

FEATURE ARTICLE

ALTRUISTIC CARE THEORY OF NURSING (ACTON): TOWARDS HEALTH EQUITY THROUGH NURSING PRACTICE

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Abstract

Nursing as a complex system engages nurse at the heart of health care functions fostering their indispensable nature especially in the public health environment. This paper is aimed at describing the Altruistic Care Theory of Nursing (ACTON), addressing the intricacy of nursing practice in health equity and health inequity matters. Nursing that is delivered as altruistic care can be performed by nurses through “internalizing and intervening behaviors” which include reflective processes that transcend the traditional health care. “Nursing Interventions” are multifaceted and inclusive of individualized care. Altruistic Care Theory in Nursing may prove advantageous in addressing health inequity issues through human to human interactions with clients, co-workers, and other members of the health care team, and participating in collaborative and informed engagements.

Keywords: Altruistic care, health equity, nursing theory

Introduction

Nursing preserves the humanistic dimension in the system of healthcare. The human to human interactions in nursing involves distinct professional attachment of nurses with clients that transcends the usual routines of medical assessment and physical examinations. With the ultimate goal of providing the best care to achieve better health outcomes, nurses are challenged to address the complex human needs and dynamics surrounding these to come up with the best possible care that is responsive, individualistic, and relevant. This calls for an obligation for nurses to go beyond the usual praxis of nursing. Chinn and Kramer (2015), emphasizes the need to include emancipatory knowing as an essential component of knowing in nursing which includes a reflections and actions to address injustice and inequity.

Inequities in health and society is a big issue that has received much attention by the health care delivery in the previous years (World Health Organization, 2010, 2018). Health care providers are confronted to address these issues in practice. The nurses are among the providers of healthcare who are in frequent contact with patients which place them at a perfect position of preserving humanistic nature in the health care system. However, this advances nurses so they that they are faced with several roles and responsibilities that make them adjust with the needs to meet

varied goals that are context-dependent, and patient-centered. Given the complexity of these roles, nurses continuously adapt to the challenges brought by socio-political and personal factors— (Tobiano, Bucknall, Marshall, Guinane, & Chaboyer, 2015). This paper presents a theory of altruistic care which explains how nursing practice brings into its practice human to human interactions to emancipate patients from issues of health inequity.

Philosophical Underpinnings

The Theory of Caring by Boykin and Schoenhofer (2013) is grounded on the basic premise that persons are caring by virtue of their humanness. Boykin and Schoenhofer expressed that nurses are caring persons, and caring is seen as an altruistic act. As caring persons, there are attempts to relate caring practices with internal drives and motives to participate in doing caring and preserving the nature of caring as service-bound that is attributed to the concept of altruism (Carter, 2014). These support that nurses are altruistic individuals who illuminate client's welfare. In looking at how altruism evolved to be part of nurses' nature, the theories of altruism as a biological, psychological and sociological concept provides further support. Biological basis of altruism has been attributed to the supposed presence of an altruistic gene

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(Gormley, 1996). Although some studies appear to have conflicting findings, biological basis of altruism contends essentially that persons are altruistic in nature (Reuter, Frenzel, Walter, Markett, S, Montag, 2011; Rushton, Vernon, & Bons, 2007). As genes are supposed to play roles in passing on the altruistic characteristic of persons, biological basis of altruism provides understanding of why some persons tend to be altruistic in nature. It puts emphasis that to be a caring person means to be naturally possessive of the biological basis of altruism. This may provide an explanation why some nurses see their connection in caring for individuals – a reason for choosing and staying in the caring profession.

Psychological and sociological perspectives regard altruism as a cognitive process that emanates into prosocial behavior (Lee, Lee & Kang, 2003). Prosocial behaviors are considered as doing helping behaviors with the end-goal of improving the situation of the recipient of help. Emotional and cognitive motivations to do altruistic behaviors are widely recognized in psychosocial sciences. Empathy and emotion have been linked to the presence of altruistic motivation to help others (Batson, Duncan, Ackerman, Buckley, & Birch, 1981). In an attempt to illuminate altruistic motivation, it has been contrasted with egoistic motivation in which the benefit or end-goal is directed to the welfare of the person doing the altruistic act.

