



Unveiling Physicians' Work Passion amidst the COVID-19 Pandemic: A Case Study from a Hospital in Thailand

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Abstract

This qualitative study explored the key components of work passion among physicians in the Thai medical context during the COVID-19 pandemic. Data were collected through semi-structured interviews using an appreciative inquiry approach with 30 full-time physicians employed at a Thai public hospital. The study identified ten key themes of work passion, corresponding to three dimensions: Cognitive (can-do attitude, learning and knowledge development), Affective (enthusiasm, joy, pride, fulfillment), and Behavioral (going above and beyond, altruism, continuous growth, and commitment to remain in the organization and profession). This conceptualization of physicians' work passion provides a foundation for future research in Thai healthcare, contributing to theoretical understanding and guiding the development of precise measurement tools for more accurate assessment. A deeper understanding of work passion may help improve healthcare management, ultimately enhancing clinical practice.

Introduction

The COVID-19 pandemic has brought about significant changes in the workplace, forcing workers to adjust their routines and lifestyles. In the healthcare sector, these changes have profoundly impacted the physical and mental well-being of healthcare professionals (HCWs), including those directly involved with patient care and those in supportive roles (Lulli et al., 2021). Physicians, as key members of the healthcare workforce, are routinely exposed to high-stress environments, long working hours, difficult decision-making, and the realities of suffering and death (McKay et al., 2016).

Even before the pandemic, studies indicated that many Thai physicians experienced job-related stress, personal conflicts, and job dissatisfaction (Leelahanaj, 2010). Such stress can diminish their passion for work and increase turnover intentions, posing serious challenges for healthcare organizations. Thus, understanding physician work passion is crucial for guiding human resource development, especially during crises.

Work passion has been recognized as an effective strategy for preventing burnout (Bulińska-Stangrecka & Bagieńska, 2021), and organizations must prioritize efforts to foster passion in the workplace. Passion is

associated with improved work performance, greater life satisfaction, and reduced burnout (Bulińska-Stangrecka & Bagieńska, 2021; Kannampallil et al., 2020). In healthcare settings, physicians who exhibit high levels of passion tend to demonstrate greater dedication, maintain energy, perform at higher levels (Ho et al., 2011), and are more likely to thrive and succeed (Hill, 2002; Neumann, 2006). They also report higher job satisfaction and contribute to lowering resignation rates (Houlfort et al., 2015).

While promoting work passion is essential for improving job satisfaction, reducing burnout, and ensuring high-quality patient care, there remains a substantial research gap regarding its role, particularly in times of crisis like the COVID-19 pandemic. Even before the pandemic, few studies explored the concept of work passion among physicians (Luo et al., 2014; Ruddy, 2019). Recently, Lertchaisataporn and Boonsathorn (2023) identified twelve factors influencing physicians' work passion, grouped into four categories: job-related factors, organizational factors, relational factors, and individual factors. There is an urgent need to reexamine how work passion among physicians is defined and measured, particularly in response to crises. This study aims to address this gap by providing insights that can inform future research and support the development of tailored work passion inventories specific to healthcare professionals during crises like the COVID-19 pandemic.

Objectives

The objective of this study is to conduct an in-depth exploration of the fundamental components that constitute work passion among Thai physicians during the COVID-19 pandemic. The goal is to identify the key dimensions of work passion within the Thai medical context, particularly in response to the unique challenges presented by the pandemic.

Research Question:

What are the key factors that constitute work passion for physicians in the Thai medical context during the COVID-19 pandemic?

Literature Review

Definitions of passion vary depending on the research context. Vallerand (2003b) et al. defines passion as a strong inclination toward activities that individuals enjoy, find important, and dedicate significant time and energy to. Zigarmi et al. (2009) describe employee work

passion as a sustained, emotionally positive, meaning-centered state of well-being, resulting from continuous cognitive and emotional evaluations of job and organizational circumstances. This, in turn, fosters consistent, constructive work intentions and behaviors.

