ORIGINAL ARTICLE

Theoretical explanations of nurses’ decisions to volunteer

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Abstract
Throughout history, nurses have volunteered to serve in wars and disasters worldwide. There is a curiosity about why some nurses feel compelled to volunteer to serve in extreme circumstances. Volunteer theory provides a theoretical framework for better understanding this phenomenon, in particular theories from sociology and psychology. Experiences of nurses who volunteered in the immediate aftermath of Hurricane Katrina in the United States are presented using a phenomenological approach to begin to develop a nursing knowledge base about volunteerism and service in nursing. The essence of the Hurricane Katrina volunteer experience is presented and considered in the context of theoretical explanations.

Key words: volunteerism, nurse volunteers, volunteer theory, Katrina, disaster response

INTRODUCTION
Throughout history, nurses have responded to the need to help when natural disasters and wars take a toll on human lives. The most famous of these was Florence Nightingale, who organized nurses to care for soldiers in the Crimean War. Mary Seacole, a Jamaican-born nurse traveled to London to be of assistance in the Crimean War, only to be rejected by the Nightingale organization. Not one to give up easily, Ms. Seacole organized her own effort to secure financing and volunteers, traveled to Balaklava and built the British Hotel just behind the war lines where she ministered to wounded soldiers (Robinson, 2004). Nurses have also volunteered and served in military hospitals in the American Civil War, laying the foundation for the Army Nurse Corps and the American Red Cross. Nurses have volunteered to serve in two World Wars, and some were captured as prisoners of war in World War II, where they displayed creativity and guile in outwitting their captors, surviving, and helping others to survive (Norman, 2000). In the Korean War, nurses began to expand their roles into what is more commonly seen in today’s advanced practice roles, and they began to function in Mobile Army Surgical Hospital (MASH) units (Hallquist, 2005). A new set of problems arose with the Vietnam War. During these years, there was already a shortage of nurses in the United States, and women were not eligible for the draft system that was then in place. Recruiting volunteer nurses for the Vietnam War was an enormous challenge, but advertising materials portrayed nursing in the military as a respected and progressive discipline (Vuic, 2010). Male and female nurses responded to this call, but despite that response, shortages remained in the military nurse corps as well as in the United States at the time. The Vietnam War was followed by the Gulf Wars and most recently Afghanistan War. Still, nurses from all over the world are volunteering to serve.

Nurses who are not military nurses also display courage when they respond to disasters as volunteers to provide humanitarian services. The history of nursing is rich with stories of heroic efforts in situations of extreme adversity. In recent years, this has been evident in the terrorist attacks on the World Trade Center on September 11, 2001; during the tsunami of 2004 in Asia; and again when Hurricane Katrina destroyed most of the Gulf Coast of the United States in 2005. In 2010, Haiti experienced an earthquake that killed between 200,000 and 300,000 people and in 2011, Japan experienced an earthquake and tsunami that killed 18,000 people. Volunteer nurses were in all of these places and have continued to provide services for years after the initial devastation.

While there are many reports of the work that nurses
do in military and disaster situations, there is little published that explains the motivation of nurses to serve. The aim of this paper is to begin to explain the motivation behind the nurse’s decision to serve in a volunteer capacity, whether that may be militarily or in response to an emergency or disaster situation. To develop a framework for understanding, a phenomenological study was conducted using the perspective of Moustakas (1994). The qualitative study focused on gaining insight into the volunteer experiences the nurses had by listening to their stories. A phenomenological study describes the meaning of several individuals in terms of their lived experiences of a phenomenon; in this case, their volunteer work in Hurricane Katrina (Creswell, 2007, p. 56). Furthermore, phenomenology is an approach used to describe what all participants have in common as they experience the phenomena (Creswell, 2007, p. 58). The purpose of this phenomenological study was to understand the experiences the volunteer nurses had while providing assistance in the immediate aftermath of Hurricane Katrina, in order to gain insight into how the experience of volunteering impacted their lives.

