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Social Sustainability and Home Hospice Volunteering: Nonmedical Students' Support and Interest

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Abstract:

Purpose: *This paper examines general support for student involvement in home hospice volunteering, personal interest in participating, perceived barriers and participation preferences among nonmedical students. It considers implications for university–hospice partnership design from a social sustainability perspective.*
Design/Methodology/Approach: *A cross-sectional online survey was conducted among 302 students at the Faculty of Management, Rzeszów University of Technology, Poland, between May and October 2025. A self-selected, non-probability sample was analysed using descriptive statistics, Pearson's chi-square tests, the Fisher–Freeman–Halton exact test and Cramér's V. Programme preferences were analysed for the 268 respondents who answered the relevant questions.*
Findings: *General support for student involvement (64.9%) and perceived educational value (85.4%) were more common than positive personal interest (22.8%); 34.4% were uncertain and needed more information, and 42.7% were not interested. General support was associated with personal interest ($p < 0.001$; Cramér's $V = 0.321$). Exploratory analyses also identified associations with previous volunteering experience and gender. The most frequently reported barriers were lack of time (68.2%), perceived competency gaps (53.0%) and stress related to responsibility (46.7%). Among respondents answering the support question, flexible scheduling (75.7%), training and preparation (62.3%) and recognition towards academic requirements (62.3%) were the most frequently selected options.*
Practical implications: *Recruitment planning should distinguish general support from personal interest. A pilot university–hospice partnership could evaluate clearly defined roles, flexible participation arrangements and structured preparation. Their effects on actual participation, retention and organisational workload require empirical assessment.*
Originality/Value: *The study distinguishes general support from personal interest within a sample of nonmedical students and examines both alongside perceived barriers and participation preferences. It provides contextual evidence for partnership planning, using social sustainability as an interpretive framework rather than a measured outcome.*

Keywords: *University–community partnerships, civic engagement, participation barriers, time allocation, palliative care, human resource management.*

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1. Introduction

Understanding volunteer motivation can help organisations align community needs with participants' expectations. The functional approach recognises that volunteering can serve several purposes, including altruistic goals and personal development, and that the fit between motivation and experience matters for volunteer satisfaction and continued involvement (Clary *et al.,* 1998). Student volunteering also encompasses different patterns of engagement. Regular, occasional and non-volunteers differ in their motivations and perceived benefits, and occasional participation is common (Smith *et al.,* 2010).

These findings support examining both prospective interest and preferred forms of participation in a specific setting. For home hospice programme planning, a further distinction is needed: general support concerns whether student involvement is considered desirable, whereas personal interest concerns the respondent's own potential participation. Measuring both provides a more informative starting point for recruitment planning than measuring approval alone.

Evidence from active hospice volunteers suggests that altruistic motives are more prominent than personal gain, but these findings concern people who have already chosen to volunteer (Claxton-Oldfield *et al.,* 2013). They cannot be assumed to describe prospective student volunteers. Palliative care volunteering also has a distinctive organisational context. Volunteers provide social support and companionship, while the informal and flexible nature of their role can create uncertainty about boundaries and responsibilities (Burbeck *et al.,* 2014).

University–hospice partnerships therefore need to consider preparation and coordination alongside student interest. An evaluation of a service-learning elective for medical students illustrates the relevance of examining host organisations' costs and benefits as well as educational objectives (Setla and Watson, 2006). For partnerships involving nonmedical students, practical questions include which activities students would consider, what preparation they expect and which constraints may limit participation.

Research involving medical students has documented reflections on patient relationships, emotional responses and end-of-life care during hospice volunteering (Mott *et al.,* 2014). More recent research among nursing undergraduates has

identified distinct motivational profiles, indicating heterogeneity even within a healthcare discipline (Wang *et al.,* 2026). University volunteering has also been examined in relation to educational development, community health and sustainability (Trusculescu *et al.,* 2026). These studies provide useful context, but their populations and educational settings differ from those of students in nonmedical degree programmes. They do not directly establish how general support relates to personal interest in home hospice volunteering among students whose degree programmes do not provide clinical preparation.

