



The Sociological Analysis of the Influential Factors in the Participatory Action of Donors in the Iranian Healthcare System: A Case Study of Charity Medical Centers

Hamid Reza Eshraghi^a | Rahmatollah Amir Ahmadi^{a*} | Mohammad Reza Naeemi^a

a. Department of Sociology, Azadshahr Branch, Islamic Azad University, Golestan, Iran.

***Corresponding author:** Department of Sociology, Azadshahr Branch, Islamic Azad University, Golestan, Iran. Postal cod: 1998874978.

E-mail address: amirahmadi569@yahoo.com

ARTICLE INFO

Article type:
Original article

Article history:
Received: 18 June 2020
Revised: 10 August 2020
Accepted: 21 September 2020

DOI: [10.29252/jhehp.6.3.6](https://doi.org/10.29252/jhehp.6.3.6)

Keywords:
Healthcare system
Donors
Participatory action
Charity medical center
Sociology

ABSTRACT

Background: Considering the shortcomings of the government and donors' background, public participation in the development of the healthcare system is an essential strategy in national social development. The present study aimed to evaluate the influential factors in donor participation.

Methods: This applied, descriptive-correlational study was conducted on 230 donors in Iran during 2018-2019. Data were collected using a researcher-made questionnaire, and its internal consistency was evaluated using the Cronbach's alpha coefficient. Data analysis was performed in SPSS version 26.

Results: In total, 70.9% of the participants were male, and the remaining were female. Self-employment was reported in 59.2% of the participants, and the others were government employees. The most significant correlations were observed between volunteering ($r = 0.776$) and religious beliefs ($r = 0.644$) with donor participation, while the least significant correlation was between social awareness and donor participation ($r = 0.121$). No significant associations were denoted between education level, income status, and donor participation.

Conclusion: According to the results, the most important influential factors in donor participation were volunteerism and religious beliefs. Therefore, it is recommended that policymakers and decision-makers pay special attention to the importance of donor activities in the healthcare system.

1. Introduction

Today, public participation is considered to be a fundamental strategy in social development. In this strategy, citizens are given the opportunity to affect various phenomena and development variables based on their competence and ability. Dynamic social development emphasizes on the collective participation within the framework of populations to institutionalize structured organization for the public rather than individual participation [1].

The development of public participation in health requires a proper platform for donors and the public presence in the field of health and medical education in the healthcare system. Governments are faced with the shortcomings in the funding of these areas of health care, and one of the national manifestations of public participation has been the use of the charitable resources in order to meet the hardware needs of health and wellness; such examples are setting up clinics and charitable hospitals by the construction of buildings, providing the required equipment and software for these centers (e.g., voluntary



and free services for physicians and nurses), and addressing other health and medical factors for the needy in healthcare centers. software needs such as voluntary and free services for doctors-, nurses and other health and medical factors for the needy in health centers.

The main function of the healthcare system is the provision of medical services as healthcare centers play a key role in the improvement of community health [2]. The healthcare system encompasses the individuals, public groups, and public/private organizations and institutions that are responsible for legislation, policymaking, planning, financing, resource production, and provision of health services. The primary goals of the healthcare system are the ensuring, maintaining, and promoting of public health, meeting their expectations, and financial support of their healthcare costs. Some of the intermediary goals of the healthcare system include justice, efficiency, and quality [1].

A review of the range of healthcare providers has indicated a combination of private, public, and non-profit (charitable) organizations. Ordinary support insurance does not cover all medical expenses [3]. The rate of charitable activities has also declined in some countries, thereby leading to the diminished power of health service provision to the community [4]. Evidently, all the active organizations in the Iranian healthcare system are faced with financial and functional restrictions [5]. On the other hand, the growing costs of health care and shortage of financial resources for covering the entire population are monumental challenges in this regard, which have led to the rising trend of poverty in the community. The exorbitant costs of the healthcare system are beyond the financial ability of families to receive healthcare services [6].

