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RESEARCH ARTICLE OPEN ACCESS

What Influence Do Death, Dying and Bereavement Have on Philanthropic Giving Within Hospice Care?

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ABSTRACT

Hospice care, for people with life-limiting or terminal illnesses, is increasingly in demand due to rising death rates and is increasingly reliant on voluntary income due to rising costs. Lack of understanding of the specific drivers and needs of donors to hospices, and widespread misconceptions about hospice services are combined with cultural difficulties in discussing death, dying and bereavement to result in a particularly complex environment for hospice fundraisers. To help navigate that complexity, this paper presents insights on hospice donor motivation and stewardship expectations, based on data from semi-structured interviews with 10 donors who have experienced a bereavement at one hospice in the UK. It generates three key findings: (1) In memory giving plays a developing role throughout the bereavement journey, providing a distraction for people in the immediate aftermath of their loss, enabling them to maintain a connection with the deceased, but, for some, eventually diminishing as they move on with their lives; (2) Awareness of need, gratitude, reciprocity, and future benefit are key drivers of giving to hospices, such that donors become newly aware of needs met by hospices, appreciative of the care received by departed loved ones, and committed to ensuring that they and others will have future access to hospice services; (3) Affinity and bonds with the hospice, including positive experiences with both frontline care staff and the fundraising team, build and sustain donor loyalty. We conclude that donations by those who have direct experience of the hospice are often a function of the 'bereavement journey' and that the extent to which this factor influences giving changes over time and between donors, leading to the recommendation that more bespoke stewardship is needed to best understand and meet the needs of these donors and to maximise the amounts given.

1 | Introduction

In the UK, there are more than 200 independent hospice charities with combined annual income totalling over £1.6 billion per year, as well as two national hospice charities whose combined annual income is over £170 million (Hospice UK 2024a; Marie Curie 2023; Sue Ryder 2023). Hospices care for more than 300,000 people with life-limiting or terminal illnesses in the UK each year, providing care services from the point of diagnosis to the end of life, either in a hospice setting or at home (Hospice UK 2023). Hospices adopt a holistic approach to help mitigate suffering and improve lives through medical, emotional,

psychological, social, practical and spiritual support; they also provide support for the families of people with life-limiting or terminal illnesses, particularly through their bereavement services (NHS 2024; Hospice UK 2024b).

The need for hospice services—and therefore funding—is only likely to increase over the next few decades. Most obviously, death rates in the UK are expected to rise over the next 20 years, and by 2040, around 130,000 more people will die each year compared to 2023 (Hospice UK 2024a). With the need for palliative care projected to increase by 25% by 2048 (Hospice UK 2024c), hospices will face higher levels of demand for their services and

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Summary

- What is currently known about the subject matter
 - Relatively little is known about the motives and concerns of bereaved donors to hospices, or indeed, in memory giving more generally.
 - It has been suggested that in memory giving may help people to maintain a connection to their loved one, as well as helping people to find meaning in a loss and cope with their grief.
- What your paper adds to this
 - This paper examines the specific experiences of bereaved donors to hospices.
 - It finds that bereavement and the associated philanthropic response is an ongoing journey. Philanthropy helps people to fulfil a variety of needs from distraction to continuing a connection with their loved one. However, as their journey progresses, many become less involved in their philanthropy, sometimes transitioning their giving to another form, for example, a permanent memorial.
 - Throughout the journey, many people feel the need to reciprocate for the care that the hospice provided.
 - People also often forged relationships with individuals within the hospice, helping to increase trust in the organisation – but could feel less satisfied with generic communications that they receive.
- The implications of your study findings for practitioners.
 - Practitioners should:
 - Understand the significance of the hospice in their supporters' lives when facilitating their giving.
 - Take a bespoke approach based on that understanding, as well as an understanding of where they are in their bereavement journey, the aspects of their loved one they would like to memorialise and how they want to express their philanthropy.
 - Develop solutions for those who don't wish to design their own fundraising, for example, the pre-existing campaign, Light up a Life.
 - Adapt their general communications appropriately for those who have been through a bereavement.

subsequently greater need for donated income. As well as hospices serving a greater number of patients, those patients are more likely to present with complex needs (e.g., multiple physical and/or psychological needs; Finucane et al. 2021) or vulnerabilities (Hospice UK 2024d). The specialist support these patients will need is only likely to increase the resources that hospices need to deliver their care.

Currently only a third of the funds required to deliver these services in independent hospices comes from the government. Between 2021 and 2023, due to the cost of care significantly increasing and pressures on other health and care services, government support is falling short by £47 million in real terms, leaving a large funding gap that hospices must fill through fundraising; it is predicted that from 2023, hospices will be spending

around £200 million more per year on delivering their care than they expect to receive in income (Hospice UK 2023). If government funding remains the same between 2024 and 2030, the hospice sector will need to fundraise at least £597 million every year to keep hospices open (Sue Ryder 2021). Indeed, at the time of writing, hospices are at a critical point with regard to their funding, with 20% having either made cuts to their service or planning to (Hospice UK 2024e). It is therefore imperative that hospices are proactively connecting with their donors to better understand their needs and motivations to ensure sustainable voluntary income.

Attitudes and perceptions around hospice vary quite considerably, with studies demonstrating that a lack of knowledge about the role and impact of palliative care results in misconceptions and negative attitudes towards end-of-life care services (McIlfatrick et al. 2014; Patel and Lyons 2020). Furthermore, the public's willingness and openness to discuss death and dying are also varied, with death considered a problematic subject for many (Kirshbaum et al. 2011; Cox et al. 2013; McIlfatrick et al. 2014). These two factors have clear implications for successful fundraising in hospice settings given the significance of these attitudes and feelings when building and managing donor relationships within the sensitive context of hospice work.

