

Prosociality levels of University of Mostar students

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Abstract

Socialization refers to the adoption of that part of the culture that includes interpersonal relationships and their development, therefore it represents the adoption of a form of social life. Prosocial behavior [opposite of antisocial] is a comprehensive term for all social behaviors which are the basis of benevolence, helping others in meeting their needs or eliminating difficulties; include kindness and cordiality, material help and moral support, empathy and altruism. Empathy is the ability of compassion and understanding of someone else's experience, emotional state, thoughts and behavior. Altruism is a specific selfless form of prosocial behavior that refers to actions that are not driven by the expectations of social rewards or the avoidance of outward discomfort and punishment, which are conscious and voluntary, taken with the intention of enhancing and sustaining someone else's well-being. Communication in nursing increases overall satisfaction and productivity in the healthcare organization, which means, enhances the communication between superiors, team members, and patients, strengthens the internal work cohesion and advances health care. Relationships in the nursing profession are very important for a good relationship between the patient and the nurses, because they are the ones that help the patient along with the doctor to facilitate his or her time spent in the disease, the aim of the study was to determine prosocial behavior levels in the Faculty of Health Studies and the Faculty of Medicine, University of Mostar's final year students. The intent was to investigate the level of emotional empathy and altruism among future nurses and doctors, and to make a comparison between the two groups.

121 student from the University of Mostar joined the research. Out of the total number there were 43 nursing students, and 78 medical students. A prosociality questionnaire containing questionnaires of emotional empathy and altruism were used for the research [Raboteg-Sarić 1993].

The study found significant differences in assessments of the altruism and empathy between medical students and nursing students, with nursing students achieving higher values on the altruism and empathy scales than medical students

Keywords: altruism, empathy, nurse, prosociality, student

1. Introduction

Social psychology is a branch of psychology that explores the social foundations of psychic processes, experiences and behaviors. It focuses on relationships between people and their mutual influence on different forms and processes of social interaction and influence [1]. Socialization refers to the adoption of that part of the culture that includes interpersonal relationships, their development and the adoption of a form of social life [2]. On the other hand, cooperation, helping others and similar behaviors are one of the most important goals of socialization. Such behaviors are encouraged in order to maintain harmonious interpersonal relationships and functioning of social groups. One of the major human values is the moral obligation to help those in need, those who are unhappy or who are currently endangered [3].

1.1. Prosocial Behavior

Research in the 1970s was the most concerned with identifying factors which increase or decrease the

probability of helping others. Later, interest in explaining the internal processes or motivational structure of altruism grew, and more recently, various theoretical approaches have been increasingly sought for integration [4]. Prosocial behavior [opposite of antisocial] is a comprehensive term for all behaviors that are underlying charity, assisting others in meeting their needs or eliminating difficulties; includes kindness and benevolence, material help and moral support, empathy and altruism [5]. Egoistically motivated helping is the one aimed at enhancing the well-being of the helper, which means, satisfying the helper's needs, and altruistically motivated is aimed at enhancing the well-being of the one being helped. Prosocial behavior also depends on the gender of the potential helper. Many studies, including those conducted on children, have shown greater empathy in women than men [6]. However, there are more men in professions involving risk, and the rescue of others. [firefighters, police, etc.] Many studies have shown that women in each age group score better results on measures of altruism and empathy [7]. and in the same way, stereotypes about the prosocial behavior of different gender have also been shown [8].

1.2. Empathy

The word empathy comes from the Greek word *en* in and *pathos* accident, evil, trouble, suffering. Sigmund Freud used the term "Einfühlung" which in translation means to feel in someone or something [9]. Empathy is the ability to commiserate and understand someone else's experience, emotional state, thinking and behavior. To empathize is to understand, but not to experience, someone else's problems as one's own. Kindness, honesty, warmth and attention and interest signs are used as non-verbal signs of empathy [10]. Hoffman claims that in situations where they feel empathy, people are often inclined to help, moreover, the more they empathize with the other person, the more likely they are to help [11]. Also according to Hoffman, prosocial motives arising from empathy can be found at all of her levels: from mimicry reflecting the posture and expression of another person's face, to supporting the direct expression of another's suffering through speech, following, listening and empathizing with another person. [12]. Reynolds and Scott say nursing empathy can: enable nurses to create a climate of trust and care that patients perceive they need; enable nurses to understand the roots and purpose of patients' reactions to health problems; make positive health outcomes easier to achieve, such as reducing physiological discomfort, anxiety, and depression [13].

