

## Original Article

# Charitable Contribution in Healthcare: What Drives Iranians to Donate Money?

Mohammad Hossein Ziloochi, PhD<sup>1</sup>; Ali Akbari Sari, MD, PhD<sup>1\*</sup>; Amirhossein Takian, MD, PhD<sup>1,2,3</sup>; Mohammad Arab, PhD<sup>1</sup><sup>1</sup>Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran<sup>2</sup>Department of Global Health and Public Policy, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran<sup>3</sup>Health Equity Research Centre (HERC), Tehran University of Medical Sciences, Tehran, Iran**Abstract****Background:** There is limited evidence about charitable contribution and donation in Iranian healthcare. The main objective of this study was to investigate the factors that influence and encourage Iranian donors to donate money for healthcare facilities.**Methods:** Data was gathered through semi-structured face-to-face interviews with 36 donors, fund-raisers, and managers of the Iranian health system. Purposive sampling was used to select the participants. The data was analyzed using qualitative content analysis, assisted by MAXQDA 10 software.**Results:** The factors that affect Iranian donors to donate money for healthcare facilities were (a) feelings of altruism, compassion, concern, pity, sympathy, and obligation; (b) perceptions of difficulties and need in others, similarity with beneficiary, feedback from previous donations, thinking about death, and self-realization; (c) benefits consisted of monetary, social, and psychological benefits; and (d) values including moral, social, and religious values.**Conclusion:** Better understanding of feelings, perceptions, benefits, and values of donors could improve the fund-raising practices in the Iranian health system.**Keywords:** Charitable contribution, Fund raising, Healthcare financing, Helping behavior, Iran**Cite this article as:** Ziloochi MH, Akbari Sari A, Takian A, Arab M. Charitable contribution in healthcare: What drives Iranians to donate money? Arch Iran Med. 2019;22(3):109–115.

Received: June 16, 2018, Accepted: November 6, 2018, ePublished: March 1, 2019

**Introduction**

The main function of any health system is to provide sufficient and sustainable resources for provision of high quality health services to their population. Charitable contribution is a potentially effective method for healthcare financing especially in low and middle income countries including Iran.<sup>1,2</sup> Non-government organizations (NGOs) and civil society organizations (CSOs) contribute considerable resources and skills for provision of health services.<sup>3</sup> For example, in the United States, CSOs receive considerable funds from individuals, corporations, charitable foundations and the government, which makes them a major player in the US national economy.<sup>4,5</sup> The Voluntary, Community and Social Enterprise (VCSE) sector in the United Kingdom receives majority of its funds from individuals, charitable foundations and the National Lottery. In addition, around 25% of British charities receive governmental funds.<sup>6</sup> In the global context, the largest share of the monetary donation to nonprofit organizations is made by individual donors.<sup>7-9</sup>

Donation is a helping behavior<sup>10</sup> when an individual voluntarily gives money or goods to an organization that benefits others beyond its own family.<sup>11</sup> Different disciplines including economics, sociology, marketing,

political sciences, anthropology, and psychology have focused on charitable funds, donors and what influences donating behaviors.<sup>11-14</sup> There are also studies that have adopted a multi-disciplinary approach toward donating behaviors.<sup>11,15-17</sup>

Bekkers and Wiepking, after reviewing hundreds of studies on charitable donation, highlighted that making decisions about donations is essentially influenced by the context where the charitable contribution occurs.<sup>18</sup> Donation motivators in Iran are not necessarily the same as other societies because the context (e.g. the culture, religion, political system, health delivery system, and structure of charitable organizations) is different.

Humanistic beliefs have encouraged Iranians to show donating behaviors like founding a university<sup>19</sup> or curing poor people with no charge.<sup>20</sup> In Iran, donation is also an essential funding source for national/local healthcare facilities or disease-specific programs. Like in some Muslim communities,<sup>21-25</sup> many healthcare infrastructures in Iran have been founded and financed by WAQF (Islamic endowment). Generous Iranian people have contributed to development of many hospitals and clinics by donating land or building or giving cash money for constructing or furnishing health centers.<sup>26-28</sup> Foundation of the first

\*Corresponding Author: Ali Akbari Sari, MD, PhD; Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran. Email: akbarisari@tums.ac.ir