The existing relevant literature is discussed in the next section, giving rise to our research questions. After the methodology and sample are described, the findings are presented and discussed, and the paper concludes with implications for practitioners.

2 | Literature Review

There is a limited literature that specifically addresses the motivations and concerns of bereaved donors to hospices, so this review focuses on extant knowledge on generic donor motivation and best practice donor stewardship that is especially salient in the hospice context, as well as research on the operationalisation of reciprocity and nostalgia in some fundraising activities that are particularly relevant. This section also reviews knowledge on the function of philanthropy as an adaptive response to bereavement and grieving, highlighting the particular role of *In Memoriam* gifts (meaning donations made in memory of loved ones who have died) in this regard.

2.1 | Motivations That Drive Charitable Giving

The motivations that drive philanthropic giving have been a matter of ongoing interest across multiple academic disciplines. Most notably, Bekkers and Wiepking identify eight mechanisms that drive charitable giving: (1) awareness of need, (2) solicitation, (3) costs and benefits of giving, (4) altruism, (5) reputational benefits, (6) psychological benefits, (7) values, and (8) efficacy (2011, 927). Whilst these eight mechanisms are interdependent and are all useful for making sense of philanthropic activity, we focus here on the first and sixth drivers—awareness of need and psychological benefits—given the points noted above regarding the lack of knowledge of hospice services and the particular challenges associated with discussing death and dying.

In addition to the work of Bekkers and Wiepking (2011), wider research suggests several other motivations which are considered, a priori, to be particularly important in the context of *In Memoriam* hospice giving, including reciprocity, gratitude and nostalgia (see Sargeant and Jay 2014; Hodge 2016; Rooney and Osili 2016; McLoughlin 2017). Each of these motivations is explored below.

2.2 | Awareness of Need

Awareness of need is a necessary pre-condition for a philanthropic response (Bekkers 2016) which is often communicated by charitable organisations via marketing and awareness-raising materials (Bennett 2019), and which can also be raised by direct and personal experience of an issue or cause. Studies show that donors are more aware of the need for support when they have personal experience of the cause (Routley et al. 2013), and/or know a beneficiary of a charity and cite this as a motive to give (Bekkers and Wiepking 2011; Polonsky et al. 2002). Experiential awareness of need has been identified in relation to health charities such that people are more likely to give to charities fighting specific illnesses in response to a loved one suffering from the same illness (Bekkers 2008; Burgoyne et al. 2005). This connection between direct personal experience and subsequent philanthropic response has been described as the impact of ‘philanthropic autobiographies’ (Payton and Moody 2008, 21) on charitable giving decisions.

2.3 | Psychological Benefits

Helping others creates psychological benefits for givers, these include feeling good which is also known as the ‘warm glow’ of giving (Andreoni 2006), and avoiding the cognitive dissonance that occurs when values and actions are not aligned (Festinger 1954). Some cite other desirable outcomes including alleviating feelings of guilt, satisfying the need to be a morally just person, or enhancing their self-image or reputation, as reasons to give (Odendahl 1990; Ostrower 1995; Kendall and Knapp 1996; Bekkers and Wiepking 2011, 938).

Research on gifts given after the loss of a loved one—known as *In Memoriam* donations—finds this practice can help bereaved donors during their grieving process by providing the opportunity to express their grief or loss of identity, with the potential to create a new bond with the deceased, which may help bereaved people to adapt to their loss (Hewson et al. 2023; Routley et al. 2013; Sargeant and Shang 2010).

2.4 | Further Drivers of *In Memoriam* Giving to Hospices: Reciprocity, Gratitude and Nostalgia

Reciprocity is often a function of personal experience such that a reciprocal gift may be motivated ‘because their life has been touched in some way by the cause, or because they have been a service user’ (Sargeant and Hilton 2005, 14), tying in with Sargeant et al.’s (2006a) findings around familial utility, by which is meant donating to a cause, often in memory, due to a family connection. Donors may also feel the need to ‘reciprocate

the kindness they felt had been offered to them’ by the charity (Sargeant et al. 2006b, 57), which also supports Moody’s theory of ‘serial reciprocity’ (2008, 130), whereby donors see their giving as a way of ensuring that other beneficiaries can experience the same benefits gifted by others to them.

Like reciprocity, nostalgia—a bittersweet emotion involving both happy memories and a longing for the past (Seehusen et al. 2013)—is also related to personal experience. Extant research suggests that there is a connection between nostalgia and giving, with those exposed to a nostalgic message giving more (Zhou et al. 2012). Similarly, in the area of in-memory giving specifically, Merchant and Ford (2008) finds that personal nostalgia, of which recovery from grief can be an element, facilitates charitable giving. Interestingly for this study in particular, outside of the realm of philanthropy specifically, nostalgia can function as a coping mechanism to help overcome challenges such as bereavement (Reid et al. 2021).

Donors may also reflect on their experiences with a charity in a positive way, with Sargeant et al. (2006a) suggesting that the experience or perceived experience a person remembers when a loved one was still alive may influence their choices when giving in memory of them.

3 | How Drivers of Charitable Giving Are Operationalised

The drivers outlined above need to be operationalised before philanthropic intentions are put into practice. Research suggests this is best done in a way that is informed by each potential donor’s giving motivations and behaviours, giving history, and stewardship expectations (Bekkers and Wiepking 2011; Waters 2016). When the relationship with each donor is viewed holistically, a unique and trusted bond is formed between donors and the charity (Burnett 2002; Sargeant and Jay 2014; Hodge 2016; Rooney and Osili 2016). This personalised and holistic approach is advocated in the dominant paradigm of ‘relationship fundraising’ which enables ‘a return to the intimacy of the one-to-one relationship between donor and cause’ (Burnett 2002, 37–38) with an emphasises on the benefits of long-term relationship building rather than simply raising funds in the short-term.