An important issue in Islamic societies is the management of poverty and deprivation, and the main limitations in this regard lie primarily in injustice and lack of public participation in charitable activities [7]. Charitable activities have long been of interest to human societies. Good deeds and altruism are highly regarded in every culture [8]. Adam Smith believes that no matter how selfish a person may be, humans are naturally drawn to the destiny of others, even in watching. According to the research by Martin Feldstein (1971), the issue of charitable donations in the public sector received almost no attention [9]. For instance, most of the hospitals in Latin America, which provided services to the underprivileged and middle class, were managed by charitable donations in the late 17th century [10].

Some experts believe that government interactions, market and non-profit institutions, social entrepreneurship, and philanthropists are essential to the implementation of numerous affairs [11]. As the backbone of support in the community, charities attempt to resolve social problems by using the resources and reserves obtained from the private sector or consulting with governmental institutions [12]. Institutions and the activities of charities are considered more important in war-torn and developing countries, as well as third-world countries [13].

Iran is a country with an ancient historical and social antiquity, and a significant part of its civilizational history has been intertwined with Islam as religious symbols and benevolent society locations (e.g., libraries, mosques,

Hosseiniyehs, Takayas, shrines, and hospitals) could be found in every region of this country. Therefore, attention must be paid to the public participation in such matters, which requires extensive scientific research regarding these issues based on the evidence of this claim considering the ancient religious and cultural background of Iran.

In the strategies devised for enhancing public participation in various sectors of the healthcare system and its promotion in the society, three main approaches should be explained and institutionalized, including the value of health donor participation, facilitating the participation process, and developing participation in all aspects of health. In the present study, we have taken into account the context of social processes and the mental and objective nature of health donors' lives in order to receive the interpretations, meanings, and concepts of social procedures in the experience of the authors by referring to relevant documents and reports and conducting interviews with some experts and donors. With respect to the theories and theoretical models, it could be stated that the studies in this regard entail no specific theories to assess hypotheses, and the present study lacks this feature as well. Therefore, the theoretical and conceptual aspects of the research variables were reviewed, including participation (a dimension and component of social capital) and the sociocultural, contextual, and economic influential factors in individual and collective donor participation.

Cultural and social participation defines the basis of participation in terms of developing and changing the normative structure of the society and strengthening the values that are encouraging and confirmative of participation. According to Putnam, Coleman, and Bourdieu, participation refers to a cultural redefinition of a desirable behavior. For a social activist, participation is defined as good deeds and charity [9]. Social participation is also a conscious, voluntary action to achieve goals, public resources, and the behavior of needs. Collins believes that participation is a mental phenomenon that could be sought in one's thoughts, behaviors, and culture [14]. On the same note, economic participation is a dynamic, quantifiable, and transformative behavior [15], through which the maximum personal resources gradually lead the individual to overlook pursuing short-term personal interests and generate public good.

The present study aimed to evaluate the objective and subjective concept of donor participation and the influential factors in the participatory action of donors in Iranian charitable medical centers. To this end, the two main concepts of donor participation and the influential factors in donor participation in the healthcare system were considered.

1.1. Donor Participation

Participation is defined as cooperation, sharing, partnering, sense of responsibility, sense of belonging, and the influences on the environmental, sociocultural, economic, physical, and managerial capacities that could be reviewed in terms of objective and subjective capitals. In charitable medical centers, the participation methods of charities in the healthcare system include sociocultural participation, economic participation (finance and

development), and participation of voluntary services.

In the present study, donor participation (participatory spirit of individuals) in charitable healthcare centers was evaluated in the form of traditional participation, which refers to the individual participation organized by charitable institutions and families. To assess the approaches by which health donors help or spend money, we reviewed the aspects of funding patients' medications, funding patients' treatment, funding patients' required equipment, funding the building of medical centers and charities, and funding the equipment required in medical centers or charities.