Iranian Ministry of Health in 1920 under the name of “Ministry of Health and Charity Affairs”<sup>29</sup> may better show the role of charity in the historical background of health system in this country. In 2017, Iran was ranked 17th in the World Giving Index (WGI), published by the Charities Aid Foundation.<sup>30</sup> Although there is no officially published report, the annual charitable donations in health system of Iran was estimated to be more than US\$460 million in 2017.<sup>31</sup>

Despite the significant role of charitable contribution in the history and financing of health system in Iran, research studies in this area are rare.<sup>32</sup> Moreover, no study has qualitatively focused on the factors that motivate Iranian donors to give money or goods to the health system. This study aimed to investigate the motivating factors that drive donors to give money or goods for healthcare facilities in Iran.

### Materials and Methods

A qualitative case study design was used for the purpose of this study since this approach is useful in understanding complex social phenomena in the real life context.

Data were collected through semi-structured interviews with 36 informants that were selected via a cluster purposive sampling. To reach various and comprehensive viewpoints, we selected the interviewees with different roles: donors, fund-raisers and managers who directed and utilized the monetary donations for healthcare facilities. To provide maximum variation of participants we selected donors with different amount of donations, fund-raisers in both governmental and non-governmental institutes, and managers in various levels of the organizations. Considering the logistics limitations, the interviewees were geographically selected from 3 provinces: Tehran, Isfahan, and Fars. However, to maximize the variation of the participants, they were selected from different cities ranged from a small city to a metropolis; namely: Aran and Bidgol, Kashan, Isfahan, Shiraz, and Tehran. Table 1 shows the role and number of the interviewees in different provinces. Interviews were started in March 2016 and continued till May 2017, when data saturation was reached.

All participants were interviewed face-to-face in their work place. The interviews were started with talking about personal background and donation activities of the respondents. Then the participants were asked to talk about the drivers that engaged them/donors to make a donation.

When applicable, the interviewer inserted to probe the respondents' mind. Also, some notes were taken during the interview when necessary. The duration of interviews varied from 17–105 minutes with the average time of 58 min. All interviews were recorded, and transcribed for analysis.

Qualitative content analysis approach was used. All the transcribed interviews were read by one researcher and coded using Max-QDA 10. Codes were inductively categorized in subthemes and themes. Two other researchers checked coding and categorization of codes, and approved them after some minor modifications. Four main categories were emerged from the data as the results of the study.

### Results

The 4 main categories of drivers for donation to healthcare facilities among Iranian donors were Feelings, Perceptions, Benefits, and Values (Figure 1; Table 2).

#### Feelings

Participants pointed out a number of feelings that drive them or donors to give money. They reported feelings of altruism, compassion, concern, pity, sympathy, and obligation. Altruism and pity were more frequently appeared in the sentences of respondents:

*We can't be indifferent to the humans' situation. Everybody should concern the people's situation, especially their health.*

*When you look at a sick child, pity is a natural feeling. Then you decide to do whatever you can, to help...*

*I suffered pain when I saw the hospitalized children with cancer, I felt they were my kids.*

#### Perceptions

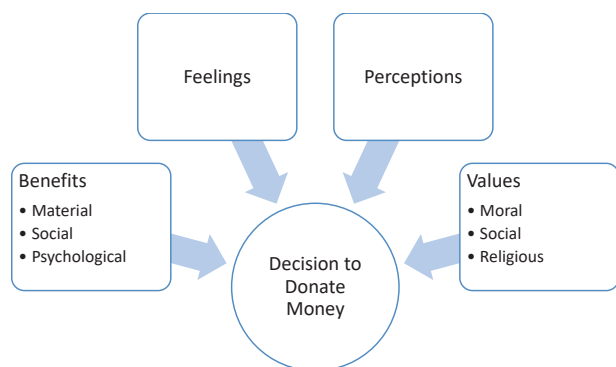
According to some of the managers and fundraisers that participated in our study, donation occurs when a donor deeply perceives that difficulties exist in the life of the people, or when a donor understands that there is a need in the society which can be addressed by him/her.