VOLUNTEERISM

There is an abundance of literature about volunteering, and the literature describes many contexts in which people volunteer (Einolf & Chambré, 2011). Even so, it is challenging to find definitions of “volunteerism” that capture the essence of the concept. Very often, definitions are offered in the context in which the volunteer activity occurs, such as in non-profit organizations or in service to the community, such as soup kitchens or after school programs. The literature provides descriptions of volunteers and volunteer work. But efforts to generate a widely accepted definition of volunteerism have not been productive in the nursing literature.

One definition offered is that volunteering means any activity in which time is given freely to benefit another person, group, or organization (Wilson, 2000). Furthermore, volunteering is described as being part of a cluster of helping behaviors inclusive of a “vast array of quite disparate activities” (Wilson, 2000, p. 230). Penner (2004) defines volunteerism as that which is long term, planned prosocial, and intended to benefit strangers. What is understood as a volunteering activity may be interpreted in terms of the context in which the activity occurs and the perceptions of those involved. For example, the activity of volunteers working in a soup kitchen on a holiday as part of a corporate initiative may be interpreted differently from the activities of volunteer nurses who race across the world after a large-scale disaster to offer care on their own time. Some may consider the activity of corporate volunteering to be connected to career motivation, while nurses racing to help in large-scale disasters or war may be viewed as more of a compassionate volunteer response.

Volunteerism is also defined and explained according to discipline. Frameworks from the disciplines of economics (impure altruism), sociology (social cohesion and welfare), psychology (prosocial personality), and political science (citizenship and democracy) provide some structure upon which to develop perspective (Hustinx, Cnaan, & Handy, 2010). This approach by discipline helps to explain the nature of volunteerism from different perspectives and attempts to narrow definitions.

Attributes are used in an attempt to define volunteerism. Penner (2004) reported that volunteerism has four attributes that define it: (a) planned action; (b) long-term behavior; (c) non-obligated behavior; and (d) occurs within an organizational context.

A complicating factor in the definition of volunteerism is the consideration of remuneration. For example, those, including nurses, who “volunteer” for military service are paid and receive benefits for their service. Some nurses who volunteer in global disasters do so as employees of their own organizations and use leave time or are granted time away. Even so, society uses the term “volunteer” to describe volunteering to serve in the military, and volunteering for humanitarian relief. This is not different than what happens in many corporations where employees “volunteer” in community programs. Remuneration, or material benefit from the experience, then calls into question Wilson’s definition, if “freely” is meant to mean without material benefit. The idea of volunteering may be as simple as “the desire to help others” (Wilson, 2000, p. 216).

For the purposes of this paper, volunteerism is used to describe the activities and actions of nurses who, of their own free will, seek to serve in the military and in humanitarian service in global disasters in helping roles. Whether paid or unpaid, nurses serving in these experiences typically receive some benefit and are seen by society as choosing to serve or to help.

THEORIES OF VOLUNTEERISM: WHY DO PEOPLE DO IT?

There are a number of theories in the literature that attempt to explain volunteerism, but as of yet, there is no comprehensive theory of volunteering (Einolf &
Theories that attempt to explain volunteerism are not present in the nursing literature and have not been applied to nurses who volunteer in extreme circumstances such as large-scale disasters or war. However, they do provide potential insight that can be used to help understand the motivation of nurses to volunteer. Theories of volunteering are mostly mid-range theories and are classified typically according to three categories: (a) social theories that study roles, context, and networks; (b) individual characteristic theories that study traits, values, and motivations; and (c) resource theories that study skills and free time (Einolf & Chambré, 2011). This paper explores Prosocial Personality theory including Bystander theory and Altruism theory, and World View theories that include Terror Management theory and Just-World theory as possible explanations for nurses’ decisions to volunteer in disasters and war.

