Deanship of Graduate Studies

Al-Quds University

The Status of Volunteerism in Health Sector in Gaza Governorates: Perspectives and Implications

Mohammad U. Ubaid

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Prepared By

Mohammad Uthman Ubaid

Bachelor of Medicine and General Surgery- Ege University
Izmir, Turkey

Supervisor: Dr. Bassam Abu Hamad
PhD, Associate Professor- School of Public Health

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Prepared By: Mohammad U. Ubaid
Registration No.: 21410034

Supervisor: Dr. Bassam Abu Hamad

Master thesis submitted and accepted. Date: / /
The names and signatures of the examining committee members are as follow:

1. Head of committee:	Dr. Bassam Abu Hamad	Signature .....
2. Internal examiner:	Dr. Hamza Abed El-Jawad	Signature .....
3. External examiner:	Dr. Mohammed Abu Hashish	Signature .....

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Dedication

I wish to dedicate this thesis to my extraordinary mother "Fatma" and my beloved wife "Heba". Throughout my life, my mother has encouraged me to dream and have taught me that with hard work, dedication, and perseverance anything is possible. For the last year, my wife has stood by my side through all the joys and frustrations of this effort, constantly supporting my goal. Without their continuous support, kind words, and generous acts of encouragement this dream would never have become a reality.

Mohammad U. Ubaid

“*One of the most beautiful compensations in life is that no person can help another without helping themselves*”

Ralph Waldo Emerson 1803-1882

Declaration

I certify that this thesis submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this thesis or any of its parts has not been submitted for higher degree to any other university or institution.

Signed:

Mohammad U. Ubaid

Date: --------/---------/----------

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Yours faithfully,
Mohammad Ubaid

Abstract

Volunteerism is recognized worldwide as an important source of workforce and serves many ideological and training purposes. This study aims at spotting the light on volunteerism status as well as its contributions to volunteers and host organizations in health sector in Gaza Governorates.

The researcher used a triangulated study design. The quantitative part included 231 participants who were volunteering at various health organizations. Participants filled a self-administered questionnaire with 93% response rate. The reliability testing (Cronbach alpha) showed high level (0.893). For the qualitative part, three focus group discussion sessions were conducted with 21 health managers. The Statistical Package for Social Sciences software was used for the quantitative data entry and analysis while open coding thematic technique was used to analyze the qualitative data

Findings reflected high overall accumulative score of all the domains constituting the volunteerism construct (81%). The impact domain elicited the highest scores (81%) followed by expectations domain (78.6%), and finally cultural values (76.4%). The study flags a low volunteering rate in Gaza (range 0.9%-2.5%) than most of the other sites but much more volunteering hours (32.9 hours/week) with very good perceived effective volunteering hours (24 hours/week).

Qualitative findings revealed that volunteering is perceived as an alternative to unemployment along with other expectations such as gaining experience and training. Host organizations lack adequate policies and regulatory frames and weak organizational readiness.

The inferential statistics showed statistically significant variations in the overall volunteerism status and its impact in reference to specialization according to educational background as well as occupation were psychosocial support workers (84% and 81.8% respectively) and elicited statistically significantly higher scores than other groups.

The study concluded that there are many positive features in volunteerism in Gaza, but still this comes with many caveats. Gaps at host organizations, including the lack of regulations and polices need bridging. In addition, promoting organizational readiness to deal with volunteers would have mutual benefits on both the volunteers and the host organization and also will result in better volunteers' utilization.

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List of abbreviations

ANOVA	One-Way Analysis of Variance
BLS	Bureau of Labor Statistics-United States of America
FGD	Focus Group Discussion
GG	Gaza Governorates
HR	Human Resources
Ibid	The same preceded reference
ILO	International Organization of Labor
LSD	Fisher's least significant difference
MMS	Military Medical Services
MoH	Ministry of Health
MW	Midwife
NGO	Non-Governmental Organization
OPT	Occupied Palestinian Territory
PBUH	Peace Be Upon Him
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PNA	Palestinian National Authority
PRCS	Palestinian Red Crescent Society
PSC	Psychosocial Counselor
UK	United Kingdome
UNDP	United Nations Development Programme
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UN	United Nations
UNV	United Nations Volunteers
USA	United States of America
WB	West Bank
WHO	World Health Organization
WFP	World Food Program

Chapter 1: Introduction

1.1 Background

Volunteerism is not a new concept in the human history, it's as old as the prophets (PBUT) who spent all their lives for a purpose which is delivering a massage to people without any direct profit for their own (in their life), and this is exactly the spirit of volunteerism. Volunteerism is "*known as community based activities achieved by donating time and energy for the benefit of other people as a social responsibility only not for the sake of any financial reward"* (Modern Language Association, 2015, *p2*). Other definitions don't look so different as "*Any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives*" (Finnegan & Brewis, 2012, *p*10)

Definitely, every sector has its unique characteristics that defines the needs and demands. Discussing a modern health sectors, no matter how wealthy is a country, no matter culture, religion, language or social structure; health sector remains vital entity for all countries. In World Health Report 2000, the World Health Organization (WHO) defined a health care system as "*all the activities whose primary purpose is to promote, restore or maintain health*" (WHO, 2000, *p* 22). The most agreed need of a health sector is the need for qualified and enthusiastic human resources, which make the health sector a good option as a field of volunteering (Kabene, et al., 2006).

Across centuries, humans are transmitting moral, ethics, values, era after era but they transformed volunteering activities into more systematic, sophisticated, and professional framework of human resources, until the United Nations declared year 2001 "the International Year of Volunteers". After a decade, in the 10th anniversary when the United Nations-(UN) General Assembly requested for a plan of action by the UNV (United Nations Volunteers) program to integrate volunteering in peace and development around the world. This plan will be in a long-term approach that matches the period of Sustainable Developmental Goals 2016-2030 (UNV, 2014).

WHO building blocks framework describes health systems in term of six core components; service delivery, health workforce, health information systems, access to essential medicines, financing and governance which indeed means that health sector buildup of people beside institutions and other resources. The human resources factor has an important role in establishing a modern, effective, and efficient health sector (WHO, 2010). As a result, the health sector may constitute a fertile field for volunteering activities.

The population all over the world –as in our country- is growing and the aging populations add more health care needs to the health care system which accompanied with risks of communicable diseases as well to form the "double burden of diseases" (MoH, 2014). Voluntary workforce can contribute to growing healthcare needs, it is cost-effective, and can enhance quality of health care provision (Hotchkiss, 2007). The previous source also indicates that volunteers have positive impact to patient satisfaction.

Volunteerism could contribute in addressing gaps in human resources and its worthwhile being studied. This study focuses in investigating volunteerism in Gaza as detailed in the coming paragraphs.

1.2 Research Problem

In Gaza Governorates (GG) and even in the Occupied Palestinian Territory (OPT) no estimation was done –ever- of the volunteerism concepts and its implications on health sector, thus managers and policy makers lack of valuable information to make use of such important workforce. When the researcher introduced the volunteerism as a topic of his research thesis the first time to respected colleagues (researchers and seniors), it resulted in wondering and disapproval face expressions that can be observed easily. At that point the researcher realized that there is a "black hole" of informational gap about volunteerism not only in health sector but also in the society as a whole. Furthermore, when the literature review started, the researcher could find hundreds of experiences in other countries concerning volunteerism in advanced and sophisticated management systems.

This study might be challenging as we live in conflict-affected area, it probably touches values of humanity and social perceptions in a sensitive context. Also, economic, and sociocultural factors may affect attitudes towards volunteerism. Now let us think this way; could volunteerism activities play a role in relieving the shortage of human resources in health sector

in GG? Can we rise the roof of expectations and consider this research as a kind of knowledge that can give the spark to create an independent entity that can manage volunteers according to effectively designed policy, compatible with the international standards? Many questions in need of answers, hopefully the study will answer at least some of them.

1.3 Aim

This study aims to ascertain the status of volunteerism and perceptions of volunteers and host organizations toward volunteering in health sector which could have positive contributions to health services delivery and ultimately enhance the quality of the provided health care in the GG.

1.4 Study Objectives

- To assess the status and features of volunteerism in health sector in GG.
- To explore the contributions of volunteerism to the volunteers themselves and to the host organizations.
- To identify the variations in volunteerism and its impacts on volunteers and host organizations in the health sector in GG.
- To set recommendations for volunteers, researchers and policy makers in health sector in GG to optimize the use of volunteerism.

1.5 Research Questions

- What is the status of volunteerism in health sector in GG?
- How volunteerism in health sector in GG looks like?
- Are there variations among volunteers in GG in reference to their personal characteristics, educational characteristics and characteristics related to volunteering?
- Are there variations among the host organizations in GG that affect volunteerism?
- What are the contributions of volunteerism on volunteers in health sector in GG?

- What are the contributions of volunteerism to the host organizations in health sector in GG?
- What are the expectations of host organizations from volunteers in health sector in GG?
- How do managers manage voluntary workforce in comparison with permanent staff in the fields of healthcare in GG?
- What are the recommendations to policy makers and researchers concerning volunteerism in health sector in GG?

1.6 Justification

This could be the first study –ever- discussing the volunteerism as perception and impact in the health sector in GG. During the in-depth literature search, the researcher found hundreds of documents defining volunteerism in various sectors around the world including private, national and international studies. Unfortunately, the researcher couldn't find such studies in our region concerning volunteerism in health sector, so from this point of view this study gains an important value as a trial toward exploring the status of volunteerism in GG.

Many graduates are being awarded academic degrees annually from universities in GG in addition to graduates from other universities outside GG. The Palestinian Ministry of High Education declared that, 18,825 graduates had been graduated from local universities in the in the academic year 2013-2014 in GG (Ministry of High Education, 2015) compared to around 20,000 and 30,000 graduates from all universities in Palestine (West Bank-WB & GG in 2006 and 2010 respectively) which is a huge number if we know the limited capacity of the labor market in the Palestine in general and GG in specific (Zanoon & Eshtaia, 2011). Financial constraints, political rift and limited experience of graduates also may play an aggravating role in the difficult context of GG. Those graduate losses their knowledge and skills, and volunteering open a horizon for them to practice their profession. The study might help in flagging how best to achieve that.

Obviously, health sector in Palestine lacks efficiency in using resources – which are already scarce- in the provision of all levels of health care services (MoH, 2014). The expenditure on

health was 123.6 US$ per capita in 2000, this number increased to 220.1 US$ in 2008, and in 2013 we spent on health 304.8 US$ per capita as described in the Palestinian National Health Accounts 2000-2013 (PCBS, 2014). In contrary, we cannot observe improvements in health sector performance parallel to this massive increase in health cost (Ubaid, et al., 2015). However, enhancing human resources and health workforce can contribute positively to any health system in the world (WHO, 2000) which is the needed outcome for us. In fact, there are standard regulations across nations defining which intervention is "efficient" or not and this can be differ according to context (Lee & Thacker, 2011).

Human resources are part of many other resources which are being used in healthcare provision, they may be actually the most important and dynamic ones, that because people – staff members- form the spirit of an institution which can be noticed clearly in a health care providing facilities (Mitchell, et al., 2012).

The researcher cannot claim that voluntary workforce is a priority in our health sector but the researcher is sure that the role of volunteers in healthcare provision is underestimated, also integrating volunteerism – among other resources- could contribute to big value to health sector functions in Palestine.

We can see many examples in other countries such as Australia (National Health & Medical Research Center-NHMRC, 2013) which established specialized entities to regulate volunteers work and implement national strategies and polices, and this may be the main difference from developing countries that haven't unified program of volunteering in social aspects including health.

Efforts that have been made to evaluate volunteerism and its impact were infrequent, sporadic and frequently uncoordinated, leaving us without reliable and comparative data on the scope of this important social phenomenon (International Labor Organization-ILO, 2011). The ILO also defined some useful terms about the importance of estimating volunteering activity in countries as a national survey, of them "*What is not counted cannot be effectively managed*" and "*Out of sight, out of mind*" (ILO, 2011, *p7*).

At this stage, we need to find quality data about volunteerism activities in health sector in GG, which can be converted into meaningful information to be used by volunteers, managers, and health system policy makers. All these –particularly policy makers- need to conjoint their efforts in order to add value(s) to our needy health care system and ever-demanding population in one hand, and in the other hand this study can show direction to guide us toward training needs for youth and massive numbers of graduates which is essential to form an image of their future.

The researcher supposes that this study could gain great benefits for researchers; in the first hand it's the first study touching such sensitive and unknown issue with all conceptual perspectives, in the second hand it presents a set of questions which in need of concerted efforts to generate ideas and hypothesis that help to figure out the current situation of volunteerism and eventually its impact. Also the researcher would benefit from this research in various ways; personal experience, research career, expanding professional and social relationships, better understanding of the characteristics of health workers and host organizations, expanding the capacity to understand people, and to improve the ability to manage workforce.

This study may be a guide in the way of the researchers who are interested in studying volunteerism in health sector as well as in other sectors. It may also beneficial in addressing the gaps in volunteering policies and regulations in host organizations in order to make the maximum benefits from such a huge resource. Additionally, volunteers could be the most benefitted from the light spotted on volunteerism –by this study- in order to get their skills utilized and gain more training in their field of interest.

In the shadow of the context of conflict and deprivation resulted from recurrent military operations and siege in GG, there is a need to reassess the spiritual status of people living in such conditions. The volunteerism spiritual roots are very strong and constitutes the core of "original volunteerism" from many perspectives; moral values, social solidarity, helping others, donating time and efforts without expecting any profit…etc. (Khater, 1997).

1.7 Context

GG including 7 towns, 10 villages and 8 refugee camps is a 365 km^2 band of almost a flat land lying on the east of the Mediterranean sea (Palestinian Central Bureau of Statistics-PCBS, 2015). It is divided into five governorates: North Gaza, Gaza City, Mid Zone, Khanyounes and Rafah, with 1.82 Million inhabitant forming 38.9% of total Palestinians in the occupied Palestinian Territories-oPT, 66.1% of them were refugees (ibid).

GG has one of the highest population densities in the world, ten times greater than the density of the West Bank, however the oPT have had relatively adequate health indicators in comparison with low-middle income neighbor countries. Still we have negative impact resulted from political internal & external conflict which affect development of health care provision and is undermining progress in health status (PCBS,2014; MoH, 2014).

From June 1967 the Israeli military forces occupied (WB & GG) to May 1994 (Palestinian National Authority-PNA was established after the Oslo Accord in 1993) health care services was provided and monitored by the Israeli government. Actually, the 1994 transition to the PNA resulted in deep changes not only in the political situation, but also in the cultural values of all aspects in the daily life of Palestinians. The change included a transition from "we all are volunteers for the national project of the independent Palestinian state" to a culture of jobs, salaries, compensations and citizen rights (Hassan, 2001).

In May 1994, when the PNA was established and the MOH founded, the need of prioritization of health services development raised in the light of large scale dependence on donors and aid organizations (Abed, 2007). After that the political sequences continued in a form of conflict series sometimes between Palestinians and Israel and other times among Palestinians themselves, second Intifada in September 2000, the Palestinian "Rift" after 2007elections, and 3 wars in 2008, 2012 and 2014. All of these unfortunate violent events built a political dilemma with a benchmark of "*permanent political uncertainty*" you have too many citations (Courbage, Abu Hamad & Zagha, 2016). This political uncertainty reflected on the performance of health system, adding to continues suffer; the authority, MOH, agenda, media and even people split into two categories considering two conflicting political parties (Ibid). All of these factors make the conditions of health sector in GG is critical and in need for any

extension of resources including human resources as it is the most vital component and the most dynamic as well.

Health sector in Palestine has a unique structure as it contains five categories of health providers; Ministry of Health (MoH), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Non-Governmental Organizations (NGOs), Private Sector, and Military Medical Services-MMS (MoH, 2014). MoH is a governmental entity providing primary, secondary and tertiary health care services to Palestinians living in GG & WB which is the main and biggest public health services provider in the OPT. The MoH operates 418 & 54 PHC centers in the WB & GS respectively, about total numbers (governmental and nongovernmental) of general hospitals, specialized hospitals, and rehabilitation centers they distributed as following; 50 & 30 totals, constituting 59% & 41% of total bed numbers with 12.6 & 13.8 beds per 10,000 population in WB & GG all respectively (MoH, 2014).

UNRWA is a United Nations (UN) agency established in 1949 after the Israeli invasion in 1948 and became operational in 1950 to serve the Palestinian refugees in 5 fields; Gaza, WB, Jordan, Lebanon and Syria. UNRWA only provides comprehensive PHC services to Palestinian refugees-except the hospital in Qalqilia- and it operates 22 PHC centers in GG. It also provids services related to primary education, relief, food aids, humanitarian aids, sanitation services and other various projects. (UNRWA, 2016)

There were 51 NGOs providing services related to health in GG in 2005, of them 42 health services providing NGOs was studied in 2009, the study showed that 26 (62%) provided primary health care, 7 (17%) secondary care and (45%) tertiary care & rehabilitation services (Yaghi, 2009). NGOs in GG operated 49 PHC center, 7 secondary care hospitals and 23 other categories of facilities (PCBS, 2015).

Also there are other organizations which have unique situation such as the Palestinian Red Crescent Society-PRCS which is a national body founded by the Palestinian Liberation Organization-PLO in December 1968 before the establishment of the PNA itself (PRCS, 2017) .

The private for profit health care sector provided fragmented and poorly regulated by authorities in GG, worthy to mention the professionals who run their own facilities on fee-for-services basis are already working simultaneously at other health institutions mainly in MoH (Ashour, 2008). The last survey performed in GG was done by the PCBS in 2006 shows that more than half (56%) of human workforce in private sector working in MoH as permanent staff.

The education system in GG characterized by a slow progression in overall high education level with many other challenges such as financial, quality, governmental policies and weak participation of civil society organizations (Alqarout, 2013). The challenges facing university students in GG became more prominent after graduation when they shocked by a very limited work opportunities with the huge numbers of graduates each year (for example, the number was 18,825 in the academic year 2013-2014).

The social dimension in GG also has unique characteristics which make it incomparable with other places around the world (The World Food Program, 2012). Obviously this continuous changes in the social dimension of the population living in GG are strongly related to the volatile and unpredictable political situation which became more prominent after the political rift between the two parties and more noticeable with the wage uncertainty (United Nations Development Program, 2015).

The human resources in Gaza governorates were always scarce as shown in the Health Sector Strategic Plan for GG 2014 with lower staff per 100.000 population than most of regional and international figures. Even though the Health Sector Strategic Plan for GG 2014 stressed largely on human resource management and capacity building, no visible action noticed to correct the situation and the gaps became more and deeper with same figures and curves (MoH, 2014).

Often there was ambiguity in the national human resources figures, as there were big discrepancies between numbers provided by MoH and the PCBS. For example, numbers of health workers were different in the MoH Annual Report 2014 from in PCBS Statistical Annual Book 2014 despite that both take data from the same source (the syndicates). Additionally, the human resources management seems to be ineffective as some professions

are decreasing in number despite of being insufficient in the first place such as medical specialists and other professions are increasing despite excessive numbers in the first place such as administrative staff (MoH, 2015). The ineffective or even absent orientation programs for new employees in health organizations in GG is also an important obstacle facing the promotion of human resources in those organizations.

The Palestinian society was suffering from a progressive quantitative decline in voluntary work across time, but became more organized, specialized and wide-ranging (Harb, 2003) and this trend seems to be continuous until now (Basheer, 2016). According to Eshtayyah (2013), this decline due to six main obstacles; sociocultural, psychosocial, organizational, personal and economical obstacles. However, when looking deeper, other reasons of social voluntary work come to surface such as weakening of the volunteerism values such as teamwork and social solidarity, absence of the spirit of volunteerism, declining the role of political parties in supporting voluntary work, and weak coordination between governmental and NGOs (Hassan, 2001).

1.8 Definition of terms

Volunteer

Any human individual with full mental capacity, fully willingly and in absence of external pressure forces, decided to perform or offered to perform named task(s) by donating own effort & time with all task obligations, responsibilities and consequential accountabilities without receiving or expecting to receive any personal benefits in his/her life including; money, gifts, donations, job recommendations, political affiliation, and facilitation of a service (UNV,2014).

Volunteerism

"Voluntary work or volunteering" is a fundamental renewable resource of social and environmental problem-solving all over the world that has a huge large scale and enormous contributions to the quality of life in countries everywhere (ILO, 2011).

Social solidarity

Is a social cohesion and ties based upon the individuals' dependence on each other in more advanced societies which depends on their reliance on each other to perform their specified tasks (Hirsch, et al., 2009).

Volunteer Rate

Is a useful expression of the extent to which a country's population engages in volunteering which can be calculated by dividing the estimated number of volunteers in specific area in specific period of time by the relevant population -in this case the population above 15 year of age- in the same area and time (ILO, 2011).

Cultural values and beliefs

A group of principles that are deeply immersed in the people thinking about how things are going around here (Spencer-Oatey, 2012). These principles indeed constitute forces that can push toward more quality volunteering or can drag volunteering activities backwards.

When a human society have high level of cultural values that push towards more volunteering, the volunteerism status in the concerned society would be in high level too.

Chapter 2: Literature Review

2.1 Conceptual framework

The figure below summaries the conceptual framework.

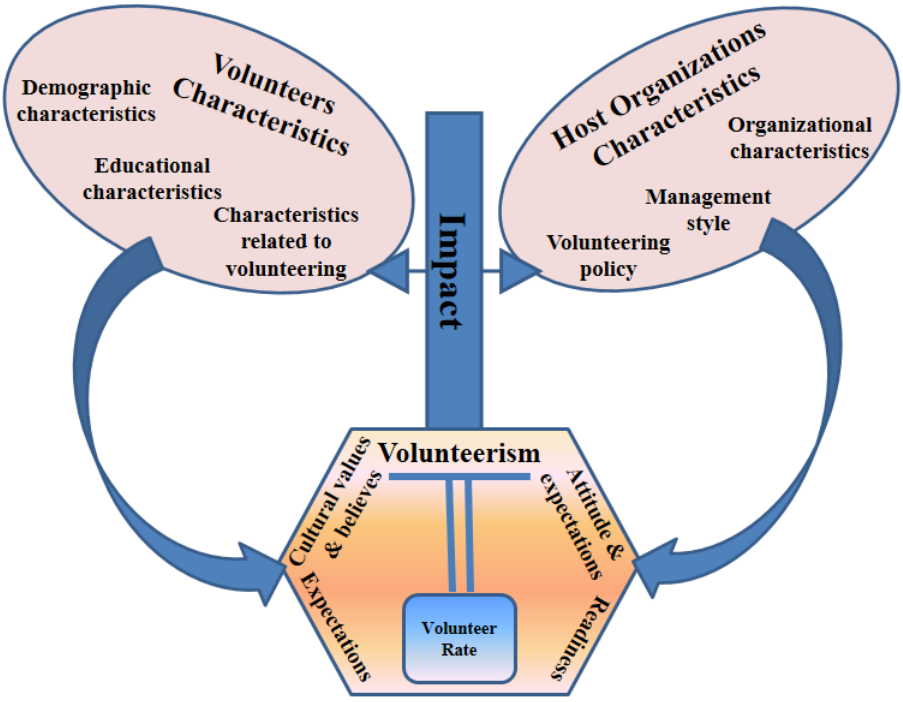

Figure 2.1: The conceptual framework of the study

Volunteerism

The term volunteerism had been studied in two aspects; volunteers aspect and host organization aspects. The volunteers' aspect of volunteerism includes volunteers' cultural values & believes about volunteerism and volunteers expectations from volunteerism, while host organizations aspect includes organizational attitude & expectations from volunteerism and organization readiness to manage volunteers.

Volunteers' characteristic variables

Characteristics that show individual differences between volunteers including demographic characteristics, educational characteristics and characteristics related to volunteering.

Volunteers' demographic characteristics

Volunteers characteristic variables includes many items; age, gender, educational level (those three will be discussed in this study), race, ethnicity, marital status, geographic region, and others (Glad, 2008).

Volunteers' educational characteristics

A group of characteristics defining the academic pattern of volunteers including level of education, years after qualification and specialization according to educational background.

Volunteers' characteristics related to volunteering

Characteristics of volunteering describing the behavior of volunteers during their voluntary work such as nature of responsibility, working hours and occupation they volunteered for it.

Volunteers' cultural beliefs and values

Volunteers expected to have personal beliefs and values pushing them to take an action toward their communities. These beliefs and values could be classified into categories such as; cultural, religious, social, altruism, sense belonging and responsibility (Betil, 2013).

Volunteers' Attitude

Volunteer's attitude toward his/her volunteering activity is how he/she perceives it and what he/she is expecting from it along with what he/she is intending to do about it.

Managers' Attitude

A manager's attitude toward a volunteer is how the manager perceives the volunteer, what expecting from a volunteer and what the manager intend to do about a volunteer in an evaluative way.

Impact

In this study, the impact of volunteerism on volunteers and host organizations is going to be estimated as perceived by them. The perceived impact can be estimated as how much volunteering can contribute –positively or negatively- to volunteers and to host organizations.

Organizational characteristics

Features of an organization that make it distinguishable from other organizations. These characteristics includes organizational structure, management style and main policies.

Organizational structure

The structure of any organization is the pattern of relationships among positions and members of the organization, it also directly inaugurate the social satisfaction of members working in the organisation including –may be more prominently- volunteers (Mullins, 2010).

Management style

Characteristic ways of making decisions and relating to subordinates. Management styles have been categorized into many classifications according to different authors and theories. However, the main two classes of management style are autocratic and permissive ones (Clark, 2009).

Organizational readiness

Estimating the degree of readiness aims to evaluate if an organization is ready to manage volunteers and obtain maximum benefits to the organization, volunteers and healthcare system (UNV, 2013).

Volunteer rate

This is a highly useful variable for conveying measurement of volunteerism and contribution of volunteer work and relating volunteer work to other types of labor (ILO, 2011).

