

4-26-2012

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PHYSICIAN VOLUNTEERISM: THE MOTIVES AND BENEFITS

Physician Volunteerism: the Motives and Benefits

by

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Senior Thesis

Honors College

University of South Florida

Spring 2012

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Abstract

The intent of this thesis was to consider whether the terms individualism and collectivism could be applied to physicians in order to predict the motives behind physician volunteerism. Statements given by physicians concerning their volunteer work were analyzed using the Clary et al (1998) functional perspective, which includes six theoretical motives for volunteering including career, understanding, social, values, protective, and enhancement motives. The motives given by physicians were compared to studies conducted by researchers examining non-physician society members and their volunteer experiences. It was found that physicians may be either individualists or collectivists with neither personality being more conducive to volunteering. The role identity theory was also investigated in the terms of physician volunteerism. It was found that physicians, just as any other member of society who participates in volunteer work, are likely to develop a volunteer role identity. Furthermore, perceived expectations and volunteer role identity development promote sustained volunteerism. Finally, the benefits reaped by a physician who volunteers is simply the fulfillment of their respective motives. Thus, if a physician is motivated to volunteer in an inner-city clinic by a desire to understand different factors that affect his or her patients, such as living conditions or environmental stress, the benefit that physician will reap is the fulfillment of that desired understanding. Regardless of the motive a physician has for volunteering, whether they are an individualist or a collectivist, or whether they develop a role identity, the act of volunteering by physicians provides both personal and professional benefits alike unique to each individual.

Volunteerism is a vital aspect of our 21st century society. High school students strive to accumulate community service hours in order to meet scholarship requirements, undergraduates in pursuit of admission to various graduate and professional schools attempt to accrue volunteer hours to stand out from other applicants, and even celebrities and politicians participate in volunteer work in order to be esteemed as a good person to their fans and supporters. However, the preceding scenarios are only stereotypical examples of what motivates certain individuals to engage in volunteerism. It is possible that a high school student volunteers not only for scholarship purposes, but also for his own enjoyment. A celebrity or politician may be sincerely passionate about a cause or a charity that would cause him or her to volunteer. There are a number of diverse motives that may compel an individual to be actively involved in volunteering within their local and international community.

Just as any other member of society, service to one's community is undoubtedly an essential aspect of a physician's profession. In fact, compassion for and devotion to one's society are key characteristics that medical school admissions committees look for in their candidates for admission. In an editorial written in the American Journal of Family Practice, Editor-in-Chief Dr. Jeff Susman, M.D. writes, "Medical schools (particularly public institutions) have a stewardship role: to guarantee student diversity and train doctors who will diligently serve the public—all the public." He goes on to write that the U.S. is in need of physicians who are willing to care for the underserved across our nation. The medical colleges training our society's physicians acknowledge that there is evidently a benefit to participating in volunteer work and that service to fellow human beings is a cornerstone of the practice of medicine. Volunteerism is an excellent way for applicants to demonstrate that they do possess the compassion and altruism necessary to become an effective physician. Therefore, this thesis will explore the motives behind a

physician's decision to volunteer and both the personal and professional benefits reaped by physicians who participate in local and international medical relief efforts. Personal testimonies of physicians who have volunteered will be examined in order to determine the motives and benefits reaped from volunteerism. These personal testimonies will be compared to research found in peer-reviewed journals in order to determine whether physicians who volunteer have motives that are correlated to either individualism or collectivism. Collectivism and individualism allows the prediction of an individual's motives to volunteer, as explained in the paragraphs below.

The renowned oath known as the Hippocratic oath, which was penned centuries ago, has historically served as an emblem of the responsibilities of a physician. A portion of the oath states that a physician "will remember that [he or she] remains a member of society, with special obligations to all [his or her] fellow human beings, those sound of mind and body as well as the infirm." It is plausible that one may interpret the obligations stated within the oath to include service to one's local communities. However, the question as to what motivates a physician to engage in such volunteer work must be investigated. A sense of responsibility to one's society, a desire to feel good about one's self, or even religious beliefs may compel a physician to become actively involved in volunteer work. The functional perspective, cited by several scholarly articles, recognizes that an individual may participate in volunteer work in order to fulfill some need (Clary et al., 1998; see also Finkelstein, 2006). Evidence has shown that an individual will continue in a particular volunteer effort in order to continue to fulfill the need. Satisfying the needs and expectations preceding volunteer work is what fosters sustained volunteerism (Clary et al., 1998). Therefore, since an individual will maintain volunteering in order to satisfy those needs, the fulfillment of a particular need may be considered the main benefit reaped from

engagement in volunteer work. This need may include a desire to feel good about one's self, a desire to be portrayed as a good person, or even a desire to improve skills that cannot be obtained without engaging in some particular area of volunteer work. It has been found that perceived expectations and personal motives precede the initiation of volunteer work thus supporting the premise that a desire to be portrayed in a certain way by others or a desire to feel good is at the root of volunteerism (Penner, 2002).