1.2. Influential Factors in Donor Participation in the Healthcare System

The influential factors in donor participation in the healthcare system are classified as sociocultural, economic, and contextual factors. Contextual factors are the physical and environmental factors that affect participants, and sociocultural factors are those derived from the structures and social institutions of the society where the individual lives and are valuable and effective in the dos and don'ts of people's lives. Economic factors refer to the factors that affect income, occupation, and access to material resources (e.g., income, economic base, access to material resources). In the present study, we reviewed the association between sociological factors and the donors' participatory action in the Iranian healthcare system. The model of the study is depicted in Figure 1.

The hypotheses of the current research examined whether there are associations between donors' participatory action and factors such as the place of residence and birth, social networks, pleasant feelings and experiences, participatory structures, volunteering, social awareness, education, mass media, age, competition and respect, ethnicity, economic base, gender, modern methods of financial participation, philanthropic background, economic security, social security, financial incentives, empathy and belonging, prestige and job class, cultural norms, income, trust in agents, material resources, social trust and commitment, and religious ideologies and beliefs.

2. Materials and Methods

This was an applied, quantitative research, which was conducted with a descriptive-correlational methodology. The sample population included all the active charities in

the Iranian healthcare system, the number of which was estimated at 1,500 considering the existence of 500 charitable clinics and hospitals in Iran.

The sample size was determined using Cochran's limited community formula and multistage, random cluster sampling based on the database of 2018-2019 regarding the charitable organizations in 31 provinces of Iran.

At the next stage, a total of 230 questionnaires were collected from the respondents, while documents and semi-structured interviews with 15 donors and experts also contributed to data collection. The analysis of the collected data resulted in the identification of 27 influential factors in donor participation in three main categories for the preparation of the related questions. To examine the 27 identified factors, we also designed a questionnaire consisting of 50 items, which were scored based on a five-point Likert scale (1 = Very Low, 5 = Very High). The score of each factor was obtained by summing up the scores of the related items. The internal consistency of the researcher-made questionnaire was evaluated using the Cronbach's alpha coefficient, which was estimated at 0.87.

Data analysis was performed in SPSS version 26 at the significance level of $P < 0.05$. The Kolmogorov-Smirnov test and Shapiro-Wilk test indicated the non-normal distribution of the research variables. In addition, nonparametric Spearman's correlation-coefficient and Kramers test were used to determine the correlations between the variables.

3. Results and Discussion

The highest age of the participants was 35-55 years, and 70.9% of the participants were male. In terms of education level, 55.7% had master's and doctoral degrees. In addition, 33.6% of the subjects were engaged in technical, engineering, and trading fields, and only 40.5% lived in Tehran. Table 1 shows the sociodemographic characteristics of the participants.

In the current research, we reviewed the issue of donor participation in terms of the form and amount of the time spent in healthcare centers, as well as the costs of financial aids and level of donor participation in charitable medical centers (Table 2). The donors in the present study also answered the question of how donors participate in health care, with 15.1% of the responses showing the participation level of home/healthcare center, 22.4% indicating the participation level of clinics, 18.1% showing the participation level of charity hospitals, 16.8% denoting the participation level of universities of medical sciences,

Underlying factors	Volunteering, education, age, gender, background of charity, pleasant experiences and feelings, place of residence and birth, and ethnicity
Sociocultural factors	Social awareness, social networks, mass media, religious ideologies and beliefs, social security, participatory structures, competition and respect, empathy and belonging, cultural norms, trust in agents, trust and social commitment, social support, and satisfaction
Economic factors	Economic base, modern methods of financial participation, economic security, financial incentives, dignity and job class, income, and material resources



Figure 1: Conceptual model of research

Table 1: Sociodemographic characteristics of participants (n = 230)