2.2 Literature review

Historical overview

It seems very hard to estimate the first action of volunteering in deep history, that could be contributed to the nature of an action of volunteering which is a part of the human kind

instinct and cannot be explained by other theories such like the theory of evolution because humans before civilization depend on each other in order to survive while volunteering is no longer essential for individual survival in our age, also it cannot be explained by religion as volunteerism is quite high among those who not attached to any religion (Tishman, 2013).

Taking in consideration the roots of modern concept of volunteerism, the Holy Quran may be the first written book mentioned the term of volunteerism about 1400 years before, in ayah number 79 of Tawba Surat as a noun and ayah number 184 of Al-Baqarah Surat (سورة البقرة رقم 184 /2; 79 /9 سورة التوبة رقم). Also the Prophet Mohammed (PBUH) Sunna has many evidence of motivating people to help each other for society welfare as in the Prophetic tradition (Hadith) which mentioned "*Help needy persons إغاثة الملهوف*" for individual (Zeeno, 2007, *p* 13&22) and "*The believers in their mutual kindness, compassion and sympathy are just like one body* مثل المؤمنين في توادهم و تراحمهم كمثل الجسد الواحد (البخاري، 1380هـ) "

Looking back to the history of volunteerism in UK, since 1919 the National Council of Social Service provided support and advice to voluntary workers and the organizations that involved them. The role of volunteers in relationship to state welfare services had been the subject of a number of reports and research studies. Later on in 1966, an independent commission for volunteers in the social services in England and Wales was set up by the "National Council of Social Service" which had been changed to the "National Council of Voluntary Organizations" and the National Institute of Social Work Training. However, by the late 1960s demand was growing for a specialist national center to promote and support the concept of volunteering as well as for the creation of organizations to help recruit and place volunteers at local level (Finnegan and Brewis, 2012).

In Australia –which is a pioneer country in effective volunteer management- the roots of volunteering activities were organized around churches that, in 1813 New South Wales Society was established to give aid to the poor and the aged who were unable to work (Barwick & Barwick, 2001). Also in 1826, the Female Friendly Society worked to assist sick and disabled people in Sydney, while the Australian Red Cross began in 1914 the blood

services. Furthermore, the organization of Meals on Wheels has provided daily meals for aged people or those with disabilities since 1953 as well as the Royal Life Saving Society which began humanitarian services in 1894 and continues to operate across Australia in until now (Volunteering Australia, 2003).

In the new world, the United States of America-USA voluntary work origin initiated in 1736 when Benjamin Franklin introduced the firefighting in Philadelphia. Moreover, since that this movement spread in all the country as the tradition is come to life by health care workers serving in areas affected by natural disasters (Haynes & Stein, 2014). By the society of "Grandfathers of Alexandria" in Virginia, who mentor orphans, and by volunteers who help refugees from distant countries to build new lives in the new world cities, while the American Red Cross had been established in 1881 and still working in full capacity (McCall, Namba, & Fri, 2012).

The international volunteering movement began in the early 20th century in reaction to the damage caused by World War I as one of the oldest international volunteer service organizations -Service Civil International- was established in 1934 to promote international understanding and to reconstruct areas devastated by war (Lough, 2015). Throughout the 1930s and 1940s, camps of volunteers grew as NGOs to supply emergency assistance and economic relief for newly independent countries with the establishment of the UN in 1945 (Ibid).

In 12 January 2010 a massive earthquake registering at 7.0 on the Richter's scale hits Haiti leaving hundreds thousand killed or injured and millions homeless, as an immediate response hours after the disaster volunteers start to arrive to Haiti to provide service including medical services and other health care services (Grineski & Nelan, 2013).

The voluntary work is well known to the Palestinian society for long time in the deep history and had taken several forms according to the political circumstances, and these forms had been overlapped with each other without clear distinguishing time lines (Meze'l, 2014). These stages was as different to be developed from simple social spontaneous activities to the emergence of specialized professional organizations (Ibid)

In Palestine, the voluntary work was linked in many times to the national liberation and national mobilization movements (Hassan, 2001). Some opinions assumed that voluntary work showed significant decline after the foundation of the Palestinian National Authority because of the shift from national resistance and liberation movements to political parties (Hammad, 2009).

Some national institutions such as Beirzeit University there are obligatory voluntary work hours as a condition for graduation, these hours usually gained in the olive harvest season or by participating in local environment care (Naser, 2016).

Volunteerism: concepts and perspectives

The concept of volunteerism is the most important domain to be studied in this research, it formulates the core value of the study and the most debatable term among others. However, while reviewing the literature concerning the volunteerism concept there was some points the majority of studies agreed on whereas other aspects of the concept formed question marks (IVR, 2012). One of the agreed aspects is the spirit of the voluntary work as holding the values of altruism, thinking the assistance of the other rather than thinking in own profit, sacrifice of own goods, time and effort, reciprocal exchanges, civic responsibility and belonging to society (McCall, Namba, & Fri, 2012).

There are three key defining characteristics of volunteering; first one is the activity should not be undertaken primarily for financial reward, second one that the activity should be undertaken voluntarily, according to an individual's own free-will, and the third that the activity should be of benefit to someone other than the volunteer him or herself, or to society at large (UNV, 2011).

Other researchers related the volunteerism behavior as a apart of human civilization and a result of development of nations in modern life, actually they admitted that volunteering was deeply rooted in human but the new concept of volunteerism is different as it linked with group work under specific management procedures as in charity or social services entities (Amer, 2011; Hotchkiss, 2007).

Volunteer programs definitely do need resources, these costs can be for items as diverse as reimbursement of travel expenses to provision of stationery, photocopying, insurance and social functions in addition to the cost to the organization of the paid staff who manage the volunteer program (Brennan, et al., 2013).

Other myths including the nature of volunteerism as a pure altruism behavior is quite common across cultures which is not valid anymore, the human attitude of volunteerism is so complicated and need to be discussed and analyzed thoroughly (Haddock, 2015).

Amer (2011) categorized voluntary work into individual and institutional; the individual voluntary work defined as a social behavior of an individual done by his/her own willingness without expecting any personal benefits on the base of humanity, social solidarity, moral or religious considerations while institutional voluntary work is more advanced, more organized and wider form of social volunteerism which is characterized by teamwork, collectivism, relative stability and subjective systematic thinking (Amer, 2011).

More undergraduate university students are now working part-time during their degree studies for example in North America, student volunteering has become integral to university education, also youth volunteering is prevalent in Canada where a period of volunteer work is a prerequisite for university placement (Finlay and Murray, 2005). The same source mentioned that this form of volunteering appears to involve a degree of "coercion" and would not comply with many of the definitions of volunteer work currently in use.

As volunteer organizations are increasingly applying the management techniques used by human resources departments, the professional development of volunteers is that the volunteer contribution is comparable to that of paid staff in Australia and other countries where the position of volunteer manager has an important role career development (Volunteering Australia, 2013).

In some newer facilities such as hospitals in Asia, the approach toward volunteering is to offer more integral and challenging roles to volunteers such like attending critical care units and relaying information to family members (Warburton & Winterton, 2010).

Volunteers can be involved in various activities of volunteering in all sectors contributing to national and social development, even if the majority of researchers define the voluntary workforce as complementary to paid staff works, an Irish survey shows that 72% of population think that volunteers are performing activities cannot be done by non-volunteers (Volunteering Ireland, 2014).

An emerging trend of voluntary work is the episodic trend of volunteers activity rather than long term jobs because people are busier and often have more resources and therefore more choice in how to spend their time (Conners, 2008).

Naylor et al. (2013) defined some different forms of volunteering activities. Of these forms; time-banking in which participants contribute according to their particular skills exchanging unpaid labor in hourly units and earning time credits, micro-volunteering which aimed to involve people who cannot commit significant periods of unbroken time, and peer-led services is delivered by people with a specific health problem to help those with similar problems (Naylor, et al., 2013).

Driving and restraining forces of voluntary work in health sector

Volunteering like other human behaviors is an ever changing concept, it does not happen in a neutral environment; it has always been shaped by changes in demographics, social & cultural values, family structure, employment patterns, economics, and political situation (Davila & Diaz-Moralis, 2009). Each of these categories have many self-directed views and deep values which motive volunteers to seek, act and achieve effective volunteerism activities (Beder & Fast, 2006). These beliefs and values along with previous experiences crystallize a group of expectations which consequently constitute driving or hindering forces toward effective volunteerism (Betil, 2013).

The most widely accepted psychological theory of why individuals volunteer is commonly referred to as the *Functionalist Theory of Volunteering*, which suggests that there are six major categories which influence people to donate their time and skills without pay (Houle, Sagarin, & Caplan, 2005). These six categories are values, understanding, enhancement, career, social and protective:

- **Values**: helping others in need

- **Understanding**: learning and refining skills/competencies
- **Enhancement**: improving self-confidence and self-esteem
- **Career**: professional networking and increasing job prospects
- **Social**: building relationships and interacting with others
- **Protective**: eliminating problems and reducing sense of guilt (Clary & Snyder, 1999)

Functionalist theory researchers argue that an individual's decision to volunteer can be multifaceted and quite complex because people often have numerous goals and objectives in mind as they enter the world of volunteering (Houle, Sagarin, & Caplan, 2005). Of these six categories listed above, only "values" represents an altruistic form in which individuals volunteer purely to help others, while the remaining all five categories describe reasons for volunteering that may be considered self-enriching on the part of the volunteers (Rowlee, 2012).

The driving and restraining forces can be attributed to both volunteers and organizations:

Driving forces

These forces includes; motivators such as enhancing social support, building new relationships, developing job experience, building for a career, gaining professional training, improving self-efficacy, attaining life satisfaction, acquisition respect and appreciation, achievements, recognition and feedback, augmenting sense of belonging and improving well-being (Rahhal, 2006).

Recognition of achievement and feedback with contributions was always a motivator and influences the satisfaction of employees in all level of their job not only in volunteers but also in paid stuff, though in majority of cases it seem like a necessary element which should be kept in mind of direct supervisor and compatibility of the organization support policy (UNV, 1992).

Individuals often have different values and interest however, the degree of social solidarity depends on their reliance on each other to perform their specified tasks. Durkheim (1893) introduced the terms "mechanical" and "organic" solidarity as part of his theory of the development of societies; in a society exhibiting mechanical solidarity, its cohesion and integration comes from the homogeneity of people feel connected through similar work, education and religion, normally operates in small scale societies, while organic solidarity, the

interdependence arises from specialization of work and the integrations between people in modern and industrial societies. (Hirsch et al, 2009).

Enhancing volunteerism programs is need of multiple forces such as; engagement of a variety of stakeholders such as civil society organizations, governmental legislative bodies, UN entities and private sector actors, and the building of networks (UNV, 2014). Increasing the participation of volunteer-involving organizations in policy-making and strategic planning allowed further recognition and integration of volunteering as a way of engaging people in development at the local and national level (ibid).

Communities in developing countries are often challenged in gaining access to healthcare services, for that reason mobilizing of highly skilled volunteers gain more importance, and for such mobilization governments need to enhance the capacities of the community volunteers by facilitate mobilizing specialized health volunteers to build local capacity and advance goals in health (UNV, 2010).

Social, traditional and religious values are important driving forces toward effective volunteerism (Barwick & Barwick, 2011). This concept may be more clear in the Arab world as volunteerism has been associated with helping others in celebrations or at difficult times and is considered as a religious duty and charitable work (Salem, 2014). Also in Southern Africa, the concept of Ubuntu defines the individual in relation to others in a wider African style wisdom that values the act of caring for one another´s well-being in a spirit of mutual support (UNV, 2011).

In 2006, Australian studies revealed that the reasons why people volunteered and percentage of people who selected them were: To help others/community 57%, for personal satisfaction 44%, for personal/family involvement 37%, to do something worthwhile 36%, for better social contact 22%, to use skills/experience 16%, to be active 16%, for religious beliefs 15% and other reasons 20% (Volunteering Australia, 2006).

Restraining forces

Volunteers as well as host organizations often define some limitations and obstacles facing volunteering. These obstacles include; feeling desperate of changing the current situation,

lack of time, poverty, bad reputation of organizations, negative experiences, culture and traditions, conflict between political parties, feeling humiliation to volunteer, disorganized management, limited training and orientation, lack of contact and support, hard tasks, heavy workload, and insufficient funding (Rahhal, 2006; Ancans, 1992).

Health sector has unique and sensitive properties and specifications such as medicolegal issues, patients' rights, confidentiality, high risk procedures and conflicting agendas (Jones, 2004). So, many difficulties and complexities may raise when recruiting and managing volunteers along with integrating volunteers with paid staff in a collaborative tasks (National Health and Medical Research Center, 2013).

According to the World Food Program-WFP Socioeconomic & Food Security Survey 2012, the unemployment rate in Gaza Governorates has jumped from 17% in 1999 to 31% in 2012. This percentage continues rising in the shade of the increasing numbers of college graduates each year along with limited job opportunities in such a complicated political conditions, additionally the "wage uncertainty" remarkably aggravated the horrible scene (WFP, 2012).

In a report discussing over 50 volunteerism, the defined barriers was either personal or organisational, the personal constraints were; assignment of menial tasks, transportation issues, lack of job descriptions, unclear impact and time limitations which is the most frequent (73%) identified (Conner, 2008). Organizational constraints were; exclusiveness (gender, political…etc.), stressful assignments, insufficient time, personal demands, health issues, transportation, disorganized volunteer management and feeling disrespected by staff (Taylor, 2007).

In some reported cases failure to manage volunteers could be a serious obstacle facing effective volunteerism as lack of clarity over roles and responsibilities may encounter in some organizations and end up with volunteers not reaching their full potential (Naylor, et al., 2013).

In some health and social care organizations there was some kind of difficulties in recruiting volunteers who are suitable for the roles needed, also one of the challenging tasks is to create roles where volunteers are able to add value for patients and service users (McMillan, 2010).

Some literature discusses the tensions that can exist between health professionals and volunteers, and discussed the importance of good relationships between them, and finally concluded that sometimes staff are unclear about the role that volunteers are expected to perform which can be related to negative attitude toward volunteering programs (Teasdale, 2008).

Volunteering programs need to be strategically planed and managed; Naylor et al. (2013) argued that organizations often fail to think strategically about their volunteering programs, policies and future planning of integrating volunteers in work tasks.

In a recent study in the Palestinian Red Crescent society, Basheer (2016) proved that there is a gap in the relationship between the organization management body and the volunteers. Moreover, when the volunteers were asked about their recommendations, 29.7% of them suggested improving the relationship between them and the host organization in order to increase affectivity and motivation to volunteer.

undervaluing volunteering and thereby fails to encourage volunteer effort could be a result of not only the lack of adequate information about the scope, extent and forms of volunteer work, but also by undistinguishing the real value of volunteer work in achieving job tasks (ILO, 2011).

In 2010, Canadian statistics showed the most common reasons for not volunteering. The most common reasons were; "did not have time" (67%), "unable to make long-term commitment" (62%), "preferred to give money instead of time ” (52%), and "no one asked" (45%). Other less common reasons included; "had no interest" (27%), "health problems of physically unable" (26%) and "did not know how to become involved" (22%). Interestingly, reasons like "financial cost" and "dissatisfaction with previous experience" recorded the lowest scores (17% and 7% respectively) (Statistics Canada, 2010).

Impact of volunteering

In this section we are going to discuss literature which studied the impact of volunteerism on health sector in a multi-directional approach; impact of volunteers on the end user of health services, on their own life and on host organizations.

Volunteerism has many benefits contributing to both volunteers and host organizations. The most prominent exchange of beneficial relationship between these two parties is the simple workforce-Experience exchange that in a reciprocal manner volunteers add complementary role power to organizations they working in and gain experience in their field of interest (Conner, 2008).

In Malaysia a strong positive correlation found in a cross sectional study between Individual Skill Based volunteerism (ISB-V), self-esteem, and job performance of volunteers and their life satisfaction (Veerasamy, Sambasivan, & Kumar, 2013). The same study also indicated that volunteerism could have positive impact on career prospects, command higher salaries, and get better jobs.

A report carried out by the University of Wales Lampeter to assess the impact of volunteering on health in two ways; the impact of volunteers on the health of end users of health services and on volunteers health, the report demonstrated extended literature review of total 87 articles and found that volunteering has positive impact and make the life of volunteers healthier in different aspects including; self-rated health, depression, life satisfaction, stress, family functioning, social support and interaction, burnout/emotional exhaustion, self-efficacy ratings, quality of life, self-esteem, ability to cope with the volunteer's own illness, and adoption of healthy lifestyles and practices (Casiday et al, 2008). The report mentioned only one study (Ferrari, Luhrs, & Lyman, 2007) that showed negative impact as a lower caregiver satisfaction among eldercare volunteers than paid employees but in other study there was evidence that volunteers lives longer than others in one condition which is to be an "other-oriented" volunteer (Konrath, Fuhrel-Forbis, & Lou, 2012). According to the previous report (Casiday et al, 2008), it was harder to demonstrate the impact of volunteering on the health of end users of health services because of the wide range of volunteering activity provided. However, it was possible to notice the positive impact on service user by the following criteria: increased self-esteem & confidence, disease management and acceptance, breastfeeding uptake, immunization of children, improved mental health of children, improved parenting skills, lower incidence of delirium, improved cognitive function, improved physical health and functioning, increased physical activity, compliance with medications and clinic attendance, reduced depression, decreased need for hospital or outpatient treatment, life

satisfaction, social function, integration and support, improved relationships between patients and health professionals, decreased anxiety and increased self-efficacy and confidence (Ibid).

Another report of literature review performed by Jonathan Paylor in 2011 for the Institute for Volunteering Research explored the literature of health, public health, social care, and the broader health & well-being impact of volunteering. The report demonstrated that volunteerism plays an important role in increasing the capacity of the workforce, complements the work of paid staff, provides a more satisfying experience for service users, create more responsive service to local community needs, and a financial return for investing in volunteers (Paylor, 2011). In the other hand the report showed constructive impact on volunteers providing them with increased feelings of self-esteem, a sense of belonging and a network of support in the society as well as improving community resilience. Also the report brought to surface the argument about benefits of investing in volunteering activities, while other study (Hotchkiss, 2007) confirmed that use of volunteers results in significant cost saving in hospital setting.

Other researchers have a different point of view to the volunteerism organizational impact that suggested two main categories; the first is the volunteers perceptions of and feelings about the way he or she is treated by the organization and the second is the organization's reputation and personnel practices (Penner, 2002).

Volunteers can constitute a larger share of the workforce of a nation than it commonly recognized, as generated by the Johns Hopkins Comparative Nonprofit Sector Project (Salamon and Anheier, 1996). The project demonstrate that volunteers could be able to achieve tasks were near impossible to achieve without them for example efforts to eradicate smallpox and inoculate children against polio would not have been possible without the millions of volunteers who were mobilized for that task. Published in 2004, the same project generated data from 37 countries revealing that; Approximately 140 million people in these countries engage in some volunteer activity annually (approximately 12% of adult population in these countries). If these volunteers constituted the population of a country it would the eighth in ranking somewhere between Russia and Japan and they are equivalent to 20.8 million full-time paid workers (Salamon, et al., 2004). They are much more than the number employed by the utilities industry, just slightly less than those employed in the transportation

and construction industries, and make a $400 billion contribution to the global economy (Ibid).

Volunteers can add a more human dimension to care, for example talk to someone who is not a paid member of staff and who can be more flexible with their time also knowing that someone is talking with you voluntarily has an extra value as well as the value to volunteers of the experience for them (Naylor, et al., 2013).

Personal characteristics of volunteers

The personal characteristics of volunteers like any other population in the focus in a study can show natural variations in normal distribution pattern that also might show various degrees of variation (Glad, 2008).

Generally talking, numbers of volunteers are decreasing in the Arab world especially in the youth population (15-30) as Gharaybeh et al mentioned (2010). The UNDP published in 2015 the Human Development report mentioning the volunteer rate as a supplementary indicator of the perceived wellbeing. The Percentage of respondents answering "yes" to the Gallup World Poll question, "In the past month have you volunteered your time to an organization?" was 7% in Palestine while the recorded rate was as high as 23% in Sudan and the lowest rate recorded in Morocco (5%).

Even though that the UNDP (2015) reported a high rate in USA (44%), the Bureau of Labor Statistics-BLS (USA) talked about a decline in the volunteer rate by 0.4 percentage point to 24.9 % for the year ending in September 2015. About 62.6 million people volunteered through or for an organization at least once between September 2014 and September 2015 (BLS, 2016). The report showed that; older ages (35-54) years volunteered more than youth, married more than non-married, individuals with higher education levels more than those with less education, employed persons more than non-employed, and white race more than other races.

The previous report demonstrated the demographic characteristics of volunteers in the USA in 2014-2015; the volunteer rate for men was 21.8 % for the year ending in September 2015 while the rate for women was 27.8 %, down from 28.3% in the previous year. Across all age groups, educational levels, and other major demographic characteristics, women continued to volunteer at a higher rate than men did (BLS, 2016).

In 2014, the BLS also showed that; females volunteers more than males, the most likely age of volunteers was 35-44 age, married more than singles, who have children more than who haven't, people with higher education volunteer more, employed more than unemployed, part time employees more than full time employees, 7.4% in hospital or other health organizations, and people who asked to volunteer more than who volunteered on their own.

In 2014 the Bureau of Labor Statistics – USA showed that; females volunteers more than males, the most likely age of volunteers was 35-44 age, married more than singles, people with higher education volunteer more and employed more than unemployed (BLS, 2014 & 2015). In Canada the figures in 2013 showed that; Youth (15 to 19 years) are more engaged with 66% volunteering an average of 110 hours per year while the volunteer rate decreases with age, the volunteer rate is little higher in females (44.7%) than males (42.4) but males volunteered more volunteering hours (1,956,800 hour/year) than females (956,000 hour/year), singles (never married) more than married (ever married before), and university qualification holders more than lower education with a steady increase in volunteer rate with higher academic degrees (Volunteer Canada, 2015). In Australia, the volunteer data showed 38% of women and 34% of men population volunteered in 2010, additionally, volunteer rate increased with age to reach the peak rate (44%) at 45-54 age group with overall 36.2% of total adult population (Volunteering Australia, 2015). The same source confirmed that only 20% of volunteers were unemployed and "partnered with children" was the household type with the highest volunteer rate (48%).

Educational characteristics of volunteers

Organizations used to accept volunteers in job positions that do not need high skill or professionalism, this concept had changed as more and more professionals and highly skilled people involved in voluntary activities, furthermore this view is detrimental to the relationship between volunteers and those members of the paid workforce with whom they interact with (Rowlee, 2012).

In USA in 2015, among persons age 25 and over, 38.8 % of college graduates with a bachelor's degree and higher volunteered, compared with 26.5 % of persons with some college or an associate's degree, 15.6 % of high school graduates, and 8.1 % of those with less than a high school diploma (BLS,2015).

Volunteers' characteristics related to volunteerism

In United Arab Emirates 90 percent of a study sample believe in volunteering but only 33 percent have an experience in voluntary work and 13% are currently volunteers (Amer, 2011). In other study (Lutfi, 2004) the obstacles facing voluntary work was personal, social, cultural, organizational and administrational in nature, among those obstacles males believed that organizational and administrational was most powerful while females believed that social and cultural obstacles have the upper hand.

Volunteers are increasingly taking up positions on a short-term basis, rather than committing their time to one organization in the longer term while a similar trend is necessitating volunteer managers to allow new culture in which provision is made for volunteers to come and go (Beder & Fast, 2006).

In USA time spent on volunteer activities was similar for women & men and ranged from a low of 32 hours for those 25 to 34 years old to a high of 96 hours for those age 65 and over (BLS, 2014 & 2015). In 2006, Australian volunteers worked a total of 713 million hours and the median numbers of hours worked by each volunteer, broken down by age and gender were: 18-24 years (48 hours/year), 25-34 years (38 hours/year), 35-44 years (48 hours/year), 45-54 years (64 hours/year), 55-64 years (80 hours/year), 65-74 years (104 hours/year), (75-84 years – 104 hours/year), 85 + years (figure considered unreliable). Results also revealed that median total for mean was 52 hours/year, total mean for women was 60 hours/year and overall total mean was 56 hours/year or 1.1 hours/week (Volunteering Australia, 2015)

Organizational characteristics of host organizations

Some organizations that involve volunteers dislike the terms ‘job’ or ‘work’ preferring to refer to ‘assignments’ or ‘activities’ and to achieve that there is an attitude for the application of the job design theory –which us still not identifiable by most of our managers yet for permanent staff- to volunteers to enhance the ownership of tasks and the satisfaction of successful completion of work assignments (Volunteer Canada, 2001).

Volunteering in USA was estimated as 6.2 million between September 2013 and September 2014 with rate of 25.4 percent of population in the same period taking in consideration volunteer as a person who did an unpaid work at least once during this period (BLS, 2014).

An organization structure could be classified either centralized-decentralized, or according to hierarchical structure; simple, divisionalized, professional bureaucratic, machine bureaucratic, and adhocracy structure. The organization culture can be a major formulating factor such as achievement culture, supportive culture, power culture and role culture of organizations (Mullins, 2010).

Mullins (2010) mentioned that reliance on voluntary workers and their contribution may require flexible organization with responsibility developed to staff which fit more nonprofit organizations with charity nature with strong sense of mission responsibility. For health organizations formal structure with seniority and professionalism approach is more recognized image (Hotchkiss, 2007).

Though, the human resources polices and attitude toward volunteers can create a motive which enhance volunteerism or an obstacle that can make volunteers abandon even seeking voluntary actions (Volunteering Australia, 2013).

Volunteer Firefighting in the U.S. was one of the pioneer programs in the collective volunteer program in the world. It has the following facts; 86 % of fire departments are all or mostly volunteer; protecting 39 % of the population. Of the 1.15 million firefighters in the United States, 786,150 (69%) are volunteers, 95 % of volunteer firefighters serve communities with fewer than 25,000 residents, there are 19,807 all-volunteer and 5,797 mostly volunteer fire departments in the United States, volunteer firefighters save local communities $30,052 billion per year in 2013 (Haynes & Stein, 2014). Of the 64 U.S. firefighters who died in the line of duty in 2014; 34 were volunteers (Fahy, LeBlank, & Molis, 2015).

