

## **SELF-EFFICACY, RELIGIOUS MATURITY AND GENDER AS PREDICTORS OF ALTRUISTIC BEHAVIOUR AMONG NURSES IN IMO STATE, NIGERIA**

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**ABSTRACT:** This study explored the relationship between self-efficacy, religious maturity, and gender as predictors of altruistic behaviour among nurses. A total of 250 nurses from two hospitals in Owerri, Nigeria, participated in the study. The sample consisted of 150 nurses from the Federal University Teaching Hospital, Owerri and 100 from the Imo State University Teaching Hospital, Orlu, selected through purposive and convenient sampling techniques. Participants' ages ranged from 20 to 59 years, with a mean age of 39.5 years. Data were collected using the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), the Religious Maturity Scale (de Vries-Schot, Pieper & Van Uden, 2012), and the Altruistic Personality Scale (Rushton & Chrisjohn, 1981). The hypotheses were tested using regression analysis. Results indicated that while self-efficacy and gender did not significantly predict altruistic behaviour, religious maturity was a significant predictor ( $\beta = .18, t = 2.90, p < .004$ ). The study concluded that nurses with higher religious maturity were more likely to exhibit altruistic behaviours. This finding implied that fostering religious maturity in nurses could enhance their altruistic behaviours, leading to better patient care. Therefore, it was recommended that medical administrative procedures and rules/regulations be reviewed to encourage altruism among nurses. Additionally, efforts should be made to promote gender diversity in the nursing profession through seminars and workshops to attract more male nurses, thereby bringing diverse perspectives and approaches to patient care. These recommendations aimed to foster an environment that supports altruistic behaviour, benefiting both nurses and patients.

**Keywords:** Altruistic Behaviour, Self-Efficacy, Religious Maturity, Gender Differences, Nursing Profession

### **Introduction**

Human beings, especially adults, often help without immediate personal gain and sometimes at great personal cost. Altruism is a key human characteristic referring to the willingness to help others in need. Altruistic behaviour is defined as selfless actions aimed at benefiting others without expecting anything in return (Fadhilah, 2024). Altruistic behaviour, which was not extensively studied until 1970, has since become a significant area of interest due to the desire to understand human nature and the motivations behind altruistic and moral behaviours (Eisenberg, Fabes, & Spinrad, 2006; Fadhilah, 2024).

Altruism, a subset of prosocial behaviour, is defined as “voluntary, intentional behaviour that benefits another and that is not motivated by the expectation of external rewards or avoidance of externally produced punishments” (Chon, 1998, p.195). The debate on whether altruism is inherent or learned has been ongoing for decades. Proponents of the Hobbesian worldview

argue that helpful behaviours depend on social norms that override selfish nature (Clary & Snyder, 1991). This perspective suggests that helping behaviours originate from cultural practices, such as parents teaching moral norms to their children. Recent studies, however, argue that empathy, a critical component of altruism, is significantly influenced by family environments and socialization processes (Feng et al., 2022).

Altruistic behaviours could also be learned during human development (Khoiriyah, et al., 2024; Zhang, et al., 2023). By examining developmental stages, one can understand the interplay between biological predispositions and social learning. Studies on chimpanzees, one of the closest living evolutionary relatives to humans, allow inferences about the evolutionary basis of these behaviours. Comparing humans with chimpanzees can reveal which aspects of human altruism were present in the last common ancestor of apes and humans and which emerged uniquely in humans. This integrated approach helps uncover the ontogenetic and phylogenetic origins of human altruistic behaviour and how self-efficacy, religious maturity, and gender predict such behaviour.

One of the earliest manifestations of altruistic inclinations can be found in simple helping behaviour, where an individual assists another struggling with a task. These behaviours are interesting regarding the cognitive and motivational underpinnings of social behaviours. Specifically, to help someone, there must be the social-cognitive capacity to represent an unfulfilled goal and the motivation to act upon realizing a helpful situation.

The nursing profession is often perceived as caring, with qualities like empathy, compassion, and altruism being vital (Bridges & Hoere, 2014). This perception may explain why the helping motive is commonly reported among nurses entering the profession (Newton et al., 2009). Prosocial motivation, the desire to make a difference in others' lives, is central to helping professions, which involve daily personal contact with recipients like patients (Grant, 2007; Schaufeli & Enzmann, 1998).