When donors understand the difficulties of, for example, having a child with PKU they decide to do something. A manager said:

*PKU is a very hard disease, you know! A child with PKU can't eat whatever he/she desires. He/she is only allowed to eat a kind of rare and expensive milk. This food is so bad-smelling that it cannot be tolerated even by a healthy adult. Suppose that how the parents of such a child can keep delicious*

**Table 1.** Characteristics of the Interviewees

Role	Gender		Province			No. of Participants
	Male	Female	Tehran	Isfahan	Fars	
Donor	10	4	3	10	1	14
Fund-raiser	8	1	2	4	3	9
Manager	11	2	5	5	3	13
Total	29	7	10	19	7	36



**Figure 1.** Four Main Categories of Drivers for Donation to Healthcare Facilities Among Iranian Donors.

**Table 2.** Thematic Framework of What Drives Iranians to Donate Money to Healthcare

<p><b>Feelings</b></p> <ul style="list-style-type: none"> <li>Altruism</li> <li>Compassion</li> <li>Concern</li> <li>Pity</li> <li>Sympathy</li> <li>Obligation</li> </ul>
<p><b>Perceptions</b></p> <ul style="list-style-type: none"> <li>Perception of the difficulties of recipient person/s</li> <li>Perception of the need of recipient organization</li> <li>Similarity between donor &amp; beneficiary</li> <li>Perception/feedback of previous donation</li> <li>Thinking about death</li> <li>Self-realization</li> </ul>
<p><b>Material/Monetary Benefits</b></p> <ul style="list-style-type: none"> <li>Business advertisement for a new product of the donors' industry</li> <li>Spending a part of the money to obtain profit from the other part</li> <li>Predicting that the donor himself may benefit from the donation</li> </ul>
<p><b>Social Benefits</b></p> <ul style="list-style-type: none"> <li>Public prestige</li> <li>Political advertisement prior to an election</li> </ul>
<p><b>Psychological Benefits</b></p> <ul style="list-style-type: none"> <li>To be recognized</li> <li>To be respected</li> <li>Create a positive external image</li> <li>Calm/ peace of spirit</li> <li>Leaving a good name</li> <li>Enjoying the act of donation</li> <li>Enjoying the outcomes of donation</li> <li>Self-Satisfaction</li> </ul>
<p><b>Moral Values</b></p> <ul style="list-style-type: none"> <li>Loyalty</li> <li>Liability</li> <li>Moral responsibility</li> <li>Family tradition</li> </ul>
<p><b>Social Values</b></p> <ul style="list-style-type: none"> <li>Solidarity</li> <li>Social justice/equity</li> <li>Contribution to the welfare of society</li> <li>Benefiting the other people</li> <li>Desire to make a difference in society</li> </ul>
<p><b>Religious Values</b></p> <ul style="list-style-type: none"> <li>Values that make commitment to God</li> <li>Values that make commitment to others</li> <li>Values that make self-commitment</li> </ul>

foods in their fridge? Can they easily go to a party or invite guest? When a donor imagines that in our region there are more than 200 families with this situation, he decides to help our charity.

We found that these perceptions may become deeper when there are some similarities between the donor and beneficiaries.

*A donor who has missed one of his family members because of cancer decided to construct a cancer center for us, since he understands well the hardship of cancer care.*

Also, it seems that experiencing a pleasant feedback from a previous donation engages the donors to donate for the next time.

Another item that was mentioned by some respondents as a driver for donation was "Thinking about death". Both donors and fundraisers acknowledged that thinking about death motivate donation of money.

A fund raiser referred to self-realization as a perceptual situation in which donors decide to make a donation:

*When a potential donor believes himself, this thought leads him to show his name on a big sign installed on the top of a healthcare center!*

#### Benefits

Most of the interviewees referred to a number of motivators that bring benefits for donors. We categorized these motivators as material, social and psychological benefits.

Business advertisement for a new product of the donors' industry, spending a part of the money to obtain profit from the other part, and predicting that the donor himself may benefit from the donation were among material/monetary benefits that were mentioned by some managers:

*A donor with kidney disease is most probably to donate a dialysis unit because he predicts that the unit may be used for himself in the following years.*

However, donors did not refer to any material benefit as motivator for donation.

The majority of the participants believed that tax discount cannot motivate donation.

Some interviewees referred to obtaining a public position as a factor that drives some donors to give their money for healthcare facilities. Also, they mentioned that some donations act as a political advertisement prior to an election. In our analysis, we categorized these drivers as social benefits.