In Canada more than 40% of the 180,000 charities and non-profit organizations have no paid staff at all in addition to other organizations –including hospitals- employing thousands of paid people who work alongside volunteers, but the distinguishing characteristic is the governance of volunteers, so that even an organization that involves no volunteers in direct

service will be accountable to and led by a volunteer Board of Directors (Volunteer Canada, 2001). Worthy to mention that 6.5 million Canadians volunteered their time to an organization during the year 2000 also there are approximately 1.3 million paid staff in the voluntary sector which covers an enormous range of activities; providing health care, social services, environmental protection & advocacy, arts & culture work, leadership, coaching & organizing for sport & recreation programs, education, mutual aid & support, and political activism (Statistics Canada, 2003).

No doubt that development strategies need to support country demands and priorities that make many volunteer programmes aligned together with the national development goals of their countries as well as The MDGs (Millennium Development Goals) including the mobilization of volunteers (UNV, 2011).

Voluntary work is an important stanchion of national development, as volunteering in the form of social solidarity and civic society development can be observed in social services, economic, educational and healthcare activities as well a form of cooperation, interaction and positive social values, also helping in disasters and emergencies can be encountered as an investment of the activity and energy of society members (Rahhal, 2006).

The voluntary social work is an important channel to participate in the development of the status of communities in the present era and is gaining increasing importance of social work day after day, though there is an agreed principle that governments, both in developed and developing countries, can no longer fill the increasing needs of citizens and communities along with the complexity of living conditions and demanding social changing properties (Hanania, 2010).

Therefore the existence of parallel formal non-government agencies was mandatory to fill in the public domain and to play complementary role played by government agencies in meeting the social needs (Rahhal, 2006).

Management style and volunteering policy

When an organization involving volunteers and the volunteer manager have an appreciation of the core values of volunteerism, then the experience for the volunteers and the organization is more likely to be a positive one (Volunteer Development Agency, 2011). Just like paid

employees, volunteers need regular support and supervision and each volunteer should have a named supervisor to monitor and evaluate the volunteer program, and then provide feedback (Gaelle, et al., 2015). The attitude of direct and higher level managers is important to determine the readiness of an organization as well as the capacity of the Human Resources. In addition, the availability of compensation to expenses could have may play a significant role in motivating volunteers to initiate voluntary work that is the responsibility of organizations policy makers and high-level managers (Mullins, 2010).

Unless organizations pay attention to issues of volunteer management, they will not do a good job of recruiting, satisfying, and retaining volunteers (Hager & Brundey, 2008). Reasons behind that included that the organization not making good use of a volunteer's time or good use of their talents, or that volunteer tasks were not clearly defined (Ibid).

As volunteer administration has become more professionalized, public and nonprofit leaders, agency managers, and field experts have turned their attention to improving the capacity of host organizations to accommodate volunteers (Spring & Grimm, 2014). Grossman and Furano (2012) identified three elements as crucial to the success of any volunteer program: screening potential volunteers to ensure appropriate entry and placement in the organization; orientation and training to provide volunteers with the skills and outlook needed; and management and ongoing support of volunteers by paid staff to ensure that volunteer time is not wasted. The conclusion was: no matter how well intentioned volunteers are, unless there is an infrastructure in place to support and direct their efforts, they will remain ineffective at best or, worse, become disappointed and withdraw, potentially damaging recipients of services in the process (Grossman & Furano, 2012).

There is a significant need to analyze the role of the volunteers and their impact as well as their performance improvement progress through a creative management and inspiring leadership that are an integral part of the modern organizational management systems (Nobel, et al, 2010)

Chapter 3: Methodology

This chapter provides comprehensive details of all aspects of the research methodology. It explains the study design and the method, the tool of data collection and analysis. In addition, the study population, the population sample as well as the sample frame. Furthermore, this chapter will include the instrument which was used during data collection. Finally, the ethical issues were considered and the limitation of the study as well.

3.1 Study design

The researcher used a cross sectional, descriptive-analytic, triangulated study design. Cross sectional studies have advantages that can be beneficial such as time saving, relatively low cost and good to describe a phenomenon and its variations (Fathalla & Fathalla, 2004).

When studying a human behavior such as volunteerism from a perspective point of view it was necessary to use methodological triangulation in order to minimize bias and limitations (Kimchi, et al., 1991). Triangulation by combination of quantitative paradigm using self-administered questionnaire with volunteers in health sector in GG, and qualitative paradigm using interviews with policy makers and high-level managers in different health care services providing organizations in GG.

3.2 Study population

Quantitative

The volunteers in health sector in GG during data collection period of the study. The total target population was obtained from; MoH Human Resources Development Department, UNRWA Human Resources Divisions and Human Resources Management offices in MMS and selected NGOs. The total number of the target volunteers population was (**714**) distributed as the following; **150** volunteers in MoH, **50** in MMS, **12** in UNRWA, **387** in Palestine Red Crescent Society-PRCS, and **115** in selected NGOs (**35** in the Palestinian Medical Relief Society-PMRS, **42** in Union of Health Work Committees-UHWC, **28** in Union of Palestinian Medical Relief Committees, **5** in Middle East Council of Churches and **5** in Public Aid Hospitals).

Qualitative

The key informants and high-level managers/former managers who have/had experience in dealing with volunteers in health sector (MoH, Military Medical Services, UNRWA and selected NGOs according to availability of volunteers) in GG.

3.3 Study setting

Quantitative part was performed in all healthcare (primary healthcare centers, hospitals, rehabilitation centers and specialized centers) providing facilities which benefit from volunteers regardless to organization belonging.

3.4 Study period

The study took 18 months in execution; it started in October 2015 and completed by March 2017. The research proposal has been submitted and approved by the Al-Quds University-School of Public Health Council in December 2015. Then the researcher developed the tool and shared with a group of 10 experts at the arbitration stage before the finalization of the tool, of them eight have responded. The arbitration stage lasted for two weeks including refining of tools in the light of reviewers and the academic supervisor's feedback. In February 2016, a peer was asked to propose Arabic translation of the tool and an Arabic language professional was asked for Arabic version validation.

In March 2016, the tool was ready to go for data collection and the researcher performed piloting prior to field work. Piloting took place between 26 and 31 March 2016. Actual data collection started on 10 April through 25 April 2016.

Initial analysis of quantitative data was done between June and July 2016. The researcher extracted findings, created descriptive tables and then performed inferential statistical analysis. After finishing quantitative part, qualitative data collection started in November 2016. The researcher stayed about 6 weeks in collection and analysis of the qualitative data. Three FGDs were done. The drafted report "thesis" has been frequently enriched and edited by the research supervisor. The final draft for defense was handed on 2 April 2017.

3.5 Eligibility criteria

For volunteers

- Officially accepted as volunteer in health organizations other than private providers

- Actually started voluntary work for at least one month

For managers

Eligibility criteria for managers is any individual in a managerial position and who is:

- Involved in managerial work related to volunteers
- The current or a former manager of a healthcare facility.

3.6 Sampling

Sample calculation

1. **Quantitative sample**

The researcher used online Open-epi sample size statistical calculator Version 3.03a to calculate the sample size "Annex 2". The researcher applied the following sampling parameters:

- Total eligible population was 714 according the study field current estimation of volunteers
- Confidence level accepted at 95%
- Default prevalence was set as 50%
- The revealed sample size equals **250**
- The researcher increased the sample up to **270** individuals among volunteers working in health facilities to cover for possible non-respondents. So total **270 questionnaire** were introduced in this study.

Of the introduced questionnaires, 251 questionnaire were retained and of them 20 questionnaire were not valid because they were not completed, answers were not logic and not congruent to each other.

Qualitative sample

For the qualitative sample, the participants of the focus group discussions were purposively selected according to their interest, influence and experience in managing volunteers including all categories of healthcare providers in GG.

Sampling process

1. **Quantitative sample**

A systematic random sampling approach took place to select volunteers who are planned to perform an individual structured self-administered questionnaire. A systematic selection was done every 3rd volunteer on the list which had been prepared separately in each volunteer recruiting health facility. For each facility, a list containing all volunteers working actively for more than one month had been prepared by the clerk of the facility who assigned by the facility manager, and from this list every 3rd volunteer had been selected with full contact information in order to reach the volunteers. The questionnaires had been administered in a self-administered way because volunteers as well as permanent staff in health facilities often works in rotating shifts (day-evening-night).

Qualitative sample

A non-probability purposive sample had been selected of 21 key informants & policy makers (current or former managers). This sample included 21 managers; 4 in MoH, 11 in NGOs, 2 in MMS and 4 in UNRWA. The researcher tried to include key informants who are working/used to work in; primary & secondary health care, north & south areas of GG, and high-level managers & decision makers to participate in the focus group sessions. The intent of including this sample is to dig deeply and understand in-depth the perspectives about volunteerism of both mangers and volunteers.

The qualitative component was carried out after the quantitative one in order to explore issues that emerge from the quantitative study.

3.7 Ethical and administrative considerations

- An ethical approval obtained for from Helsinki Committee which is adopted by the world medical assembly and an official letter of approval to conduct the research was obtained from the Helsinki committee-Gaza (Annex 5)
- Verbal consents were taken from each participant either to complete self-administered questionnaire or those who participated in the focus group.
- Verbal agreements were confirmed to tape record the focus group sessions.
- Academic approval was achieved from School of Public Health at Al-Quds University,

- Administrative organizational approval was asked for from the Director General of MOH, the Director General of MMS, Chief of Health Programme in UNRWA and Director Generals of each of the eight NGOs mentioned under item 5.1. “Sample calculation” in this section.
- Approval was obtained from the Human resources development directorate general in the MOH for conducting this study.

3.8 Study instruments

This study utilized two instruments.

❖ The first is a self-administered structured questionnaire for volunteers in health sector in GG (Annex 3). This questionnaire included the following domains:

- Volunteers' demographic and personal characteristics such as age, sex, place of living…etc.
- Volunteers' educational characteristics such as educational background, years after qualification…etc.
- Volunteers' characteristics that related to volunteering in their current voluntary work such as period of volunteering, profession volunteered for…etc.
- Volunteers social, cultural and religious values that motivate or alienate volunteering such as social solidarity, sense of belonging…etc.
- Volunteers' expectations from voluntary work such as experience, training, expenses…etc.
- The perceived impact of volunteering on volunteers
- Who benefited more from their volunteering
- If volunteers recommend volunteering in health sector to others

❖ The second instrument included open-ended (semi-structured) questions, which were asked to key informant focus group session (Annex 4). The instrument included the following dimensions:

- Managers attitude and management style that can help enhancing volunteerism
- Degree of readiness to manage volunteers
- Organizational perspective toward volunteers and volunteerism
- Expectations from volunteers in managers point of view

- Current and proposed polices designed to enhance effective volunteerism
- Real life experiences (positive and/or negative) that illuminate the relationship between volunteers and their managers
- Managers' observations regarding characteristics of volunteerism in health sector in GG and suggested explanations

3.9 Pilot study

For the quantitative part, a pilot study on 20 volunteers was done who filled the self-administered questionnaire to explore the appropriateness of the study instrument and let the researcher train for data collection. This also allowed for further improvement of the study validity and reliability. In addition, it was useful to explore the clarity of meanings, scales of rating and the time it takes to fill in the questionnaire. As a result of piloting, some explanatory statements and more options in some questions were added. Reliability analysis was also performed during the pilot on the first 20 filled questionnaires and then on all the filled questionnaires and results were reassuring as Cronbach's Alpha value was 0.86 for overall scale and ranged from 0.65 to 0.79 for subdomains individually.

A pilot FGD was done with eight managers, which allow for further improvement of the study validity and reliability. The result of this stage; the questions were ordered and the way of asking the questions was improved to be more deeply and interactive.

Findings obtained from each part (quantitative and qualitative) were included in the data analysis process due to high reliability.

3.10 Data collection

Quantitative part

After the pilot study, the researcher conducted the data collection and started by distribution of the questionnaire to all volunteers who are working in healthcare services providing facilities according to the inclusion criteria and asking them to be self-administered. During the distribution of the questionnaire, some of the volunteers were working in evening or night shifts; therefore the researcher returned back to the health facilities more than one time to be assured that all the volunteers in the health facilities fulfilled the questionnaire. This lasted about three months; each month represented one third of the sample size (90 individuals). The

researcher started from the health centers in the north and Gaza then to the middle and south area. Time allocation for each questionnaire ranged between 15-20 minutes. Privacy was maintained during gathering the completed questionnaires as the questionnaire delivered to volunteers and retained back hand by hand in a sealed envelope to the researcher only.

Qualitative part

About focus group discussion sessions, semi-structured tool had been designed and questioned for twenty one high-middle level current/former manager/decision makers in 3 FGD. Notes had been taken through the sessions and tape recorded to allow further capturing of information. Focus group discussion sessions had been conducted in the forth month after the end of quantitative data collection. The three FGD sessions were conducted in Al-Quds University building, each one week apart and lasted for 90-100 minutes. The 1st one included 9 managers, while the 2nd and the 3rd included 7 and 6 managers respectively.

3.11 Scientific rigor

Quantitative part (questionnaire)

Reliability

The following steps were done to assure instruments reliability

- Then, the data entry in the same day of data collection allowed possible interventions to check the data quality or to re-fill the questionnaire when required.
- Re-entry of 5% of the data after finishing data entry assured correct entry procedure and decreased entry errors.
- **Cronbach alpha**: The researcher used Cronbach alpha coefficient to find the reliability for each dimension and the total score of the scale. The results are shown in table (3.1).

Table 3.1.: Study tool reliability for each domain and overall reliability

Dimension	Alpha coefficient
Volunteers' cultural values and beliefs about volunteerism	0.666
Volunteers' expectations from their volunteerism	0.792
Volunteers' perceived impacts from their volunteerism	0.864
Volunteers' perceived benefits from their volunteerism	0.644
Overall reliability	**0.893**

Qualitative part (Focus groups sessions)

The following were done to assure the trustworthiness of the qualitative part of this study. First, a peer check was done through health experts to revise the focus group session questions to assure that they cover all the required dimensions. Then, a member check was done to assure accuracy and transparency of the transcripts during the sessions. Prolonged engagement was done, as the researcher probed for answers and cover all the session dimensions properly. In addition, recording the interviews enhanced tracking up facts and re-check the accuracy of the transcripts. Finally, all the transcripts and recordings were kept for tracking the information by others at any time (Audit trail).

To guarantee participants rights, a covering letter indicating that the participation is voluntary and confidentiality was assured for all of them. The volunteers had been asked for their agreement to participate in the study. Also managers and decision makers had been asked for their permission to record the focus group sessions.

Validity

The questionnaire was evaluated by experts to assess its relevance, and their comments were taken in consideration. In addition, a pilot study had been conducted before the actual data collection to examine clients' responses to the questionnaire and how they understand it. This enhanced the validity of the questionnaire after modifying it to be better understood.

3.12 Data entry and analysis

Quantitative part

Data entry model had been designed and questionnaires and variables had been coded and entered into the developed database using Statistical Package of Social Science (SPSS) program for data entry and analysis. Then, data cleaning was performed through checking the frequencies of all variables and looking for illogical values.

Measures of central tendency and variability take place as descriptive measures of variables. Moreover frequency tables and histograms that show frequency distribution of sample characteristics and plot differences between various volunteers and host organization characteristics variables were done.

The researcher used inferential analysis to test the statistical significance of differences and to achieve that; cross tabulation for main findings resulted from volunteers and host organizations characteristic variables and volunteerism as outcome variable will be done and advanced statistical tests such as; Chi square test to compare categorical variables, correlation analysis for numeric data, t-test, and One way ANOVA test to compare means of numeric variables with categories. The statistical difference was regarded as significant when the P value is less than 0.05.

Univariate, stratified and multivariate analysis was done to examine the association relationships between independent variables and dependent variable.

Qualitative part

The researcher obtained the main findings from the transcripts, voice records and notes taken during the focus group sessions. Debriefing reports of the FGDs were done immediately after the end of each focus group. Notes had been taken during the sessions to document non-prompted intimations, group dynamics and non-verbal cues were noted and considered. Then each of them (transcripts, records and notes) had been examined at least 3 times to allow

immersion, conceptualization and categorizing the ideas explicitly or implicitly mentioned in the focus group sessions.

Then, Open Coding Thematic analysis technique used to analyze the transcripts of the focus group sessions, this technique includes start coding each sentence in the transcript then leave it for 2-3 days and recode again without returning to the first one. Categorization of related ideas, and comparison and integration between the quantitative and the qualitative findings were done to create rich items for discussion and representation.

3.13 Limitations of the study

- Absence of previous similar studies in GG makes performing the study extremely hard in the level of conceptualization of study ideas, however the researcher guided by literature in other distant countries which have many cultural differences.
- Wide range of the study as it includes population from all health sector in GG. Also the context in GG is in a big uncertainty and conflicting environment.
- A large proportion of this study consists of conceptual constructs which are hard to measure accurately and subjective in nature. This could increase probabilities of researcher interpretation biases due to favoritism, prejudices, and preconceptions.

Chapter 4: Results and discussion

4.1 Introduction

This chapter presents the results of the analysis of the data obtained from volunteers' questionnaire and verified through FGDs with purposively selected health sector managers and the interpretation of these results.

Descriptive statistical analysis represents firstly the respondents' demographic characteristics followed by educational characteristics then characteristics related to volunteering, secondly volunteerism status in health volunteerism including the domains of; cultural values, expectations, impact, benefits, overall volunteerism status and recommending volunteering to others.

Inferential statistical analysis represents relationship between overall volunteerism status with volunteers' characteristics followed by correlations between overall volunteerism status, volunteerism domains and benefits from volunteering in health sector.

4.2 Descriptive statistics

The total number of questionnaires applied to volunteers was 270 questionnaires, 251 questionnaires were retained with response rate of 93%, of them 231 questionnaires were valid. Findings were derived from 231 questionnaires and 3 focus group discussions.

Individual characteristics

Table (4.1) demonstrates the demographic characteristics of volunteers who responded and filled the questionnaire.

The sample of population involved in this study consists of 231 volunteers distributed quite fairly in gender basis, as the rate was almost equal male/female (1.06:1). The male/female ratio of human resources in health sector in GG varied from 1.83:1 in MoH as reported by Radwan (2012) to 0.76:1 (Maghari, 2009) at UNRWA. According to the PCBS, the labor force participation rate for graduates in health specialties were 90.6% in males, 68.5% in females and 81% overall rate in Palestine in 2013 (PCBS, 2014). Women participation in labor force (15 years and above) increased from 10.3% in 2001 to 19.4% in 2014 however, men

participation in labor force (15 years and above) increased from 66.8% in 2001 to 71.5% in 2014 (PCBS, 2015).

Table 4.1: Distribution of volunteers by demographic characteristics

Item	Category	N	%
Gender	Male	119	51.5
	Female	112	48.5
Age group	25 or less	139	60.1
	26-30	60	26.0
	>30	32	13.9
	Mean= 26.0 SD= 5.6 Median= 25		
Marital status	Non-married	150	64.9
	Married	81	35.1
Place of living	Camp	65	28.1
	Non-camp	166	71.9
Governorate	North	47	20.3
	Gaza	93	40.3
	Middle	23	10.0
	Khanyounes	43	18.6
	Rafah	25	10.8
Refugee status	Refugee	158	68.4
	Non-refugee	73	31.6
Occupational status	Student	15	6.5
	Graduate	188	81.4
	Employee (part time or temporarily)	28	12.1
Years of professional experience	1 year or less	75	32.5
	2-4 years	106	45.9
	5-7 years	28	12.1
	More than 7 years	22	9.5
	Mean= 3.6 SD=3.9		

The researcher's observations about the results were positive about the equity in managers' way of dealing with both genders. The managers described positive and negative experiences with both sexes without any significant sign of gender inequity. The researcher believes that both gender are equally liable to volunteerism in health sector talking in account that females

recorded lower rate of participation in the health labor force. As a result, male and female graduates in health specialties are trying to find alternative way to practice health science such as volunteering because of the huge numbers of graduates along with the restricted labor market and limited job opportunities (Ministry of High Education, 2015; PCBS, 2015). The researcher considers that the main point is that females constitute higher proportion among volunteers than males in comparison to their representation in human resources. This is attributed to large number of female fresh graduates.

The researcher believes that these findings urge the need to take into consideration the economic aspects of the youth life in a context like GG and to be rational and caring when demanding voluntary work and also to make it applicable and doable voluntary tasks.

By a quick look to the age distribution of the participants (n=231); the age ranged from 19 to 60 years and the mean age was 26 years. The main bulk was ages 25 years and less (60.1%). When the age distribution in the study sample compared with the labor force age distribution in Palestine, the researcher found similar pattern of the age distribution of "Unemployment rates" as well as "Under-employment rates" because the relationship was negative between the age and unemployment rates as shown in the chart below:

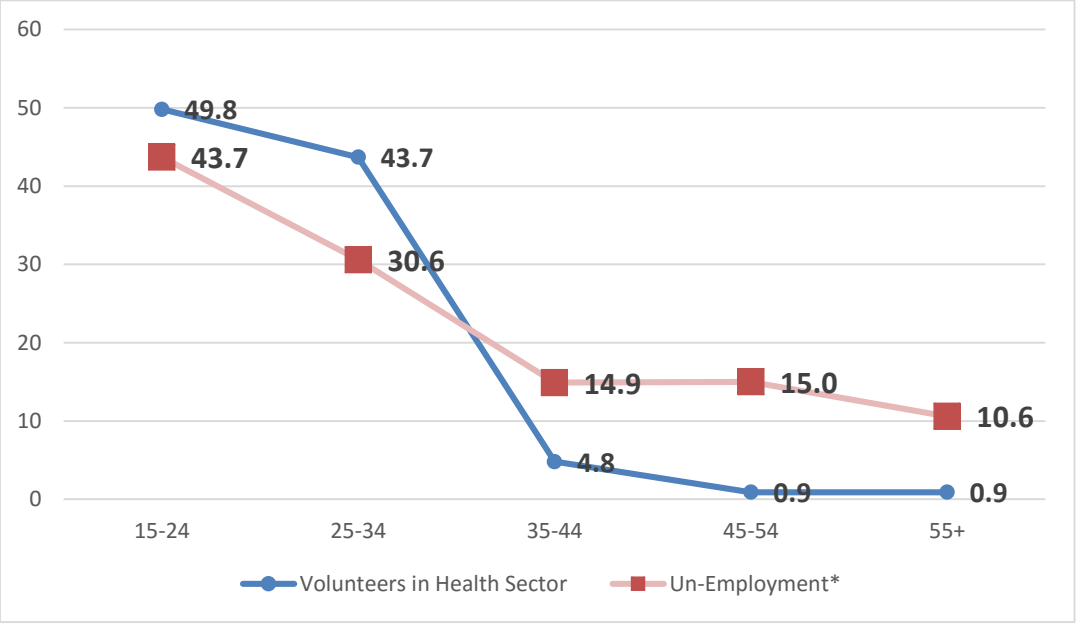

Figure 4.1: Un-Employment rates distribution in Palestine and Volunteer rates distribution according to age groups (PCBS, 2015)

On the contrary, the "full employment rates" shows a steady increase with age. In the figure above we can notice the peak of unemployment rate (43.7%) that coincided with the study

sample peak age (15-24 years). Other data gathered from PCBS Annual Book 2015 revealed supportive information about the unemployment in the GG. Among young population unemployment rate was 51.5% (15 to 29 year). In the same age group (15-29), only 10.7% tried to find a chance for voluntary work (PCBS, 2016) which explains the low volunteer rate (7%) in Palestine (UNDP, 2015). In the same direction, the PCBS declared that the unemployment rate among graduates who hold associate diploma certificate and above in health specializations in 2013 in GG was 29.2% and 14.3% in WB (PCBS, 2014) and increased to 57.2% in GG and 26.5% in WB (PCBS, 2016). The researcher assumed that this rate did not improve at the best expectation and the number is huge in a context with restricted labor market and high donation dependency as health sector in GG (Abed, 2007; Ubaid, et al., 2015).

The majority of respondents were non-married (64.9%) which reflects the tendency to marry and establish a new family only after have a paid job. The researcher assumes two scenarios; either people who are not married have more free time to get volunteering in mind unlike married individual, who carries on the responsibility of the family, or people who volunteer cannot carry out the necessary expenses of the marriage.

The geographical distribution percentages of the sample respondents were; 20.3, 40.3, 10, 18.6 and 10 living in North Gaza, Gaza, Middle, Khanyounes and Rafah governorates respectively. This figure did not differ greatly from 2015 population statistics of PCBS which were; 19.9, 34.4, 14.5, 18.8 and 12.4 in the previous respective (PCBS, 2016). Although Gaza had higher volunteers rates than Rafah, which may be attributed to distribution of graduates among governorates and the demographic distribution of the population.

The respondents disbursed as 28.1% in refugee camps and 71.9% in other non-camp population areas, however about two third (68.4%) of the respondents were refugees which is somewhere between the UNRWA's estimation (74.3%) of the refugees population in GG (UNRWA, 2016) and the estimation (66.8%) of PCBS (PCBS, 2016). The researcher assumes that these findings could be an indicator for the gradual fusion of refugee population to non-refugee area, furthermore; this trend of fusion may be reversed when the refugee and non-refugee population displaced during the 51-day Israeli aggression on Gaza in 2014.

The volunteers' mean years of experience after graduation was 3.6 years and about one third (32.5%) of them have one year or less work experience. This is an indicator that one of the

main motivator to volunteer in health sector as well as in other sectors and in the community service activities is the need to get more experience in the field of interest and to join voluntary work at early age prior to finding a job or to increase employability (Eshtayyah, 2013).

The majority of respondents (81.4%) were graduates without any job (neither full-time nor part-time), only 12.1% were employed. This can reflect the general perception by the volunteer about voluntary work as well as the perception of the managers as stated in the FGDs. Managers mentioned repeatedly the voluntary job as a "*way to get a paid job somewhere*" and they linked volunteering with numbers of university graduates and unemployment in GG. Still one of the high-level managers mentioned, *"Volunteering is not restricted to unemployed individuals for example, the members of the board of directors in NGOs consists of volunteers totally"*. Actually, members of board of directors in NGOs mostly seek for some kind of benefit (social, political…etc.) which made them out of the "real volunteers" definition. He also mentioned a previous experience of assigning the employees of an NGO to volunteer in specific humanitarian tasks after the official working hours, "*We used to assign humanitarian missions without payments to our employees after the working hours. This contribute to the organization development and reputation and implanted the spirit of volunteerism in our employees*".

