

Global HealthCare Volunteering Trends - 2007 Report

[2007]

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ABSTRACT

Background: Volunteering in health capacities is an essential component of the global healthcare system due to the global shortage of up to 2.4 million health workers.¹ As in any industry, supply and demand analysis for volunteers needs to be correlated with volunteering preferences and aid organization locations. The purpose of this analysis is to give funding organizations, government administrators, and aid organizations the ability to prioritize the funding for, development of, and location of new volunteering programs. This report improves upon the techniques used in the 2006 report to enhance the accuracy of the data and analysis provided. The authors hope that this research will improve healthcare services targeted to the neediest people in the world.

Methods: From January 2007 through December 2007, 19,696 searches were received using the HealthCare Volunteer search engine (www.healthcarevolunteer.com). For the same period, 6,257 searches were received using the Dental Volunteer search engine (www.dentalvolunteer.com). Combined, the search results page loaded 25,953 times. Only subsets of these total searches were used for purpose of this research. Data was collected on volunteer search preferences with regard to location, religion, and specialty using the HealthCare Volunteer and Dental Volunteer search engines. Data was collected in such a way as to only include a volunteer's top search preference. All data was stored using databases driven by industry standard computer programming languages: PHP for web programming and MySQL for databases. Statistics on volunteers' actual physical location at the time of searching was tracked by Google Adwords program using IP Address locations. This information is used to indicate the possible place of residence of the volunteers.

Results: Volunteers searched from 170 countries with the greatest number of volunteers being physically located in the United States (80%), Canada (5%), and the United Kingdom (4%) at the time of the search. North America was the top destination for volunteering on both Dental Volunteer (51%) and HealthCare Volunteer (66%). Within North America, California was the top destination for volunteering for both Dental Volunteer and HealthCare Volunteer. After countries in North America, India was the top destination for Dental Volunteering (3%) and HealthCare Volunteering (2%). Extraction (14%) was the most popular dental specialty and Trainable Volunteers (29%) was the most popular healthcare specialty.

Conclusion: The results of the 2007 study are largely similar to the results of the 2006 study; however, an exact comparison cannot be made since the 2007 study was conducted using slightly different methods. These volunteering trends indicate that the places where volunteers wish to do volunteer work are not necessarily the same places where there is the greatest need for volunteers. More needs to be done to encourage volunteers to travel to safe places where their help is needed the most. Certain countries have historically been targeted by healthcare aid organizations, and these countries attract a proportionately higher amount of volunteer interest. In order to foster new aid organizations to areas that have been neglected or perhaps forgotten by healthcare volunteers, we must educate volunteers about the overwhelming need in new areas, and subsequently work with local NGOs and government organizations in these countries to foster a wider spread of aid instead of a mere concentration of aid.



KEY WORDS

HealthCare volunteering trends, Dental volunteering trends



UNSOLICITED MANUSCRIPTS

Research, Policy and Practice, and Lessons from the field papers must be accompanied by two paragraphs indicating what they add to the literature: A brief explanation of what was already known about the topic concerned; a brief outline of what we know as a result of your paper.

At least 1.3 billion people worldwide lack access to the most basic healthcare, often because there is no health worker. "The global population is growing, but the number of health workers is stagnating or even falling in many of the places where they are needed most," said Lee Jong-wook, Director-General of the World Health Organization in April 2006. HealthCare volunteering has become a blooming field as globalization has fostered a new period of multi-national and borderless healthcare treatment programs.

This is the 2nd report of its kind published by HealthCare Volunteer. This report uses improved techniques for gathering and analyzing the data on volunteering trends.

This research paper provides potential aid organizations, volunteers, government departments, and relief groups with invaluable data on volunteering location trends. In the future, these trends can easily be correlated with the number and locations of healthcare volunteer work to determine if volunteering opportunities meet the current preferences and needs of volunteers.