1.1. Altruism

Altruism is an unique, selfless form of prosocial behavior; it means genuine, selfless affection for others. Altruism refers to actions that are not triggered by the expectation of social rewards or the avoidance of outward discomfort and punishment, which are conscious and voluntary, undertaken with the intention of enhancing or maintaining the well-being of others [4]. Altruism is fondness for other people, a willingness to help them even at the cost of endangering one's own life [14]. The reasons why someone helps other may be different: a genuine concern for the other person or a desire to pursue their own interests, an expectation that the person they are helping will do the same, etc. [3].

1.1. Communication of healthcare professionals as a predictor of good relationships and prosocial behavior

Since the term of prosocial behavior has already been explained, the term communication as a predictor of good

relationships and prosociality will also be defined. Communication is the basis of all interpersonal relationships, which is evident from the very meaning of the word *communicare* [lat.] to do together, to share something, to be in connection with each other. It is a tool by which we share our thoughts, feelings, opinions and ideas, and in that way, connect with other people [15]. Communication in medicine is considered to be the key, and the most commonly used clinical skill [16]. Nursing communication increases overall satisfaction and productivity in the healthcare organization, in other words, enhances the communication between superiors, teammates and patients, strengthens the internal work cohesion and advances healthcare [17]. For the usage of complex communication skills requires the following preconditions: self-respect, openness, kindness, warmth, and the avoidance of stereotypes and prejudices. Communication in medicine is an extremely broad area which includes the relationship of the healthcare professional, the patient and his family, but also communication among medical team members and between health professionals, volunteers, civil society organizations, governmental and intergovernmental institutions, the for-profit sector and the whole public [18]. We have learned to speak, but that doesn't mean that we know how to communicate, and when talking to a patient, that fact has a very important meaning. The message the patient receives must be clear and understandable to him. Communication with the patient is unique in its own way [15]. Paul Tournier warns how the patient is in a special situation in life that requires a different approach and way of communication [19]. Successful communication with the patient is based on a relationship, a trust that grows from a quality relationship, active listening and the most effective tool of communication, the ability to speak/talk, empathic understanding and words that have a special consoling meaning for the patient [20]. Communication is much more than a spoken phrase that we want to transfer a message with. Since we are human beings we also include a relationship in communication, and it involves experiencing the person that we are talking to and developing empathy for our interlocutor. Relationship is a special feature of every conversation, and it is the relationship that makes it a conversation, not a mere exchange of information [21]. Relationships in the nursing profession are very important for a good relationship between the patient and the nurses because they are the ones that help the patient with the doctors and make his time spent in the disease easier [22]. The nurse-patient relationship is conducted within the boundaries that separate professional and therapeutic behavior from unprofessional and non-therapeutic

behavior. It is based on trust, respect, and intimacy and requires the proper use of authority [23]. The most accepted model of nursing-patient relationship has been set by Parsons, who develops a model of social roles. He mentions four basic features of nurse-patient relationship: support, tolerance, manipulation of gifts and rejection of reciprocity [24]. The Nurses International Code of Ethics obliges nurses to "maintain cooperative relationships with collaborators in nursing and other fields" [25]. The basic thought of every sister should be the golden rule: Everything you want people to do to you, you do to them [Mt 7:12] and then she will treat the nurses and other associates as she would like them to treat her. Relationships in the nursing profession are very important for a good relationship between the patient and the nurses because they are the ones that help the patient with the doctor and make his time spent in the disease easier [26]. The empathetic attitude plays a big role in the conversation [27]. Possessing and developing empathy for nurses will help to respect with the code of ethics prescribed by the profession, especially those aimed at respecting patients values and beliefs [28]. Empathy also has all the positive effects above in communication with co-workers, which contributes to better interpersonal and group cohesion [29].

The aim of the study is to examine the level of prosociality, emotional empathy and altruism of the nursing school students of the Faculty of Health Studies / Postgraduate School of Nursing and Students of the Faculty of Medicine of the University of Mostar, and to make a comparison between the two groups. The aim is also to examine whether prosocial behavior is more pronounced in higher year students than in the lower years of study.

Out of the total number of students [121], 43 nursing students are from Faculty of Health Studies, of which 29 [67.4%] are 4th year students and 14 [32.6%] are 5th year students, and 78 are Medicine Faculty students, of which 30 [38.5%] of year 4 students and 48 [61.5%] of year 5 students. The survey was conducted in March and April 2019. The questionnaire completion time was less than 20 minutes.