Social sustainability offers an interpretive perspective on the conditions under which university–hospice partnerships might develop. Boström distinguishes substantive concerns, including well-being and social inclusion, from procedural concerns relating to participation and the processes through which social goals are pursued (Boström, 2012).

Applied here, this perspective directs attention to access to information, perceived barriers, manageable commitments and organisational support. Programme longevity alone would not demonstrate equitable participation or mutual benefit. The present study therefore uses social sustainability as an interpretive framework, rather than a measured outcome. Its survey items describe attitudes and preferences; they do not constitute a validated social sustainability scale or assess the impact of an implemented partnership.

The present study examines nonmedical students at the Faculty of Management, Rzeszów University of Technology, Poland. Its contribution is a contextual assessment of general support, personal interest, perceived barriers and participation preferences within one student sample. The findings are intended to inform the design and subsequent evaluation of university–hospice cooperation.

The main research question is: how does general support for student involvement in home hospice volunteering relate to personal interest, and what do reported barriers and support preferences suggest for partnership design? Four objectives guide the analysis:

- to describe general support, perceived educational value and personal interest in participating;
- to explore associations between personal interest and participant characteristics;
- to identify perceived barriers and preferred forms of participation and organisational support;
- to develop implications for university–hospice partnership design using a social sustainability perspective.

This cross-sectional assessment does not determine whether stated interest predicts participation or whether preferred support arrangements improve recruitment,

retention or partnership viability. These questions require implementation and longitudinal evaluation.

2. Materials and Methods

A cross-sectional online survey was conducted among students enrolled in nonmedical degree programmes at the Faculty of Management, Rzeszów University of Technology, Poland, between 14 May and 21 October 2025. The survey formed part of an applied research project on the organisation of home hospice volunteering. It examined general support for student involvement, personal interest, perceived barriers and preferred participation arrangements.

Reporting was informed by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement (Von Elm *et al.,* 2007) and the Checklist for Reporting Results of Internet E-Surveys (CHERRIES) (Eysenbach, 2004), particularly their guidance on participant selection, recruitment, variable definitions and reporting limitations.

The study was conducted in accordance with the applicable institutional guidelines for research involving human participants at Rzeszów University of Technology, Poland.

An email invitation containing a link to the Google Forms questionnaire was distributed exclusively via the student mailing list of the Faculty of Management at Rzeszów University of Technology. The questionnaire also included a question about respondents' field of study. Participation was voluntary, yielding a self-selected, non-probability sample. The email invitation described the study's purpose and the intended use of the findings. It stated that the questionnaire was anonymous and would take a few minutes to complete, and provided an email address for enquiries.

Volunteering was described broadly, encompassing companionship and organisational, educational, logistical and promotional activities. Responses therefore relate to this range of roles, rather than exclusively to direct patient contact. The numbers of students who received or opened the invitation were not established, so an invitation-based response rate could not be calculated. The available study records do not establish whether technical measures were used to prevent repeat submissions.

The study-specific questionnaire contained single-choice, multiple-response and open-ended questions. Before the main survey, the questionnaire was piloted internally using a separate form. It covered demographic and educational characteristics, student scientific society membership, previous volunteering experience, familiarity with home hospice care, attitudes towards student involvement, personal interest, motivations, training expectations, preferred activities, support preferences, time availability and perceived barriers.

Items were analysed individually; no composite measure of motivation, readiness or social sustainability was calculated, and no psychometric validation is claimed. The functional approach provides interpretive context, but the Volunteer Functions Inventory was not administered (Clary *et al.,* 1998). General support was assessed by asking whether involving students in home hospice volunteering was a good idea.

Perceived educational value was assessed separately. Personal interest had five response categories: 'definitely yes', 'rather yes', 'I do not know; I need more information', 'rather no' and 'definitely no'. Descriptive summaries combined the two affirmative responses and the two negative responses, retaining uncertainty as a separate category. The same grouping was used for general support.