The functional perspective includes six motivational functions fulfilled by volunteerism. These functions can also be described as motives that prompt an individual to engage in volunteerism. These six motives are each a part of the functional view of volunteerism, which states that individuals will volunteer in order to some fulfill some desire or need and will continue in their respective volunteer efforts until that desire or need is fulfilled. The six motives include *values*, *understanding*, *social*, *career*, *protective*, and *enhancement* motives (Clary et al., 1998). The *values* motive is defined as a motive that provokes involvement in "opportunities that volunteerism provides for individuals to express values related to altruistic and humanitarian concerns for others with the desire to serve others" (Clary et al, 1998). The *understanding* motive is defined as the desire to exercise knowledge or skills that may otherwise go unused (Clary et al, 1998). The *social* motive is associated with a desire to fulfill expectations of others or even to build, maintain, or enhance relationships with others (Clary et al, 1998). Clary et al (1998) suggests that *career* motives include a desire to enhance skills needed for a current occupation or to obtain skills needed for a future occupation. The *protective* motive of volunteerism is defined by a person's desire to protect themselves from negative feelings including guilt or to address a personal problem (Clary et al, 1998). Lastly, the enhancement

motive is found to be associated with a desire to grow or better one's self through volunteer work (Clary et al, 1998).

Each physician has a variety of motives that inspire him or her to begin volunteering. These motives may be a result of association with an academic, professional, social, or religious group. Some motives may come from family and peer expectations. The terms individualism and collectivism are terms that have recently been used to describe common personality elements found among individuals within a society and are thus ultimately used to describe a culture (Hofstede, 1980). Hofstede (1980) defined individualism-collectivism as one of four dimensions of a culture. He notes that individuals within a culture are conditioned to think and act a certain way. He notes that every individual in a culture will not have the same personality elements, but that trends may be found. For example, Oyserman, Coon, & Kemmelmeier (2002) found that the American culture is more individualistic in terms of their motives and how they define themselves. However, it cannot be assumed that all Americans are individualistic. Individualism was defined as involving a loose social framework where the individual seeks self-focused purposes, whereas collectivism has been found to involve a close-knit group framework and self-identity is determined by group association (Hofstede, 1980). Furthermore, an individualist is more focused on personal goals, whereas collectivist is concerned more with the goals of a group (Finkelstein, 2010). It is plausible that medical doctors can be either individualist or collectivist with correlations found between these two descriptions and the motives provoking volunteerism. This classification using the individualism and collectivism definitions cannot be used to predict the length of time one spends volunteering, but can be used to predict the motives behind one's decision to volunteer (Finkelstein, 2010). However, as previously noted, an individual will engage in volunteer work in order to continue fulfilling their unique needs.

In a study conducted among approximately 200 undergraduate students, Finkelstein (2010) found that individualism is associated with career-focused motives for volunteering while collectivism is associated with social and charitable motives for volunteering. Thus, whether a physician is an individualist or a collectivist can theoretically be used to predict the motives behind their decision to volunteer. In an excerpt from the IMpact newsletter published by the American College of Physicians, Mr. John Liao, a medical student at the Baylor College of Medicine at the time of publication of the newsletter, writes about how he has observed that benevolence is an essential aspect of a physician's training and career. Liao writes that personal and professional benefits arise from participation in volunteer work by medical school students and residents alike (Liao, 2011). The specific benefits sought by a medical student, resident, or physician through volunteering can be predicted if it is known whether the individual has more of an individualist or collectivist personality.

Dr. Russel W. Steele, M.D. is a New Orleans physician who has spent years engaging in volunteer work overseas, according to an article written in the Career Center section of the *New England Journal of Medicine* website. He stated that engaging in volunteer work, specifically medical volunteer work in foreign countries, allows a physician to sharpen his or her core skills (Darves, 2003). When working in an environment where there is little or no availability of advanced technology such as imaging devices, doctors must make decisions regarding diagnosis and treatment based off of what they observe using only their eyes, hands, and perhaps their stethoscope. According to Dr. Steele, this allows them to refine those basic clinical skills learned in their early years of residency and even medical school. Therefore, volunteering in clinical work overseas or even in rural areas here in the States in locations where there is limited medical

equipment provides an opportunity that a physician can use to enhance his or her core clinical skills.

