply connected with personal experiences of difficulty or anxiety, which have served as catalysts for their proactive engagement. The narrative provided by a Greek volunteer is characteristic:

We had stayed at the children's hospital many times when I was a kid, and I had an emotional attachment to this hospital. (Volunteer 1)

Furthermore, a UK volunteer explained:

Being there brought back memories of my own son, who passed away 13 years ago. I feel privileged to contribute in any way I can to support families going through a difficult time. (Volunteer 14)

In such instances, the volunteers possess the capacity to establish a profound connection with the patients or their families, drawing from their own personal experiences to enhance their empathetic understanding and provide substantial assistance.

In addition to individual stories, a collective psychological state is evident among both Greek and UK volunteers, characterised by the gratification obtained from

acts of altruism. This exemplifies how collective human experience may cultivate a feeling of obligation to contribute to the community.

Every day, I eagerly wake up and head to work, knowing that in just an hour, you could be the one bringing a smile to a child. (Volunteer 12)

Although Greek and UK hospital volunteers exhibit similarities in terms of altruism and compassion, their experiences display notable variations. The primary distinction lies in the inherent characteristics of the responsibilities that the volunteers undertake in the two settings. UK volunteers prioritise activities that enhance the well-being of patients inside the hospital setting, such as providing guidance in navigating the facility, information, or emotional support. They help to resolve deficiencies within the children's hospitals; therefore, they offer crucial operational support to the hospitals. These roles indicate the substantial contribution of volunteers in enhancing the overall quality of patient care, acting as a cohesive element in the field of hospital volunteering in the UK.

Greek volunteers, on the other hand, characterize their experiences as marked by a higher level of hands-on participation and by providing direct help to young patients. One Greek volunteer recalls:

Yes, I had a problem with an overweight girl. I couldn't move her easily and bathe her. So, I asked for help from the nurses. They know the techniques, and once I saw how they did it, I was able to move her by myself. (Volunteer 20)

Finally, another significant difference between Greek and UK volunteers lies in the factors that drive their motivation to serve. While the desire to help others is a common trait, the specific circumstances that spark it can vary greatly based on societal context. A Greek volunteer expressed feeling compelled to help due to the ongoing societal crisis, stating:

In times of crisis like ours, we must help those in need. (Volunteer 18)

This sense of community obligation to respond to immediate crises is less prominent in the narratives of UK volunteers, reflecting how broader societal conditions can shape individual motivations.

4.8.5. Development of a conceptual framework of volunteer management

In both Greece and the UK, there exists a distinct recognition of the need for an accommodating, adaptable, and empathetic approach to the management of hospital volunteers. Both Greek and UK participants emphasise the need to understand the individual circumstances of volunteers and offer them appropriate assistance. A Greek respondent stated:

If at any time a volunteer is not well, we will sit down to see together what is happening and how we can help. (Staff 12)

This sentiment aligns with a UK management perspective:

So, we're doing lots of listening, and lots and lots of listening and encouraging. (Management 1)

Both these quotations demonstrate a management style that is human-centred, valuing an understanding of the volunteers' needs and personal situations.

The focus on maintaining volunteer motivation also shows a parallel. Both management teams acknowledged the need to foster and sustain the passion of volunteers by ensuring that they see their services as worthwhile and significant. For example, the UK interviewee stressed:

Keeping volunteers motivated is about making sure they understand that they are making a difference. (Management 1)

Volunteers in both Greece and the UK exhibit a comprehensive comprehension and appreciation of their respective duties within the hospital environments. Hospital volunteers consider their role to be vital but have varying perspectives. The Greek volunteer's assertion, "I am doing this for me" (Volunteer 20), when set against the viewpoint of the UK Volunteer (Volunteer 11), who acts as a "critical friend", serves to

illustrate the volunteers' inherent motivation and the importance they place on their respective contributions.

Moreover, both Greek and UK volunteers emphasised the significance of a mutually beneficial interaction between volunteers and paid staff. For example, a volunteer from the UK asserts:

Effective collaboration between volunteers and paid staff is essential to the success of hospital volunteer programs (Volunteer 18).

This resonates with the Greek sentiment of volunteers feeling more connected to their work when closer to the paid staff:

We understood that the closer we were to the paid staff and the more they saw us working, then they could understand how serious we were about our work. (Volunteer 27).

Both hospital volunteers in the UK and Greece have a profound commitment to their profession and exhibit a remarkable capacity to adjust and respond effectively to various obstacles and difficulties encountered in their respective environments. Volunteers from both countries highlight the importance of adaptability and the ability to improvise based on the needs of the child, with a volunteer from Greece noting:

We, as I said before, we're prepared, we have a plan, we have goals, we have a range of activities that we know where they work. But every week, depending on the child we meet and the children we meet, we improvise at that time. (Volunteer 22)

Similarly, in the UK, volunteers prioritise their willingness to adapt and accommodate individual requirements. The presence of these common principles indicates a strong dedication to prioritizing patient well-being and a versatile attitude toward engaging in volunteer activities.

However, there are divergent viewpoints among volunteers from Greece and the UK about various aspects of volunteer administration. Volunteers in the UK are more focused on the functional and administrative parts of management, such as training, monitoring, and task coordination. They highlight the need for resources and assistance in order to properly carry out their duties, and they note the significance of management in building a constructive atmosphere. Volunteers in Greece, on the other hand, have a more compelling approach to volunteer management. They see psychological support and motivation as important aspects of their volunteer experience. The differences between the Greek and UK approaches to volunteer management mostly manifest in the volunteers' perception of organisation and management.

In the UK, participants indicate a profound dedication to providing care centred around the needs of patients and an adaptable approach to engaging in volunteer activities. Moreover, these commonly held principles are evident in the efforts of the volunteers and play a crucial part in shaping their responsibilities. This is supported by volunteer administrators who place emphasis on the ongoing education and training of these volunteers, acknowledging the vital role they play in providing patient care. This training provides individuals with the necessary skills to manage a wide range of circumstances effectively, including administrative responsibilities and direct provision of patient care and emotional support to both patients and their families. Management representatives from the UK emphasise this perspective, asserting:

Ongoing training for our volunteers is key. It ensures that they are prepared and capable, enabling them to contribute meaningfully to the healthcare journey of our patients. (Management 1)

In contrast, one Greek volunteer emphasised:

Organizing is crucial, not managing. We are there to offer our spare time to the young patients and their families. Management means monitoring and implementing strategies, etc...Organisation means allocating and arranging. (Volunteer 19)

This statement suggests a desire for a more autonomous and less hierarchical system inside Greece, which may indicate a cultural difference in how volunteers see their duties and their relationship with the hospital. In contrast, UK volunteers express a positive sentiment towards the well-developed volunteer management system that prioritises their requirements:

I know that they have a long background with managing volunteers, and they realize that it's important that volunteers also get something out of it. It's not a purely selfless act. There should be something that the volunteers receive in return, and I think they're good about ensuring that. (Volunteer 6)

This answer illustrates the preference of volunteers in the UK for a management approach that is characterised by a higher level of organisation and aims to establish a mutually beneficial relationship, whereby both the volunteer and the organisation benefit.

Within the Greek setting, the presence of a less formalized volunteer management structure may help explain the development of a sense of community and the need for spontaneity. The system's level of flexibility seems to necessitate a greater reliance on improvisation and individual judgement from the volunteers, thus compelling them to cultivate their own techniques and methods. In contrast, throughout the UK, the prioritization of training and development may be indicative of a more organized framework, which offers volunteers more institutional assistance and directives. The variation in systems may have a profound impact on the experiences

of volunteers and the competencies they must cultivate. Greek volunteers expressed concerns over the need to set clear limits with nursing staff, a matter that is given less attention by volunteers from the UK. They voiced their concerns regarding their individual roles, as well as the expectation that they would fulfil duties beyond their allocated obligations. One volunteer explains:

We help the nursing staff, but sometimes they ask much more from us. They ask us to perform their duties. (Volunteer 27)

The context and execution of volunteer roles within hospitals reveal a significant distinction. The interviews with Greek participants revealed that recent developments, particularly the COVID-19 epidemic, have significantly affected volunteers. Consequently, there is a prevailing perception that the significance of volunteering has diminished, which was explicitly stated:

Volunteering here now is a bit down. (Staff 9)

On the other hand, volunteers in the UK were seen to exhibit a greater degree of organisation and systematic integration in their roles inside hospitals even during the pandemic, and volunteers expressed their belief that their position has the potential to enhance patient care at all times.

Covid has alerted the management to these incidents in a more efficient and expeditious manner. (Volunteer 13)

Two additional differences relate to the readiness of volunteers to embrace digitisation and the empowerment and development of their roles. There is a significant gap in the preparedness or willingness of volunteers to adopt new technology digitalisation in Greece and in the UK. While Greek volunteers report a desire to

participate in online activities, there seems to be a lack of organised support for digital engagement.

If they had supported us, we could do online meetings with kids, for example.

(Volunteer 1)

On the contrary, digital competence seems to be more widespread among volunteers in the UK, as indicated by one volunteer's comment:

I had computer skills like most of the volunteers. (Volunteer 13)

This suggests that volunteers' degree of technological expertise might be a key difference in the efficient application of digitisation in volunteer jobs.

Another difference relates to the empowerment of volunteers and development of their roles. Greek volunteers focus more on experiential learning and the importance of sharing experiences.

I believe that experience matters most. And it would be a good idea for us to share from time to time our experiences with new volunteers. (Volunteer 22)

Conversely, in the UK, a more structured approach is noted, which involves training, role assignment, and resource provision:

This may involve providing volunteers with the resources and tools they need to perform their tasks effectively, as well as giving them the flexibility to be creative and innovative in their approach. (Volunteer 18)

This difference points to a distinction between informal, experiential learning (Greece) and formal, structured training (UK) in volunteer integration and role development.

4.9. Theoretical coding: Summary of findings

The process of mind-mapping, NVivo analysis, and theoretical coding led to the identification of twelve significant themes. These methods of analysis were employed by the researcher in order to gain a more thorough understanding of the relationships existing within the initial codes as well as across the re-focused codes. The researcher also used these methods to explore the theoretical codes. The initial stage of theoretical coding involved prioritising the codes with the highest number of references. It was also possible to find twelve differences and twelve similarities by looking at two case studies of public children's hospitals in Greece and the UK from the points of view of three different stakeholders. This comparison was made by the researcher to gain a better understanding of how volunteers in two children's hospitals in Greece and in the UK are challenged, managed, integrated with paid staff, and valued, as well as how the vision for their future management is perceived.

The first theme centred on the personal challenges faced by volunteers, namely, career, emotional, engagement, and interpersonal challenges. The recognition of the personal challenges faced by volunteers in children's hospitals was deemed to have a significant impact on their performance. The re-focused code that received the most references was related to the emotional challenges faced by volunteers. Volunteers reported emotional exhaustion, which was characterized by an overwhelming sense of stress that engendered feelings of frustration toward the act of volunteering. Participating in demanding emotional situations was a source of stress for volunteers, while additional stresses encompassed interpersonal conflicts and the high expectations imposed by staff members and families of patients. The

results indicated that there was a propensity for two categories of conflict to emerge within the interpersonal relationships: among volunteers and staff members, and among volunteers and the families of patients. These interpersonal challenges highlight the pitfalls of widely held assumptions that only the relationships between volunteers and management can lead to issues in volunteer engagement and retention.

Organisation-oriented challenges, relating to legal, professional, resource, time, and training issues, comprised the second theme. Findings have shown that organisational challenges are less likely to lead to non-sustained participation than personal challenges. The initial codes featured unique references, and the low rates of numeric frequencies established distinct parameters for observing organizational-oriented challenges. The presence of volunteers within children's hospitals was closely associated with various challenges, including legal, time, training, resource, and professional obstacles. The diverse range of responses indicated that the challenges identified by the volunteers at the group level had limited impact on the overall integration of volunteers in children's hospitals, as these challenges were primarily related to individual incidents.

Regarding the individual challenges faced by hospital volunteers at the two public children's hospitals, two major similarities and two significant difficulties emerged. The first similarity is the interpersonal issues that arise from their contact with patients, family, and medical personnel. Responsibilities and boundaries for hospital volunteers regarding the specific duties expected from them and the extent of their authorised actions are sometimes insufficiently defined. The uncertainty surrounding volunteer responsibilities results in volunteers completing actions that may jeopardize their relationships with staff members, patients, and their families.

Similarly, both Greek and UK volunteers exhibit reservations over the expectations placed upon them by hospital stakeholders. When volunteers are unsure which part of their role to focus on, relationships with paid staff, patients, and families can become tense. Therefore, it is challenging for volunteers to function well in an environment of ambiguity in order that their experience and contributions feel purposeful and rewarding.

Two major differences were also identified in relation to the organisational challenges facing hospital volunteers. The results show that while volunteers are legally protected in the UK, there aren't many rules in place in Greece, and most important information and customary procedures are only shared verbally. The second difference relates to the resilience shown by hospital volunteers, who are encouraged to assume a wide range of responsibilities, many of which entail significant emotional stress. Greek volunteers have a higher degree of adaptability in handling emotionally demanding tasks compared to their UK counterparts, who have shown a need for assistance when managing stressful situations.

The next three themes were linked to the existing management principles that govern the recruitment, engagement, well-being, recognition, retention, and accountability of volunteers. The theoretical coding process provided the outline of the current management of volunteers in the two children's hospitals that encompasses their recruitment, integration, and enhancement.

With regards to the recruitment of volunteers, personal fulfilment was the code with the highest frequency. This demonstrates that volunteers were driven to begin their service at children's hospitals owing to their profound feeling of fulfilment during their volunteer experience. The volunteers' personal interests exclusively link to the

attainment of personal fulfilment, which is of utmost importance. The participants identified additional motivational factors, such as the opportunity for community networking, the potential for personal development flexibility, and the positive impact on children. In addition, the training programme for volunteers at children's hospitals was conceived with the intention of fostering a sense of community among both volunteers and staff members and of increasing volunteer commitment and satisfaction. Preliminary induction enabled volunteer coordinators to screen, match, and monitor the initial phases of the volunteers' involvement. The volunteers' initial understanding of the programme's objectives and their responsibilities in achieving those objectives influenced their interactions with patients and staff and subsequently impacted the nature of the relationships that developed.