All five personal-interest categories were retained in exploratory analyses of associations with gender, previous volunteering experience and student scientific society membership. Responses describe self-reported attitudes and preferences, rather than assessed competencies or observed availability. The analyses reported in this article focus on general support, perceived educational value, personal interest, associations with participant characteristics, perceived barriers, preferred activities, organisational support and time availability.

All 302 submitted records were included in the analysis. All respondents identified Rzeszów University of Technology as their institution and reported nonmedical fields of study, although most selected a general nonmedical category rather than naming a degree programme. No identical complete records were identified; this check does not establish that each submission came from a unique participant. General support, personal interest and barrier items were completed in all records.

The 34 respondents who selected 'definitely no' for personal interest had no entries for the four subsequent questions on motivations, preferred activities, expected support and available time. These items were analysed using the 268 recorded responses. The Google Forms questionnaire was configured to skip these four questions automatically when respondents selected 'definitely no' for personal interest.

Blank entries were not interpreted as an absence of motivation, preferences or support needs. For multiple-response questions, each option was counted once per respondent, and percentages used the number answering the relevant question as the denominator. Respondent-generated answers were retained separately from predefined options. Survey responses were stored in the research team's Google account. Access to individual responses was restricted to the authors.

Categorical variables were summarised as frequencies and percentages, with item-specific denominators. General support and personal interest were cross-tabulated using three categories: affirmative, uncertain and negative. Because the negative-support subgroup was small, their association was assessed using the Fisher–

Freeman–Halton exact test. Cramér's V was calculated from the Pearson chi-square statistic as $V = \sqrt{[\chi^2 / (N \times \min(r - 1, c - 1))]}$, where r and c denote the numbers of rows and columns (Cramér, 1946).

Exploratory associations between participant characteristics and the five-category personal-interest variable were assessed using Pearson's chi-square test and Cramér's V. The significance threshold was 0.05. Analyses were not adjusted for potential confounders or multiple comparisons and were interpreted as exploratory associations, without causal inference.

In-person consultations were also conducted with 27 employees of the commissioning company during the survey data collection period: eight specialist physicians, eight nurses, four administrative staff members, one social worker, four physiotherapists and two psychologists. Discussions addressed volunteer coordination and support, possible organisational and patient support roles, and staff training. Individual transcripts and identifiable participant metadata were not retained, and the discussions were not systematically coded.

A collective narrative summary provided context for interpreting the survey and developing recommendations; it was not analysed as an independent qualitative dataset. Suggestions involving clinical procedures or medication-related support were not adopted as proposed roles for nonmedical students, because clinical competence and role suitability were not assessed.

3. Results

3.1 Participant Characteristics

The sample comprised 302 students in nonmedical degree programmes at Rzeszów University of Technology. Women accounted for 53.3%, and 91.1% were aged 18–23 years. Most respondents were enrolled in first-cycle programmes (87.4%). Previous volunteering experience was reported by 110 respondents (36.4%), and 34 (11.3%) reported membership of a student scientific society (Table 1).

Table 1. *Characteristics of the respondents.*

Characteristic	**Category**	**n**	**%**
Gender	Women	161	53.3
	Men	141	46.7
Age	18–20 years	121	40.1
	21–23 years	154	51.0
	24–26 years	18	6.0
	Older than 26 years	9	3.0
Study cycle	First cycle	264	87.4
	Second cycle	38	12.6
Previous volunteering experience	Yes	110	36.4

Characteristic	Category	n	%
	No	192	63.6
Membership in a student scientific society	Yes	34	11.3
	No	268	88.7

Note: *N = 302. Percentages may not sum to 100% because of rounding.*
Source: *Own study.*

Of the 302 respondents, 272 selected the general nonmedical field-of-study category; the remaining responses specified logistics (n = 23), internal security (n = 4) or management (n = 3).

These responses do not permit a complete description of the sample by degree programme. Among the 110 respondents with volunteering experience, 94 reported experience in nonmedical settings and 16 in medical settings. Volunteering in a medical setting did not imply enrolment in a medical degree programme.

