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Theoretical Explanations for Nurses' Involvement as Volunteers in Global Disasters
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Theoretical Explanations for Nurses' Involvement as Volunteers in Global Disasters

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Throughout history nurses have responded to the call for help during times of crisis, war, sickness and disaster. Nurses are often first responders to tragedies, but the nature of their “calling” to respond or serve in this way has not often been examined. Theoretical notions of compassion and volunteerism are explored herein as a foundation for empirical examination of nurses' notable involvement in responding to global disasters.

Introduction to the Problem

Perhaps the most famous nurse to respond in an extraordinary sense was Florence Nightingale with her adventures in the Crimean Wars. As notable but not as famous is Mary Seacole, a Jamaican-born nurse who traveled to London to be of assistance in the Crimean Wars, but her application to assist in Florence Nightingale's organized efforts was rejected. Stung by this rejection, Ms. Seacole organized her own journey by gaining an investor, established the firm of Seacole and Day, and literally sailed off to embark on her journey of ministering to the wounded on the battlefield (Robinson, 2004).

Several thousand women served as volunteer nurses in military hospitals during the American Civil War. Efforts in that war were led by Dorothea Dix and Clara Barton. Ms. Dix, known as “Dragon Dix,” laid the foundation for what is now known as the Army Nurses Corps. She was appointed superintendent of Army nurses early in the Civil War (Austin, 1957). Clara Barton worked outside the traditional military system to

provide care for wounded soldiers who had returned to Washington, and later traveled to the front lines to provide care to wounded soldiers on the battlefield. She is said to have gone “where she pleased, nursing friend and enemy, using her own resources to furnish necessities” (Jamieson & Sewall, 1944, p. 422). Afterwards she was instrumental in the development of the American Red Cross (Jamieson & Sewall, 1944). In this tradition, nurses have served in world military operations in World Wars I and II, and every war since.

Recent world disasters also reveal the presence of nurse volunteers. During the terrorist attacks of 9/11, nurses were among the first volunteer responders to the World Trade Center attacks as well as the attack on the Pentagon. Anecdotal literature appearing just weeks after the 9/11 attacks describes situations in which nursing professors on their way to work at their universities in New York City immediately detoured to the hospitals in mid-Manhattan assuming they would be needed and could help. Others set up emergency treatment centers at locations around New York City, and hospitals in New York City received calls and offers of help from nurses all over the country as well as Scotland and Australia. One nurse responder reported that, “nurses will drop everything they are doing to go where they are needed. Altruism is at the core of nursing. It’s who we are” (Trossman, 2001, ¶36).

In the immediate aftermath of the tsunami of 2004 there was so much national interest in assisting victims that a Tsunami Volunteer Hotline was set up in Australia to register people, including those with nursing qualifications. The Tsunami Volunteer

Hotline received 3694 offers of assistance from nursing and/or allied health professionals, with 99.7% being from nurses (Arbon et al., 2006).

Most recently, nurse volunteers responded in great numbers from throughout the nation when Hurricane Katrina destroyed most of the Gulf Coast of the US in late August, 2005. Described as the deadliest hurricane in US history, the devastation of an entire region was unparalleled in the history of this country. Pictures and stories in the news media were simply incomprehensible. Nurses quickly began to organize, offering their services through churches, the American Red Cross, state nurses' associations, and professional nurses' associations; some simply went on their own accord. Ruth Whittaker, a psychiatric RN from New York went to assist as a volunteer. This is how she described her experience: "I am trained to care, respect and to help. But how could I do that? I prayed and the answer came, 'with compassion.' So, I listened to their stories of great loss and we cried together. My education and job description had prepared me. I'm a RN" (Whittaker, 2006, p. 18).

The tradition of volunteerism, or nurses going where they are most needed, is displayed as moral duty and compassion and it is clearly not unknown in the history of the profession of nursing. As a concept in nursing, compassion is often discussed and rarely examined. However, there have been some scholarly attempts however to delve into the nature of compassion in nursing. Von Dietze and Orb (2000) concluded that compassion in nursing is more than just a natural response to suffering, and added that it is a moral choice. In their examination of the concept, they went on to say that compassion is "deep" in that it is an altruistic expression. "It is what one does to actualize

love, it is showing reverence to one's fellow beings because it values each life for its own sake" (Von Deitze & Orb, 2000, p. 168). Nussbaum (1996) described compassion as "an essential bridge to justice: a central bridge between the individual and the community" (p. 37) and further, that the core of compassion is a willingness to enter into the problem of another person together with that person. And finally, Jull et al. (2001) wrote "human connectedness is the foundation of compassion...without connection, suffering cannot be recognized and compassion cannot be elicited or expressed" (p.18). The roots of compassion are deep within the history and tradition of nursing. Some believe compassion is the very nature of the moral responsibility and sense of calling that many nurses describe as central to their motivations. It may be this sense of duty and moral ethic that brings nurses to volunteer in world-impact disasters such as 9/11, the tsunami and Hurricane Katrina. The experiences and motivations of these nurse volunteers are yet to be discovered and described in the nursing literature.