Prosocial Personality theory
Volunteerism is often considered a prosocial behavior; that is, behavior that is intended to provide some benefit to another person or group of people (Penner, 2004). The Prosocial Personality theory has been defined as having two dimensions: (a) other-oriented empathy in which there is a primary focus on empathy, a sense of responsibility and concern for others; and (b) helpfulness that is engaging in helpful actions and not engaging in self-oriented reactions to the distress of others (Penner, 2004). Clary et al. (1998) described volunteers as actively seeking opportunities to help others, frequently deliberating about whether to volunteer, considering how much time to devote to volunteer activities and whether volunteering fits in with their own personal needs, ultimately making a commitment to ongoing helping relationships that may extend over a period of time and entail considerable investment. Clary et al. (1998) proposed six specific functions served by volunteerism: (a) opportunities for individuals to express altruistic and humanitarian values toward others; (b) new learning experiences and the chance to exercise knowledge, skills and abilities that might go otherwise unpractised; (c) motivations concerning relations with others and providing the opportunity to look good to others; (d) career benefits; (e) protection of the ego from negative features of the self, reducing guilt over being more fortunate than others; and (f) opportunities for the ego’s growth and development in a positive way. Aquino and Reed (2002) include the importance of moral identity as a significant factor that is seen in both the Bystander and Altruism theories. Moral identity is viewed as the mechanism within the self that motivates an individual to action (Aquino & Reed, 2002). Both Bystander or Spontaneous Intervention theory and Altruism theory are prosocial personality theories that include moral identity as a component.

Bystander or Spontaneous Intervention theory
One Prosocial Personality theory of helping is the Bystander or Spontaneous Intervention theory. This theory was expounded by Latané and Darley (1969) in the mid-1960s in response to the Kitty Genovese murder in New York City. Ms. Genovese was attacked by a man with a knife in a parking lot outside her apartment building. She called for help numerous times and her attacker returned several times, eventually killing her. It was reported that 38 people witnessed this event over a 45-min period, but not one of them came to help Ms. Genovese (Dovidio, Piliavin, Schroeder, & Penner, 2006). The incident led to a five-step decision model of bystander intervention that provides a framework for understanding why (or why 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 type of help to give, and, finally, determine to implement the chosen course of action. In this model, the decision made at any one step has important implications for whatever action is finally 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).

Altruism theory
Batson and Shaw (1991) presented the idea that true altruism may motivate volunteering and therefore developed the “empathy–altruism hypothesis” to challenge the contention that people help others because of a need for self-benefit. In other words, apparently selfless behavior, or helping, may be selfishly motivated by ego (Dovidio et al., 2006). For example, self-benefit may come from being viewed more positively in the community or feeling more positive towards oneself as a result of the volunteer activity. They assert that feeling true empathy towards someone less fortunate evokes true altruistic feelings, that when acted upon, ultimately benefit the person to whom empathy is felt and that the volunteer activity is not at all about the self. Rather, it is clearly focused on the individual toward whom the empathy is directed (Batson & Shaw, 1991). More recently, Batson (2011) presented the continued development of the empathy–altruism hypothesis and stated that “empathic concern produces altruistic motivation.”
Batson (2011) goes on to describe many interpretations of empathy and altruistic motivation, describing both concepts as “slippery.”

World View theories
World View theories describe motivation to volunteer during particularly noteworthy global events. World View theories help people to develop meaning derived from the cultural values in which they exist and these meanings determine reality, normalcy, self-esteem, and literal or symbolic immortality (Pyszczynski & Kesebir, 2011). World View theories are shared meaning systems that help us to understand and accept the meaning of life, standards of value, and provide criteria against which we as individuals are measured (Pyszczynski & Kesebir, 2011). Two such theories are the Just World Motivation theory and Terror Management theory.

Just World Motivation theory
According to the theory of Just World Motivation (Montada & Lerner, 1998), people believe they live in a just world in which all people get what they deserve and deserve what they get. In this theory, good things happen to good people and bad things happen to bad people. Fate and fortune are contingent upon the values, character, and behavior of the individual. Holding on to this belief gives people the sense of security that their just world is intact and that they themselves will not experience suffering (Haynes & Olson, 2006). Just world beliefs are threatened when something terrible happens to another person or other people. In order to protect their sense of justice and to affirm their beliefs, strategies are employed including providing assistance that will reduce the suffering of others (Haynes & Olson, 2006). By reducing the suffering of those who do not deserve it, the just world is restored. Additionally, as a theory of motivation to volunteer, this theory promotes the idea that people can add to their lists of good deeds by volunteering and this then makes them deserving of good fortune in return (Dovidio et al., 2006). The converse is also true in Just World Motivation theory.