INTRODUCTION

Every day thousands of healthcare workers scour various sources looking for a way to use their healthcare training in an altruistic manner. For years, healthcare workers such as doctors have complained about the difficulty of finding willing and qualified volunteers to go overseas for volunteering.^{1,2} Many volunteers want to volunteer in a different location from where they work due to their interest in international travel, adventure, idealism, and desire to learn about a new culture.² Less than 1% of US healthcare professionals work abroad, while this number is up to 13% for Cuban healthcare professionals. This statistic may explain why volunteers from certain countries, where working abroad is not common, are more likely to volunteer abroad.² In this case, a volunteer from the United States may have a larger interest in volunteering abroad than a Cuban volunteer, since the US-based volunteer has not had as much opportunity to work abroad already. On the other hand, some people also argue that many US-based volunteers do not have the adjustment skills needed to adapt to and effectively volunteer in the developing world. For this reason, these volunteers may be more likely to volunteer locally. However, previous studies have shown that physicians, dentists, and nurses are the most likely US-based professionals to volunteer in healthcare.³

However, as volunteering becomes more popular, there are questions as to what kind of “business model” volunteering organizations and NGOs should adopt. Some organizations charge volunteers fees to search their databases for volunteering opportunities, others charge volunteers program management fees to volunteer, some others provide services (housing, food, etc.) to volunteers at cost, while some provide these services below cost or for free. Those volunteering organizations that charge additional volunteering fees argue that they are not just providing volunteers with a volunteering experience but also with a cultural immersion experience, which needs to be funded. Also, additional costs allow the NGOs to expand their services. However, many volunteers contend that they should not be funding NGOs, and that the NGOs should be receiving their funding from corporate donations and similar sources. HealthCare Volunteer’s policy is to provide services to volunteers for free or at cost and to partner with organizations that share this philosophy.

Volunteering has become a globalized movement with the boom of the Internet in the 1990s. People are travelling more and are becoming better connected to volunteering opportunities. For decades, national volunteer organizations of developing countries have contended that programs run by limited groups of health workers are less effective than programs run by large groups of community lay volunteers who work directly with the villagers.¹ No matter where volunteers serve, everyone seems to agree that volunteering is instrumental in providing healthcare due to the global shortage of up to 2.4 million health

workers.⁴ As in any industry, supply and demand analysis for volunteers needs to be correlated with volunteering preferences and aid organization locations. The analysis in this report is intended to give funding organizations, government administrators, and aid organizations the ability to prioritize funding for and development of new volunteering programs in needed areas.



METHODS

For the purpose of this analysis, a “search” was counted when the volunteer entered a term that he/she wished to search for and the “search results” page was loaded. Volunteers could search by location, specialty/function, religion, organization name, organization description, school affiliation, and types of students allowed to participate using the HealthCare Volunteer search engine. Using the Dental Volunteer search engine, volunteers could search by organization name, organization description, location, school affiliation, dental procedure, and religion. Individual data from “complex searches” (a search that uses more than one search criteria, i.e., location or specialty) was also recorded. Data was collected on volunteer search preferences with regard to location, religion, and specialty using the HealthCare Volunteer and Dental Volunteer search engines.

All data was stored using databases driven by industry standard computer programming languages: PHP for web programming and MySQL for databases. The majority of volunteers were attracted to our site through press releases, web-based search engines, word-of-mouth, and website links. Statistics on volunteers’ actual physical location at the time of searching was tracked by Google Adwords program using IP Address locations. This information was used to provide insight into the countries of residence for the volunteers because the website does not ask for or track the actual countries of residence of volunteers.

The primary enhancement in the search methods used in 2007 versus 2006 was that in 2007, the IP addresses of volunteers was tracked. Only the first search entry per IP address was counted in the analysis of this report. The result of this method change is that our analysis now reflects volunteers’ top search preferences only. Also, this method change means that we have counted far fewer searches in the 2007 report than we did in the 2006 report, though overall web traffic increased significantly from 2006 to 2007.