Previous research highlights that passion is a multifaceted construct. The emotional dimension includes subjective vitality, energy, joy, happiness, and love for one's career (Johri & Misra, 2014; Perttula, 2004). The cognitive dimension focuses on purpose, pride, and inner drive (Cardon et al., 2009; Johri & Misra, 2014; Perttula, 2004; Vallerand et al., 2003a). The behavioral dimension encompasses time and effort investment (Vallerand et al., 2003a), the ability to overcome challenges (Johri & Misra, 2014), and various work-related intentions such as endorsing the organization, staying with the organization, using discretionary effort, performing well, and displaying organizational citizenship behaviors (Zigarmi & Nimon, 2011).

Numerous studies have explored the negative mental health effects of the COVID-19 pandemic on healthcare workers (HCWs) (Giorgi et al., 2020; Sigahi et al., 2021). These studies revealed that HCWs involved in emergency care experienced adverse mental health outcomes, including anxiety, depression, exhaustion, and post-traumatic stress disorder (de Pablo et al., 2020; Giorgi et al., 2020; Sanchez-Gomez et al., 2021). HCWs also reported stress, depression, and psychological distress (Chew et al., 2020; Lai et al., 2020; Zhang et al., 2020). Physicians, as critical members of the healthcare system, have been particularly vulnerable to poor mental health outcomes since the onset of the pandemic. Risk factors such as long shifts, disrupted sleep, limited resources, work-life imbalance, and exposure to occupational hazards associated with COVID-19 patients have contributed to anxiety, depression, post-traumatic stress disorder, and insomnia among physicians (Kisely et al., 2020; Pappa et al., 2020). These conditions have also been linked to increased burnout, a syndrome resulting from chronic work-related stressors (Chew et al., 2020). Extreme working conditions and inefficient work processes can lead to physical and mental exhaustion, cynicism, and burnout (Hartzband & Groopman, 2020; Salas-Vallina et al., 2021). Physician burnout not only negatively impacts the quality of care and patient safety but also reduces patient satisfaction, leading to broader organizational issues. Furthermore, burnout diminishes physicians' passion for their work,

increasing turnover intentions and harming the well-being of healthcare organizations (West et al., 2018).

Appreciative Inquiry (AI) is a process that seeks to identify the best experiences within individuals and organizations, amplifying strengths to inspire change (Trosten-Bloom et al., 2003). AI can be tailored to meet an organization's specific needs, reframing challenges into positive inquiries (Koster & Lemelin, 2009; Reed, 2006). AI emphasizes dialogue through positive questioning (Cooperrider & Whitney, 2005), offering numerous benefits for promoting organizational change and growth (Gergen et al., 2004). It is a collaborative approach to transformation, leveraging reflection and collective strengths. Positive emotions generated through AI increase connection and energy within the organization (Watkins et al., 2011).

For example, researchers have used AI to foster caring conversations in medical practice (Dewar & Nolan, 2013) and enhance collaboration (Watkins et al., 2016). AI aligns well with healthcare professions that integrate research and practice to achieve meaningful goals (Cowling III, 2001). The AI process is often visualized through the 4D model, which includes the stages of Discovery, Dream, Design, and Destiny (Cooperrider & Whitney, 2005). Each stage focuses on specific tasks: in the Discovery stage, individuals share stories and "best" experiences; in the Dream stage, they envision an ideal future; in the Design stage, they plan and prioritize actions based on core strengths; and in the Destiny stage, they use their vision to drive positive change.

This study aims to explore and nurture work passion among physicians using AI, a promising approach that emphasizes identifying and magnifying positive experiences and strengths within individuals and organizations to catalyze positive change (Trosten-Bloom et al., 2003).

Conceptual Framework

The conceptual framework of the study integrates the Dualistic Model of Passion (Vallerand et al., 2003a) and the Employee Work Passion Appraisal (EWPA) model (Zigarmi et al., 2009) to explore the essential components of work passion among Thai physicians during the COVID-19 pandemic. The Dualistic Model of Passion (Vallerand et al., 2003a) is based on Self-Determination Theory (Deci & Ryan, 2017), which posits that individuals have three basic psychological needs: autonomy, relatedness, and competence. The DMP