The data analysis indicated that the successful integration of volunteers was closely tied to their proper supervision and to the recognition of their time and contributions as volunteers. Volunteers stressed that by being adequately supervised, they developed a comprehensive understanding of their responsibilities and an assurance that they could address the challenges they might encounter during their service. Additionally, volunteers said that they were given clear instructions on how to report any problems or issues and were given a detailed orientation on the rules and procedures of the children's hospitals as a minimum requirement for their participation in activities. Feeling accountable not only enhanced the volunteers' job performance but also equipped them with a deeper understanding of the wider context of the volunteering programme, enabling them to make informed decisions about their continued involvement. They were also confident that their efforts were helping the young patients and their families. Furthermore, the cultivation of continuous

recognition acknowledged their status as valued contributors to the children's hospitals.

The objective of volunteers' performance evaluation was not to substitute for ongoing supervision; the establishment of a strong supervisory relationship was of the utmost importance in ensuring the effectiveness and achievement of volunteers during their integration. The study's participants offered narratives detailing the ways in which feedback and evaluation of volunteering services contributed to the improvement of volunteering programmes. However, the findings on the enhancement of volunteers' performance and volunteering programmes revealed that volunteers experienced tensions, as they perceived a lack of attention towards their own feedback and evaluation. The study showed that there was a difference between how staff and volunteers, on the one hand, and hospital and volunteer management, on the other, handled feedback and evaluations. Staff consistently gave volunteers feedback and evaluated their work, but hospital and volunteer management did not give the volunteers' feedback and evaluations the same amount of weight. Consequently, it can be inferred that the disregard for volunteers' feedback compromised the efficacy of enhancement efforts.

According to the findings of the study with respect to participants, current management practices for hospital volunteers in both the Greek and UK children's hospitals reveal three similarities and three differences. Altruistic factors shape the first similarity: the shared motivation for volunteer involvement. Participation in hospital volunteering is often attributed to individuals' desire to effect positive change in the lives of patients; this in turn affects the ways in which these volunteers are recruited. Another similarity relates to the development of strong and lasting relationships with management teams, particularly in relation to the well-being of volunteers. Managers

and volunteers operate in an environment where addressing the concerns of the latter becomes a priority; combining a supportive spirit with attention to the well-being of volunteers is imperative. The third similarity refers to confidentiality standards, which are articulated by the management teams and embraced and implemented by volunteers as a paramount objective throughout their service at children's hospitals.

But the study results make it clear that accountability, recognition, and feedback are seen in three different ways in each setting. This shows that the current strategies for managing volunteers are not the same in all three places. Accountability across the domain of behaviour is described by Greek management, indicating that Greek volunteers are asked to control their possible biases or hesitations when assisting young patients from other cultural backgrounds, for example, Roma children or unaccompanied refugee minors. Furthermore, it is worth noting that although hospitals greatly appreciate the efforts made by volunteers, recognition in UK hospitals mostly takes the form of awards and other types of acknowledgment. Last but not least, feedback is crucial. In the UK, feedback is a more methodologically developed way of addressing issues and identifying areas for future improvement. Volunteers' and other important stakeholders' perspectives serve as the foundation for necessary changes in hospital volunteering management systems. However, Greek hospitals do not commonly employ feedback as a management strategy.

The challenges in the staff–volunteer relationship revolved around the difficulties encountered, and specifically, the absence of collaborative efforts. Despite the limited references to this difficulty, it is worth reflecting on the unique challenges highlighted by the interviewees. The primary factor contributing to the lack of collaboration is the inadequate integration of volunteers, which subsequently leads to

staff reservations. However, interviews did not advocate for a less hierarchical framework of cooperation; rather, they expressed a preference for increased collaboration. Findings also identified a range of positive experiences, including effective coordination and support, the fostering of mutual respect, the acknowledgment and appreciation of contributions, and the promotion of shared responsibility. The respondents primarily highlighted two key positive experiences: the support provided by paid staff to volunteers and the alleviation of the workload of staff members by volunteers. This reciprocity underscores the positive experiences shared by volunteers and staff members in both children's hospitals, which in turn were recognised as leading to favourable outcomes for the young patients and the general operation of the hospitals. The findings of this study highlighted a notable aspect: the absence of collaboration between volunteers and staff. However, it was emphasized that, despite this lack of teamwork, the partnership between volunteers and staff undeniably enhanced the quality of service provided due to the division of tasks, with volunteers primarily undertaking non-technical responsibilities. Volunteers engaged in the execution of tasks that do not require specialised skills, thereby alleviating the burden on paid staff members. Consequently, their involvement indirectly enhanced the overall quality of service provision to the patients.

With respect to the dynamics between volunteers and staff members, there seem to be similarities in terms of the prevalent issues of miscommunication, the collaborative nature of responsibilities with paid personnel, and the mutual respect of volunteers and staff. Staff-volunteer relationships often suffer from poor communication. There is sometimes ambiguity as regards volunteers' designated roles, anticipated outcomes, and obligations. Nevertheless, both staff and volunteers stressed the importance of promoting a culture of mutual appreciation and

opportunities for shared responsibility. Mutual respect entails the recognition and appreciation of volunteers for their inherent worth and unique contributions and encompasses an understanding of differences, acknowledgement of diversity, and willingness to include them in the hospital environments. Shared responsibility is apparent through the relief of the paid staff's overload and exchange of information among volunteers and staff about patients' needs. In both countries, volunteers collaborate with paid staff as a result of their constant presence within the hospital setting and their close proximity to one another and the patients. However, each hospital demonstrated a significant difference in the coordination and support provided. UK volunteers reported that the hospital staff regularly monitor their experiences, gather and share feedback, coordinate appreciation events, and have a motivational attitude with the aim of building meaningful relationships. Greek volunteers, on the other hand, said that most of the time, help and coordination happen through unofficial and casual conversations, which are meant to make sure that each medical department works smoothly.

The analysis of findings classified the contributions produced by volunteers into three unique categories: individual contributions, group contributions, and organisational contributions. Volunteers enhanced the level of patient care through their provision of non-medical services, primarily in two key domains: providing support and reducing anxiety among family members. Volunteers reduced the psychological burden associated with hospitalisation by acting as a warm and approachable presence, addressing practical inquiries, and offering spiritual guidance. The provision of volunteer support and a welcoming presence served to mitigate patient anxiety and exert a positive influence on both patients and their families. The inclusion of a compassionate volunteer fostered a feeling of comfort and potentially even

confidence, resulting in enhanced levels of patient happiness and the general welfare of the family. In addition, the act of engaging in volunteer work within the children's hospitals fostered a heightened sense of accountability and communal spirit, as it brought together individuals from various socio-cultural backgrounds with the shared objective of pursuing a collective aim. Engaging in volunteer activities facilitated individual connections with the local community, thereby contributing to its enhancement. Assisting with even the most minor tasks had a tangible impact on the well-being of patients and their families. Volunteering was also presented as a reciprocal endeavour, as it conferred benefits on volunteers by enabling the formation of new social connections, broadening professional networks, and developing interpersonal skills. Furthermore, volunteers served as the fundamental support system of the children's hospitals: they engaged in regular interactions with the public through their volunteer activities and often played a crucial role in facilitating a meaningful exchange with organisations, thereby contributing to the creation of positive experiences and services. Volunteers doing non-medical tasks seemed to have an effect on how well patients did: indirect interventions, like taking care of administrative tasks, freed up healthcare providers to spend more time caring for patients. These tasks are of a logistical nature and encompass a wide range of responsibilities, including greeting patients and supervision of waiting areas. Volunteers frequently assume the role of an approachable and amiable on-site liaison, responsible for disseminating information and providing materials to patients and their families.

The contribution and value of the volunteers in the two hospitals seemed to exhibit similarities in relation to community involvement. However, distinctions arose in terms of the kind of support provided to patients and their families, the operational

assistance given to hospitals, and the way in which the contribution of volunteers is acknowledged in each hospital. Each of the two groups of hospital volunteers demonstrated community engagement, whether it stemmed from personal experiences or purely altruistic motives. Volunteerism is a fundamental aspect of community involvement, whereby people actively provide their time, talents, and resources to enhance the well-being of others. According to reports, community engagement involves closely collaborating with hospital staff to tackle issues that impact the well-being of young patients and their families. The first distinction in this engagement pertains to the target group for this contribution. Greek volunteers asserted that they mainly engaged in the support of young patients, whereas UK volunteers interacted principally with the family. Also, all three groups—volunteers, staff, and management—said that operational support for hospitals was mostly present in the UK. This is because volunteers helped patients and made the hospital's services better.

Finally, this research outlined two key elements for the administration of volunteers in children's hospitals: the establishment of explicit guidelines for integrating and retaining volunteers within public children's hospitals, as well as the recognition of the significant contributions made by volunteers. Support was the initial code with the highest reference rate, and the importance of developing strategic guidelines for the integration of volunteers came next. The formulation of strategic guidelines regarding the integration of volunteers was presented as being of utmost importance for the two children's hospitals in order to leverage the capabilities of volunteers, mitigate potential risks, and ensure that volunteer endeavours are in line with their overarching mission and objectives. In addition, the results showed that the integration of volunteers is linked to the planned process of successfully integrating

volunteers into a group or project so that they can contribute and participate in a meaningful way as full members of the team. This process involves a deliberate strategy for integrating volunteers into the organisation's objectives, ethos, and activities. Furthermore, the provision of support for hospital volunteers requires a well-organised and nurturing setting, which can safeguard the welfare of volunteers, while simultaneously optimising their impact on the hospital's overarching objective of delivering high-quality healthcare services. This plays a crucial role in cultivating their dedication, maximising their input, and ensuring their continued engagement over an extended duration. Volunteer support not only benefits volunteers individually but also plays a crucial role in enhancing the overall effectiveness and long-term success of volunteer programs developed by organizations. When volunteers perceived a sense of value and adequate support, they exhibited a higher propensity to sustain their involvement, execute their responsibilities proficiently, and develop into proponents of the organisation's mission. The analysis of the data also showed that recognizing the important work of volunteers is a key factor in keeping a pool of motivated and dedicated volunteers, getting more volunteers involved, and making sure that volunteer programs will last for a long time. The act of expressing appreciation has been recognised as a straightforward yet impactful method of acknowledging the altruistic efforts of individuals who willingly dedicate their time and expertise to assist organisations and advocate for causes they believe in. According to the participants, individuals whose efforts as volunteers were appreciated were more likely to maintain their commitment to their respective roles and sustain their service in the long run.

The participants from the two different countries pinpointed key issues concerning the development of a conceptual framework for volunteer management. The participants' perceptions of the ideal form of management and the priorities

associated with it, as well as the way in which these converged or diverged from the general common features, are described in the analysis of the first research question. This section attributes these features to each country's unique narrative. Various participants reported people-oriented management, which focuses on building relationships with volunteers and making them feel valued and integrated. Participants centred this orientation on providing support to the volunteers, aiding their upskilling, and balancing their roles and responsibilities. Likewise, participants from both countries sought the development of an enhanced management framework in which the relationships between volunteers and paid staff involve collaboration, solidarity, and mutual respect. This finding underlines the staff and volunteers' relationship as a prerequisite for achieving common goals within children's hospitals. Volunteers and staff expect to be involved in activities while feeling secure in the knowledge that they will have support if they need it. Moreover, adaptability was presented as an essential quality for volunteers, enabling them to respond to changing conditions, gain insight from feedback, and welcome any new opportunities. Hospital environments encourage volunteers to maintain balance in the face of challenges, disappointments, and unexpected developments. However, there were also deviations in what was considered an essential component of the volunteers' management. If the UK volunteers' maxim is 'training makes perfect', then the corresponding Greek maxim is 'experience makes perfect'. UK volunteers stressed the importance of having basic training and orientation programs in order to meet the requirements of their positions. On the other hand, Greek volunteers acknowledged the importance of experience in the accomplishment of their duties and in the acquisition of new skills. Lastly, it is worth noting that disparities in the digitisation of volunteer efforts were apparent: new

technologies were found to be widely used in UK children's hospitals, whereas digital transformation was not apparent in the context of Greek children's hospitals.

5. Discussion

By examining its relationship with the literature on the management of volunteers, this qualitative grounded theory study is the first attempt to conduct cross-national research using the theories of psychological contract and emotional labour with the aim of enhancing volunteer management in the public sector. The purpose of this research is to develop a comprehensive conceptual framework for effectively managing volunteers in public children's hospitals.

This study looks at how this research relates to the theories of psychological contract and emotional labour. It adds important new information to what is already known about the theoretical and contextual aspects of volunteering, volunteer management, the role of volunteers in the public sector, and how volunteers and paid staff interact with each other.

The proposed conceptual framework for the effective administration of volunteers in public hospitals for children consists of the following findings:

- (a) The psychological contracts of children's hospital volunteers have relational and emotional components.
- (b) The psychological contracts of children's hospital volunteers can be breached or fulfilled, depending on whether challenges facing volunteers are addressed or resolved.
- (c) The psychological contracts of children's hospital volunteers are socially constructed in accordance with the context in which they develop.

(d) The efficient management of the emotional labour of volunteers in public children's hospitals establishes a nurturing atmosphere that promotes the well-being of volunteers.

These conclusions contribute to the creation of a public sector environment where volunteers are attracted, challenges are met, and volunteerism can continuously grow.

This chapter finishes by engaging in a comprehensive examination of the study's theoretical and practical contributions, by identifying this study's limitations, and by providing a brief summary.

5.1. Interpretation of findings

While there may be a degree of variation in the paths and personal experiences of this study's participants, the following themes play a key role in shaping the volunteers' journey in the two children's hospitals. The topics discussed have a dynamic quality since their relevance is ascribed to them by individuals from three distinct categories of stakeholders, namely, volunteers, staff members, and volunteer managers. The following three sections present a theoretical examination of each finding and its potential implications, as gleaned from the literature review.

5.1.1. The psychological contracts of children's hospital volunteers have relational and emotional components

This thesis has provided a deeper insight into the psychological contracts of volunteers at children's hospitals, which include emotional elements like the sense of fulfilment, as volunteers often anticipate experiencing a deep satisfaction and accomplishment from assisting children in need. Volunteers developed empathy, forming emotional bonds with the children in their care and feeling a strong sense of compassion towards them. The presence of these emotional components served as a significant stimulus for their engagement. Furthermore, the relational exchanges between parents and volunteers significantly influence the volunteers' experiences and the extent of their involvement.

One of the conclusions drawn from this study is that personal fulfilment is essential to motivating volunteers. This is in line with Titmuss' 'creative altruism', a concept that addressed the rationale underlying individuals' decision to help strangers (Rapport and Maggs, 2002:502). Creative altruism proposes that acts of altruism, such as blood donation or engagement in philanthropic endeavours, provide benefits not just for the beneficiaries but also for the givers and society at large. Titmuss contended that acts of altruism have the potential to promote social cohesiveness, cultivate trust between people, and enhance the general welfare of society. In the same vein, it is suggested that children's hospital volunteerism is driven by volunteers' personal fulfilment as they derive personal gratification from the altruistic actions that are created, cultivated, and accessed by the practical needs of young patients in the

hospital. Thus, personal fulfilment can create a powerful force for volunteers' engagement in hospital settings.