Historically, nursing was an altruistic behaviour rather than a profession (Carrutters, 1997). Examples of altruistic nurses include Deborah Adelman, who used her disaster nursing skills to help 9/11 victims, and Melissa Sapp, who goes the extra mile to assist patients beyond her job requirements (Tossmann, 2002; Sapp, 2002). Gordon (2005) emphasized that nurses must communicate the critical thinking, problem-solving, and research skills involved in nursing to gain public and professional respect. Nurses' actions include assessing risks, identifying goals, planning actions, and prioritizing care, often requiring altruistic behaviour.

Altruism in nursing is crucial for ensuring appropriate care and a healing environment. Nurses must maintain overall equanimity to support patients and prevent burnout and stress. Practising loving-kindness and mindfulness can unlock a nurse's compassion and empathy, creating a positive healing environment (Watson, 2008).

Self-efficacy, an essential aspect of human motivation and behaviour, influences one's actions. Bandura (1995) defined self-efficacy as the belief in one's capabilities to organize and execute actions required to manage situations. It is the belief in one's ability to help amid challenges without expecting rewards. Self-efficacy theory posits that individuals engage in activities for which they feel competent (Lunenburg, 2011). Recent studies confirm that higher self-efficacy is associated with increased prosocial behaviours and better mental health outcomes (Mehmood et al., 2021).

Religious maturity is another factor that could likely predict altruistic behaviour. Religion, an important aspect of many individuals' lives, influences decision-making (Schmidt, 2006; Fontana, 2003). Allport (1950) described mature religious sentiment as dynamic, open-minded, and able to integrate various desires. Mature religious sentiment involves self-expansion, self-objectification, and self-unification, which can motivate altruistic behaviour. Studies have found that religious beliefs enhance prosociality toward in-group and out-group members (Preston & Ritter, 2013). More recent research supports the role of religious activities in promoting prosocial behaviours (Bennett & Einolf, 2017).

Gender development also impacts altruism. Gender roles, influenced by societal norms, affect people's lives and behaviours (Berscheid, 1993). Although some gender differences are biological, most are culturally constructed (Bandura, 1980; Beall & Sternberg, 1993; Epstein, 1997). Research on gender and altruism has shown inconsistent results, with males often helping in dangerous scenarios and females in domestic tasks (Sachs, 2001; Kessler, 2010). This study aims to confirm or refute these findings and determine if self-efficacy, religious maturity, and gender significantly predict altruistic behaviour among nurses.

### **Statement of the Problem**

Research on altruism and prosocial behaviour has explored various aspects, including developmental trends, cognitive and dispositional factors, and gender differences (Carlo & Randall, 2002; Hardy & Carlo, 2005). Studies have particularly emphasized the influence of self-efficacy and religious maturity on prosocial actions, suggesting that individuals with strong self-efficacy and higher religious maturity are more prone to engage in altruistic behaviour (Schwarzer & Jerusalem, 1995; de Vries-Schot et al., 2012). Furthermore, discussions on gender differences indicate that men may be more likely to perform altruistic acts in specific situations (Sachs, 2001; Kessler, 2010).

Despite extensive research, there is a lack of understanding regarding how these factors specifically predict altruistic behaviour among Nigerian nurses, a profession deeply rooted in care and empathy (Newton et al., 2009). Nurses are often viewed as paragons of altruism due to the nature of their work, which demands a high level of selflessness and compassion (Bridges & Hoere, 2014). However, empirical studies examining the roles of self-efficacy, religious maturity, and gender in predicting altruistic behaviour within the medical field remain limited.

Among Nigerians, there is a belief that many people are reluctant to help others, especially those in difficult situations. It is thought that individuals with a strong sense of efficacy are more likely to help others compared to those who doubt their abilities, who may avoid challenging tasks and helping behaviours. Similarly, individuals with strong religious convictions are often perceived as more altruistic than those who do not place significant importance on religious values, especially towards their religious community. Additionally, there is a debate regarding gender differences, with some suggesting that men might be more inclined to engage in prosocial helping behaviours than women.