3.2 General Support, Educational Value, and Personal Interest

Overall, 196 respondents (64.9%) considered student involvement in home hospice volunteering a good idea, and 258 (85.4%) recognised its educational value. Personal interest was less common: 69 respondents (22.8%) selected an affirmative response, 104 (34.4%) were uncertain and needed more information, and 129 (42.7%) selected a negative response (Table 2).

Table 1. *General support, perceived educational value and personal interest in home hospice volunteering.*

Item	Response	n	%
Student involvement is a good idea	Definitely yes	71	23.5
	Rather yes	125	41.4
	Uncertain/no opinion	99	32.8
	Rather no	7	2.3
	Definitely no	0	0.0
Volunteering has educational value	Definitely yes	106	35.1
	Rather yes	152	50.3
	Uncertain/no opinion	37	12.3
	Rather no	7	2.3
	Definitely no	0	0.0
Personal interest in participating	Definitely yes	17	5.6
	Rather yes	52	17.2
	Uncertain; more information needed	104	34.4
	Rather no	95	31.5
	Definitely no	34	11.3

Note: *N = 302 for each item. Combined percentages were calculated from the original counts rather than by adding rounded percentages.*
Source: *Own study.*

General support and personal interest did not fully coincide. Among the 196 respondents who supported student involvement, 65 (33.2%) expressed personal interest, 77 (39.3%) were uncertain and needed more information, and 54 (27.6%) were not interested (Table 3).

Table 2. *Personal interest according to general support for student participation.*

General support	Interested, n (%)	Uncertain, n (%)	Not interested, n (%)	Total, n
Affirmative	65 (33.2)	77 (39.3)	54 (27.6)	196
Uncertain/no opinion	3 (3.0)	27 (27.3)	69 (69.7)	99
Negative	1 (14.3)	0 (0.0)	6 (85.7)	7
Total	**69 (22.8)**	**104 (34.4)**	**129 (42.7)**	**302**

Note: *Percentages are calculated within rows. Affirmative responses combine 'definitely yes' and 'rather yes'; negative responses combine 'rather no' and 'definitely no'. The negative-support subgroup contained seven respondents. General support was associated with personal interest (Fisher–Freeman–Halton exact test, $p < 0.001$; Cramér's $V = 0.321$).*
Source: *Own study.*

3.3 Associations between Participant Characteristics and Personal Interest

Positive personal interest was reported by 42 of 110 respondents with previous volunteering experience (38.2%) and 27 of 192 without such experience (14.1%). Previous experience was associated with the distribution across all five interest categories, $\chi^2(4) = 24.782$, $p < 0.001$, Cramér's $V = 0.286$.

Positive interest was reported by 53 of 161 women (32.9%) and 16 of 141 men (11.3%); the five-category distribution was associated with gender, $\chi^2(4) = 34.402$, $p < 0.001$, Cramér's $V = 0.338$. Among members of student scientific societies, 13 of 34 respondents (38.2%) reported positive interest, compared with 56 of 268 non-members (20.9%).

The five-category analysis did not provide evidence of an association with society membership at the 0.05 threshold, $\chi^2(4) = 6.348$, $p = 0.175$, Cramér's $V = 0.145$ (Table 4).

Table 3. *Exploratory associations with the personal interest variable.*

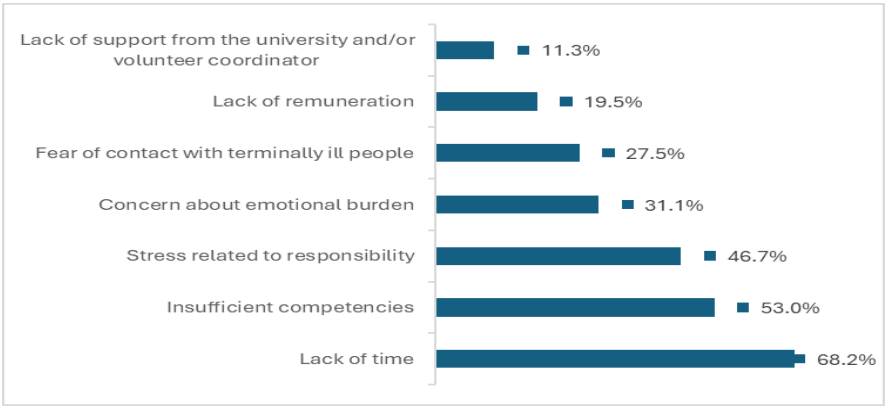
Participant characteristic	χ^2	df	p	Cramér's V
Previous volunteering experience	24.782	4	< 0.001	0.286
Gender	34.402	4	< 0.001	0.338
Scientific-society membership	6.348	4	0.175	0.145

