

A hermeneutic literature review to conceptualise altruism as a caring value in nursing

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Abstract

Background: Discussions on ethics of care are needed to shape the identity of nurses and nursing. In light of the discourses surrounding nursing and altruism, nurses should initiate research on altruism and nursing.

Aim: The purpose of this literature review was to explore the meaning of altruism as a value in nursing.

Review methods: A hermeneutic approach, using a circular framework, was followed to search for literature, review, and understand the text.

Results: The conceptualization of altruism as a value in nursing care in this review strives to describe what altruism is; in what situations does it appear; for what purpose is it used; and how is it practiced.

Conclusion: Altruism enables nurses to tolerate difficult situations and motivates them to sacrifice themselves and do what is best for the patient, especially when patients are compromised in their ability to care for themselves.

Keywords: altruism, compassion, empathy, nursing ethics, nursing values

Background

Professional service is in principle altruistically motivated and oriented to benefit the recipient of care (1). Altruism is depicted as the heart of nursing. It is associated with a personal commitment to the philosophy of nursing care that honours being human and human dignity with deep respect; it is a dedication to the service of humankind (2). Described as a motivational state, altruism has as its ultimate goal the promotion of another's welfare. Altruism is characterised by other-oriented emotions such as compassion and empathy. Empathy motivates altruistic behaviour. This is related to the antecedents of empathy: a perception that the other is in need and valuing the other's welfare (3, 4). Altruistic care is associated with compassion that puts the interest of the patient first (5).

Altruism as a value in nursing, poses its dilemmas though. According to Batson (6), the focus of altruism has to be on relieving the other's need. Altruistic acts that benefit others as a means to benefit oneself (for example, to feel good, avoid guilt, or ease empathetic emotional arousal) is more egoistic than altruistic. Batson (6: 5-6) then asks the question: "As long as a person in need is helped, why worry about the nature of the underlying motivation?" The author (6) explains that the consistency and predictability of caring behaviour may be affected when motivated by the secondary goal of emotional fulfilment. However, other authors (7, 8) claim that self-reward as part of altruistic care may strengthen the probability of future altruistic care as it serves as reinforcement.

While altruism is an "admirable value and reflects the best of human impulses and behaviours" (9: 67), the concept and practice of altruism are often far removed from one another. In practice altruism might turn into other-centred rather than other-focused care, when nurses sacrifice more than is appropriate or healthy for them and the recipients of care. Altruism that encourages self-sacrifice in nursing is depicted as a discourse that maintains power structures in hospitals, dictates nurses' work and prioritises certain disciplines as superior to nursing (10).

Kristoffersen and Friberg (11) argued against a nursing profession that identifies itself as purely motivated by altruistic values, unconditional love and compassion for others. In their study findings the nurses wished to make life as good as possible for those who suffer, but also considered the importance of self-care and self-realization for nurses. The authors positioned these findings in terms of the viewpoints of three nursing theorists, Eriksson, Watson and Gilligan, who conceptualised nursing as both other-oriented and self-oriented moral-philosophical idea. Eriksson (12) viewed caring as other-oriented unconditional love, compassion and respect for the dignity of patients, but also acknowledged the self-oriented idea of taking responsibility for one's own life. According to Watson (13) self-oriented ideas of personal growth and sensitivity towards

the self, pave the way for nurses to acquire sensitivity towards others and care for others (other-oriented idea). Although nurses should be able to put aside their own needs when required to focus on others' needs, Gilligan's (14) concept of mature care regards nurses' own needs as just as legitimate (1). Nurses are urged to view self-care and altruism as dialectical, rather than conflicting values; and practice care that provides for self-realization, but also, self-sacrifice when challenged by the needs of patients to do so (15).

For nurses to find a balance between concerns for self and others (1), and navigate their way through care ethics laden with ambiguities (15), may not be so easy though. Discussions on ethics of care are needed to shape the identity of nurses and nursing in a "health care system that is increasingly pressured to 'produce' health." (1: 795). In light of the discourses surrounding nursing and altruism, Giuffra (9: 69) encourages nurses to initiate research on altruism and nursing and raises her concerns "...about losing idealistic young nurses to a satisfying nursing career because they burned out on altruism."