The statement made by Dr. Steele is an example of one of the six functions of volunteering defined by Clary et al. (1998). Dr. Steele noted that involvement in clinical volunteer efforts, particularly overseas where advanced technology is significantly limited, provides physicians with opportunities to enhance their fundamental clinical skills. Clary et al (1998) suggests that *career* motives include a desire to enhance skills needed for a current occupation or to obtain skills needed for a future occupation. Thus, Dr. Steele's statement is an example of a career motive to engage in volunteer efforts. Alternatively, Dr. Steele's statement can also be viewed as an example of the motive of *understanding*. Clary et al. (1998) defines the *understanding* motive as the desire to exercise knowledge or skills that may otherwise go unused. Thus, Dr. Steele's statement may also be viewed as an *understanding* motive, as physicians who volunteer in medical work overseas must use their understanding to diagnose and treat illnesses without the aid of a majority of the technology that they have likely grown accustomed to using on a regular basis. Along with the enhancement of clinical skills, Dr. Steele also states that medical volunteer work can also be personally rewarding (Darves, 2003). He states that volunteering has given him a viewpoint on both human life and the practice of medicine that he may not have obtained apart from his involvement with volunteer work (Darves, 2003). Dr. Steele's second statement is thus also example of *understanding* motive function of volunteering defined by Clary et al (1998).

Analyzing Dr. Steele's statements, one may see the connection made between volunteering overseas and the improvement of basic clinical skills, which is the *career* function of volunteering. According to the correlations given by Finkelstein (2010), individualism has

been found to be associated with the *career* motive. In fact, Finkelstein (2010) found that “the individualism-career relationship was stronger than any of the others”. Since individualism and collectivism can be used to predict motives for volunteering, it is probable that those physicians with individualistic personalities are likely to participate in volunteer work in order to fulfill career motives. However, it would not be rational to state that all physicians who volunteer in medical relief efforts overseas do so because of a career-related motive. Medical Ministry International [MMI] is an organization that provides healthcare workers with the opportunity to participate in trips to various countries across the globe in order to provide healthcare for those who are not able to access it. The organizations mission statement is as follows: “With intentionality, we seek to minister in the name of Jesus and serve the least and the last on the economic scale.” (MMI, n.d.) The organization’s mission statement is clear that its motive is that of serving others and honoring their God. The desire to serve one’s God is not unambiguously in correlation with any of the six functions of volunteerism. Although one may associate the stated desire to serve their God with the *social* motive because of an alleged underlying, unconscious desire to be perceived by their peers as a good person or as faithful to their religious beliefs, this assumption cannot be made. It is probable that the *values* motive may be used to describe the group’s desire to serve their God.

Nevertheless, one of the six functions of volunteerism is clearly congruent with the first motive given by this organization. The *values* motive, which Clary et al (1998) defined as a motive that provokes involvement in “opportunities that volunteerism provides for individuals to express values related to altruistic and humanitarian concerns for others with the desire to serve others”. The organization does not state that they desire to serve others in order to feel good about themselves or to strengthen their social ties, but rather that they purely strive to be of

service to others. One may argue that these individuals still participate in these trips with perhaps a contributory, unwitting desire to feel good about themselves, but this assumption cannot simply be made for all of those who participate in such work. Finkelstein (2010) found that the *values* motive showed a stronger correlation with collectivism than individualism. Thus, the desire to serve fellow man, which is associated with the *values* motive, correlates to collectivism. As noted in previous paragraphs, collectivists share the motives and goals of a group or an organization. Physicians who volunteer with Medical Ministries International and share similar values as those held by their organization are likely motivated by collectivist ideals. Therefore, it is possible that physicians that volunteer abroad may also be collectivists.