The findings of this study reveal how the psychological contracts of volunteers in children's hospitals encompass expectations that are related to their personal fulfilment. Volunteers hold the expectation that the children's hospitals will exhibit a steadfast dedication to a specific social cause, and they acknowledge that they are there to contribute to the realisation of this goal through their voluntary efforts. In line with the existing theory in the development of the volunteers' psychological contracts (Thompson and Bunderson, 2003; O' Donohue and Nelson, 2009; Vantilborgh et al., 2014; Barrett et al., 2017), this finding underlines the importance of personal fulfilment and its potential impact on the attraction and initial engagement of volunteers. Moreover, it is consistent with existing research (Pearce, 1993; Liao-Troth, 2001b; Conway and Briner, 2002; Taylor et al, 2006; Starnes, 2007; Kim et al., 2009; O'Donohue and Nelson, 2009; Wilson, 2019; Cnaan et al., 2021) which indicates that the psychological contract of volunteers is influenced not only by expectations within the volunteer–management relationship, as observed in the case of paid staff and management relationships, but also by expectations stemming from other sources. In the case of volunteers at children's hospitals, the expectation of personal fulfilment plays the most significant role. Volunteers often participate in such endeavours with the aim of exerting a beneficial influence on the lives of others, and the sense of satisfaction and personal fulfilment they experience from contributing to the welfare of children is a compelling incentive.

Finally, this study emphasises the importance of the relational and compassionate aspects in the formation of psychological contracts among volunteers.

The findings of this study are aligned with existing literature on hospital volunteers, indicating support towards patients and their families (Blanchard, 2006; Baczynska et al., 2016; Bateman et al., 2016; Rogers et al., 2016; Steunenbergh et al., 2016; Barbieri et al., 2017; Ellis et al., 2020). Volunteers work with the patients in a number of ways, for example, escorting young patients to procedures and organising activities for children in the waiting rooms, as well as offering support to the families of the patients.

The findings of this study indicated that the daily care provided to hospitalised children incorporated strategies and approaches developed in the interaction between parents and volunteers, with the aim of addressing the diverse needs of the parents. Apart from assisting parents in administrative tasks, such as handling paperwork, running errands, and other clerical duties, volunteers stood by the parents in moments of distress. The interviews showed that volunteers adopt a holistic approach when providing support by looking at parents' individual social, religious, and economic context. Hospitalized children often receive everyday care that integrates approaches and procedures derived from collaboration between parents and volunteers. The findings clearly indicate that the relationship dynamics between parents and volunteers in children's hospitals may have a substantial influence on the level of volunteers' engagement. Parents' expression of appreciation towards volunteers for their work was identified as having the potential to enhance volunteers' morale and motivation. Positive feedback strengthened their feeling of purpose and the significance of their effort, motivating volunteers to stay engaged. In addition, interactions with parents not only offered volunteers the chance to form significant connections and develop relationships but also deepened volunteers' commitment to continue their involvement and dedication to their work. Volunteers explained that their personal understanding of the impact of their efforts, acquired by actively listening to

parents, gaining knowledge about the challenges faced by families, and witnessing the tangible effects of their assistance, heightened their sense of fulfilment and commitment to their duties. These findings are important because, apart from supporting the existing literature about the importance of volunteers' contribution in children's hospitals (Netting et al., 1989; Hujala et al., 2014; Barbieri et al., 2017), the relationships that develop between parents and volunteers plays a pivotal role in shaping the experiences and degree of engagement of volunteers at children's hospitals. Constructive interactions generate a nurturing and gratifying atmosphere that motivates volunteers to remain actively involved and dedicated to their responsibilities in delivering care and assistance to patients and families.

The results of this study indicate that the psychological contracts of volunteers at children's hospitals develop not just through the exchange of labour, but also through the shared understanding of relationship dynamics and emotional aspects that are inherent in the volunteers' role.

5.1.2. The psychological contracts of children's hospital volunteers can be breached or fulfilled, depending on how challenges facing volunteers are addressed

This research extends our knowledge about the multiple challenges facing volunteers, such as ambiguity concerning their role, a lack of recognition, or difficulties in their interaction with staff or management. These issues were reported as having the potential to violate volunteers' psychological contracts. Breach happens when the volunteers' expectations are not adequately addressed. On the other hand, resolving the obstacles volunteers encounter could lead to the fulfillment of their psychological contract. This study aimed to investigate the impact of strategies such as providing extensive training and support, recognising and appreciating the volunteers' contributions, and fostering a positive and supportive work environment. According to the findings of this research, if implemented, these strategies can effectively fulfil the psychological contracts of volunteers.

The literature extensively explores the interpersonal challenges faced by hospital volunteers in their relationship with the hospital's paid staff. This study's findings are consistent with existing research, which states that the relationships among staff and volunteers constitute a major personal challenge for volunteers (Brudney and England, 1990; Maier et al., 2016; Lopez Cabrera et al., 2020). One of the noticeable differences between this study and existing literature was the emphasis on volunteer managers and administration. Existing research stresses that volunteer managers play a crucial part in the relationship between volunteers and staff and should establish a culture of mutual appreciation, promote efficient communication between volunteers and paid personnel, and uphold compliance with assigned duties

and obligations (Von Schnurbein et al., 2023; Maier et al., 2016). Although existing literature identifies the important role of volunteer managers in resolving any difficulties that arise among volunteers and paid staff, the findings of this study emphasised that establishing a welcoming and inclusive atmosphere requires collaborative work with all organisation members.

The literature extensively explores the interpersonal challenges faced by hospital volunteers in their relationship with the hospital's paid staff. The participants emphasised the importance of cooperation between volunteers and paid staff in providing exceptional care for young patients. Furthermore, the volunteers proposed that paid personnel often fulfil the role of mentor or supervisor and are a source of assistance for volunteers, thus enhancing the supportive and unified nature of the healthcare team. Their proficiency, advice, and direction enhanced the efficacy of volunteer efforts and led to favourable results for children undergoing medical care. The participants largely emphasised two notable positive experiences: the assistance given by paid personnel to volunteers and the reduction of burden for staff members resulting from the engagement of volunteers. This finding is consistent with a previous study, which highlighted the potential for favourable results among staff and volunteers when they collaborate, in addition to any difficulties they may encounter (Rimes, 2017). The volunteers' experiences in this research were primarily characterised by teamwork aimed at assisting young patients and their families, as supported by the literature review (Netting et al. , 2004; Mook et al., 2014). Additionally, and in accordance with the literature review, in many instances volunteers alleviated the burden on the staff (Maussner, 1988; Blair et al. , 2019).

The literature review presented various studies that have examined the recent organisational trends, challenges, and opportunities pertaining to volunteers in the

public sector, and especially in healthcare. These studies have explored the following phenomena: the impact of demographic factors on volunteer recruitment (Zweigenhaft et al., 1996; Blanchard, 2006; Tselou, 2008; Read, 2010; Galea et al., 2013); the growing preference for well-defined and time-framed volunteer commitments (Brudney, 1993a and 1999c; Najam, 2000; Van Vugt et al., 2000; Buckingham, 2012b; Eriksson, 2018; Casselden et al., 2019; Einarsdottir and Osia, 2020); the effect of the financial benefits derived from voluntary work on public organisations (Bowman, 2009; Hotchkiss et al., 2008; Handy and Mook, 2011; Handy and Srinivasan, 2004); and the increasing presence of highly-skilled volunteers who possess clear personal and professional goals and expectations for assignments that are personally interesting and diverse (Handy and Srinivasan 2005; Steen 2006; Intindola et al., 2016; Amirkhayan and Lambright, 2017; Boyle et al., 2017; Lourens and Daniels-Fix, 2017). In addition, the existing literature stressed that when the volunteers' expectations do not always coincide with the goals of organisations, breach of volunteers' psychological contracts may subsequently occur (Stirling et al., 2011; Vantiborgh et al., 2014; Griep et al., 2020).

While the organisational challenges mentioned above provide valuable insights into findings that emerged from scholars' observations of organisational factors and their focus on the experiences and expectations of volunteers, our research suggests that volunteers do not place particular emphasis on these organisational challenges. Understanding the views of the research participants, this study asserts that volunteers generally prioritize the specific activities to which they have committed rather than the wider organizational difficulties. Volunteers often seek to dedicate their time and expertise to particular positions or initiatives that ignite their enthusiasm rather than engaging extensively in administrative or strategic matters. Although the

literature provides valuable insights into the perspectives and challenges encountered by public organisations and volunteer administration, this research's findings clearly indicate the impact of these challenges on volunteers' opinions is minimal. Rather, volunteers seem to demonstrate a limited interest in the organisational challenges that emerge as a result of their presence within hospital settings, which were studied in the context of this study.

In relation to the fulfilment of psychological contracts, recent research has focused on examining effective methods for enhancing volunteer recruitment and retention (Hager and Renfo, 2020:278). The findings of this study suggested that the fulfilment of the volunteers' psychological contracts is influenced by the presence of explicit guidelines that can provide guidance and support to volunteers during their engagement with children's hospitals. The current research is aligned with the major existing findings about the fulfilment of volunteers' psychological contracts (Nichols and Ojala, 2009; Griep et al., 2016; Kapellides and Fisher, 2019). One of the notable results of this study was the emphasis on the provision of comprehensive guidelines rather than a desire for self-governance and freedom from administrative responsibilities. The study highlighted a subtle shift in meeting the psychological expectations of volunteers by prioritizing the establishment of detailed rules over autonomy. Based on the results of this research, it is evident that acknowledging the significance of thorough instructions indicates an understanding of the value that volunteers attribute to clarity, organisation, and assistance in their responsibilities. Participants recognised that volunteers may benefit from having explicit expectations, direction, and tools to efficiently complete their obligations and derive satisfaction from their efforts. In general, the focus on clear guidelines demonstrated a more thorough awareness of volunteers' psychological contracts, acknowledging the varied

requirements and preferences of volunteers and the significance of offering them the necessary tools and support to excel in their positions. It also defined support from organizations and volunteer management as clear role descriptions and optimal alignment between the organization's goals and values and the volunteers'.

Within this realm of support, participants from all three groups (i.e., volunteers, staff, and management) emphasised the significance of volunteer training as a crucial need at the beginning of their involvement in children's hospitals. The emphasis on training in this study is consistent with the empirical studies in the literature regarding the emotional labour of volunteers. The volunteers' effective preparation for their assigned responsibilities, along with the facilitation of the development of skills that corresponded to the emotional demands of their tasks, are considered essential in various contexts (Grey, 2009; Shih et al. , 2010; Baines, 2011; Karsten, 2013; Sawbridge and Hewison, 2013; Hayton, 2017; Goerisch, 2017). Likewise, volunteers in this study provide crucial assistance to children's hospitals through various means, while also expressing their desire to acquire the requisite skills that can enhance their overall impact. In addition, the results of this study agree with the literature that emphasises the importance of training, particularly in the case of volunteers in the public sector. Contemporary academic literature explores the need to develop a systematic approach to assess the importance of training programmes for individuals serving as public volunteers. From law enforcement agencies (Callender et al., 2019; Millie, 2019; Van Steden and Mehlbaum, 2019) and helpline volunteers (Dong et al., 2016) to hospital volunteers (Handy and Srinivasan, 2004; Ferreira, 2012; Kinnane et al. , 2011), the literature offers empirical support for the theory that volunteers exhibit a great appreciation of training strategies. Accordingly, after the successful completion of training programmes, it was anticipated by the study's participants that

the children's hospital volunteers would demonstrate an enhanced understanding of their duties, a greater sense of dependence on their role, and greater skill in their interactions with patients and staff.

Similarly, the importance of supervision in the management of volunteers in children's hospitals has been recognised as a crucial factor. The majority of volunteers reported that they benefited from receiving explicit guidance and consistent oversight. The programme's inclusion of volunteers highlighted a diverse range of talents, experiences, and skills. Effective supervision involves ensuring that these attributes are effectively used to meet the needs of the volunteer programme. This finding is in line with research that has underlined the importance of supervision in the volunteer management models (Safrit and Schmiesing, 2012) and in the management of volunteers in the health public sector (Handy and Srinivasan, 2004; Hotchkiss et al., 2008; Ferreira, 2012; Rogers et al., 2016). Moreover, this finding is aligned with existing literature that suggests that providing ongoing supervision to hospital volunteers facilitates effective communication and generates valuable insights related to volunteer integration (Bartush, 2012; Wu et al., 2019).

The results of this research also confirmed the importance of feedback and evaluation as essential components of the volunteer experience. The literature review chapter included descriptions of several volunteer management models. Milton Boyce's (Safrit and Schmiesing, 2012) important contributions laid the groundwork for the field of volunteer management. His ISOTURE model, which includes seven basic volunteer management ideas, is widely regarded as a milestone in the field. These ideas include identification, selection, orientation, training, utilization, recognition, and evaluation. Boyce's prioritisation of evaluation was perceived as unconventional;

nevertheless, he positioned it as the primary objective of volunteer managers' training. According to Boyce (Safrit and Schmiesing, 2012) the process of evaluation not only provides constructive feedback to the volunteer but presents an opportunity to solicit feedback from volunteers regarding the efficacy of a programme and the delivery of a meaningful and worthwhile experience for them.

However, participants in this study expressed heightened concern over the disregard for their own perspectives in the evaluation of the volunteer programmes. The current literature had not addressed the appraisal culture that the participants demonstrated. This finding constitutes an intriguing deviation from existing research since evaluation was only described in terms of volunteer performance and not in terms of volunteer experience. Nevertheless, this finding is in line with research on organisational efficiency within the public health sector, which suggests that the performance of volunteer programmes can be improved by effectively converting volunteering time into tangible contributions (Gaston and Alexander, 2001; Intindola et al., 2016) and that evaluation programmes are not objective instruments for examining current conditions but rather influential mechanisms with substantial consequences (Read, 2021).