Methods

A hermeneutic approach guided this review. Hermeneutics philosophy provides a theoretical foundation for developing understanding and clear meaning (16). Two hermeneutic circles, the search and acquisition circle, and the analysis and interpretation circle (17) were used to develop a deeper understanding of altruism as a value in nursing. The first circle followed the steps of searching, sorting, selecting, acquiring and reading, while the second circle followed the steps of analytic reading, critical assessment, and mapping and classifying (17).

Research question

The research question: "What is the meaning of altruism as a value in nursing?" was framed using a modified PICO model to determine the population, intervention, comparison/setting and outcome (18). The population was nurses from any speciality or category and the setting was nursing practice. The interventions comprised nursing interventions based on altruism while the outcome was seen as the meaning of altruism as a value in nursing

Searching for literature

A search strategy was used to obtain relevant sources based on two main concepts: altruism and nursing/nurse. The databases searched included: CINAHL, Academic Search Complete, ERIC, Health Source: Nursing/Academic Edition, Humanities Source, PsycInfo and TOC Premier. Search terms and synonyms relevant to the main concepts were used and combined with "AND".

Sorting and Selecting

The publications retrieved from the searches were electronically sorted according to year of publication and relevance. Publications was selected using inclusion and exclusion criteria. Inclusion criteria were: peer-reviewed articles published from January 2013 until May 2018 (to explore nurses' current perspectives on altruism), with abstracts included and written in English. The authors considered qualitative studies where altruism or related aspects appeared as a theme, quantitative studies investigating altruism (or aspects thereof) in nursing practice and articles based on discussions or conceptualisation of altruism as an ethical value in nursing.

Letters, commentaries and conceptualisations of altruism not related to nursing practice, and studies with populations other than nurses such as caregivers, other healthcare providers or volunteer workers, were excluded.

Acquiring and Reading

Using the inclusion criteria, all titles and abstracts retrieved through the searches were screened independently by the two authors to acquire potentially relevant studies. The full-text of the potentially relevant articles were then independently read and reviewed by the two authors. The authors made notes of specific ideas appearing in the text in order to refine the search. Based on the reading and citation tracking, the authors agreed that data saturation was obtained. See Figure 1.