Emotion and experiences of persons were also seen as possible influencers of having altruistic behaviors (Staub & Vollhardt, 2008). With the creation of several assessment schemes for altruistic motivation, acts and its nature, altruism in the field of psychology and sociology have persisted to develop and expand. This has cascaded into several social and caring disciplines such as nursing. In a study of Haigh (2009), the need to reexamine the role of altruism as a motivating and driving element in the nurse-client relationship has been an overdue. She emphasized on the need to revisit viewpoints on nursing altruism as it accounts for outcome benefits of the nursing altruism that are directed towards patients as well as nurses. This further recognizes the reciprocal nature of altruism that may explain its role in the nursing profession in terms of the profession's value and image in healthcare.

With the intricate nature of nursing and healthcare today, a need for all-inclusive praxis is needed. In nursing's attempt to not only focus on the concepts and the usual traditions of practice, emancipation is increasingly recognized. Karl Marx used the term emancipation "a restoration of the human world and of human relationships to man himself" (Schmied-Kowarzik, 1999, p. 365). Marxist perspectives on human emancipation in general has added insights on health equity in its socio-political context. Aligned with this is the concept of emancipatory knowing as highlighted by Chinn and Kramer's (2015) in their work on patterns of knowing in nursing.

Much of the views in this theory is inspired by a critical realist stance. Realism as a dominant approach in nursing, has eluded

the demise of positivism and constructivism (Maxwell, 2012). Furthermore, Wainwright (1997) introduced the utility of this philosophy in nursing wherein biological and psychosocial aspects of nursing are integrated and enriched by a realist stance. It is recognized that, given the global trends and dynamism in health care systems, the nurse utilizes the realist standpoint in critical decisions. This nurtures relevant and effective management while upholding the distinct responsiveness and caring role of nursing.

Description of the Theory

Altruistic Care Theory of Nursing is a practice theory that is anchored on human science perspective. It presents human to human encounters that emphasize nurse to patient encounter and nursing encounters with those involved in addressing health inequity issues as emerging in the social world of health care delivery.

Altruistic care begins with nurse-patient encounters. Health inequity as confronted during initial human encounter prompts altruistic care which is manifested by the nurse as internalizing and intervening behaviors. Internalizing behaviors are the knowing portion of altruistic care that guide the doing actions referred to as the intervening behaviors.

Healthcare delivery is largely influenced by availability and distribution of needed resources to clients. The relative-resource continuum illustrates a person's position in terms of receiving health services. Health equity is said to be attained at most when relevant and adequate resources are mobilized. Otherwise, deprivation occurs and in such, inequity issues are evident.

Health equity is an ultimate goal of altruistic care. However, it is recognized that health equity is an ideal situation that may not be attained in a single human to human encounter. Expression of altruistic care operates to attain outcomes of human care. These outcomes are used to inform and modify practice of altruistic care as needed. The outcomes of human care together with altruistic care occur in circular and discursive processes. Outcomes are invaluable and adds up to the expanding internalizations of nurses. Experiences that emanate from each human to human encounter informs the praxis of altruistic care that enriches sensitivity to health inequity as well as enhances intervening behaviors in attaining health equity.

Altruistic care is sustained by reciprocities and reinforcements. Internalizing and intervening behaviors are reinforced by the nurses' feeling of the need to provide help. The feeling of gratitude and pleasure of helping encourage nurses to go on and do altruistic acts. An altruistic drive makes nurses continue to help patients which also satisfies the long lived belief and culture that nurses are born to be helpers of patients.

Assumptions

1. Every individual has unique needs.
2. Health is a fundamental need of every individual.

3. Many factors contribute to the achievement of health.
4. Health of individuals continuously fluctuate from a state of wellness to a state of illness.
5. Nurses are involved in human interactions in the practice of care.
6. Nursing holistically addresses client problems.

Key Concepts

To make the theory clearer, the following key concepts are defined.

Altruistic care. Altruistic care involves human to human interactions that are performed through internalizing (knowing) and intervening (doing) behaviors that is geared towards mobilizing health resources to achieve outcomes of human care. This is initiated by the nurse with the intent to identify inequities, devise realistic plans, and maximize mobilization of resources. This is manifested as informed decisions, and attainment and sustenance of as much equity as possible for the client and future receivers of care.

Internalizing behaviors. Internalizing behaviors refer to the thought processes involved in understanding patient situation in relation to healthcare resources, and patient's needs. These include the nurses' intuition to consciously and unconsciously identify peculiar and holistic needs. Identification of needs is based on exploration of inequity issues revolving around the patient. This includes locating patient's situation in the relative-resource continuum. Internalizing behaviors are manifested as empathetic discernment and reflective theorizing.