Note: *N = 302. Pearson's chi-square tests used all five original personal-interest categories. Analyses were not adjusted for other participant characteristics or multiple comparisons.*
Source: *Own study.*

3.4 Perceived Barriers to Participation

Lack of time was the most frequently selected barrier (n = 206; 68.2%), followed by perceived competency gaps (n = 160; 53.0%) and stress related to responsibility (n = 141; 46.7%). Concern about emotional burden and fear of contact with terminally ill people were reported by 31.1% and 27.5%, respectively (Figure 1).

Figure 1. *Predefined barriers to home hospice volunteering reported by nonmedical students*



Note: *N = 302. Multiple responses were permitted; percentages therefore do not sum to 100%.*

Source: *Own study.*

3.5 Preferred Activities and Organisational Support

The activity and support questions were answered by 268 respondents. The 34 respondents who selected 'definitely no' for personal interest had no entries in this section. The answering subgroup therefore included respondents who were interested, uncertain or answered 'rather no'.

The most frequently selected activities were fundraising and charitable activities (56.3%), logistical and transport support (51.1%), events for patients and their families (43.7%) and patient companionship (41.8%). Flexible scheduling was the most frequently selected support option (75.7%), followed by training and preparation and recognition towards academic requirements (both 62.3%; Table 5).

Table 4. *Preferred activities and support among respondents who completed the programme preference section.*

Category	Option	n	%
Preferred activities	Fundraising and charitable activities	151	56.3
	Logistical and transport support	137	51.1
	Organisation of events for patients and their families	117	43.7
	Patient companionship	112	41.8
	Administrative and legal support	58	21.6

Category	Option	n	%
	Educational and promotional activities concerning palliative care	57	21.3
Preferred support	Flexible scheduling	203	75.7
	Training and preparation	167	62.3
	Recognition towards academic requirements, such as placements	167	62.3
	Certificate confirming involvement	147	54.9
	Reimbursement of travel costs	96	35.8
	Psychological support for volunteers	54	20.1
	Regular meetings with a volunteer coordinator	48	17.9
	Participation in professional conferences and workshops	38	14.2

Note: *N = 268 for each question. Multiple responses were permitted. Percentages refer to respondents answering each question, including those who were uncertain or answered 'rather no', rather than to the full sample or solely to interested respondents.*
Source: *Own study.*

3.6 Reported Time Availability

Among the 268 respondents who answered the time-availability question, 79 (29.5%) reported that they could devote two to four hours per week to volunteering. A further 75 (28.0%) stated that their availability depended on the academic period, while 65 (24.3%) reported having no time to volunteer at present (Table 6).

Table 6. *Weekly time availability for volunteering.*

Response	n	%
Approximately one hour	32	11.9
Two to four hours	79	29.5
Five to seven hours	16	6.0
More than seven hours	1	0.4
Depends on the academic period	75	28.0
Currently no time for volunteering	65	24.3
Total	**268**	**100.0**

Note: *N = 268. Percentages may not sum to 100% because of rounding. Responses describe stated availability, rather than observed volunteering hours.*
Source: *Own study.*

4. Discussion

The main finding is that general support for student involvement in home hospice volunteering was more common than personal interest in participating. Although 64.9% supported the initiative and 85.4% recognised its educational value, 22.8% expressed personal interest. Only one-third of those supporting student involvement were themselves interested. The association between support and interest therefore coexists with substantial differences between these attitudes.