Lastly, the realization of how important it is to thank volunteers adds to research that already exists on how thanking volunteers affects their ability to keep their psychological contracts. Multiple references were made by participants to the fact that their contribution was expressly valued, which is consistent with suggestions found in the literature review that the provision of recognition and reward and the acknowledgment of participation constitute implicit commitments in the fulfilment of volunteers' psychological contracts (Nichols and Ojala, 2009; Stirling et al., 2011). Our research demonstrated that children's hospitals acknowledged the contributions of

volunteers by cultivating a communication culture that highly valued their efforts and organising specific appreciation ceremonies and activities. Accordingly, the participants in this study stressed that the acknowledgement and recognition of the contribution of volunteers is crucial to sustaining their involvement in volunteering activities. Conversely, and as per O'Donohue and Nelson (2009), failure to recognise the contributions of volunteers can potentially breach their psychological contracts and consequently diminish their satisfaction and integration.

5.1.3. The social context in which children's hospital volunteers develop shapes their psychological contracts.

Existing research proposes that volunteering is a socially constructed endeavour with moral value, and its interpretation may vary across countries and evolve over time within a specific country (Hart and Sulik, 2014; Dean, 2016; Davies, 2018). The significant variation in rates of volunteerism worldwide is important because it suggests that different cultures assign unique interpretations to volunteer work, consequently resulting in diverse motivations and values associated with it.

In the context of volunteering in the UK, there has been a growing emphasis on the implementation of national and community programmes aimed at fostering pro-social behaviour (Dawson et al., 2019), although a decline was noticed in volunteers engaged in formal or informal volunteering activities (Community Life Survey 2021-2022). One of the objectives of the research conducted by Buck et al. (2018), entitled *The Role of Volunteers in the NHS: Views from the Front Line*, was to explore the challenges faced by front-line healthcare workers in their day-to-day operations, as well as their perceptions of the importance and responsibilities of volunteers. NHS staff referred to both the immense value of volunteers and the difficulties that might arise. The results identified in this study on the performance of non-clinical but supportive duties by volunteers (Schroder, 1986; Mausner, 1988; Rimes et al., 2017), the ambiguity of volunteers' roles (Lopez-Cabrera et al., 2020) and the danger of substitution (Chum et al., 2003; Handy et al., 2008; Netting et al., 2013; Mook et al., 2014) suggest that challenges arise from specific contextual issues.

UK participants in this research demonstrated an understanding of the supporting functions fulfilled by volunteers, as well as the difficulties stemming from the ambiguous delineation of their duties. However, they did not identify work replacement as a potential barrier to integration, which was noted in the literature review. Additionally, UK volunteers reported a greater emphasis on activities such as training, monitoring, and task coordination and stressed the need for sufficient resources and support to fulfil their responsibilities, as well as the importance of effective leadership in fostering a positive work environment.

Within the Greek context, volunteering has developed in light of the nation's difficulties associated with the refugee crisis and the economic instability of the last decade (Sotiropoulos and Bourikos, 2014; Rozakou, 2017; Simiti, 2017). In particular, as regards the public health sector, although the original collaboration between the volunteer community and the hospital's social services department was marked by a shared emphasis on patient care, the state's involvement in social and volunteer services appears to be minimal. Therefore, as argued in the literature review (Tselou, 2008), these conditions have fostered autonomous decision-making processes (Chtouris and Miller, 2017). The significance of engaging in volunteer work in Greece was described as the need to transition socially advantageous mobilisation from a state of ambiguous self-reliance to a sustainable framework.

The volunteers in the Greek public children's hospital who participated in this research were mostly sourced from non-governmental organisations, which assumed the crucial responsibility of educating these volunteers. Subsequently, these volunteers were often assigned by the nursing staff, in collaboration with hospital administrations, to different wards. The outsourcing of volunteers indicated a focus

on the continuous oversight and development of trust related to the non-governmental groups that facilitated volunteer postings in public hospitals. This suggested a desire for a somewhat autonomous and less hierarchical system inside the public hospitals, underlying a possible cultural difference in how volunteers see their duties and their relationship with the public children's hospitals. Furthermore, the absence of legal and formal recognition and protection, inadequate utilisation of technology or advanced communication tools, the inherent personal biases of volunteers—particularly in their interactions with refugees—the experiential foundation of the nursing daily routine, and the unofficial acknowledgement from hospitals collectively illustrate the divergent perceptions of the optimal volunteer management model within Greek hospitals. The Greek volunteers viewed their function inside the children's hospital as a significant asset, and they advocated for improved organisation rather than enhanced management. Finally, Greek volunteers demonstrated resilience, which is a characteristic of community-based volunteers (Buckingham, 2012b). Volunteers' resilience is related to their capacity to adjust, rebound, and maintain a positive mindset and commitment to their volunteer duties, despite encountering difficulties or obstacles. These volunteers exhibited tenacity and adaptability in their efforts to exert a positive influence and possessed the capacity to bounce back from challenges.

Overall, volunteering in the UK children's public hospital exhibits a distinct degree of formality in contrast to volunteering in Greece. Social, legislative, organizational, and technological issues significantly influence volunteering in both national settings. Firstly, the social environment influences individuals' views, norms, opportunities, and incentives regarding volunteering. Volunteering in Greece, rooted deeply in the financial and refugee crisis (Simiti, 2015; Rozakou, 2017), has fostered a less formal though immediate approach towards volunteering, whereas the

longstanding volunteering tradition in the UK (Dawson et al., 2019) advocates for a more formal and structured approach even in the case of the immediate response during the COVID-19 pandemic (Kanemura and McGarvey, 2023). Moreover, the legal framework of volunteering varies across the two countries and influences the degree of formality observed in volunteer activities. Volunteering in the UK children's hospital is governed by specific regulations that aimed to create a more organised system. In contrast, in Greece, the level of strictness in implementing these standards is lacking owing to the insufficient institutional support provided by the state until recently. Additionally, the organisational structure and processes pertaining to public children's hospitals volunteer programmes differ across the two countries. In the UK, the hospital has developed a volunteer programme that is supervised by a specialised manager and administrators responsible for recruiting, training, and managing volunteers (Smith et al., 2021). This programme has rigorous application procedures, mandatory training prerequisites, and well-defined roles and duties for volunteers. In Greece, while the hospital also makes use of volunteers, the organisation engaged in the outsourcing of volunteers assigns the management and supervision of volunteers to external non-governmental organisations due to resource limitations and lack of specialised expertise. However, according to the findings of this research, potential obstacles, including upholding quality control, handling communication and coordination with external partners, and addressing matters of accountability and supervision, may be apparent and negatively influence the presence of volunteers in the public children's hospital. Finally, there is an apparent difference among the two countries with regards to the integration of technology into the systems and processes for managing volunteers. This includes the use of digital platforms, applications, and tools to engage in the processes of recruiting, onboarding, scheduling, tracking,

communicating with, and acknowledging volunteers. UK volunteers demonstrated a more active response towards the adoption of new technologies, for example, communication technologies such as email, instant messaging, and video conferencing, which facilitate the dissemination of information and active involvement of volunteers. In addition, UK volunteers mentioned the use of digital platforms to publicly acknowledge and celebrate the valuable efforts made by volunteers, whether via social media posts, digital badges, or virtual ceremonies to present awards. Moreover, participants referred to the volunteers' involvement in the collection and analysis of data from patients and their families, thus indicating that volunteers possess the necessary skills and knowledge. Greek volunteers talked about how the public children's hospital isn't digitalized enough. This makes it hard for volunteers to be actively digitally involved because they haven't used any of the many software solutions that are already out there to improve their work, even though they know how to do so.

5.1.4. Effective management of the emotional labour of volunteers in public children's hospitals creates a supportive environment that enhances the well-being of volunteers

Empirical research findings (Barazza, 2011; Eshenfelder, 2012; Froyum, 2013; Ward and Greene, 2018; Mastarcci and Admas, 2019) support the notion that acknowledging and valuing emotional labour enhances volunteer performance. In the context of this study within children's hospitals, there is a growing understanding of the relevance of the emotional work of volunteers (Mellow, 2007; Ripamonti, 2016; Gonella et al., 2019).

Emotional labour was reported as a crucial component in the delivery of care in children's hospitals. Recognising and respecting the voluntary efforts within these circumstances requires acknowledgement and understanding of the significant influence of emotional labour. Hospital volunteers in the two children's hospitals dedicate their time, talents, and emotional energy to provide comfort, understanding, and support to children and their families during periods of vulnerability and hardship. Emotional labour in children's hospitals is defined as the capacity to understand and share the feelings of young patients and their families, to provide encouragement, to relieve suffering, and to create a pleasant and caring atmosphere even in difficult situations. Volunteers act as sources of support, providing a feeling of connection and empathy. Recognising the importance of emotional labour allows for the appreciation of the commitment and compassion of volunteers who play a vital role in the overall welfare of young patients. This recognition highlights their efforts and encourages the creation of settings that prioritize patients' and families' physical and emotional needs.

The findings of this research show the considerable emotional difficulties encountered by volunteers who serve in children's hospitals. It sheds light on the reality of their experiences, which sometimes include operating in very uncomfortable circumstances. These committed volunteers are often assigned the responsibility of offering assistance and friendship to youngsters who are dealing with serious diseases and thus directly observing their difficulties. Furthermore, they are faced with the challenging task of providing comfort and understanding to families who are experiencing intense emotional distress while supporting their children throughout unpleasant medical experiences. This research emphasises the strength and empathy needed by volunteers in such settings, thereby demonstrating the significant impact of their participation in emotionally difficult situations. Therefore, and in accordance with the existing literature (Mellow, 2007; Bates, 2018; Louch et al., 2019), given that volunteers are required to engage in emotional labour, which entails managing their own emotions, maintaining a pleasant demeanour, and offering genuine assistance, it is imperative to ensure that their emotional labour is not overlooked, since it is often expected to be understood without being explicitly stated. Recognising the emotional effort required while helping at children's hospitals serves to emphasise the volunteers' commitment and connection. It showcases comprehension of the cognitive and affective exertion necessary to provide care and assistance in demanding environments. It is crucial to provide volunteers with the essential assistance and tools to handle their emotional well-being while acknowledging the concept of emotional labour (Hayton, 2017; Doidge and Sandri, 2019; Knight and Britton, 2019). These provisions may include the availability of counselling services, instruction on effective coping mechanisms, and opportunities for debriefing and peer assistance. By prioritising the emotional well-being of volunteers, organisations are better prepared

to provide consistently excellent care and support to children and families who need it. This research indicates that emotional labour plays a crucial part in the well-being of children's hospital volunteers. It not only benefits their own mental health but also contributes to the creation of a caring and efficient healthcare environment for children and their families. This highlights the need to take emotional involvement into account when overseeing volunteers in such environments. Acknowledging and supporting the emotional effort exerted by volunteers may enhance their ability to cope with challenges and their overall contentment, thereby improving the quality of care given to patients and families. By incorporating techniques to provide emotional support and recognition into the management of volunteers, organisations create an environment that fosters a caring culture, where volunteers feel appreciated and empowered in their positions. Therefore, placing a high importance on the emotional well-being of volunteers is crucial for maintaining a pleasant and influential hospital environment for all those engaged.

5.2. The conceptual framework for the management of children's hospital volunteers

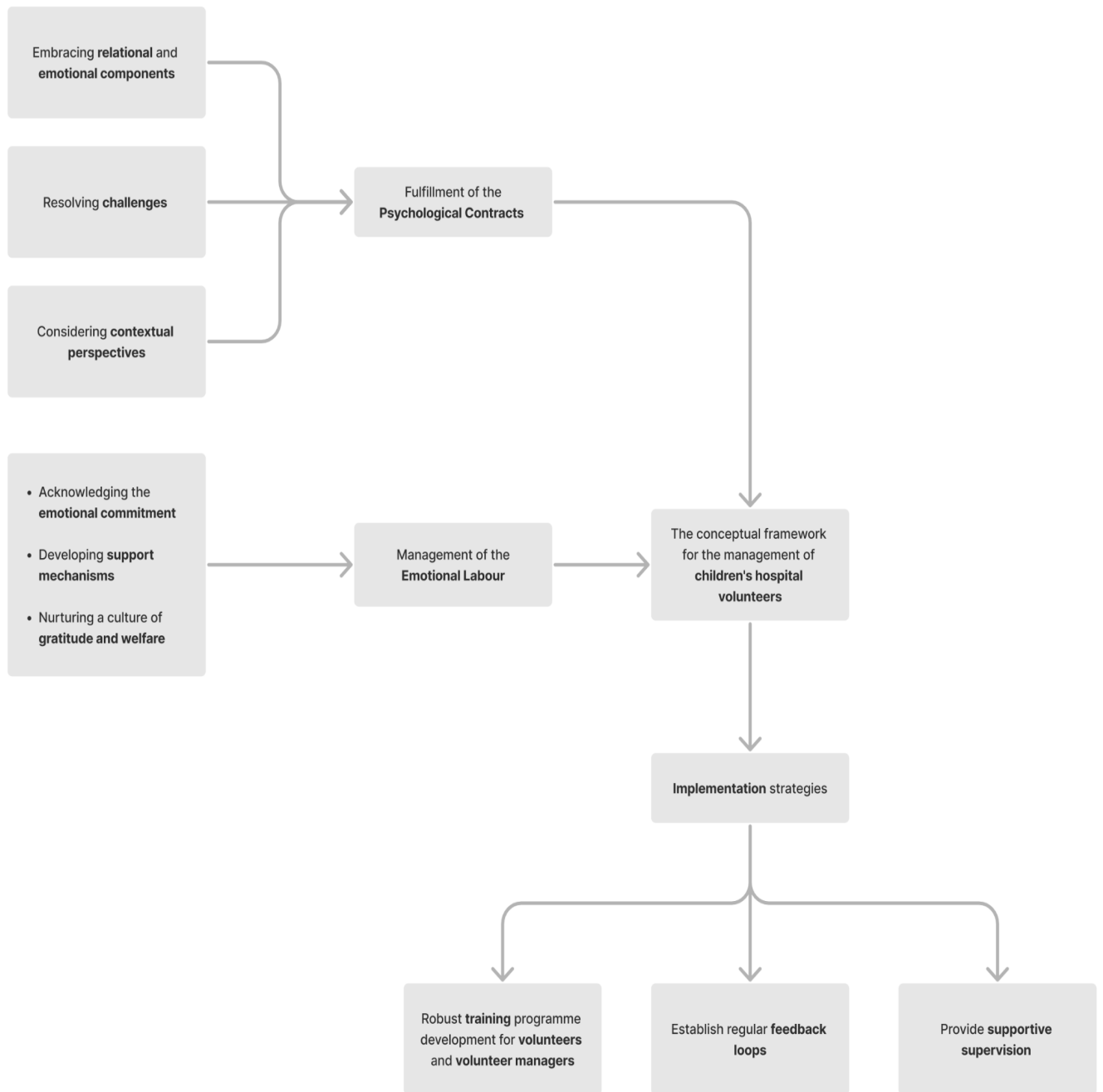
To successfully oversee volunteers in children's hospitals, it is essential to adopt a sophisticated strategy that incorporates up-to-date academic knowledge on their psychological contracts, emotional labour, and general welfare. Volunteers in these contexts are motivated by a profound feeling of purpose and empathy, with the goal of making a positive difference in the lives of children. The emotional interactions formed inside the hospital environment play a crucial role in the engagement of individuals, greatly impacting their satisfaction and commitment.