explains that individuals can develop two distinct types of passion: harmonious passion (HP) and obsessive passion (OP) (Vallerand et al., 2003a). Harmonious passion refers to a strong, autonomous, and self-determined engagement in an activity, while obsessive passion involves a controlled, compulsive, and rigid engagement (Vallerand et al., 2003a). The Employee Work Passion Appraisal (EWPA) model (Zigarmi et al., 2009) is grounded in Cognitive Appraisal Theory (Bandura et al., 1997; Lazarus & Folkman, 1984), which suggests that individuals combine their values, emotions, and past and current experiences to produce intentions that influence their conduct. The EWPA model involves two parts: the formation of an affective response following the cognitive appraisal of work, relationships, and the organization, and the development of intentions in work activities and behaviors, such as the intent to endorse the organization, perform well, and invest discretionary effort (Zigarmi et al., 2009). By integrating these frameworks, this study aims to explore the essential components of work passion among Thai physicians during the COVID-19 pandemic.

Research Methodology

Following ethical approval from the NIDA Ethics Committee (EC2/4) under protocol code ECNIDA 2021/0134, all ethical considerations were met, including securing informed consent, ensuring confidentiality, and providing participants with the option to withdraw at any time. Data confidentiality was strictly maintained, with recorded information deleted after transcription and coding. The study was conducted at a public hospital in Bangkok, Thailand, specializing in cancer treatment and managing patients with various medical conditions, including COVID-19.

1. Population and Samples

To select our participants, we employed a purposive sampling strategy. This is a qualitative research technique described by Patton (2002), which is commonly used to select participants with specific characteristics or experiences relevant to the study's goals. To ensure replicability, a systematic process established precise inclusion criteria for participant selection (Tongco, 2007). The study included 30 full-time physicians from a Thai public hospital, chosen through purposive sampling. This study required key informants to meet three specific criteria as follow:

1) Active Employment: The first criterion was active employment at the hospital, ensuring that the

participants were currently engaged in the environment and subject matter relevant to the study.

2) Willingness to Engage: Participants needed to demonstrate a willingness to engage in a detailed 45–60-minute interview, crucial for collecting in-depth data.

3) Demonstration of Work Passion: Lastly, a demonstration of work passion was required, assessed through observable behaviors and peer recognition. Our study employed two methods to identify physicians who exemplify work passion, a central theme of our research.

3.1) Method One - Peer Nomination: We initiated a peer-nomination process within ten hospital departments to identify physicians showing distinctive work-related passion. This involved detailed discussions with nurses and other physicians who were asked to nominate colleagues exemplifying cognitive passion (eagerness to tackle challenges), affective passion (happiness in their work), and behavioral passion (commitment and dedication), based on the five dimensions of work intentions described by Zigarmi and Nimon (2011).

3.2) Method Two - Institutional Recognition: Complementing the first method, we harnessed institutional recognition as a marker of passion. We reviewed accolades and patient feedback from the past year, selecting physicians who had received awards or commendations for altruism, peak performance, or productivity.

By integrating these qualitative assessments with institutional records, we ensured a comprehensive approach to participant selection. This method aligned with the study's objectives, enabling us to engage physicians who were not only passionate but also reflective and articulate about their experiences, thereby enriching our research outcomes.

2. Research Instrument

The Appreciative Inquiry (AI) approach was selected, focusing on the Discovery and Dream stages (Cooperrider & Whitney, 2005), to explore physicians' experiences and aspirations regarding work passion. The Discovery stage involved participants sharing their best work-related experiences, while the Dream stage encouraged them to envision their ideal professional future. Semi-structured interviews, based on open-ended questions developed within the AI framework (Whitney & Trosten-Bloom, 2010), served as the primary data collection method.

To elicit meaningful responses, participants were prompted to reflect on their most positive encounters as physicians. The following key questions guided the interviews:

1. Please share your best experiences as a physician.
2. Describe an experience in your medical practice that greatly impressed you.
3. Reflecting on your best moments as a physician, what emotions, thoughts, and behaviors do you experience, and why?
4. While working, what typically occupies your thoughts? What mental images come to mind?
5. What images or scenarios do you visualize when envisioning your ideal job that fosters your work passion? Please provide details.
6. How would you define and interpret the concept of work passion?