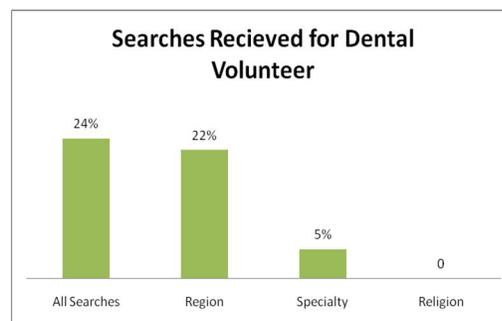
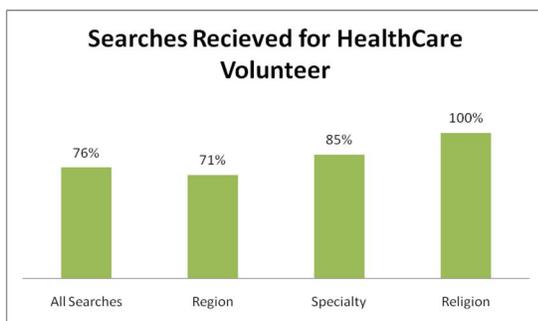
RESULTS

Searches Received (Table 1)

HealthCare Volunteer (www.healthcarevolunteer.com) was searched 19,696 times. Dental Volunteer (www.dentalvolunteer.com) was searched 6,257 times. Together, the website was searched 25,953 times. In terms of searches that included regional preferences, HealthCare Volunteer received 14,011 searches and Dental Volunteer 5,631 searches. In terms of searches that included specialty preferences, HealthCare Volunteer received 7,149 searches and Dental Volunteer 1,236 searches. Finally, HealthCare Volunteer also received 1,921 searches that indicated a religious preference for the volunteer work.

Table 1 Searches Received

	All Searches	Region	Specialty	Religion
HV	19,696	14,011	7,149	1,921
% Total	76%	71%	85%	100%
DV	6,257	5,631	1,236	NA
% Total	24%	29%	15%	NA
Total	25,953	19,642	8,385	1,921



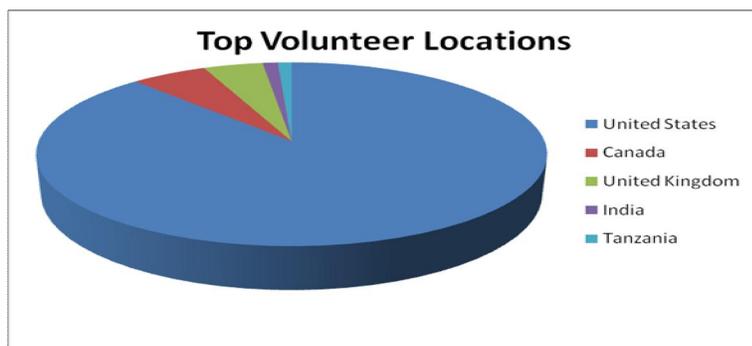
Volunteer Locations at Time of Search (Table 2)

The top locations of volunteers at the time of their searches were the United States (79.7%), Canada (5.0%), the United Kingdom (3.9%), India (1.0%), Tanzania (0.9%), Australia (0.9%), and Germany (0.7%).

Table 2 Top Volunteer Locations at the Time of Search

Country/Territory	Visits	%
United States	37862	79.7%
Canada	2382	5.0%
United Kingdom	1852	3.9%
India	462	1.0%
Tanzania	416	0.9%
Australia	413	0.9%
Germany	309	0.7%
The Philippines	222	0.5%
Malaysia	144	0.3%
Poland	132	0.3%
Nigeria	125	0.3%
New Zealand	102	0.2%
Netherlands	100	0.2%
Ireland	94	0.2%
Romania	90	0.2%
Ghana	86	0.2%
Nepal	81	0.2%
Hong Kong	80	0.2%
Israel	79	0.2%
Japan	79	0.2%