This finding complements evidence that student volunteering encompasses varied motivations and patterns of engagement (Smith *et al.,* 2010), while providing a setting-specific basis for recruitment planning. Favourable attitudes towards an initiative should not be used to estimate likely enrolment. The discrepancy concerns two concurrently measured attitudes and should not be described as an intention–behaviour gap, because participation was not observed. The 34.4% who were uncertain and needed more information warrant further investigation, but their responses do not demonstrate that additional information would lead to participation. A pilot could test whether clear descriptions of roles, preparation and time commitments affect interest and subsequent enrolment.

Previous volunteering experience was associated with personal interest: 38.2% of respondents with experience expressed interest, compared with 14.1% without it. Familiarity with volunteering may make prospective roles easier to assess, but persistent motivations, social networks or access to opportunities could contribute to both previous experience and current interest. The cross-sectional design cannot distinguish these explanations.

The functional approach provides a useful perspective on the fit between motivations and service experiences (Clary *et al.,* 1998), although the present study did not test that model. Women reported positive interest more frequently than men. This finding does not establish differences in empathy, resilience or suitability, which were not assessed, and the unadjusted analysis cannot determine whether the association is independent of other characteristics.

Society members also reported a higher proportion of affirmative responses, but the five-category analysis did not provide evidence of an association at the specified threshold. The small membership subgroup limits precision. Scientific societies may provide a communication channel, but membership should not be treated as an established recruitment indicator.

Time constraints, perceived competency gaps and responsibility-related stress suggest that prospective recruitment should address practical participation requirements alongside the social value of volunteering. Flexible scheduling, training and academic recognition were frequently selected support preferences. These observations are consistent with research describing uncertainty about volunteer roles and responsibilities in palliative care (Burbeck *et al.,* 2014).

Clearly specified tasks, preparation requirements and supervision arrangements are therefore reasonable components to evaluate in a pilot. Preferences for fundraising, logistics, events and companionship indicate interest in several forms of involvement, but do not demonstrate competence or authorisation to perform them.

Availability also varied: some respondents selected a weekly commitment, others reported dependence on the academic period, and almost one-quarter of those

answering had no time at present. Flexible arrangements should consequently be assessed against the continuity needs of each hospice role. Moreover, the preference subgroup included uncertain and 'rather no' respondents, so these results describe hypothetical preferences rather than the requirements of an enrolled volunteer cohort.

The high perceived educational value of volunteering should be distinguished from demonstrated learning outcomes. Medical students' accounts of hospice volunteering illustrate opportunities for reflection on patient relationships and end-of-life care (Mott *et al.,* 2014), but the present study did not measure changes in communication, empathy or professional competence. Organisational evaluation of medical student volunteering also draws attention to host institutions' resources and coordination requirements (Setla and Watson, 2006).

For nonmedical students, academic recognition would require alignment between activities and discipline-specific learning outcomes. The preference for recognition does not imply support for compulsory hospice volunteering; voluntary participation could be recognised while equivalent alternatives remain available. Evidence of varied motivational profiles among nursing undergraduates further supports avoiding assumptions of uniform motivation across student groups (Wang *et al.,* 2026).

The distinction between substantive and procedural dimensions of social sustainability provides a framework for interpreting these findings (Boström, 2012). Community well-being and inclusion are potential partnership goals, while access to information, manageable commitments and organisational support concern the conditions of participation.

The survey informs the latter by identifying perceived barriers and support preferences. It does not establish whether a partnership would improve well-being or inclusion. The findings support evaluating flexible schedules, clear roles and structured preparation, alongside the coordination workload for hospice and university staff. Table 7 summarises proposed actions for pilot evaluation; their effectiveness remains to be tested.

Table 5. *Synthesis of empirical challenges and corresponding managerial actions for partnership development.*

Identified challenge or need	**Empirical finding**	**Proposed action for pilot evaluation**
Support–interest gap	64.9% support vs. 22.8% personal interest	Test information about specific roles among respondents who are uncertain (34.4% of the full sample).
Time constraints	68.2% cite lack of time	Pilot modular roles, such as project-based fundraising and event support, alongside patient companionship, and evaluate their feasibility for the hospice.