Variables		Frequency	Percentage
Age (year)	>18	1	0.4
	18-35	35	15.2
	35-55	118	51.3
	55-75	63	27.4
	≥75	13	5.7
Gender	Male	163	70.9
	Female	67	29.1
Education level	Under diploma and diploma	18	7.8
	Higher diploma and bachelor's degree	75	32.6
	Master's and Ph.D	128	55.7
	Theological	9	3.9
Ethnicity	Azeri	93	40.4
	Fars	127	55.2
	Etc.	10	4.3
Occupational group	Healthcare profession	42	18.1
	Management, financial and administrative services	55	23.7
	Educational, cultural and artistic	46	19.8
	Technical, engineering and commerce, commercial	76	33.6
	Agriculture and fisheries	11	4.7
Residence	Tehran	93	40.5
	Other metropolises	65	28.4
	Small towns	63	27.6
	District and Village	9	3.4
Kind of occupation	Self-employed	137	59.2
	Government job	88	38.5
	Student	5	2.3
Marital status	Single	37	15.9
	Married	174	75.9
	Other	19	8.2

27.6% indicating participation in all the levels of the healthcare system. Table 3 shows the description of the influential sociocultural, economic, and contextual factors in donor participation.

According to the information in Table 3, the highest mean score belonged to social awareness (4.630), and the lowest mean score belonged to income (1.939). Table 4 shows the

results of the hypothesis testing and the correlations between the influential factors and donor participation.

Accordingly, the correlations of the nominal variables (e.g., gender and ethnicity) with donor participation based on the Kramers test, as well as the associations of the other sequential variables with donor participation based on Spearman's correlation-coefficient.

Table 2: Description of various dimensions of charitable participation in medical institutions and centers (n = 230)

Dimensions of charitable participation		Frequency	Percentage
The frame of performing action for donors' participation	Participation individually and independently	42	18.5
	Participate in a family gathering	33	14.2
	Participate in a group of friends	42	18.1
	Participate through charity institutions	113	49.2
The type of donors' participatory action	I participate in charitable institutions and centers with information and cultural-social works	51	22.4
	I personally do free medical procedures	32	13.8
	I am the member of the middle managers of medical institutions and centers for charity	33	14.2
	I am the member of the senior managers medical institutions and centers for charity	85	37.1
	I am involved in charitable medical centers without any connection with charity institutions	29	12.5
How to spend donations	They only provide the expense for medicine and medical supplies for patients	57	24.6
	Participation in hospital funding for patients	54	23.7
	Providing the required equipment for medical centers	19	8.1
	Medical centers pay for the works of construction	22	9.5
	all items	78	34.1
Donors' collaboration period with charities	<6 months	12	5.2
	6 months to 1 year	10	4.3
	1 year to 3 years	25	10.8
	3 years to 10 years	61	26.7
	≤ 10 years	90	39.2
	I never cooperated	32	13.8

Table 3: Description of influential factors in donor participation (n = 230)

Variables	Mean	*SD	Variance	Min	Max
Place of residence and birth	3.152	0.840	0.706	2	4
Pleasant experience and feeling	4.017	1.193	1.423	1	5
Volunteering	3.343	1.291	1.668	1	5
Background of charity	4.017	1.193	1.423	1	5
Social Security	3.213	1.443	2.081	1	5
Empathy and belonging	2.996	1.320	1.742	1	5
Cultural norms	3.226	1.265	1.599	1	5
Trust Agents	3.257	0.939	0.882	1	5
Social trust and commitment	3.461	1.337	1.760	1	5
Religious ideology and beliefs	4.030	0.806	0.650	1	5
Social support and satisfaction	3.409	1.389	1.928	1	5
Social network	4.109	0.931	0.866	1	5
Participatory structures	3.314	1.204	1.449	1	5
Social Awareness	4.630	0.850	0.723	1	5
Mass media	4.104	1.081	1.168	1	5
Competition and respect	3.813	1.286	1.655	1	5
Economic base	2.365	1.301	1.691	1	5
Modern methods to receive financial participation	3.117	1.429	2.043	1	5
Economic security	3.848	1.044	1.090	1	5
Financial incentives	3.683	1.477	2.183	1	5
Dignity and job class	2.6	1.347	1.813	1	5
Income	1.939	0.904	0.817	1	4
Material resources	2.361	1.266	1.603	1	5
Donors participatory action for Iranian health system	3.337	0.993	0.986	1	5