These figures of volunteers' individual characteristics were different from other regions, for example, in USA, female volunteered more than males and the volunteers were mostly between 35-44 years (BLS, 2016). In Canada and Australia females volunteered little more than males. Additionally, in Canada, youth (15-19) were more engaged in volunteering activities, while the peak age of volunteers was 45-54 years in Australia (Volunteer Canada, 2016; Volunteering Australia, 2015).

Educational background

Table (4.2) demonstrates the educational characteristics of volunteers who participated in the study.

Table 4.2: Distribution of volunteers by educational characteristics

Item	Category	N	%
Level of education	Secondary school or less	12	5.2
	Diploma	99	42.9
	Bachelor and postgraduate	120	51.9
Years after last academic qualification	1 year or less	62	26.8
	2-4 years	103	44.6
	5-7 years	42	18.2
	More than 7 years	24	10.4
	Mean= 3.9 SD= 4.5		
Specialization according to educational background	Nurse & MW	64	27.7
	Administrative	59	25.5
	Paramedic	41	17.7
	Ambulance driver/rescuer	14	6.1
	Physician	12	5.2
	Psychosocial support	11	4.8
	IT	4	1.7
	Others health	4	1.7
	Others non-health (Cleaner, Guard, Craftsman)	22	9.5

The below pie chart describes the distribution of volunteers' specialization according to educational background:

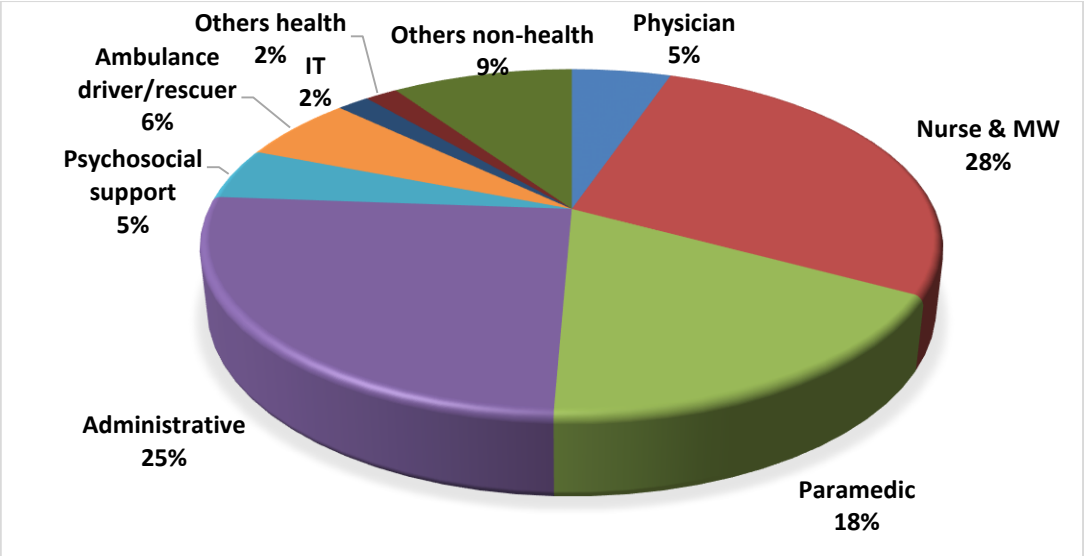

Figure 4.2: Distribution of volunteers' specialization according to educational background

Regarding volunteers' educational level, the majority of volunteers who involved in the study were graduates (81%) rather than students. The researcher found that these graduates are mostly new graduates as the mean years after qualification was 3.9 years and 71.4% of them graduated 4 years ago or less. The researcher expects these findings in such a context where many graduates are being awarded academic degrees annually from universities in GG in addition to graduates from other universities outside GG. The Palestinian Ministry of High Education declared that 18,825 graduates had been graduated from local universities in the academic year 2013-2014 in GG (Ministry of High Education, 2015), which is a huge number if we know the limited capacity of the labor market in the Palestine in general and GG in specific (Zanoon & Eshtaia, 2011).

Also a small percentage (6.5%) of volunteers were students which reflects on one hand the weak awareness of volunteering value among students and on the other hand the busy time schedule of university students that results from high load of study and exams during education years.

Regarding the level of education, more than half of volunteers are holding bachelor degree (49.8%). This finding has more than one aspect to discuss but mainly the reality that the bachelor degree holders are forced to do volunteering job because of the lack of labor market demand, combined with the need of graduates to start up with a familiar job tasks in order to build their own competencies and work relationship network.

The literature shows diverse data from different counties regarding level of education in volunteers, for example there is a positive correlation between level of education and volunteer rate in USA while the relationship is negative in Canada (Volunteer Canada, 2001) (Lough, 2015) (BLS, 2015). However, health sector managers in GG had conflicting opinions about this issue; some of them argued that graduates with lower educational level (especially undergraduate diploma holders) tends to volunteer more with more commitment and effectiveness, some others declared that bachelor and postgraduate degrees holders are common and increasing in numbers. The later managers defended that by the steady increase in higher academic degrees in GG in the recent years.

Concerning specialization of volunteers according to their educational and academic background, nursing & MW came first with 27.7% followed by graduates with degrees in administration (25.5%). No doubt, nursing is a very noble profession that allows people to

help sick people to overcome their suffering. This is a harmonized concept with the spirit of volunteerism in the first place. Nurses can be differentiated from other healthcare professional by their approach to patients, training and scope of practice, actually this may need long period of contact with patients and other healthcare providers (Potter, et al., 2013), which would not come true unless continuous on the job and hands-on practice performed successfully. Additionally, it may reflect high un-employment rates among them or un-proportionate numbers of graduates from nursing colleges with nursing job opportunities in health sector in GG.

In the second place came the graduates with degrees in administration with percentages of 25.5%. The researcher believes that is an evidence of a growing orientation of the non-health professions to be a part of the health sector beside the increasing numbers of "health management" specialty graduates from local universities.

The next in row with percentage of 17.7% were the paramedics including lab technicians, x-ray technicians, physiotherapists and pharmacists. The researcher assumed that the local universities in GG might be producing excess numbers of graduates in the paramedical professions, which push them to find an alternative other than formal employment (like volunteering). The low percentage of the physicians (5.2%) may indicate acceptable numbers of physician graduates as well as low numbers of physicians without formal job in various health organizations. The researcher assumed that there are too many graduates of lab technicians along with limited capacity of health organization and private sector to engage them in the work life. About physicians, the researcher recorded in one of the FGDs opinions that as much technical is the job as less volunteers are existed in health facilities in GG and as much professional is a job as much difficulties and cautions during the process of accepting volunteers. A PHC manager said, "*Physicians are rarely volunteered, the accepting procedures are complicated and physicians should be under close supervision with much technical issues in the workplace*". Other manager explained, "*Physician graduates are relatively much less and unemployed physicians are few*".

Other professions and positions in health sector in GG showed a good mixture of health and non-health staff distributed to various health care providing facilities. These data also can someway reflect the distribution of health specialties faculties and colleges. Hussein (2011)

showed in a survey in UK that 18% of volunteers in long-term care are holding no qualifications and 56% of them held qualifications not relevant to the sector.

Volunteering related variables

Table (4.3) demonstrates the volunteers' characteristics that related to volunteering in their current voluntary job.

The percentage (9.1%) of volunteers who were working in positions with administrative responsibilities, which is much lower than the percentage of volunteers working in administrative job positions (23.4%). The researcher assumed that university and college graduates generally like to express the job they are doing as "technical" rather than other terms. The literature review reveals that volunteers in the health sector around the world are likely to be less professional and occupying supportive positions in healthcare setting such as; helping elderly people, helping persons with disability, counselling, supporting life style and behavioral changes, fundraising and administration, and family support and advocacy (Nylor et al, 2012;Wilton, 2012; Hussein, 2011). This theory has been argued in the FGDs with more than one opinion assuring that volunteers with high professionally occupations are rarely found because of difficult volunteering application approval procedures and complex ethical and legal considerations. A PHC manager said "*Volunteering doesn't fit doctors much, it may fit for health education and awareness more*", while a project manager said "*Ordinary volunteers are easier to handle as they follow the pathway of selecting-training-field work, but professional volunteers need to be directed to the concerned facility to be interviewed and evaluated the training starts*".

Half (50.6%) of volunteers who participated in the study considered themselves as "regular volunteers". This is a clear evidence that volunteers in health sector continue to do more voluntary work or at least have the intention to volunteer more in health sector.

The international figures also show similar findings. In UK the percentage of formal (regular) volunteers estimated as 42% in 2014/15 with small variations (little decrease) since 2001 (The National Council for Voluntary Organizations-United Kingdome, 2017).

Table 4.3: Distribution of responses by volunteering related variables

Item	Category	N	%
Nature of job responsibility	Administrative	21	9.1
	Technical	210	90.9
Type of volunteering	Regular	117	50.6
	Occasional	60	26.0
	Never before	54	23.4
Total period of volunteering in months	Less than 6 months	28	12.1
	6-11 months	43	18.6
	12-23 months	71	30.7
	24-35 months	30	13.0
	36-47 months	31	13.4
	48 months or more	28	12.1
	Mean= 23.3 SD= 25.4		
Duration of volunteering in the current job in months	Less than 6 months	53	22.9
	6-11 months	70	30.3
	12-23 months	58	25.1
	24-35 months	18	7.8
	36-47 months	19	8.2
	48 months or more	13	5.6
	Mean= 15.0 SD= 19.0		
Volunteering hours/week	1-15 hours/week	23	10.0
	16-30 hours/week	78	33.8
	31-45 hours/week	103	44.6
	More than 45 hours/week	27	11.7
	Mean= 32.9 SD= 12.9		
Perceived effective experience hours/week	1-15 hours/week	62	26.8
	16-30 hours/week	109	47.2
	31-45 hours/week	51	22.1
	More than 45 hours/week	9	3.9
	Mean= 24.0 SD= 12.7		
Occupation volunteered for	Nurse & MW	59	25.5
	Administration	54	23.4
	Paramedic	38	16.5
	Ambulance driver/rescuer	27	11.7
	Psychosocial counseling	17	7.4
	Physician	12	5.2
	Worker/handyman	9	3.9
	Others	15	6.5

Regarding the total period of volunteering, the mean volunteering period was 23.3 months, and one-third (30.7%) of the volunteers volunteered for a period between 12-23 months. The mean period of volunteering in the current voluntary job was 15 months, and one-third of the volunteers volunteered for a period between 6-11 months. The below chart can be more explanatory about the trend of period of volunteering.

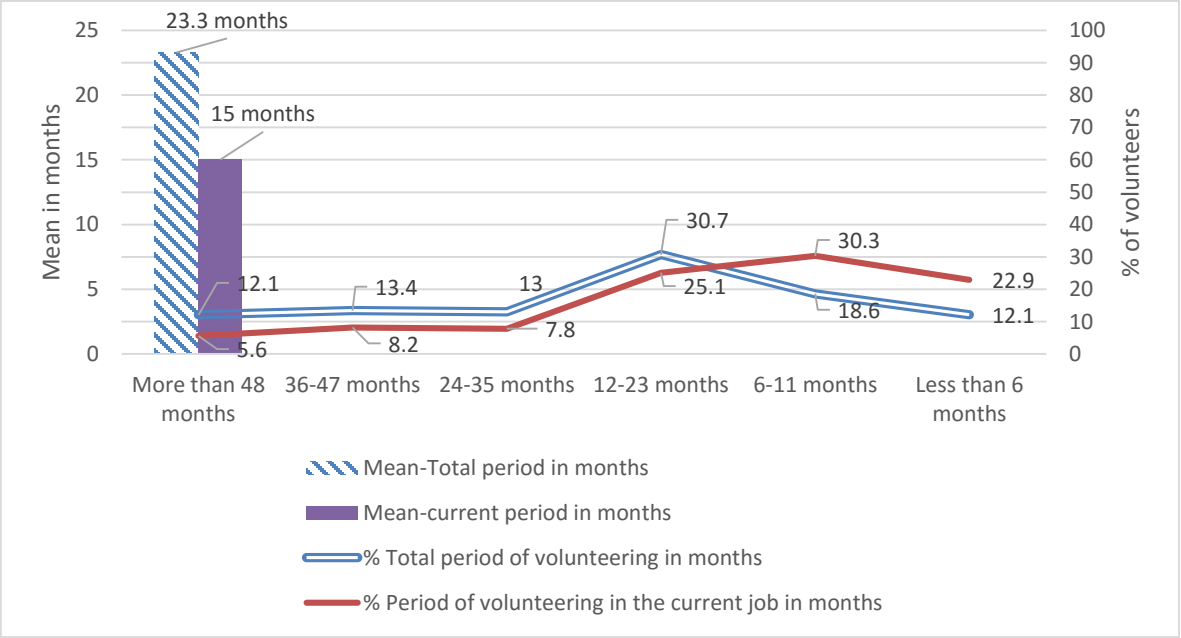

Figure 2.3: Volunteers' total period of volunteering (in months) and period of volunteering in current voluntary job (in months)

Regarding volunteering hours per week in the current voluntary job, the mean was 32.9 hours/week and the median was 35 hours/week. Percentage of volunteers who worked 31-45 hours/week was 44.6%, which means that they worked full time as if they are permanent staff. Hotchkiss et al (2009) clearly stated that the value gained from volunteers depends on the number of volunteer hours made available by organizations along with effectiveness of volunteer program management. In USA, the BLS surveys showed that the median total volunteering hours in 2014 was 50 hours/year, which increased to 52 hours/year in 2015.

A very similar trend observed when the volunteers had been asked about the hours they considered their working hours as effective (hours in which a volunteer gained knowledge, aptitude and/or skills). The mean was 24 hours/week and about half (47.2%) of volunteers considered 16-30 hours/week as effective experience hours.

As a result, the volunteers involved in this study assumed that 72.9% of working hours in their current voluntary work as effective experience hours. Conners (2008) mentioned that the shift within voluntary organizations can best take place through sharing experiences and effective practices, but no approximation was recorded to estimate effectiveness of volunteering hours neither by objectively measurement nor by perceived estimation. However, the mangers involved in the FGDs described various styles of volunteers ranged from volunteers who are performing better than paid staff to volunteers whom are not known if they are even exist. A PHC manager said, "*A nurse volunteer was inspiring permanent staff members especially who in old age*", another PHC manager said "*The volunteer was hanging around as if he didn't exist*". A high level manager said "*We accepted 90 volunteers to work in the schools that we used as shelters in the last war, all of them were university graduates and they worked in cleaning the shelter and they showed high degree of responsibility, and after that we hired all of them!*"

The researcher believes that these findings when compared with other countries, can indicate that volunteering in health sector in GG have the following characteristics; much less volunteer rate than most of other countries, much more volunteering hours with very good effective volunteering hours, volunteering seems to be linked to fill the gap after graduation and before starting work life which make the most common volunteers are graduates and in specified age group, volunteering linked to unemployment as an alternative of doing nothing after graduation along with other expectations (experience, training, increasing chances for job opportunity…etc.), volunteers are perceived as a "burden" to all health organizations except PRCS (as described by managers in FGDs).

The argument about the real motivators behind volunteerism is complex as described in the functional approach to volunteerism (mentioned in details in Chapter 4 section 2). These findings about effective experience hours are congruent with the idea that not only “values” - represents an altruistic form in which individuals volunteer purely to help others- are the motivator, but also other reasons for volunteering that may be considered self-enriching on the part of the volunteers such as experience and training.

The below chart can show more details about the trend of working hours of volunteers in their current voluntary job.

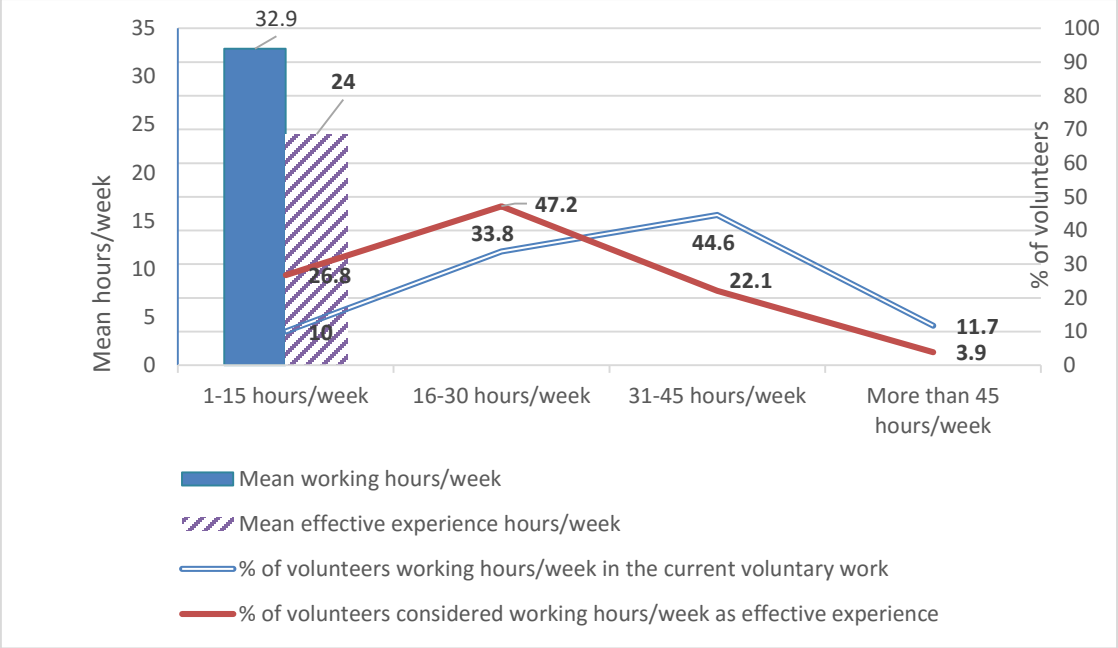

Figure 4.4: Volunteers working hours per week and perceived effective experience hours per week

The distribution of volunteers according to occupation volunteered for was very similar to their educational background, even some specialties showed exactly the same figure such as physicians, which is an expected finding as a physician can only work in a position of "doctor" according to cultural values of the community.

Again in the first place became the nurses with 21.2% and this could be a clue that nursing graduates are much more than other specialties in health sector as well as nursing is the most available field for more workforce. From different perspective, nursing is a highly specialized profession however; it was the most common educational background and occupation, which is not congruent with the literature as well as findings in FGDs. There is a real need to search deeper to explore other reasons and suggest answers.

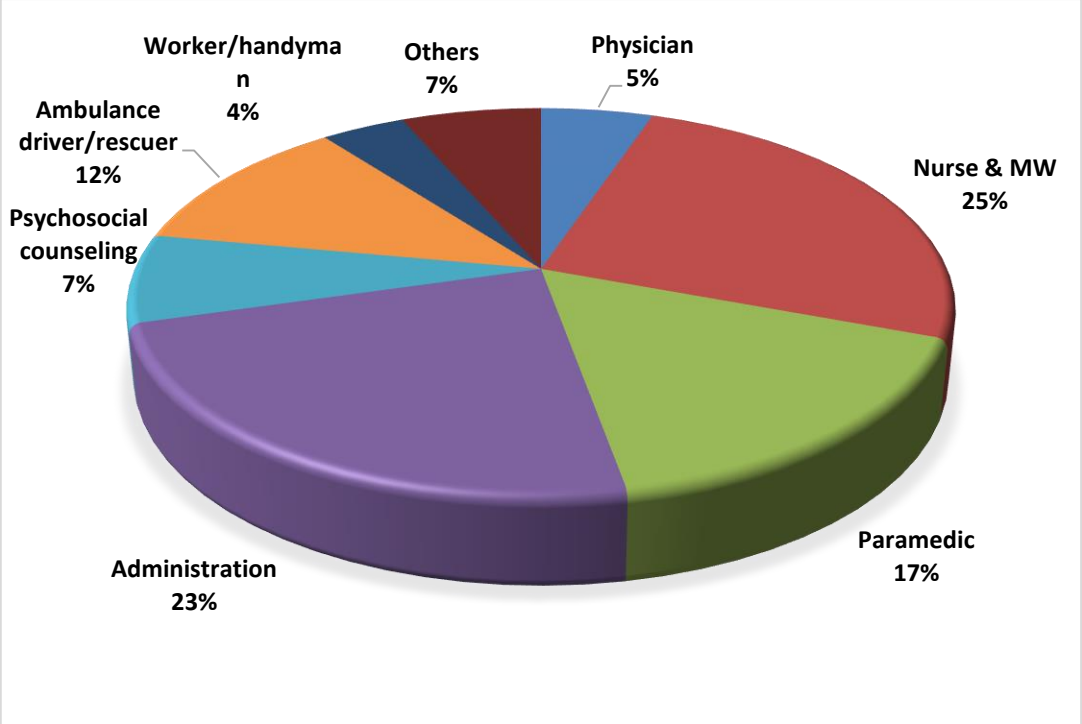

Figure 4.5: Distribution of volunteers' occupation volunteered for in their current job

If we have a close look to both tables of specialties according to background and occupation volunteered for, we can conclude some other remarkable notes that some of healthcare professionals working in position other than their specialty such as 4 nurses, 1 MW, 2 lab technicians and 2 radiology technicians who were working as paramedics or administrative job volunteers. The researcher believes that it is a significant sign of the interrelation between healthcare professionals and the importance of teamwork in health industry.

In addition, non-health graduates who work in health sector could be a clue of the openness of the health sector to other sectors and the ability of the health sector to increase the capacity of the labor market in GG. Most of governments perceive health sector as insatiable giant with all-time fund demanding sector (Jones, 2004). If the health sector open to other sectors with positive inter-relationships to provide job opportunities and an extra labor market, the previous concept of health sector might be change. Reviewing FGDs also pointed to the same point when mentioning the "career shift", which means employing volunteers in a different profession than academic qualification, even training individuals who did not achieve any academic or formal qualification. According to various managers' statements, "*The career*

shift has been done frequently with many graduates as well as volunteers in healthcare industry".

Volunteerism domains

Because volunteerism is a construct that contains many domains, it has been explored in-depth in reference to these domains. The following findings describe the volunteerism status domains according to volunteers' responses to the study instrument and managers FGDs results. The domains are cultural values, expectations, impact and benefit in addition to overall volunteerism status and recommending volunteering to others.

1. **Volunteers' cultural values and believes**

Table (4.4) demonstrates the volunteers' responses regarding their cultural values and believes about volunteerism as a part of their perspective of volunteerism.

The volunteers participated in the study were asked about their perspectives toward volunteerism to reflect cultural values and believes. This domain showed overall mean percentage of 76.4% which is considered as a relatively high about volunteerism. This finding could be a clue of positive cultural values as a driving force to volunteer in health sector in GG. The mean percentages of the specific items ranged from 61.2% to 91.8%. In 2010, the Canadian Statistics published data about the reasons to volunteering and the leading reasons were with altruistic nature that is helping others/community (57%).

Responses to the only negatively phrased questions were promising about the volunteers' perspectives about volunteerism. Most of them (80.1%) disagreed (disagreed or strongly disagreed) when the asked if they considered volunteering as a "waste of time".

The next lowest three scores observed in order were "Volunteering is a very satisfying activity", "Presence of positive atmosphere about the value of volunteerism at home" and "Presence of positive atmosphere about the value of volunteerism at school" with 68.0%, 68.7% and 70% respectively.

Table 4.4: Distribution of responses regarding cultural values and believes about volunteerism

Cultural Value		Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Mean	%
Volunteering is a common phenomenon in the society	N	4	21	21	102	83	4.03	80.7
	%	1.7	9.1	9.1	44.2	35.9		
Presence of positive atmosphere about the value of volunteerism at home	N	19	27	50	105	30	3.43	68.7
	%	8.2	11.7	21.6	45.5	13.0		
Presence of positive atmosphere about the value of volunteerism at school	N	16	38	43	96	38	3.44	68.8
	%	6.9	16.5	18.6	41.6	16.5		
Presence of positive atmosphere about the value of community service in the community	N	10	30	52	112	27	3.5	70
	%	4.3	13	22.5	48.5	11.7		
Belief that volunteering is a religious requirement	N	8	20	38	99	66	3.84	76.9
	%	3.5	8.7	16.5	42.9	28.6		
Presence of positive atmosphere about the value of volunteerism in the religious dialogue	N	37	43	48	75	28	3.06	61.2
	%	16.0	18.6	20.8	32.5	12.1		
Feeling of proudness when helping needy people	N	1	3	5	72	150	4.59	91.8
	%	0.4	1.3	2.2	31.2	64.9		
Volunteerism contributes to the national development	N	8	13	27	97	86	4.04	80.8
	%	3.5	5.6	11.7	42.0	37.2		
Self-benefit stems from others benefit	N	3	13	13	89	113	4.28	85.6
	%	1.3	5.6	5.6	38.5	48.9		
Time spent in volunteering is a fruitful time	N	5	14	27	89	96	4.11	82.2
	%	2.2	6.1	11.7	38.5	41.6		
Sense of belonging and responsibility is a motive for volunteering	N	6	7	27	107	84	4.11	82.2
	%	2.6	3.0	11.7	46.3	36.4		
Volunteering is a very satisfying activity	N	19	28	63	84	37	3.40	68.0
	%	8.2	12.1	27.3	36.4	16.0		
Total							3.82	76.4

The first shows that despite feeling proud when volunteering they still not satisfied and this may be due to complicated tasks of healthcare provision that make them unable to perform as they dreamed and this finding was against the results observed in literature (Veerasamy, Sambasivan, & Kumar, 2013; UNV, 2011). The second and the third demonstrate the relatively weak culture of volunteerism in both home and school, together with weak volunteerism value in religion dialogue, the three dimension of society are the weakest points in this domain. When conjoining the results obtained from the demographic characteristics (only 6.5% of volunteers were students) with the weak culture of volunteerism in school, the researcher wonders if adding topics about the value of volunteering could beneficial to enhance the status of volunteering in health sector as well as in other sectors.