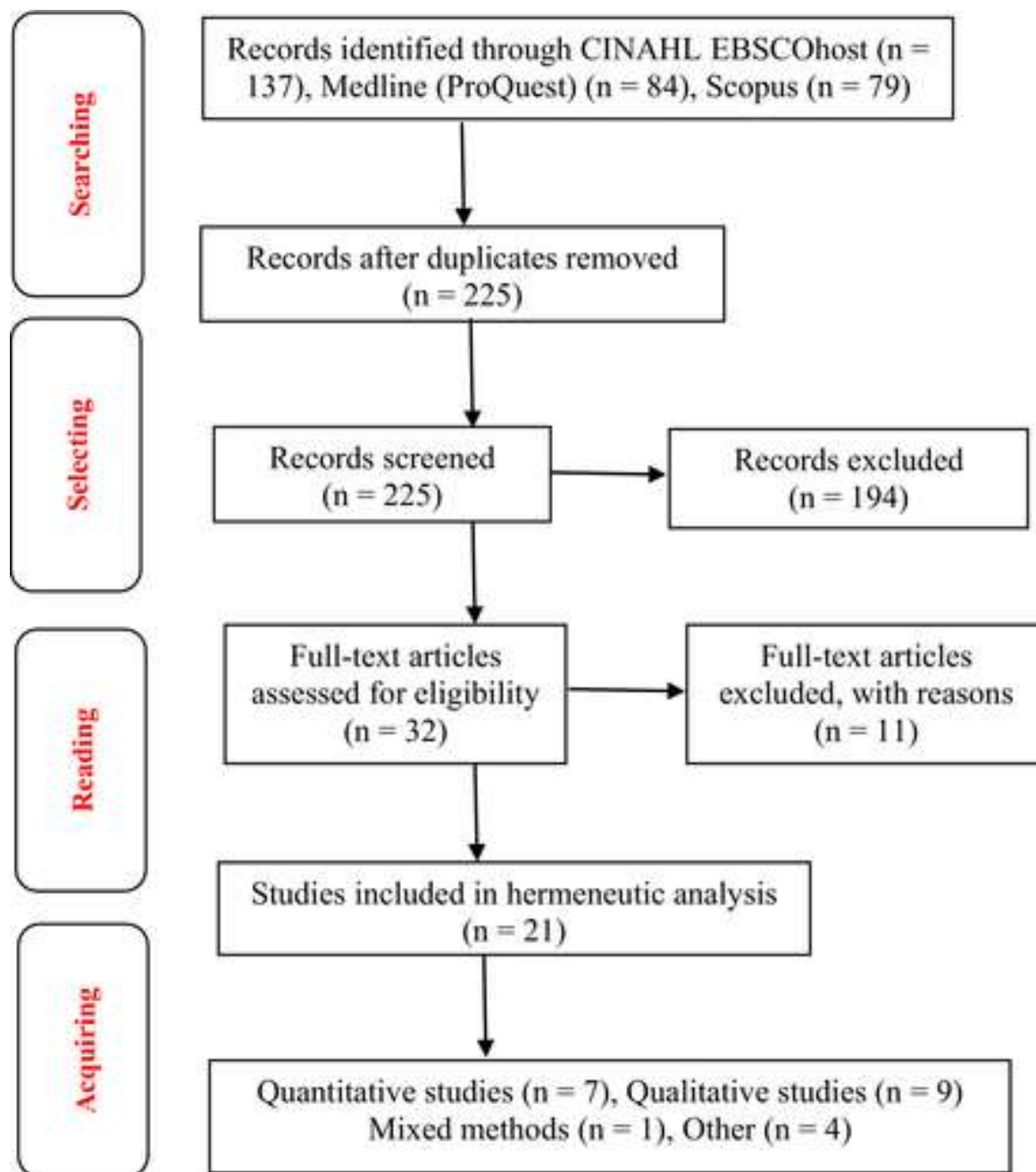


Figure 1. Adapted PRISMA flow diagram showing the hermeneutic literature review steps 17, 52.

Circle of analysis and interpretation

Analytic reading enabled the authors to identify key concepts, findings and theories from the selected publications (17). A data extraction sheet was developed using Excel to capture the data from the 21 selected studies: reference; design; number, type and country of study participants; and findings. See Table 1.

Table 1 Altruism in nursing studies (n=21)

<i>Author/year</i>	<i>Research design</i>	<i>Participants</i>	<i>Major findings</i>
Alavi et al. (2015)	Qualitative	27 paediatric nurses and clinical instructors in Iran	Altruism is an attributes of a self-efficient paediatric nurse. Altruism meets the child's needs, as well as the needs of the family. Altruism includes empathic, compassionate and family-oriented care
Abrahamsen (2015)	Quantitative	290 undergraduate nursing students in Norway	Few undergraduate nursing students reported low score on altruism. Students who choose general hospital care score significantly higher on altruism than those who choose care of older people/ psychiatry.
Carter (2014)	Qualitative	12 community nurses in Australia	Participants reluctant to apply vocation or altruism to their own careers. Own self-interest and the financial need to work, put them at odds with ideas about altruism. Narrative accounts complex and nuanced views of vocation/ altruism
Chenoweth et al. (2013)	Mixed methods	Quantitative: 3983 nurses Qualitative: 58 nurses in Australia	Altruism motivates choice to nurse older people/people with dementia. Nursing's intrinsic rewards are altruistic. Younger participants less motivated by altruistic values than older nurses. Supportive work environment retains altruistically motivated nurses
Dotson et al. (2014)	Quantitative Survey	861 registered nurses in United States	Altruism has the strongest effect on job satisfaction. Altruism associated with nurses leaving the profession when working conditions removed opportunities for altruistic behaviour. Nurses with altruistic desires look for more altruistic opportunities.
Emerson (2017)	Concept analysis		Themes in nursing literature associated with a calling to nursing include altruism, the desire to help others as one's purpose in life. Knowledge and skills to help others rather than focusing on personal gains.
Hamooleh et al. (2013)	Qualitative	14 nurses in Iran	Aspects of ethics-based palliative altruistic care: Complete acceptance and understanding of patients with special conditions, supportive behaviour: Nurse as listener, advisor, confidante. Altruism - major aspect of ethics-based palliative care.
Hung et al. (2016)	Quantitative	548 staff nurses in Taiwan	Altruistic tendencies in nurses associated with positive attitudes toward medication administration error reporting. Personal character (innately nice and love to help people) affect nurses' attitudes toward reporting that is a positive and right action.