2. Examinees and methods

The survey used a prosociality questionnaire containing questionnaires of emotional empathy and altruism, which were taken from Zora Raboteg-Šarić [Raboteg-Šarić, 1993]. Emotional empathy scale measures the tendency emotional of response caused by the emotional state of other people, [Raboteg-Šarić, 1995]. The examinees had to indicate the

extent to which the content of the claim relates to them for each of the 19 statements, on a scale of 0 to 4 degree. [0 means "does not apply to me at all", 4 means "it totally applies to me"].

Altruism Scale measures the tendency of altruistic behavior in everyday situations. In most described situations, respondents are asked to help with a certain sacrifice, while neglecting their own. The instrument consists of 17 statements on a scale of 0 to 4, it must be estimated how often a particular behavior occurred (0 is never, and 4 is very often).

The dimensionality of the emotional empathy scale was examined with the exploratory factor analysis under the model of maximum ascertainment with varimax rotation, According to the Guttman-Kaiserov criterion, four factors were obtained with significant characteristic roots that explain 53.64% of the variance. However, since the percentage explained the variance decreases significantly after the separation of the first factor and that, in studies that used this scale, the result formed on the basis of all 19 particles proved to be a reliable measure of global empathic emotional reactions [Raboteg-Šarić 1995], the score used, was the total score which consists of all the scale particles. In order to check the justification of this decision, factor analysis was performed with one given factor, and it was shown that this factor explains 39.85% of the variance, and that the particles showed saturation of the factor, bigger than 40 for the entire sample. The results were formed as average values ??range from 0 to 4. A higher score indicates greater empathy. The reliability of [Cronbach alpha] 19 particles on the emotional scale of empathy is .92 on the total sample. With the exploratory factor analysis under the model of maximum fit with varimax rotation, the dimensionality of the altruism scale was also tested. According to Guttman-Kaiserov criterion, one factor with a significant characteristic root that explains 36.93% variances, and all particles have a saturation factor greater than 0.40. Therefore, the total score is formed as the average value of the response to the individual particles. Reliability of the overall scale is satisfactory [$\alpha=0.90$].

A total of 101 students completed the altruism questionnaire, of which 70 [69.3%] average age 23.3 [min=12, max=47, SD=2.983] A total of 121 completed the empathy questionnaire of which 80 [66.1%] were female, and 41 [33.9%] were male respondents, average age 23.3 [min = 12, max = 47, SD = 2.729]

Commented [K1]: Ajde vidi ove upitnike ovdje

2.1. Statistical analysis

Data were collected in MS Excel database [version 11. Microsoft Corporation Redmond, WA, USA], and the statistical analysis was done on the program SPSS 20.0 [IBM Corp., Armonk, NY, SAD]. The data were processed with descriptive statistics methods, continuous variables are shown as the arithmetic mean and the standard deviation. For testing of the continuous variables, Student's t-test for independent samples was used. Probability level of $p < 0,05$ was taken as statistically significant.

3. Results

Before the statistical processing of data, it was necessary to check whether the results obtained are distributed according to the normal distribution. The Kolmogorov-Smirnov [K-S] test of normality of the distribution was used for this purpose, and it was insignificant for both variables [for emotional empathy $p= 0,200$; for altruism $p = 0,088$] indicating that the distribution of results of estimates on the emotional empathy and altruism scale doesn't differ significantly from normal distribution. Since the data of this research meets the conditions of distribution normality, in the statistical procedures, parametric procedures were used for statistical processing.

Table 1. Testing the significance of differences in estimates of altruism in the total sample of Faculty of Medicine and Faculty of Health Studies, as well as in particular years of study

		N	M	SD	t	df	p
Total	Medicine	57	2,75	0,755	2,516	94	0,014*
	Nursing	43	3,06	0,464			
4. year	Medicine	30	2,59	0,578	2,984	57	0,004*
	Nursing	29	3,01	0,488			
5. year	Medicine	27	2,92	0,893	1,160	39	0,253
	Nursing	14	3,16	0,408			

* $p < 0,05$

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5. year	Medicine	27	2,92	0,893	1,160	39	0,253
	Nursing	14	3,16	0,408			

* $p < 0,05$

Significant differences were found in altruism estimates between MF and FHS students. FHS students achieve more value on the altruism scale than MF students. There are also significant differences in estimates of altruism between the 4th year students of the study groups, students of FHS score higher on the altruism scale than MF students. However, no significant differences were found in the altruism estimates between the students of the 5th year on MF and FHS.

Table 2. Testing the significance in differences of empathy estimates in the overall sample of MF and FHS students, as well as in particular years of study.

