The Experience of Volunteering for Hurricane Katrina Relief
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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 Wars. Mary Seacole, a Jamaican born nurse traveled to London to be of assistance in the Crimean Wars 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 soldiers (Robinson, 2004). Nurses 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 even became prisoners of war in WWII where they displayed creativity and guile in outwitting their captors, surviving, and helping others to survive (Norman, 1999). Nurses have served courageously in every war since.

But nurses who are not military nurses are also courageous when they respond to natural disasters. Nurses from all over the world have gone to places affected by terrible disasters, assisting in whatever way they can be of value. This was 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. Nurses left their homes, families and work to travel to the disasters and
assist. There is no nursing literature that explains the phenomenon of nurses deciding to leave their homes to volunteer to assist in these traumatic events.

The specific aim of this transcendental phenomenological study was to explore how nurses experienced the decision to volunteer to provide humanitarian aid in the immediate aftermath of hurricane Katrina in fall, 2005. The interview questions that guided the study were: What made you decide to go? How did you decide to go? What was it like to be there? What did you expect it to be like? How was it when you came home? How did the experience affect you while you were there, immediately afterwards and over time until now? The results reported here are specific to the experience of deciding to volunteer and the life changes that became evident to the nurses after their experience volunteering in the aftermath of Hurricane Katrina. Specifically, the question addressed herein is, “What made the nurse decide to volunteer and did that decision result in life changes?”

Background

The author conducted an extensive search to find literature about nurses’ motivation to volunteer in large-scale disasters; none was found. There are many individual stories of nurses’ voluntary participation in the World Trade Center attacks in 2001, the tsunami in 2004 and in the aftermath of Hurricane Katrina in 2005. However, there is no reported research about how nurses made the decision to leave the comfort of their homes to volunteer and how the decision to volunteer affected their lives. There is some literature that discusses compassion and moral duty in nursing that may be factors in nurses’ decisions to go where they feel they are most needed. There is also literature
in the fields of psychology and sociology exploring theories about volunteerism that may help to explain some of the motivations behind nurses’ decisions to volunteer in large-scale disasters.

According to Von Dietze and Orb (2000) compassion in nursing is more than just a natural response to suffering; it is also a moral choice. Compassion is “deep” in that it is an altruistic expression. Compassion is about expressing love for fellow human beings because of the value that each life represents; it actualizes love (Von Deitze & Orb, 2000). Compassion is also seen as a bridge that brings together the individual and the community; an essential bridge to justice in that the core of compassion is the willingness of the individual to enter into the problem of another person with that person (Nussbaum, 1996). Human connectedness may be the foundation of compassion. Without human connection, suffering cannot be recognized and compassion never has the opportunity to be expressed (Jull et al., 2001). The roots of compassion lie deep within the history and tradition of nursing. Some believe compassion is the very nature of moral responsibility and that it is the sense of calling or moral duty that many nurses still describe as central to their concepts of themselves as nurses.

There are a number of theories in the psychology and sociology literature that attempt to explain volunteerism. These theories are not present in nursing literature and have not been applied to nurses who volunteer in extreme circumstances such as large-scale natural disasters. Volunteerism is considered a prosocial behavior, that is, behavior that is intended to provide some benefit to another person or group of people (Penner, 2004). Penner (2004) defined two dimensions to the prosocial personality. The first
dimension is other-oriented empathy in which there is a primary focus on empathy, a sense of responsibility and concern for others (Penner, 2004). The second dimension is helpfulness which is frequently engaging in helpful actions and not engaging in self-oriented reactions to the distress of others. Clary et al. (1998) described volunteers as actively seeking opportunities to help others, frequently deliberating about whether or not to volunteer, how much to volunteer and whether or not volunteering fits with their own personal needs, and ultimately making a commitment to ongoing helping relationships that may extend over a period of time and entail considerable investment. Clary and associates (1998) proposed six specific functions served by volunteerism: (1) provides an opportunity for individuals to express altruistic and humanitarian values toward others; (2) permits new learning experiences and the chance to exercise knowledge, skills and abilities that might go otherwise unpracticed; (3) reflects motivations concerning relations with others and provides the opportunity to look good to others; (4) recognizes that there may be career benefits to volunteering; (5) protects the ego from negative features of the self, reducing guilt over being more fortunate that others and; (6) provides the opportunity for psychological growth and development.