Jiménez-López et al. (2016)	Quantitative	589 nurses and 2295 nursing students in Spain	Altruism as a core nursing value in the literature. Altruism considered as a priority for one in five students. Some values reported less by students than by professionals (e.g. altruism).
Juliff et al. (2017)	Qualitative	9 male nurses in Australia	Altruism (the urge to help) motivated participants to seek a nursing career. Altruism provides fulfilment and meaning, driving force behind second career participants choosing nursing.
Kaya et al. (2017)	Quantitative	143 first grade nursing students in Turkey	Altruism (professional value) ranked high by nursing students. Nurses provide services with respect for human dignity, uniqueness of clients, unrestricted by social or economic status, personal attributes, or the nature of health problems.
Menage et al. (2017)	Concept analysis		Altruism part of the compassion family of emotions. Altruism is a concern for the welfare of others
Ravari et al. (2012)	Qualitative	30 nurses in Iran	Nursing as altruistic profession enhanced enthusiasm in serving and providing loving care to patients. Values centred around altruism - tolerance, inner harmony, commitment and unity
Riklikiene et al. (2017)	Quantitative	316 nursing undergraduate students and 92 nurse educators in Lithuania	Majority of students valued altruism. Admire kind behaviour towards others with different beliefs. Students valued helping others through: altruism, empathy, compassion, advocacy, competency and safety.
Schmidt & McArthur (2017)	Concept analysis		Professional nursing values: human dignity, integrity, altruism and justice. Serve as a framework for professional practice. Altruism: compassion/empathy and unselfish concern for others.
Slettmyr et al. (2017)	Qualitative	13 nurses from acute care in Sweden	Altruism created ambivalence and ambiguity: Unwillingness to take unconditional responsibility for "the other's need." Subtle influence on nurses' work, patient and family encounters. Nurses seemed unaware, but altruism pervaded the caring encounter.
Vandewaa et al. (2016)	Quantitative	137 clinical nurses in United States	Altruistic citizenship behaviour - job-related helping behaviour. Emotional intelligence - positive influence on altruism.
Vishnevsky et al. (2015)	Grounded theory	30 oncology nurses in Israel	Altruism: wanting to help others. Approximately one third of nurses enjoy caring for patients. Altruism directed toward patients, nurses' personal lives and community.

Zafarnia et al. (2017)	Qualitative	12 clinical nurses in Iran	Altruism part of a moral character. Most participants - altruism is necessary for nurses. Altruism includes empathy, philanthropy, benevolence, sincerity, putting aside own problems, passion to care and a desire to serve.
Zamanzadeh et al. (2018)	Qualitative	16 nurses in Iran	Altruism motivation for compassionate nursing care. Helping other people as human beings, result in nurses being compassionate.
Zarea et al. (2013)	Qualitative	10 mental health nurses in Iran	The meaning of caring: engaged, competent, altruistic care, facing difficulties and challenges. Nurses helped patients without expecting reward or appreciation, motivated by duty and altruism. Altruism a reason for undertaking psychiatric care

Each selected study was critically assessed and interpreted in the context that it was written in, but also within an understanding of the whole body of literature. The whole body of relevant text was explored and parts of the text identified. Each piece of literature that was read and interpreted contributed to a new understanding of altruism (17). A movement back and forth from individual text to the whole body of text enhanced the understanding and interpretation through questioning and reasoning (19). Through a process of mapping and classifying, altruism was conceptualised in terms of the way it presents itself, the purpose it fulfils and the way in which it is practiced.

Findings

Professional caring values serve as frameworks that guide health professionals to resolve ethical dilemmas (20) and to deliver ethically sound care (21). While personal values are shaped through natural life situations (20), professional values are associated with specific professional development. Altruism is one of the professional values that reflects the standard of nursing care (22). The conceptualization of altruism as a value in nursing care in this review strives to describe what altruism is; in what situations does it appear; for what purpose is it used; and how is it practiced.

'What?' In what ways are altruism defined?

Altruism as a personal value is reflected in the general concern for the welfare of others, the sacrifices that people are willing to make for the benefit of others and to serve others, regardless of the detrimental consequences that it may have for themselves. Through altruism a love for mankind is confirmed and the approval of a god is sought (23). In the context of nursing, altruism as a professional value is associated with quality care, the recipients of whom are those in need.