Psychological drivers were frequently highlighted by almost all of the participants as motivating factor for donation. It was mostly believed that donors are seeking "a kind of good sense" by donating money. This "good sense"; however, was differently described by the participants.

The most frequent statements that were used by fundraisers and managers to describe psychological motivators, were: to be recognized, to be respected, and to create a positive external image:

*Most of the donors want to be observed. They like to be*

consulted by us...

*Some donors aim to be known by the society as "a donor". Being a "donor" is a good label for becoming famous...*

However, donors described their psychological motives as: obtaining calm of spirit, leaving a good name, enjoying the act of donation, and enjoying the outcomes of donation:

*Giving to the others, give us peace and calmness.*

*I enjoy my life and want to share this joy with people by donating.*

Self-satisfaction was a psychological motivator that was mentioned by both donors and non-donors:

*When he (the donor) sees that more than 100 patients per day receive medical services at this clinic, he becomes satisfied and wants to help more.*

### Values

All of the participants in our study believed that there are a number of values that motivate donation. We categorized these factors in 3 groups of values, namely: moral, social, and religious values.

We detected some moral values such as loyalty, liability, and moral responsibility as drivers in some cases of donation. For example, some people donated a healthcare facility for their organization or city, after they retired or left their hometown:

*"I think that I'm indebted to the society that has grown me. I owe my people a lot. So I have to repay to this society in the way that I can ..."*

Solidarity, social justice/equity, contribution to the welfare of society, and benefiting the other people were among factors that mentioned by some interviewees as drivers of donation. We named this category of drivers as social values.

Almost all of the interviewees referred to religious factors and beliefs as strong drivers for donation. To find these religious motivators we explored the participants' speeches. We realized that by religious factors they mean some Islamic teachings, recommendations, and principles that make Iranian Muslims committed to donation. So, we referred to them as religious values.

Most of the donors stated that they made donation because it is recommended and encouraged by Islam. Also, fund-raisers and managers that participated in this study believed that the donors are motivated by their religious commitment and Islamic beliefs of the society.

By probing the interviewees' mind, we noticed that Islamic beliefs and recommendations could bring some commitments for Muslim donors. As shown in Table 3, the religious values, according to the type of commitment that they make, were categorized into 3 sub-groups.

According to their religion, the interviewees normally believed that: everything in the universe belongs to God; He grants to everyone He wants. We all ought to be thankful to God for what we have; one way to thank God is

giving to needy people; and giving to others, attracts more from God (Barkat). These beliefs make a commitment to God:

*"God has granted to us, so we should spend our wealth in what he's told".*

*"God says if you give to others, I give you ten times more".*

We realized that some Islamic values acted at interpersonal level. These values consisted of beliefs and recommendations that encourage the followers to help others by giving money. For example: "By helping others, you will receive a goodwill", "There is no faith for the person that sleeps easily at night while his neighbor is hungry", "Share your property (if only a bit) with others", and "if you want to help your loved ones who are dead, donate to others".

Some other kinds of religious values operated at intrapersonal level, and brought commitment for donors themselves. For example, Islam recommends the followers not to leave their whole property in this world, but to send a portion of it in advance for resurrection day. These values were also mentioned by some participants.

### Discussion

In this study, we found feelings of altruism, compassion, concern, pity, sympathy, and obligation as drivers of donation. These feelings have been pointed out in a previous study.<sup>15</sup> However, some other feelings have been referred to in the literature as motivating factors for donation that our interviewees did not mention. Feelings of guilt<sup>33</sup> and fear<sup>34</sup> are 2 examples of such these feelings.