The conceptual framework developed in this thesis functions as a blueprint for formulating and carrying out initiatives that can aid and empower children's hospital volunteers. It attempts to provide a clear and precise explanation of the fundamental concepts and tactics for efficiently managing volunteers in children's hospitals, taking into consideration the fulfilment of the following two components.

One essential component of effectively managing volunteers is comprehending and meeting their psychological contracts, which comprise both relational and emotional aspects (Robinson et al., 2021). Volunteers' expectations regarding recognition, training adequacy, and clarity of role expectations form these contracts. Meeting these objectives increases volunteers' contentment and reinforces their dedication to the hospital's goal. Moreover, psychological contracts are formed through interpersonal interactions within specialised environments such as children's hospitals. The way volunteers perceive their responsibilities is shaped by various aspects, including the culture of the organisation, their relationships with peers, and their interactions with staff members (Rousseau, 1995). It is essential to comprehend

these contextual peculiarities in order to achieve efficient management and administration (Tekleab et al., 2013).

Secondly, the management of volunteers' emotional labour is crucial for the maintenance of a supportive environment. Emotional labour pertains to the efforts of volunteers to regulate their emotions during interactions with patients, families, and hospital staff. Establishing robust support systems and fostering a culture that prioritises the well-being of volunteers are crucial in alleviating emotional weariness and burnout. Overall, an organised and thoughtful approach that considers the interpersonal and emotional aspects of volunteers' experiences, actively tackles their difficulties, and promotes a nurturing organisational environment is crucial for successful volunteer management in children's hospitals. This framework not only improves the level of satisfaction and the ability to keep volunteers but also optimises their ability to make a positive difference in the care of children in the hospital.



Graph 5.1.: The conceptual framework for the management of children's hospital volunteers

In line with recent academic ideas that different groups need to work together and strategically adopt communication, training, recognition, evaluation, cultural promotion, and well-being programs to improve volunteer management in hospital settings, this research argues that putting the suggested theoretical framework into practice in hospitals requires coordination between different groups that are important for volunteer management.

Key stakeholders encompass volunteer organisers, hospital managers, staff members, and the volunteers themselves. The successful implementation of this framework relies on certain crucial elements and tactics. Effective communication and expectation management are essential components. The findings emphasised the significance of clear communication channels in order to elucidate the responsibilities, anticipated outcomes, and difficulties encountered by volunteers. Furthermore, the provision of training and support methods is crucial in the management of volunteers. This research supports the implementation of extensive training programmes that cover emotional resilience, conflict resolution, and boundary-setting abilities. Similarly, it is crucial to acknowledge and recognise the contributions of volunteers in order to cultivate a supportive environment. This study emphasises the importance of recognising the emotional commitment of volunteers and its connection with the goals of the hospital. Furthermore, consistent assessments are essential for collecting feedback and enhancing volunteer experiences. Conducting regular evaluations to measure the efficiency of management strategies and make appropriate modifications based on input from volunteers is essential. Moreover, it is crucial to foster a culture in hospital settings that is defined by respect, inclusivity, and understanding. This study identified the need to cultivate cooperative relationships among volunteers, staff, and stakeholders in order to create a supportive atmosphere. Ultimately, placing the well-

being of volunteers as the highest priority maintains a sustainable system of volunteer management by implementing measures to alleviate burnout, compassion fatigue, and stress among volunteers. These measures may include the provision of counselling services, wellness programmes, and self-care efforts.

5.3. Implications for theory

The literature review chapter included an analysis of two major theories, namely, psychological contract and emotional labour. This subchapter discusses how the conceptual framework proposed in this study fits with these theories and makes significant contributions to the broader understanding of psychological contract theory and emotional labour, particularly within the unique context of volunteerism in public children's hospitals. In addition, it analyses the critical role that context plays in comprehending and managing volunteering.

5.3.1. Psychological Contract Theory in Volunteerism

Although developed within the realm of general management theory and referring to a conceptual framework that encapsulates an individual's perspective of the mutual responsibilities existing between themselves and another entity, such as an employer, existing research argues that psychological contract theory provides a comprehensive framework for efficiently attracting and maintaining contented and high-performing volunteers (Pearce, 1993; Liao-Troth, 2001b; Conway and Briner, 2002; Taylor et al., 2006; Starnes, 2007; Kim et al., 2009; O'Donohue and Nelson, 2009; Wilson, 2019; Cnaan et al., 2021). The exploration and analysis of the psychological contract of volunteers may be approached from two primary perspectives. The first pertains to the correlation between an organisation and the individuals who provide their services as volunteers. The second explores the influence of an individual's personality traits and underlying motivations on the psychological contract of volunteers. The findings of this study are consistent with psychological contract theory, which argues that volunteers in public children's hospitals establish a reciprocal relationship with the public organisations where they provide their services, despite the absence of a formal agreement. In addition, these relationships are influenced by the volunteers' personal altruistic motives. Additionally, the results of this study agree with the growing body of evidence that volunteers have a typical type of psychological contract. This thesis develops a conceptual framework that effectively characterizes the distinct conditions of contract development, maintenance, and violation. While the results of this study confirmed the importance of psychological contract theory in volunteer management, the participants placed greater emphasis on specific and contextual links, which are essential in keeping them

motivated to stay in the children's hospitals. Hence, existing literature indicates the significance of psychological contracts, yet the fulfilment or violation of these contracts is contingent upon the specific contexts in which they are formed. For example, this research suggests that the breach of the psychological contracts of volunteers does not in all instances influence the affective commitment of volunteers. As Nichols (2013) suggests, when examining the uniqueness of volunteers' psychological contract in comparison to that of staff, it is important to analyse the socio-cultural elements that create expectations within this context. The findings of this study assert that psychological contract theory is very guideline-oriented, and while it offers a robust basis for discussions of volunteer management, if used in the absence of a contextual environment, its universality is limited.

This research emphasizes the importance of social context at several levels, including organizations and countries, which adds to the growing body of literature on the psychological agreements of volunteers. The significance of context is apparent in every facet of volunteers' psychological contracts, encompassing their establishment, contentment, and prospective breach. Volunteers' psychological contracts are significantly shaped by elements such as the organisational framework, the characteristics of the volunteer position, the volunteers' anticipated outcomes, and the wider socio-cultural environment. Barrett et al. (2017) indicated that foreign volunteers have lesser expectations in their psychological contract than volunteers who participate in activities in their native country. This research provides additional evidence with respect to the contextual factors that influence the development of psychological contracts. The psychological contracts of volunteers are significantly shaped by factors such as the organisational structure, the attributes of the volunteer role, the expected results for the volunteers, and the wider socio-cultural context.

Recent research indicates that international volunteers generally have lower expectations in their psychological contracts compared to individuals engaging in activities in their home countries, supporting the findings of Barrett et al. (2017). This study provides additional data on the contextual factors that influence the formation of psychological contracts. The fulfilment of volunteers' psychological contracts depends on the degree of alignment between their expectations and their actual experiences while volunteering. Factors such as the culture of the organisation, management practices, resources at hand, and the quality of relationships with other volunteers and staff have a substantial impact on how volunteers perceive their sense of fulfilment. According to Nichols and Ojala (2009), Griep et al. (2016), and Kapellides and Fisher (2019), this study backs up their findings that volunteers are more likely to have their psychological contracts fulfilled when the environment makes it easier for them to meet their personal and contextual challenges. Volunteers' expectations regarding their level of autonomy, support, and acknowledgment are shaped by their opinions of the organisational culture. Contextual variables can also result in violations of volunteers' psychological contracts when there is a perceived failure to fulfil mutually agreed-upon expectations. Vandilborgh et al. (2014) assert that breaches may occur when volunteers are assured assistance, acknowledgement, developmental prospects, and benefits aligned with their values, yet these are not fulfilled. Psychological contracts are highly vulnerable to breaches when there is a difference between claimed obligations and the actual conditions. This study investigated how contextual elements influence the perception of psychological agreement violations, based on observations from both the UK and Greece. Contextual variables refer to several factors that can impact how volunteers perceive and engage with their jobs in an organisation. The elements encompassed in this context are organisational culture, leadership styles,

societal conventions, and socio-economic conditions. Perceived failure to meet mutually agreed-upon expectations can violate psychological contracts. Volunteers in the UK who anticipated thorough supervision but encountered a deficiency in formal assistance interpreted this as a breach of their psychological agreement. Ambiguous definitions of volunteer positions and duties can lead to violations, whereas offering volunteers precise job specifications, training, and ongoing support has been effective in clarifying expectations and preventing misunderstandings. The Greek volunteers also had distinctive encounters that influenced their perspectives on breaches. Transparent and sincere communication regarding duties, anticipations, and structural modifications efficiently addressed volunteers' anticipations and reduced the likelihood of breaches in the psychological contract. The external environment, encompassing cultural perceptions about volunteering and the accessibility of other options, influences volunteers' thoughts and expectations, so altering the psychological contract. Hence, contextual factors have a substantial impact on volunteers' assessments of breaches in the psychological contract. This conclusion aligns with prior research that suggests that volunteers' psychological agreements are impacted by contextual elements (Nichols, 2013) and can be classified based on the relationship established between volunteers and particular organisations (Vantilborgh et al., 2013).

5.3.2. Understanding Emotional Labour in Volunteerism

The literature evaluation indicates that the theoretical framework of emotional labour enhances our comprehension of the phenomenon of voluntary participation (Foster, 2018). Emotional labour may be seen as a reciprocal process of gift exchange, whereby people participate in the act of giving and receiving presents, therefore cultivating a feeling of social interdependence. This study emphasised the significance of addressing the emotional challenges faced by volunteers as they seek motivating experiences and strive to fulfil their inherent altruistic interests until they attain their maximum potential. The participants indicated that they needed to manage their emotions to effectively navigate complex situations and assist patients appropriately, corroborating previous research (Barazza, 2011; Eshenfelder, 2012; Molina et al., 2017; Ward and Greene, 2018). In addition, existing research on the emotional labour of hospital volunteers has shown the significant role of effective management in facilitating the volunteers' emotional regulation.

This study corroborated prior studies indicating that volunteers' emotional labour may lack supervision and that they receive insufficient emotional support. Nonetheless, it demonstrated that volunteers have confidence in their capacity to address emotional issues, either by independent effort (as exemplified by the Greek volunteers) or by seeking assistance from management and administration (as illustrated by the UK volunteers). All participants in this research exhibited a positive and effective mentality on their capacity to surmount problems, attributable to either managerial assistance or emotional regulation.

This study demonstrated that standard management theory requires expansion to facilitate the emotional labour of volunteers addressing diverse issues (Ertas, 2018;

Ward and Greene, 2018 ;Bendaravičienė, 2019). The emotional labour displayed by volunteers in public children's hospitals is a complex issue that requires a thorough comprehension and efficient techniques. This study revealed a significant finding on the emotional labour undertaken by hospital volunteers during their interactions with patients and family members. This involves the regulation of emotions to express empathy and professionalism in challenging situations. This study underscores the disparity in emotional effort needed for various volunteer roles (Knight and Britton, 2019) and accentuates its significance in fostering trust with patients and their families (Gray, 2009). Training and support programmes in children's hospitals are crucial for providing volunteers with the necessary skills to properly handle emotional challenges. Enhancing self-awareness, cultivating empathy, and acquiring stress management skills are essential for preparing volunteers (Shih et al., 2010; Sawbridge and Hewison, 2013; Knight and Britton, 2019). However, the importance of emotional labour in medical settings is often disregarded, highlighting the need for frameworks that recognise its value (Mellow, 2007; Louch et al., 2019) and offer new ways to provide emotional support to volunteers. Regulating emotions effectively is crucial for volunteers to minimise burnout and mental tiredness (Ripamonti, 2017). This study uncovers contrasting strategies employed by volunteers from the UK and Greece. UK volunteers tend to actively seek guidance from supervisors, whereas Greek volunteers rely more on self-regulation and peer support networks. The aforementioned observations highlight the impact of organisational culture and context on the experiences of emotional labour in medical settings.

5.3.3. The Importance of Context

This chapter further elaborates on the significance of contextual dimensions in the effective management of volunteering, building on the findings of this thesis. This study emphasises the importance of analysing volunteer management within its contextual framework. Public children's hospitals can enhance the effectiveness and sustainability of volunteer programs by recognising and incorporating factors at the country, organisational, and individual levels.

At the national level, socio-cultural norms, public policies, and legislative frameworks significantly shape the structure and perception of volunteering. This study reveals that variations between the UK and Greece offer significant insights into the influence of national culture, policy frameworks, and societal attitudes on volunteer management. In the United Kingdom, volunteering operates within a well-defined and regulated framework, characterised by robust institutional support, explicit role definitions, and comprehensive training and supervision. This approach illustrates the UK's longstanding tradition of formal volunteering and a culture that prioritises structured civic engagement. Policies that promote volunteerism, provide legal protections, and advance technology enhance the integration of volunteers within public sector organisations, such as children's hospitals. In Greece, volunteerism has developed into a more informal and community-oriented activity, shaped by economic instability and the refugee crisis. The absence of a comprehensive regulatory framework results in volunteers frequently functioning in less structured settings, depending on NGOs and grassroots initiatives for coordination and training. The autonomy and flexibility evident in Greek volunteerism differ significantly from the

highly regulated model in the UK, underscoring the necessity of recognising national-level variations in the formulation of volunteer management strategies.

The organisational context within each country significantly influences the volunteer experience. Organisational culture, management styles, and resource availability influence the recruitment, training, and support of volunteers. In structured settings such as children's hospitals in the UK, volunteer programs are enhanced by the presence of dedicated volunteer coordinators, formal training programs, and mechanisms for performance evaluation. Volunteers are incorporated into hospital teams with well-defined roles and communication pathways that enhance collaboration among volunteers, staff, and management. Conversely, hospitals for children in Greece frequently depend on external organisations for volunteer support. Outsourcing volunteer management results in reduced direct control for hospitals over the training and supervision of volunteers. This decentralised approach presents distinct challenges, including the maintenance of consistency in volunteer expectations and the assurance of quality control in service delivery. It also promotes significant resilience among volunteers, enabling them to navigate their roles with increased independence and adaptability.