Having reviewed how generic donor motivations and their operationalisation apply in the hospice context, we turn now to literature that is focused on specific features of this setting: giving as a response to bereavement and grieving, and the specific practice of *In Memoriam* giving.

3.1 | Philanthropy as a Response to Bereavement and Grieving

Grief is often a natural response to bereavement and can be experienced by individuals globally, irrespective of their background, beliefs or demographics, with some situations more challenging and emotionally taxing than others (Abi-Hashem 1999; Baglione et al. 2018). The way in which people deal with loss varies, as do the emotions that they experience, including anger, denial,

loneliness and anxiety, as well as more positive reactions such as acceptance, comfort and bravery (Douglas 1991; Reid and Dixon 2000; Baglione et al. 2018).

Philanthropic giving also involves a number of positive and negative emotions (Merchant et al. 2010); therefore, when a donor is experiencing a bereavement and grieving for the loss of a loved one, their decisions to give are likely to be influenced by an even larger group of emotions than would be experienced by a non-grieving donor. A further motivating factor for an individual to give in memory of a deceased loved one may be the desire to seek an ongoing connection with the deceased (Penner and Main 2020, 6) which, although in the past may have been seen as maladaptive, is nowadays often regarded as a normal part of the grieving process for an individual (Klass et al. 1996; Stroebe et al. 2001).

Several models have been created in the attempt to characterise and understand the behavioural and cognitive components of people's bereavement and grief (see Rando 1993; Stroebe and Schut 1999; Bonanno et al. 2002; Doka and Martin 2011). One of the most widely accepted—the dual process model of grief, where grieving oscillates between a loss- and restoration-oriented focus—is illustrated in Figure 1:

Studies indicate that giving early in the grieving process may aid one's ability to cope with grief (Penner and Main 2020), helping to find positive meaning in loss and adjusting to life without the loved one (Davis et al. 1998). This insight highlights the importance of this research because fundraisers within hospice care must be empathetic and understand the bereavement and grieving process and the influence, this has on giving in order to effectively manage these sensitive donor relationships.

3.2 | In Memoriam Giving

An *In Memoriam* gift is a donation to charity in memory of a loved one who has died. Despite a lack of empirical research on the development of *In Memoriam* fundraising, more non-profit organisations are tailoring their fundraising products to encourage deeper and more meaningful relationships with

In Memoriam donors as a route to increasing and sustaining donated income (Routley et al. 2013; Penner and Main 2020). These include regular giving schemes, tribute funds (e.g., a fund named in memory of the person who has died), and more permanent memorial opportunities such as a dedicated bench or planting a tree.

Although *In Memoriam* fundraising is regarded as underdeveloped and under-researched (Penner and Main 2020), the existing limited literature has built a foundation for further academic research. The likes of Merchant and Ford (2008), Sargeant and Shang (2011); Routley et al. (2013); James III (2019) and Penner and Main (2020) explore key concepts such as how *In Memoriam* donations may assist with the grieving process, the challenges around encouraging repeat *In Memoriam* donations, motivations that drive such donations, and sharing insights from existing bereavement literature.

Most notably, Routley et al. (2013) have drawn on bereavement literature to provide theoretical insight and preliminary understanding of *In Memoriam* fundraising and highlight how this may help fundraisers add value to their donors' experience with the charity, subsequently building strong and meaningful relationships. Their research found multiple ways in which charities might achieve this outcome with bereaved supporters, including helping them make sense of their loss, finding purposeful activity, re-constructing their own identity, and memorialising the deceased (ibid 2013, 144).

Routley et al. (2013) also found *In Memoriam* donations could be providing support for donors during their grieving process, or the opportunity to express their grief or loss of role identity (e.g., a parent), with the potential to create a new bond with the deceased (ibid 2013). Sargeant and Shang (2010) reach similar conclusions, highlighting how, from a charity's perspective, *In Memoriam* donors are often seen to be less interested in the cause itself and more interested in using their giving to work through issues such as expressing their emotions or alleviating their feelings of grief. Likewise, Merchant and Ford (2008) suggest that *In Memoriam* giving can be used as a coping mechanism for the discontinuity with the deceased, as opposed to a genuine belief or connection with the cause.

A study by Penner and Main (2020) of donations to create permanent memorials, such as benches with plaques naming the loved one or trees planted in a loved one's honour unveils a different perspective on *In Memoriam* giving. Findings suggest that these donations are influenced by the age of the deceased; donors whose loved ones died at a younger age used their donation to maintain a connection with the deceased and keep their memory alive, whereas, donors whose loved ones were much older when they died, used the memorial as a way to celebrate their life and accomplishments (ibid, 10). These memorials create a symbolic and meaningful bond with the deceased, prompting memories and providing a safe space for the donor to connect with the deceased when visiting the memorial. However, feelings of connectedness and the desire for a loved one's memory to live on can also be seen in non-permanent memorial giving, suggesting that additional research into the similarities and differences could be useful to further understand how to sensitively facilitate this type of giving.