South Africa	76	0.2%
Singapore	74	0.2%
Kenya	73	0.2%
Switzerland	68	0.1%
Pakistan	61	0.1%
Sweden	60	0.1%
Cameroon	60	0.1%
Italy	60	0.1%
The United Arab Emirates	60	0.1%
Spain	58	0.1%
China	57	0.1%
Egypt	54	0.1%
Uganda	52	0.1%
France	51	0.1%
Thailand	48	0.1%
Portugal	46	0.1%
Brazil	45	0.1%
Saudi Arabia	44	0.1%



Dental Volunteer and HealthCare Volunteer (Combined) Destination Preferences (Table 3a, Table 3b)

Of the total number of region-relevant searches combining data from both Dental Volunteer and HealthCare Volunteer search results (14,011 + 5,631 = 19,642), 48.3% of searches were for states and territories within the United States. This was followed by other parts of North America (13.6%), Asia (13.5%), Africa (10.7%), South America (7.7%), Europe (5.3%), and Oceania (1.3%). Within the United States, California was the most commonly searched state with 12% of total searches. After the United States, the most-searched-for countries were Canada (1.9%), India (1.9%), Peru (1.8%), Costa Rica (1.5%), Mexico (1.4%), Tanzania (1.2%), and Kenya (1.1%).

Table 3a HealthCare Volunteer and Dental Volunteer (Combined) Regional Search Results by Continent

	US	North America - non-US	Asia	Africa	South America	Europe	Oceania
HV	7255	1948	1613	1632	849	557	157
% of HV	51.8%	13.9%	11.5%	11.6%	6.1%	4.0%	1.1%
DV	2230	729	1041	476	662	484	100
% of DV	39.6%	12.9%	18.5%	8.5%	11.8%	8.6%	1.8%
Total	9485	2677	2654	2108	1511	1041	257
%	48.3%	13.6%	13.5%	10.7%	7.7%	5.3%	1.3%

Table 3b HealthCare Volunteer and Dental Volunteer (Combined) Regional Search Results by Country

	US - CA	Mexico	Canada	Costa Rica	Tanzania	Kenya	UK
HV	1860	177	255	171	206	149	142
% of HV	13.3%	1.3%	1.8%	1.2%	1.5%	1.1%	1.0%
DV	533	91	117	117	36	58	49
% of DV	9.5%	1.6%	2.1%	2.1%	0.6%	1.0%	0.9%
Total	2393	268	372	288	242	207	191
%	12.2%	1.4%	1.9%	1.5%	1.2%	1.1%	1.0%
	Romania	Peru	India	Australia			
HV	34	198	221	52			
% of HV	0.2%	1.4%	1.6%	0.4%			
DV	114	147	144	57			
% of DV	2.0%	2.6%	2.6%	1.0%			
Total	148	345	365	109			
%	0.8%	1.8%	1.9%	0.6%			

HealthCare Volunteer Destination Preferences (Table 4)

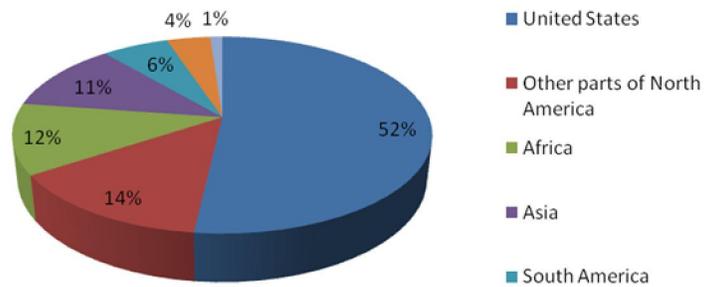
Of the total number of region-relevant searches received from HealthCare Volunteer (14,011), 51.8% of searches were for the United States. This was followed by other parts of North America (13.9%), Africa (11.6%), Asia (11.5%), South America (6.1%), Europe (4.0%), and Oceania (1.1%). The top locations from each continent were the US state of California (13.3%), India (1.6%), Tanzania (1.5%), Peru (1.4%), the United Kingdom (1.0%), and Australia (0.4%).