The highest mean percentage score (91.8%) observed when volunteers were asked about if they feel proud when they help needy people which debriefs the spirit of altruism in few words. Actually, this constitute the "old fashion" concept of volunteerism that relies mostly on the altruism nature of volunteering activities (Haddock, 2015). The more modern description of volunteerism is mixing with the human civilization and a result of development of nations in modern life (Amer, 2011).

The next highest three scores observed in order were "Self-benefit stems from others benefit", "Time spent in volunteering is a fruitful time" and "Sense of belonging and responsibility is a motive for volunteering". The first and the third statements confirm the society value and religious principles of compassion and altruism (Rahhal, 2006) (Zeeno, 2007). The second indeed demonstrates a good indicator of high value and excellent impression in current volunteers in health sector despite the question was asked in the opposite direction in the questionnaire.

When the volunteers were asked if volunteerism contributes to national development, an overall mean percentage of 80.8% was obtained. A few percentage of respondents (9.1%) disagreed on the positive contribution of volunteerism on national development and a close percentage (11.7%) were uncertain about it.

Relying on the fact that volunteers involved in this study were mainly university graduates (81%) and half (49.8) of them are bachelor degree holders, relying on this fact the researcher can consider this as a good indicator that volunteers in health sector in GG seem to be aware about the contributions of volunteerism to national development. It is agreed in the

international literature that volunteerism one of the important tools of national development and some indicators such as volunteer rate and volunteering hours are of significant value of countries' development (UNV, 2011). In addition, volunteerism contributes to MDG achievement and community workers for basic service delivery as well as the known contributions to economic growth and social capital generation (UNV, 2009).

The health managers (in FGDs) showed interest in voluntary work and sufficient experience with volunteers. However, managers' attitude about volunteers differs with a wide range of diversity, some of the managers described volunteers as; "*have knowledge and energy*", "*initiative*", "*social responsible*", "b*elieve in the spirit and philosophy of volunteerism*", and "*represent the organization*", other managers described volunteers as; "*no commitment*", "*trying to hunt a job opportunity*", "*volunteers as if not exist*", "*no hope for employment*".

Logically, volunteers anticipate outcomes that can result from their voluntary work. In the next section, the volunteers' expectations are going to be discussed in the light of participants' responses and FGDs findings.

Volunteers' expectations

In this section, the volunteers' and health sector managers' expectations from voluntary work are discussed as a component of volunteerism perspective.

Table (4.5) demonstrate the volunteers' responses regarding their expectations from volunteerism as a part of their perspective of volunteerism.

Volunteers participated in this study were asked about their expectations from their current voluntary experience. The overall mean percentage of this domain was 78.6%, which shows high level of expectations as perceived by volunteers. This high level of expectations could be one of the motives and driving forces to volunteer in the health sector in GG.

Table 4.5: Distribution of volunteers' responses regarding their expectations from volunteering in health sector

Expectation		Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Mean	%
Volunteering will help to succeed in the future profession	N	3	8	21	115	84	4.16	83.3
	%	1.3	3.5	9.1	49.8	36.4		
Volunteering can be a way to make new contacts that might help in the future profession	N	2	7	17	105	100	4.27	85.5
	%	0.9	3.0	7.4	45.5	43.3		
Volunteering as a way to make new friendships	N	5	4	15	113	94	4.24	84.8
	%	2.2	1.7	6.5	48.9	40.7		
Volunteering as a way to do a kind of activity that can fill idleness time	N	10	30	52	112	27	4.12	82.3
	%	4.3	13	22.5	48.5	11.7		
During volunteering period it is expected to receive travel and other expenses	N	53	54	58	46	20	2.68	53.6
	%	22.9	23.4	25.1	19.9	8.7		
Volunteering is a way to have effective training courses	N	24	24	48	101	34	3.42	68.4
	%	10.4	10.4	20.8	43.7	14.7		
Volunteering can alleviate the state of loneliness	N	21	42	44	93	31	3.31	66.1
	%	9.1	18.2	19.0	40.3	13.4		
Volunteering is a way to learn by direct, hand on experience	N	4	4	18	122	83	4.19	83.9
	%	1.7	1.7	7.8	52.8	35.9		
Volunteering increase the chances to get a paid work in the future	N	3	15	35	102	76	4.01	80.2
	%	1.3	6.5	15.2	44.2	32.9		
Volunteering can increase the chances to work in a preferred workplace	N	6	16	27	123	59	3.92	78.4
	%	2.6	6.9	11.7	53.2	25.5		
Volunteering is a way to obtain certificates	N	6	14	19	107	85	4.09	81.7
	%	2.6	6.1	8.2	46.3	36.8		
Volunteering is a way to increase awareness about work procedures and practices	N	4	7	15	125	80	4.17	83.4
	%	1.7	30.0	6.5	54.1	34.6		
Volunteering is a way to explore different career options	N	4	8	26	122	71	4.07	81.5
	%	1.7	3.5	11.3	52.8	30.7		
Volunteering is a way to enrich the "CV"	N	6	4	12	110	99	4.26	85.3
	%	2.6	1.7	5.2	47.6	42.9		
Service users are expected to value the volunteers' contributions	N	5	8	33	128	57	3.97	79.4
	%	2.2	3.5	14.3	55.4	24.7		
Paid staff are expected to value the volunteers' contributions	N	9	13	34	118	57	3.87	77.4
	%	3.9	5.6	14.7	51.1	24.7		
Volunteering is a way to utilize volunteers' skills	N	7	9	29	113	73	4.02	80.4
	%	3.0	3.9	12.6	48.9	31.6		
Total							3.93	78.6

The highest mean percentage score (85.5%) was observed as a response to the question if volunteering can be a way to make new contacts that might help in the future profession. The researcher deeply believes that this finding is very consistent with the community "work culture", as the undoubted fact that making good contacts and relationships with persons in key positions is one of the most important points in the process of career development and professional upgrading as well as in the process of finding a job in the first place.

The responses to the questions about the expectation to make new contacts and new friends during volunteering were largely "agree" or "strongly agree" (88.8% and 89.6% respectively). This finding also supports the "work culture" theory of the researcher.

The next three highest scores in order were "Volunteering is a way to enrich the CV", "Volunteering as a way to make new friendships" and "Volunteering is a way to increase awareness about work procedures and practices" with 85.3%, 84.8% and 83.4% respectively. The first is consistent with general approach nowadays of job seeking behavior about the importance of CV in enhancing employability around the world. The second is consistent with the concept in the paragraph above as a community job culture. The third is one of the most remarkable finding as it related strongly to the nature of healthcare provision, because this kind of industry relies fundamentally on practical implementation of procedures and guidelines and this cannot come true unless the employee witnessed and performed the procedures systematically under a senior person supervision.

The lowest mean percentage with as low score as (53.6%) belongs to the question if it is expected to receive travel and other expenses during volunteering period. This is ultimately significant finding as many volunteers are working in voluntary job without even expecting to receive their expenses including basic needs such as travel expenses. The researcher believes that this evidence could be one of the major causes that constrain people around here to volunteer or force them to stop their volunteering in health sector in GG.

The next lowest three scores observed in order were "Volunteering can alleviate the state of loneliness", "Volunteering is a way to have effective training courses" and " Paid staff are expected to value the volunteers' contributions". Actually the first one is an unexpected response to be low as it was one of the strongest results as a result of volunteering is the improvement of loneliness according to the literature (Casiday, et al., 2008; Paylor, 2011). The second also could be counted as one of the areas for improvement to enhance

volunteerism status in health sector (Finnegan & Brewis, 2012). The third is a little hard to be interpret as it varies from one organization to another according to the organizational culture, rules and regulations in the workplace. Taking these findings in consideration, the researcher believes that there is a lot of missing items in work rules regarding volunteers' recruitment such as basic expenses compensation and better training courses.

The expectations from volunteers from health managers point of view was asked and deeply probed in the FGDs which revealed the following points.

All managers involved in the FGDs agreed upon the importance of commitment in volunteers. Obviously, more commitment is needed from volunteers including commitment in attendance, commitment in accomplishing assigned tasks, commitment in organizational regulations and finally commitment in working as a part of the team or even as a paid staff member.

Another agreed point is the planning of a voluntary work. The managers expressed their desire to see volunteers having a plan for their own while volunteering in the health sector. A PHC manager stated, "*Volunteer should set the objectives from the voluntary work, the competencies needed and the success indicators that confirm achievement of the objectives*".

The volunteers should demonstrate the responsibility of his/her actions. This is one of the most debatable issues when dealing with volunteers, some managers considered volunteers as a kind of risk in the organization as they are "*have no legal responsibility*", actually, this perspective is the real danger because it underestimate the capabilities of the volunteers, make them feel like not a part of the organization and it may encourage them to be careless. In fact, some volunteer activities may hold a particular level of danger for the participants or the volunteer. Therefore, volunteers and staff of organizations who agree to engage in these activities take on certain responsibilities. If these responsibilities are not handled with care, the volunteer and organization can be held accountable (Stout & Irvine, 2007).

Volunteers are expected to be open minded to new concepts and practices during training courses and in-service training. Volunteers are requested to take training seriously as stated "*a volunteer should earn the training courses…these courses cost a lot of money*".

Some managers talked about volunteering as way to get a paid job. They articulated that should not make a direct link between volunteering in an organization and get a job in the same place. It is agreed that volunteering can increase the possibility to get a job but not necessary in the same place.

Other expectations were refining competencies, maintaining high quality of services provided and bear part of the workload.

Impacts of volunteerism

In this section, data from volunteer's responses as well as from managers FGDs are used to establish the impact of volunteering on both volunteers themselves and on host organizations.

Table (4.6) demonstrate the volunteers' responses regarding the impact of volunteerism on them that resulted from their volunteering in health sector in GG.

Volunteers participated in this study were asked about the perceived impact that resulted from their volunteering in their current voluntary job. The overall mean percentage of this domain was 81%, which is a significant indicator of good perceived impact on several aspects of volunteers' life. The mean percentages in this domain varied in a small range from minimum 70.7% to maximum 86.2%.

The highest score (86.2%) observed in two items; "Volunteers' confidence in their own abilities" and "Volunteers' sense of making useful contribution". Those two impacts are definitely touch the deep internal values of the human being, and there is no doubt that these values constitute remarkable motives to achieve tasks with magnificent performance and obtain excellent outcomes.

The next item in row is "Volunteers' ability to work as part of a team", which is a little different aspect of performing collaborative work tasks, this is also extremely important as it is a requirement in almost all job types especially in healthcare provision. Then and again comes "Volunteers' sense of self-esteem", which return us back to the deep internal values and a result an important question came to surface: what can an employee achieve without confidence and self-esteem. According to Paylor (2011), the impact of volunteerism on volunteers grouped under two categories: ’perceptions of self’ and ‘social integration’, the perception of self refers to how volunteering can shape the way that people think about themselves and social integration refers to how volunteering connects people with other people.

Table 4.6: Distribution of responses regarding the impact of volunteering on them

Impact		Decreased Greatly	Decreased	Stayed the same	Increased	Increased greatly	Mean	%
Volunteers' confidence in their own abilities	N	0	2	17	119	93	4.31	86.2
	%	0	0.90	7.4	51.5	40.3		
Volunteers' sense of self esteem	N	1	2	16	123	89	4.29	85.7
	%	.40	.90	6.9	53.2	38.5		
Volunteers' sense of making useful contribution	N	3	17	116	95	3	4.31	86.2
	%	1.3	7.4	50.2	41.1	1.3		
Volunteers' welling to try new things	N	0	5	23	132	71	4.16	83.3
	%	0	2.2	10.0	57.1	30.7		
Volunteers' awareness of other people's feelings	N	1	5	32	120	73	4.12	82.4
	%	.40	2.2	13.9	51.9	31.6		
Volunteers' sense of commitment	N	2	2	25	114	88	3.23	84.6
	%	.90	.90	10.8	49.4	38.1		
Volunteers' social and communication skills	N	2	3	19	127	80	4.21	84.2
	%	.90	1.3	8.2	55.0	34.6		
Volunteers' ability to work as part of a team	N	1	1	18	117	94	4.31	86.1
	%	.40	.40	7.8	50.6	40.7		
Volunteers' ability to make decisions	N	1	7	32	123	68	4.08	81.6
	%	.40	3.0	13.9	53.2	29.4		
Volunteers' ability to encourage or lead others	N	2	13	32	123	61	3.99	79.8
	%	.90	5.6	13.8	53.2	26.4		
Volunteers' general life skills such as time management skills	N	4	10	36	124	57	3.95	79.0
	%	1.7	4.3	15.6	53.7	24.7		
Volunteers' technical skills, such as office work or I.T. skills	N	3	4	52	108	64	3.98	79.6
	%	1.3	1.7	22.5	46.8	27.7		
Volunteers' physical health and well-being	N	10	25	73	77	46	3.54	70.7
	%	4.3	10.8	31.6	33.3	19.9		
Volunteers' mental health and well-being	N	10	23	63	92	43	3.58	71.7
	%	4.3	10.0	27.3	39.8	18.6		
Volunteers' sources of help and information	N	7	8	34	131	51	3.91	78.3
	%	3.0	3.5	14.7	56.7	22.1		
Volunteers' interest in doing more volunteering within the health sector	N	13	15	39	94	70	3.84	76.7
	%	5.6	6.5	16.9	40.7	30.3		
Total							4.05	81.0

The lowest score was observed in the item "Volunteers' physical health and well-being". This does not mean that the health of the volunteers declined, but it means that the increase in volunteers' physical health and well-being was the less noticeable with relatively high percentage (70.7%). It followed by the item "Volunteers' mental health and well-being" with (71.7%). Although work gives value to the person and self-worthiness, it did not affect possibly because basic needs are unfulfilled.

Other items in this domain were over 75% mean percentage, which confirms the good impact of volunteerism on volunteers' personal and work life as approved in the literature (Konrath, Fuhrel-Forbis, & Lou, 2012; Casiday, et al., 2008). There are strong evidences that volunteers developed their skills and gained a sense of purpose, which in turn, appeared to have a positive impact on their sense of self-esteem, significantly, physical and mental health benefits were most apparent among volunteers (Teasdale, 2007).

Generally health sector have some particularities such as; health information privacy and confidentiality, safety concerns, and the need of training which make volunteering in a health related activities is exclusive to relatively unskilled roles but now circumstances have been changed and volunteers can cover many and varied positions (National Health Medical Research Center, 2013).

The managers of health sector were asked about the impact of volunteerism on volunteers and host organizations. The managers' responses revealed the following findings.

The three most mentioned volunteerism impacts on volunteers were gaining experience, increasing chances for training and increasing advantages of employability. In the other hand, the most mentioned volunteerism impact on host organization was eliminating the heavy workload.

Gaining experience was main positive impact as stated by managers. This is congruent with the previous findings about the perception of volunteerism as a way to fill the gap between graduation and work life. Some managers stated that many volunteers do not gain any experience due to lack of their commitment but the majority pressed on the need of active and hands-on experience as confirmed by volunteers in the questionnaire results and the literature (Teasdale, 2008)

Managers also expressed volunteering as an excellent opportunity to have training courses in the field of interest. Some organizations (such as PRCS) provide comprehensive training programs to all volunteers involved in field activities and stay in an induction program for at least 3 months in order to be ready for the work in the field. Palestinian MoH as well as UNRWA do not have such programs; instead, they depend on on-the-job training with supervision of permanent staff colleagues.

About the advantages for employability, there were conflicting views about it. Managers in one of the organization assumed that the main goal of volunteering in GG is the need of a job as one of them stated, "*Volunteers in Gaza volunteer to hunt a job opportunity*". They reminded (many times) the bad experience after the internal conflict and political rift in 2007 when thousands of employees abstained attending their work in the MoH facilities including health and many volunteers replaced them for long time (a year or more), then those volunteers started to demand a regular job and seek legal battle with the MoH. In PRCS and the majority of NGOs, managers agreed that volunteering is an advantage to get a regular job not only in the same organization but also in any other relevant health facility, taking in account the reputation of the organization they volunteered for.

Contrarily, some managers assumed that if the volunteers have advantage for employability, it could be some kind of bias. Instead, they defend that all regular jobs should be through and only through a competition (exam, interview, etc…).

Some other less mentioned volunteerism impacts on volunteers were: refining volunteers' talents and skills, be familiar with regulations & people in an organization, obtaining recommendation letters, increasing social relationships, investing leisure time, incentives & rewards, travelling outside Gaza, improving mental health, gaining new skills, experience certificates, and improving communication skills.

On the other hand, managers had intensively mentioned that volunteers are beneficial to their organization in eliminating heavy workload and decrease the need to hire extra regular staff. The researcher believes that it is a natural pragmatic point of view of managers who are struggling to deal with as complex as health facility in such a multifaceted context. In addition, there were some other opinions that was debatable between managers such as adding positive behavior (such as enthusiasm) to regular staff, which was objected by some others

who claim that the opposite is true and the regular staff delegate their tasks to volunteers in order to have some free time and a break or even leave the workplace.

In addition, there were some interesting thoughts about the impact of volunteerism such as:

"Sometimes the volunteers are load to the whole organization if the door is fully open, will not lose much if there are no volunteers in our organization, sometimes we accept them for the concept of volunteerism"

"The impact of a voluntary work is principally according to the volunteers' expectations"

"Being a PRCS volunteer is the biggest benefit to volunteers, we make them unable to stop working anymore"

Volunteers' perspectives about who benefits from volunteerism

Data given in this part focused on ascertaining who benefitted more from voluntary work from volunteers' perspective.

According data in table (4.7), there are significant evidences that volunteerism is beneficial for volunteers. In the questionnaire that used in this study the volunteers were asked their perspective about who benefited from their volunteerism; paid staff, managers, health service users, the wider community or themselves.

The overall mean percentage was 88%. Actually, this is better than what the researches expected and this high score can show us that everyone had benefited from volunteering in health sector in GG.

The benefits of volunteering are not restricted only to the patient, organizations and staff, but also volunteering has a positive impact on the volunteer that is volunteering is seen to provide volunteers with a sense of satisfaction and self-esteem and an increased stock of social capital (Teasdale, 2008). In relation to social capital, studies have pointed to how the benefits of volunteering spill over into the wider community (Sixsmith & Boneham, 2003). More specifically, research has shown how volunteering can increase community capacity and resilience, as people help each other out and draw on resources from within their local community (Basheer, 2016).

Table 4.7: Distribution of volunteers' responses about who benefits from their volunteering

Who benefits from volunteers volunteering		Make them worse off	Not benefited	Benefited a little bit	Benefited greatly	Mean	Mean %
Paid regular staff	**N**	10	14	63	144	3.48	86.9
	%	4.3	6.1	27.3	62.3		
Managers	**N**	0	21	86	124	3.45	86.1
	%	0	9.1	37.2	53.7		
Beneficiaries	**N**	2	3	62	164	3.68	92.0
	%	.90	1.3	26.8	71.0		
The wider community	**N**	2	13	73	143	3.55	88.6
	%	.90	5.6	31.6	61.9		
The volunteers themselves	**N**	5	23	66	137	3.45	86.3
	%	2.2	10.0	28.6	59.3		
Total						**3.52**	**88.0**

The scores ranged from 86.1% to 92% with the highest score of health service users, which is a good indicator as healthcare service users benefit is the product of the health industry and the ultimate goal of healthcare provision. This is also support by the findings of Casiday et al. report (2008) which demonstrates positive impact in healthcare service users on many aspects such as; disease management and acceptance, improved mental health of children, improved physical health and functioning, increased physical activity, compliance with medications and clinic attendance, and increased self-efficacy & confidence.

Worthy to draw the reader's attention that as high as 10% of volunteers believe that they did not benefited at all, even 2.2% assumed that volunteering made them worse off which is an indicator of the low satisfaction level in some volunteers. The closest rate (9.1%) observed when volunteers expressed their degree of their managers' benefit that can reflect the low satisfaction level in some managers in health sector as well as unfriendly relationship between volunteers and their managers.

Overall volunteerism status

The overall volunteerism status is estimated by interpreting quantitative data from volunteers' questionnaire and illuminated data from FGDs. Volunteerism status consists of two main components; perspective of volunteers & their managers (values & Expectations) and impact of volunteerism on both volunteers and host organizations.

Additionally, interpretation on the calculated volunteer rate, which was done within this study, and data gathered from national and international reports.

Table 4.8: Summary of volunteerism domains score and overall score

Domain	Number of items	Mean	SD	Mean %
Values and beliefs	12	3.82	0.47	76.4
Expectations	17	3.93	0.45	78.6
Impact	16	4.05	0.47	81.0
Benefit	4	3.52	0.44	88.0
Overall	**49**	**3.83**	**0.46**	**81**

The mean of overall scale and each of its domains had been calculated from the converted data. The overall mean percentage was found 81% and the domains mean percentages converged around 80%.

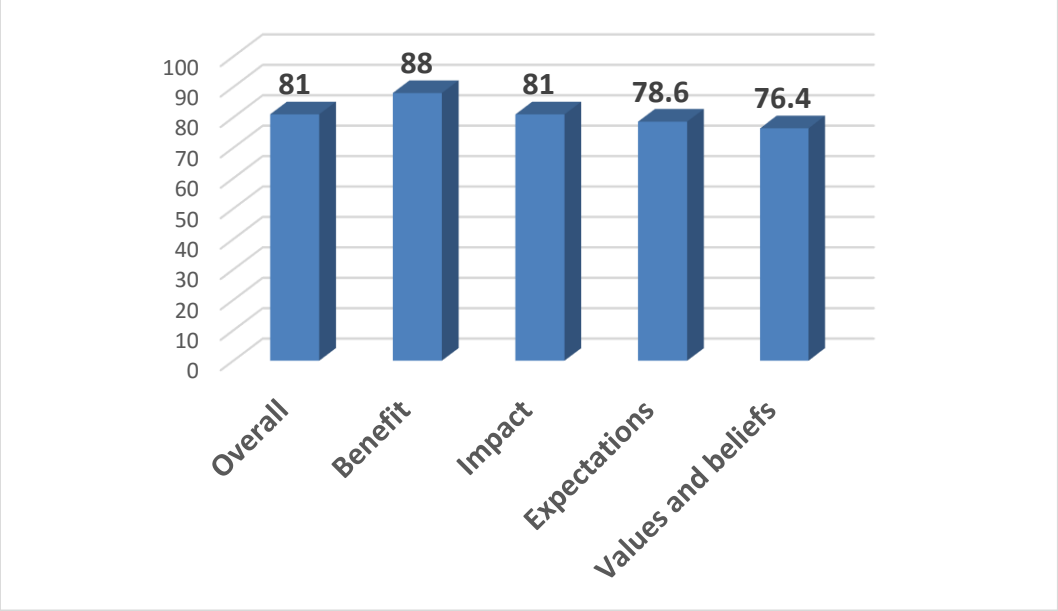

Figure 4.6: Mean percentages of volunteerism domains scores and overall score

The domain (values and beliefs) recorded as high as 76.4% of mean percentage score but in comparison with other domains, it was the lowest. There is an agreed concept around the world (as discussed in Chapter 2) that values and beliefs that stem from inside the volunteer are the strongest motivators to volunteer and to engage volunteers in an effective voluntary work.

The expectations domain recorded a better score (78.6%) by the study respondent of volunteers. The managers have controversial view about the volunteers' expectations as stated in the FGDs; some of them underestimated the expectations that volunteers came with saying, "*Volunteers don't know what they want from volunteering*", other one assumed that volunteers may be aware of the expectations and said, "*Some volunteers expect self-satisfaction rather than money*" and others hoped that volunteers could be more objective in their voluntary work "*Volunteers need a plan for voluntary work, identified objectives and indicators for voluntary work with coordination with ,manager*".

The impact domain recorded much better score (81%) by the study respondent of volunteers. The majority of managers agreed on the positive impact of volunteering on volunteers and the beneficial contributions of volunteers on host organizations. However, some managers had different point of view. The major impact notes of the impact of volunteerism can be reviewed in the previous sections in Chapter 2.

Volunteers who were involved in this study had an accepted score of values (76.4%), but remains the question: what about other people who are not currently volunteers? The answer to this question could be available only after conducting other study in a wider range (or a survey) to estimate the status of deep values of volunteerism in the general population in GG. From managers' point of view, the situation was different as the majority of them talk about volunteerism as a job seeking or experience seeking behavior with no definite aim and vague objectives. The managers' perspectives toward volunteers were various with principal differences according to the organization. Generally talking, an organization perceived volunteers as unemployed looking for job opportunity, other one perceived them as graduates looking for practical experience and training, the third perceived them as an alternative

workforce, other one perceived them as the core of the organization and the last one perceived differently according to the organization with underestimating the worth of volunteers.

Table (4.9) demonstrates the general perceptions and other opinions expressed by managers who participated in the FGDs.

Table 4.9: Summary of managers' perception about volunteers as stated in FGDs

General perception	Other opinions	Odd opinion
Volunteers are unemployed looking for a job opportunity	*"Volunteers are important human resource"* *"Volunteers have no hope to get a job here"* *"Volunteers lack commitment"* *"They have knowledge and energy"*	"*They look like they never exist*"
Volunteers are graduates looking for practical experience and training	*"Volunteers bring new spirit to the organization"* *"Volunteers can create knowledge update to the organization"* *"Volunteerism doesn't fit UNRWA much"*	*Volunteers are with no legal responsibility*
Volunteers are the core of the organization and connect the organization to the community	*"Volunteers producing services of good quality"* *"Volunteers represent the organization"* *"Volunteers are looking for experience and job opportunities"*	*They must earn the training courses they are receiving*
Source of energy and capabilities which should be used effectively	*"Volunteers are beneficial in eliminating workload"*	*I can stop a volunteer's work if he/she doesn't show commitment*
Volunteers come with hope to get a job	*"Volunteers are an extra load on the organization"* *"Volunteerism = training"*	*We accept volunteers only for the concept of volunteering, we don't need them*

Volunteer rate

The volunteer rate one of the national growth and development indicators that is estimated according to the labor force (ILO, 2011). To estimate the volunteer rate the researcher needed a sharp number of total workers in the healthcare providing facilities in the health sector in GG, which was not possible due to many difficulties. Instead, the researcher preferred to use parameters in a small scale to identify –somehow- the volunteer rate in health sector in GG.