We found that perception of difficulties and needs of recipients can motivate donation. These findings are

**Table 3.** Sample Religious Values That Engage Iranian Donors

Values that make commitment to God
<ul style="list-style-type: none"> <li>• Everything belongs to God</li> <li>• Thank God, to be granted more</li> <li>• Giving to others, attracts more from God (Barkat)</li> <li>• Donation is the best kind of thanksgiving</li> <li>• Donation is a kind of worship</li> <li>• Donation is a fruitful trade with God</li> <li>• Donation prevents misfortune</li> <li>• The best donation is the most hidden ones</li> <li>• Beneficence is response to the God's kindness</li> </ul>
Values that make commitment to others
<ul style="list-style-type: none"> <li>• People's needs are the blessings of God for you</li> <li>• Share your property (if only a bit) with others</li> <li>• Donate others to help your loved ones who are dead</li> <li>• By helping others, you will receive a goodwill</li> <li>• To commemorate your deceased, donate for them</li> <li>• Anyone who does not care about Muslims' affairs is not Muslim</li> <li>• There is no faith for who sleeps easily at night while his neighbor is hungry</li> </ul>
Values that make self-commitment
<ul style="list-style-type: none"> <li>• By donation, Leave a good and steady legacy</li> <li>• Donating is making a forever treasure</li> <li>• Do not leave your property in this world, send a portion of it in advance</li> </ul>

compatible with previous research. Small and Simonsohn have shown that knowing a victim increases the possibility of donating to other similar victims.<sup>35</sup> Kogut and Ritov argue that donors are more emotionally affected when they are informed about a victim.<sup>36</sup> A study in Norway demonstrated that health charities addressing more prevalent diseases attracted more donations<sup>37</sup>; the probable reason of this feature is that the common diseases are more perceived by donors.

We found that some people donate when they perceive nearness and similarity between themselves and patients. This finding is also consistent with some previous research; for example, Bekkers argues that people with relatives suffering from a particular disease are more likely to donate to charities addressing that disease.<sup>11</sup> Previous experience and thinking about death were found as donation-motivating factors. The literature also approves that a donor who has a positive experience with donation is more likely to repeat this experience.<sup>38</sup> According to Bekkers and Wiepking, thinking about death increases the tendency to give money for charitable purposes.<sup>18</sup>

We realized that predicting the future need of a donor may motivate him/her to give money to a health facility. Similar drivers have been mentioned for donation to medical research where the donors perceived their future well-being from the results of the research.<sup>11</sup>

Tax-deduction has been mentioned as a remarkable incentive for donation in some countries.<sup>11,39</sup> For instance, in the United States, where tax deduction has been legalized by the federal government, about 15% of all charitable donations is provided by tax-exempt organizations.<sup>5</sup> However, the participants in our study believed that tax deduction cannot motivate donation. This is probably because taxation regulation in Iran is not enough motivating and does not sufficiently support donors. As in our study, being respected and recognized have been shown by some researchers as motivators for charitable donation<sup>40-42</sup>; meanwhile, some authors argue that "not giving" may have negative effect on the social approval of donors.<sup>42,43</sup>

Personal satisfaction was a psychological benefit that we found in participants' speeches. This driver is in line with the findings of Grace and Griffin, suggesting that personal satisfaction makes an individual to donate.<sup>44</sup> As we realized, the donors enjoy the act of donating. Researchers in neurosciences have provided some explanations about the relationship between donation and the feeling of joy. For instance, Harbaugh et al claim that by making a financial contribution to public good, some neural activities are increased in special parts of the brain and cause pleasure.<sup>45</sup> In their study, Moll et al demonstrated that by making a donation, the mesolimbic reward system of the brain is engaged in the same way as when an individual receives monetary rewards.<sup>46</sup> However, some scientists argue that the cause-effect relationship between giving and happiness

is in opposite direction; i.e. the happier individuals are more likely to donate money.<sup>47</sup>

We found some moral values that encouraged donation. Some authors from a social learning point of view, believe that donating behavior is influenced by an individual's moral values,<sup>39</sup> and moral principles to care about others is related to the helping behavior.<sup>48</sup>

Some participants of the present study stated that donation is a tradition in their family. This finding is in line with the literature that suggest the children of donors are more likely to donate in the future.<sup>34</sup>

Also, some social values are associated with giving behavior.<sup>49-51</sup> In a study on social values on Iran's health system, Rashidian et al describe solidarity, along with equity, as a leading cause of charitable financial support for health services.<sup>52</sup>

In our study, religious values were among the commonest drivers for donation. We concluded that religious values bring donor's commitments to God, to the donor, and to other people. By referring to some Islamic teachings, our interviewees inferred that it is the duty of rich Muslims to help others. Some donors donate their properties or family inheritance to commemorate and help their loved ones who are dead since, based on their religious beliefs, the spirit of a dead person can benefit from donation. These values have contributed to the construction of healthcare facilities in Iran over a long period of time.