Another prosocial theory of helping is the bystander or spontaneous intervention theory. This theory was expounded by Latané and Darley in the mid 1960’s in response to the Kitty Genovese incident in New York City. Ms. Genovese was attacked by a man with a knife in a parking lot outside of her apartment building. She called for help numerous times and her attacker returned several times eventually killing her. In the end, police determined that 38 people witnessed this incident over a 45-minute 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 the researchers believed determined whether or not a person decided 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).

Batson and Shaw (1991) presented the idea that true altruism may motivate volunteering and developed the “empathy-altruism hypothesis” to challenge the contention that people help others because of a need for self-benefit. 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. This hypothesis claims that feeling 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.

There are also world view theories to describe motivation to volunteer during particularly noteworthy global events. Two such theories are the just world theory and the terror management theory. According to Lerner’s theory of just world motivation, people assume they live in a just world in which each person gets what he/she deserves and
deserves what he/she gets (Montada & Lerner, 1998). In this theory, good things happen to good people and bad things happen to bad people. As a theory of motivation to volunteer then, 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 this 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 at some level, beings of enduring and meaningful significance (Pysczynski, 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. 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 (Pysczynski et al., 2003).

It is possible that a nurse’s decision to volunteer in an extreme event such as a global disaster is triggered by a number of factors. Each of these theories offers possibilities that promote understanding of why nurses may have decided to volunteer in the immediate aftermath of Hurricane Katrina in the United States, but there has been no empirical report concerning this question.

Methods

6


**Study Design**

This transcendental phenomenological study was based in the philosophical 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 (Moustakas, 1994).

**Sampling**

Criteria for inclusion in the study were: licensed as a RN at the time of the volunteer response to Katrina, volunteered as opposed to being called to duty, assigned to a site of hurricane devastation, received no compensation other than travel expenses that may have been provided by an organizing agency, and willing to be interviewed and recorded by the researcher for approximately one to two hours. After obtaining university IRB approval, snowball sampling was used to identify nurses who fit the criteria. Several nurses who fit the study criteria had been identified to the researcher through casual conversations with colleagues about the research topic. These nurses were contacted by the researcher’s colleagues who knew them and they were asked to contact the researcher if they were interested in participating in the study. When the nurses contacted the researcher formal written consent was obtained and interview dates, times and places were established. These nurses were asked if they knew of others who fit the criteria and
who might be interested in participating. If so, they were given a script approved by the university IRB for use in communicating with the potential recruits. Again, if there was interest, the nurse was asked to contact the researcher. Through this process a total of 11 nurses who fit the criteria were enrolled in the study. Of the 11 nurses 9 provided aid in the immediate aftermath, the first few months after Katrina, and 2 nurses provided assistance five months after the hurricane. All 11 nurses’ stories were included in the study because they all experienced the same shock, obstacles, course of decision making and sense of personal change, regardless of the point when they actually went.

**Data Collection**

Each nurse participated in a 60-to-90 minute interview that was conducted in private at a time and place convenient to each participant. In each interview, participants were asked to tell their stories around the following interview questions: What made you decide to go? How did you make the decision to go? What factors did you consider in making the decision to go at the time that you did? What was it like to be there? How was it when you came home? How did the experience affect you? The researcher practiced *epoche* prior to each interview. *Epoche* is the disciplined and systematic approach to set aside prejudgments regarding the phenomenon being investigated in order to launch the study as far as possible free of preconceptions, beliefs, and experiences. This approach enables the researcher to be open, receptive, and naïve in listening to and hearing each participant’s story (Moustakas, 1994). The interviews were tape recorded and transcribed verbatim by the researcher. The researcher also took extensive notes during the interviews. After verbatim transcription of the interviews by the researcher, the
researcher reviewed the audiotapes once more and compared them to the transcription for accuracy. By the ninth interview no new data emerged and saturation had occurred with regard to themes, however the researcher continued with the tenth and eleventh interviews because they were already scheduled and the participants wanted to tell their stories. Their data were included in the analysis because they were meaningful, although not necessarily new. Pseudonyms were used to protect the identity of the participants.