Theories of Volunteerism

A number of theories attempt to explain volunteerism. These theories are well represented in the psychology and sociology literature, but not present in nursing literature and not applied to nurses who volunteer in extreme circumstances. Volunteerism is considered a prosocial behavior, that is, behavior that is intended to provide some benefit to another person or group of people (Penner, 2004). Penner described four important attributes that distinguish volunteerism from other prosocial behaviors. First, volunteerism is a planned action in which people think about and weigh their options before they make a decision to volunteer. Second, it is a long-term behavior

whereby people who volunteer tend to continue this activity for a long time. Third, it involves helping with no expectation of payment or a return for helping, although there may be the feelings of personal obligation to help or assist others. And, fourth, it occurs within an organizational context, meaning a majority of the people who work as volunteers do so as part of a service or religious organization. Aspects of this theory make sense when applied to motivations and behaviors of nurses who volunteered in Katrina and other disasters. This theory is usually applied to prosocial volunteer behaviors such as working with charities and the work of religious organizations. We know that many of the volunteers in recent disasters were organized through their churches and religious organizations.

Penner (2004) described the association of personality and religious beliefs with volunteering. First, with regard to personality, he concluded that a stable set of personality characteristics is associated with a predisposition to help that is described as the “prosocial personality” (p. 659). There are two dimensions of the prosocial personality. The first dimension is “other-oriented empathy” which entails a primary focus on empathy, sense of responsibility and concerns for others (p. 660). The second dimension is “helpfulness” described as “frequently engaging in helpful actions and an absence of self-oriented reactions to others’ distress” (p. 660). Penner also concluded that volunteers were more likely than non-volunteers to be members of an organized religion and held stronger religious beliefs than nonvolunteers.

Wilson (2000) claimed that there is only a weak relationship between values and volunteer activity and offered an explanation of why values fail to reliably predict

volunteering reliably. Wilson asserted that volunteering takes many forms, each inspired by a different set of values, resulting in values being less useful in predicting a predisposition to volunteering than is assessing the personal meaning of the volunteer experience (Wilson, 2000).

Personality theorists have also proposed that there may be interplay between traits and motives to volunteer. A study conducted by Carlo, Okun, Knight and deGuzman (2005) showed that “prosocial value motivation” to volunteer partially mediated the relationships of agreeableness and extraversion to volunteering. Agreeable individuals are described as those who are described as altruistic, straight-forward, trusting, soft-hearted, modest and compliant. The personality trait of extraversion is associated with sociability, gregariousness, assertiveness, positive emotions, warmth and activity (Carlo et al., 2005).

Clary et al. (1998) described volunteers as often actively seeking opportunities to help others, frequently deliberating about whether or not to volunteer, how much to volunteer and whether or not volunteering fits with their own personal needs, and ultimately making a commitment to ongoing helping relationships that may extend over a period of time and entail considerable personal investment. Clary et al. proposed six specific functions potentially served by volunteerism. One function is to provide an opportunity for individuals to express values related to altruistic and humanitarian concerns for others. A second function is the opportunity for volunteerism to permit new learning experiences and the chance to exercise knowledge, skills, and abilities that might otherwise go unpracticed. A third function reflects motivations concerning relations with others in that there is an opportunity to engage in activities viewed favorably by

important others. A fourth function served by volunteering reflects the idea that there may be career benefits to participating in volunteer activities. A fifth function concerns motivations that center on protecting the ego from negative features of the self.

Volunteering may serve to reduce guilt over being more fortunate than others and to address one's own personal problems. A final function involves psychological growth and development.

Another prosocial theory of helping is one that has been in the literature for a long time, the bystander or spontaneous intervention theory. This theory, first explored by Latané and Darley in the mid 1960's was in response to the well known incident involving Kitty Genovese in New York City. Ms. Genovese was attacked by a man with a knife in a parking lot outside of her apartment and cried out for help. Lights went on in windows and faces appeared, and the attacker fled the scene. But no one came to help her and her attacker returned. He attacked her once more, she cried out again, and the scenario repeated itself. Still no one came to help. He attacked her a third time and this time she died. Eventually the police found that 38 people witnessed this incident over a 45-minute period, but not one of them came to help her (Dovidio, Piliavin, Schroeder & Penner, 2006). Over the years other crimes like this have played out with similar outcomes. Latané and Darley began to examine this phenomenon to understand why bystanders may intervene at times and at other times do nothing.