At the individual level, the motivations, expectations, and experiences of volunteers significantly influence their engagement. The psychological contracts between volunteers and organisations are significantly shaped by the wider national and organisational contexts in which they function. UK volunteers typically have psychological contracts that encompass expectations for structured training, opportunities for professional development, and clearly defined roles. Established volunteer management systems lead volunteers to expect significant organisational support and recognition. Greek volunteers frequently view their roles as dynamic,

influenced by the immediate needs of the community rather than by established institutional frameworks. Their psychological contracts prioritise social impact and emotional fulfilment rather than organisational support, indicating a cultural focus on solidarity and collective responsibility.

This study emphasises the differences in volunteer management practices at national, organisational, and individual levels, indicating that current volunteer management theories must be modified to accommodate contextual complexities. This requires the creation of a multi-tiered theoretical framework that synthesises aspects across several levels. At the macro level, national legislation, cultural values, and socio-political circumstances significantly influence volunteer practices. The mid-level emphasises organisational frameworks, managerial methodologies, and institutional support, which directly affect the implementation and sustainability of volunteer programs. At the micro level, personal motives, psychological contracts, and emotional labour are essential in influencing volunteer involvement and satisfaction. By integrating these elements, the conceptual framework for the management of children's hospital volunteers enhances the comprehensive understanding of volunteer management, offering practical assistance for customising tactics to various situations and fostering theoretical advancement in the discipline.

5.3.4. Summary of Key Theoretical Contributions

This study introduces a contextualised model of volunteer management that incorporates psychological contract theory, emotional labour theory, and contextual theories of volunteering. Focusing on the complex experiences of volunteers helps this thesis progress theoretical understanding in the following important respects.

Firstly, this research expands psychological contract theory by stressing the part contextual elements play in forming the expectations, satisfaction, and possible breaches of volunteers' psychological contracts. Unlike conventional employer-employee relationships, in which contractual obligations are sometimes formalised, the results highlight the informal and dynamic character of volunteer psychological contracts, shaped by altruistic motives, socio-cultural influences, and the particular demands of the public children's hospital environment. This study challenges the notion that psychological contract theory is universally applicable. The framework must be modified to align with the interplay of organisational culture, managerial styles, and social conventions. The discovery of different volunteer experiences between the UK and Greece supports even more the importance of including contextual factors into psychological contract typologies, thereby giving empirical depth to already conducted research (Barrett et al., 2017; Vantilborgh et al., 2014).

Secondly, by providing analysis of the emotional control techniques used by volunteers, the thesis bridges gaps in emotional labour theory. Although other studies mostly focus on emotional work inside paid employment, this study shows its significance to volunteers in emotionally intensive environments, including public children's hospitals. The results show how emotional work can be both a challenge and a means of building resilience. The necessity for emotional support among UK

volunteers, contrasted with the preference of Greek volunteers for autonomy, illustrates the varying cultural influences on emotional labour practices. This study underscores the necessity for adaptation approaches customised to individual and organisational contexts, so augmenting emotional labour theory and broadening the relevance of existing frameworks (Knight and Britton, 2019; Gray, 2009).

Furthermore, emphasised in the thesis is the reciprocal interaction between psychological contract theory and emotional labour theory. Psychological contracts with organisations usually start with the emotional investments made by volunteers in their work. This relationship underscores the necessity for management plans to consider both the legal and emotional dimensions of volunteering. This thesis presents a conceptual framework that offers a new perspective on how these two theoretical domains interact and offers practical insights for the creation of training courses improving volunteers' emotional resilience while supporting trust and alignment with organisational goals.

Moreover, by placing the research inside the understudied realm of public children's hospitals, the thesis adds to the increasing body of knowledge on the difficulties of volunteer management in healthcare environments. It supports a more sophisticated application of conventional management ideas catered to the special difficulties and incentives of volunteers. This study establishes a benchmark for future research examining the intersection of psychological contracts and emotional labour across various cultural and organisational contexts.

Finally, a primary finding of this thesis is the essential significance of context. The study has shown that volunteers function within complex contexts, where elements at the country, organisational, and individual levels interact to influence their experiences, motivations, and expectations. The findings and discussion in this thesis

have examined several contextual variables, hence emphasising the importance of perceiving volunteer management within a contextual framework. By recognising and incorporating country-level, organizational-level, and individual-level aspects, public children's hospitals can develop more efficient and sustainable volunteer programs. Subsequent research is essential to persist in examining these contextual factors, especially across diverse healthcare environments and various cultural contexts, to enhance the understanding of efficient volunteer management practices.

5.4. Practical implications

A thorough comprehension of the psychological contracts and emotional labour of children's hospital volunteers has significant consequences for organisations and governments tasked with the development and regulation of volunteer programmes.

This study raised important legal and ethical issues that must be considered when formulating policies on volunteer management. As per the findings of the literature review, there are potential negative consequences of volunteering that should be addressed in order to safeguard both the volunteers and their beneficiaries (Davis, 2012; Furedi, 2013; Johnstone and Dent, 2015; Lampard and Marsden, 2015). This study drew attention to the need for volunteers to be handled with fairness and equality and the privacy of patients to be safeguarded. Gaining insight into the psychological contracts of volunteers will assist organisations in navigating these challenges with more efficiency. By examining the psychological contracts of volunteers to extract insights into the legal and ethical dimensions of volunteer engagement, organisations will formulate policies and processes that comply with applicable laws and regulations. Examples encompass, but are not restricted to, the execution of volunteer agreements, the alleviation of potential hazards, and adherence to privacy and data protection legislation. This not only minimises legal liabilities but also promotes a favourable and legally compliant atmosphere for volunteer involvement.

Furthermore, the results of this study enhance the comprehension of the psychological contract of volunteers in children's public hospitals and establish a foundation for the management of children's hospitals. Nichols (2013) argues that by

considering the socio-cultural aspects that influence expectations within the framework of the psychological contract, it is possible to use theoretical knowledge on volunteering to analyse the unique characteristics of volunteers' psychological contracts in comparison to those of employees.

Recent research further support this notion, demonstrating that comprehending these psychological contracts is crucial for effective volunteer management. Children's hospitals can improve their efforts to attract and keep volunteers by understanding the psychological contracts that exist amongst volunteers and aligning them more closely with the expectations and needs of volunteers. This alignment can be achieved through targeted communication, providing opportunities for skill enhancement and personal development, offering ample praise and rewards, and effectively addressing any issues.

An organization's overall effectiveness and credibility closely correlate with the level of satisfaction and engagement of its volunteers. By implementing policies that prioritise the comprehension and fulfilment of the psychological contracts of volunteers, organisations can cultivate a positive organisational culture, strengthen trust and credibility within the community, and ultimately improve organisational performance. This study suggests that using such strategies not only enhances the level of contentment among volunteers but also has a significant role in improving the overall health outcomes and operational effectiveness of children's hospitals.

This study emphasises the importance of comprehending volunteers' psychological contracts in order to optimise the allocation of funds and resources, thereby improving the success of volunteer programmes. Recent study highlights several useful methods for achieving this objective. Firstly, it is crucial to invest in

extensive volunteer training and development programmes in order to provide volunteers with the vital skills, information, and resources they need for their responsibilities. This investment not only improves the skills and abilities of volunteers but also promotes the overall effectiveness of the volunteer programme. It is equally important to implement strong feedback and evaluation systems in order to effectively capture the expectations of volunteers, identify areas that need development, and measure the effectiveness of volunteer activities. This can entail administering surveys, coordinating focus groups, or establishing advisory committees composed of volunteers. Furthermore, recognition and gratitude initiatives are essential in fostering a favourable volunteer experience and promoting volunteer retention. These initiatives may encompass recognition programmes, appreciation events, award ceremonies, or personalised messages of gratitude. Recognising the efforts of volunteers is essential for sustaining their drive and dedication (Bussell and Forbes, 2018). Furthermore, securing resources for communication and engagement platforms is necessary to maintain regular communication with volunteers and ensure their active participation in the organisation's activities. Tasks may include supervising a volunteer newsletter, monitoring social media platforms specifically for volunteers, or employing online collaboration technologies to actively involve volunteers from a distance (Gazley, 2022). Lastly, it is essential to allocate resources for dedicated volunteer coordinator jobs in order to effectively manage volunteers. Volunteer coordinators have a crucial responsibility in the recruitment, training, and support of volunteers. They supervise volunteer activities and address the needs of volunteers. Allocating resources to support these positions can greatly improve the overall effectiveness of volunteer programmes. By using these tactics, organisations can enhance their support for

volunteer programmes and guarantee a more enduring and influential volunteer experience.

In order to effectively address the psychological contracts of volunteers according to their geographic area, it is essential to comprehend the specific cultural, social, and economic aspects that impact their motives, expectations, and experiences. The insufficiency of a universal approach, as examined by Rochester in 2007 and supported by recent research, emphasises the necessity for customised tactics. A comprehensive cultural analysis must be conducted to assess the dominant cultural norms, values, and beliefs in the areas where volunteers are situated. Efficient communication with volunteers is crucial for comprehending their viewpoints, requirements, and anticipations, providing opportunities for them to express their experiences and offer input on their voluntary endeavours. Volunteer programs should be adapted to align with the cultural preferences and expectations of volunteers in specific geographic contexts.

In addition, it is important to create support networks among volunteers and paid staff in order to improve collaboration and provide substantial social support. This will help promote a sense of belonging, which is critical for maintaining volunteer engagement and retention. It is vital to continuously monitor and evaluate the efficiency of these tactics in addressing the psychological contracts of volunteers in different settings. Adjustments must be made to respond to input and changing conditions to ensure ongoing relevance and effectiveness. Recent research supports these methods, highlighting the significance of context-specific tactics in the management of volunteers.

Similarly, gaining insight into the emotional labour performed by volunteers has substantial implications for organisations and governments tasked with developing

and overseeing volunteer initiatives. Current research emphasises several crucial domains where this comprehension might have a significant effect. Firstly, organisations and governments can improve their volunteer recruiting and selection procedures by giving priority to emotional resilience and the capacity to handle emotionally demanding events. By evaluating volunteers based on these characteristics, it guarantees that they possess the necessary skills and qualities to properly fulfil their responsibilities (Mao et al., 2023). Secondly, it is imperative to create extensive training and support initiatives. The purpose of these programmes is to equip volunteers with the essential abilities to control their emotions, handle stress, and uphold their general well-being in challenging environments (Lee et al., 2024). Offering such assistance contributes to the long-term maintenance of volunteer commitment and effectiveness. Thirdly, a deeper understanding of emotional labour can provide valuable guidance when making judgements about how to allocate resources. It is advisable for governments and organisations to allocate resources towards the provision of counselling services, peer support networks, and debriefing sessions. These resources are crucial for assisting volunteers in regulating their emotions and preventing fatigue, showcasing a dedication to their emotional well-being. Fourthly, it is crucial to acknowledge and value the emotional effort exerted by volunteers. Recognising the emotional input of individuals promotes a feeling of worth and gratitude, which in turn motivates them to remain committed to their tasks. Ultimately, understanding emotional labour can improve the evaluation and feedback processes for volunteer programs. Gathering feedback on the emotional experiences of volunteers helps to identify areas that require development and enables appropriate adjustments to promote the well-being of volunteers. Regular evaluation guarantees

that volunteer projects continue to be adaptable to the needs and experiences of volunteers.

Moreover, the research by Gray (2009), Thornton and Novak (2010), Baines (2011), and Stock (2017) highlights that volunteers are driven by empathy, compassion, and a commitment to helping others instead of serving as trained and supporting staff. They also form long-lasting and close connections with persons seeking their help and enable efficient communication of recognised needs and the related resources that may meet those needs. The findings of this research demonstrate that their direct involvement and personal commitment enable volunteers to provide useful perspectives on the patients' experiences and therefore voice their opinions and express concerns. This helps to foster a culture of openness, responsibility, and ongoing improvement inside hospitals. These findings agree with the viewpoint presented by Ward and Greene (2018) about the administration of volunteers, especially in settings characterised by high emotional intensity, such as hospitals.

Ward and Greene examine the challenges associated with overseeing volunteers in an environment where emotions are unregulated. Volunteers in settings such as hospitals often confront emotionally intense circumstances as a result of their contact with patients, families, and staff. Supervising volunteers in these situations may be complicated since emotions can impact behaviour and decision-making. Instead of attempting to manipulate or repress the feelings of volunteers, Ward and Greene propose that organisations should identify and use these emotions for the benefit of society. Volunteers in hospital settings can serve as crucial whistle-blowers, drawing attention to any problems or opportunities for enhancement in order to prioritise patient care and safety. Volunteers possess distinctive perspectives on the

hospital setting as a result of their direct entry to different departments and regular engagement with patients. Through meticulous observation, they have the ability to identify problematic procedures, mistakes, or instances of insufficient care that could potentially endanger the safety of patients. In addition, volunteers regularly interact with patients and their families, offering companionship, support, and aid. This proximity enables them to be mindful of patient complaints and frustrations. Volunteers, aware of these concerns, can act as advocates by promptly communicating difficulties to hospital administration or pertinent authorities. Likewise, volunteers may face moral dilemmas or situations when their personal interests clash with their professional obligations. Examples of such situations include observing disagreements among staff members, instances of bias, or violations of patient confidentiality. Volunteers who adhere to rigorous ethical standards can enhance awareness of these issues and promote the implementation of appropriate solutions.

Volunteers frequently originate from varied backgrounds, offering distinct viewpoints on organisational culture and practices. They possess the capacity to identify systemic difficulties related to communication, collaboration, or organisational dynamics that affect patient care. Their acknowledgement of cultural differences may offer valuable insights to hospital management, fostering discussions and initiatives aimed at creating a more inclusive and welcoming environment. Finally, volunteers have a crucial function in guaranteeing strict adherence to hospital policies, procedures, and compliance requirements. Medical auditors possess the ability to recognise occurrences of non-compliance or deviations from optimal procedures. Their extensive knowledge of hospital protocols enables them to promptly inform the appropriate authorities of any dangers or violations.

5.5. Limitations and recommendations for future research

Qualitative research plays a crucial role in exploring complex phenomena and providing rich descriptions. It is therefore essential to prioritise transparency and to address any limitations. The findings of this report are subject to at least three limitations.