Terror Management theory
The core proposition of the 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 beings of enduring and meaningful significance (Pyszczynski, Solomon, & Greenberg, 2003). In order to maintain their equilibrium in life, people must have faith that their realities are in order, there is stability in their world, there is meaning and permanence in their lives, and that they are significant contributors to this meaningful reality. Terror Management theory holds on to the idea that human awareness of death is so significant that it adds urgency to maintaining stability in life and changes the sorts of meanings that humans seek (Pyszczynski & Kesebir, 2011). This world view is challenged by global disasters and acts of terrorism that 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 moralistic behaviors and be especially punitive toward people or groups who violate that world view (Pyszczynski et al., 2003).

HURRICANE KATRINA AS A CALL TO ACTION
While there are other theoretical explanations for the motivation to volunteer in the literature, the theories presented here seem most relevant to the motivations of nurses in situations of war and disaster. Why did Florence Nightingale, Mary Seacole, Clara Barton and all those who have volunteered to serve in the military and have responded to global disasters on a moment’s notice, do it? Each of these theories offers possibilities that promote understanding of why nurses volunteer, but there are no empirical studies that lend evidence to this discussion. Furthermore, it is reasonable to expect that not one of the theories presented is a universal answer to the motivation to volunteer.

A transcendental phenomenological study of nurses who volunteered in the immediate aftermath of Hurricane Katrina in the United States in 2005 was conducted using the perspectives of Husserl, as interpreted by Moustakas (1994). This method seeks meanings from appearances and arrives at essences through intuition and reflection that lead to ideas, concepts, judgments, and understandings. Transcendental phenomenology is committed to the rich descriptions of those experiences and refrains from analyzing and explaining. The essences described emerge from the stories of all study participants and result in one rich universal description with elements common to all who experienced the phenomenon.

Nurses in this study who fit the criteria were included as they were volunteers in the immediate aftermath of Hurricane Katrina, licensed as RNs at the time of the volunteer response, volunteered as opposed to being called to duty, were assigned to sites of hurricane devastation, received no compensation other than travel expenses, and were willing to be interviewed and recorded by the researcher for 1–2 h. After obtaining
were found and interviewed. The first nurse was identified who fit the criteria when the researcher had conversations with nurses at a large medical center about the study. The researcher contacted the nurse and the first interview was arranged. Ten other nurses were located using snowball sampling. Interviews were held in a variety of locations, convenient to the nurses participating. Several were employed in large teaching and research institutions in Virginia and Maryland, but others were nurse educators and independently employed.

Each nurse participated in a 60- to 90-min interview. Participants were asked to tell their stories around the following interview questions: (a) what made you decide to go?; (b) what factors did you consider in making the decision to go at the time that you did?; (c) what was it like to be there?; (d) how was it when you came home?; and (e) how did the experience affect you? Prior to each interview, the researcher practiced *epoche* (the disciplined and systematic approach to set aside prejudices) in order to launch the study as far as possible and free of preconceptions and prior beliefs (Moustakas, 1994). The interviews were recorded and transcribed verbatim by the researcher. The researcher also took extensive notes. After completing the transcription, the researcher compared the transcription to the recordings once again to ensure accuracy.

Data analysis was conducted using the modified Stevick-Colaizzi-Keen method (Moustakas, 1994). This method required the researcher to obtain a full description of the phenomenon and from the verbatim transcript to: (a) consider each statement with respect to its significance in describing the experience; (b) record all relevant statements; (c) list each non-repetitive, non-overlapping statement; (d) relate and cluster the invariant meaning into units into themes; (e) into a description of the textures of the experience; (e) synthesize the invariant meaning units and themes into a description of the textures of the experience. Include verbatim examples; (f) construct a textural-structural description that reflects the essence of the experience; and (g) construct a composite-textural-structural description that reflects the essence of the experience for all study participants (Moustakas, 1994).