Empathetic Discernment. Empathetic discernment encompasses those performed by nurses in internalizing client's situation by having sensitivity towards making sense of their experiences.

Reflective Theorizing. This refers to the creation of frameworks based on self-reflection. The nurses evaluate what they can do to improve the patient situation. The nurse identifies his/her capacity and the capability of the health facility to render service to the needs of the patient. Reflective theorizing involves planning for the next possible step of addressing the patient concerns. During this process, the nurse evaluates the available resources and the success of rendering health services. The foresight of nurses is indispensable to attend to possible challenges and barriers. It is important that early in the process of client care, the nurse already recognizes what limitations the health facility has in terms of resources and manpower in addressing the need of the patient.

Intervening Behaviors. These are actions undertaken by the nurses to address the identified specific needs of their clientele.

Transformative Adaptation. Transformative adaptation involves flexibility and adjustment in the roles portrayed by the nurses.

Supportive Contribution. Supportive contribution is the unsolicited effort to render supplementary assistance to enhance

the client's situation. Assistance include material and non-material support of nurses.

Collaborative Participation. Collaborative Participation is the need for nurses to communicate with other professionals and other institutions to maximize the caring experience of their clients. These are actions that initiate and ensure participation of nursing and non-nursing personnel in client care. Initiating collaborative participation is done through referrals and actively setting up interdepartmental and inter-agency coordination. Ensuring collaborative participation is performed through follow-up procedures, networking and capacitation of other health team members, and becoming actively involved in projects and programs as well as policy development processes to engage inequity issues with policymakers.

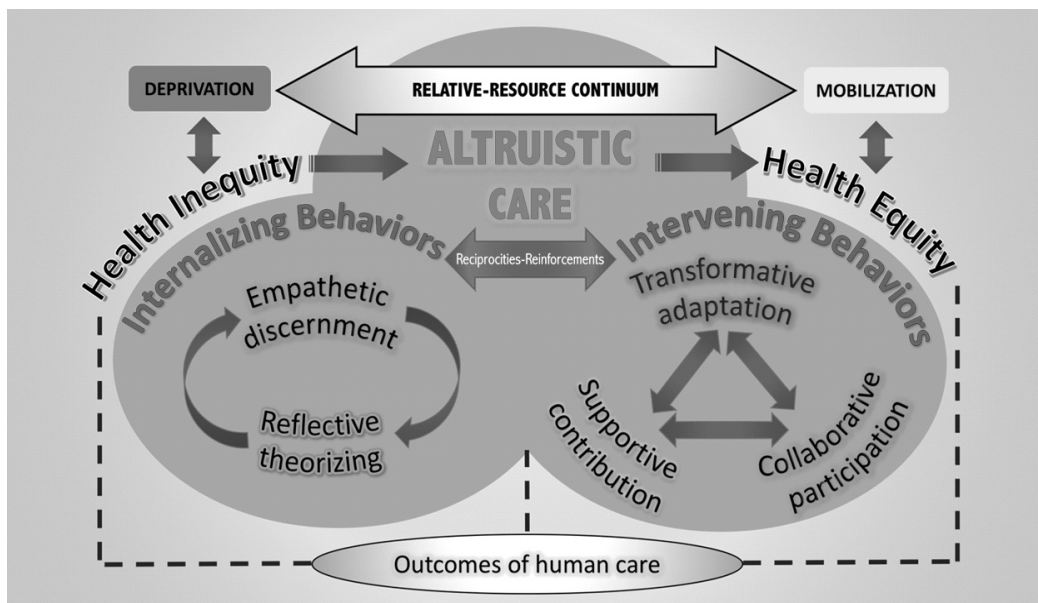
Reciprocity and Reinforcement. Altruism has been known in the early times as selfless act and was defined to be contrary to egoism. Although altruism according to early definitions is an unselfish act of helping others, literature has shown that many authors of the theory of altruism believe that there is no pure altruistic act – that there may be an unconscious reward that motivates a person to portray altruistic behaviors (Feigin, Owens, & Goodyear-Smith, 2014). In this theoretical model, reciprocities and reinforcements enhance and sustain altruistic motivations of nurses. Nurses feel the need to provide help to their patients. The feeling of gratitude and pleasure of helping patients encourage nurses to go on and continue doing altruistic care. The drive that makes nurses continue to help patients can also come from satisfying the long lived belief and culture that nurses are born to be helpers of patients. A discussion by Haigh (2010) emphasized that nurses' altruistic acts are programmed in relation to ensuring the survival of the meme. It can further be noted that patients benefit from this which can be regarded as an indirect effect of the nurses performing such behaviors towards their patients. Although Haigh said that the benefit can be argued to be a "side effect rather than a result" of the Nursing Altruism, reciprocities and reinforcements signify the humanistic nature of nurses who respond to, and be benefited by this human caring relationship.