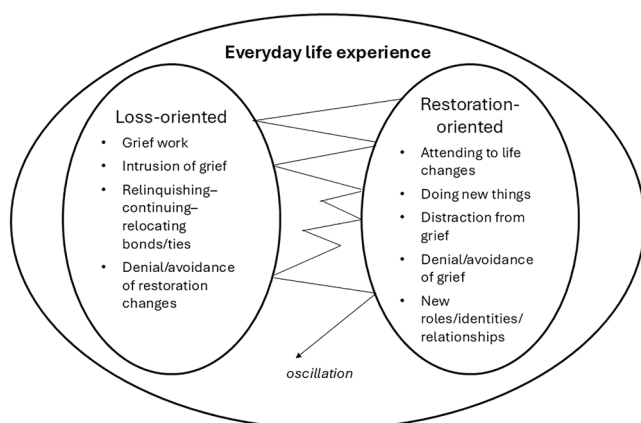


FIGURE 1 | The dual process model of coping with bereavement (Stroebe and Schut 1999).

4 | Research Questions

Given the significant gaps in academic research on links between giving and bereavement, particularly *In Memoriam* fundraising, with the added context of hospice care as a cause area being practically non-existent, this study aims to help fill the gap by exploring the following two questions:

- What influence does death, dying and bereavement have on philanthropic giving within hospice care?
- What approach should a hospice be adopting when stewarding bereaved donors?

5 | Methodology

The research design for this study needed to accommodate known cultural difficulties in talking about dying, death and bereavement because interviews around sensitive topics can be viewed as intrusive and harmful (Seamark et al. 2000). However, Seamark et al. (2000), Emanuel et al. (2004) and Bradburn and Maher (2005), who all undertook research into palliative care, report minimal signs of distress amongst participants and highlight positive outcomes of researching death in the context of palliative care, including benefits to participants who found it helpful and cathartic to share their stories and viewed their experience in a different or new way as a result of participating in research. This supports similar findings from other studies researching vulnerable groups, sensitive topics or bereavement on a more general level (e.g., Horowitz et al. 2002; Scott et al. 2002; Biddle et al. 2013; Penner and Main 2020).

As the aim of this study was to understand giving behaviours, rather than to count them, it uses qualitative research methods. Semi-structured, in-depth interviews were conducted with 10 donors who have experienced a bereavement at a hospice in the south of England.

The hospice's service provision is broadly representative of that provided across the sector (Hospice UK 2025): providing in-patient care, hospice at home services and life-enhancing support such as exercise classes, cookery and complementary therapy. Pre- and post-bereavement support is available for patients, families and carers. The proportion of the hospice's income that is received from the government is a little lower than is typical (22% vs. 33%), which may suggest that its fundraising ability is more developed than some other hospices and/or being based in the south of England may mean that it has access to people with a higher socio-economic status. Generally, however, it would be a fairly typical example of its type.

6 | Recruiting Participants

The research questions require data from hospice donors with experience of bereavement, so a purposive sampling strategy was chosen, seeking participants who met two criteria: (1) high levels of commitment to the hospice, demonstrated by high-level or frequent giving of financial donations, time, and/or gifts in kind, and (2) donors who had suffered a bereavement with the hospice.

Due to the sensitive nature of this study, we were alert to the importance of ensuring that the recruitment of participants and all aspects of the data collection adhered to the highest standards. As such, this project did not proceed until it had been approved by the University of Kent ethics committee.

To ensure variety (Bryman 2016) and cover the breadth of philanthropy, donors who had given to all fundraising streams were explored, including individual givers, major donors, event participants and volunteers. At the time of conducting this research, the first author worked at the hospice and so was able to recruit suitable participants who met the sampling criteria, with the help of hospice colleagues utilising their knowledge and relationships. Whilst the researcher's position on the hospice staff created risks of unintended researcher bias and socially desirable answers from participants (Biggam 2017; Bryman 2016), the trade-off is that the research benefited from their knowledge and familiarity with the field site, which enabled interviews to be conducted empathically and with sensitivity due to the lead researcher's familiarity with and expertise working in the hospice setting.

Semi-structured interviews were conducted, which gave participants freedom in how they responded, reducing the likelihood of them feeling pressured into discussing something that may cause undue emotional distress. Also, interviews were conducted face-to-face in order to build rapport with participants and provide both parties with the opportunity to pick up on social cues such as body language to help aid conversations (Shuy 2003; Irvine et al. 2013). Due to the sensitive nature of the research, it was particularly important to be able to see the participant: this enabled any signs of reticence, distress or discomfort to be judged and helped the researcher to assess the meaning of any prolonged silences and nuances (Gillham 2005; Irvine et al. 2013). Interviews were arranged in locations that were mutually convenient and comfortable for the participant, with privacy to allow interviewees to speak freely and ensure an uninterrupted recording of the interview. The recordings of each interview were transcribed. Coding of the data was led by the first author and then discussed with the second author in an effort to ensure the reliability of coding decisions. Once agreed, thematic analysis was used to identify patterns within the data and generate the findings (Braun and Clarke 2006, 79).

Table 1 provides descriptive statistics, with anonymised names, of the 10 donors who were interviewed. The average age of interviewees was 53, with six females aged 38–61, and four males aged 44–78. All lived within the hospice's service area.

7 | Findings and Discussion

Thematic analysis of the interviews highlights several themes and patterns that are clustered under three key findings:

7.1 | The Role of Philanthropy in the Bereavement Journey

Here, we explore bereavement as the key prompt to begin or scale up philanthropy, the journey of illness and bereavement and the subsequent emotions invested in this type of giving.

TABLE 1 | Summary of interviewees.