Positive relationship between religiosity and giving behavior has been demonstrated in some studies.<sup>14,53</sup> This is probably because the religious individuals tend to assume themselves as kind, compassionate, and supportive people who are concerned about others.<sup>54</sup> Bekkers argues that being religious is positively related to charitable contribution, most probably because members of religious groups are more frequently asked to donate.<sup>42</sup>

In Summary, this study aimed to investigate the motivating factors that drive donors to give money or goods to healthcare facilities in Iran. By qualitative content analysis of interviews, we found some feelings, perceptions, benefits, and values as drivers of donation. The findings of the present study can contribute to studies on donation behaviors. Since individual donors are significant sources of funding for the health system in Iran, and considering the fact that donation is a context-dependent behavior, understanding the factors that motivate donors to give to healthcare facilities can help service providers and charity organizations in fundraising activities.

#### Authors' Contribution

All authors were involved in designing the study. Data collection and data analysis were performed by MHZ; AAS and AT collaborated in data analysis. MHZ wrote the first draft of the paper. AAS edited the paper. AAS and AT reviewed the subsequent revisions.

#### Conflict of Interest Disclosures

The authors had no conflict of interest regarding the materials

presented in this paper.

### Ethical Statement

Ethics Committee of Tehran University of Medical Sciences approved the study. The approval number was 9021557004.

### Acknowledgments

We are thankful to individuals who participated in this study. As a part of a PhD dissertation, this research was financially supported and ethically approved by Tehran University of Medical Sciences.