The interviews were recorded, transcribed, and according to Moustakas’ phenomenological research methodology (Moustakas, 1994), analyzed for the emergence of themes. Four themes emerged from which the essence of the experience was created: reaction to the event, internal debate and call to action, overcoming obstacles, and personal change. Data checking occurred by returning the essence to the individual nurse volunteers who participated in the study for verification so that they could see their voice in the rich tapestry that emerged from the study. All confirmed that they did see their voice in the essence.

**Emerging themes**

Through the process of horizonalization, the four themes emerged through a logical time sequence in which the event occurred. The emerging themes were: (a) participants reacted to graphic media details of the event; (b) they struggled internally with the decision to volunteer; (c) the decision was made but they had to deal with significant obstacles to be able to actualize their plans; and (d) then they reflected on what it all meant to them personally. The volunteer nurses identified their reaction to the media coverage of the aftermath of Hurricane Katrina as an unavoidable wake-up call to their inner souls. The pictures and stories on television and in newspapers were so vivid and graphic that the nurses were unable to escape the reality of the disaster and were deeply affected by the stories of human need that were reported. Here is an example: “We were watching the news. I was just sitting there completely appalled. I couldn’t believe Americans were living in those type conditions and weren’t getting the help they needed. My biggest shock was just to see that this kind of disaster could occur in this country and how little was being done to actually help with it.” The response to the devastation was emotional; nurses described feeling “enraged”, “appalled”, “powerless”, and “helpless”. The “real faces” presented images of people caught in circumstances beyond their control and lost in the pain and helplessness of uncertainty and unimaginable loss. These images provoked emotions that were raw and powerful.

Participants were drawn into the experience through their personal reactions towards what they saw and felt through the news reports, from past experience volunteering in various ways, and sometimes from their own spiritual values. There was a call to action that was preceded by thoughts that arose from what they were seeing and experiencing through the news coverage of the devastation in the aftermath of the hurricane.

The themes uncovered in the analysis of the interviews were:

1. Intrapersonal themes:
   a. Thoughts about what they should do.
   b. Reflection on what it would mean to drop everything and run to the disaster.
   c. Making the decision to commit.
2. Interpersonal themes:
   a. Family issues became obstacles to overcome.
   b. Workplace obstacles occurred such as permissions to leave and schedule coverage.
   c. Organizational obstacles also happened, which included organizational commitment and safety concerns.

3. Personal themes:
   a. The nurses began to see themselves differently as a result of their experience.
   b. A theme of seeing their educational preparation and goals differently emerged.
   c. New ways of thinking emerged.
   d. New emotions became a discovery for the nurses.

From the interviews with the nurses, and using the process of horizontalization by Moustakas (1994), the themes developed into the substance that acted as the essence of the experience.

Intrapersonal themes

Thoughts: The nurses debated within themselves about what they should do. No longer willing to feel “helpless” and “powerless”, they began to consider whether they should do something and then what they might do to help. “I think I thought about that I needed to do something that was concrete and decisive,” explained one nurse.

Reflection: There was considerable reflection in moving from thinking about helping to deciding to go. One way this was demonstrated was by recalling feelings from past volunteer or mission work. “I think back through my life, different times that I’ve gone and worked and helped people out and how important it’s been,” explained one nurse. Another nurse believed that she was at a point in her lifetime where it was important to “do what you always wanted to do and so you just do it.” She went on to say, “You know that ‘calling’ they always talk about in nursing school and everybody goes, ‘oh please?’ Well, there you go, it does exist. It really does.”

Deciding: Moving from reflection to action is the difference between those who volunteered and those who may have wanted to, but did not. The decision to take action by seeking entry to agencies, services, or even self-appointed groups that were organizing to help was made based on the emotional response and the thoughts and reflections each nurse experienced. Once made, the decision was not reversed and the volunteer nurses were most definite about their intent to go: “And so, by the first full week of September, it was clear to me that I was going to go. I had told my boss that if I had to take a leave of absence, I was going. And if that put my job in jeopardy, well, maybe I needed my job in jeopardy.”

Interpersonal themes

Once the decision to go was made, there were family, work, and organizational obstacles the nurses had to overcome. All obstacles encountered by the volunteer nurses in this study were successfully managed.