Table 4 Top HealthCare Volunteer Destinations

All Regions	Continent	No. of Searches	% of Total
US - California	North America	1860	13.3%
US - Florida	North America	395	2.8%
US - Georgia	North America	384	2.7%
US - New York	North America	352	2.5%
US - Illinois	North America	296	2.1%
US - Michigan	North America	280	2.0%
US - Texas	North America	262	1.9%
US - Massachusetts	North America	260	1.9%
Canada	North America	255	1.8%
US - Colorado	North America	223	1.6%
India	Asia	221	1.6%
US - Connecticut	North America	220	1.6%
Dominican Republic	North America	219	1.6%
US - Alabama	North America	213	1.5%
Tanzania	Africa	206	1.5%
Peru	South America	198	1.4%
US - Ohio	North America	197	1.4%
US - Maryland	North America	193	1.4%

China	Asia	187	1.3%
South Africa	Africa	184	1.3%
Canada - Ontario	North America	184	1.3%
Mexico	North America	177	1.3%
Guatemala	North America	175	1.2%
Costa Rica	North America	171	1.2%
US - Arizona	North America	162	1.2%
US - Washington	North America	149	1.1%
Kenya	Africa	149	1.1%
US - New Jersey	North America	147	1.0%
UK	Europe	142	1.0%
Ecuador	South America	138	1.0%
US - North Carolina	North America	135	1.0%
US - Minnesota	North America	130	0.9%
Ghana	Africa	128	0.9%
US - Virginia	North America	125	0.9%
US - Washington DC	North America	122	0.9%
Nepal	Asia	120	0.9%
Vietnam	Asia	115	0.8%
The Philippines	Asia	115	0.8%
Brazil	South America	113	0.8%
Cambodia	Asia	103	0.7%
Belize	South America	101	0.7%

Top HealthCare Volunteer Destinations



Dental Volunteer Destination Preferences (Table 5)

Of the total number of region-relevant searches received from Dental Volunteer (5,631), 39.6% of searches were for the United States. This was followed by Asia (18.5%), other parts of North America (12.9%), South America (11.8%), Europe (8.6%), Africa (8.5%), and Oceania (1.8%). The top locations from each continent were the US state of California (9.5%), India (2.6%), Kenya (1.0%), Peru (2.6%), the United Kingdom (0.9%), and Australia (1.0%).

Table 5 Top Dental Volunteer Search Results by Region

Region	Continent	No. of Searches
US - California	North America	533
Peru	South America	147
India	Asia	144
Vietnam	Asia	143
US - Texas	North America	139
US - Florida	North America	133
Brazil	South America	124
US - New York	North America	117
Costa Rica	North America	117
Romania	Europe	114
China	Asia	105
Ukraine	Europe	100
Mexico	North America	91
Cambodia	Asia	91
Nepal	Asia	88
Honduras	South America	88
US - Massachusetts	North America	85
Guatemala	North America	83

Belize	South America	79
Haiti	North America	77
US - Illinois	North America	76
Canada	North America	71
US - Michigan	North America	69
US - New Jersey	North America	66
Jamaica	North America	64
US - Washington	North America	61
US - North Carolina	North America	61
Israel	Asia	61
US - Virginia	North America	59
Kenya	Africa	58
Dominican Republic	North America	57
Ghana	Africa	57
Australia	Oceania	57
Philippines	Asia	55
US - Georgia	North America	52
Thailand	Asia	52
US - Arizona	North America	49
UK	Europe	49
US - Maryland	North America	47

HealthCare Volunteer Specialty Preferences (Table 6)

Of the total number of specialty-relevant searches received from HealthCare Volunteer (7,149), 29.4% of searches were for Trainable Volunteers. Trainable Volunteers are those volunteers who do not have a specific healthcare skill but can be trained to serve in a healthcare capacity. This was followed by Nursing (18.2%), Public Health (6.4%), Dentistry (6.2%), Pharmacy (3.8%), and Pediatrics (3.7%).