### References

- World Health Organization (WHO). Health systems financing: the path to universal coverage. WHO; 2010.
- Bastani P, Tahernejad K, Zargan J, Shaarbafchizadeh N, Alishavandi R. Intra Sector Policy Interventions for Improvement of Iranian Health Financing System. *Iranian Journal of Health Sciences*. 2013;1(2):1-9. doi: 10.18869/acadpub.jhs.1.2.1.
- World Health Organization (WHO). WHO's interactions with civil society and nongovernmental organizations: review report. Geneva: WHO; 2002.
- Farmer SM, Fedor DB. Changing the focus on volunteering: an investigation of volunteers' multiple contributions to a charitable organization. *J Manag*. 2001;27(2):191-211. doi: 10.1177/014920630102700204.
- Barman E. The social bases of philanthropy. *Annu Rev Sociol*. 2017;43:271-90. doi: 10.1146/annurev-soc-060116-053524.
- Department of Health and Social Care, Public Health England, NHS England. Joint review of partnerships and investment in voluntary, community and social enterprise organizations in the health and care sector. Final Report. 2016. Available from: <https://www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector>.
- Blackwood A, Roeger K, Pettijohn SL. The nonprofit sector in brief: Public charities, giving and volunteering, 2012. *The Nonprofit Almanac*; 2012.
- Baker C. High-net-worth-individuals (HNWIs) and philanthropic foundations. In *Giving Australia 2016: Literature Review of Summary Document*. 2016:13-18.
- McKeever BS, Pettijohn SL. *The nonprofit sector in brief 2014*. Washington, DC: Urban Institute; 2014.
- Jones KS. Giving and volunteering as distinct forms of civic engagement: The role of community integration and personal resources in formal helping. *Nonprofit Volunt Sect Q*. 2006;35(2):249-66.
- Bekkers R, Wiepking P. A literature review of empirical studies of philanthropy: Eight mechanisms that drive charitable giving. *Nonprofit Volunt Sect Q*. 2011;40(5):924-73. doi: 10.1177/0899764010380927.
- Radley A, Kennedy M. Charitable giving by individuals: A study of attitudes and practice. *Hum Relat*. 1995;48(6):685-709. doi:10.1177/001872679504800605
- Sargeant A, Ford JB, West DC. Perceptual determinants of nonprofit giving behavior. *J Bus Res*. 2006;59(2):155-65. doi: 10.1016/j.jbusres.2005.04.006.
- Wang L, Graddy E. Social capital, volunteering, and charitable giving. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*. 2008;19(1):23. doi: 10.1007/s11266-008-9055-y.
- Mainardes EW, Laurett R, Degasperi NCP, Lasso SV. What motivates an individual to make donations of money and/or goods? *International Review on Public and Nonprofit Marketing*. 2016;13(1):81-99. doi: 10.1007/s12208-015-0145-4.
- Bendapudi N, Singh SN, Bendapudi V. Enhancing helping behavior: An integrative framework for promotion planning. *J Mark*. 1996;60(3):33-49. doi:10.1177/002224299606000303.
- Verhaert GA, Van den Poel D. Empathy as added value in predicting donation behavior. *J Bus Res*. 2011;64(12):1288-95. doi: 10.1016/j.jbusres.2010.12.024.
- Bekkers R, Wiepking P. Understanding philanthropy: A review of 50 years of theories and research. 35th annual conference of the Association for Research on Nonprofit and Voluntary Action; Chicago; 2007.
- Azizi MH, Bahadori M, Dabiri S, Shahpasandzadeh MH. In memory of the late Alireza Afzalipour, the founder of the Kerman University. *Arch Iran Med*. 2014;17(6):457-60. doi: 014176/aim.0016.
- Azizi MH, Bahadori M, Dabiri S. Professor Kamaledin Armin (1914-1995); a Superb Mentor with High Morals. *Arch Iran Med*. 2015;18(10):729-33. doi: 0151810/aim.0015.
- Ahmed H. Waqf-based microfinance: realizing the social role of Islamic finance. World Bank; 2007.
- Latief H. Health provision for the poor Islamic aid and the rise of charitable clinics in Indonesia. *South East Asia Research*. 2010;18(3):503-53. doi: 10.5367/sear.2010.0004.
- Yalawae A, Tahir IM, UDM U, Campus K. The Role of Islamic Institution in Achieving Equality and Human Development: Waqf or Endowment. *Universiti Darul Iman Malaysia (UDM)*; 2003.
- Kahf M. Waqf and its sociopolitical aspects. Jeddah, Saudi Arabia: IRTI; 1992.
- Salarzahi H, Armesh H, Nikbin D. Waqf as a social entrepreneurship model in Islam. *International Journal of Business and Management*. 2010;5(7):179-86.
- Azizi MH, Bahadori M, Raeis Jalali GA. History of Contemporary Medicine: In Commemoration of Haj Mohammad Nemazee (1895–1972): The Founder of Nemazee Hospital in Shiraz. *Arch Iran Med*. 2009;12(3):321-4.
- Etemadian M, Shadpour P, Soleimani MJ, Biglar M, Hadi Radfar M, Jarrahi M. Iranian-Islamic Model of Public-Private Partnership in Hospital Management: Introducing Moheb Hospital Model. *Int J Hosp Res*. 2013;2(2):95-8.
- Azizi MH, Bahadori M, Azizi F. History of cancer in Iran. *Arch Iran Med*. 2013;16(10):613-22. doi: 0131610/aim.0015.
- Azizi MH. The historical backgrounds of the ministry of health foundation in Iran. *Arch Iran Med*. 2007;10(1):119-23. doi: 07101/aim.0028.
- Charities Aid Foundation. CAF World Giving Index 2017. Available from: <https://www.cafonline.org/about-us/publications/2017-publications/caf-world-giving-index-2017>.
- Social Deputy of Ministry of Health. News Database, Ministry of Health and Medical Education. Available from: <http://ejtemaee.behdasht.gov.ir/>.
- Aghababa S, Maleki MR, Gohari MR. Narrative review of studies on charity in health care, Iran. *Hakim Health Systems Research Journal*. 2015;17(4):329-36.
- Basil DZ, Ridgway NM, Basil MD. Guilt appeals: The mediating effect of responsibility. *Psychol Mark*. 2006;23(12):1035-54. doi: 10.1002/mar.20145.
- Sargeant A, Woodliffe L. Gift giving: an interdisciplinary review. *International Journal of Nonprofit and Voluntary Sector Marketing*. 2007;12(4):275-307. doi: 10.1002/nvsm.308.
- Small DA, Simonsohn U. Friends of victims: Personal experience and prosocial behavior. *J Consum Res*. 2007;35(3):532-42. doi: 10.1086/527268.
- Kogut T, Ritov I. The singularity effect of identified victims in separate and joint evaluations. *Organ Behav Hum Decis Process*. 2005;97(2):106-16. doi: 10.1016/j.obhdp.2005.02.003.
- Olsen JA, Eidem JI. An inquiry into the size of health charities: the case of Norwegian patient organisations. *J Socio Econ*. 2003;32(4):457-66. doi: 10.1016/S1053-5357(03)00051-9.
- Germain M, Glynn SA, Schreiber GB, Gelinas S, King M, Jones M, et al. Determinants of return behavior: a comparison of