Family obstacles: The volunteer nurses had family responsibilities and families who were worried about their decision to go into such a chaotic environment. Families had seen and heard the same news stories and were concerned about the dangerous circumstances in which their loved ones would be working. One father inquired of his adult daughter, “Why do you want to go and do that?” “Because they need me”, she responded. “But why do you have to be the one to go?”, “Because I am”, she replied. “That’s all I could answer”.

Work obstacles: For many nurses, getting coverage for their hospital shifts or for their work was a challenge. While the hospitals seemed to want to be supportive of the nurses’ volunteer efforts, replacing them in the work schedule became an issue and caused some hard feelings. One emergency department nurse was undeterred by the work it took to become freed up to go. She was disappointed, though, by the lack of support she felt she received from her hospital: “I thought when I said I really want to go down there and do this and it means I will miss three days of work it would be like, okay . . . we will work around it. Staffing wasn’t great and there were a lot of people on orientation, but they just said, ‘you need to cover yourself’. So I did…I needed three 12-h shifts covered and I got all but 4 h. Finally, a nurse agreed to do those 4. It’s 2 years later and I just finally paid off my debt this Christmas. Although the hospital agreed it was a very good thing to do, I wasn’t supported in my time off.”

Organizational obstacles: Several nurses worked in state agencies and dealt with efforts to organize through those agencies that were ultimately stopped at the state level because the appropriate permissions were not in place. This was frustrating for the volunteers who were ready, eager, and already organized. “We were ready to go. But then we needed permissions and we were stymied”.

Personal outcomes

Every nurse in the study described some kind of personal change that took place regardless of where they went to volunteer, when they went to volunteer, or what they actually did as volunteers in the aftermath of Hurricane Katrina. The personal changes were expressed in many
ways.

New ways of being: As a result of the decision to volunteer in the aftermath of Hurricane Katrina, several nurses felt differently about themselves and found that they were living their lives with different values. “I am kind of surprised at myself now because I am doing Habitat for Humanity and I do soup kitchen when I can do it, and for Christmas, I asked my family to get an angel from the tree for part of my Christmas present. And it’s just like what? Who are you?”

New educational quests: Education was viewed as a way of being able to contribute more in the future towards other similar disaster events if they arise. One nurse was already enrolled in his doctoral studies in nursing, but now views the Hurricane Katrina experience as “the inspiration and driver . . . to keep wanting to do my PhD . . . I’m not doing the PhD because I’m going to get a promotion or be chair of the department. I’m doing this for some real deep-seated internal reasons and so that I can somehow, I can somehow use it to make things better for people who are really in desperation”.

New ways of thinking: New ways of thinking about the world in which the nurses lived emerged as well. “The thing that really affected me was this whole concept of needs and wants. I’m never going to use the word ‘need’ again. I’m never going to say I need because how dare I say I need something unless I am as desperate as the people I saw in Africa and Mississippi. It’s not an issue of need. I mean I need oxygen and food and water. That’s probably about where it stops. It’s so much more an issue of want”.

Some nurses reflected being impatient with those who were not part of the experience but offer opinions anyway. Another nurse sees the world as much smaller now and people in need all over the world as being the same. “There is a local need, there is a worldwide need and because I’ve been to New Orleans four times now, I’ve been to El Salvador and Niger, Africa and so you see that people are people everywhere across all cultures”.

New emotions: Several nurses still expressed strong emotions as a result of their decision to volunteer in the aftermath of Hurricane Katrina and what they experienced when they did. “It was huge in my life and I mean, we weren’t even the victims. I knew I was changed forever”. “It was amazing, just amazing. You know, what I thought I would do was nowhere near the enormous difference we made. It was incredible. I was so proud of myself. I don’t think anything could dampen the pride that I have. It was an experience I will never forget”.

Not all emotions were positive. Some nurses expressed anger that was still raw and powerful 2 years later. “I grew up abroad and I expect things not to go right in those countries. I expect there to be not enough supplies and I expect, horrible as it is, that some people will die because they couldn’t get to where they needed to go. But I don’t expect it here in this, the richest country in the world. It’s like, this shouldn’t happen in this country. There’s a disaster and we have more resources and we know how to do this, we should be able to do better than this”.

