INDIVIDUALISM-COLLECTIVISM AS PREDICTOR OF ALTRUISM AND RECIPROCITY AMONG NURSES

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Abstract: *This study investigated individualism-collectivism as predictor of altruism and reciprocity among nurses in Enugu metropolis. Seventy one (71) participants comprising 54 (76%) female and 17 (23.94%) male nurses between the ages of 19 to 40 (M = 29.34, SD =5.42) were sampled using purposive sampling technique. Singelis et al. (1995) Individualism-Collectivism Scale, Rushton (1981) Self-Report Altruism Scale and Eisenberger et al. (2004) Reciprocity Scale were administered for data collection. A correlational design was used. Multiple regression as statistical test revealed that individualism-collectivism neither jointly nor independently predicted altruism among the nurses at P > .05 level of significance. Also, individualism-collectivism neither jointly nor independently predicted reciprocity among the nurses at P > .05 level of significance. It was concluded that other factors than individualism-collectivism might be responsible for altruism and reciprocity among this segment of nurses.*

Keywords: Individualism, Collectivism, Altruism, Reciprocity, Nurses.

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INTRODUCTION

Cross-cultural values such as prosocial behavior have been important parts of organizational life due to globalization and an increasingly multi cultural workforce. Health service organizations such hospitals are not left out in this trend. Being a human service profession, nursing demands a high degree of human contact which makes it emotionally demanding, thus nurses likely to behave prosocially (Beehr & Newman, 1978). Few studies (e.g. Kemmelmeier, Burnstein, Krumov, Genkova, Kanagawa, Hirshberg, & Noels, 2003) have considered how personal psychological characteristics are related to prosocial behavior. Such characteristics include the construct of individualism-collectivism. Individualism-collectivism as culturally related psychological structures have been used to identify people by their cultural attributes (Kemmelmeier, Burnstein, Krumov, Genkova, Kanagawa, Hirshberg, & Noels, 2003). Organizational behavior researchers have studied several cross-cultural values but none has drawn as much attention as individualism and collectivism. Individualism – collectivism is a conglomeration of values concerning the relation of an individual to his or her collectivity in the society (Hofstede, 1980). The patterns of responses with which

individuals relate to their groups reflect their degree of individualism or collectivism (Triandis, Bontempo, Betancourt, Bond, Leung, Brenes, Georgas, Hui, Mann, Setiadi, Sinha, Verma, Spangenberg, Touzard, & deMontmollin, 1986). While most studies (e.g. Hui & Triandis, 1986) have examined individualism-collectivism as a cultural dimension, there is growing evidence that differences in this construct exist at the individual level too. Research (e.g. Chartman & Barsade, 1995) has also revealed individualism-collectivism as forms of individual differences variables within cultures. In this paper we focus on individualism-collectivism as personal characteristics. Individualism-collectivism emphasizes personal goals and group goals, respectively to different degrees (Ramamoorthy & Carrol, 1998).

Individualism as a personal orientation considers personal interest more than the interest of the group (Moorma & Blakely, 1995) and considers the attainment of personal goals more important (Earley, 1989). Individualism as a personal orientation refers to the idea that the rights, beliefs and responsibilities of each person should be important than the goals and welfare of the entire organization. Individualists have high level of personal responsibility, where they can demonstrate their talents and skills. Individualism promotes innovation, competition and creativity as individuals strive to accomplish but hinders cooperation (William & Anderson, 1991). In the long run this sometimes means productivity suffers, clients do not get the necessary satisfaction and conflict increase as employees with this orientation create a tense work environment since they are too rigid in their ideas. In an organization, when the group fails to satisfy the needs of a group member, the individualistic person feels free to leave the group and pursue his/her personal goals.

In contrast, an individual becomes and continues to be a member of a group as long as the group is instrumental in the attainment and satisfaction of individual goals and needs that cannot be attained by working alone (Wagner, 1995), hence collectivism. Collectivism is a personal orientation which allows the interest of the group to take precedence over those of the individual (Earley, 1989). When individual and group needs are in conflict, the individual is expected to give up personal needs in favor of group needs (Triandis, 1994). One benefit of promoting collectivism in the human service professions such as nursing is that employees with collectivist values are committed to organizations primarily because of ties with the management, colleagues, and clients and far less because of the job itself or the compensation scheme (Cox, 1991). Collectivism at work is also associated with a strong sense of duty to group, relatedness to others, seeking other's advice, harmony and attainment of group goals (Gaertner & Dovidio, 2000). Individualism and collectivism as personal orientations have often been associated with prosocial behavior in organizations.