Table 4.10: Estimated volunteer rates in health sector in GG

Category	Number of volunteers	Total number of employees	Estimated volunteer rate	Remarks
MoH	150	7,093	2.1%	MoH Annual report 2014 (Ramallah employees only)
UNRWA	12	1,017	1.2%	UNRWA Health program Annual Report 2014
PRCS	387	888	43.6%	Data from PRCS Human Resources Department
Nurses in health sector	182	7,337	2.5%	Syndicates (PCBS Statistical Yearbook of Palestine 2015)
Doctors in health sector	35	3,844	0.9%	Syndicates (PCBS Statistical Yearbook of Palestine 2015)

According to the rates demonstrated above, numbers ranged between 0.9% and 2.5% except in PRCS (43.6%). The unique situation of the PRCS as a volunteerism supporting organization made the huge difference in the volunteer rate as described in the fifth principle of "*The seven principles of the Red Cross and Red Crescent Movement*" which named "*Voluntary Service*" (PRCS, 2017).

The UNDP Human Development Report (2015) estimated the volunteer rate in Palestine as high as 7%, which express the percentage of respondents answering “yes” to the Gallup World Poll question, “In the past month have you volunteered your time to an organization?” The same report estimated the volunteer rate in the Arab states 12%, in Egypt 7%, in Sudan 23% and in Morocco 5%.

The calculated volunteer rate in health sector according to data obtained in this study (0.9-2.5%) is significantly low in comparison with the UNDP report figures. Managers participated in the FGDs were asked about the possible causes behind the low volunteer rate in health sector in GG, and their responses can be described as below.

Managers in health sector in GG declared that numbers of volunteers showed significant decrease since 1990's and particularly in the last 10 years and gave the following (as stated) possible explanations:

Some managers said, "*Voluntary work is very rare and difficult to apply in our organization because of previous bad experience in 2007, it rather replaced by the term training to avoid legal complexities*", "*No way to get a job, never*" and, "No *imbursement, no transportation fees, no incentives, nothing at all, volunteers have to pay from their own pocket*". A HR manager said, "*No standard strategy or volunteering policy to identify the relationship between volunteers and host organizations*".

Other managers stated about possible causes of decrease in volunteer rate, "*There are some kind of regulations that contribute to lowering the volunteer rate such as limiting the number of volunteers as 2 per health center and the period of volunteering as 3-6 months*". A high-level manager said, "*People do not trust organizations anymore, people think that majority of job opportunities are given according to non-professional criteria such as political affiliation and corruption*", he demonstrates that people are not applying for a paid job because of this "*corruption*" so, what about a voluntary job without payment? He said, "*People think: why should I donate my time and effort to a corrupting organization?*"

Managers in another organization have some conflicting perception about the real volunteer rate, some of them saw that there is no decrease in numbers of volunteers but there is increase. Contrarily, some other managers believed that there is a real decrease in number of volunteers

and gave some possible explanations such as; "*Decline in economic situation direct young graduates to paid job to make living rather than voluntary work*" and, "*work law is not clear in the case of volunteers and complicated legal issues*". These organization managers believed that the gaps in the Palestinian work law and organizations internal regulations were the main obstacles facing improving volunteerism. However, they claimed that their organization overcame these issues by modification of the internal law according to the best interest of volunteers and the organization.

High-level managers showed reasons such as the absence of the real spirit and values of volunteerism in the community. The stated expressions were, "*Weak faith in volunteerism values and weak sense of belonging*" and, "*Decrease in volunteers after the foundation of Palestinian Authority and the rise of paid job and salary culture, before that the all people were volunteers for the homeland Palestine*"

As observed, there is a decline in volunteer rate with many explanations from the managers' point of view. Actually, all of these explanations seem to be realistic and convenient with some of regrettable reasons as well.

Some arguments took place claiming that health is not an appropriate sector to estimate volunteer rate because of the low percentage of volunteers in health services in comparison with other sectors such as social services and education. These arguments showed the low percentage of volunteers in health; 5.2% of all volunteers are health sector volunteers in USA, in Australia 9.0%, and in Spain 7.3% (BLS, 2015) (Volunteering Australia, 2015). In a close look, the researcher believes that low rate of volunteers in healthcare service probably because of the low participation of health workers in the labor force in the first place and not because of low participation of volunteers in health sector.

In this section, the overall volunteerism status has been discussed, the following part could represent the quality of the experience of volunteering in health sector in GG by obtaining responses about if volunteers recommend volunteering to other colleagues.

Recommending volunteering to others

Volunteers who participated in this study were asked about if they recommend volunteering in health sector to others. Results are showed in the below table.

Table 4.11: Distribution of volunteers' responses regarding recommending volunteering in health sector to others.

Recommendation to volunteer in health sector	N	%
Not at all	17	7.4
Somehow	76	32.9
To high extent	138	59.7
Mean= 1.52 SD= 0.63 Mean percentage= 76.2%		

This figure can indicate the overall status of volunteerism in health sector in GG but more in practical way as an individual would recommend an activity to others if he/she believes that the advantages of this activity overcome disadvantages. According to the above table, only 7.4% of respondents do not recommend volunteering in health sector, 32.9% of them believe that benefits of volunteering partially overcome hazards and as much as 59.7% of them believe that volunteering deserves the efforts and they highly recommend volunteering in health sector to their colleagues.

Managing volunteers

Managers of health sector in GG was asked about the way they manage volunteers in their organizations. Additionally, probing questions were asked to acquire details about the how volunteers accepted to the organization, trained to provide services, assigned to perform tasks and separate from the organization. The results was analyzed qualitatively and the following results were obtained.

1. **Accepting health volunteers**

About accepting volunteers to the organization there were some agreed points and some other variations according to the organization. One of the agreed points that volunteers can apply to a voluntary job only after obtaining necessary working licenses in the profession of the interest.

Organizations' volunteer accepting procedures varied according to the organization. In some organization, accepting volunteers is kept at the minimal level in order to avoid legal problems of demanding a regular job after long period of volunteering. Managers in this organization declared, "*Volunteering in our organization is very restricted, it cannot be open because of legal issues because of a painful past experience after the political rift in 2007*". The

concerned organization instead, replaced "*Volunteering*" by "*Voluntary Training*" however both were the same in the ground, but the second term eliminated the legal responsibility and closed the door to any legal complex issues. In another organization, the procedures are more systematic and designed to accept maximum of two volunteers in each facility as mentioned by high-level manager and a PHC manager, "*The capacity of each facility is limited by 2 volunteers per facility*". The volunteer then provides complete personal data file "*As if he/she is a regular staff member*" in the HR division, and then the volunteer directed to the relevant department. In another organization, "*The door is widely open for volunteers*" as stated by PHC manager and project manager. This organization managers always accomplish an interview to "*Discover the volunteer's attitude*" and sometimes to "*Select the most competent volunteers (if volunteers are many and vacant positions are limited*" from the same area of the workplace. One of the good points in this organization that managers declaring to every volunteer that "*There is no obligation to hire any volunteers under any circumstances and that this is a voluntary work according to our regulations*". In other NGOs, "*The door for volunteers can be opened according to the need and the capacity of the organization*" as stated by high-level managers of various NGOs. In a different organization, the managers said, "*We are trying to attract volunteers in almost all positions in order to help providing services in the restraining economic situation we have*".

Volunteers' training

It is agreed upon all managers that there is a need for training the volunteers in the organization. The managers admitted that, "*There is no specific training program for volunteers but rather, the training is based on individual basis and the need of the work tasks*". Generally talking the aim of the training is to enhance knowledge and to prepare graduates to work in local community. Managers also agreed, "*We rely on the on-the-job training in companion with a senior staff member as a trainer and a supervisor who assigned to train the volunteers on work procedures and technical instructions*". In one organization, it is much more organized as described by their managers, "*The volunteers are directed after accepting their application to the relevant training program and volunteers are allowed to provide service only after 3 months of training*". Then they explained, "*During the training period which can be considered as induction period the volunteer receives instructions about his/her duties and rights as well as the rules and regulations of the organization*". *Managers*

of this organization continued, "The training courses are mostly about training the trainers and changing behavior and they are in many times not matching the educational background". In other organizations, there is a policy to train volunteers but there is no specific program, rather they said, "*We have in-service training with permanent staff members*".

Volunteers' day-to-day management

Day to day management of volunteers is largely different according to the organization type, structure and manager characteristics.

A direct manager of volunteers said, "I *am unable to control volunteers enough because I cannot reward, punish or obligate volunteers to perform a task but rather, volunteers are being managed on individual basis not according to unified policy*". It became apparent that this organization managers could not carry on volunteers because they said, "*We cannot depend on volunteers to fill a vacant position because volunteers cannot be held legally responsible*". This is totally the opposite what is happening in another organization, where managers said, "*We can fill a vacant job, take immediate decisions, start and end volunteers' voluntary work simply*". The researcher believes that this is closely related to the "non-civil" nature of this organization and the ability of the "field officers" to take quick decision according to the situation unlike civil organizations, which need to follow strict bureaucratic route to take an action. In addition, managers in this organization admitted that, "*Volunteers are obligated to perform assigned tasks with high level of commitment and punctuality; otherwise, their voluntary work can be stopped immediately*".

A manager in PHC proposed "*A system of giving points according to the volunteers' performance in the voluntary work*". This idea accepted by direct managers but objected by managers in higher levels. The researcher believes that this idea could be beneficial in enhancing volunteerism, but it need a unified system within a central national body to be the reference of giving and accrediting points. "*The foundation of a central national body of volunteers in the health sector*" was also an idea proposed and agreed by all managers included in the FGDs. The researcher considers the "PRCS-Division of Volunteers Youth" as a suitable candidate to be central body of volunteers across the country because they have the necessary experienced cadre, policy, rules and regulations to control volunteerism in GG as well as in Palestine.

The legal issues had been mentioned repeatedly in the FGDs. In an organization, many legal issues was raised up already, but in other one, it seemed that there are strict instructions to avoid any legal conflict. In the latter organization, the managers agreed that, "*The volunteers are being allowed to work only in low-risk area -for example in dressing room not vaccination- under close supervision of a regular staff member*". A project manager stated, "*Some legal difficulties arise after volunteers who received training left to other organization that paid more and this pitfall had been overcome by editing the volunteers' contracting legal formula*". Furthermore, legal issues produced some negative attitudes such as "I *am very careful dealing with volunteers because they do not bear any legal responsibility and I am who will be blamed for any mistake"*.

In contrary, some managers perceives the volunteers as if regular staff, they have duties and responsibilities including legal ones. An organization managers declared that, "*Volunteers have duties -such as commitment and quality service provision- and rights -such as transportation, incentives and training- so; volunteers are not required to pay anything from their own pockets*".

According to the previous mentioned organization managers, "*There are two main categories of volunteers; general volunteers and professional volunteers*". And they gave more details, "*The general volunteers have a unified route of training and induction program then they can start a field work, for professional volunteers, a suitable place is searched for them by contacting several facilities and find a vacant position then they interviewed and start training in the concerned facility*". A project manager added, *"Eventually, some general volunteers turned to professional volunteers after working in the place for a while*". Project managers described training program as, "*For the first three months of training, volunteers receive transportation fees in addition to the training course, and then the three months are renewed as needed*". The young project manager added, "*Some active volunteers who are necessary to the facility might receive pocket money in addition to transportation fees, and then volunteer can be turned to a regular staff in some cases*". Worthy to mention that all managers in this organization who involved in FGDs were volunteers at the beginning. Other managers objected, "*This is not applicable in our organization because all posts are assigned after competition but applicable in some NGOs also*". The previous organization managers declared that, "*All these regulations are detailed and documented in the internal regulation of*

our organization, even little details such as volunteers' insurance". A project manager added, "*Another good thing in our organization, that every skill can be utilized even the simplest such as cocking and heavy goods lifting*".

Interestingly, another manager in the same mentioned a case of some facility run by volunteers only, the thing that mentioned also in some literature (Volunteering Australia, 2003), she said, "*Some facilities are operated completely by volunteers, even the administration and financial managers are volunteers*"

In other organization, there are some initiative to enhance the voluntary work in the organization, but it still in limited scale with personal initiatives inside the health facility and not according to agreed policy as stated by a PHC manager, "*Staff members are collecting many from their own pockets to support volunteers by providing transportation fees and meals*".

Improvements needed in organizational level

Finally, for better volunteers' management, managers suggest some improvements in the organizations as well as at the policy makers' level.

All managers from all categories agreed about the importance of founding a national body with authority and a unified volunteering management system according to international standards. However, managers used different expressions such as, "*National policy with coordination with academic institutions, governmental and non-governmental organizations*", " *unified body for volunteers who are looking for voluntary work and invest in their capacities and energy to help the society*", "*A comprehensive system that is legally adjusted and under government authority*", "*Clear regulation in all organizations to standardize managing volunteers such as pocket money and transportations*", "*the international standards and guidelines should be reviewed for better management system*", "*A national committee with authority is necessary*", "*Unified reimbursement and rewarding system among organizations", "A unified volunteering system should be applied in order to train the volunteers and avoid exploitation",* and *"obtaining maximum benefits by a unified management system*".

Another agreed point is the priority of a volunteering law to be formulized by high legislative entities. Some managers expressed that saying, "*There should be a law to control volunteering along with the labor law. This law should include the universities to have role in enhancing volunteerism and laws used in other countries could be used as reference*". Other

managers' response was, "*A legislative law to be a reference to executive regulation in the future and a low to obligate graduates to do voluntary working hours*". *Those managers said about the volunteering law, "A balanced regulations to facilitate acceptance of volunteers and a protection law to support volunteers in the case of medical errors*". The high-level managers expressed the volunteering low more intensively mentioning the need to, "A *law to control volunteering along with the labor law and execution of concerned laws*" and, "*Every organization should have well defined volunteering policy and a plan for volunteers*".

All managers from all levels agreed on "*Not giving fake hope of a job to volunteers*" and, "*Being clear from the beginning about regulations of volunteering and chances to be hired*" which can show the inappropriate behavior of some managers to give unrealistic promises to volunteers in order to deceive and exploit them. In addition, one of the repeatedly mentioned points for policy makers was, "*The concept of volunteerism and a good attitude toward volunteers should be in the mind of policy makers*" which could be an indicator of the absence of the concept of volunteerism in high-level policy makers.

In addition, managers involved in the FGDs expressed individually some important needed areas of improvement in their organizations to utilize volunteers better.

The PHC managers in an organization mentioned, "*Volunteers who are well known to the organization should have advantage in employment*" and, "*Volunteers should be engaged in workshops and other similar activities as if they were regular staff, and they should receive transportation fees at least*". HR staff in the same organization stated, "*The organization should seek volunteers to discover and push them toward work and creativity not the volunteer who should search for voluntary work opportunity*".

The PHC managers in other organization mentioned, "*Change should be made on the limited volunteering period of volunteering which is 3 to 6 months*", "*careful selection of volunteers, perhaps by competency based interview*", "*Giving certificate to reflect performance not only a stamped paper*" and, "*Provide pocket money*".

The managers also mentioned, "*The volunteers should be given all options, like to work in each station as well as proper training courses*".

So far, the descriptive features of volunteerism in the health sector in GG were demonstrated using quantitative and qualitative data obtained in the study. The next section is the area that

the researcher is going to demonstrate the relationship between different variables that have been studied in the study and the significance of these relationships.

4.3 Inferential statistics

To determine if there are differences in volunteerism status between groups of respondents or not, and if variances related to respondents individual, educational or volunteering related characteristics, t-test, ANOVA, and correlation tests have been applied. The overall volunteerism status had been calculated from the mean of the three main dimensions of the study tool; volunteers' values, expectations and perceived impact, then compared separately with respondents' individual characteristics, educational characteristics and characteristics related to volunteering.

Variations in volunteerism in reference to characteristics variables

The researcher used ANOVA and t-test to identify the relationships between overall volunteerism status and different characteristics of study participants. Results can be described as in table (4.12).

As a conclusion of these figures, females had better score of volunteerism status but this was not statistically significant even if it was very close (P=0.058). This finding can support the previous explanation of relatively high percentage of female/male when compared with health sector paid stuff percentage, which also can be linked to more - limited job opportunities to females in comparison with males. The researcher believes that females are more liable to volunteer in health sector in comparison with male because of the lower rate of participation in the health labor force. As a result, the female graduates in health specialties are trying to find alternative way to practice health science such as volunteering.

Other numbers had not demonstrated significant variances between groups of respondents. This does not necessarily mean that there is no diversity in people around here; the researcher rather believes that it may be due to the fusion of different social layers in a limited accessed place such as GG and the narrow range of "work culture". Although the differences were not statistically significant, young (25 or less), refugees and less experienced volunteers showed relatively higher mean of overall volunteerism status. In contrary, employees (full-time or part-time) and married volunteers recorded slightly less mean of overall volunteerism status.

Table 4.12: Differences in overall volunteerism status, in reference to demographic characteristics

Independent variables	Characteristics	N	Mean	Factor	Value	Sig.
Gender	Male	119	3.91	t	-1.908	0.058
	Female	112	4.00			
Age in years	25 or less	139	3.99	F	1.864	0.157
	26-30	60	3.87			
	>30	32	3.96			
Marital status	Non-married	150	3.96	t	0.423	0.67
	Married	81	3.94			
Place of living	Camp	65	3.93	t	-0.483	0.630
	Non-camp	166	3.96			
Governorate	North	47	3.96	F	1.259	0.287
	Gaza	93	3.96			
	Middle	23	3.84			
	Khanyounes	43	4.04			
	Rafah	25	3.87			
Refugee status	Refugee	158	3.94	t	-1.053	0.293
	Non-refugee	73	3.99			
Employment status	Student	15	3.96	F	0.114	0.893
	Graduate	188	3.96			
	Employee (part time or temporarily)	28	3.92			
Years of professional experience	1 year or less	75	3.96	F	0.485	0.693
	2-4 years	106	3.93			
	5-7 years	28	4.03			
	More than 7 years	22	3.94			

Inferential statistics demonstrated the results displayed in table (4.13) about the differences in overall volunteerism status, in reference to educational characteristics of volunteers.

Table 4.13: Differences in overall volunteerism status, in reference to educational characteristics

Independent variables	Characteristics	N	Mean	Factor	Value	Sig.
Level of education	Secondary school or less	12	4.10	F	0.861	0.424
	Undergraduate Diploma	99	3.95			
	Bachelor and postgraduate	120	3.95			
Years after qualification	1 year or les	62	0.36	F	0.380	0.768
	2-4 years	103	0.39			
	5-7 years	42	0.34			
	More than 7 years	24	0.49			
Specialization according to educational background	Physician	12	3.68	F	2.357	0.019
	Nurse & MW	64	3.91			
	Paramedic	41	3.87			
	Management & secretary	59	4.01			
	Psychosocial support	11	4.20			
	Ambulance driver/rescuer	14	3.98			
	IT	4	3.91			
	Others health	4	4.10			
	Others non-health	22	4.09			

In this domain, there were no differences between groups of participants in overall volunteerism status score and other subdomains, except in specialization according to educational background which showed significant (p=0.019) variations in overall mean score as well as in the "expectations" domain (p=0.034) in reference to volunteers' specialization. The highest mean (4.2 or 84% mean percentage) was observed for the volunteers who had studied in the field of psychosocial support. The means varied according to educational background to reach the lowest mean score (3.68 or 73.6% mean percentage). The LSD Post Hoc tests (Annex 6) showed significant variations specifically between physician volunteers and; administrative volunteers (p=0.007), psychosocial support volunteers (p =0.001), ambulance driver/rescuer volunteers (p =0.047) and other non-health volunteers (p=0.003). Additionally, there were significant variations between psychosocial support volunteers and; nurse/MW volunteers (p =0.019) and paramedic volunteers (p =0.009).

These variations are consistent with figures showed in the international (Betil, 2013 & UNV, 2010), regional (Lutfi, 2004) and local (Hanania, 2010) literature with some differences between and within groups.

No significant variations between groups was observed according to the period after academic qualification, this was against some references which showed lower motivation level in volunteers who graduated before longer period (Rahhal, 2006; Finlay & Murray, 2005). However, low educational attainment (secondary school or less) and more years after qualification were the characteristics of volunteers who showed slight higher mean score of overall volunteerism status.

The level of education is supposed to be one of the indicators of volunteers' perspective about volunteerism (BLS, 2014), but this was not applicable in health sector in GG. This result can support the previous finding of weak volunteerism culture in schools and it exceeds to the colleges and universities. The researcher believes that there is a need to implement educational volunteerism tasks starting in schools and to be increased in colleges and universities according to the academic degree level.

Considering volunteers' characteristics related to volunteering, table (14.4) demonstrates differences in overall volunteerism status.

Table 4.14: Differences in overall volunteerism status, in reference to characteristics related to volunteering

Independent variables	Characteristics	N	Mean	Factor	Value	Sig.
Nature of job responsibility	Administrative	21	4.10	T	1.806	0.072
	Technical	210	3.94			
Type of volunteering	Regular volunteer	117	3.95	F	.0350	.9660
	Sometimes volunteer	60	3.96			
	Never before	54	3.96			
Total period of volunteering	Less than 6 months	28	3.99	F	.2300	.9490
	6-11 months	43	3.91			
	12-23 months	71	3.94			
	24-35 months	30	3.95			
	36-47 months	31	3.99			
	48 months or more	28	3.97			
Period of volunteering in the current job	Less than 6 months	53	3.95	F	.4510	.8130
	6-11 months	70	3.98			
	12-23 months	58	3.90			
	24-35 months	18	4.04			
	36-47 months	19	3.96			
	48 months or more	13	3.94			
Volunteering hours/week	1-15 hours/week	23	4.08	F	1.128	.3380
	16-30 hours/week	78	3.95			
	31-45 hours/week	103	3.92			
	More than 45 hours/week	27	3.98			
Effective experience hours/week	1-15 hours/week	62	3.90	F	.7020	.5520
	16-30 hours/week	109	3.98			
	31-45 hours/week	51	3.94			
	More than 45 hours/week	9	4.02			
Occupation volunteered for	Physician	12	3.68	F	2.758	.0090
	Nurse & MW	59	3.92			
	Paramedic	38	3.85			
	Administrative & secretary	54	3.99			
	Psychosocial counselor	9	4.09			
	Ambulance driver/ Rescuer	27	3.95			
	Worker/handyman	22	3.93			
	Others	15	4.13			

In this domain, there were no differences between groups of participants in overall volunteerism status score and other subdomains, except in the volunteers' occupation they volunteered for in their current voluntary job, which showed significant variations between volunteers who are working in different job positions. The variations were noticed in overall volunteerism mean score (p=0.009) as well as in volunteerism domains; values (p=0.021), expectations (p=0.035) and impact (=0.029). The mean scores ranged between 4.09 (81.8%) in Psychosocial counselor and 3.68 (73.6%) in physicians. The researcher finds this result completely natural and supports the previous finding of the varieties within volunteers with different educational background. The LSD Post Hoc test (Annex 7) showed that the significant variations was between; physicians & nurse/MW (p=0.044), physicians & administrative volunteers (p=0.010), physicians & PSC's (p=0.001), physicians & ambulance drivers/rescuers (p=0.043), physicians & workers/handymen (p=0.015), physicians & other volunteers (p=0.02), nurse/MW & PSC's (0.025) and paramedics & PSC's (p=0.006).

There were differences (close to be statistically significant with p= 0.072) also between volunteers who have administrative responsibilities with who have technical responsibilities. Volunteers with administrative responsibilities achieved higher mean score of volunteerism status (4.10) than volunteers with technical responsibilities (3.94) and 3.2 difference in mean percentage (82% to 78.8%).

The mean overall volunteerism score was near to significant (p=0.072) higher in volunteers who worked in administrative positions (4.10) rather than who worked in technical positions (3.94). Some managers in the FGDs referred to a similar phenomenon when they differentiate between "*general volunteers*" and "*professional volunteer*". They also mentioned that general volunteers have relatively easier accepting procedures and in one organization, they have well prepared induction and training program. In contrary, professional volunteers run through individual pathway according to their profession and available vacant positions.

According to the above table, there were not significant variations between volunteers with different type of volunteering (regular volunteers, sometimes volunteers and never volunteered before), period of volunteering (total and in current job) and volunteering hours/week. Some studies approved the positive association between motivations to volunteer with type of volunteering (McCall, Namba, & Fri, 2012) and with period of volunteering (Beder & Fast, 2006).

Correlations between volunteerism domains, overall volunteerism and perceived benefit of volunteerism

The correlation test showed positive correlations between volunteerism overall mean score, volunteerism domain mean scores (values, expectations and perceived impact) and perceived benefit of volunteerism at statistically significant value (p=0.000). The perceived benefit of volunteerism can be supposed as the product of the voluntary work and the researcher assumed that this score should be analyzed in some details rather than other variables in this study.

Detailed data about these correlations are demonstrated in table (4.15).

Table 4.15: correlations between volunteerism overall mean score, volunteerism domains mean scores and perceived benefit mean score

Factor		Values	Expectations	Perceived impact	Overall (values + expectations + impact)	Perceived benefit
Values	R	1	0.606	0.433	0.775	0.293
	Sig.		.000	.000	.000	.000
Expectations	R	0.606	1	0.506	0.875	0.247
	Sig.	.000		.000	.000	.000
Perceived impact	R	.433	.506	1	.805	.265
	Sig.	.000	.000		.000	.000
Overall (values + expectations + impact)	R	.775	.875	.805	1	.318
	Sig.	.000	.000	.000		.000
Perceived benefit	R	.293	.247	.265	.318	1
	Sig.	.000	.000	.000	.000	

The strongest correlation recorded between the "expectation" domain mean score and the overall volunteerism mean score (r=0.875). Additionally, coefficient of determination (R^2) between these two mean scores was 0.765, which means that the expectations of the study population can predict 76.5% of the overall volunteerism status as shown in figure (4.7).