**Data Analysis**

Analysis of the data was conducted using the modification of the Stevick-Colaizzi-Keen method (Moustakas, 1994). This clearly defined method required the researcher to obtain a full description of the phenomenon and from the verbatim transcript to: (1) consider each statement with respect to its significance in describing the experience, (2) record all relevant statements, (3) list each non-repetitive, non-overlapping statement, (4) relate and cluster the invariant meaning units into themes, (5) synthesize the invariant meaning units and themes into a description of the textures of the experience, (6) reflect on the textural description and through imaginative variation construct the structural description that interprets the experience, (7) construct a textural-structural description that describes the essence of the experience and, (8) construct a composite textural-structural description that reflects the essence of the experience for all study participants (Moustakas, 1994).

Data analysis reported here was confined to stories about the nurse’s decision to volunteer, what was involved in deciding to volunteer and how the person may have been
changed as a result of deciding to volunteer. Methodological rigor was addressed by member checking. All participants received the composite textural-structural story and were asked to verify that they heard their voice somewhere in the story. All 11 participants responded, stating that they did hear their voices and see themselves someplace in the composite story.

**Findings**

All participants were forthcoming about their experiences of deciding to volunteer in the immediate aftermath of hurricane Katrina. Only one participant was unable to describe the decision-making process and potential personal changes in terms of herself and focused instead on how the experience impacted those she took with her and for whom she was responsible on the journey. Her story was included because she did experience the thoughtful reflection and consideration of how she became engaged in the volunteer activity, even though she was unable to apply or discuss any meaningful change in herself as a result of the experience.

Through the process of horizonalization, four themes emerged: reaction to the event, internal debate and call to action, obstacles, and personal meaning and change as a result of the decision to volunteer. These themes emerged through a logical time sequence in which the event occurred; participants reacted to graphic media details of the event; they struggled internally with the decision to volunteer; the decision was made but they had to deal with significant obstacles to be able to actualize their plans; and then they reflected on what it all meant to them personally.

**Reaction to the Event**

10
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 media coverage was riveting to them and watching the news stories evoked emotions that would eventually lead to their decisions to volunteer. There was a link to the areas affected by Katrina either through family members who lived in or around the area, past visits to areas affected, having lived somewhere nearby in the past themselves, or by simply being unable to imagine Americans trying to survive in the unimaginable devastation. The pictures and stories on television and in newspapers were so vivid and so graphic that the nurses were unable to escape the reality of the disaster and were very much affected by the stories of human need that were reported.

“…we were watching the news and the media, I was just sitting there completely appalled. I toured New Orleans a few years ago and I couldn’t believe Americans were living in those type conditions and weren’t getting the help they needed. I think 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. As one nurse explained, “I guess for the first week after the hurricane, I was just really like, what do I do? I mean I saw the pictures on television of the people
crying for help and there you are just watching a television set! I can’t do anything, you know?” Another nurse described it as “upsetting” and another said, “I just felt led spiritually to do something from the pictures and this is in our own country!”

Internal Debate and Call to Action

Participants were drawn into the experience through their personal reactions to 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 that was the aftermath of the hurricane.

Thoughts. The nurses debated within themselves about what they should do about how they felt about what they were seeing and feeling. No longer willing to feel “helpless” and “powerless” the nurses who were participants in this study began to consider whether they should or could do something to help 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. “I could feel something but I wasn’t sure how to describe what it meant,” said another. “What could we send, how could we help? And, I thought, well, nurses are the better people to go down there than anybody!” “I just knew that I wanted to go and care for those that were there.” “I prayed about it and got my answers,” said another. And, “I just felt this strong spiritual need to react in a decisive way.”

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.” Another nurse echoed the sentiment that it was the right time to do something significant and different. He said, “You know, my whole life has been not acting concrete, not acting on significant risk, not doing the most unusual thing. It’s been a pretty safe life and that wasn’t acceptable anymore.” And, “I’m not sure exactly how I’m going to do this, but I know I need to go. The call was to my soul.”

Several nurses considered that there may never be another opportunity such as this again and recalled having regrets about not responding to previous disasters. One nurse recalled her reaction to the Asian tsunami which she said “really, really affected me.” Two nurses reflected on the impact of the terrorist attacks on the World Trade Center in New York City in 2001 and realized that they had regrets over not taking a more active role in responding at that time: “I guess it goes back to 9/11 where I didn’t really respond in any actual personal way; I wrote checks and that sort of thing, but I didn’t do anything personal.”