Name	Age	No. of years since loss	Relationship with deceased	Philanthropic support (recorded in order of frequency and/or significance)
Alice	43	15 years, 6 years, 5 years	Mum, Dad, Sister	Volunteering, challenge events (sponsored)
Amber	42	8/9 years	Stepdad	Annual fundraiser, ad-hoc donations, challenge events (sponsored)
Anita	39	4 years, 2 years	Nan, Aunt	Volunteering, challenge events (sponsored)
Cassandra	38	20 years, 6 years	Auntie, Husband (Husband was main motivation for support)	Annual fundraiser, challenge events (sponsored), appeals, donations in lieu of Christmas cards
George	78	7 years	Wife	Appeals, volunteering (including being an Ambassador), personal fundraising challenges, legacy pledger
Kevin	71	10 years	Wife	Appeals, regular giver, legacy pledger
Margaret	61	5 years	Mum, Husband (Husband was main motivation for support)	Appeals, fundraisers, donations to retail shops
Rob	44	7 years	Wife	Challenge events (sponsored), regular giver, appeals
Sam	60	4 years	Dad	Corporate fundraising/donations, regular giver, pro-bono work, challenge events (sponsored), volunteering
Sarah	57	9 years	Husband	Challenge events (sponsored), workplace fundraising, volunteering, appeals

Most participants talked about their lives pre-diagnosis, spoke fondly about their loved ones, shared nostalgic reminiscences, and feelings of gratitude for the care that a loved one had received at the hospice. It is possible that, despite the pain of losing a loved one, these reflections could also be considered nostalgic, triggering memories of some of the last positive times spent with a loved one:

[My wife] was looked after wonderfully well in the hospice... Our hospice nurse came and spoke to us and explained exactly how things work. – Kevin

The care and love that she was shown by the people at the hospice was just beyond understanding. It was fantastic. – George

This supports claims made by Sargeant et al. (2006a) and Merchant and Ford (2008) that these experiences or perceived experiences a person remembers may influence one's philanthropic giving, despite the feeling of loss, and can build loyal donor relationships. Similarly, thinking about a loved one in general, and perhaps the more positive aspects of their experience of the hospice in particular, may trigger nostalgia, which also influences philanthropic action (Merchant and Ford 2008; Zhou et al. 2012).

As would be expected, however, not all memories were positive. Participants each discussed a variety of emotions including anger, sadness, shock, confusion, and anxiety in response to their

loved one becoming terminally ill and dying, all of which have appeared in other studies surrounding bereavement and are regarded as natural responses to grief and loss (see Douglas 1991; Abi-Hashem 1999; Reid and Dixon 2000; Baglione et al. 2018).

You're worried, you're anxious, you're sad... [My wife] was 60. And, you know, I felt robbed because we had plans for the future. – Kevin

These emotions appear to have been much more severe for those whose loved ones died soon after being diagnosed, as they felt they had been robbed of time together and were not able to fully prepare for their death. However, all participants described more positive emotions when reflecting on the care they and their loved ones received from the hospice, including comfort, safety, assurance and relief.

Just knowing that people were here, you can't put a price on that – Cassandra

As expressed above, these positive experiences may well translate into more positive, even nostalgic memories, that influence giving decisions.

Most participants had not supported the hospice prior to their bereavement(s), while some did not give to any cause at all. Those that had given to charities pre-bereavement predominantly said that it had been a one-off donation to sponsor a

friend or family member, because they responded to a charity tin collection, or were participating in a charity day at work. Only three interviewees had previously committed meaningful support to other charities, in all cases as a result of a personal connection or experience, as predicted by Routley et al. (2013).

All participants in this research had begun their philanthropy within 6 months of losing their loved one. Whilst some felt they wanted to repay their 'debt' to the hospice, others saw it as an opportunity to shift their focus or to seize the moment.

Obviously people grieve in their own way. But I just think, in my mind, the longer I left it, the less impact it had. If I left it for a year or two, then everyone else has moved on with their lives and yes, it's very sad that someone died but since then, other stuff has happened. – Anita

Giving played a significant part in participants' lives, particularly immediately after loss:

I think in the beginning with the volunteering, it helped me get over that really difficult time and it was making me go out and meet people rather than just staying at home – Sarah

This finding supports the extant literature which suggests that giving early in the grieving process can aid one's ability to cope during grief (Penner and Main 2020), enabling positive meaning to be found in loss and help with adjusting to life without loved ones (Davis et al. 1998).

The present research builds on these theories, with some participants saying they have hosted fundraising activities that align with their loved ones' interests such as golf, football and cricket, as a way to honour their memory and to ensure they are remembered in a particular way and are central to the philanthropy of those who remain. This demonstrates that philanthropy can often be a deeply personal endeavour (Walker 2016), with in memory fundraising being particularly helpful in continuing the identity of, and the connection with, the person who has died (Routley et al. 2013)—a theme explored in more depth in later sections.

In addition to undertaking personal fundraising efforts, most of our interviewees took part in hospice-led fundraising events, including challenge fundraisers and remembrance events, and some chose to volunteer at these as opposed to taking part themselves.

Light up a Life [hospice remembrance event] just reminds me of the first time that I saw the light and decided that I was going to do something... I felt unbelievably uplifted by what was happening. I found it reassuring, I found it motivational. – George

Those who volunteer appear to rely on the hospice more for guidance with their philanthropy, but this did not seem to alter

the desire to remember a loved one with their efforts. The need for additional support to fulfil their desire to help the hospice may reflect where they were in their bereavement journeys at the time; they wanted to begin their philanthropy but may not have had the emotional or physical capacity to plan and execute a personalised philanthropic journey due to managing their feelings of loss, therefore they may have opted for a ready-made solution instead.

All participants indicated that they turned to philanthropy as a helpful mechanism after they lost their loved one, whether this was primarily a distraction from their feelings or an opportunity to express gratitude:

I just felt that they had been so kind and looked after [loved one's name] so well, that I felt that it was right that I should make some contribution... I mean, they're angels. – Kevin

Despite the differences in philanthropic activities, all participants used their philanthropy to remember or connect with the deceased.