3. Collection of Data

Interviews were conducted online from November 2021 to January 2022 due to COVID-19 precautions. Each interview, lasting 45–60 minutes, was conducted in Thai via video conferencing and recorded for accuracy. All interviews were transcribed, with participant identities anonymized using numerical codes. Data saturation was reached after 30 interviews, as no significant new insights were expected from further data collection.

4. Data Analysis

Data were analyzed using Braun and Clarke's (2006) six-step thematic analysis process:

1. Familiarization: Researchers thoroughly reviewed the data.
2. Initial Coding: Data were broken down into manageable units, and preliminary codes were assigned.
3. Searching for Themes: Researchers identified recurring patterns and potential themes.
4. Reviewing Themes: Themes were critically reviewed and refined.
5. Defining and Naming Themes: Each theme was defined and labeled clearly.
6. Reporting: The identified themes were reported.

An iterative process of data immersion, coding, and theme identification was followed. Member checking and peer debriefing were used to ensure reliability and credibility (Birt et al., 2016; Spall, 1998). Respondents confirmed the analysis aligned with their experiences, while peer debriefing helped identify

potential biases and improve research rigor. This comprehensive analysis enabled the identification of key themes related to work passion among physicians, contributing to the study's research goals.

Results

The study participants included 30 physicians from the selected public hospital, consisting of 20 males and 10 females, aged between 28 and 61 years (mean age 41). All participants held medical degrees and were employed as full-time physicians. Half of the participants worked in management roles, while the other half were in operational positions. To ensure confidentiality, each interviewee was assigned a number (e.g., #1) to represent their responses when reporting results.

Through the data analysis process, 10 distinct codes emerged, representing the characteristics of physicians with strong work passion. These codes were determined to be dimensions that constitute physicians' work passion during a pandemic crisis. The codes were grouped into three corresponding dimensions: cognitive, affective, and behavioral.

- Cognitive Dimension: This dimension relates to physicians' understanding and thinking during the pandemic crisis, comprising (a) a can-do attitude and (b) a commitment to learning and developing knowledge.

- Affective Dimension: This dimension captures the emotions and feelings experienced by passionate physicians and includes (a) enthusiasm, (b) happiness and joy, (c) pride, and (d) a sense of fulfillment.

- Behavioral Dimension: This dimension reflects the actions taken by passionate physicians, including (a) striving to go above and beyond, (b) altruism, (c) continuous growth, and (d) an intent to remain in both the organization and the medical profession.

These dimensions that constitute physicians' work passion during the pandemic are summarized in Table 1.

In the following, dimensions that constitute physicians' work passion during the pandemic crisis are explained in detail about their respective dimensions. Selected response examples further illustrate the themes used to identify critical components.

1. Cognitive dimension

The cognitive dimension involves reasoning, analysis, understanding, and reflective thinking when there is work passion.

Can-do attitude

A can-do attitude refers to the belief that challenges can be overcome through determination and

Table 1 Key factors that constitute work passion for physicians.

Themes	Codes	Description
Cognitive	1. Can-Do Attitude	Positive thinking and beliefs that any hurdle can be overcome by being eager to accept and tackle challenges.
	2. Learning and Developing knowledge	Desire to pursue higher education or a profession in an area of specialty (for example, the desire to study in a specific field to obtain expertise, ideas to improve the system, ideas to expand academic knowledge)
Affective	1. Enthusiasm	Feeling of enthusiasm, energy, vitality, and commitment to work.
	2. Happiness and Joy	Feeling of happiness, fun, and love for work.
	3. Pride	Feeling of self-esteem, confidence, and pride in oneself.
	4. Fulfilment	Feeling of satisfaction and fulfilment that comes from work.
Affective	1. Enthusiasm	Feeling of enthusiasm, energy, vitality, and commitment to work.
	2. Happiness and Joy	Feeling of happiness, fun, and love for work.
	3. Pride	Feeling of self-esteem, confidence, and pride in oneself.
	4. Fulfilment	Feeling of satisfaction and fulfilment that comes from work.
Behavior	1. Strive Above and Beyond	Working with dedication to the best of one's ability, going above and beyond the call of duty.
	2. Altruism	Sacrificing personal happiness or personal time for the common good, even with a risk of occupational illness.
	3. Continuous Growth	Continuously developing oneself to advance in one's career by learning and participating in academic activities. Continuously improving treatment skills and knowledge, increasing proficiency to achieve the best results, conducting research, or engaging in innovations.
	4. Intent to Remain in the Organization and Medical Profession	Expressed intent to work for the current organization or continuing desire to work in the medical field

effort. Two participants reported viewing difficult tasks as manageable and possible to complete. Interviewee #29 discussed his passion for working in a mobile medical unit, expressing confidence in handling challenging patients. Interviewee #1 recounted a difficult project where he exhibited self-assurance despite unfamiliar tasks, showing a fearless belief in his ability to overcome difficulties.