There was also consideration of the nurses who were left after the disaster to continue to work in the hospitals in the affected areas and how they were managing and coping. “Thinking about the nurses, how exhausted, you know, they have their own families who have been traumatized, their own homes. How are they taking care of the
people in the hospitals, whichever ones are still standing?” Reflecting on these thoughts led this nurse to consider taking nursing students with her to relieve nurses in hospitals affected by the disaster so that those nurses could begin to rebuild their own lives.

Deciding. Moving from reflection to action is the difference between those who volunteered and those who may have wanted to but didn’t. 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.” Another nurse concurs: “So I just said, yes! To me, if you’ve got the ability and you can do it and everything falls into place then it’s meant to be. You’re supposed to do that.” And, “I was going. I was going to find a way to go. I just wanted to do something. It was so sad and it bothered me so much. So, yeah, I have to do this. This is right. It’s like an opportunity just kind of shows up and you know it’s what you’ve been looking for. This is my chance to do this.” This theme was universally expressed.

Obstacles Resolved

Once the decision to go was made there were obstacles the nurses had to overcome to make it happen. In particular there were family, work and organizational obstacles. 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 the 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.” Another family had trouble letting go of their mother and wife. “I made sure they had a clear understanding of how important this was to me and that it was something I was feeling led to do and they needed to be ok with that. I don’t know that they were comfortable with it, but I needed them to be because I felt like I should go.”

Other nurses had practical considerations that were significant obstacles. One nurse has an adult son with learning disabilities and she had to carefully consider, “Who will look after my son?” Another nurse specifically mentioned, “Who will take care of my dogs?” Another nurse said, “Yeah, it was two weeks away from my teenage children. My son was 10 and my daughter was 12.” Other nurses discussed their desire to volunteer with their spouses and families and made joint or family decisions that then freed the nurse to volunteer without guilt.

Work obstacles. For many nurses in the study there were significant obstacles to overcome in getting coverage for their hospital shifts or for their work. 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 reported the following story:

“There was a scheduling conflict and my manager told me I had to find
my own coverage, but she said to tell them that she would pay double bonus.
And then my coordinator who was between my manager and me was
upset because she was trying to fill in other holes and people were
asking if she was going to give them double bonus. It caused some tension
within the emergency department. I felt supported in one sense by my
manager, but then the clinical coordinator I worked with every day, I
didn’t feel supported at all. It was bothersome, but I still went with it.”

Another emergency department nurse had similar issues with her schedule and was also
undeterred by the work it took to become freed up to go, but was also disappointed in the
lack of support she felt she received from her hospital. She described her experience as
follows:

“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, ok…we will work
around it. Staffing wasn’t great right then 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-hour shifts covered and I got all but 4 hours.
Finally a nurse agreed to do those 4. Its two 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.”
Not all efforts to get time off to go were disappointing, however. One nurse expressed deep gratitude to people who helped her overcome her obstacle of lack of income while she was away. Having just started a new business, this nurse was facing consequences of no income while she took three weeks away to volunteer in Mississippi. She was deeply gratified by “people that were also deeply moved but couldn’t go” and these people offered her a lot of support by giving her equipment and supplies. Her landlord reduced her rent for the month “which was a huge personal gift.” She said, “People knew that there was personal sacrifice…I’m self-employed, was just starting a new business. I wasn’t sure exactly how I was going to manage, but I knew I needed to go.”

Organizational obstacles. There were organizational obstacles as well. 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.”

Other nurses who were faculty in nursing programs faced major logistical problems in their efforts to take students with them on the volunteer experience. While the students were eager, they also had to get parental permission and some parents were not eager to allow their college students to go. If parental permission was granted, the faculty had to obtain permission from the faculty of other courses the students were taking to free them from their classes for the time away. While this was a logistical effort
that required coordination, all three faculty met with no resistance from their colleagues, who were completely supportive of the volunteer effort. Less supportive were college administrators in one institution who feared for the safety of the students and worried about liability issues. “We had to jump through a bunch of hoops. It was an uphill battle for two or three days to actually get approval. To this day I still feel like the president was supportive but the people below the level of president were not. I still feel like my chair and my dean hold it against me. It sort of hurt.”