Tensions arise when altruism in nursing is interpreted as a personal value only. Nursing care is rendered in a professional capacity, not purely guided by love for humanity (24).

Some authors view altruism as a prerequisite for the delivery of professional and quality care. Altruism enables nurses to relate to patients and to build professional relationships with them (26) even when they would not have chosen to interact with them in their personal lives (20). Altruistic values help nurses to bridge gaps between them and their patients in order to render professional care. Altruism is part of a “compassion family of emotions” that includes pity, sympathy, empathy and kindness (26: 562). Although society expects nurses to be altruistic and nursing has historically been associated with altruism, professional nurses also rely on their competency to deliver quality care. Without competency the professional nature of caring gets jeopardized. This implicates that quality care is based on the competency of nurses and is delivered through altruism and empathy (23).

Nursing care is altruistic in nature when the focus is on helping others in need who cannot defend themselves (27). Altruism relates to the ‘other’ in caring relationships; nurses prioritize the needs of ‘others’ before their own. Nurses operationalize altruism towards those dependent on them and protect the dignity of dependent persons in situations when they cannot do it themselves. Altruistic caring is performed in a compassionate manner and is based on the professional knowledge and experience of nurses (28). In a study conducted in Iran (29) nurses identified altruism as a sub-category of the moral character of nurses. They considered altruism as a necessary characteristic for nurses that enables them to display empathetic, sincere and passionate caring.

‘When?’ In what situations does altruism appear?

The different nursing contexts in which altruism reveals itself, are explored in this section.

Altruism in mental health care. In an Iranian study (23) the theme “altruistic caring” reflected the experiences of nurses who provide mental health care. The nurses viewed altruism similar to Slettmyr et al. (28), who explained that altruism urges people to protect the dignity of people when they cannot do it themselves. The nurses persevered with their efforts to maintain, and when necessary, restore the dignity of patients with mental illness, notwithstanding the patients’ ability to show appreciation. They substituted their needs for appreciation with an altruistic desire to do good and experienced fulfilment in meeting the needs of patients whom they described as defenceless. They valued altruistic care within the context of the Iranian culture as a reinforcement

of their religious faith. Caring for others was described as synonymous with seeking proximity to God and expressing love for mankind.

Altruism in geriatric care. An Australian study (30) revealed that altruism was the primary motivation for the participating nurses' choice to work with older people and persons with dementia. Taking care of patients who need reliable others to protect them, was an obvious choice for the nurses who associated nursing with caring for vulnerable people and altruism as an intrinsic reward. The sentiments of these nurses are similar to those of the nurses in the Iranian study (23). In both cases altruism revealed itself in nurses' wishes to protect patients whom they considered as defenceless and vulnerable.

Altruism in palliative care. Another Iranian study (31) explored the perceptions of nurses involved in palliative care of cancer patients regarding ethics-based care. Altruism was identified as a main category with subcategories of 'complete and multi-dimensional patient acceptance', 'supportive behaviour' and 'responsibility'. The participants felt that patients with cancer have a need to be accepted by others and the nurses should first accept them with their circumstances to enable others to accept them. Nurses should serve as their confidante when their family and friends are not accessible. The powerlessness of the patients urged the nurses to act in a responsible manner as if they were compensating for their vulnerability.

Altruism in paediatric care. The theme of protecting vulnerable patients is also evident in a study (27) involving paediatric Iranian nurses. The nurses described their interaction with patients and family members as empathetic care, exemplified in this quotation: "*A nurse should empathize with the child and his family. During care, the child cannot defend himself and is victimized*" (27: 161). Maternal feelings were viewed as a pre-requisite as nurses should care for paediatric patients as for their own children. The findings support those of the three previously discussed studies namely that nurses should care for patients who are defenceless and vulnerable in an altruistic way.