“I thought about when my boss gave me hard tasks to do. I never gave up, even though I had many problems. I could do my best to solve the problem, and the problem would get better over time.” (#1)

Learning and developing knowledge.

Learning and developing knowledge refers to a desire for further education or professional advancement in a specific field. Seven participants expressed a strong desire to pursue higher education to advance their medical careers. Interviewee #2 passionately emphasized her commitment to continuous learning, viewing it as essential for career growth. Interviewee #22 discussed the importance of further studies to generate ideas for improving patient care systems. Interviewee #26 highlighted his drive to specialize in a particular area of medicine, enhancing patient care through ongoing education.

"My passion is improving myself. I want to specialize and continually explore better methods. Continuing my education strengthens my therapeutic skills." (#26)

2. Affective dimension

The affective dimension involves the expression of emotions and feelings. Valuing the mind happens when there is a passion for the work.

Enthusiasm

Enthusiasm refers to energy, vitality, and a deep commitment to work. Ten participants reported feeling energized and dedicated to their work. Interviewee #2 shared her unwavering enthusiasm for patient care, never growing tired or discouraged. Interviewee #29 described his sustained energy during long operations, and Interviewee #9 found motivation in her role, even while working with numerous sick patients in a mobile medical unit.

"Working in a mobile medical unit motivated me. I treated 40 patients and never felt tired. I felt energized." (#9)

Happiness and joy

Happiness and joy are feelings of pleasure and fulfillment derived from work, even in challenging conditions. Ten participants reported experiencing happiness and joy in their roles. Interviewee #23, an obstetrician, found joy in helping couples conceive, while Interviewee #27 expressed happiness in being able to assist and encourage others. Interviewee #9 described the satisfaction of volunteering with mobile medical units to serve underserved communities.

"Working in a mobile medical unit revived me. I love working in mobile units. I adored helping impoverished, ailing individuals outside the hospital. I adored seeing faraway nature." (#9)

Pride

Pride refers to a sense of self-confidence and self-esteem derived from one's work. Six participants expressed pride in their contributions. Interviewee #27 felt pride in helping victims of auto accidents, while Interviewee #9 was proud of providing cancer treatment to underprivileged patients. Interviewee #12 shared the deeply personal experience of saving his mother's life when she suffered chest pain.

"I assisted numerous chest pain sufferers. I took my 80-year-old mother to the hospital when she had chest pain. Being a doctor saved my mother's life." (#12)

Fulfillment

Fulfillment is the satisfaction that comes from achieving personal and professional goals. Four participants reported feeling a deep sense of fulfillment through their work. Interviewee #23 found immense satisfaction in helping infertile couples conceive. Interviewee #2 expressed her fulfillment in assisting vulnerable patients who could not walk due to heart failure. The patient recovered from her sickness and visited the doctor at the hospital after receiving treatment:

"I believed being a doctor was advantageous when it came to working passionately. I remembered my patient, who was extremely ill. She could not walk independently. After the treatment, she could walk again. The moment that I saw her smile made me feel fulfilled." (#2)

3. Behavioural dimension

The behavioural dimension reflects actions taken when there is work passion.

Strive above and beyond

Striving above and beyond means putting in extra effort to exceed expectations. Six participants reported going beyond their assigned responsibilities. Interviewee #5 discussed perseverance in overcoming challenges, while Interviewee #24 described working overtime during the COVID-19 pandemic despite exhaustion. Interviewee #9 shared a meaningful experience in which a patient's son expressed deep gratitude for her exceptional care.

