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## CLINICAL COMMENTARY

# Encouraging Long-Term Volunteerism in Medical Professionals: Is it Our Duty to Serve?

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There are not enough health care workers or humanitarian aid volunteers to serve the world's indigent, impoverished, and disaster stricken populations.<sup>1</sup> Nearly half of the world's population, more than 3 billion people, lives on less than \$2.50 a day. More than 1.3 billion people live in extreme poverty, less than \$1.25 a day.<sup>2</sup> Impoverishment is tightly related to access to health care and health care workers. Though these statistics are commonly known amongst medical professionals, there is no standardized approach to encourage medical professional volunteerism to trainees of professional schools.

From my own experience with various non-profit organizations, the limiting reagent to humanitarian effort is sometimes financial, but, oftentimes, human resources. There are, simply put, not enough people committed to ongoing volunteerism in professional capacities.

An example familiar amongst medical professional volunteers is student-run health clinics. When supervising a student-run health clinic, it is overrun with undergraduate and medical student volunteers with few medical doctors supervising these potential future physicians. The majority of these students who found volunteerism so worthwhile while in training disappear from the volunteer workforce after they have garnered their own professional degrees. The numerous benefits students found in volunteering do not necessarily translate to consistent volunteer work past graduation.<sup>3,4</sup>

It would be beneficial to volunteer organizations to study and survey current long-term professional volunteers and find out which factors led to their current involvement in long-term volunteerism. *"What actually motivates a person to volunteer is a complex and vexing question, yet understanding these motivations can be of great assistance to organizations in attracting, placing, and retaining volunteers . . . (and that) organizations can use information on motivations to attract potential volunteers by tailoring recruitment messages to closely match their motivational needs."*<sup>5</sup>

However, most surveys on the subject are a random sampling of individuals and their contributions to humanitarian aid in a variety of environments. More clearly, these are surveys of short-term volunteers and surveys directed at improving short-term volunteer rates or encouraging volunteerism amongst those who do not, in general, volunteer longitudinally.

For example, a recent online survey in England was able to reach over 4,000 people via social media postings. Amongst its sampling of social media savvy, surveyed persons: 65% want to give back to the community, 42% want to support a cause or organization they care about, 58% say helping others improves wellbeing and makes one happy, 38% were seeking to improve their resume or get a new job, 45% said personal development, 37% said volunteering was an easy and fun way to spend spare time, and 45% wanted to meet new people and friends (with some reporting they'd met their partner through volunteering).<sup>6</sup>

Although, these studies are useful, and are consistent with most philosophies in the study of "motivation," they do not fully elucidate the "driving forces" behind long-term professional volunteerism. Literature on personal motivation is usually dichotomized into internal versus external motivational factors. Some people have a more hedonistic view towards motivation and conclude that some type of reward (such as food, money, or other incentives) or punishments<sup>7</sup> motivates all behaviors. These reward and punishment paradigms fall under external motivations. The decision to volunteer, however, is more frequently studied under the lens of intrinsic motivation, which is defined as undertaking an activity that is inherently interesting, gratifying, pleasant, or fun and further defined as being done for self-directed (internal) reasons rather than through incentives and is rewarding in and of itself.<sup>8-10</sup>

The medical profession can at times induce people to volunteer with a rewards program, but improving rates of professional volunteerism will likely rely on improving intrinsic motivational factors. That is, medical training should attempt to motivate trainees to participate with volunteerism. Medical school curricula can be modified and tweaked in order to encourage a more altruistic, self-directed physician. Medical School education frequently focuses on skill acquisition: the Dreyfus and Dreyfus model. Namely, curricula focus on students gaining responsibilities in accordance with their developmental stages.<sup>11</sup> Learners gain the foundation necessary to care for patients during their preclinical years through classroom instruction, shadowing clinicians, and standardized patient experiences but not necessarily understand the importance and satisfaction associated with performing their duties and volunteer work.

A recent dissertation from Drexel University by Gowdey on professional volunteerism highlights at least 6 different recommendations to encourage volunteerism. While this

article is not the place to detail each of his recommendations after his thorough study, they should be mentioned. Medical schools can try to incorporate these into the daily training of professional students. They are as follows: "Arouse meaning and purpose, stimulate connectedness-relatedness, enthuse non-religious and religious spirituality, inspire pro-social behavior and righteousness, motivate gratitude, and encourage the seeking of competency and mastery."<sup>1</sup>

Further research needs to be performed in the area of professional volunteerism. The research might be as simple as a more in-depth surveying of professional long-term medical volunteers. I hope to undertake this endeavor in the near future to further specifying which motivational factors might be encouraged to medical and professional trainees. For now, we can at the least start to think about what elements motivational education should include.

There are billions of people living in poverty around the world who have unmet medical needs. Encouraging humanitarian aid in our educational system is not currently a major focus of medical professional education, and given the complexity of what motivates people to do volunteer work, it will be near to impossible to find a single curricular change that might stimulate more volunteerism amongst medical professionals. This should not discourage us from starting the process of changing the language, tone, and focus of our medical professional training. The goal, of course, being the production of altruistic, self-directed professionals that willingly help to bridge the gap of unmet medical needs.

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