Altruism in acute care. Professional nurses who worked in an acute care hospital in Sweden, did not initially reflect on the meaning of altruism in their everyday clinical work, but acknowledged the role of altruism in their practice as the research interviews proceeded (28). The maxim 'treat others as you would like to be treated yourself' best described their views on altruism in acute care. When making sacrifices for patients, altruistic care is rendered, for example when nurses "*prioritize the needs of the other person before your own*" (2: 5). The nurses valued appreciation

and positive feedback from patients and family members. Feelings of “*making a difference*” (28: 4) for others contributed to a sense of doing meaningful work. Different from the previous research, these nurses based their altruistic care on knowledge and professionalism. They disqualified the notion of nursing as vocational work that rely on virtues such as goodness or personal character traits. The participants viewed connotations with religious callings to become nurses as a disparagement of their professional worth.

Altruism in nursing students. Traditionally considered as vocational work (28), society and most probably also prospective nursing students, might still associate nursing with personal values of being good to and loving others. A longitudinal study (21) examined changes in the personal and professional values of nursing students between entering and graduating. The primary core value ‘to love people and not to be selfish’, that motivated the students’ career choice, developed over time into a professional value of respecting and preserving the dignity and uniqueness of patients, regardless of “*social or economic status, personal attributes, or the nature of health problems*” (21: 716). The formative influence of nursing education enables nurses to care for patients irrespective of their personal circumstances.

Abrahamsen (32) investigated the way altruism influenced the clinical field chosen by professional nurses after completion of their training. The study explored undergraduate nursing students’ perceptions of professional values related to their choice of clinical field after graduation. Although the researcher expected to find a strong correlation between feelings of altruism and the choice to do chronic care, the survey revealed that graduates who chose a career in care of older people (and chronic care) tended to be less likely to have a strong desire to help others than those who choose general hospital care.

Altruism reveals itself in different nursing contexts, in care of the vulnerable, the elderly, children, and those with mental illness. Altruism is however not restricted to these contexts, might still motivate students to become nurses and is practiced in chronic and acute nursing care

‘Why?’ For what purpose is altruism used?

Altruism serves the purpose of making quality health care accessible to patients. Altruism contributes to job satisfaction and to nurses’ moral competency.

Altruism makes quality health care accessible. In one of the Iranian studies (33) the authors concluded that the altruistic motives of nurses contribute to the quality of care that patients receive. Altruism serves as the vehicle to bridge the divide between the nurse and the patient in

need of care. It does not replace skilled practice, but makes it accessible for patients. When nurses reject patients based on their characteristics, symptoms and behaviour, the knowledge and skills of nurses are not accessible to patients. When nurses are motivated by altruistic values to suppress their own prejudices, accept patients unconditionally and engage in their care, patients benefit from the nurses' knowledge and skills.

Altruism should not only be attributed to female nurses. The value also serves as the reason why men choose to be nurses. A desire to help others influenced the career choice of male nurses (34). During interviews changes in tone and volume of voice were observed when the participants expressed their intention to help others. One of the participants described how his career choice originated from a wish to help patients understand certain medical procedures, thus employing altruism to make medical procedures accessible to patients.

Altruism contributes to job satisfaction. Altruism adds value to nursing practice. In one of the previously discussed studies (33: 94), one nurse described the value that altruism adds to her practice as follows: “*I love my job, because I can deliver altruistic services to people, therefore my job is valuable.*” Altruistic value assigned to caring, raises nursing practice to a higher level than it would have been without altruism. In fact, a survey conducted in the United States (35) found that altruism strongly affects job satisfaction. In cases where regulations and financial pressures removed opportunities for altruistic behaviour in nursing, nurses with altruistic desires will seek other employment or leave the profession.

Altruism contributes to nurses' moral competency. One of the studies (29) aimed to define and explain the dimensions of moral competency in clinical nursing. The nurses based their care on both nursing and moral competency as they felt that professional skills alone were not sufficient to ensure the delivery of quality care. They relied on moral competency, associated with altruism, to render the best possible care. Altruism is not only valued by experienced nurses as a moral competency. A cross-sectional survey (36) identified intergenerational differences in personal values among professional nurses and nursing students in healthcare settings in Spain. Both groups considered altruism as an important value and appreciated altruistic values.

Nurses of different age groups and levels of experience value altruism as contributing to the accessibility of quality care, a sense of satisfaction, and moral competency in nurses.

'How?' How do nurses practice altruism?

The last theme illustrates how altruism becomes visible in nurses' actions. Nurses deliver altruistic care when they are concerned about the welfare of patients and provide self-less and patient centred care.