Relative-Resource Continuum. Relative Resource Continuum represents the dynamic situation of patients in terms of receiving services and benefits from the health system. On one end is deprivation and on the other is mobilization. The nurse's goal is directed towards achieving a situation where the needed resources are mobilized relative to patient concerns. Relative resource continuum is dynamic and recognizes the multifactorial nature of access and utilization of services in the system of health care.

Propositions

1. Altruistic care utilizes relative-resource continuum to maximize mobilization of resources which leading to health equity.
2. Altruistic care is enhanced through the performance of internalizing and intervening behaviors.

Figure 1. Altruistic Care Theory of Nursing: Achieving the Best Outcomes of Human Care



3. Empathetic discernment and Reflective theorizing improves identifying inequity issues in health.
4. Internalizing behaviors enhances the progress of Intervening behaviors.
5. Internalizing and intervening behaviors are dynamically related and not sequential.
6. Altruistic care improves equity in health through mobilization of relative resources.
7. Reciprocity-Reinforcement sustain the practice of altruistic care.
8. Doing transformative adaptation, supportive contribution, and collaborative participation improves intervening behaviors.
9. Deprivation of relative-resource leads to health inequity.
10. Altruistic care improves outcomes of human care.
11. Outcomes of human care improves succeeding performances of altruistic care.

Meta-paradigm

Person. Persons can be individuals, families, or an entire community that responds to and are exceptionally affected by mobilizations of relative resources in health. The persons involved in this theory are those who have explicit manifestations of health inequities or the ones who had been used to experiencing inequity and do not consider themselves deprived. Person refers to the clientele of the health care delivery system who can benefit from health and non-health workers through emancipation from social inequities.

Health. Health is a multi-dimensional and multi-factorial state of wellbeing among individuals, families, and communities. This is the state of wellness and the ability of persons to access and receive benefit from the necessary health services. Health of persons are at a dynamic state. It is unique in that attainment of such would differ from one person to another.

Environment. The environment is widely understood as the abstract and concrete world of health care which involves the unique human to human interactions between the nurses and patients and health service delivery. It involves the social world of human interactions that can be internal or external. Internal environment includes the perceptions and emotions playing within the nurses and persons, working towards the attainment of the outcomes of human care. The external environment are the tangible factors that are utilized in the achievement of health. It may also comprise factors that contribute to relative-resource mobilization such as linkages within and between health agencies and non-health agencies to address identified problems that challenges the attainment of equitable health service delivery.

Nursing. Nursing is the human to human interactions performed through reflective processes of internalizing and intervening with the intimate desire to perform these interactions by virtue of altruistic care. Nursing delivered through altruistic care is cyclical and discursive in nature. It is the recognition of the intricate dynamics in the health care system, acknowledging the multidimensionality of health and devising ways to achieve the best outcomes of human care.

Conclusion

This paper presents a theory that defines nursing practice in the health care system to address health inequities. As inequity issues continue to be a problem, the intercession of nurses to address this is monumental. Altruistic Care Theory expounds the human to human interactions that occur within the health care system that revolves on the knowing and doing in nursing. This elucidates the nurse engaging in the social world of healthcare. The theory is viewed to reinforce creation of adaptive frameworks that address inequities through wise use of health care

manpower, particularly nurses, to adapt with the existing trends of health service delivery and status of health equity that is distinct within a particular locality. Better understanding is explicitly presented to help decipher the nursing practice in health service delivery amidst an era where inequity issues abound. This can be used as a springboard to the development of plans and programs that aim to enhance service delivery and augment health advocacies. Moreover, this facilitates maximum support to health workers, particularly nurses to optimize outcomes of human care.

Recommendations

Testing of this theory is recommended. Research through critical realist approaches are proposed. Development of tools measuring the concepts can be done to further realize the utility of this theory in actual practice. The propositions can serve as direction for further testing and intervention studies. The theory is envisioned to foster emancipation of persons from inequity to equity issues through responsive policies and relevant practice frameworks.

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