None of the obstacles encountered by these nurses stopped them from actually volunteering. Nine of the eleven nurses discussed obstacles, but all of them overcame the obstacles and went on their volunteer journey.

**Personal Change**

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 some 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?” Another nurse reported that she came back and got involved with the local Red Cross for a year and a half. This same nurse
organized a fund raiser with all the proceeds going to an organization that went to Mississippi and built shelters. “We raised $6,000 that one night. It was important to me to be part of that, to do something that would generate joy and to send it to those people. I knew I was changed forever.” And, this nurse also began to volunteer at a senior center in her home town where she works one day a week with elderly African Americans to record their stories so they are not lost. “They as a generation went through living under segregation, through Civil Rights- things that are a continuation of the healing process for people.”

A nurse whose job is in the emergency department of a large university medical center now has her job specifically committed to community outreach. “There is a whole volunteer website where anybody in the organization can sign up to participate and we can offer them the opportunity to go and volunteer.”

Another volunteer has reduced her full-time work status and has become a RN missionary because as she says, “when I went there I found my story. They’ve asked me to go to Bosnia in May for health care education and for women’s health. I’m becoming just a globe trotter…it all makes sense.”

New educational quests. Several nurses sought more education as a result of their volunteer experience. Education was viewed as a way of being able to contribute more in the future for other similar kinds of experiences if they arise. One nurse enrolled in a Master’s Degree in Disaster Science and was fascinated that she was the only nurse in the program. Another nurse was already enrolled in his doctoral studies in nursing, but now views the Katrina experience as “the inspiration and driver… to keepwanting to do my
PhD stuff. 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.” A third nurse in the study was in the process of concluding her Master of Divinity program and delivered a sermon about her experience, weaving the many layers of the experience into the delivery of her message.

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 again 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.”

And some nurses reflected impatience with people who were not part of the experience but venture opinions anyway.

“It’s amazing because I hear people who have no clue, haven’t been to visit, who don’t know what it’s like and they say things like, ‘don’t rebuild. Just raze the whole area.’ I’m like, you don’t understand. If somebody did that to you where you are today, I mean this is all these people know. It’s their livelihood and where they’ve lived their lives, where they’ve grown up and where their ancestors were and they have a right to be where they are. When I hear those conversations they’re so de-personalized. And they’re not really looking at the people who are affected.”
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 world-wide 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.”

One nurse volunteer had studied with a Native American years before Katrina 
devastated the Gulf Coast. This nurse took her healing ceremonies with her and practiced 
them there. She came away believing there is a message in Katrina and wonders, “What 
is the message to this country? There is a collective message and it’s incredible,” she 
says. “And even when I tell it now, it’s still so big.”

Another nurse explained that after what she experienced she considers her public 
responsibility of voting differently. She said, “It kind of makes me angry. This country 
spends so much money overseas for a variety of things and we have situations like that in 
our own country, and systems like that, ongoing systems you know, in our own country 
that are in such huge need and having seen it first hand and touched it, it’s sad. I vote a 
little different now. Or the considerations that I make when I vote are different.”

New emotions. Several nurses still expressed strong emotions as a result of their 
decision to volunteer in the aftermath of 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 proudness that I have. It was an
experience I will never forget.” “I think it was, besides my son, the most profound thing I had ever seen, the most amazing thing I’ve ever done.”

But not all emotions were positive. Some nurses expressed anger that was still raw and powerful two 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.”

Another nurse said, “It really made me angry that we had to do it in the first place. I think that’s the part that bothered me the most when I came back. I didn’t realize how bad it was until I got there and I’m still angry. That’s just not my idea of America.” Another nurse echoed similar sentiments: “Sometimes I get a little mad because I think they could have done more in a shorter amount of time. It’s been two years; these places should be back up and running and there shouldn’t be so much violence there.”

New ways of understanding nursing. New perspectives of nursing also emerged from some of the volunteer nurses. “We talk about the Sacred Covenant” at my university, 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. Nursing’s role is to be a presence and then explore what their
needs are and go from there.” Another nurse said that it really changed her thoughts on community service in nursing. “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.