New ways of understanding nursing: New perspectives of nursing also emerged. “We talk about the Sacred Covenant between the nurse and the patient. It was a clear example of how important that is. And as far as what’s nursing’s role? I guess my philosophy is nursing’s role is first, be that presence.” Another nurse said: “I think between nursing and that experience, it gave me a deeper understanding of the need for community service and what we need to do for people”.

Essence of the volunteer experience

A nurse’s decision to volunteer in a national disaster is soulful and leads to inevitable personal change. It is an intensely personal decision that evokes emotional responses and arises from the proximity the nurse feels to the real people and events experienced through the news media. The heart of the nurse is unprepared to watch and do nothing as real people with real faces suffer unimaginable devastation. At the heart of a nurse who volunteers is compassion. As the nurse witnesses devastation and human suffering, emotions such as rage, powerlessness, and helplessness surface.

Deciding to volunteer can be an opportunity to right a missed past opportunity. Nurses who felt the pull to respond to the 9/11 attacks on the World Trade Center and the tsunami disaster in 2004 but did not, were not willing to let this disaster pass them by. Regret at having been able to help but not following through in those events evoked more driven and definite responses when Hurricane Katrina occurred. Remembering regret at not having done enough before when the opportunity arose, remaining at home watching but not acting, became an impulse to take action in the Hurricane Katrina disaster. They were not willing to sit by again.

Nurses who had carried out previous volunteer work already set the stage for the decision to respond to Hurricane Katrina. These nurses already knew the powerful effect of caring for others much less fortunate in strange and chaotic situations. They knew that an experience such as this would be a life-changing event, and they knew how valuable and valued nurses are in these conditions and situations. Understanding the impact
of responding at a time of huge national crisis and “just to be a part of that history” is an internal driving force as well.

While it is a personal decision to respond, it also is important and encouraging when loved ones recognize and support the internal need to help. There is sacrifice involved and it is frightening when one ventures alone on an uncertain journey. Seeking understanding of the internal need to do this work is compelling and necessary. When it is received, it is like a seal of approval that frees nurses to satisfy their inner drive and pursue their plans. Families and loved ones are not comfortable letting go, but the insistence of the nurse that it is important, and that perhaps the nurse feels led to go, make convincing arguments for families to grant worried freedom and their blessing to pursue the journey. The call is to the soul and reluctantly families let go.

The baseline determination to take action to volunteer is somewhat spiritual. Many nurses prayed and felt they received answers. Nurses understand that they have abilities and responsibilities, and believe that some things are meant to be. Spiritual beliefs are a baseline for many, whether that belief lies in organized religion or the teachings of Native Americans. There can be a strong spiritual need to react in a decisive way. Being led to help implies a force greater than one’s self. Some nurses experienced a force so significant and so personal that the individual rises above the considerations that might dissuade others. So intense and personal is the need to respond that significant obstacles and lack of support do not deter the effort. Once the decision is made to go, determination takes over. Whatever battles or hoops must be jumped through are taken care of. People try to dissuade but the nurse doesn’t listen. People talk of other priorities, but the nurse responds, “This is my priority”.

Regardless of the actual work assignment, the decision to volunteer “forever changes” the nurse. What is learned about oneself in different and challenging circumstances constitutes one aspect of a very positive change. Nurses come alive using skills long forgotten, making decisions, taking actions and speaking out in ways that is not normally their style at home. And the result is pride. Pride in oneself for taking risks, following one’s heart, caring and doing. Nothing takes away the pride of having made something happen knowing that is the right thing to do, which is what a nurse knows in his or her heart. This is huge in the lives of the nurses who volunteered. It is life-changing and they were not even the victims. They are just forever changed.

The view of the world moves from the everyday comfort to a much larger perspective. The experiences are so vivid and so memorable that the lens through which the world is viewed becomes much wider and more reflective. The moments of raw humanity so far removed from what is a normal day move these nurses to deeper, sadder, but very affirming places. Moments stand out, such as walking through hot parking lots, exhausted and wondering if anything at all was accomplished that day, but also feeling that never had that nurse been in a more right place at a more right time. The volunteers are surprised at who they are now. They are quicker to speak up, to protect others, to shrug off trivia and to step up to the plate when there is a need to be addressed.