Latané and Darley proposed a five-step decision model of bystander intervention that they believed determined whether or not a person decides to help. The bystander must notice that something is wrong, define it as an emergency, decide whether to take

personal responsibility, choose what kind of help to give, and finally determine to implement the chosen course of action. The decision made at any one step has important implications for whatever action finally is or is not taken. Failing to notice, define, decide, choose or determine at any point means the bystander will not take action to help the victim (Dovidio et al., 2006). There is some support for this kind of prosocial volunteerism during the immediate impact of a disaster, but also some support for the prosocial volunteerism described by Penner and his associates related to longer-term work, particularly within the context of an organizational framework.

Batson and Shaw (1991) presented the idea that true altruism may motivate volunteering and developed the “empathy-altruism hypothesis” to challenge the contention that people benefit others because, ultimately, to do so brings benefits to themselves. The empathy-altruism model claims that empathic emotion evokes altruistic motivation with an ultimate goal of benefiting not the self, but the person for whom empathy is felt. Batson and Shaw described three paths involved in the egoistic motives for helping, all of which start with the perception of the other’s need. As described by Dovidio et al. (2006), Batson’s path 1 is reward-seeking, egoistic motivation with an internal response that perceives the situation as a potential opportunity to gain reward or avoid punishment. The motivational state of the individual is characterized once again by the idea of gaining rewards or avoiding punishment and thus the behavioral response is to help, but not necessarily effectively. Path 2 is arousal-reducing egoistic motivation, with an internal response that is a vicarious emotional response of distress. In this path the motivation of the individual is to have the arousal reduced and the response that most

efficiently reduces the arousal will be the behavioral response. Path 3 is the empathically evoked, altruistic motivation, with an emotional response of empathic concern. The motivational state of the individual on path 3 is to have the other person's need reduced or met, and the resulting behavioral response is to help effectively or have another do so. Dovidio et al. (2006) contended that there is evidence for the existence of altruistic motivation, but this theory remains controversial. Nevertheless, anecdotal reports from nurses who have participated in global disasters often involve descriptions of the experience as being altruistic in nature.

World View Volunteer Theories

Other theories used to describe motivation to volunteer during particularly noteworthy global events are the just world theory and the terror management theory. According to Lerner's theory of just world motivation, people assume they live in a just world in which each person gets what he deserves and deserves what he gets (Montada & Lerner, 1998). According to this theory, in a just world good things happen to good people and bad things happen to bad people. Thus, one reason people may help or volunteer is to add to their lists of good deeds, which makes them feel deserving of good fortune in return (Dovidio et al., 2006). The converse is also true in this theory: Not helping implies that a person should expect bad fortune. This theory suggests that people are motivated to help those who are less fortunate or who have been treated unfairly because of desires to help return the world to its "just" state. The conception of justice as a moral belief implies that if justice is a law of the universe or the enforceable will of God, believers not only want life events to be just because they should be, but also tend

to expect that there are forces that will bring about this justice, at least in an ultimate sense (Pepitone, 1997). Penner (2004) contended that the just world theory is at least somewhat evident in the response of people willing to volunteer immediately after the 9/11 attacks on the World Trade Center in New York. An aspect of this theory is troubling in this regard, however, because there is also a tendency to blame the victim in order to restore the world to its just state. Difficult as it is to imagine, there may be individuals who volunteered in the global disasters considered here with that mindset. However, this view is not represented in the professional literature or anecdotal reports about any of these events.

The core proposition of terror management theory is the cultural belief that people are able to control the ever-present terror of death by convincing themselves that they are at some level, beings of enduring and meaningful significance (Pyszynski, Solomon & Greenberg, 2003). In order to maintain equilibrium in life, people must have faith in a culturally derived worldview that allows them to see their realities as having order, stability, meaning and permanence, and must maintain beliefs that they are significant contributors to this meaningful reality. For this reason, a great deal of effort may be devoted to maintaining faith in one's cultural worldview and the belief that one is meeting or exceeding the standards of value that are derived from that world view (Pyszynski et al., 2003). This world view is challenged by global disasters and horrible events that may shake a person's faith in his or her ability to control that equilibrium. When a person's mortality is threatened in this way, he or she is more likely to engage in more moralistic behaviors and be especially punitive toward people or groups who

violate that world view (Pyszynski et al., 2003). Penner (2004) reported findings that this world view increased contributions by American people only when those contributions would benefit charities for other Americans, but not by American people to charities that would benefit international causes.