Identified challenge or need	Empirical finding	Proposed action for pilot evaluation
Perceived competency gaps and stress	53.0% report competency gaps; 46.7% report responsibility-related stress	Develop and pilot onboarding training on communication, emotional preparedness, and role boundaries, then evaluate its acceptability and feasibility.
Academic workload alignment	62.3% select academic recognition (N = 268)	Evaluate voluntary service-learning or academic recognition aligned with learning outcomes, with equivalent alternatives for non-participants.

Source: *Own study.*

Research connecting university medical volunteering with educational and community health goals provides a broader context for partnership development (Trusculescu *et al.,* 2026). The present study adds evidence from a nonmedical student sample and distinguishes general support from personal interest. Its social sustainability contribution is interpretive: it identifies participation conditions that could be examined in future implementation research.

Staff consultations raised contextual concerns about coordination, preparation, emotional support and organisational assistance. As only a collective narrative summary was available, these consultations cannot independently confirm the survey findings or establish agreement between professional groups.

A pilot partnership could track progression from invitation through enrolment, training and active participation to retention. Evaluation should also consider volunteer workload, reasons for withdrawal, staff coordination capacity and, where relevant, patient and family experiences. Following participants across academic terms would help determine how changing time constraints relate to actual engagement. These measures would allow subsequent research to assess whether stated interest translates into participation and whether the proposed arrangements are feasible and mutually beneficial.

5. Limitations

The self-selected, non-probability sample from one university faculty limits generalisability. Unknown invitation and participation denominators prevent assessment of the response rate, and self-selection may have favoured students with stronger views about volunteering. The absence of identical complete records does not exclude repeat participation.

Attitudes and availability were self-reported, and actual enrolment, participation and retention were not measured. Data collection also spanned different periods of the academic calendar, with possible variation in workload that was not evaluated.

The questionnaire comprised study-specific items and did not provide validated measures of motivation or social sustainability. The uncertain response combined indecision with a stated need for information, so these components cannot be separated. Association analyses were exploratory and unadjusted for confounding or multiple comparisons. Broad field-of-study responses prevented detailed comparisons between degree programmes. The programme preference subgroup comprised 268 respondents and included uncertain and 'rather no' responses; its preferences cannot be assumed to describe committed prospective volunteers.

Staff consultations were available only as a collective narrative summary and did not constitute a systematically analysed qualitative dataset. The study did not measure clinical, operational, financial or social sustainability outcomes. Recommendations should therefore be treated as proposals for subsequent evaluation rather than evidence of programme effectiveness.

6. Conclusions

Among the nonmedical students surveyed, support for student involvement in home hospice volunteering (64.9%) and recognition of its educational value (85.4%) were more common than personal interest in participating (22.8%). General support should therefore not be used as a proxy for personal interest or expected recruitment.

Reported barriers and preferences suggest evaluating clearly defined roles, flexible participation arrangements and structured preparation in a pilot university–hospice partnership. Flexible scheduling (75.7%) and recognition towards academic requirements (62.3%) were frequently selected by the 268 respondents answering the support question; their effects on participation were not assessed.

Viewed through a social sustainability perspective, the findings identify practical participation conditions for further investigation. Future research should examine recruitment, training completion, active participation and retention, alongside staff workload and benefits for students, patients and families. Such evaluation is needed to establish whether a partnership is feasible, inclusive and mutually beneficial.

Commissioned research: *This study was conducted at Rzeszów University of Technology under contract No. RZ-U-25121, commissioned by a private company providing home hospice care. The project concerned the development of a concept for improving human resource organisation in home hospice care, taking student volunteering into account. Employees of the commissioning company participated in consultations concerning home hospice volunteering. They were not involved in the interpretation of the findings, preparation of the manuscript or the decision to publish.*
Conflicts of Interest: *The commissioning relationship and the involvement of company employees are disclosed above. The authors declare no other conflicts of interest.*
Data Availability: *Requests for access to the data supporting this study should be addressed to the authors.*

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process: *During manuscript preparation, the authors used Codex (OpenAI) for British English language editing and refinement of scientific wording. The proposed changes were reviewed and approved by the submitting author. The authors take full responsibility for the final content.*

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