### The Essence of Deciding to Volunteer

#### In the Immediate Aftermath of Hurricane Katrina

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. 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 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 Katrina disaster. They were not willing to sit by again.
Nurses who had done previous volunteer work already set the stage for the decision to respond to 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 and frees the nurse to satisfy his/her inner drive and pursue his/her 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 freedom, albeit worried, 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. 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 experience 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 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 happen what a nurse knows in his or her heart is the right thing to do. 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 comfort of everyday 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 people to deeper, sadder, but very affirming places as nurses. 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 to the plate when there is a need to be addressed.

And there is some anger. There is anger that people were in the predicament that was the 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 those, 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 do compassionate givers become 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.

**Discussion**

The findings from this study contribute to our understanding of why some nurses decide to volunteer in extreme disaster situations and what thoughts go into the decision process before they commit to act. The study findings also help us understand the determination to see the decision through once the nurses have committed to action. The nurses in this study were persistent in overcoming obstacles and challenges and were not deterred by problems such as finding their own staffing coverage, dealing with family concerns, and organizational obstacles. Finally, the findings from the stories of the nurses in this study demonstrate how lives are changed in many ways by following through on the decision to act based on moral conscience.
The stories of the experiences of the nurses in this study support the literature presented about compassion and volunteerism. Specific to compassion we note that the stories in this study illustrate Von Dietze and Orb’s definition of compassion in nursing as a moral choice that is deep in altruistic love toward fellow beings because it values each life for its own sake (2000). The stories presented here about the decision to volunteer and the resulting life changes also support Nussbaum’s contention that compassion in nursing has to do with a “bridge to justice between the individual and the community” (1996, p. 37). And finally, we see evidence of human connectedness which Jull et al. described as the foundation of compassion (2001).

Theories of volunteerism have relevance in the findings of this study of nurses who volunteered in the aftermath of 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 is clearly evident 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 (Clary et al., 1998) are present in the stories of the Katrina nurse volunteers. There is 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 which is clearly seen in the stories of how the nurses were changed as a result of their volunteer experience.

The by-stander intervention motivation to volunteer is also clearly 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 by-stander intervention motivation as defined by Latané and Darley in the mid 1960’s. 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 (Dovideo et al, 2006).

Batson and Shaw’s (1991) hypothesis 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.

The stories of the nurses in this study did not produce evidence of the just world theory. There was no discussion presented that would allow the conclusion to be drawn that any of the nurses participated in the aftermath of Katrina to add to their list of good deeds so that good fortune would continue in their lives. There is some evidence presented, however, that the terror management theory was present. The anger expressed by the nurses toward the United States government and toward the agencies with which they were involved through their volunteer activity was focused on the fact that the
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).

Implications

It is likely that nurses will continue to volunteer to respond to global disasters when they are made aware of the devastation affecting fellow human beings. For many nurses there is an inner calling, a soulful expression of compassion that makes it impossible to ignore the call to help others less fortunate. The stories presented here show there are many reasons why a nurse may respond to such a call and provide evidence that nurses expect to be supported in their volunteer efforts once they make the decision to participate. Theories about volunteerism and the nature of compassion in nursing support the evidence provided in this study. The decision to act is an emotional one. As such, the determination to proceed is strong. Obstacles will be overcome and action will take place.

The nurses who obey their inner call and carry out their volunteer efforts are almost always changed as a result of the experience. There is less tolerance for the mundane and emotions resulting from the experience last a long time. Each nurse in this study found his or her own way of coping with their new ways of thinking and being and
the lessons they learned along the way as they resumed their daily functions. They recognized that others who did not share in the experience were less able to understand the impact of the experience on their lives, and they welcomed the opportunity to talk about their stories and experience them again with this researcher. They are deeply gratified that their story is being told. Perhaps there is something to be learned in this for nursing. One nurse expressed the importance of stressing community service in nursing curricula, and another nurse stressed the sacred covenant between the nurse and the patient as an area of emphasis in nursing philosophy.

Certainly not all individuals who seek nursing as a career feel a “calling” or are inspired to the level of the sacred covenant described by one of the Katrina nurses in this study. For some, nursing is a job and a very secure one. But for many, it goes far beyond a job or profession and is or becomes…a calling.
References


New York: Carroll & Graf.


*Nursing Inquiry, 7,* 166-174.