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Beneficiaries of volunteering: a bioethical perspective

ABSTRACT

OBJECTIVE: To describe volunteers' perceptions of the beneficiaries of volunteering within the hospital setting and the influence that the theme of benefits exercises on their motivations.

METHODS: This is an exploratory study with a qualitative approach. One hundred and ten volunteers working in health services that are references for the treatment of cancer in Rio de Janeiro (Southeastern Brazil) are the subjects of this study. Data was collected between October and December 2001. Data was obtained by two instruments - a questionnaire which identifies the socioeconomic profile and the motivations for undertaking voluntary activity; and a semi-structured interview that provided complementary information.

RESULTS: According to the volunteers' perception, the beneficiaries of voluntary activity were, primarily, the patient, (50.5%); secondarily the volunteer him/herself (41.9%); and least of all, the institution and the society in which these benefits are obtained (7.6%). Both the patient and the volunteer were considered simultaneously beneficiaries, being that the volunteer tends to receive more benefits. A comprehension of the social benefits of this activity was also reported.

CONCLUSIONS: A notion of the social importance of their volunteering was verified among the volunteers. However, the study indicates that a larger articulation is lacking between individual motivations and volunteer work as a setting within which social problems may be confronted.

DESCRIPTORS: Voluntary Workers, psychology. Motivation. Cancer Care Facilities. Hospice Care. Bioethics.

INTRODUCTION

Critical solidarity and organic volunteering are two interrelated poles that can contribute towards the Bioethics Agenda of the 21st Century. As to the first term mentioned above, the adjective critical refers to the voluntary agent's capacity to utilize criteria that enable him/her to discern the social and political dimensions inherent to and indissociable within the solidary relationship.¹⁵ Organic volunteering, in turn, was a concept constructed by analogy to Gramsci's concept of the organic intellectual and refers to politicized participation, active and beneficial to the people who develop volunteer service and, in this particular case, within the field of health.⁹ At present, several institutions within civil society, such as some non-governmental organizations (NGOs), express their commitment to a more solidary and equanimous society. Organic volunteering tends to strengthen the autonomy and capacity of civil society's organizations.¹⁶

In Brazil, social inequalities are mobilizing the emergence of new social organizations, allied to those that exist traditionally. As a result, there has been an increase in the number of volunteers and of the spaces in which their activity takes place. Volunteering activity is an aggregating element in

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the construction of social justice. The World Health Organization (WHO) itself is supporting volunteer social action as a new setting for social transformation. Brazilian society is currently acknowledging the value and enlarging the scope of civil society's participation in confronting social problems.

Bioethics may be employed as an instrument in guiding solidary activities within the field of volunteering. Originally, bioethics reflected on the consequences of the growing diffusion of technological interventions on the natural environment and on the human being. The neologism, "bioethics" was created and disseminated in the public sphere 1971, when *Bioethics: Bridge to the Future*, by the oncologist Van Rensselaer Potter, was published. The latter believed that bioethics should be the science of survival in the struggle against various threats to life on the planet earth.¹⁵ Andre Hellegers, in turn, was concerned with medical deontology's limitations in providing professionals with the proper bearings with which to respond to the ethical challenges posed by the new biotechnologies applied to medicine, founded the *The Kennedy Institute of Ethics* (Washington), in 1971, utilizing the same neologism.¹ Therefore the origins of bioethics are grounded in a concern with the advances in biotechnology applied to life and with the clinical aspects of the medical act.

From the perspective of volunteer services, a comprehension of bioethics within a social framework is recommended.³ This implies that the social dimensions of the issues being discussed, such as legal aspects and public policies, must be taken into consideration,⁷ and applied within the field of collective health. Collective alternatives to bioethics are sought and a reaction to the simple, decontextualized importation of proposals or ethical "packages" originating from more developed countries.^{8,11}

Critical solidarity constitutes the fundamental value that guides volunteers working in the field of health within a society in which broad segments of the population have elevated rates of poverty and marginalization. It is within this context that an attempt is made to broaden the scope of reflection and intervention by several different means including critical solidarity as a motivating value amongst groups and associations organically committed to dealing with social issues. There is a potential to be explored among volunteering agents so that their capacities may be adequately explored in confronting social issues that currently demand solutions in Brazil.