There is some anger though. There is anger that people were in the predicament that was the Hurricane Katrina aftermath, anger that this kind of event could happen in the richest, most abundant country in the world. There is anger at lack of support and obstacles, and anger and impatience with pettiness in the world of people who did not share in this experience. For these people, the days continue as they were. For the volunteers who were led by their inner drives, spiritual needs, and personal needs to be fulfilled, the world is a different place now and their place in it is different also. Does nursing create the compassionate giving or are those who are compassionate givers nurses? Many are compassionate givers, but then maybe it is that, in nursing, there is that chance, that opportunity to grow on the gifts nurses bring to nursing.

**WHAT DOES IT MEAN?**

Theories of volunteerism have relevance in the findings of this study of nurses who volunteered in the aftermath of Hurricane Katrina. The prosocial nature of volunteerism, which is behavior intended to provide some benefit to others (Penner, 2004), is clearly evident in the thoughts and actions of the nurses in this study. In particular, the “other-oriented empathy” described by Penner (2002), shows in the thinking of the nurses as they reacted to the media images and news reports of the devastation of the Gulf Coast by Hurricane Katrina and then made the decision to volunteer. All six functions served by volunteerism, as outlined by Clary et al. (1998), are present in the stories of the Hurricane Katrina nurse volunteers. Evidence of expression of altruistic and humanitarian values toward others, the opportunity to learn and to use skills that contribute to the growth and development of the volunteer, the opportunity to look good in the eyes of others, potential career benefits, reduced guilt over having greater fortune than the victims, and the opportunity for psychological growth.
were clearly seen in the stories of how the nurses were changed as a result of their experience. While every nurse did not display all of these motivations individually, they were all present in the combined stories.

The bystander intervention motivation to volunteer is also evident. The stories of the thoughts that went into the decisions to volunteer, followed by the obstacles that were overcome and the commitment to action that was taken by all 11 of the volunteers depicts each step of the bystander intervention motivation (Latané & Darley, 1969). Each nurse noticed that something was wrong, defined it as an emergency, decided to take personal responsibility, chose what type of help he or she would offer, and determined to commit to a course of action (Dovidio et al., 2006).

The prosocial hypothesis by Batson and Shaw (1991) is also present in the thoughts and actions of the volunteer nurses. The emotion of empathy expressed by the nurses generated the action that was put in place to benefit the victims, not necessarily the nurses themselves, although in the end, 10 of 11 nurses expressed that they were personally changed in a positive way as a result of the experience of Personality and Social Psychology, 74(6), 1516–1538.

There is some evidence presented, however, that the Terror Management theory was present. The anger expressed by the nurses toward the government and toward the agencies with which they were involved through their volunteer activity was focused on the fact that this situation existed at all in the United States. The realization that Americans were victims to such a profound extent provided undeniable evidence to the nurses that their own equilibrium was severely disrupted by the disaster. This theory explains that when a person’s own mortality is challenged in such an event, even though the volunteer nurse was not the victim, that person is likely to engage in moralistic behaviors and to be especially punitive towards those who violate that world view, in this case, the United States government, which did not act quickly enough or aggressively enough to protect and restore the Gulf Coast (Pyszczynski et al., 2003).

CONCLUSION

There is a long and rich history in terms of nursing for volunteerism, and there is curiosity about what inspires nurses to serve in wars and disasters. While theories can help to explain some motivations, there is no one theory or explanation for these motivations. Nurses have served in volunteer capacities across the history of nursing, and it is likely that they will continue to do so.

There is a curiosity about the role of nurses in war and disaster. There is also admiration for these nurses, and there is a desire to understand more about the characteristics of nurses who serve in extreme situations. There is a desire to understand the motivation to serve and often there is an emotional connection to those who do serve through their stories and experiences.

There is also an opportunity for theory development in this area of nursing. Nurses who volunteer in unconventional or extreme circumstances can teach the nursing profession a great deal about service learning, resilience, values and compassion.

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REFERENCES


Sage.