"The patient's son expressed gratitude for me. I had done my best to help cure his father. The son brought snacks and wrote a thank you note for always caring for his father and seeing the value in his life." (#9)

Altruism

Altruism involves prioritizing others' needs over personal comfort, even at the risk of occupational illness. Four participants reported sacrificing their

personal well-being to care for patients. Interviewee #28 discussed volunteering for COVID-19 efforts, and Interviewee #24 recounted her quick response to a deteriorating COVID-19 patient, despite not having time to wear full protective gear.

"The patient was infected with COVID-19. When I arrived, I rushed to help without time to fully protect myself." (#24)

Continuous growth

Continuous growth refers to continuously developing oneself to advance in one's career, such as learning and participating in academic activities. Nine participants reported continuously developing to advance in their medical field or specialist area. Interviewee #2 describes how she continually develops her skills. Interviewee #6 said COVID-19 inspired her to improve her teaching. Interviewee #19 wants to improve patient care by developing and simplifying patient care. Interviewee #5 discussed self-improvement in teaching, therapy, and invention. He came up with new ways to treat patients with surgery tools. Interviewee #26 said he improved himself throughout the COVID-19 pandemic by learning new skills and boosting his competency.

"COVID-19 boosted my work passion; during COVID-19, elective surgical cases were postponed. It inspired me to be even more proactive in my search for surgical practice cases, allowing me to graduate as a standard surgeon." (#26)

Intent to remain in the organization and medical profession

This reflects the desire to continue working in the same organization or profession. Five participants expressed their intent to stay with their current hospital or in the medical field. Interviewee #26 emphasized that the opportunities for growth and learning provided by the hospital were key to his commitment.

"I love working at this hospital. It helps me enhance my skills and offers great research opportunities. I see no reason to switch." (#26)

As shown in Figure 1, physicians' work passion is conceptualized through three dimensions: cognitive, affective, and behavioral. These dimensions offer a comprehensive framework for understanding the nature of work passion among physicians during a crisis. Figure 1 visually represents the complex relationship between cognitive appraisal and the resulting emotional and behavioral expressions of passion.

Cognitive Dimension	Affective Dimension	Behavioral Dimension
<ul style="list-style-type: none">• Can-Do Attitude• Learning and Developing Knowledge	<ul style="list-style-type: none">• Enthusiasm• Happiness and Joy• Pride• Fulfilment	<ul style="list-style-type: none">• Strive Above and Beyond• Altruism• Continuous Growth• Intent to Remain in the Organization and Medical Profession

Figure 1 The conceptualization of the work passion of physicians during the COVID-19 pandemic

Discussion

This study focused on the dimensions that constitute work passion for physicians. Our findings highlighted three key subthemes with the highest responses: (a) happiness and joy, (b) enthusiasm, and (c) continuous growth. For the affective dimension, happiness and joy were the most significant characteristics of physicians with work passion. This finding aligns with previous research, which links passion to strong emotions like joy, fun, and happiness (Gorgievski et al., 2010; Johri et al., 2016; Zigarmi et al., 2009). Additionally, we identified enthusiasm, pride, and fulfillment as other emotional aspects associated with physicians' work passion.

In the cognitive dimension, results revealed two main cognitive states: a "can-do" attitude and a commitment to learning and developing knowledge. The "can-do" attitude emerged as a unique characteristic not previously reported in the literature. Physicians with this attitude engaged in positive thinking and believed they could overcome challenges when faced with complex or unexpected situations. Regarding learning and developing knowledge, passionate physicians sought higher education to enhance their expertise or qualify for specialized practice. Some also expressed a desire to improve patient care through additional education. This finding echoes Johri et al. (2016), who reported that passion drives continuous learning and self-improvement.

For the behavioral dimension, five core behaviors or actions aligned with the work intention dimensions proposed by Zigarmi & Nimon (2011): intent to endorse, perform, stay, use discretionary effort, and demonstrate organizational citizenship behaviors. In this study, physicians were deeply dedicated, often working beyond their explicit duties and sacrificing personal time for patient care. Zigarmi et al. (2009) emphasized that individuals respond rationally to situations based on their perspectives. Passionate physicians were highly engaged with their work and patients, striving for better patient outcomes and delivering distinguished medical services, consistent with the findings of Vallerand et al. (2003a) and Ho et al. (2011). These scholars observed that passion

involves emotional and cognitive factors that influence a person's engagement in activities.