*SD=Standard deviation

Table 4: Results of hypothesis testing

Hypothesis	*P value	The rate of association	Rejection / confirmation
The residence and birth are related to the donors' participatory action in Iranian health system, meaningfully.	0.209	----	Rejection
Experience and pleasant feeling are related to the donors' participatory action in Iranian health system, meaningfully.	0.000	0.276	Confirmation
Education is related to the donors' participatory action in Iranian health system, meaningfully.	0.45	----	Rejection
Volunteering is related to the donors' participatory action in Iranian health system, meaningfully.	0.000	0.776	Confirmation
The background of philanthropy is related to the donors' participatory action in Iranian health system, meaningfully.	0.000	0.276	Confirmation
Gender is related to the donors' participatory action in Iranian health system, meaningfully.	0.498	----	Rejection
Age is related to the donors' participatory action in Iranian health system, meaningfully.	0.01	0.17	Confirmation
Ethnicity is related to the donors' participatory action in Iranian health system, meaningfully.	0.689	----	Rejection
Social security is related to the donors' participatory action in Iranian health system, meaningfully.	0.014	0.161	Confirmation
Empathy and belonging are related to the donors' participatory action in Iranian health system, meaningfully.	0.000	0.372	Confirmation
Cultural norms are related to the donors' participatory action in Iranian health system, meaningfully.	0.000	0.287	Confirmation
Trust agents is related to the donors' participatory action in Iranian health system, meaningfully.	0.000	0.446	Confirmation
Social trust and commitment are related to the donors' participatory action in Iranian health system, meaningfully.	0.000	0.284	Confirmation
Ideology and religious beliefs are related to the donors' participatory action in Iranian health system, meaningfully.	0.000	0.644	Confirmation
Social support and satisfaction are related to the donors' participatory action in Iranian health system, meaningfully.	0.035	0.139	Confirmation
The social network is related to the donors' participatory action in Iranian health system, meaningfully.	0.309	----	Rejection
Participatory structures are related to the donors' participatory action in Iranian health system, meaningfully.	0.004	0.188	Confirmation
Social awareness is related to the donors' participatory action in Iranian health system, meaningfully.	0.007	0.121	Confirmation
The mass media is related to the donors' participatory action in Iranian health system, meaningfully.	0.044	0.127	Confirmation
Competition and respect are related to the donors' participatory action in Iranian health system, meaningfully.	0.002	-0.206	Confirmation
The economic base is related to the donors' participatory action in Iranian health system, meaningfully.	0.037	0.138	Confirmation
Modern methods of receiving financial participation are related to the donors' participatory action in Iranian health system, meaningfully.	0.004	-0.189	Confirmation
Economic security is related to the donors' participatory action in Iranian health system, meaningfully.	0.013	0.164	Confirmation
Financial incentives are related to the donors' participatory action in Iranian health system, meaningfully.	0.001	-0.219	Confirmation
Dignity and job class are related to the donors' participatory action in Iranian health system, meaningfully.	0.091	----	Rejection
Income is related to the donors' participatory action in Iranian health system, meaningfully.	0.422	----	Rejection
Material resources are related to the donors' participatory action in Iranian health system, meaningfully.	0.007	-0.178	Confirmation

*P < 0.05

4. Conclusion

Most of the similar studies to the current research have been focused on the subject of donors and charitable organizations from a managerial perspective using the financial and economic models of these institutions, to explain their philosophy from the perspective of donors' influence on religious beliefs or to assess the correlation of social capital and donor participation. Only few studies have been focused on the sociological analysis of the influential factors in donor participation, especially the issue of active donors in the field of health. In the present study, we reviewed the sociological influential factors in the participatory action of donors, as well as the associations of these factors with the participatory action of donors.