Prosocial behavior in an organization is broadly linked with the notion of socially desirable behavior. It is a set of voluntary behaviors exhibited with the intention of benefitting others (Eisenberg & Fabes, 1998). Behavior is considered prosocial when it

benefits others particularly when the other's benefit is the primary goal (Hinde & Groebel, 1991). The purest forms of prosocial behavior are motivated by altruism, which is an unselfish interest in helping another person (Batson, 1991). An altruistic act performed by an individual is an intentional act that aids another with no benefit and perhaps even a cost to the individual who performs the act (Dovidio, Gaertner, & Johnson, 1999). While there is both altruistically and egoistically motivated altruism (Batson & Leonard, 1987) both describe an individual sacrificing something for another which in turn boosts performance and satisfaction at work.

Altruism can be assisting someone with a heavy workload, orienting new colleagues on how to use equipment, and helping a co-worker catch up with a backlog of work and maybe fetching materials that a colleague needs and cannot procure on his own (Van Dyne & Ang, 1998). The circumstances most likely to evoke altruism are empathy for an individual in need, which involves imagining the experience and feelings of the other by taking their perspective (Batson, 1991) or self–other merging which is experiencing the suffering of another because that other is viewed as an extension of oneself (Cialdini, Brown & Lewis, 1997). Feeling of empathy towards the individual needing aid increases the likelihood that the aid will be given. Altruist tends to act regardless of reputational incentives (Simpson, 2000). However, studies have shown that highly altruistic individuals derive some personal benefit from their actions even if it is as menial as a sense of self worth or personal gratification (Knickerbocker, 2003).

Some behaviors that appear altruistic are in fact motivated by reciprocity. Reciprocity is a powerful social norm that dictates that we treat others as they have treated us. It is the expectation that people will respond favorably to each other by returning benefits for benefits, and responding with either indifference or hostility to harm (Carlsmith, Darley & Robinson, 2002). Reciprocity is often used as a compliance strategy in social influence (Coyle-Sharpiro & Conway 2005). Reciprocity occurs when a person assists another with an expectation that the individual will one day do something to return the favor (Wu, Hom, Tetrick, Shore, Jia, Li, & Song (2006). An intermediate mutual benefit occurs when reciprocity is expected; this behavior is thus performed with the expectation of repayment (Simpson, 2000). In organizations, individuals are more likely to help those who offer help (Wedekind & Braithwaite, 2002) and offering help increases one's status and reputation among members of an organization (Braithwaite, 2004). Research (e.g. Van Dyne, Vande Walle, Kostova, Latham, & Cummings, 2000) has revealed that altruists are more likely to indirectly reciprocate other behaviors as this contrasts with the direct reciprocity of egoism where individuals directly return favors to those who have assisted them in the past (Van Dyne, VandeWalle, Kostova, Latham, & Cummings, 2000).

The concepts of altruism and reciprocity are clearly related to collectivism and individualism (Ramamoorthy & Carrol, 1998). In the organization individuals with collectivist orientation are more likely to help those in their in-group or society at large

(Earley & Gibson, 1998). They are committed to organizations, patients, superiors and colleagues primarily because of ties and far less because of self-interest or a particular reward or incentives. While people with individualistic orientation are likely to assist similar or likable others considered being close especially family members (Penner, Dovidio, Piliavin, & Schroeder, 2005). When involved in these behaviors, individuals reinforce and maintain their positive self-images or personal ideals, as well as help to fulfill their own personal needs (Coyle-Shapiro & Morrow, 2003).

One major aspect of human service organizations that has greatly undermined the potentials of workforce is the lack of helping behavior such as altruism and reciprocity. Such behaviors have been found to be strongly related to job outcome among health professionals, and several studies (e.g. Newman, 2000) have observed its effects on job motivation, improved patient satisfaction and subsequently improved efficiency. These studies suggest that self interest has a negative consequence on job outcome and also affects the quality of services which patients receive. Though a number of studies were conducted to enhance our current understanding of individualism-collectivism, however studies regarding altruism and reciprocity in relation to individualism-collectivism among nurses have been explicitly explored and found to be limited (Robert & Wasti, 2002), hence this study examined individualism-collectivism as predictor of altruism and reciprocity among nurses in Enugu metropolis.

THEORETICAL REVIEW

Social Identity Theory

According to social identity theory, individuals can develop two principal identities; a personal self which encompasses unique idiosyncratic information about them and a collective self which encompasses information about the group to which they belong (Tajfel, 1978). In particular this collective self or social identity entails information such as the extent to which individuals feel committed or attached to a specific group as well as the status and characteristics of this group relative to other social categories (Tajfel & Turner, 1986).

The social identities of individuals are not static but evolve progressively over time. In particular individuals implicitly construct a multitude of social categories such as men, women, conservative as well as many classes that cannot be designated with simple labels, individuals identify common beliefs, attitude, feelings and behaviors referred to as prototypes. Specifically they construct these social categories and characterize the prototype to differentiate their group from other collectives (Reid & Hogg, 2005). Individuals ascribe relatively desirable characteristics to their own group such as morality, efficacy and status, but input undesirable characteristics to other groups. In other words social identity is primarily formed to foster a sense of uncertainty and boost self esteem (McGregory, Reeshma, & So-jinn, 2008).

