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# Cancer Care Volunteerism in a Non-Western Context

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*Keywords:* cancer care, volunteerism, competency

**Abstract:** The purpose of this study is to profile the cancer care volunteer in Malaysia in Malaysia and identify the competency level. The data were collected using a survey questionnaire. A total of 144 registered cancer-care volunteers from various cancer support groups in Klang Valley were interviewed. With regards to competency, most respondents have a medium level for most of the skills required for the volunteers. This study points to the needs for culturally appropriate “hands on” training programs for cancer care volunteers to function more effectively.

## Introduction

Cancer is a health challenge worldwide (UICC, 2010). It is the second leading cause of death in Malaysia (Malaysian Cancer Statistic, 2006). Volunteerism is seen an important component for the National Cancer Control Program that emphasizes on optimizing the use of available resources, and promoting active community participation (Lim, 2002). Nevertheless, in Malaysia there have been persistent complaints of a dearth of volunteers (Bahari, 2009) and waning interest in volunteering (Hashim, 2003). The decline in people and in the interest to volunteer may be a case of misinterpretation of what volunteerism means and how it is portrayed in this particular context. As a case in point, the word ‘borantia’ or a volunteer became a newly constructed social reality after the 1995 great earthquake in Japan (Atsumi, 2001). The spirit of volunteerism among the Malays was said to be embodied in the community practice of ‘gotong-royong’ (Uttam Singh, Sail, Abu Samah, Shah & Lumayag, 2005) that means teamwork (Gilligan, 1998). With modernization and international aid for volunteer organizations, the concept of volunteerism and voluntary work were typically used in the context of service to society through therapeutic and managerial skills. In the cancer context, who volunteer to assist patients or organization responsible for cancer supportive care? Can they function effectively? Thus, the objective of this study is to profile the cancer care volunteer in Malaysia and identify their competency level.

## Methodology

A quantitative data were collected using a survey questionnaire. A total of 144 registered cancer-care volunteers from various cancer support groups in the capital city and vicinity were sampled using multi-stage procedure and interviewed. The survey instrument was developed from literature and feedback from four focus group discussion on a total of 26 cancer care volunteers. From the process, 20 essential skills were identified. Respondents surveyed were asked to report the level of skills (on a Likert scale of 1 = “strongly not skillful” to 5 = “strongly skillful”) they brought to the support group. Descriptive analysis and Pearson Correlation were used to analyze the data.

## Findings

Majority of the cancer supportive care volunteers were female, middle aged adults, married, completed secondary education (high school), work full-time, employed in private sector, and held management positions. They are of different ethnic composition; 40.6% Malays, 39.2% Chinese, and 12.6% Indian, reflecting Malaysian heterogeneity. With regards to competency, most respondents have an average level (mean=3.11, s.d=0.67) for most of the skills required for the volunteers. Out of the 20 skills identified, the top three were able to drive, visit patients in hospital and giving public education and awareness while the three lowest skills were web development and maintenance, fundraising, and emergency help/ first aid. Their skills seem to be associated with their cancer experiences (as survivors / care givers) ( $r= 0.235$ ,  $p =0.005$ ).

## Discussion & Implication

The finding is congruent with earlier research such as women and married were highly involved in voluntary work (Lindenmeir, 2008; Warburton & Crosier, 2001). Some of the skills such as fundraising, visit home, visit hospital and organize recreational activities were common elsewhere for example in America (Hager, Rooney and Pollak, 2002), in Australia (Ryan, Kaplan & Grese, 2000). Some of the identified skills were unique from Malaysia such as able to drive and web development maintenance. This calls for culturally appropriate “hands on” training programs for cancer care volunteers. Such educational program is hardly available in the country. Further, as practice elsewhere, the trained volunteer need to be accredited before undertaking direct patient support roles such as handling emotional issues, and communication. In other words, organizations can empower volunteers by providing them appropriate learning experience.

From the roundtable discussion on the study we hope to get input to these questions; (1) what are findings or experiences on similar issues elsewhere? (2) what is the link between context/culture and volunteerism? (3) besides the skills identified in the study, what other elements should be included in a culturally appropriate training program for cancer care volunteers?

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