According to the results of the present study, the highest mean score belonged to social awareness. In the viewpoint of donors, raising social awareness among community members is of utmost importance; therefore, it is possible to realize high levels of social awareness in the community. On the other hand, the lowest mean score belonged to income, which indicated that benevolence does not necessarily yield high incomes. In this regard, an overview of public and charitable social activities has shown that those who participate in these activities mostly fail to achieve high incomes and are only common people.

The results of hypothesis testing indicated that the associations of the place of birth and residence, education level, gender, ethnicity, social networks, occupation status and class, and income were not significant with the participatory action of donors in the Iranian healthcare system. Another hypothesis of the current research was the associations of experience and pleasant feelings with the participatory action of donors, which was confirmed. Accordingly, it was inferred that the philanthropists in this field could ask others to participate in such God-pleasing acts as much as they can and keep them informed, so that they would feel the pleasure of their actions.

In the present study, the hypothesis of the association of philanthropic background with participatory action was also confirmed, which indicated that the effects of the behaviors of others (e.g., parents and adults) on the formation of the personality and behaviors of children and others. Another finding of the current research was the direct correlation between age and donor participatory action, which was expected considering the current conditions of the society and the young age of the population, which may be a challenge against their charitable activities or if they do even charity work, it is intangible. While confirming the inverse association between material resources and participatory action, this finding showed that the majority of those who participate in charitable activities do not have reliable material resources. Therefore, attention to public movements such as #780 could help realize that extensive public donations have been collected from the accumulation of even very low Rial amounts donated by the participants in such movements.

The findings of the current research also confirmed the association between volunteering and participatory action; therefore, it was inferred that those who are more inclined toward volunteering are more involved in participatory

activities. As such, attempts should be made to increase the level of volunteer activities in the community. Our findings also demonstrated positive correlations between economic, social security, and participatory action. Notably, when socioeconomic security is established in the society, charities will become more inclined toward charitable activities.

In the present study, the association of empathy- and belonging with donor participatory action of the Iranian healthcare system was confirmed. Accordingly, when community members have a stronger sense of empathy and belonging, they are likely to become more involved in charitable activities. A key concept in this regard is compatibility; if community members believe that their destiny is tied to others and even all creatures, they are more likely to attempt to improve the quality of life of all the people by participation and paying attention to others.

In the next research hypothesis, the association of cultural norms and donor participatory action of the healthcare system was evaluated and confirmed. Correspondingly, the prevailing cultural norms in Iran increase the rate of individual participatory activities, and it is suggested that cultural managers attempt to explain the interactive and participatory norms that are rooted in the cultural traditions and values of the Iranian community.

Our findings also confirmed the associations of trust in agents, trust, and social commitment with donor participatory action of the Iranian healthcare system, which highlighted the respondents' view; if individuals and donors trust the agents who manage charitable activities and implement the related affairs and also feel committed to the society, they are more likely to participate in charitable activities. As this finding was quite expected, a suggestion in this regard would be to use information technology systems and the wireless identification system to exchange data by establishing information between a tag that is attached to a product or card, as well as reader radio-frequency identification tags to help people get the money they need and the product they need delivered. In order to maintain the individuals' dignity and prevent possible events, the necessary precautions are also recommended.

The next hypothesis of the present study was confirmed regarding the associations of religious ideologies and beliefs with donor participatory action in the Iranian healthcare system. According to the respondents, when people are at the optimum level in terms of religious beliefs, the beliefs lead to benevolent behaviors; this finding was also quite expected. The review of the religious teachings in divine religions (especially Islam) shows that many of these teachings are based on benevolence toward fellow humans, all the other beings, and the universe in general. Teachings such as "*Learn to do good deeds.*" and "*Find cognition and love.*" or Hadiths such as Imam Sajjad (AS) in the same sense with an emphasis on the reciprocal rights of families and neighbors ("*But it is the right of the neighbor that you protect them and his reputation and rights when he is not present, and his honor and respect when he is present, and helping him when he is oppressed.*") are just a few examples of these valuable teachings [16].