Table 6 Top HealthCare Volunteer Specialties

Specialty	No. of Searches	% of Total
Trainable Volunteers	2101	29.4%
Nursing	1302	18.2%
Public Health	459	6.4%
Dentistry	444	6.2%
Pharmacy	275	3.8%
Pediatrics	266	3.7%
Dental Hygiene/Dental Student	236	3.3%
Emergency Medicine	202	2.8%
Family Medicine	192	2.7%
Physical Therapy	190	2.7%
Social Work	140	2.0%
Geriatric Medicine	122	1.7%
Obstetrics & Gynecology	111	1.6%
Dietician	102	1.4%
Internal Medicine	88	1.2%
Radiology	74	1.0%
Psychiatry	74	1.0%

Surgery-General	73	1.0%
Anesthesiology	61	0.9%
Infectious Diseases	57	0.8%
Optometry	44	0.6%
Veterinary	42	0.6%
Ophthalmology	39	0.5%
Dermatology	39	0.5%
Cardiology	38	0.5%
Pathology	36	0.5%
Chiropractor	26	0.4%
General Preventive Medicine	26	0.4%
Occupational Medicine	26	0.4%
Hematology & Oncology	25	0.3%
Neurological Surgery	25	0.3%
Orthopedic Surgery	23	0.3%
Pulmonary	23	0.3%
Critical Care Medicine	22	0.3%

Dental Volunteer Specialty Preferences (Table 7)

Of the total number of specialty-relevant searches received from Dental Volunteer (6,257), 14.1% of searches were for Extraction (non-3rd molars). This was followed by Prophylaxis/Fluoride (13.9%), Scaling and Root Planning (8.7%), Oral Hygiene Instruction (non-clinical) (5.3%), and Extraction (5.0%).

Table 7 Top Dental Volunteer Specialties

Specialty	No. of Searches	% of Total
Extraction (non-3rd molars)	174	14.1%
Prophylaxis / Fluoride	172	13.9%
Scaling and Root Planning	108	8.7%
Oral Hygiene Instruction (non-clinical)	66	5.3%
Extraction (3rd molars)	62	5.0%
Orthodontic	56	4.5%
Cavity w/ Composite	54	4.4%
Clinical Teaching	52	4.2%
Cavity w/ Amalgam	50	4.0%
Nonclinical Teaching	50	4.0%
RCT	46	3.7%
Sealant	42	3.4%
Supplies and Materials Distribution	40	3%
X-rays	38	3%
Abscess Treatment	30	2%
Periodontal Surgery	22	2%
Cosmetic - Bonding	16	1%
Crown - Porcelain	16	1%

Fixed Partial Denture (Bridge)	16	1%
Implant	16	1%
Cleft Lip	14	1%
Cleft Palate	14	1%
Cosmetic - Teeth Whitening	14	1%
Facial Trauma (Internal / External Fixation)	14	1%
Cosmetic - Porcelain Veneer	12	1%
Crown - Porcelain Fused to Metal	12	1%
Maxillofacial Prosthetic	8	1%
Removable Denture	8	1%

HealthCare Volunteer Religious Preferences (Table 8)

Of the total number of specialty-relevant searches received from HealthCare Volunteer (1,921), 52.7% of searches were for Christian. This was followed by Catholic (19.2%), Others (9.7%), Hindu (5.4%), Muslim (4.6%), Buddhist (3.6%), Jewish (2.5%), and Mormon (2.2%).

Table 8 HealthCare Volunteer Religious Preferences

Religion	No. of Searches	% of Total
Christian	1013	52.7%
Catholic	368	19.2%
Others	187	9.7%
Jewish	48	2.5%
Muslim	89	4.6%
Mormon	42	2.2%
Buddhist	70	3.6%
Hindu	104	5.4%

Global Shortage of Healthcare Workers (Table 9)

Data was extracted from “The World Health Report 2006” published by the World Health Organization to reveal the countries with the lowest density of physicians, nurses, and dentists. The report also provides information on midwives, pharmacists, public and environmental health workers, community health workers, lab technicians, other health workers, health management, and support workers. However, this information was not included in this report as the physician, nurse, and dentist data is likely sufficient to indicate where the greatest healthcare worker shortages are.