Relating this theory to individualism and collectivism, social identity theory talks about the roles that individuals enact and the attainment of their personal goals as they believe make them feel unique. Based on this, people with individualist orientation since they are more concerned with the roles they perform are likely to assist and reciprocate behaviors so as to attain personal goals, feel unique and increase ones reputation among members of an organization. While individuals with a collectivist orientation are likely to be altruistic and reciprocate behaviors for the attainment and satisfaction of group goals, striking a balance between the self and the demands of the society as well as self esteem. Although the group, role and person identities provide different sources of meaning, it is also likely that these different identities overlap. Sometimes they may reinforce who one is, at other times they may constrain the self.

METHOD

Participants

A total of 71 participants comprising 54 (76%) female and 17 (23.94%) male nurses between the ages of 19 to 40 years with a mean age of 29.34 and standard deviation of 5.42 were sampled using purposive sampling technique from the population of nurses in Federal hospitals (University Teaching Hospital, Orthopedic Hospital and Federal Neuropsychiatric Hospital) in Enugu metropolis. Purposive sampling was used due to the nature of the population with typical cases that provided requisite data (Kalton, 1983).

Instrument

Three instruments comprising Singelis *et al.* (1995) Individualism-collectivism Scale, Rushton (1981) Self-Report Altruism Scale and Eisenberger *et al.* (2004) Reciprocity Scale were administered.

Singelis *et al.* (1995) 12-item Individualism-collectivism Scale with Likert–type response format ranging from 1= does not describe me at all to 5= describes me very well measured personal orientations of individualism and collectivism. Items 1 – 5 measured Individualism while items 6 – 12 measured collectivism. The scale has direct scoring for the entire items except for item 8 that has reverse scoring. Okonkwo (2002) adopted and validated individualism-collectivism scale for use in Nigeria and obtained a coefficient alpha of .69 for the 12 items out of the original 16 items by Singelis *et al.* (1995) and Spearman Brown split-half reliability of .85.

Rushton (1981) Self-report Altruism Scale with Likert-response format ranging from 1 = never to 5 = very often measured altruism. All the items had direct scoring. Rushton (1981) obtained a reliability of .84. The present researcher carried out a pilot study and reported Cronbach alpha of .76 and Spearman Brown split-half reliability of .69.

Eisenberger *et al.* (2004) Reciprocity Scale with Likert-type response ranging from 'strongly disagree' (1) to 'strongly agree' (7) measured reciprocity. Eisenberger *et al.*

(2004) obtained a reliability coefficient of .77. However, the researchers in a pilot study reported Cronbach alpha of .68.

Procedure

The researcher administered a total of 100 copies of the questionnaire within 2 weeks. This administration was carried out in various Federal hospitals (University of Nigeria Teaching Hospital, National Orthopedic Hospital and Federal Neuropsychiatric Hospital) in Enugu. The exercise was carried out after been permitted by the authorities of these health institution under the supervision of staff of the institutions. These staff who served as research assistants were informed of the aims of the study, the targeted population and administrative procedure. These staff assistants helped the researchers to administer copies of the questionnaire to the available participants. These took place in the three hospitals. To this end, 71 (87%) copies of the questionnaire properly completed and returned were used for data analysis and testing the hypotheses.

Design/Statistics

This was a correlational study. Multiple regression was applied as a statistical test for data analysis using Statistical Package for the Social Sciences (SPSS).

RESULTS

Table I: Summary table of Multiple Regressions on Individualism-Collectivism as Predictor of Altruism among Nurses.

Criterion Variable	Predictor Variables	B	Beta	t	P	Confidence limit		R	R^2	Adjusted R^2	F	p
						Lower Bound	Upper Bound					
Altruism								.057	.003	-.026	.111	>.05
	Individualism	.049	.028	.231	>.05	-.375	.474					
	Collectivism	.131	.047	.387	>.05	-.544	.806					

From table I above, it was observed that individualism and collectivism did not jointly predict altruism among federal nurses of R^2 =.003, F (2, 70) = .111, P > .05 level of significance. These results indicated that there was no significant relationship between the predictor variables (individualism and collectivism) and the criterion variable (altruism), R=.057. Individualism together with collectivism accounted for 2.6% of the variation in altruism (Adjusted R^2 = -.026).

Moreover, as shown in the table, the regression coefficients for individualism (b) was .05 (95% confidence interval of -.38 to .47) and collectivism (b) was .13 (95% confidence interval of -.54 to .81). Since the confidence limits contained negative values, therefore it could be concluded that the population regression coefficient for individualism (t = .231, ns) and collectivism (t = .387, ns) were negative. Based on the outcomes, the standardized

regression coefficients indicated that individualism and collectivism independently did not predict altruism behavior among federal nurses.