Comparing the analysis of Dr. Steele's statements and those of Medical Ministry International, one will notice that the motives provided to volunteer overseas are very different. Dr. Steele's motives are associated with individualism where as the Medical Ministry International is more so associated with collectivism. A collectivist is more likely to pursue group goals over his own personal goals where as an individualist will be more concerned with his own personal autonomy (Finkelstein, 2011). The two examples are congruent with the characteristics of individualism and collectivism. Medical Ministry International is an organization consisting of group members. Individuals who choose to become members with the aforementioned organization are perhaps volunteering with the group's values in mind. This allows one to conclude that it is not possible to predict whether a physician will volunteer locally or abroad based upon whether they are more of an individualist or a collectivist. Furthermore, it is evident that the benefits reaped by Dr. Steele include the fulfillment of sharpening core clinical skills and an achievement of the sought after "rewarding feeling" mentioned in his testimonial. In contrast, physicians who volunteer with Medical Ministries International who share the same

goals and beliefs as the organization will reap the benefits of helping their fellow mankind and a fulfillment of their desire to serve God. Thus, although Dr. Steele and physicians of MMI reap different benefits, they do, in a sense, reap the same benefits of fulfilling their respective motives.

Although it is likely that physicians who volunteer with MMI likely have collectivist personalities, it is possible for a physician to have collectivist ideals without being associated with an official, organized group such as Medical Ministry International. A majority of members of the Western society, including physicians, believe that a physician's understanding should not be limited to purely the scientific factors of disease, but also the socioeconomic and environmental factors that may contribute to disease (Gruen, Pearson, and Brennen, 2004). Furthermore, Gruen et al (2004) claims that a physician's role in society includes promoting and participating in efforts to improve community aspects that have an underlying effect on the health of their patients. These expectations of physicians bring about motives for physicians to become active in volunteerism. In the *Declaration of Professional Responsibility: Medicine's Social Contract with Humanity*, which was adopted by the House of Delegates of the American Medical Association [AMA] in December of 2001, the physician's collectively commit themselves to advocate for changes that may better the health of humanity, work with their peers to promote medical and public health advances that may better the health of humanity, and apply their expertise and skills needed regardless of the threat it may impose on themselves (AMA, 2001). Undoubtedly, a physician will be able to gain a better understanding of the socioeconomic and environmental factors that contribute to the health of his patients by working within various settings in his local or even international community.

Gruen et al (2004) goes on to claim the basis for why physicians would engage in volunteer work is threefold. Firstly, socioeconomic issues have a significant effect on health problems and access to healthcare. Secondly, a physician's understanding is imperative to addressing both socioeconomic and environmental issues impacting their patients. Thus, when a physician gains a better understanding of the socioeconomic and environmental issues surrounding their patients by perhaps participating in volunteer work within their local community, they are able to provide more effective guidance concerning how these issues should be addressed. Gruen et al (2004) cites the third reason for a physician to volunteer is the desire to gain public trust. Each of the three reasons that Gruen et al (2004) provides for physicians to volunteer is associated with one of the six functions of volunteering given by Clary et al (1998).

The first reason given by Gruen et al (2004) is associated with the *understanding* motive, which includes participating in different learning experiences that may not otherwise be experienced under normal occupational or social circumstances. This is reasonable because a physician may experience different interactions with patients when volunteering, for example, at an inner-city clinic or a homeless shelter. They will be working with patients who may have different life experiences and socioeconomic factors than most of the patients that they come into contact with within their own offices or hospitals. A physician volunteering at an inner-city clinic will treat patients who perhaps do not have health insurance or may have some form of health insurance but are still unable to afford needed medical care. They will be able to learn first-hand the struggles experienced by individuals without health insurance and the health issues that these individuals commonly struggle with. It has been found that impoverished individuals are likely to have poorer nutrition, less access to routine medical care, and more psychological stress when compared to individuals who do not have significant financial hardships (Schneider,

pg. 226). Thus, involvement in the volunteer work in such a setting may be considered a new learning experience.

The second reason that Gruen et al (2004) gives for volunteering, the necessity of a physician's understanding in addressing the socioeconomic and environmental issues facing our communities, may also be associated with the *understanding* motive. Volunteering in one's community will enhance one's understanding of the every day issues that community members must confront and will thus allow physician's to offer better advice for resolving these issues. The third reason Gruen et al (2004) cites, which is a desire to gain public trust, may be associated with the *social* motive in of the functional view. The *social* motive is associated with a desire to fulfill other's expectations or even to build, maintain, or enhance relationships with others. The reasons for volunteering given by Greun et al (2004) are evidence that physicians will volunteer for diverse motives in order to fulfill the needs associated behind those motives.