		N	M	SD	t	df	p
Total	Medicine	76	2,77	0,632	2,656	117	0,009*
	Nursing	43	3,08	0,583			
4. year	Medicine	29	2,67	0,483	3,256	56	0,002*
	Nursing	29	3,10	0,516			
5. year	Medicine	47	2,84	0,706	1,029	59	0,307
	Nursing	14	3,06	0,724			

* $p < 0,05$

Significant differences were found in the estimates of empathy between MF and FHS students in the total sample, with FHS students achieving more value on the scale of empathy than MF students. Also, significant differences in estimates were found in empathy measures between 4th year MF and FHS students. FHS students score higher on the empathy scale than MF students. No significant differences were found in the estimates of empathy between the students of the 5th year of MF and FHS.

The second part was about seeing if there were age and gender differences in altruism and empathy.

Table 3. Testing the significance of differences in estimates of altruism and empathy in fourth and fifth year students.

		N	M	SD	t	df	p
Altruism	4.year	59	2,80	0,571	-1,555	98	0,123
	5.year	41	3,00	0,765			
Empathy	4.year	58	2,88	0,540	-0,057	117	0,954
	5.year	61	2,89	0,710			

No significant differences were found in altruism estimates between fourth and fifth year students. Also, no significant differences were found in the estimates of empathy between fourth and fifth year students

Table 4. Testing the significance of differences in altruism estimates based on gender.

		N	M	SD	t	df	p
Altruism	Male	69	2,75	0,546	1,385	98	0,169
	Female	31	2,94	0,702			
Empathy	Male	78	2,63	0,632	3,317	117	0,001*
	Female	41	3,02	0,579			

*p<0,05

No significant differences were found in altruism between male and female students. Significant differences were found in the estimates of empathy between female students, with female students giving higher evaluations of empathy from male students.

4. Discussion

The altruism questionnaire was completed by 101 students, of which 70 [69.3%] were female and 30 [30.7%] were male respondents. The empathy questionnaire was completed by 121 students, of which 80 [66.1%] were female and 41 [33.9%] were male examinees. The average age of students is 23.3 years.

From the results it can be seen that FHS students are more empathetic towards patients, use empathetic communication more in interaction with diseased persons and their families in comparison to MF students.

FHS and MF female examinees were expected to score higher on the scale of emotional empathy and altruism than male examinees in the aforementioned faculties..

Significant differences were found on the scale of emotional empathy, where female examinees achieved significantly higher scores than male examinees, while on the altruism scale, no significant differences were found between male and female examinees from these faculties.

This research does not confirm the stereotype that women are more altruistic than men. The reason for this result lies in the fact that altruism refers to behavior in which an individual is willing to help others in distress regardless of gender.

In Davis's research [1883], and some other studies [e.g. Jose,1989] it was shown that women achieve higher scores on the Empathy Scale than men [Karniol et al., 1998]. Other studies have also shown on a wide range of empathy measuring instruments, that female examinees' scores are higher than those of male examinees. In meta analysis of 16 studies, Eisenberg and Lennon [1983] reported that there were some statistically significant differences between the results of male and female subjects, and in later analyzes these differences [in favor of female subjects] was found in 11 out of the 13 observed studies [30].

According to a study published in The New England Journal of Medicine, as many as 85% of examinees have already changed or intend to change their doctor. The author of this research states that the use of empathy is characterized by successful communication, a quality that some doctors have not acquired during their education and internship. And such doctors, he claims, may further be useless in patient care [31]. The results of the above mentioned study coincide with our research, i.e. that MF students do not practice sufficiently empathetic communication in working with patients.

Also, according to a research conducted in Varaždin related to the use of communication in patient care, 81.2% of examinees thought that empathetic communication helps the nurse work and communicate with patients, and that every nurse should show empathy for patients. When asked "The ability to express empathy helps me communicate with patients and their family," 70% of examinees answered frequently and 74% always [32]. From

this research, it can be seen that communication to healthcare professionals is one of the basics for a successful patient recovery and how important it is its application.

5.Literature

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6. Conclusion

Prosocial behavior is one of the essential features and basics on which relationships with others, especially patients, must be built. Based on this research, it can be concluded that the students of the Faculty of Health Studies, in other words, future masters of nursing, have a much greater level of empathy and altruism than students of the Faculty of Medicine, i.e. future doctors.

However, it is necessary to emphasize that students are not observed in practice, and therefore it cannot be argued that their existing level of prosociality will be applied in practice.

Because the sample was made up only of students, the results are valid for a relatively narrow age range, and first of all, for the student population, so they cannot be generalized with certainty to older or younger people and people with lower educational levels. Also one of the limitations of this research is the size of the sample, especially the male gender.

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