Volunteer associations may become powerful agents of social transformation. This requires an ethic based on acknowledgement of the humanitarian values of solidarity that should preside over voluntary services and citizens' rights with respect to health care. These values should guide the development of a model of social volunteering. Thus, it is necessary to investigate the perception that volunteers have with respect to the beneficiaries of their work.

The objective of the present article was to describe the perception of volunteers with respect to the individual and collective benefits and the motivations of volunteer work.

METHODS

The study was conducted in five volunteer associations (731 individuals) in the municipality of Rio de Janeiro (Southeastern Brazil), 2001. Volunteers from religious associations (119) and those who were undergoing a period of adaptation (120), that is, a total of 239 individuals, were excluded from the study. The final population included 492 subjects. The sample was calculated utilizing the following parameters: a 95% confidence interval; 5% sample error; 10% estimated prevalence of the outcome, resulting in a minimum sample size of 105 individuals. In order to prevent possible losses five volunteers were added and the final sample included 110 individuals.

A questionnaire with 16 closed questions was applied to participants. The instrument was divided in two parts: the first part consisted of general socioeconomic information and the second referred to participants' motivations with respect to the theme of solidarity. One hundred and ten questionnaires were distributed, of which 106 replies and one refusal were obtained. The second phase of the study consisted of a semi-structured interview that was applied to seven volunteers and recorded. Interviewees were selected because of the particular involvement they demonstrated with respect to theme during the application of the questionnaire.

RESULTS AND DISCUSSION

Participants were, predominantly, women, over 40 years of age (79.0%), retired (28.6%), liberal professionals (23.8%) or housewives (30.4%). Volunteers with a college education predominated (41.9%), followed by high school graduates (37.2%). As to income, 32.4% received from five and ten minimum wages and 21.9% received more than ten minimum wages. As to their civil status, 36 (34.3%) subjects were married; 21 (20%) were single, 18 (17.1%) were widows or widowers; 14 (13.4%) were divorced, 7 (6.7%) lived in a stable union and 9 (8.5%) did not respond. The proportion of single, widowed and divorced volunteers (50.5%) was representative, being considered a factor of adherence to volunteer activity. Among the volunteers in the sample, 89.5% were females.

Analyses of the beneficiaries of volunteer work occurred in three different poles: individual, in which the volunteer is considered the beneficiary; dual, in which the volunteer and the patient are beneficiaries simultaneously; and collective, in which volunteer work results in a larger benefit, with social repercussions.

Individual pole: the volunteer as the greatest beneficiary of volunteer work

The perspective of the volunteer with respect to the benefits of volunteering was centered around the patient (50.5%), on the volunteer (41.9%) and on the institution and the society that receive volunteer work (7.6%). However, in the seven semi-structured interviews, there were no references to the patient as the sole beneficiary; all the respondents believed they were the greatest beneficiaries, and they reported the reasons why.

These reasons are related to their learning experience, to their capacity to surmount themselves, to the ways in which their daily experience is transformed by volunteering and to the encounter it propitiates with humanity itself.

“The volunteer, through his/her contact with disease, with terminal illness, begins to reevaluate life in a completely new manner, which is dynamic and transgressive as well. He benefits from the experience much more than the patient does”.

The expression – “become human once again” – allows us to comprehend that the contact, the familiarity and participation in the other’s life, when suffering is involved, awakens the volunteer’s human sensibility.

“The volunteer is the greatest beneficiary because he/she reevaluates life. When he/she begins to note his/her accomplishments, that his/her work gains greater depth and he/she believes it will be successful and that it is possible to rearrange everything, even the way in which he/she deals with problems, than he/she becomes human once again”.

“...This wealth that wouldn’t exist if it weren’t for human beings and that brings such mutual gratification.”² Mutual gratification expresses a relation of reciprocity between people. Cooperation is a characteristic of the human condition. “We do not inhabit the world only through work, but fundamentally through care and lovingness”.¹³

By identifying oneself as the major beneficiary, the volunteer justifies that the contact with the patient was a manner of reviewing one’s values and resuming life within a broader dimension.