Table 9 Healthcare Worker Density

Country	Physicians	Country	Nurse Density	Country	Dentist
Malawi	0.02	Haiti	0.11	Angola	0
Tanzania	0.02	Bangladesh	0.14	Benin	0
Burundi	0.03	Bhutan	0.14	Burkina Faso	0
Ethiopia	0.03	Liberia	0.18	Burundi	0
Liberia	0.03	Burundi	0.19	Central African Republic	0
Mozambique	0.03	Ethiopia	0.21	Chad	0
Niger	0.03	Mozambique	0.21	Congo	0
Benin	0.04	Afghanistan	0.22	Democratic Republic of the Congo	0
Chad	0.04	Nepal	0.22	Eritrea	0
Bhutan	0.05	Niger	0.22	Ethiopia	0
Eritrea	0.05	Chad	0.27	Liberia	0
Lesotho	0.05	Central African Republic	0.3	Niger	0

Papua New Guinea	0.05	Madagascar	0.32	Rwanda	0
Burkina Faso	0.06	Djibouti	0.36	Sierra Leone	0
Angola	0.08	Tanzania	0.37	Somalia	0
Central African Republic	0.08	Myanmar	0.38	Togo	0
Mali	0.08	Burkina Faso	0.41	Cameroon	0.01
Democratic Republic of the Congo	0.11	Equatorial Guinea	0.45	Djibouti	0.01
Cambia	0.11	Pakistan	0.46	Guinea	0.01
Guinea	0.11	Mali	0.49	Guinea-Bissau	0.01

DISCUSSION/CONCLUSION

Searches Received

HealthCare Volunteer received roughly three times as many searches as Dental Volunteer. There are two possible reasons for this:

- First, HealthCare Volunteer was marketed much more heavily than Dental Volunteer, thus increasing traffic to HealthCare Volunteer.
- Second, the supply and demand for healthcare/medical volunteers seems to be much higher than the supply and demand for dental volunteers.

Thus, more healthcare organizations are adding their volunteering opportunities to the HealthCare Volunteer databases, and more volunteers are searching this website than that for Dental Volunteer.

Based upon the fraction of total searches, Region (76%), Specialty (32%), and Religion (7%), in that order, seemed to be the most important factors in the volunteer searches.

Volunteer Locations at the Time of Search

Because HealthCare Volunteer is headquartered in the United States, the organization is better known in the US than in other countries. Thus, increased awareness of HealthCare Volunteer in the US probably drove the high percentage of visitors to the website from the United States. Also, a relatively high percentage of US, Canadian, and UK residents have access to the Internet, thus facilitating visits to the HealthCare Volunteer website from these countries. Finally, volunteering is a relatively popular and socially respectable activity in the United States, Canada, and the United Kingdom. Residents of developed countries like these seem to be interested in helping out citizens of less-developed countries. However, there is a growing trend of volunteerism in developing countries like India. First, Indians are increasingly connecting to the Internet. Second, more Indians are looking for ways to get involved in their community as their income levels rise.

Destination Preferences

For many of the same reasons that most visitors to the website came from the United States, most volunteers searched for volunteering opportunities in the United States and specifically in California. While there is an undeniable trend towards global volunteering due to the adventure associated with volunteering abroad, many volunteers find it more convenient to volunteer at home and they perhaps take more satisfaction in helping people in their communities rather than people who are in distant countries.

Also, Mexico and countries in Central America received significant interest from volunteers. This might be because residents in the United States, many of whom are fluent in Spanish, want to volunteer in developing countries that are close to them. Many countries in Latin America meet these requirements.