Therefore the hypothesis which stated that 'individualism-collectivism will neither jointly nor independently predict altruism was confirmed and thereby accepted.

Table II: Summary table of Multiple Regressions on Individualism-collectivism as Predictor of Reciprocity among Nurses.

Criterion Variable	Predictor Variables	B	Beta	T	P	Confidence limit		R	R^2	Adjusted R^2	F	p
						Lower Bound	Upper Bound					
Reciprocity								.038	.001	-.028	.050	>.05
	Individualism	.061	.038	.313	>.05	-.327	.449					
	Collectivism	-.022	-.009	-.072	>.05	-.639	.595					

From table II above, it was observed that individualism and collectivism did not jointly predict reciprocity among federal nurses of R^2 =.001, $F(2, 70)$ = .050, P > .05 level of significance. These results indicated that there was no significant relationship between the predictor variables (individualism and collectivism) and the criterion variable (reciprocity), R=.057. Individualism together with collectivism accounted for 2.8% of the variation in reciprocity (Adjusted R^2 = -.028).

Moreover, as shown in the table, the regression coefficients for individualism (b) was .07 (95% confidence interval of -.33 to .45) and collectivism (b) was -.02 (95% confidence interval of -.64 to .59). Since the confidence limits contained negative values, therefore it could be concluded that the population regression coefficient for individualism (t = .313, ns) and collectivism (t = .072, ns) were negative. Based on the outcomes, the standardized regression coefficients indicated that individualism and collectivism independently did not predict reciprocity beliefs among federal nurses.

Therefore the hypothesis which stated that 'individualism-collectivism will neither jointly nor independently predict reciprocity was confirmed and thereby accepted.

DISCUSSION

Individualism-Collectivism and Altruism

The findings of previous studies (e.g. Allik & Realo, 2004, Conway, Ryder, Tweed, & Sokol 2001, Kemmelmeier, Jambor & Letner 2006, Finkelstein, 2010, Davila De Leon & Finkelstein, 2011)) did not support the findings of this present study which revealed that individualism-collectivism neither jointly nor independently predicted altruism among the nurses. These results showed that there was no association between the joint experience of individualism-collectivism as factors and altruism behavior of the nurses. Hence, the nurses' altruism was not associated with their being either individualistic or collectivistic. Moreover, the results revealed that independently individualism and

collectivism did not predict altruism. Thus, independently personal orientations (individualism and collectivism) of the nurses did not relate to altruistic behavior.

The findings could be linked to the culture where the study was conducted. Nigerians, especially the Igbos, have a communal way of living and they so much believe in collective effort. But, they also exhibit a high level of individualistic personality when it comes to things concerning self, that is, the in-group/out-group phenomenon. However, these personal orientations (individualism and collectivism) not having a relationship with the nurses inclination to help could be explained thus; by virtue of their professional they ought to be altruistic. Again, their religious background and expectations concerning the act of helping, that God will help those who help others. These are unconscious motives that might trigger one to engage in altruistic behavior rather than the individual's personality.

Individualism-collectivism and Reciprocity

The results of previous studies (e.g. Wagner 1995, De Cremer & Van Lange 2001, Brownell, Ramani, & Zerwas, 2006, Warneken, Chen, & Tomasello, 2006) did not support the findings of this present study which revealed that individualism-collectivism neither jointly nor independently predicted reciprocity among the nurses. Thus, the nurses' reciprocity was not associated with their being either individualistic or collectivistic. Moreover, the results revealed that independently individualism and collectivism did not predict the nurses' reciprocity. Hence the nurses' individualistic personality had no relationship with their reciprocity. This was also applicable to collectivistic personality and reciprocity.

Culture again offers a plausible explanation. A culture where people like to reciprocate whatever you do for them. Reciprocity having nothing to do with either being individualistic or collectivistic demonstrated the "adage which holds that one good turn deserves another" as inherent in the attitude of these nurses whether individualistic or collectivistic. Reciprocity is deep seated in the cognitive orientation of people from this part of the world.

CONCLUSION

Considering the outcome of this study, neither individualism nor collectivism predicted altruism and reciprocity, hence the need to consider other factors such as attitude of nurses towards patients and nursing profession, nurse-patient relationship, perceptual processes, religious affiliation e.t.c. These factors could play mediating roles in the relationship between individualism-collectivism, altruism and reciprocity among nurses. Although individualism-collectivism did not predict altruism and reciprocity, it is important to note that pursuit of group goals (collectivism) and giving help unconditionally (altruism) will enhance the effectiveness and efficiency of employees especially nurses whose major responsibility is to give help to patients.

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