I always put money on [the JustGiving page] when it's our anniversary or Christmas or [husband's name] birthday. His parents put some on for his birthday too. – Cassandra

We have an annual charity day. It's still about my stepdad as opposed to the golf itself. We want to keep it personal, that is the key point of the day. – Amber

This supports previous literature that suggests bereaved donors use philanthropy as a coping mechanism after their loss and help fulfil the desire to maintain a connection with the deceased (Sargeant and Shang 2011; Routley et al. 2013; James III 2019; Penner and Main 2020).

The ways in which participants' philanthropic support has changed over time could be an indication of how their bereavement journey has evolved. Over half of participants recognised that their loss has become less of a focus over time, with three participants explicitly expressing how important it has been for them to continue living their lives without their loved one.

It obviously changes as your life moves forward. So, I've moved up, not moved on. I've moved forward, I've remarried recently. So I never want to forget it and I'll never forget my experiences and how important the hospice is to me. – Cassandra

However, it appears that sometimes support for the hospice could impact one's ability to move on to the next part of their life.

But as time goes by, and your bereavement gets smaller... I took a step back a bit, because sometimes

you do need to sort of like move on to turn the page and I was feeling like that sort of this time last year. I thought, I'm gonna give it [my support] a rest for a little while, because the trouble is it can bring it [my bereavement] up constantly. – Margaret

Furthermore, although some participants confirmed that their support for the hospice will continue, some participants indicated that their support has declined as the years passed, compared to their initial philanthropic activities in the immediate aftermath of loss.

Since mum passed away the whole trying to raise money stepped up... I probably haven't done as much lately... I think it's just one of those things. I think back then it was very emotional and I was more passionate about it [raising money]... whereas now... it's almost like it's just eased a bit. – Alice

These insights emphasise the differences and complexities in people's bereavement journeys (Rando 1993; Bonanno et al. 2002; Doka and Martin 2011) and how philanthropic giving can change over time to help cope with a loss (Penner and Main 2020), which indicates that fundraisers must continually revise and adapt their approaches to suit the changing needs of each individual donor.

Amongst the participants who said that their giving to the hospice has diminished over time, two distinct reasons were given: either they were less physically able to complete challenges, which has impacted their ability to fundraise, or they were conscious of asking for money, often from the same group of people each time, due to donor fatigue and the cost-of-living crisis. Although these could be deemed more practical reasons, it is still important to recognise the emotional implications too; there was a notable hint of guilt when discussing this due to the dissonance caused by being unable to sustain their initial support, despite a desire to do so. Two participants have opted to leave the hospice a gift in their will because they recognise that their giving will be far greater in this capacity, compared with what they feel able to donate during their lifetime.

With evidence indicating that support can reduce over time, as people will most likely move on after a loss, some have created permanent memorials for their loved ones.

We've got the bench at the cricket field... so, on July the 12th, which was [loved one's] birthday we go up to the bench, have a picnic and you know, I go there on my wedding anniversary and Christmas. I usually put some tinsel and tacky stuff. Yeah, so the bench is kind of like, yeah, it's my place to go, and the family. – Margaret

Those who have a memorial all voiced their appreciation and understanding that life must go on post-bereavement. The physical memorial is a way to stay connected with their loved one in a way

that they can control, that is, they choose when to visit them. This aligns with Penner and Main's (2020) research where permanent memorials are seen to create a symbolic and meaningful bond with the deceased through prompting memories and providing a safe space for them to connect with the deceased during their visit (Routley et al. 2013). Sargeant and Shang's (2010) theories around *In Memoriam* donations aiding donors' bereavement journeys could also be applied here, as they suggest similar findings with regards to sustaining bonds with loved ones.

Having examined different stages of the bereavement journey, the ways in which participants told their stories was also noteworthy, as most seemed well-rehearsed, covering the journey from the point of diagnosis and time with the hospice in significant detail without being prompted. However, and likely as a result of recruitment of study participants being facilitated by hospice fundraising staff, three participants had previously worked with the hospice to share their stories for appeal mailings; therefore, it could be argued that this would have helped them tell their stories in a more articulate way than most. Despite this, all participants had their own unique way of voicing their experiences. Bereavement research shows that creating a narrative is important for people to help make sense of their loss and has been described by some as empowering and constructive (Harvey et al. 2001; Nadeau 2001). This relates to studies showing that for those who experience a death in the family, talking to each other and frequently repeating the same phrases helped create order and control and allowed them to find new meanings through their account making (Harvey et al. 2001; Nadeau 2001; Romanoff 2001). To that extent, participation in this research may also be part of a bereavement journey.

7.2 | Drivers of Giving to Hospices: Gratitude, Awareness of Need, and Future Benefit

This finding covers appreciation ('payback') for hospice care received by departed loved ones as well as concerns about future access to hospice services.

Phrases such as 'giving back', 'paid our debt' and 'cover the cost of their care' were used frequently throughout the interviews, with many also reflecting on the kindness shown to them and their loved one by hospice staff, and how they felt compelled to help as exemplified in this comment:

We agreed that she [my wife] should spend a period of time as an in-patient... to measure her drug intake and stuff like that. And again, to give me a break from having to look after her because it was becoming increasingly difficult. I know it wasn't working but 24-hour care was quite strange, strange and strenuous for me... the care and love that she was shown by the people at the hospice was just beyond understanding. It was fantastic. – George

Sargeant et al. (2006b) found a similar motive in their research, such that participants seek to reciprocate the kindnesses that they

have received. This drive amongst participants to reciprocate what they have experienced signifies their feelings of gratitude, empathy and genuine belief in the hospice, with similar drivers identified in studies by Sargeant and Jay (2014), Hodge (2016), Rooney and Osili (2016), and McLoughlin (2017).