Another interpretation for the volunteer being the main beneficiary of his/her work is related to the fact that volunteers seek conditions to lead an existence which is dignified and truly human.⁵ Within this context, voluntary work expresses a demand for personal accomplishment, being characterized as a place of refuge and a place where one can find motives to live more intensely and to confer a sense of utility to existence.

Dual pole: patient and volunteer as beneficiaries of volunteering

In the semi-structured interviews, patient and volunteer were referred to as simultaneously beneficiaries.

“The patient benefits because he receives love, attention, support, he receives care and, in exchange, the volunteer benefits because he becomes an accomplice for him/herself.”

The interviewees established a reciprocal relationship, in which, both are mutually benefitted, presenting a notion of horizontality in their relation.

“I don’t have any illusions that when I help the other I am also helping myself, thus the benefit is mutual”.

Sharing suffering translates the empathetic relation² and this encounter with the other’s pain re-signifies daily existence⁶ by comprehending the benefits of work in an interdependent perspective.¹²

Collective pole: institution and society as beneficiaries of volunteering

Volunteering as a broader activity, with institutional and societal repercussions, did not receive a lot of emphasis in the quantitative data (7.6%). However, there is a comprehension of the social importance of volunteer activity.

Within this typology of motivations, regulated by the interests of collective benefits, the volunteer directs him/herself to others, in the first place, with the goal of making him/herself useful in satisfying the other’s needs.

“the volunteer service is a possibility of fully exercising my citizenship. I can only fully exercise it if others can also do so. No one can be a citizen if the other beside him/her isn’t a citizen, whether or not I know this person”.

There were comments on the necessity of overcoming the stereotyped perspectives concerning this activity, which are still present in society and among the volunteers themselves.

“here, one is learning about a volunteer service with a much broader connotation, with real commitment that leads to social transformations (...) here one learns with our directors that volunteer work should not be assistentialist nor self-interested, which helps to understand the broad scope of the service”.

There is a greater consciousness with respect to volunteering that reveals that a larger horizon has been conquered with subjects inserted in society, so that social volunteering has become more appropriate to meet today’s challenges. Although volunteer work is guided by common goals, a multiplicity of individual objectives or those of subgroups may be fostered within it.⁴ Thus, solidarity constitutes a fundamental bioethical value that guides the practice of volunteering, by lending visibility and voice to those who are less

privileged¹⁵ and to critical solidarity, based on the dignity of all human beings.¹

Social justice affirms both moral dignity and respect for all men, thus questioning the current social order.⁴ Solidarity should be understood as a condition for justice and as a measure that compensates the insufficiency of the virtue of justice.⁴ According to Cortina⁵ justice is not complete without solidarity and autonomy is not authentic without justice-solidarity. Bioethics is inscribed in social movements in defense of marginalized groups and should be extremely sensitive so that all should have the necessary health care.

FINAL CONSIDERATIONS

The motivational diversity of the results defines the volunteers' comprehension of the beneficiaries of their work. Greater emphasis is given to motivations centered on the individual and the dual poles.

As to the social pole (collective benefits) of volunteer work, the motivations translate a commitment with social transformation and well-being.¹⁰

The process of transformation of motivations, with a broader perspective on the beneficiaries of volunteering (social pole) depends, in part, on voluntary associations' comprehension of their potential role in society.³

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The perspective of volunteering as resulting in social benefits entails in an autonomous and sovereign social position, expressed historically in the exercise of freedom consecrated in the Bill of Human Rights and in the Brazilian Constitution of 1988. Organic volunteering, propelled by critical solidarity, constitutes one more space in which to promote the exercise of freedom in the practice of human rights.³

Volunteer work contributes to the construction of communal wellbeing as the ethical motivation that guides people in these activities and thus allows them to participate actively and critically in the effective democratization of the State in its social, political and economic dimensions.⁵

Bioethics reinforces the idea that organic volunteering may demythify the distance between the State and civil society by means of critical solidarity. Therefore, neither the State nor civil society by itself is solely responsible for the social issue, but mutual cooperation is an indispensable factor in the construction of an inclusive society.¹⁵

In conclusion, organic volunteering, propelled by critical solidarity in a bioethical perspective, contributes towards the progressive construction of a social perspective of volunteering, in keeping with current needs.