Common Themes from Volunteer Theory that May Explain Why Nurses Volunteer

It is likely that the decision a nurse makes to volunteer in an extreme situation such as a global disaster or event is triggered by a number of factors. Themes that emerge from these theories may at least partially explain nurses' commitments to volunteer in global disasters. One theme is the intention to do something of value that will benefit others, while not necessarily expecting anything in return. If return benefit is involved, it is more likely to be an internal motivational benefit such as self-satisfaction, restoration of a just world, or perhaps the idea that by contributing assistance, the nurse is assuring his or her place in meaningful reality. Or maybe it is simply altruism. One nursing professor who responded to the World Trade Center attacks on 9/11 summarizes her experience by describing people shortly afterwards as "kinder and more concerned about each other" (Trossman, 2001, ¶ 18). Another nurse volunteer in New York on 9/11 said her life had changed as a result of her volunteer activity there. She explained that she has become more involved in the nursing profession as an activist and works hard to "value each day I have, especially with my daughter. I'm trying to be a better person, a better nurse" (Trossman, 2001, ¶ 39). Six nursing faculty and 16 nursing students from a university in Alabama traveled to new Orleans to help care for residents in a long-term care facility in the immediate aftermath of Hurricane Katrina in 2005. After their

experiences, they said: “We all left different people with a different insight of ourselves and as nurses” (Curry, 2007, p. 8). Other nurses volunteering in New Orleans immediately after Katrina reported “feeling very fulfilled as nurses” who rediscovered their passion for their work (Casner, 2005, p. 4). Another member of that group described what she learned through the volunteer experience this way: “What is the difference between complete poverty and extreme wealth? One block. Florence Nightingale had it right. Comfort is as important as the cure” (Casner, 2005, p. 4). Journal articles about nurse participation in these events are filled with stories and comments like these. The fulfillment of a need seems to be a core ingredient of at least one important reason nurses make these kinds of efforts.

Another theme in the volunteerism theories is whether the decision to volunteer is an immediate response or a planned response. Penner (2004) described volunteerism as a prosocial behavior that has a conscious decision aspect, is planned, usually occurs in an organizational context, and is more likely a long-term behavior. This kind of volunteer activity is evident in nurses who volunteered from the earliest days of Florence Nightingale and Dorothea Dix to those who volunteered in the weeks after 9/11, the tsunami, and Hurricane Katrina. But the bystander intervention theory described by Latané and Darley also applies given ample evidence of nurses making conscious decisions to participate immediately. In the attacks in New York City on 9/11 there are many stories of nurses who observed the planes flying into the World Trade Center towers, immediately realized help would be needed, and drove to mid-town hospitals to begin to assist.

This is evident in the immediate aftermath of Hurricane Katrina as well. One nurse in Florida was called by the Health Department to ask if she would deploy to Mississippi to assist Katrina victims. Without hesitation she responded that she would for two reasons. First, she had been watching news reports and knew that her skills as a FNP would be invaluable there, and second, her son had just called the day before to report that he was being deployed to Iraq. She vowed she would do anything in Mississippi to help if God would just keep her son safe, alive and whole in Iraq (Hunt, 2005).

A third theme that emerges from the literature on volunteer theory skirts around religion or religious beliefs as a factor. This theme does not emerge as clearly as the first two themes, but surfaces enough that it could be a consideration. Nurse volunteers in 9/11 and Katrina talked about praying: the power of praying; praying together with victims; searching one's soul for answers, understanding, and strength; and wondering how and why God would allow these events to take place. Many of the nurses who responded particularly in the Katrina disaster did so through church organizations and affiliations.

Conclusion

Nurses, by tradition and history, go to the aid of others in need. Very often nurses go beyond their job requirements as nurses and volunteer in what many would consider extreme circumstances. They often do so without forethought, seemingly doing it from an internal motivation to be of value to those less fortunate. Theories about volunteerism and the nature of people who volunteer help to explain some of this behavior. But the theories themselves do not capture the essence of the experiences reported by nurses who participate as volunteers. Overwhelmingly the reports in nursing journals from nurses

who were immediate and long-term volunteers in both the attacks on 9/11 and the aftermath of Katrina speak to something more than is described in these theories. They talk about compassion, altruism, and seeing news reports and feeling compelled to help. They discuss how life-changing these events have been for them and describe people they helped who will forever be in their thoughts and prayers. They talk about sometimes being able to use their clinical nursing skills, but very often using the more personal nursing skills of listening, touching, holding and caring.

There are many lessons to be learned from nurses who do this kind of work. Disaster organizations want nurses to volunteer, but want them to do so from within the context of their organizations so that there is some effort to organize and keep the volunteers themselves safe. Nurses will continue to care and they will continue to volunteer to go far beyond the confines of their normal work in extreme conditions. Understanding the motivations and interests of these nurses may help them to be more successful and valuable in these extreme circumstances. It is certain that they will continue to be there, called upon or not. Empirical evidence is now needed in order to more fully understand and thereby assist nurses who volunteer in future world disasters.

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