Certain limitations must be acknowledged regarding the study approach. Qualitative research was the most suitable approach for this study, given the challenges of applying employee performance criteria to volunteers and the limitations of using only quantitative measures to assess the volunteer experience (Nichols, 2013). The evident advantages of performing comprehensive qualitative research, alongside the significance of comprehending the psychological contract of public hospital volunteers as a social construct, may yield more credible conclusions when integrated with quantitative research (Hustinx et al., 2008; Smith et al., 2021). The combination of comprehensive qualitative research with quantitative methodologies may enhance the reliability of findings, especially with the psychological consensus of volunteers in public hospitals (Creswell and Poth, 2018). Quantitative research has the ability to place qualitative findings within larger populations or situations. It can offer statistical information about population characteristics, patterns, or results, improving the understanding of qualitative findings and promoting a more detailed comprehension of the topic. For instance, conducting a customised survey and then performing contextual statistical analysis could provide supplementary evidence to support the qualitative findings (Bryman, 2016; Johnson and Lee, 2022).

Furthermore, the incorporation of qualitative and quantitative data via triangulation can enhance the precision and dependability of study findings. Researchers can enhance their understanding of the psychological contract among public hospital volunteers by comparing and integrating data from different methodologies or sources. This approach leads to a comprehensive and dependable analysis.

The study's scope and the generalisability of its conclusions were constrained by the restricted sample size. Additional research focussing on alternative targeted demographics could enhance the conclusions of this study. This study exhibited a deficiency in the diversity of public hospitals, excluding those beyond public children's hospitals. A broader demographic of public hospitals may be an area for future research as it may give more insight into the development of volunteer management. This could involve recruiting individuals from various public hospitals with the aim of ascertaining whether there are significant differences in volunteer management in other settings and identifying any commonalities. Another possible route could be to evaluate the additional benefits of volunteer participation by comparing results and experiences in hospital settings that do and do not have well-established volunteer programmes. Additionally, a supplementary research initiative that could enhance the findings of this study would involve investigating perceptions on the presence of volunteers in public hospitals in different countries. This comparative analysis would provide valuable insights. This research gathered data from three specific groups, namely, volunteers, staff, and management. Integrating a broader spectrum of stakeholders, including patients and their families, may improve future research.

Their participation could greatly enrich the current study by offering valuable perspectives on their experiences, requirements, and preferences about hospital

volunteering. Gaining insight into these viewpoints could clarify the influence of volunteers on patient experiences and pinpoint areas that require enhancement. Involving patients and their families in the study guarantees that the results are relevant to those most impacted by hospital conditions. Additionally, by including the perspectives of various stakeholders, it is possible to assess the efficacy of current volunteer training programmes. Researchers could enhance the effectiveness of volunteer training in interacting with patients and their families by gaining insight into their viewpoints. Recent research emphasises the significance of involving stakeholders in healthcare research. This involvement has been found to have a positive influence on the outcomes of studies and the effectiveness of programmes (Baines and Regan de Bere, 2018; Mockford et al., 2016; Staniszewska et al., 2017).

Furthermore, although the literature review presents Bourdieu and Foucault's concepts of power (Smith, 2001; Chong, 2011; Kozol, 2015; Kaun and Uldam, 2018; Obregon, 2018; Read, 2021; Stein, 2022) especially with hierarchical structures and disciplinary procedures, these themes are not thoroughly explored in the theoretical sections of this thesis. This absence mirrors the empirical evidence, indicating that power relations within healthcare care did not significantly affect volunteer experiences. It is essential to recognise that the research design, significantly affected by the limitations of the COVID-19 pandemic, may have impacted this result. The dependence on online interviews and restricted on-site observations may have concealed the more unnoticed, regular expressions of power dynamics between paid staff and volunteers. The hierarchical structure of healthcare facilities, characterised by rigorous frameworks and distinctly defined functions, is extensively described in the literature, can significantly influence how volunteers understand their positions, manage their obligations, and interact with paid staff. The lack of significant findings

in this domain indicates a possible gap that requires additional investigation. Subsequent study could incorporate a more ethnographic methodology, characterised by extended, immersed involvement in hospital environments. This methodology will provide a comprehensive examination of the nuanced, frequently imperceptible power dynamics that may influence volunteer experiences, including informal hierarchies, professional boundaries, and the implicit expectations imposed on volunteers by medical personnel. Utilising ethnographic approaches will enable future studies to more effectively reveal the dynamics of power in volunteer environments, both explicitly and implicitly. This would not only rectify the gap found in this thesis but also enhance the understanding of how hierarchical structures influence volunteer involvement, satisfaction, and retention. These insights are essential for formulating volunteer management techniques that address power disparities, so promoting more inclusive and supportive settings inside healthcare organisations.

Finally, to the knowledge of the researcher, there is currently a lack of clear and conclusive information regarding the most effective method for managing volunteers in public children's hospitals. Although there may not be a universally acknowledged model, there are numerous aspects that can help in the efficient management of volunteers in these circumstances. This study highlights the significance of comprehending the interaction between volunteers' perceptions of their psychological contracts and the viewpoints of other stakeholders, influenced by the social context of each medical setting. Participating in research and exchanging best practices among children's hospitals could result in more conclusive approaches to volunteer management. This collaboration could pool resources, expertise, and data to carry out more extensive research on volunteer management techniques. Establishing a network of children's hospitals focused on collaborative research and strategy

exchange could accelerate this process. A focused investigation can uncover very successful methods for volunteer management by tailoring solutions to certain situations. Researchers, equipped with a thorough understanding of the environment and proficiency in efficient volunteer management techniques, can adapt tactics to meet the specific needs and challenges faced. This may entail tailoring training programmes, communication tactics, recognition systems, and volunteer responsibilities to correspond with the unique circumstances of each children's hospital.

Recent academic studies emphasise the significance of flexible and adaptable volunteer management practices in healthcare environments. Researchers have determined that the engagement and efficacy of volunteers can be enhanced by collaboration and situationally tailored modifications. Moreover, it is crucial to incorporate volunteers into the hospital's wider social context and acknowledge their accomplishments in order to sustain a driven and dedicated volunteer workforce. These observations reinforce the necessity for continuous investigation and the sharing of best practices to enhance the administration of volunteers in public children's hospitals.

5.6. Conclusion

The findings of this thesis are anticipated to significantly enhance the comprehension of practitioner research and its adaptability and application in many contexts within the professional framework for volunteer managers. This thesis serves as a significant resource for scholars and practitioners in the field as it contributes to the existing body of knowledge on the psychological contract and the emotional labour of volunteers. This thesis may be beneficial for professionals engaging with volunteers, as well as academics and researchers seeking to understand the intricate dynamics within this domain, as it provides valuable insights for policy formulation and implementation. This can eventually improve the efficiency and long-term viability of volunteer programmes while also contributing to the development of theoretical frameworks that explore the psychological and emotional foundations of volunteering. Through the combination of current knowledge and new empirical data, this work adds to the ongoing academic discussion by offering novel views and prospective directions for future research.

Psychological contract theory and emotional labour theory provided useful perspectives and structures to enhance the administration of volunteers in children's hospitals. They offered insight into the implicit expectations and duties that exist between volunteers and the organisations. Public hospitals may improve engagement and retention by aligning their management methods with volunteers' incentives, which can be achieved via a comprehensive understanding of volunteers' psychological contract. In addition, these theories focus on the emotional requirements that persons in service-oriented positions must meet, with the aim of improving volunteer satisfaction. Volunteers reported emotionally demanding circumstances,

including engaging with ill children and their families. Hospitals can improve volunteer happiness and well-being by demonstrating an awareness of emotional labour and offering help to manage it. This includes giving instruction in emotional self-regulation, offering access to support services, and cultivating a supportive organisational culture. Furthermore, improved communication and cooperation between volunteers and hospital personnel help with the management of volunteers' psychological contracts and reduce the likelihood of challenges. Acknowledging and appreciating the emotional effort exerted by both volunteers and staff members may cultivate a feeling of mutual regard and assistance, enhancing the bonds within the hospital community. Finally, designing volunteer roles and duties inside children's hospitals may be informed by understanding the psychological contract and emotional labour. Hospitals can maximise the effectiveness of volunteers and reduce burnout and turnover by matching duties with volunteers' talents, interests, and emotional capabilities. This may include granting flexibility in the schedules of volunteers, giving chances for skill development, and ensuring that role assignments are both useful and satisfying. Therefore, integrating psychological contract theory and emotional labour theory into volunteer management techniques within children's hospitals may result in volunteers who are more engaged, contented, and successful. Hospitals can cultivate conducive settings for volunteers to flourish and make significant contributions to the welfare of children and families by understanding and addressing their motives, expectations, and emotional requirements.

This study illuminates crucial parts of the professional agenda for volunteer managers by examining how its findings are modified in different contexts. This study has conducted a comprehensive inquiry of the concepts of psychological contract and emotional labour by examining volunteers, staff, and management at two children's

hospitals located in different countries. This comparative study aims to clarify conceptual differences frequently encountered by scholars, policymakers, and volunteer supervisors. The diverse viewpoints of many stakeholders from different cultural and organisational backgrounds provide a valuable collection of observations on the complexities of the psychological contract and emotional labour involved in volunteering in children's hospitals. This analytical method enables a more profound comprehension of the interactions taking place, making it easier to see similarities, differences, and possible areas for improvement.

The development of the conceptual framework for the management of volunteers at children's hospitals is essential for multiple reasons. Firstly, it offers a collection of guiding principles and theoretical foundations to comprehend the dynamics of volunteer management by identifying crucial elements, connections, and procedures involved in the efficient management of volunteers within children's hospitals. Furthermore, it provides a systematic approach with which to tackle the complex difficulties linked to volunteer management. This framework facilitates the coherent organisation of tactics and interventions by delineating certain dimensions, including psychological contracts, emotional labour, and a nurturing atmosphere. In addition, by establishing a conceptual framework, children's hospitals can create customised strategies and policies that specifically address the distinct requirements and inclinations of the specific volunteers. By proactively addressing difficulties associated with breaches of psychological contracts, emotional labour, and volunteer well-being, the risks of volunteer turnover, burnout, and discontent can be reduced. An effectively structured volunteer program reduces disruptions and ensures reliable service delivery. Finally, efficient volunteer management enhances volunteer engagement and ensures their continued involvement. When volunteers experience

support, appreciation, and satisfaction in their positions, they are more inclined to maintain their dedication and enthusiasm, resulting in long-term advantages for both the children's hospitals and the communities they serve.

Detailed management instructions are included in both the contemporary literature review and the findings of this investigation. This indicates that the proposed conceptual framework for efficient volunteer administration is not entirely devoid of previous contributors. Although the consistency may indicate the presence of established and effective methods, it also prompts inquiries regarding the prospect for innovation and adaptation. Nevertheless, within this ongoing consistency, there are noticeable favourable changes towards the implementation of policies and cultures that are adapted to the specific circumstances inside public children's hospitals. These modifications seem to indicate a proactive approach to adapting to changing organisational circumstances, with the goal of creating conditions that promote volunteer retention and motivation. However, despite these gains, there remain considerable uncertainties. The supremacy of an exclusive management model in the field of volunteer administration in public sector organisations is still uncertain. Furthermore, it is necessary to conduct additional research on the effectiveness of traditional volunteer management methods in promoting the smooth integration of volunteers into public children's hospitals. To address any possible uncertainties, it is necessary to have a detailed grasp of the complex dynamics involved, as well as a dedication to continuous empirical research involving all relevant parties. By tackling these difficulties, organisations can enhance their volunteer management strategies, aligning them with evolving requirements and objectives while optimising the potential for volunteer engagement and impact in public sector hospitals.

The study underscores the considerable potential for transformation inherent in its research findings, anticipated to generate substantial advancements and induce shifts in the field. However, its present influence is still restricted to specific contexts. It is clear that more efforts are necessary to make full use of these results and incorporate them smoothly into volunteer management procedures in Greece and the UK. This requires a focused dedication from all parties to close the distance between research findings and real-world implementation, therefore maximising the effectiveness and impact of the study's results in impacting the field of volunteer management on a wider scale.

Ultimately, successful administration of volunteers in children's hospitals extends beyond mere organisation and planning; it involves cultivating an environment characterised by empathy, resilience, and cooperation. This thesis explores the complex dynamics of volunteer management, focusing on important factors such as psychological contracts, emotional labour, and the establishment of a supportive environment. Children's hospitals can harness the transformative potential of volunteers by acknowledging and appreciating their contributions, offering them sufficient support and training, and fostering a positive organisational culture. This approach creates meaningful experiences for both volunteers and the young patients and their families that they assist. The development of novel tactics and the promotion of children's hospital volunteering can pave the way for the creation of brighter and healthier futures for our communities.

Appendices

Appendix 1: Outline of the evolution of volunteering in Greece

After the founding of the Greek State in 1834, the Greek voluntary sector underwent significant expansion, reflecting the broader social and political changes taking place in Greece. Following the establishment of the modern Greek nation, there was a growing acknowledgment of societal needs. As a result, numerous philanthropic initiatives emerged with the aim of addressing issues such as poverty, education, and healthcare. Wealthy Greeks, as well as corporations and religious establishments, were instrumental in providing financial support and enhancing these early philanthropic endeavours (Korassidou, 1991). In the 19th and early 20th century, there was a significant surge in the quantity of civil society organisations (Apostolidis and Papaspyropoulos, 2002). These were philanthropic organisations, cultural associations, and advocacy groups that promoted a wide range of social issues. Furthermore, the Greek Orthodox Church has historically exerted a significant influence on charitable and social welfare initiatives, actively participating in the provision of education, healthcare, and aid to the disadvantaged (Polyzoidis, 2009).

Social and political groups emerged in Greece during the 20th century. Various interest organisations, including workers' unions, women's groups, and political factions, advocated for societal reforms, labour rights, and political freedoms. These movements often relied on voluntary efforts and grassroots mobilisation to achieve their goals. Greece has faced a variety of challenges in its recent past, including armed conflicts, environmental disasters, and financial crises. During these periods, the voluntary sector played a vital role in providing humanitarian aid, relief services, and

assistance to affected populations (Rozakou, 2017; Polyzoidis, 2009). International institutions and foreign aid also provided support for these endeavours.