After North America, a large number of searches were for volunteering opportunities in South America, Africa, and Asia. These three continents contain numerous developing countries and are therefore places of interest for volunteers. Within these countries, Peru, Tanzania, Kenya, and India were key countries of interest to volunteers. Each of these countries has a relatively large number of NGOs and thus a relatively large numbers of volunteering opportunities. In addition, the countries in these continents have significantly more health problems than countries in developed countries. Volunteers seem to realize this and want to go where they feel that their help is most needed.

Specialty Preferences

Large numbers of volunteers overwhelmingly sought out the “Trainable Volunteer” specialty when searching on HealthCare Volunteer. A Trainable Volunteer is a volunteer who doesn’t have a specific healthcare skill but who is willing to learn and can be trained to learn a basic healthcare skill that he/she can apply in the field. That so many volunteers selected this option suggests that there is a large supply of volunteers who are not medically trained but who have an interest in becoming trained. These volunteers view healthcare volunteering as a critical way to supply aid to developing countries and want to be involved in this area however possible: as hospital assistants, HIV/AIDS awareness volunteers, etc. Because of this large supply of “trainable volunteers,” health-focused NGOs must invest more time and money in developing training programs for volunteers. This segment of the volunteering population is flexible in terms of the type of work they perform and can help address the global health worker shortage.

Moreover, there was an inverse correlation between the number of years of training required to obtain a certain specialty and the number of people searching for those healthcare specialties. This can be explained by the fact that there are fewer people who practice specialties that require more years of training, thus there were fewer searches for these specialties.

Dental Volunteers searched most for extractions and prophylaxis/fluoride specialties. Based upon the research organization’s experience, the reality of dental volunteering is that dental volunteers generally see a wide variety of cases which include these kinds of procedures.

Religious Preferences

Only 1,921 searches, or 7% of all searches, were received that incorporated a religious preference for the volunteering opportunity. This suggests that most volunteers did not consider religion as an important factor in choosing a volunteering opportunity. However, of the volunteers who did select a religious preference for their volunteering experience, 53% chose Christian volunteering opportunities and 19% chose Catholic volunteering opportunities. Missionaries and religiously motivated volunteers are an important group of the volunteer force as their religions often require service of them.

Volunteer Preferences Correlated to Global Healthcare Needs

A quick look at the countries with physician, dentist, and nurse shortages shows that the same countries are generally listed in all three areas. Furthermore, most of the countries in these lists are in Africa. These lists confirm the popular sentiment that countries in Africa have the greatest need for healthcare volunteers.

However, the demand for certain volunteer locations and the actual healthcare worker shortage in those countries was highly uncorrelated. In most cases, the top volunteering destination preferences were in countries that did not have the most dire health shortage problems. There were some exceptions to this observation, including Tanzania, which is both a top preference for volunteers as well as a country with a sharp healthcare shortage.

There are several explanations for this phenomenon.

- First, volunteers might not be aware of the countries with the most serious healthcare shortages.
- Second, since a large number of volunteers are coming from the United States, Canada, and the United Kingdom, these volunteers might be looking to perform volunteer work in English-speaking countries. This might explain why countries, such as Benin and Burundi (French-speaking), may have had a proportionately lower amount of interest when correlated to their physician per capita ratio.
- Third, while volunteers are willing to endure some hardship in their volunteering work, they have limits as to the hardship they would want to endure. Volunteering in a country like India is no doubt challenging, but volunteers perceive the hardships to be faced in India to be less than the hardships to be faced in more underdeveloped countries in Africa. Related to this point, many of the countries with the greatest healthcare shortage are also unsafe for travelers and volunteers due to the political situations in these countries.

In order to foster new aid organizations to areas that have been neglected or perhaps previously unknown by healthcare volunteers, we must educate volunteers about the overwhelming need in new areas, and subsequently work with local NGOs and government organizations in these countries to foster a wider spread of aid instead of a mere concentration of aid in select countries. If one of the goals of HealthCare Volunteer is to create a bit of equality in healthcare access among needy people, then we must ensure that our altruistic efforts are not inadvertently enhancing the inequality.

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