As previously noted, the different motives within the functional view of volunteering may be more closely associated with either individualism or collectivism. In the study referenced previously that was conducted among approximately 200 undergraduate students, Finkelstein (2010) found that collectivism was more closely associated with *values*, *understanding*, *enhancement*, and *social* motives while individualism was more strongly associated with the *career* motive. Thus, each of the three motives defined by Gruen et al (2004) is more strongly associated with collectivism. This is significant as the three motives, which include to gain understanding of the environmental and socioeconomic issues surrounding patients, to implement changes in environmental and socioeconomic issues surrounding patients, and to preserve public trust, are all associated with the declaration statements in the *Declaration of Professional Responsibility: Medicine's Social Contract with Humanity* of the American Medical

Association. These motives, all falling under the category of collectivism, ultimately originate from “group” or community expectations. It is reasonable to conclude that these three motives defined by Gruen et al (2004), which are each related to community concern and defined by the *enhancement* and *social* motives, are more strongly associated with collectivism. In this case, the group is the community of members of the society, including physicians. Therefore, a physician may participate in volunteer work motivated by collectivist ideals without being associated with a formally organized group or association.

It would not be reasonable to assume that a physician or any other individual who volunteers may be strictly classified as an individualist or a collectivist and is motivated only by either individualist or collectivist motives. While Finkelstein (2010) did find that individualism was more strongly associated with the *career* motive, it is probable that an individual who exhibits collectivist motives could also be motivated by the individualistic *career* motive. Individualism and collectivism definitions are only used to predict probable motives for volunteering. In the aforementioned example of Dr. Steele, the two motives identified by his statements were both characteristic of individualism and collectivism. His motives included *understanding* and *career* related motives falling under the classification of collectivism and individualism respectively. Therefore, it is difficult to simply label a physician as either an individualist or a collectivist and state that he or she will be motivated only by the *career* motive or the *understanding*, *values*, *protective*, *enhancement*, and *social* motives respectively. He or she may be motivated by aims correlating to both personality orientations.

A significant finding in the study by Finkelstein (2010) was that social motives and role identity were the two most significant factors in volunteer activity variance. Role identity has been defined as “a set of characteristics or expectations that simultaneously is defined by a social

position in the community” which ultimately becomes a feature of an individual (Charng, Piliavin, & Callero, 1988). Charng et al (1988) also notes that an individual as a part of their self-image may adopt routine behaviors, which are often associated with a particular role in society such as the role of a volunteer. The role identity theory would allow one to argue that the act of volunteering is often adopted by the individual as a self-characteristic and essentially becomes a defining element of the individual (Piliavin, Grube, & Callero, 2002; see also Finkelstein, 2005). In other words, regardless of an initial motive to volunteer, volunteering becomes a part of the individual’s values and thus sustains his volunteering. Finkelstein (2010) found that role identity was significantly associated with collectivism. A physician who volunteers for a desire to feel good or to improve his or her social ties or world view, which correlates with collectivism, may be more likely to continue in volunteer work even after retirement as he or she is more likely to adopt volunteering as part of his identity. According to the conclusion reached in the previous paragraph, collectivism ultimately defines a physician whose motives for volunteering include the betterment of the community and maintaining community trust, while physicians who volunteer with motives including the enhancement of clinical skills are more associated with individualism. Therefore, it could be inferred that a physician who possesses a more collectivist personality will ultimately foster volunteering as a part of his or her role identity and will thus continue to volunteer regardless if the initial needs that provoked the volunteering are already met.

The association between role identity and collectivism may cause one to infer that perhaps an individualist is less likely to continue in volunteer work once his or her initial needs or motives have been met because an individualist is less likely to adopt volunteering as a part of his or her identity. However, it would not be reasonable to make a firm conclusion that those

with individualistic personalities will not continue in sustained volunteerism. Finkelstein (2010) concludes that neither individualism nor collectivism can be used to predict the amount of time one spends volunteering. More studies are being done in order to gain a better understanding of the relationships between individualism and collectivism and role identity. Furthermore, Brannick & Finkelstein (2007) cited that perceived expectations has a stronger correlation to time spent volunteering than the correlation between role identity and volunteer time (Finkelstein & Brannick, 2007). This concept is further examined in the following paragraphs.