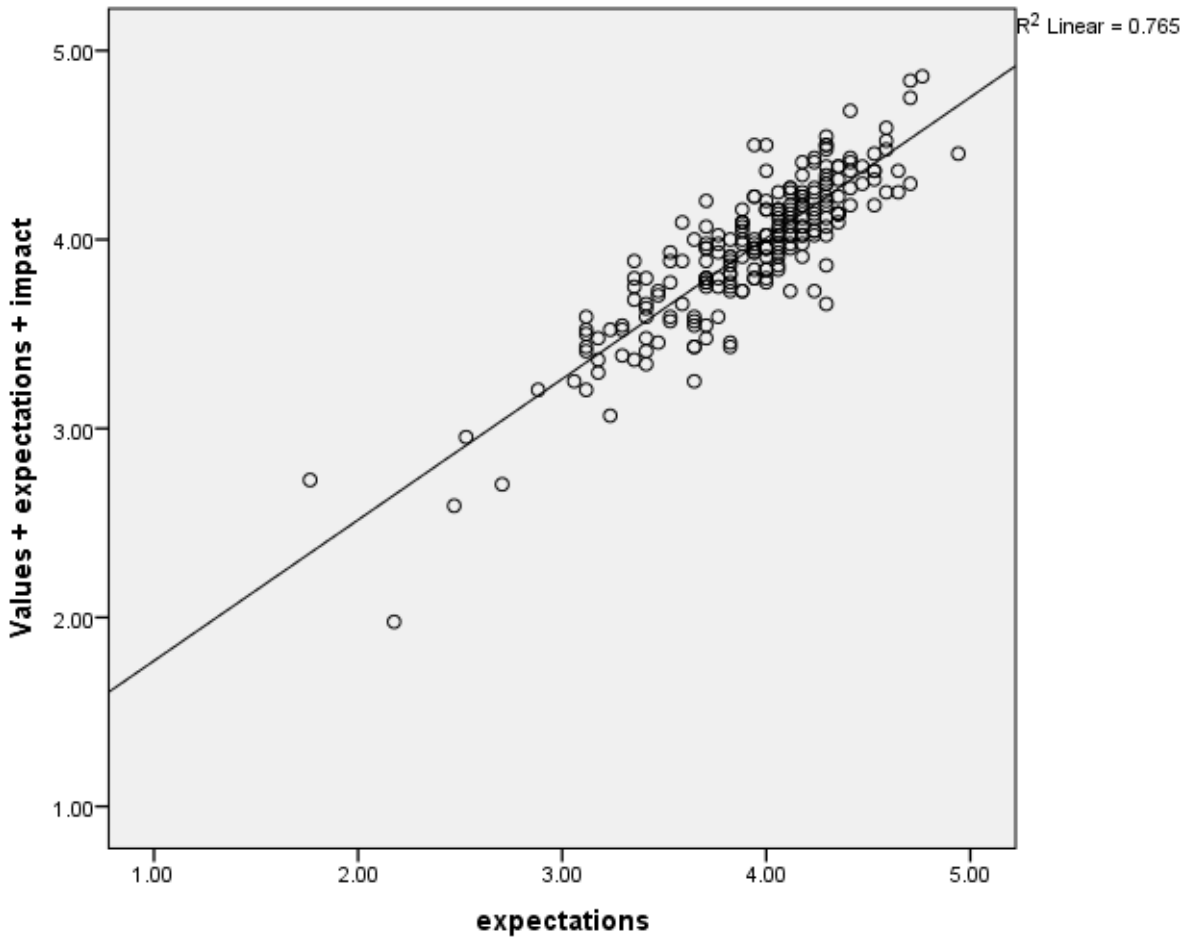

Figure 4.7: correlation between expectations and overall volunteerism status

Some sources in the literature showed an increasing interest in the expectations from a voluntary work as the distinguishing factor in the quantitative and qualitative aspects in large-scale volunteerism (Beder & Fast, 2006). The researcher believes that this finding is specifically applicable in GG as a complicated and restricted context with highly dense area population, limited job opportunities, high donation dependency and limited labor market capacity (Abed, 2007; Ubaid et al., 2015).

The inferential statistics brought great addition to the previous data and spotted some light on critical areas in the study. Even though the inferential statistics might appear extreme in-depth and carry extra detailed information but these data may form the end-result of the study as well as the starting point to precede further study in the volunteerism field.

Chapter 5: Conclusion and Recommendations

5.1 Conclusion

In this study, the researcher aimed to explore the perspective and the impact of volunteerism in health sector in GG from volunteers' and managers' point of view. In addition, the study elaborated the relationships between different variables and the study participants' characteristics in the quantitative part. In the qualitative part, the health sector managers' perspective obtained about the voluntary work, and about volunteer management in health organizations in GG.

The overall volunteerism status in health sector in GG showed high scores of cultural values & beliefs, expectations and impact of volunteerism as well as high score of overall volunteerism. This result indicates that volunteers in health sector in GG have appropriate cultural values & expectations that are congruent with the spirit of volunteerism as well as the high level of perceived impact from volunteers on themselves and the host organization. However, estimation of volunteer rates in health sector were significantly low (except in PRCS) in comparison with overall volunteer rate in Palestine and other countries. The reasons behind low volunteer rates were deeply probed in the FGDs and the responses varied in wide range. The managers attributed the responsibility on organizations' polices, the tough context in GG and the changes in the cultural values. Contrarily, according to the health sector managers' opinion mentioned in FGDs, the volunteerism in health sector in GG was look like an alternative to the unemployment, and generally aimed to fill the gap after graduation along with other volunteers' expectations such as obtaining training and experience.

Volunteers who are currently working in the health sector in GG were mainly in young age, equal male/female, married much more than non-married, geographically distributed fairly and mostly living in non-refugee setting. Other personal characteristics revealed that the majority of volunteers were graduates and have less than five years of professional experience.

Volunteers participated in the study showed variations in reference to their educational characteristics. More than half of volunteers were holding bachelor degree or more, the majority of them graduated newly (since less than five years) and the most common

educational background was nursing & MW followed by health management & administration.

Regarding volunteers' characteristics related to volunteerism; the majority of volunteers considered their work as technical rather than administrative, more than half of them considered themselves as regular volunteers, more than half of them volunteered less than two years in their whole life and less than one year in their current job. They worked for long hours and perceived the majority of these hours as effective experience hours. The most common occupation they volunteered for were nurse & MW followed by health management & administration.

Inferential statistics demonstrated significant variations between different professions according to educational background and volunteerism status (overall and domains). The same observation was recorded between different occupations volunteers volunteered for in their current voluntary work. Interestingly, the highest score was recorded for PSC and the lowest was recorded for physicians in both variables (profession according to educational background and profession volunteered for). In addition, significant differences observed between age groups and the "Impact" domain but not with other domains nor with overall score.

The results of FGDs indicated significant variations between host organizations regarding volunteerism in health sector. One organization showed good attitude and readiness to manage volunteers because they have the necessary internal regulations and the expert cadre to control voluntary work and to manage volunteers. Other organization was a formal body characterized by bureaucratic and centralized management style that make managing volunteers ineffective. Another organization has a unique situation, as one of its mandates is to provide work opportunities to the beneficiaries, which constitute restriction on voluntary work. Other organization is a different institution that trying to make the maximum benefit from volunteers in the shadow of financial constraints and work force shortage. Other various NGOs perceived by the researcher as having pragmatic management style with acceptable attitude and limited capacity to benefit from volunteers.

The perceived impact of volunteerism on volunteers was positive in terms of job experience, training, physical & mental health, and self-confidence. Furthermore, volunteers state that all parties benefitted from their volunteering, but "health service users" benefitted more than other

groups. Worthy to mention that the expectations domain had the highest predictive value of the volunteerism benefits.

Healthcare managers showed different opinions about the impact of volunteerism on their organizations ranging from high impact in an organization as stated "*Volunteers are the core component of our organization*", to another as stated, "*We are not going too loose anything if we have not any volunteer*". Generally, host organizations in health sector in GG expect volunteers to be committed, active and have a "plan of voluntary work" that includes the objectives and success indicators of volunteering.

According to healthcare managers' responses in the FGDs, management of volunteers have two main determinants, the management style of the organization and the personal characteristics of the managers. When the organization is highly centralized and bureaucratic managing volunteers is very different from a military institution where a manager can take a quick decision in the field. In addition, an organization that have the capacity and the HR staff to manage volunteer is not the same like other organizations.

5.2 Recommendations

According to the study findings, the researcher recommends the following points regarding enhancing volunteerism in health sector.

- Participants reported relatively high scores reflecting positive perspectives about volunteerism. It is important to advocate and lobby to disseminate a culture that values volunteerism at schools, universities, mosques, media and the larger community. Universities do better by including some credit hours for voluntary work.
- Despite the positive perspectives about volunteerism, its rates remain low. More efforts are needed to encourage the enrollment of volunteers in the health sector.
- The Palestinian Red Crescent Society is a successful good practice model in the Palestinian context, it is advised that the organization publishes this experience and disseminates it to other organizations that could learn from this unique experience.
- It is important that policy makers take serious steps towards setting a regulatory frame to regulate voluntarism at both the volunteers and the host organizations fronts.

- In particular, utilization of volunteers in bridging the shortage in human resources is a priority area. Human resources planners need to consider volunteers when they set human resources strategic plans
- Volunteers' expectations domain recorded the high score and was highly effective in determining the voluntary work benefits. Based on that, managers in health sector need to pay more attention to the volunteers' expectation to obtain maximum benefits.
- Volunteers' expectations about volunteerism need to be explored. Organization needs to consider these expectations through asking them and exploring their expectations when they host and utilize volunteers.
- At the host organizations front, it is advised that more attention is being paid to managing volunteers. This task needs to be delegated to someone at the management level and should be followed by accountability and monitoring mechanisms.
- Findings indicated that certain careers are more advantaged than others when it comes to volunteerism. More emphasis is needed to stress on the values of volunteers to the disadvantaged groups such as doctors.
- Perceived positive impacts at the host organizations and the volunteers' sides are important for maintaining higher volunteerism rates. It is important to establish more rigorous monitoring and evaluation system to track and assess volunteer.
- More studies may be needed for deep understanding of volunteerism with detailed analysis of volunteers' attitude and host organizations' best interest.
- Researchers possibly required to figure out the general population attitude toward volunteerism as well as the real implications of volunteers on the community.
- More research probably appropriate to identify deep causes behind low volunteer rate and proper ways of enhancing volunteerism.

Chapter 5: References

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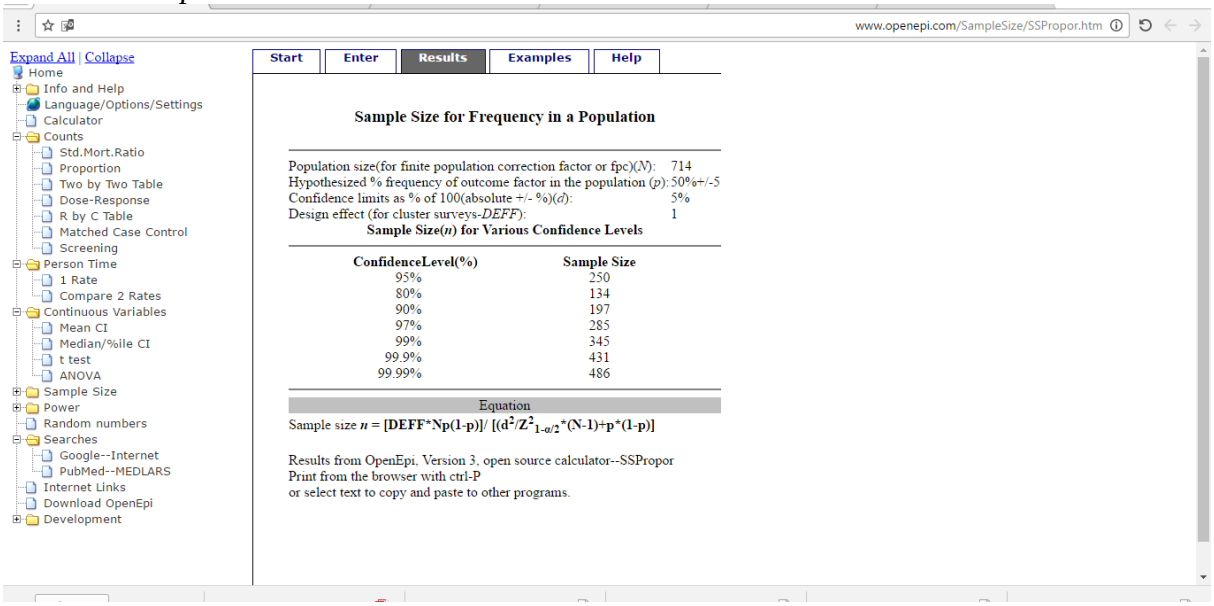
Annexes

Annex 1: Study activities timetable

Activity	Duration	Oct & Nov 2015	Dec 2015	Jan 2016	Feb 2016	March-August 2016	Sep & Oct 2016	Nov & Dec 2016	Jan-March 2017
Proposal writing	2 months								
Proposal defense and approval	1 month								
Expert committee check for validity of instruments	1 month								
Pilot Study	2 weeks								
Modifications	2 weeks								
Data Collection	6 months								
Data Entry	3 months								
Data Analysis	2 months								
Research writing	1 month								

Annex 2: Sample size calculation



Annex 3: List of arbitrators

	Name
1	Ms. Megan Haddock
2	Dr. Yahia Abed
3	Dr. Khitam Hamad
4	Dr. Yousef Mousa
5	Dr. Zoheir El-Khateeb
6	Dr. Tayseer Amassi
7	Dr. Waseem El-Habeel
8	Dr. Yousef El-Jeish
9	Dr. Mohammad El-Madhoun
10	Dr. Eric Sarriot

Annex 4: Study questionnaire

The Status of Volunteerism in Health Sector in Gaza Governorates: Perspectives and Implications

بسم الله الرحمن الرحيم

Dear participant;

I am Mohammed Ubeid, and now collecting data for a research study about volunteerism status in health sector in Gaza governorates. You have been randomly selected to participate in this study and your participation has no direct or indirect negative implications on you.

Participation in this study requires filling this questionnaire which is a part of a study conducted by me as a requirement for the master degree in public health at Al-quds University. The study is self-funded; and findings will be used only for the research purposes. The study is completely independent and has no connection to any government, authority or official body.

The findings and conclusions of this study may help for better understanding of the concept of volunteerism in health sector and impact of volunteering activities on people health and national development.

Please select the best option which describes your feeling most of the time or the one comes first to your mind. Remember that there is no right or wrong answer, however the appropriate option to select is the one which reflects better your perspective.

Even though I welcome and appreciate your participation, participating is optional; you may refuse to participate, stop filling, skip questions or withdraw the questionnaire anytime you wish. Your answers will be kept completely confidential and no individual respondent will be identified in any report based on the study.

The questionnaire may take 15 minutes of valuable time. Please answer all questions as much as possible and don't hesitate to ask for any clarification regarding this questionnaire.

Thank you very much for taking the time to complete this questionnaire.

Yours faithfully

Dr. Mohammad Ubaid

Jawwal: 059 918 87 76

Section 1: Individual characteristics

Serial Number:

1.	**Age:** (please write in years)					
2.	**Gender:**	Male	Female			
3.	**Marital status:**	Single	Married	Widow	Divorced	
4.	**Place of living:**	City	Camp	Village		
	Please define which Governorate:	North	Gaza	Middle	K.Younes	Rafah
5.	**Refugee status**	Refugee	Non-refugee			
6.	**Employment status**	Non-employee	Employee			
		If non-employee	Student	Graduate	If employee	Part time	Full time
7.	**Level of education attained**	Secondary school or less	Undergraduate Diploma			
		Bachelor	Post graduate			
8.	**Number of years after last qualification**					
9.	**Specialization according to Educational Background**	Physician	Nurse	Midwife	Physiotherapist	
		Pharmacist	Lab technician	X-ray technician		
		Others Define:	Non-health Define:			

10.	**Nature of responsibility**	Managerial	Non-managerial
11.	**Experience**: (please write in years)		

12.	**Are you:**	Regular volunteering	Sometimes volunteering	Never before

13.	**Period of volunteering (please write in months)** • Overall period (in your whole life): • Only in the current volunteering job:		
14.	**What occupation have you carried out as a volunteer in the last 12 months?**		
	Medical	**Nursing**	**Midwifery**
	Physiotherapy	**Pharmacy**	**Diagnostic imaging**
	Clerk	**Secretary**	**Handyman/worker**
	Others: (define)		
15.	**On average, how many hours a week do you volunteer for in the current volunteering job? _____ hours**		
16.	**On average how many hours a week do you consider as effective experience hours* in your field of interest in your current job? _____ hours** *Effective experience hours: Hours in which you gained knowledge, aptitude and/or skills		

Section 2: Volunteers characteristics

Please use this scale to express how much you agree or disagree with each statement

1 **Strongly disagree**	**2** **Disagree**	**3** **Neither agree nor disagree**	**4** **Agree**	**5** **Strongly agree**

17.	**volunteering is a common phenomenon in our society**	
18.	My parents told me about the value of volunteering	
19.	My teachers explained to me the volunteering as positive attitude	

20.	Others with whom I am close place a high value on community service	
21.	Volunteering in social activities is a religious duty	
22.	Clerics encouraged me to volunteer	
23.	I feel proud when I know that my generosity has benefited a needy person	
24.	I believe that volunteering contributes to the development of our nation	
25.	I know that when I'm working to help others, I'm also helping myself	
26.	Volunteering is usually a waste of time	
27.	Volunteering in health sector stems from my sense of belonging and responsibility to my community	
28.	Doing volunteer work is very satisfying	
29.	Volunteering will help me to succeed in my chosen profession	
30.	I can make new contacts through volunteering that might help my business or career	
31.	Volunteering is a way to make new friends	
32.	I volunteered in this because "doing something is better than doing nothing"	
33.	I can claim my travel and other expenses if I wish to	
34.	The training courses are of good quality	
35.	By volunteering I feel less lonely	
36.	Volunteering lets me learn things through direct, hands on experience	
37.	My volunteering can increase my ability to get paid work in the future	
38.	Volunteering can help me to get my foot in the door at a place where I would like to work	
39.	It is important to me that I can obtain certificates through my volunteering	
40.	During volunteering my understanding of practices and working procedures	

	can increase	
41.	Volunteering allows me to explore different career options	
42.	Volunteering experience will look good on my CV	
43.	Service users value the contribution I make	
44.	Staff value the contribution I make	
45.	I feel my skills are well utilized	

Section 3: Impact of volunteerism

Please use this scale to indicate whether the following have increased or decreased for you as a result of your volunteering

1 Decreased greatly	**2 Decreased**	**3 Stayed the same**	**4 Increased**	**5 Increased greatly**

46	My confidence in my own abilities	
47	My sense of self-esteem	
48	My sense that I am making a useful contributions	
49	My willingness to try new things	
50	My awareness of other people's feelings	
51	My sense of commitment	
52	My social and communication skills	
53	My ability to work as part of a team	
54	My ability to make decisions	
55	My ability to encourage or lead others	

56	General life skills such as time management skills	
57	Technical skills, such as office work or I.T. skills	
58	My physical health and well-being	
59	My mental health and well-being	
60	Sources of help and information	
61	My interest in doing more volunteering within the health sector	

62. Who benefits from your volunteering? Please would you tick the box which corresponds to how much you feel each of the following groups benefit from your volunteering.

		My volunteering makes them worse off	Doesn't benefit at all	Benefits a bit	Benefits greatly
i)	Paid staff				
ii)	Managers				
iii)	Service Users				
iv)	The wider community				
v)	Myself				

63. Do you recommend volunteering to others?

To high extent	Somewhat	Not at all

Dear Volunteer; you have completed the questionnaire, thank you for your valuable time. For any query please don't hesitate to contact me.

Have a good day

Annex 5: Study questionnaire (Translated to Arabic)

بسم الله الرحمن الرحيم

Serial Number:

وضع العمل التطوعي في القطاع الصحي في محافظات غزة: منظورات وآثار

عزيزي المشارك:

أنا الباحث محمد عثمان عبيد، وحالياً أجمع البيانات اللازمة لدراسة عن وضع التطوع في القطاع الصحي في محافظات غزة. لقد تم اختيارك عشوائياً للاشتراك في هذه الدراسة، مع العلم أن اشتراكك في هذه الدراسة ليس له أي آثار سلبية عليك، بطريقة مباشرة او غير مباشرة.

الاشتراك في هذه الدراسة يتطلب تعبئة هذه الاستبانة، والتي هي جزء من بحث مقدم من قبلي كشرط للحصول على درجة الماجستير في الصحة العامة في جامعة القدس. هذه الدراسة ممولة ذاتيا، وسيتم استخدام النتائج فقط لأغراض البحث العلمي. هذه الدراسة مستقلة تماماً وليس لها أي صلة بأي حكومة أو سلطة أو جهة رسمية.

نتائج واستنتاجات هذه الدراسة قد تساعد على فهم أفضل لمفهوم العمل التطوعي في القطاع الصحي وتأثير أنشطة العمل التطوعي على صحة الناس والتنمية الوطنية.

الرجاء اختيار الخيار الأفضل الذي يصف مشاعرك أكثر المرات، أو الخيار الذي يتبادر إلى ذهنك أولاً. تذكر أنه لا توجد إجابة صحيحة أو إجابة خاطئة، ولكن الخيار المناسب هو الذي يعكس بشكل أفضل وجهة نظرك.

مع العلم أنني أرحب وأقدر مشاركتك فإن المشاركة اختيارية، بإمكانك رفض المشاركة أو التوقف عن ملء الاستبانة، وبإمكانك أيضاً تخطي أسئلة أو سحب الاستبانة في أي وقت تشاء. سيتم الاحتفاظ بسرية إجاباتك تماماً، ولن يتم تعريف أي مشترك في أي تقرير يستند إلى هذه الدراسة.

قد يستغرق ملء الاستبانة 15 دقيقة من وقتك الثمين. يرجى الإجابة عن جميع الأسئلة قدر الإمكان وعدم التردد في طلب أي توضيحات بشأن هذه الاستبانة.

وتقبلوا فائق الشكر والتقدير

الباحث: **محمد عثمان عبيد**

جوال: **0599188776**

هل تقبل الاشتراك في هذه الدراسة وملء الاستبيان؟

أقبل	أرفض

القسم الأول: الخصائص الفردية

الرجاء وضع علامة (√) عند الإجابة المناسبة أو الإجابة مباشرة في الفراغ المخصص

46.	**العمر بالسنوات:**							
47.	**الجنس:**	ذكر		أنثى				
48.	**الحالة الاجتماعية**	أعزب/عزباء		متزوج/ة		أرمل/ة		مطلق/ة
49.	**مكان السكن**	مدينة		مخيم		قرية		
	الرجاء تحديد أي محافظة	الشمال	غزة	الوسطى		خانيونس		رفح
50.	**حالة اللجوء**	لاجئ/ة		غير لاجئ/ة				
51.	**حالة التوظيف**	غير موظف/ة		موظف/ة				
		إذا كنت/ي غير موظف/ة، هل أنت/ي:	طالب/ة	خريج/ة	إذا كنت/ي موظف/ة، هل أنت/ي:	موظف/ة بدوام جزئي		موظف/ة بدوام كلي

.52	**مستوى التحصيل التعليمي**	توجيهي أو أقل		دبلوم مهني	
		بكالوريوس		تعليم عالٍ	
.53	**عدد السنوات بعد الحصول على آخر مؤهل علمي**				
.54	**التخصص بناءً على الخلفية التعليمية**	طب	تمريض	قبالة	علاج طبيعي
		صيدلة	تقنية المختبرات	تقنية الأشعة	إدارة
		دعم نفسي	سكرتاريا	إسعاف	تكنولوجيا معلومات
		تخصصات أخرى رجاءً حدد/ي أي تخصص:		تخصصات غير صحية رجاءً حدد/ي أي تخصص:	
.55	**طبيعة المسئولية الوظيفية**	مسئولية إدارية		مسئولية غير إدارية	
.56	**عدد سنوات الخبرة:**				
.57	**هل أنت:**	متطوع/ة منتظم/**ة**		تتطوع/ي أحياناً	لم تتطوع/ي أبداً من قبل
.58	**مدة التطوع** **(الرجاء كتابة المدة بالشهر)**	المدة الكلية (خلال كامل حياتك):		المدة في العمل التطوعي الحالي:	
.59	**ما هي المهنة التي مارستها في عملك التطوعي خلال آخر 12 شهراً؟**				

	طبيب/ة	**ممرض/ة**	**قابلة**
	أخصائي/ة علاج طبيعي	**صيدلاني/ة**	**فني/ة أشعة**
	كاتب/ة	**سكرتير/ة**	**حرفي أو عامل/ة**
	مرشد/ة نفسي/مجتمعي	**سائق إسعاف**	**مسعف/ة**
	مهن أخرى: **حدد/ي رجاءً:**		
60.	**كم عدد الساعات في الأسبوع (في المتوسط) التي تطوعت فيها للعمل في عملك التطوعي الحالي؟** _____ساعة		
61.	**كم عدد الساعات في الأسبوع (في المتوسط) التي تعتبرها "ساعات خبرة فعالة"* في مجال اهتمامك في عملك التطوعي الحالي؟** _____ ساعة * ساعات الخبرة الفعالة: هي الساعات التي اكتسبت فيها معرفة، كفاية أو/ومهارة.		

القسم الثاني: خصائص المتطوعين

الرجاء استخدام هذا المقياس، لتعبر عن مدى موافقتك أو عدم موافقتك على كل إفادة في الصندوق المقابل لها في الجدول أدناه.