All participants showed evidence of these emotions, with one person saying such feelings motivated them to continue exceeding their fundraising targets, because the joy of knowing they were making a difference made them feel good about their continued fundraising.

Data from all participants support awareness of need as a key driver, with all interviewees explaining that their motives to give were partly influenced by their realisation that the hospice needs philanthropic support to continue delivering the care they and their loved ones received. Four out of the 10 participants shared their surprise and subsequent concerns around the lack of funding for hospices and the associated high costs of running the services.

The thought of this service not being here for anyone else that needed it like I did just isn't worth thinking about to be honest. – Rob

Moreover, one participant was motivated to give as a result of their loved one not receiving the care they needed because their local hospice service was still in its infancy meaning capacity was limited.

It just made me realise, especially with my Nan not being able to get a bed, how underfunded and how vital hospice care is to the whole family. – Anita

Three participants also identified that they or another loved one may need to use the hospice one day, therefore they want to continue their support to ensure this care is still available for them in the future.

Based on their comments, it seems that awareness of funding and service provision is not fully realised or appreciated until someone has a personal experience with the hospice. This links back to discussions around the perceptions of hospices and how there is a need for more education amongst the general public (Hospice UK 2024f). With this in mind, some participants stated they make a conscious effort to ensure other people properly appreciate the full extent of hospice care, through being willing to give talks as an ambassador of the hospice, raising awareness at their workplace, organising their own fundraising events, or sharing stories in hospice communications and fundraising appeals.

Moreover, this relates to Bekkers and Wiepking's 'eight mechanisms of charitable giving' (2011, 927), as studies show that donors are more aware of the need for support when they know a beneficiary of a charity and cite this as a motive to give (Bekkers and Wiepking 2011; Polonsky et al. 2002). Moody's theory of 'serial reciprocity' (2008, 130) could also apply here, whereby donors see their giving as a way of ensuring other beneficiaries can experience the same things they did.

7.3 | Donor Loyalty Is Created Through Affinity and Bonds With the Hospice Staff, Including Fundraisers

This finding includes positive experiences with both frontline care staff and the fundraising team, which build and sustain donor loyalty.

It was apparent in the interviews that all participants felt an affinity or bond with the hospice. This could be due to their expression of gratitude for care received, or a way to help them through their bereavement journeys. However, it could be argued that a bond with the hospice may in fact be a way for the donor to remain connected with the deceased. Penner and Main (2020) explore a similar concept, suggesting that *In Memoriam* donors are motivated to give as they have a desire to seek an ongoing connection with the deceased (Klass et al. 1996; Stroebe et al. 2001).

Despite a confirmed allegiance to the hospice, three participants regularly support other charities, mostly for causes they also have a personal connection with. These also appear to have been carefully chosen due to scepticism surrounding national and international charities. This was a commonality among all participants; they emphasised their high levels of trust with the hospice, citing their first-hand experience and the fact the charity is local, as good indicators that their donations will be used appropriately, as in the example below:

I think I tend to go for more local because I just personally feel they need the support more than international charities on TV or radio, they've got the money to put themselves out there whereas I feel like that local charity just doesn't have the funds for that. – Alice

There was a similar feeling with other local charities, with increased appreciation and understanding of the impact their donations will make due to them being closer to home and therefore more visible to the donor.

Most participants also referenced members of care staff or fundraisers throughout their interviews, and there were obvious feelings of trust, comfort and admiration for these individuals due to the help and care provided.

We also had the wonderful care of a community nurse, Jackie. She was absolutely stunning, really. So, sympathetic and understanding of what the situation was. – George

It also appeared that hospice staff were regarded as a part of the participants' experience and subsequent relationship with the hospice. This shows that their journey was not just about the service and support received, but about the people who were involved in delivering it and who were helping them through their toughest moments.

Participants described their ongoing relationships with the hospice, with all 10 interviewees expressing their intentions to

continue their support where they can, despite some identifying the need to move on after their loss and the recognition that their support is diminishing over time. When asked about supporting other charities now and in the future, the vast majority stated that any philanthropic activities they can do will always be in aid of the hospice.

But had [wife's name] not died? I do not believe for one minute that I would have been committed to do what I do for [the hospice], either for them or for anybody else... whatever spare cash I've got goes to the one cause that matters to me [the hospice].
– George

Transparency and trust are key for donors and can produce mutual benefits for both them and the charity, and it could become even more valued when an emotional connection is formed to help with a loss; low levels of trust and transparency could result in emotional damage for the donor and may negatively impact their bereavement and philanthropic journeys.

Conversely, research suggests that a high level of trust helps to maintain a charity's integrity and tends to build stronger and longer-lasting relationships between an organisation and its donors, reaping better philanthropic support for the charity (Hodge 2016; Rooney and Osili 2016). Moreover, it appears that trust is even more significant for those donating large sums of money, as these donors will tend to evaluate the competency, integrity and motives of the charity prior to donating to ensure their gift will be used effectively (Sargeant and Lee 2004; Covey and Merrill 2006; Cluff 2009).