This study also identified four key factors shaping work passion among Thai physicians: fulfillment, a can-do attitude, altruism, and continuous growth. Participants reported a deep sense of fulfillment, viewing their work as a personal vocation filled with meaning and purpose, which fueled their passion for delivering high-quality patient care. The can-do attitude was a cornerstone of physicians' strategies for overcoming daily challenges. A growing body of evidence links positive attitudes among healthcare professionals, including physicians, to enhanced patient outcomes (Ismail, 2020). In Thai culture, collective values, respect for authority, and a strong sense of duty to others—particularly patients—encourage physicians to adopt a can-do attitude as a reflection of their commitment to fulfilling their social and professional responsibilities.

Altruism emerged as another central factor in Thai physicians' work passion, driving them to prioritize patient care over personal happiness or time. Altruism is uniquely integral to the medical profession (McGaghie et al., 2002), involving a deep desire to promote healing and reduce suffering (Coulehan & Williams, 2001; McGaghie et al., 2002). While altruism is present in other professions, its role in medicine is distinct, forming a central motivator of physicians' passion. The cultural and educational background of Thai medical professionals, rooted in collectivism and a strong sense of duty to patients, reinforces the importance of compassion and excellence in medical practice. Influential role models, such as the Thai royal family, known for their dedication to public welfare, also play a role in shaping this altruistic drive.

Continuous growth is another fundamental element of work passion for Thai physicians. Passionate physicians continually invest in their career development by participating in educational activities, improving their treatment skills, expanding their knowledge, and fostering innovation. This commitment to continuous learning is essential for their confidence and proficiency as primary care practitioners (Tangisuran et al., 2022). It equips them to navigate complex challenges while sustaining their passion for medicine.

Physicians in this study demonstrated a strong intent to continue their careers within their current organization or the medical field. However, the behavioral characteristic of organizational endorsement was not observed. Instead, the "physician spirit," as

suggested by Zigarmi et al. (2009), was implied. During the COVID-19 pandemic, physicians demonstrated their passion through commitment, responsibility, and extraordinary efforts to address critical issues. Passionate physicians displayed positive cognitive and emotional states, viewing crises as opportunities to exert extra effort and engage in altruism.

Suggestion

This study contributes to the theory by addressing key gaps in understanding work passion. First, it enhances the understanding of work passion in an Asian healthcare context, offering insights that go beyond Western-centric studies. Second, it explores the concept of work passion among physicians during crises like the COVID-19 pandemic, highlighting the unique characteristics that shape their passion. These findings pave the way for developing measurement tools tailored to this context, which could improve the precision of future research. Moreover, the use of an appreciative inquiry approach to interview questions, focusing on positive experiences, represents a novel methodological contribution to the study of work passion.

In practice, this research provides valuable insights for managers and human resource developers aiming to foster work passion among physicians. By understanding the nuances of physicians' passion, managers can better recognize and nurture it within their teams. The development of a specialized passion scale for physicians could enable a more comprehensive assessment of work passion, potentially guiding targeted intervention strategies.

However, this study has limitations. First, its qualitative nature and the fact that data were collected from physicians in a single public hospital limit the generalizability of the findings. The results should be applied cautiously to populations with similar characteristics. Second, due to COVID-19 restrictions, interviews were conducted exclusively online, limiting the observation of nonverbal cues such as facial expressions and body language. Future research could explore hybrid interview methods to capture these elements more effectively. Lastly, the study focused solely on physicians, excluding the perspectives of patients and other medical personnel, which could have provided additional insights into physicians' work passion. Although gaining access to patients and other medical personnel is challenging, their contributions may be worthwhile.

Future research could explore several areas. First, researchers could focus on identifying reliable and valid tools to measure physician work passion. Second, investigating the interplay of affective, cognitive, and behavioral dimensions of work passion and developing effective measurement techniques for each could be valuable. Lastly, understanding the antecedents of work passion among physicians and developing metrics for these factors could provide further insights into enhancing passion in the medical profession.

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