1 **غير موافق بشدة**	**2** **غير موافق**	**3** **محايد**	**4** **موافق**	**5** **موافق بشدة**

62.	**العمل التطوعي ظاهرة شائعة في مجتمعنا.**	
63.	**لقد أخبرني والداي عن قيمة العمل التطوعي.**	
64.	**لقد شرح لي مدرسي العمل التطوعي كموقف إيجابي.**	

65.	الأشخاص المقربون لي يولون الخدمة المجتمعية قيمة رفيعة.	
66.	العمل التطوعي في الفعاليات الاجتماعية واجب ديني.	
67.	لقد شجعني رجال الدين على العمل التطوعي.	
68.	أشعر بالفخر حين أعرف أنَّ شخصاً محتاجةً استفاد من عطائي.	
69.	أنا أؤمن أن العمل التطوعي يساهم في تطور الأمَّة.	
70.	عندما أعمل على مساعدة الآخرين أنا أيضاً أساعد نفسي.	
71.	العمل التطوعي هو عادة مضيعة للوقت.	
72.	عملي التطوعي في القطاع الصحي ينبع من إحساسي بالانتماء والمسؤولية تجاه مجتمعي.	
73.	ممارسة العمل التطوعي مُرضٍ جداً.	
74.	العمل التطوعي سوف يساعدني في النجاح في مهنتي المفضلة.	
75.	خلال العمل التطوعي يمكنني كسب معارف جديدة لأشخاص يمكن الاتصال بهم، الأمر الذي قد ساعدني في عملي أو مشواري المهني.	
76.	العمل التطوعي هو أحد الطرق لكسب أصدقاء جدد.	
77.	لقد قمت بالعمل التطوعي، لأن فعل شيء ما أفضل من فعل لا شيء.	
78.	أستطيع طلب بدل المواصلات والنفقات الأخرى إذا رغبت في ذلك.	
79.	الدورات التدريبية في العمل التطوعي الحالي ذات جودة عالية.	
80.	ممارستي للعمل التطوعي تجعلني أحس بالوحدة بصورة أقل.	
81.	العمل التطوعي يتيح لي تعلم الأشياء من خلال الخبرة المباشرة والاشتراك المباشر.	
82.	عملي التطوعي يمكن أن يزيد من قدرتي على الحصول على عمل مدفوع الأجر في المستقبل.	
83.	العمل التطوعي يمكن أن يساعدني على وضع قدمي على عتبة المكان الذي أرغب بالعمل فيه.	
84.	من المهم بالنسبة لي أن أتمكن من الحصول على شهادات من خلال العمل التطوعي.	
85.	فهمي لممارسات وإجراءات العمل يمكن أن يزيد خلال العمل التطوعي.	
86.	العمل التطوعي يتيح لي الفرصة لاستكشاف الخيارات المهنية المختلفة.	

.87	خبرة العمل التطوعي سوف تبدو جيدة على سيرتي الذاتية.	
.88	المستفيدون من الخدمات يثمنون مساهمتي في العمل.	
.89	الموظفون يثمنون مساهمتي في العمل.	
.90	أشعر أن مهاراتي يتم استخدامها بشكل جيد.	

القسم الثالث: أثار العمل التطوعي

الرجاء استخدام هذا المقياس لتعبر عن مدى تأثر (زيادة أو نقصان) كل إفادة في الجدول أدناه كنتيجة لعملك التطوعي، الرجاء وضع الرقم المناسب في الصندوق المقابل لكل إفادة

1	2	3	4	5
انخفض بشدة	انخفض	بقي كما هو	ازداد	ازداد بشدة

107	ثقتي في قدراتي الخاصة بي.	
108	إحساسي باحترام الذات.	
109	إحساسي بأنني أبذل مساهمات مفيدة.	
110	استعدادي لمحاولة أشياء جديدة.	
111	وعيي بمشاعر الآخرين.	
112	إحساسي بالالتزام.	
113	مهاراتي الاجتماعية والتواصلية.	
114	قدرتي على العمل كجزء من فريق.	
115	قدرتي على اتخاذ القرارات.	
116	قدرتي على تشجيع أو قيادة الآخرين.	
117	مهارات الحياة العامة، مثل مهارات إدارة الوقت.	
118	المهارات التقنية، مثل العمل المكتبي أو مهارات تقنية المعلومات.	
119	صحتي وعافيتي البدنية.	

120	**صحتي وعافيتي النفسية.**	
121	**مصادر المساعدة والمعلومات.**	
122	**اهتمامي في القيام بالمزيد من العمل التطوعي في القطاع الصحي.**	

62. من الذي يستفيد من العمل التطوعي الخاص بك؟ الرجاء وضع علامة في المربع الذي يتوافق مع شعورك، أيٌّ من كل مجموعة من المجموعات التالية الأكثر استفادة من العمل التطوعي الخاص بك؟

		عملي التطوعي أضر بهم	لم يستفيدوا على الاطلاق	استفادوا قليلاً	استفادوا بشدة
i)	الموظفون مدفوعو الأجر				
ii)	المديرون				
iii)	متلقي الخدمات				
iv)	المجتمع الأوسع				
v)	نفسي				

63. هل توصي بالعمل التطوعي في القطاع الصحي للآخرين؟

نعم بشدة	شيئاً ما	لا على الإطلاق

عزيزي المتطوع لقد انتهيت من ملء الاستبانة، شكراً لك على وقتك الثمين. لأي استفسار يرجى عدم التردد في الاتصال بي.

أتمنى لك يوماً سعيداً

Annex 6: Focus Group Discussion sessions questions

- Mentioning volunteerism, what comes to your mind first? Tell me about volunteerism at your organization? How many you have, what is your policy in this regard, how can people volunteer, how organization perceives them?
- Some urge that volunteerism is decreasing in our community, what is your intake of this? What are the reasons behind the shift in this phenomenon? We noticed that the rate of volunteers are low in this study, what are the attributes for that phenomenon?
- Talking about your experience with volunteers; can you give us some illuminations about positive as well as negative experiences in this regard
- How your organization deals with volunteers? What tasks they are given? How they are being managed? Things they can and can't do? What rewards they are given? Probe for hours of working, tasks, training program,
- How beneficial volunteers are to the organization? Can you give example of their contributions? What your organization will lose if you do not have volunteers?
- From your perspectives, what are the values of volunteerism to the volunteers? Probe job opportunities, training, learning new skills, networking, exposure, communication skills
- To make volunteerism as more positive experience, what you would like to see in volunteers? Who are the good ones from your perspectives? Probe for issues related are the characteristics of volunteers, career, attitudes,
- What could be done at the organization front? Probe for polices, better utilization, internship program, incentives, job opportunities, mentorship, change in the culture, organization readiness,
- What policy makers at the high level can do to promote volunteerism-promote for rate of volunteers, better utilization, maximizing benefits to the community, organizations and volunteers as well.

Annex 7: An official letter of approval from the Helsinki Committee

المجلس الفلسطيني للبحث الصحي

Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

"Developing the Palestinian health system through institutionalizing the use of information in decision making"

Helsinki Committee

For Ethical Approval

Date: 04/04/2016 **Number:** PHRC/HC/99/16

Name: Mohammad Ubaid **الاسم:** محمد عبيد

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

The Status of Volunteerism in Health Sector in Gaza Governorates: Perspectives and Implications

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/99/16 in its meeting on 04/04/2016

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member **Member**

4/4/2016

Chairman

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين

Annex 8: Fisher's least significant difference-LSD Post Hoc test of differences between specializations according to educational background in reference to overall volunteerism status.

LSD Post Hoc test							
Dependent Variable	(I) Specialization according to educational background	(J) Specialization according to educational background	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Overall Volunteerism	Physician	Nurse/MW	-.23189-	0.11831	0.051	-.4650-	0.0013
		Paramedic	-.18404-	0.12344	0.137	-.4273-	0.0592
		Admin	-.32550-*	0.1191	0.007	-.5602-	-.0908-
		PSC	-.52273-*	0.15699	0.001	-.8321-	-.2133-
		Ambulance driver/rescuer	-.29545-*	0.14795	0.047	-.5870-	-.0039-
		IT	-.22727-	0.21714	0.296	-.6552-	0.2006
		Others health	-.42045-	0.21714	0.054	-.8484-	0.0075
		Others non-health	-.40599-*	0.13497	0.003	-.6720-	-.1400-
	Nurse/MW	Physician	0.23189	0.11831	0.051	-.0013-	0.465
		Paramedic	0.04785	0.07523	0.525	-.1004-	0.1961
		Admin	-.09361-	0.06788	0.169	-.2274-	0.0402
		PSC	-.29084-*	0.12276	0.019	-.5328-	-.0489-
		Ambulance driver/rescuer	-.06357-	0.11097	0.567	-.2822-	0.1551
		IT	0.00462	0.19383	0.981	-.3774-	0.3866
		Others health	-.18857-	0.19383	0.332	-.5706-	0.1934
		Others non-health	-.17410-	0.09295	0.062	-.3573-	0.0091
	Paramedic	Physician	0.18404	0.12344	0.137	-.0592-	0.4273

		Nurse/MW	-.04785-	0.07523	0.525	-.1961-	0.1004
		Admin	-.14147-	0.07647	0.066	-.2922-	0.0092
		PSC	-.33869-*	0.12771	0.009	-.5904-	-.0870-
		Ambulance driver/rescuer	-.11142-	0.11642	0.34	-.3408-	0.118
		IT	-.04324-	0.19701	0.826	-.4315-	0.345
		Others health	-.23642-	0.19701	0.231	-.6247-	0.1518
		Others non-health	-.22196-*	0.09939	0.027	-.4178-	-.0261-
	Admin	Physician	.32550*	0.1191	0.007	0.0908	0.5602
		Nurse/MW	0.09361	0.06788	0.169	-.0402-	0.2274
		Paramedic	0.14147	0.07647	0.066	-.0092-	0.2922
		PSC	-.19723-	0.12352	0.112	-.4406-	0.0462
		Ambulance driver/rescuer	0.03005	0.11181	0.788	-.1903-	0.2504
		IT	0.09823	0.19432	0.614	-.2847-	0.4812
		Others health	-.09495-	0.19432	0.626	-.4779-	0.288
		Others non-health	-.08049-	0.09395	0.393	-.2656-	0.1047
	PSC	Physician	.52273*	0.15699	0.001	0.2133	0.8321
		Nurse/MW	.29084*	0.12276	0.019	0.0489	0.5328
		Paramedic	.33869*	0.12771	0.009	0.087	0.5904
		Admin	0.19723	0.12352	0.112	-.0462-	0.4406
		Ambulance driver/rescuer	0.22727	0.15153	0.135	-.0714-	0.5259
		IT	0.29545	0.21959	0.18	-.1373-	0.7282
		Others health	0.10227	0.21959	0.642	-.3305-	0.535
		Others non-health	0.11674	0.13888	0.402	-.1570-	0.3904
	Ambulance driver/rescuer	Physician	.29545*	0.14795	0.047	0.0039	0.587
		Nurse/MW	0.06357	0.11097	0.567	-.1551-	0.2822
		Paramedic	0.11142	0.11642	0.34	-.1180-	0.3408
		Admin	-.03005-	0.11181	0.788	-.2504-	0.1903
		PSC	-.22727-	0.15153	0.135	-.5259-	0.0714

		IT	0.06818	0.21322	0.749	-.3520-	0.4884
		Others health	-.12500-	0.21322	0.558	-.5452-	0.2952
		Others non-health	-.11054-	0.12858	0.391	-.3639-	0.1429
	IT	Physician	0.22727	0.21714	0.296	-.2006-	0.6552
		Nurse/MW	-.00462-	0.19383	0.981	-.3866-	0.3774
		Paramedic	0.04324	0.19701	0.826	-.3450-	0.4315
		Admin	-.09823-	0.19432	0.614	-.4812-	0.2847
		PSC	-.29545-	0.21959	0.18	-.7282-	0.1373
		Ambulance driver/rescuer	-.06818-	0.21322	0.749	-.4884-	0.352
		Others health	-.19318-	0.26594	0.468	-.7173-	0.3309
		Others non-health	-.17872-	0.20443	0.383	-.5816-	0.2241
	Others health	Physician	0.42045	0.21714	0.054	-.0075-	0.8484
		Nurse/MW	0.18857	0.19383	0.332	-.1934-	0.5706
		Paramedic	0.23642	0.19701	0.231	-.1518-	0.6247
		Admin	0.09495	0.19432	0.626	-.2880-	0.4779
		PSC	-.10227-	0.21959	0.642	-.5350-	0.3305
		Ambulance driver/rescuer	0.125	0.21322	0.558	-.2952-	0.5452
		IT	0.19318	0.26594	0.468	-.3309-	0.7173
		Others non-health	0.01446	0.20443	0.944	-.3884-	0.4173
	Others non-health	Physician	.40599*	0.13497	0.003	0.14	0.672
		Nurse/MW	0.1741	0.09295	0.062	-.0091-	0.3573
		Paramedic	.22196*	0.09939	0.027	0.0261	0.4178
		Admin	0.08049	0.09395	0.393	-.1047-	0.2656
		PSC	-.11674-	0.13888	0.402	-.3904-	0.157
		Ambulance driver/rescuer	0.11054	0.12858	0.391	-.1429-	0.3639
		IT	0.17872	0.20443	0.383	-.2241-	0.5816
		Others health	-.01446-	0.20443	0.944	-.4173-	0.3884
*** The mean difference is significant at the 0.05 level.**							

Annex 9: Fisher's least significant difference-LSD Post Hoc test of differences between "Occupations volunteered for" in reference to overall volunteerism status.

LSD Post Hoc test							
Dependent Variable	(I) Occupation volunteered for	(J) Occupation volunteered for	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Overall Volunteerism	Physician	Nurse/MW	-.24037-	0.11874	0.044	-.4744-	-.0064-
		Paramedic	-.17105-	0.12416	0.17	-.4157-	0.0736
		Admin	-.31103-	0.11967	0.01	-.5469-	-.0752-
		PSC	-.47326-	0.14138	0.001	-.7519-	-.1947-
		Ambulance driver/rescuer	-.26515-	0.13009	0.043	-.5215-	-.0088-
		Worker/handy man	-.40404-	0.16535	0.015	-.7299-	-.0782-
		Others	-.44545-	0.14522	0.002	-.7316-	-.1593-
	Nurse/MW	Physician	0.24037	0.11874	0.044	0.0064	0.4744
		Paramedic	0.06932	0.07799	0.375	-.0844-	0.223
		Admin	-.07066-	0.07062	0.318	-.2098-	0.0685
		PSC	-.23289-	0.10322	0.025	-.4363-	-.0295-
		Ambulance driver/rescuer	-.02478-	0.08712	0.776	-.1965-	0.1469
		Worker/handy man	-.16367-	0.13418	0.224	-.4281-	0.1008
		Others	-.20508-	0.10843	0.06	-.4188-	0.0086
	Paramedic	Physician	0.17105	0.12416	0.17	-.0736-	0.4157
		Nurse/MW	-.06932-	0.07799	0.375	-.2230-	0.0844
		Admin	-.13997-	0.0794	0.079	-.2964-	0.0165
		PSC	-.30221-	0.10941	0.006	-.5178-	-.0866-
		Ambulance driver/rescuer	-.09410-	0.09438	0.32	-.2801-	0.0919
		Worker/handy man	-.23299-	0.139	0.095	-.5069-	0.0409
		Others	-.27440-	0.11434	0.017	-.4997-	-.0491-
	Admin	Physician	0.31103	0.11967	0.01	0.0752	0.5469

		Nurse/MW	0.07066	0.07062	0.318	-.0685-	0.2098
		Paramedic	0.13997	0.0794	0.079	-.0165-	0.2964
		PSC	-.16224-	0.10428	0.121	-.3677-	0.0433
		Ambulance driver/rescuer	0.04588	0.08838	0.604	-.1283-	0.22
		Worker/handy man	-.09301-	0.135	0.492	-.3591-	0.173
		Others	-.13443-	0.10944	0.221	-.3501-	0.0812
	PSC	Physician	0.47326	0.14138	0.001	0.1947	0.7519
		Nurse/MW	0.23289	0.10322	0.025	0.0295	0.4363
		Paramedic	0.30221	0.10941	0.006	0.0866	0.5178
		Admin	0.16224	0.10428	0.121	-.0433-	0.3677
		Ambulance driver/rescuer	0.20811	0.11609	0.074	-.0207-	0.4369
		Worker/handy man	0.06922	0.15457	0.655	-.2354-	0.3738
		Others	0.02781	0.13283	0.834	-.2340-	0.2896
	Ambulance driver/rescuer	Physician	0.26515	0.13009	0.043	0.0088	0.5215
		Nurse/MW	0.02478	0.08712	0.776	-.1469-	0.1965
		Paramedic	0.0941	0.09438	0.32	-.0919-	0.2801
		Admin	-.04588-	0.08838	0.604	-.2200-	0.1283
		PSC	-.20811-	0.11609	0.074	-.4369-	0.0207
		Worker/handy man	-.13889-	0.14432	0.337	-.4233-	0.1455
		Others	-.18030-	0.12075	0.137	-.4183-	0.0577
	Worker/handy man	Physician	0.40404	0.16535	0.015	0.0782	0.7299
		Nurse/MW	0.16367	0.13418	0.224	-.1008-	0.4281
		Paramedic	0.23299	0.139	0.095	-.0409-	0.5069
		Admin	0.09301	0.135	0.492	-.1730-	0.3591
		PSC	-.06922-	0.15457	0.655	-.3738-	0.2354
		Ambulance driver/rescuer	0.13889	0.14432	0.337	-.1455-	0.4233
		Others	-.04141-	0.1581	0.794	-.3530-	0.2701
	Others	Physician	0.44545	0.14522	0.002	0.1593	0.7316

		Nurse/MW	0.20508	0.10843	0.06	-.0086-	0.4188
		Paramedic	0.2744	0.11434	0.017	0.0491	0.4997
		Admin	0.13443	0.10944	0.221	-.0812-	0.3501
		PSC	-.02781-	0.13283	0.834	-.2896-	0.234
		Ambulance driver/rescuer	0.1803	0.12075	0.137	-.0577-	0.4183
		Worker/handy man	0.04141	0.1581	0.794	-.2701-	0.353
*** The mean difference is significant at the 0.05 level.**							

Summary (In Arabic)

الخلاصة

تقديم: يعرف التطوع عالمياً على أنه مصدر مهم للقوى العاملة في قطاعات العمل المختلفة والذي أظهر عدة تغييرات جوهرية من تطوع فردي غير منظم ليشكل تطوعاً مؤسساتياً يعتمد على سياسة تطوعية ونظام إداري متخصص. وقد أظهرت بعض الدراسات السابقة تدهوراً كميا في التطوع عبر الزمن وبخاصة مع دخول عهد السلطة الوطنية الفلسطينية بما ترتب عليها من تغير في ثقافة التطوع العام في سبيل مشروع وطني إلى ثقافة العمل المؤسساتي والرواتب الوظيفية.

تهدف هذه الدراسة لإلقاء الضوء على وضع ومميزات التطوع وكذلك على أثر المتطوعين من وجهة نظرهم ومن وجهة نظر المؤسسات الحاضنة في القطاع الصحي في محافظات غزة. ومن أهداف هذه الدراسة أيضاً التعرف على الاختلافات في وضع التطوع بالنظر إلى خصائص المتطوعين وخصائص المؤسسات الصحية في القطاع الصحي في محافظات غزة.

منهجية الدراسة: استخدم الباحث تصميم بحثي متنوع كمي ونوعي:

- القسم الكمي: شمل 231 متطوع والذين كانوا على رأس عملهم في المؤسسات المختلفة والتي تقدم خدمات صحية من شتى الأنواع في محافظات غزة في فترة الدراسة. وقد اشترك المتطوعون عن طريق تعبئة الاستبيان ذاتي التقديم بنسبة استجابة بلغت 93 بالمائة. وقد تم تصديق الاستبانة من قبل 10 من المحكمين ذوي الخبرة قبل القيام بتوزيع الاستبيانات ضمن الدراسة الاستطلاعية، وقد سجل اختبار الدقة (كرونباخ ألفا) قراءات عالية بلغت 0.893.
- القسم النوعي: شمل ثلاث جلسات لمجموعات نقاش بؤرية والتي تمت بمشاركة 21 من مدراء مؤسسات تقدم الرعاية الصحية سواء كانوا مدراء مباشرون أو مسؤولون إداريون أو مدراء من مستوى رفيع أو صناع قرار.
- تحليل البيانات: تم تحليل البيانات الكمية باستخدام الحزمة الإحصائية للعلوم الاجتماعية (SPSS)، أما البيانات النوعية فقد نم تحليلها باستخدام تقنية الترميز المفتوح.

نتائج الدراسة

- ❖ عكست الإحصاءات الكمية لخصائص المتطوعين النتائج التالية:

- كانت نسبة الذكور إلى الإناث متساوية تقريبا عند المشاركين في الدراسة. أما بالنسبة لأعمار المشاركين في الدراسة فكانت فئة الشباب هي الأوفر حظا حيث كان 60.1 بالمائة منهم بعمر 25 سنة أو أقل. وبلغت نسبة المتزوجون 64.9 بالمائة واللاجئون 68.4 بالمائة، أما التوزيع الجغرافي فكان مماثلا تقريبا للتوزيع السكاني العام في محافظات غزة.
- بالنظر إلى الخلفية التعليمية للمتطوعين فقد كانت فئة التمريض والقابلات هي الأكثر على الإطلاق بنسبة 27.7 بالمائة تلتها فئة الإداريين بنسبة 25.5 بالمائة ثم فئة المهن الطبية المساندة بنسبة 17.7 بالمائة، أما الأطباء فقد شكلوا 5.2 بالمائة فقط من عينة الدراسة. وكذلك كان ترتيب المهن التي تطوع فيها المشاركين في الدراسة بنسب مشابهة (25.5 و23.4 و16.5 و5.2 بالمائة بنفس الترتيب السابق).
- وقد عكست الإحصاءات الكمية لأداة الدراسة نتائج عالية للتطوع من حيث نطاقاته الثلاثة: القيم الثقافية والتوقعات وكذلك تأثير التطوع في المتطوعين الحاليين في القطاع الصحي في محافظات غزة بنسب بلغت 76.4 و78.6 و81.0 بالمائة على التوالي، وكانت النسبة الكلية لوضع التطوع مرتفعة ايضاً بنسبة 81.0 بالمائة
- وقد أظهرت البيانات التي تم جمعها من موقع الدراسة ومن التقارير الرسمية نسبة تطوع منخفضة (تراوحت من 0.9 إلى 2.5 بالمائة) مقارنة بالدول الأخرى، لكن متوسط ساعات التطوع كانت أكثر بكثير (32.9 ساعة في الأسبوع) وكذلك ساعات التطوع الفعالة كانت جيدة جداً بمتوسط 24 ساعة في الأسبوع. ويستثنى من ذلك مؤسسة الهلال الأحمر الفلسطيني حيث بلغت نسبة المتطوعين فيه حوالي 43.6 بالمائة من إجمالي الموظفين في المؤسسات الصحية المختلفة التابعة لها.

❖ أظهر التحليل النوعي للبيانات المستخلصة من جلسات النقاش البؤرية مع مدراء في القطاع الصحي النتائج التالية:

- تباين واضح في منظور المؤسسات الصحية المضيفة للمتطوعين وكذلك في طريقة إدارة المتطوعين وأيضا في تأثير المتطوعين المتصور في تلك المؤسسات
- كان المنظور العام عند مدراء الصحة أن التطوع كان بمثابة بديل عن البطالة مع توقعات أخرى مثل اكتساب الخبرة والتدريب

- واستناداً إلى مدراء الصحة في محافظات غزة هناك العديد من المجالات التي تحتاج للتطوير من قبل المؤسسات الصحية وتشمل ضعف السياسات الإدارية للتطوع وضعف الجهوزية اللازمة للاستفادة القصوى من المتطوعين
- وقد عزا المدراء النسبة المتدنية للتطوع في القطاع الصحي إلى عدة أسباب منها عدم كفاءة السياسات التطوعية في المؤسسات الصحية والوضع السياسي والاقتصادي والاجتماعي الصعب وكذلك التغير العام في ثقافة العمل لدى سكان محافظات غزة.

❖ وأظهرت الإحصاءات الاستدلالية النتائج التالية:

- وجود اختلافات ذات دلالة إحصائية (قيمة p أقل من 0.05) في وضع التطوع العام ونطاقاته (القيم والتوقعات والتأثير) في إشارة إلى التخصص وفقا للخلفية التعليمية وكذلك وفقاً للوظيفة التي تم التطوع فيها. فقد كانت فئة العاملين في مجال الدعم النفسي المجتمعي هي الفئة الأعلى نسبة في الوضع العام للتطوع بين الفئات الأخرى سواءً حسب الخلفية التعليمية أو حسب المهنة التي تم التطوع فيها بنسبة بلغت 84 و81.8 بالمائة على التوالي.
- ومن النتائج الهامة الأخرى وجود علاقة إيجابية بين وضع التطوع العام ونطاقاته الثلاثة مع الاستفادة المتصورة من العمل التطوعي. وبالإضافة إلى ذلك، أظهر نطاق التوقعات أعلى قيمة تنبؤيه من وضع التطوع العام وقد بلغت 76.5 بالمائة.

الخلاصة والتوصيات:

- يتمتع المتطوعون الحاليون في قطاع الصحة في محافظات غزة بوضع تطوعي جيد وتأثير ملموس ولكن هناك حاجة لتقدير وضع التطوع في عموم السكان مما قد يشكل تحدي للباحثين في هذا المجال.
- أظهرت النتائج أيضا نسبة تطوع منخفضة مما قد يدعو لمزيد من الجهد لمعرفة الأسباب الكامنة والحلول المناسبة لهذه المشكلة.
- هناك ثغرات كثيرة في المؤسسات الصحية المضيفة، بما في ذلك عدم وجود نظام موحد لإدارة المتطوعين وضعف الاستعداد التنظيمي. ولذلك قد يلزم تحديد هذه الفجوات واتخاذ إجراءات جادة لتحسين الاستفادة من المتطوعين في القطاع الصحي في محافظات غزة.