Altruism is visible in concern for others. A study in Israel on nurses' experiences of caring for cancer patients (25) revealed that a concern for the welfare of others changed the way in which the participants took care of patients. Altruism was reflected in their endeavours to help patients, notwithstanding the demand that it put on them. Their willingness to be selfless changed the focus from the self to concern for others. Their loyalty to and presence with patients contributed to ease suffering.

A concern for the well-being of patients enables nurses to report errors in medication administration according to research conducted in a hospital in Taiwan (37). The results indicated altruism as a predictor of nurses' intentions toward error reporting. When one regards oneself as more important than one's responsibility towards others the desire to protect the self is stronger than honesty and intentions not to harm others. Nurses who valued altruism tended to be honest and take the blame for their mistakes instead of hiding mistakes that may cause harm to others.

Altruism is visible in selfless care. Altruism enables nurses to overlook dissatisfying parts of nursing practice. Nurses often have to work in close physical contact with patients, for example when assisting with personal hygiene. In some societies such contact may not be acceptable and contrary to social norms of behaviour. A study that analysed the concept of 'calling to nursing' (38), revealed how altruism served as a way to overcome socially imposed barriers regarding physical contact with patients. The nurses' social beliefs regarding physical contact weigh less than the patients' needs for assistance with personal hygiene.

Altruism is visible in patient-centred care. A qualitative study (39) with community nurses in Australia revealed that patients feel safe when nurses display altruism during nursing care. When patients realise that nurses do their work with altruistic motivation, they find it easy to trust the nurses. Patients want nurses to be motivated by what is best for patients. Although the nurses initially rejected the notion of 'vocation' and altruism as important in their practice, they later agreed that it would be difficult to manage the challenges of patient care without altruistic motivation. For example, feelings of altruism helped them through working long hours, and enabled them to act in ethically sound ways.

A study on the effect of work-related values on job satisfaction in Teheran (40), described how nurses rely on values such as altruism to remain focused on patients' needs during job adversities. One participant explained: *"I think what helps us to take good care of our patients and do our best, is our inner voice that constantly reminds us of the value of our profession"* (40: 450). The altruistic nature of the nursing profession helped nurses to find pleasure in their work: *"I have an inner enthusiasm towards my profession. My passion for work is not worldly-based – for example, having a well-paid job."* (40: 452). Altruistic motives enabled nurses to tolerate work stress and focus on patients' pain and discomfort.

Altruistic care becomes visible through a concern for the welfare of patients and when nurses work from a patient-centred perspective. Altruism makes nursing bearable for both nurses and patients.

Discussion

Researchers distinguish between evolutionary and psychological altruism. As in the case of all evolution research Darwin's (41) theory of natural selection is used as a starting point in the study of altruism as an evolutionary activity. According to this theory individuals strive to increase the wellness (Darwin called it 'the fitness') of the population. In the case of altruism human beings invest in their own group to build the competency of the group. Altruistic actions benefit the recipients, and eventually the group as well. Although enhancing other members' wellness can be costly, members view altruistic actions as group investments with reciprocal effects that they will also eventually benefit from. Such reciprocal altruism occurs when the cooperation that is initially costly to the individual, over time favours all because of the mutual exchange of benefits (42) and makes sense when the beneficiary is a member of the same group as the altruistic person (43). What happens when the receiver of the altruistic event is not a member of the selected group?

In the case of this review nurses displayed non-kin altruism towards patients. The behaviourist paradigm of analysis of behaviour does not support the evolution-shaped explanation of altruistic behaviour (44). According to behaviourist researchers 'temporal or social discounting' evokes altruism. People choose between egoistic and altruistic behaviour. Egoist actions yield immediate reinforcement. It is, however, possible that the profit may decrease over time. With altruistic actions, the immediate benefit may be very small, but over time it may become more profitable than the egoistic behaviour (45). In the case of the nurses who delivered altruistic care to non-kin patients their intention could have been to invest in long term profits. Some of them referred to the joy of being nurses. The idea that nursing is considered by others as a virtuous profession,

made them feel more valuable than others who perform less-virtuous jobs. The gratitude of patients also served as a benefit that the nurses gained from altruistic care. The more costly altruism becomes, the easier people view it as a prestigious trait (46). If that is the case, did the nurses render altruistic care? Is altruistic care not supposed to be delivered without the expectation of rewards?