In the present study, the associations of support and social satisfaction with the donor participatory action of Iranian healthcare system were also confirmed.

Accordingly, if individuals feel that the society supports charitable activities and there is collective satisfaction in performing these activities, they are more likely to participate. As such, it is suggested that the Islamic Republic Broadcasting (Radio and Television of Iran) continuously (not occasionally) emphasize on this collective desire and donors' satisfaction in the programs produced by different networks.

In the current research, the association of participatory structures with the donor participatory action of the Iranian healthcare system was confirmed, and it would be beneficial to conceive the existence of these structures and procedures, so that people could contribute to charitable activities. Furthermore, it is suggested that organizations such as the Red Crescent, State Welfare Organization, and Imam Khomeini Relief Foundation (particularly the Ministry of Interior Affairs and other ministries) take proper actions to structure charities nationwide.

In the present study, the associations of social awareness and mass media with the donor participatory action of the Iranian healthcare system were confirmed. Accordingly, when citizens are aware of the social conditions of their compatriots and fellow citizens and the mass media also works in this line, the society will be directed toward charitable activities.

Our findings indicated negative, significant correlations between competition, respect, and the participation of donors in the Iranian healthcare system ($r=-0.206$), which indicated that benefactors do not have a material worldview, and many of them are unwilling to present themselves as benefactors. Evidently, good deeds should be portrayed as good behaviors, while many benefactors are reluctant to reveal their identities throughout their life.

The next hypothesis that was confirmed in the present study was the association of economic base and the donor participatory action of the Iranian healthcare system. According to the responses of the participants, only a few donors knew their presence and works in relation to their position and economic base in the society.

In the current research, the association of the modern methods of receiving financial participation with the donor participatory action of the Iranian healthcare system was confirmed, indicating that the more modern methods of receiving financial participation are evaluated and reviewed, the more people are willing to participate. In recent years, methods such as USSD, mobile applications, bank participation, and reverencing of orphans for Imam Khomeini Relief Committee have attracted public attention in this regard.

The last hypothesis that was confirmed in the present study was the association of financial incentives and the donor participatory action of the Iranian healthcare system. Accordingly, if the government in particular or other public and private bodies and authorities provide financial incentives to those who participate in charitable activities, the level of charitable participation will increase. Therefore, it is suggested that the mentioned working group present the applied ways in order to provide these financial incentives. Traditional donors do not limit their good deeds to financial incentives, which may double the motivation for the newcomers.

4.1. Recommendations

Given the importance of charitable participation in the healthcare system and based on our findings, it is recommended that officials, policymakers, members of the parliament, and all those who can be decision-makers pay special attention to the importance of donor activities and charity institutions and attempt to facilitate the procedures that disrupt the process of charitable activities. Furthermore, charities should use modern methods and technologies (Internet and the cyberspace) in order to attract public participation and introduce transparency in their performance. In this regard, it is appropriate for the government and the institutions in charge of charities to set up systems at the national and provincial levels to monitor charities based on their transparency and accountability to people, governance, and their ranking.

The Islamic Republic of Iran Broadcasting is the main trustee of content production in the national media, and the cyberspace produces multimedia content with the aim of increasing public awareness regarding the impact of public participation on the society. Teaching students should also be considered to improve the sense of responsibility by the authorities in order to increase their social awareness of the issue of goodness and strengthen charitable participation. It is also suggested that the studies in the field of endowment be evaluated with the subject of reviewing the influential sociological factors in the performance of endowment by the donors of the healthcare system considering the high antiquity and existence of several endowment centers in our country. In addition, the documentation of oral history could be another research subject for the first charitable medical centers in any cities or regions.

Authors' Contributions

H.R.E., performed laboratory works, R.A.A., designed the study as M.R.N, revised the manuscript, and M.R.N., performed statistical analysis.

Conflict of Interest

The Authors declare that there is no conflict of interest.