Role identity is a crucial factor that may be used to predict engagement in formal and informal volunteering. Informal volunteering is defined as “ongoing, unpaid services that individuals perform outside of any formal organizational structure” (Finkelstein and Brannick, 2007). In a survey conducted by 139 undergraduate students about time spent in organized volunteer work, Finkelstein and Brannick (2007) found that role identity as informal volunteering was associated with longer volunteer activity, all six motives of volunteerism, except *career*, and other-oriented empathy, which includes selfless attitudes. Collectivism is thus positively associated with role identity and may ultimately be correlated with sustained volunteer activity. This may seem contradictory since collectivism is associated with group goals and group association. However, according to these results, it is evident that, despite the fact the individuals associated with a particular group may take on that group’s motives or goals for volunteering, individuals associated with groups are more likely to participate in continued non-organized volunteer work. Collectivists who adopt a volunteer role identity will in turn not only participate in their organized volunteer efforts, but in informal acts of volunteering. Informal acts of volunteering may include helping a neighbor move or helping a homeless individual obtain food or shelter. Moreover, these informal acts are done without the prompting of a group or apart

from the constructs of an organized group effort. Thus, an individual who is a collectivist who ultimately adopts a volunteer role identity will not only volunteer within the constructs of his or her respective group or organization, but will also engage in acts of volunteerism on their own.

However, as previously noted, it would be mistaken to conclude that a person with volunteer motives correlated to individualism will not continue in sustained volunteerism or in informal, spontaneous volunteering. Finkelstein and Brannick (2007) noted that current data suggests that participation in organized group volunteer work is not necessary in order for an individual to develop a volunteer role identity. In fact, perceived expectations rather than role identity exhibits a stronger correlation to time spent volunteering (Finkelstein & Brannick, 2007). Thus, an individualist who perceives an expectation to volunteer from an employer, friend, or family member is very likely to continue in volunteer work. Furthermore, an individual with perceived expectations will also be likely to participate in informal acts of volunteering with the development of a role identity. It has been suggested that the expectations of family or peers may act just as organization ideals do in supporting formal volunteering (Finkelstein & Brannick, 2007). Furthermore, individualists, who are not motivated by group ideology or group goals, are more tolerant of people different than themselves (Allik & Realo, 2004). This trait is likely to cause a broad range of volunteerism that does not rely on group incentives.

As seen in the previous examples, different physicians have different motives for volunteering. Some are motivated by their society's expectation, others by their own personal values or desires. Whether a physician is more of an individualist or a collectivist can ultimately be used to predict his or her individual motives to engage in volunteerism. On the basis of the examples of Mr. John Liao, Dr. Steele, Medical Ministries International, statements by the American Medical Association, and the findings of Gruen et al (2004), many physicians who

participate in volunteer work may be either collectivists or individualists. Even those examples that gave evidence of individualistic career motives were also associated with motives that may be correlated with collectivism such as *values* and *understanding*. Thus, physicians who participate in medical volunteerism cannot be collectively defined as individualists or collectivists. Rather, each physician possesses his or her own unique motives. In some cases, their motives are closely associated with individualism or collectivism.

Physicians who volunteer with collectivist personalities are likely to develop volunteer role identities, which may ultimately result in sustained volunteerism in addition to continued informal volunteerism. Additionally, physicians with more individualistic personalities will likely continue in volunteerism in order to fulfill their career motives and are also likely to develop a role identity due to perceived expectations. The benefits reaped by physicians who volunteer in both local and international work can be simply described by fulfillment of their unique motives. Thus, even though individuals are motivated by different reasons, the benefit they reap, a fulfillment of motives, is essentially the same.

Like Gruen et al (2004), Grande and Armstrong (2008) noted that community volunteerism provides an opportunity for physicians to create a favorable impression of their profession to their community. Additionally, medical volunteerism provides a beneficial service to a community. In the American Medical Association Medical Code of Ethics, opinion 9.065 cites caring for the poor a responsibility of physicians. The code suggests volunteering at a shelter or a clinic in order to meet the important obligation of aiding the destitute members of society. Grande and Armstrong (2008) suggest professional medical associations, medical schools, and residency programs can play an integral role in promoting volunteerism. These sources make it very clear that regardless of what motivates a physician, volunteerism is a

necessary aspect of a physician's personal and professional life that provides personal and professional benefits alike.

This thesis has shown that the definitions of collectivism and individualism do have the ability to explain what broadly motivates a physician to volunteer. The research present in several peer-reviewed journals that examines the theoretical motives of individual volunteerism can be used, to some extent, as a model to analyze physician motives for volunteering. However, it would certainly be beneficial to conduct future studies specifically examining physician volunteerism in order to take into further consideration the unique societal expectations of physicians and the distinctive personal motives of physicians within the context of their work environment. It is probable that the development of a role identity and the presence of perceived expectations may potentially promote sustained volunteerism among physicians. Regardless of the motives that foster volunteerism, it is unquestionable that the actual experiences that physicians have while volunteering, including working in a diverse environment with a diverse group of patients and colleagues alike, have the potential to positively impact a physician's personal and professional life.

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