- current and lapsed donors. *Transfusion*. 2007;47(10):1862-70. doi: 10.1111/j.1537-2995.2007.01409.x.
39. Moon SG, Seo M, Kim KW. Effects of Motivation on Charitable Giving Practices: The Case of Korean American Immigrants. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*. 2015;26(6):2645-70. doi: 10.1007/s11266-014-9532-4.
  40. Wiepking P. *For the love of mankind: A sociological study on charitable giving*. Utrecht: Labor Grafimedia BV; 2008.
  41. Andreoni J, Petrie R. Public goods experiments without confidentiality: a glimpse into fund-raising. *J Public Econ*. 2004;88(7-8):1605-23. doi: 10.1016/S0047-2727(03)00040-9.
  42. Bekkers R, Schuyt T. And who is your neighbor? Explaining denominational differences in charitable giving and volunteering in the Netherlands. *Rev Relig Res*. 2008;50(1):74-96.
  43. Alpizar F, Carlsson F, Johansson-Stenman O. Anonymity, reciprocity, and conformity: Evidence from voluntary contributions to a national park in Costa Rica. *J Public Econ*. 2008;92(5-6):1047-60. doi: 10.1016/j.jpubeco.2007.11.004.
  44. Grace D, Griffin D. Conspicuous donation behaviour: scale development and validation. *J Consumer Behav*. 2009;8(1):14-25. doi: 10.1002/cb.270.
  45. Harbaugh WT, Mayr U, Burghart DR. Neural responses to taxation and voluntary giving reveal motives for charitable donations. *Science*. 2007;316(5831):1622-5. doi: 10.1126/science.1140738.
  46. Moll J, Krueger F, Zahn R, Pardini M, de Oliveira-Souza R, Grafman J. Human fronto-mesolimbic networks guide decisions about charitable donation. *Proc Natl Acad Sci U S A*. 2006;103(42):15623-8. doi: 10.1073/pnas.0604475103.
  47. Boenigk S, Mayr ML. The happiness of giving: evidence from the German socioeconomic panel that happier people are more generous. *J Happiness Stud*. 2016;17(5):1825-46. doi: 10.1007/s10902-015-9672-2.
  48. Wilhelm MO, Bekkers R. Helping behavior, dispositional empathic concern, and the principle of care. *Soc Psychol Q*. 2010;73(1):11-32. doi: 10.1177/0190272510361435.
  49. Wiepking P, Maas I. Resources that make you generous: Effects of social and human resources on charitable giving. *Soc Forces*. 2009;87(4):1973-95. doi: 10.1353/sof.0.0191.
  50. Bekkers R. Traditional and health-related philanthropy: The role of resources and personality. *Soc Psychol Q*. 2006;69(4):349-66. doi: 10.1177/019027250606900404.
  51. van Lange PAM, Bekkers R, Schuyt TNM, van Vugt M. From games to giving: Social value orientation predicts donations to noble causes. *Basic Appl Soc Psychol*. 2007;29(4):375-84. doi: 10.1080/01973530701665223.
  52. Rashidian A, Arab M, Vaez Mahdavi M, Ashtarian K, Mostafavi H. Which Social Values Are Considered in Iranian Health System? *Arch Iran Med*. 2018;21(5):199-207.
  53. Wiepking P, Madden KM, McDonald K. Leaving a legacy: Bequest giving in Australia. *Australasian Marketing Journal*. 2010;18(1):15-22. doi: 10.1016/j.ausmj.2009.10.005.
  54. Saroglou V, Delpierre V, Dernelle R. Values and religiosity: a meta-analysis of studies using Schwartz's model. *Pers Individ Dif*. 2004;37(4):721-34. doi: 10.1016/j.paid.2003.10.005.