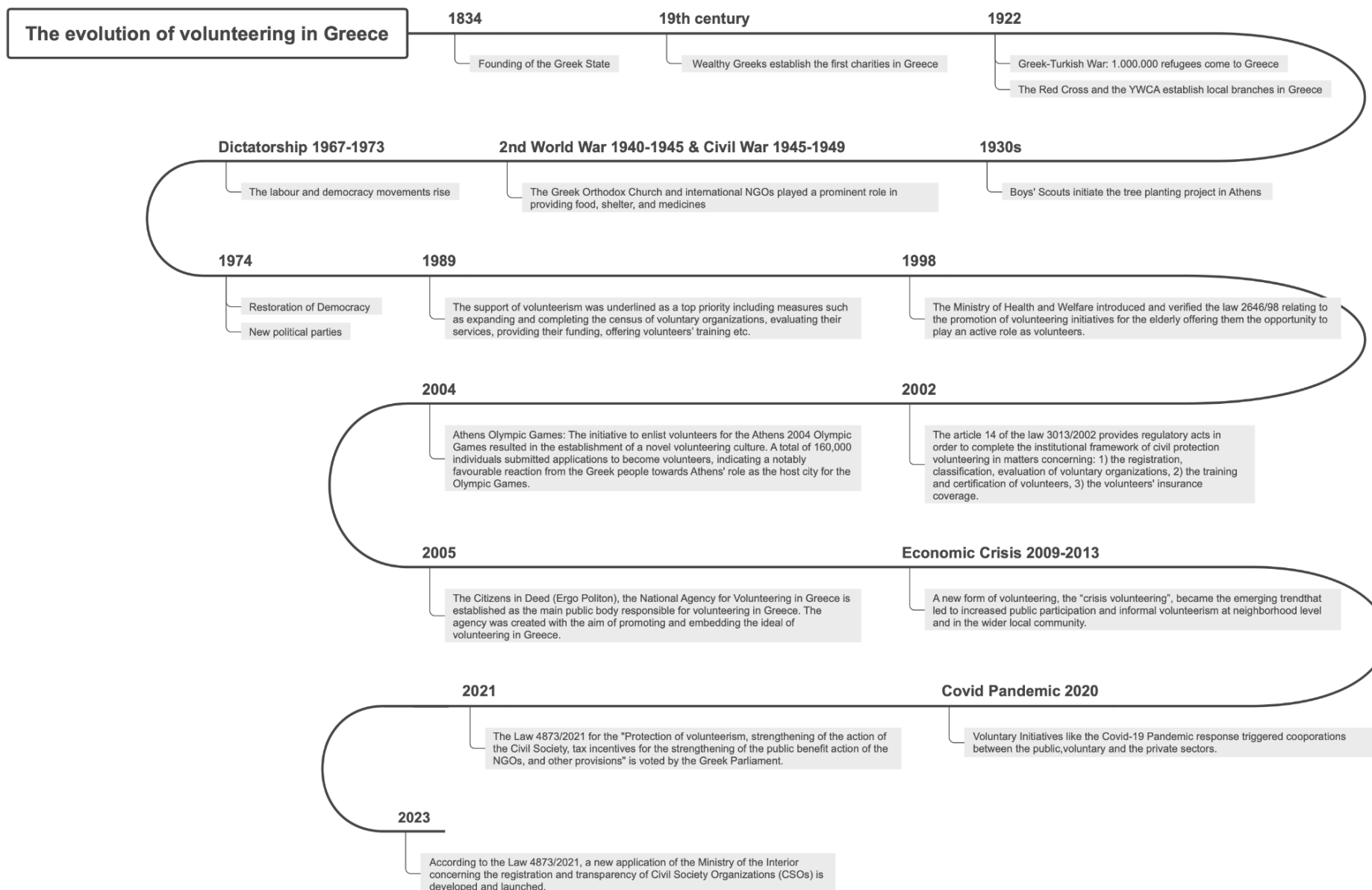
The Greek government has systematically implemented a legislative and administrative structure to effectively oversee and support volunteering. This encompasses laws governing non-profit entities and structures for collaboration between the government, civil society, and commercial sector groups. For example, the Greek government implemented legislation to guarantee transparency and responsibility in the non-profit industry, fostering increased public confidence and involvement. Recent advancements further emphasise the growing significance of digital platforms and social media in facilitating voluntary activities, enabling wider participation and more effective mobilisation of resources.

Volunteering in modern Greece is constantly adjusting and developing in order to address emerging difficulties. The economic crisis that occurred in the late 2000s and early 2010s resulted in a substantial rise in grassroots projects that sought to offer essential services to individuals impacted by austerity measures. In recent years, the increase in the number of refugees and migrants has prompted a strong reaction from both existing non-governmental organisations and newly formed volunteer groups. These organisations are primarily dedicated to providing humanitarian assistance, facilitating integration, and advocating for the rights of refugees and migrants (Kalogeraki, 2018).

Additional research highlights the ever-changing and active nature of Greek civil society, which not only focuses on immediate socio-economic requirements but

also promotes long-term structural transformations (Karamichas, 2012). This encompasses endeavours to combat corruption, advance environmental sustainability, and help marginalised populations. The partnership between local and international entities remains crucial, as does the ongoing adjustment of approaches to effectively tackle both conventional and emergent societal challenges.

In Greece, volunteering continues to play a crucial role in the country's social structure. It is known for its long-standing tradition of charitable giving and its ability to adapt and address both ongoing and emerging issues.



Appendix 2 : Interview Guides

INTERVIEW GUIDE OF SEMI-STRUCTURED INTERVIEWS- VOLUNTEERS:

1. Can you tell me a little bit about yourself?
2. How did you find out about the need for volunteers in this hospital?
3. Why did you decide to become a volunteer at the hospital?
4. In which department are you working now?
5. What are the objectives of volunteering service in this department?
6. What is your role? Could you describe your daily routine as a hospital volunteer?
7. What are the causes you feel passionately about your work? What brings you the most joy in your work? Can you tell me about an aspect of a volunteer experience that you've really enjoyed?
8. Do you think that you are adequately prepared and have the required knowledge and skills for your assignments? Do you think that this volunteer opportunity is a good match for you?
9. Do you think that your time is well used and that your work makes a concrete difference?
10. Tell me about a time your responsibilities got a little overwhelming and you couldn't get everything on your to-do list done. What did you do?
11. What are your relationships with your peers and the paid staff? Do you get help when you need it? Is your work acknowledged? Do you get feedback on your performance?
12. Describe a situation when you've been criticised. How did you react? What did you learn?

13. What is most difficult characteristic of your voluntary journey?

(a) becoming a volunteer?

(b) developing skills?

(c) experiencing conflicting emotions?

(d) overcoming role difficulties by enacting different resources and strategies?

(e) addressing emerging needs?

(f) other?

14. Are you aware of the hospital's expectations from you? Do you believe that the hospital is aware of your expectations and contributions?

15. Which of the following key ingredients seem to you critical to delivering a volunteering service that makes a difference in hospitals:

a. Supporting and motivating volunteers

b. Empowering volunteers

c. Celebrating and thanking volunteers

d. Other.....

16. Do you believe that the management of volunteers adopts principles from the management of employees? Do you think that there is a difference between managing volunteers and employees?

INTERVIEW GUIDE OF SEMI-STRUCTURED INTERVIEWS- MANAGEMENT:

1. Can you tell me a little bit about yourself?
2. How many employees does your department have?
3. What is the total number of volunteers recruited directly by your department?
4. Could you provide me with some information about your volunteers' profile?
 - a. Of the total number of volunteers what percentage are
Male? Female? Age? Gender? Volunteering time?
 - b. Have there been changes to the kinds of volunteers due to the Covid
Pandemic?
 - c. What roles do volunteers most commonly perform?
Signposting/meet-and-greet
Ward/clinic assistance (e.g., befriending, visiting)
Peer support (patients supporting other patients with similar conditions)
Hospitality/activities support (e.g., drinks trolley service, meal-time helper, massage
therapist, hairdressing, play assistant)
Entertainment (eg, hospital radio, hospital library, arts programmes)
Administrative support (eg, general admin roles, administering patient surveys)
Fundraising
Driver/hospital transport
Home-from-hospital support
5. Working with people who do not receive any compensation for what they do,
how do you motivate them?
6. What would it take for you to refuse a volunteer?

7. Imagine you interview a volunteer who seems like a nice, outgoing, and enthusiastic person. Yet you find that they lack time-management and organisational skills. What do you do?
8. What is your experience in training volunteers?
9. How are the timetables and schedules generated?
10. How do you measure the impact of volunteers in your hospital?
 - a. Feedback from patients?
 - b. Feedback from staff?
 - c. Feedback from volunteers?
 - d. Estimation of the financial value of the hours contributed by volunteers.
 - e. Other?
11. Can you describe a time that you dealt with an argument between volunteers?
12. Can you recall an instance when you found it difficult in keeping volunteers motivated? What did you do?
13. How much is spent annually on induction/training/development for volunteers?
Do you have a volunteer coordinator?
14. Are there any issues or concerns about the use of volunteers within the hospital?
15. How does the hospital evaluate the assumptions and beliefs that both volunteers and employees bring to their job? How is this knowledge put in use in ensuring that volunteers are supported?
16. Please comment on the following statement:
“Managers of volunteers need to be mindful of the risks when volunteers are seen as employees.”
17. How do you see the hospital’s volunteer base changing over the next years?

INTERVIEW GUIDE OF SEMI-STRUCTURED INTERVIEWS- STAFF:

1. Can you tell me a little bit about yourself?
2. What kind of experiences about volunteering in hospital do you have? What are the tasks and roles volunteers can have?
3. Do paid staff and volunteers interact within this organisation? Are there highly differentiated roles or is there a great deal of role overlap?
4. Overall, do you consider the volunteers as part of the care team?
5. Does volunteer assistance with non-clinical tasks contribute to a reduction in the doctors and nursing care burden, both physical and emotional?
6. Could you kindly provide me with your feedback on the following statement?
'One morning, I found a volunteer with some money in his hand. "Where are you going?", I asked. "I'm going to buy some chocolate for a gentleman." I said: "Have you checked that he is not diabetic?" "Oh, no." "Go back and ask if you can buy the chocolate." He couldn't eat chocolate. [...] Of course, my colleague was told to be careful during the training program [...], but sometimes repetition is useful'
7. What is your opinion and attitude towards volunteering in a hospital?
8. What are the weaknesses or negative things in volunteering in a hospital?
9. What are the strengths and positive things in volunteering in a hospital?
10. What kind of possibilities there are to increase volunteering in a hospital, in practice?
11. What kind of threats do you see in volunteering in a hospital? How to relieve them?
12. Do volunteers have the staff support and oversight that they need to do their jobs? For example, were you ever unsure about what confidential information to disclose to volunteers at handover?

13. Did you have the chance to give feedback on potential challenges and/or alternative approaches concerning the effectiveness of a voluntary program in your hospital?

14. Do you have any other comments related to volunteering in a hospital and toward management and coordination of it?

Appendix 3: Consent form

Title and brief description of Research Project:

"Managing Compassion: The Role of Psychological Contract Theory and Emotional Labour in Public Children 's Hospital Volunteering".

The objective of this research is to investigate the management of volunteers in the public hospital sector. The main purpose of this interview is to offer insight into the participants' opinions, beliefs, attitudes and experiences by conducting an interactive dialogue.

Consent Statement (Please tick the relevant boxes):

I agree to take part in this research, and I am aware that I am free to withdraw €
at any point.

☐

I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

☐

I agree to the interview being video recorded.

☐

I agree to the use of "direct quotes" if my anonymity will be secured.

☐

Name of Participant

Signature

Date

Name of Researcher

Signature

Date

(When completed, 1 copy for participant; 1 copy for researcher file.)

Appendix 4: Participant Information Sheet

REC reference number: ETH1920-0961

Title of study: "Managing Compassion: The Role of Psychological Contract Theory and Emotional Labour in Public Children's Hospital Volunteering"

Name of principal investigator/researcher: Isidora-Davidoula Mytilinaïou

Invitation paragraph:

I would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information. You will be given a copy of this information sheet to keep.

The purpose of the study:

The objective of this research is to investigate the management of volunteers in the public sector by giving insight into the volunteers-management relationship. The research is undertaken as part of a thesis submitted in partial fulfilment of the requirements for the degree of an Executive PhD program at Cass Business School.

Why have I been invited to take part?

The case study of two children's hospitals in Greece and in the UK is the adopted research design to provide insights into the phenomenon of volunteers' management. You have been invited to take part as a volunteer in one of the two children's hospitals.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

This research project employs a qualitative research strategy at the natural settings of the hospitals by the selection of data via semi-structured interviews lasting 45-60 minutes. This interactive dialogue offers insight into different people's opinions, beliefs, attitudes and experiences of being involved with the hospitals' volunteers' team. Participation in the project is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way.

What are the possible disadvantages and risks of taking part?

There are not possible or reasonably foreseeable risks of harm or possible side effects to the potential participant.

What are the possible benefits of taking part?

The benefits of taking part to this research are indirect and include potential benefits to future volunteers and hospital patients as well as benefits to the wider community and society by the establishment of useful guidance for the practice of voluntarism within hospitals.

Data privacy statement :

City, University of London is the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see <https://ico.org.uk/for->

organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/). City will use your name and contact details to contact you about the research study as necessary. The only people at City who will have access to your identifiable information will be the researcher and the supervisors of the study. City will keep identifiable information about you from this study for 5 years after the study has finished. You can find out more about how City handles data by visiting <https://www.city.ac.uk/about/governance/legal>. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) <https://ico.org.uk/>.

Will my taking part in the study be kept confidential?

The interviews will be recorded in such a manner that the subjects could not be identified. In addition, the security of raw and processed data will be obtained electronically by its storage in the researcher's personal encrypted laptop and in printed form in the researcher's home office. Data and documents will be coded so that if access was to be unlawfully gained to the laptop and to the office, the identification of individuals would not be possible. Quotes used in the writing up of the research will be anonymised.

What will happen to the results?

The results will be published in the researcher's thesis within which the anonymity of the participants will be maintained.

Who has reviewed the study?

This study has been approved by City, University of London, Research Ethics Committee.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is "The comparative case study analysis of two hospitals' volunteers through the Psychological Contract Theory".

You can also write to the Secretary at:

Anna Ramberg

Research Integrity Manager

City, University of London, Northampton Square London, EC1V 0HB

Email: Anna.Ramberg.1@city.ac.uk

Insurance:

City University London holds insurance policies which apply to this study, subject to the terms and conditions of the policy. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Further information and contact details

In case you have any further inquiries about the research you can contact the supervisor of the research:

Dr Justin Davis Smith CBE

Centre for Charity Effectiveness

Cass Business School

106 Bunhill Row

London EC1Y 8TZ

T: +44 (0)20 7040 8786 M: +44 (0)7399 549 727

Email: justin.davis-smith@city.ac.uk

Thank you for taking the time to read this information sheet.

References

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