As well as one-to-one relationships, more general communications from the hospice, which are usually written and distributed by fundraising staff, are likely to play a role in developing this sense of affinity and trust. Interviewees had mixed responses when discussing communications, particularly regarding those that included stories from people who have lost loved ones at the hospice, as these two quotes demonstrate divergent responses to hospice communications:

Me personally, I'm quite an emotional person. I don't particularly like the ones that feature somebody that's seeing their loved one, you know, through their last days and tells them you know, a bit about their life, a bit about the grandchildren, which I totally get, and I totally understand, but it does damper my day rather than – it doesn't inspire me to go and give more money to them. It just makes me feel sad that I've lost my dad. – Sam

Well, I could obviously put myself in their shoes. I could sympathise with them and understand a part of what they were going through. Which again, if whoever receives that, really strikes a chord with them to think okay, what can I do to help or just the slightest thing? Yeah, I think it's very important that you always put an actual face to it. – Cassandra

Some also expressed their sadness and anger when receiving communications soon after their loss, whilst others said they are a reminder of what they went through. Moreover, some feel they receive too much from the hospice and that the communications are not tailored to them; therefore it could be argued that the lack of relevance felt by donors diminishes the power and purpose of the communication, and brings into question whether their needs and interests are being acknowledged and appreciated by the hospice, which can ultimately impact the relationship. This is further supported by the opinions of those who said that communications from the hospice do not prompt their philanthropic activities in any way, which brings into question the effectiveness and quality of these communications. However, not all participants had a negative response; some felt that the communications raised awareness of philanthropic opportunities, and a couple of participants said that communications are a helpful reminder or prompt to give or volunteer, and found it useful to be kept up to date with hospice news. This could link back to trust, as they may regard these touchpoints as a way of ensuring the hospice is continuing their care, seeking and securing funds, and utilising donations effectively.

Research shows that empowering donors to decide how, when, and what type of communications they want to receive instils faith in the donor that they are being listened to by the charity, and that their needs are being met with empathy (Sargeant and Jay 2014). Once established and implemented, bespoke plans can reap significant rewards for the charity and enable them to track the perceived lifetime value of relationships that can inform future strategy (Burnett 2002).

8 | Conclusion

The findings of this study emphasise that bereavement, and the subsequent philanthropic response to loss, is an ongoing journey, involving multiple and changing emotions, relationships, and ways of giving. In answer to our first research question (what influence does death, dying and bereavement have on philanthropic giving within hospice care), we see that as part of that journey, philanthropy enables bereaved hospice supporters to fulfil a variety of needs from distraction from their grief to continuing a meaningful connection with their loved one. For most interviewees, as their bereavement journey progressed, they became less involved with their philanthropy, with their support sometimes transitioning into the creation of a permanent memorial or a planned legacy gift.

A particularly important motivation running throughout the journey was the need to pay back the hospice for the care that they and their loved one experienced—as set out in the theory of serial reciprocity (Moody 2008), which could more colloquially be described as 'paying forward' the costs of others' care. This motivation was sometimes driven by a new awareness of the need for hospice care and the way that hospices are funded through the relationship that was developed with the hospice over time.

We were also able to gain valuable insights into our second question (the approach that a hospice should adopt when stewarding bereaved donors). The findings suggested that the relationships

alluded to above were often associated not just with the hospice as an institution but with individual people working within it, whether care staff or fundraisers. These relationships, combined with personal experiences of care helped to increase levels of trust in the hospice. Interestingly, however, interviewees expressed less satisfaction with the more general communications that they received from the organisation, sometimes viewing them as overly generic.

8.1 | Key Points for Practitioners

In order to steward their bereaved supporters effectively, therefore fundraisers should:

- Understand the significance of the hospice in someone's life and appreciate these connections when facilitating philanthropic giving. The complex nature of the emotions felt by bereaved donors is highlighted by the many models created to better understand the behavioural and cognitive components of people's bereavement and grief (see Rando 1993; Bonanno et al. 2002; Doka and Martin 2011).
- Take a bespoke approach to working with those people who have experienced a bereavement. This involves developing a deep understanding of each donor's connection to the hospice and where they are on their bereavement journey, as well as understanding the aspects of their loved one's identity that they would like to memorialise and the ways in which they would like to express their philanthropy. However, it must be recognised that designing bespoke communication plans can be time-intensive and requires appropriate resources to execute well.
- Develop ready-made solutions for in memory giving (such as the pre-existing hospice campaign, Light up a Life) for those people who, for whatever reason, cannot or do not want to design their own fundraising. Similarly, more general communications should be adapted to work more effectively for those who have been through a bereavement. Fundraisers must ensure that they build relationships based on trust and transparency in order to maintain a connection with their donors, particularly for those who are bereaved and may be relying on their relationship with the hospice to cope with the death of a loved one.

This research does have its limitations, most obviously that it is based on supporters of a single hospice, and the views of different hospice supporters may well differ, as might those of those giving in memory to other causes. Further research, both qualitative and quantitative, could seek to explore the views of a larger sample to a wider set of organisations.

A wider study comparing those who are bereaved and those who are not, but are both engaged in philanthropic giving to a hospice, may also provide valuable insight. Quantitatively, it could assess key differences between the two groups. Qualitatively, this could look at the differences and similarities involved in their stewardship journeys and find ways in which their needs could be managed differently, or simultaneously, to improve relationships and donor experiences, whether they are bereaved or not. Similarly, a quantitative study could also consider the

differences between people who choose to give in memory in different ways, or in memory of people with whom they had different relationships (e.g., a friend versus a family member). For example, might people who choose to organize or take part in events differ in their needs or attitudes from those who choose to make personal gifts?

Overall, however, this research adds to the scarce literature on fundraising in hospices and on in memory giving, and provides valuable advice to practitioners in creating more fulfilling relationships with those people who have lost a loved one, to support them through their journeys of bereavement and their associated philanthropy.

Data Availability Statement

Research data are not shared. NB: participants were told that transcriptions would be destroyed following research.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.