Acknowledgments

Hereby, we extend our gratitude to the Department of Sociology at the Islamic Azad University, Azadshahr Branch (Golestan, Iran) for assisting us in this research project (Project No. 1862050597004).

References

1. Mossadegh Rad A, Tajvar M, Ehteshami F. Charitable Participation in Providing Health Services in Iran. *Monitoring*. 2019; 18 (5): 439-53. [Persian].
2. Ravangerd R, Javanbakht M, Bastani P. Factors Affecting the Selection of Public, Private and Charitable Health Care Providers. *Daneshvar Med*. 2018; 25 (134): 27-38. [Persian].
3. Awoke MA, Negin J, Moller J, Farell P, Yawson AE, Biritwum RB, et al. Predictors of Public and Private Healthcare Utilization and Associated Health System Responsiveness among Older Adults in Ghana. *Glob Health Action*. 2017; 10(1): 1301723.
4. Singh SR, Bakken E, Kindig DA, Young GJ. Hospital Community Benefit in the Context of the Larger Public Health System: A State-Level Analysis of

- Hospital and Governmental Public Health Spending Across the United States. *J Public Health Manag Pract.* 2016; 22(2) : 164-74.
5. Bastani P, Abolhalaj M, Sadeghi A, Ramezani M, Hamidi H. Identifying the Limitations of the Country's Medical Universities in Entering the Second Phase of the Reform of the New Health Financial System: a Qualitative Study. [Identifying the Limitations of the Country's Medical Universities in Entering the Second Phase of the Reform of the New Health Financial System: A Qualitative Study]. *J Health Based Res.* 2015; 1(3) : 189-98. [Persian].
 6. Aein Parast A, Rezaei Yazdali M, Zandian H, Haeri Mehrizi AA. Depressing Costs in the Iranian Health System: A Systematic Review of the Available Evidence. *Monitoring.* 2015; 15 (1) : 7-17. [Persian].
 7. Masoudipour S, Bagheri Nasrabadi M. Prioritization of key issues in the governance system of the public and non-governmental sectors of Iran in the field of charities. *Quarterly Public Policy.* 2018; 4 (3) : 141-58. [Persian].
 8. Zarei A, Sharafi V, Maleki F. Investigating the Marketing Effect of the Associationhip of Charities on Charitable Behavioral Reactions (Case Study: Imam Khomeini Relief Committee, Ilam County). *Semi-Annually J Bus Strategies.* 2018; 25 (12) : 1-16. [Persian].
 9. Hosseini SH, Salimifar M, Malek Sadati SS. Analysis of individual characteristics and behavioral motivations of doing charitable activities with an economic approach. *Quarterly J Econ Model.* 2019; 13 (2) : 145-70. [Persian].
 10. Cotlear D, Gómez-Dantés O, Knaul F, Atun R, Barreto IC, Cetrángolo O, et al. Overcoming social segregation in health care in Latin America. *Lancet.* 2015; 385(9974): 1248-59.
 11. Ramezani A, Rabie A, Zahedi Mazandarani MJ, Firoozabadi SA. Comparison of Social and Charitable Entrepreneurship Orientations on Different Aspects of Poverty in Mashhad Support Institutions. *Parliament Strategy.* 2018; 25 (96) : 179-212.
 12. Mehri B, Foroughi M. Exploring the Role of Charities in the Production and Perpetuation of Female Poverty. *Women Dev Polit.* 2018; 16 (1) : 27-49. [Persian].
 13. Blanchet K, Fouad FM, Pherali T. Syrian Refugees in Lebanon: The Search for Universal Health Coverage. *Confl Health.* 2016; 10(1) : 1-5.
 14. Ghaffari Gh, Niazi M. Participatory Sociology. *Tehran: Near Publications;* 2007.
 15. Mohseni M, Jarollahi A. Social Participation in Iran. *Tehran: Tehran Press;* 2003; 12.
 16. Afrooz GA. Associationhip Psychology. *Tehran: Publications of the Parents and Teachers Association;* 2010.