A possible answer is provided by Lozada et al. (47). Evidence from several lines of research suggested that altruism in humans are always intrinsically rewarding and has beneficial effects on the health and wellbeing of altruistic people. They proposed a model of social modulation at individual and collective level to account for the occurrence of altruism among non-kin and beyond reciprocity. In some of the reviewed studies the nurses who practised altruistic caring most probably did not expect rewards. Their altruistic actions were linked to the intrinsic value that it has for humans. Altruism has beneficial effects on the cooperation among and on the wellbeing of people, in these cases on the nurses who delivered the altruistic care, as well as the patients who received such care.

Karns et al. (48) provide research evidence that altruism has a positive impact on the health and wellbeing of altruistic people. MRI results indicated that the gratitude that people experience are associated with neural pure altruism (greater neural response to charity-gains than self-gains) in the reward system regions of the brain. Altruism is thus not only reflected in human behaviour, it also causes changes in the reward system of the brain. People who are satisfied with their own circumstances and grateful for what they possess tend to be more altruistic than people who experience the opposite. The higher the level of gratitude, the more the neural changes.

In some of the reviewed studies the nurses experienced gratitude that nursing provided them with opportunities to help others. They felt valuable when they practiced altruism. Researchers who refer to altruism as a pure psychological trait, emphasize that humans can portray altruism without any evolutionary motivation. Psychological altruism desires the wellbeing of others and has a moral implication. In the case of nursing it refers to the motivation to save lives, to alleviate pain and to cure illness. Psychological altruism has a psychological intention, is morally motivated and is aimed to benefit others. The wellbeing of the benefactor is the only motivation of the altruistic act (49).

In the reviewed literature the authors identified several examples of what Schulz (50) described as the acts of psychological altruists. The nurses practiced altruism based on their desire to enhance patients' wellbeing. As professional people, they used scientific knowledge to benefit patients through saving lives and alleviating pain, not to make them feel good about themselves. They had no intention of doing good to others in order to justify a 'calling' to be nurses. Self-control

possibly serves as an explanation for the instances where they sacrificed their own comfort for the benefit of patients. Self-control distinguishes altruists from egoists (51). Nurses with strong self-control can sacrifice their own comfort for the benefit of patients.

Strengths and limitations

Nine of the studies reviewed used a qualitative design, seven used quantitative methods, and one mixed methods. Three studies focused on analysing altruism as a concept, while one did so from a grounded theory perspective. The studies reviewed were conducted in different countries, across different nursing specialities, different age groups and different genders.

The review mostly focus on the motivational value of altruism in nursing care and as such might have missed other attributes and ethical considerations related to altruism. Although the authors attempted to clarify the meaning of altruism from different perspectives, they were still bound by the limitations of their own assumptions and pre-knowledge.

Conclusions

The review highlights nurses' views on altruism, certain nursing contexts in which altruism gains prominence, the way in which altruism reveals itself in practice and the purpose it serves as a value in nursing. Altruism is an ethical value that drives nurses' caring behaviour and the choice of nursing as a career.

Nurses deliver altruistic care when they put patients first; are concerned about the welfare of patients; and provide patient centred care in a safe healing environment. Although altruism is a value-driven concept and associated with religious beliefs in some studies, altruism is still treasured by nurses and seems to significantly motivate caring behaviour and a person's decision to choose nursing as a career. Altruism is associated with compassion, kindness, commitment and empathy towards patients and their families and motivates nurses to maintain patient dignity and ensure safe care. Altruism configures strongly in situations where nurses care for powerless and vulnerable populations.

Altruism prompts nurses to sometimes sacrifice their time and overcome their prejudices and perform challenging tasks, all for the benefit of the recipients of care. It provides nurses with intrinsic rewards; the meaning and fulfilment they find in caring for others who are temporarily or permanently unable to care for themselves.

Future research may explore potential misuse of the altruistic nature of nursing when nurses are expected to serve without the necessary institutional support, remuneration and acknowledgement. Another aspect to be investigated entails the implications for nurses who work

in resource constrained environments and in situations where they are expected to compromise altruistic values.

Ethical approval

No formal ethical approval was needed or sought for this study.

Funding

No funding was needed.

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