This study aims to address this gap by exploring the extent to which self-efficacy, religious maturity, and gender can predict altruistic behaviour among nurses. It seeks to validate or challenge existing literature on these beliefs and provide empirical evidence within a medical setting. Consequently, the central issue this study addresses is whether self-efficacy, religious maturity, and gender can predict altruistic behaviour among nurses.

### **Purpose of Study**

The primary purpose of this study is to explore the relationship between self-efficacy, religious maturity, and gender as predictors of altruistic behaviour among practising nurses in Imo State. Specifically, the study aimed to determine whether:

1. Self-efficacy predicts altruistic behaviour among practising nurses in Imo State.
2. Religious maturity predicts altruistic behaviour among practising nurses in Imo State.
3. Gender predicts altruistic behaviour among practising nurses in Imo State.

### **Empirical Review**

#### **Self-Efficacy and Altruistic Behaviour**

The association between self-efficacy and altruistic behaviour has received significant attention in psychological research. This review examines various empirical studies that explore this connection, summarizing key findings and their theoretical implications.

Sugesti et al. (2022) investigated the integration of self-efficacy and altruistic behaviour in the academic supervision of Madrasah Aliyah supervisors in Medan City. Utilizing a mixed-methods approach, they developed and validated a supervision model aimed at enhancing educational oversight effectiveness. This model, called M2EA, incorporates elements of self-efficacy and altruistic attitudes through five stages: planning, pre-supervision meetings, implementation, evaluation and follow-up, and reporting. The study found that supervisors with high self-efficacy—defined by Bandura (1997) as the belief in one's ability to successfully execute tasks—showed greater confidence and persistence in addressing teachers' challenges. These supervisors were more likely to engage in proactive problem-solving and provide constructive feedback, positively impacting teachers' professional development. The study concluded that incorporating self-efficacy and altruistic behaviour into academic supervision leads to a more effective and empathetic approach, enhancing both teacher performance and student outcomes.

Varma et al. (2023) examined the effect of prosocial behaviour on positive emotions during the early stages of the COVID-19 pandemic. The study discovered that engaging in prosocial behaviours significantly increased positive affect, empathy, and social connectedness. These effects were more pronounced when the prosocial actions were unrelated to COVID-19 stressors, highlighting the therapeutic potential of prosocial behaviour in enhancing psychological resilience during crises.

In another study, Lu et al. (2023) investigated the mediating role of self-efficacy in the relationship between workplace violence and PTSD among nurses. The study found that high self-efficacy was associated with lower PTSD levels, partially mediating the relationship between workplace violence and PTSD. This suggests that enhancing self-efficacy can reduce the psychological impact of workplace violence on nurses, thereby improving their overall well-being and performance.

Ma, Han, and Ma (2023) explored the influence of core self-evaluation on innovative behaviour among nurses, with self-efficacy and error orientation acting as mediators. The study found that positive core self-evaluation was linked to more innovative behaviour, mediated by self-

efficacy and error orientation. This underscores the role of self-efficacy in fostering innovation in nursing practice, leading to improved healthcare outcomes.

A cross-sectional survey by Xiong, Yi, and Lin (2020) examined the psychological status and self-efficacy of nurses during the COVID-19 outbreak. The study revealed significant levels of anxiety and depression among nurses, with self-efficacy negatively correlated with anxiety. This finding emphasizes the importance of self-efficacy in mitigating anxiety symptoms and enhancing psychological well-being among healthcare professionals during high-stress periods.

Falanga, Caroli, and Sagone (2014) studied humour styles, self-efficacy, and prosocial tendencies in 302 Italian middle adolescents. They found that affiliative and self-enhancing humour positively correlated with empathic and social self-efficacy, while self-defeating humour negatively correlated with social self-efficacy. Helping behaviour in critical situations was positively correlated with empathic and social self-efficacy, particularly for boys with affiliative humour. These findings highlight the role of self-efficacy in promoting prosocial tendencies among adolescents.

Ugwu et al. (2013) examined the impact of psychological contract breach, self-efficacy, and work-family conflict on prosocial behaviour among Nigerian commercial bank employees. The study found that individuals with high self-efficacy demonstrated higher prosocial behaviour, while those experiencing high work-family conflict exhibited lower levels of prosocial behaviour. This suggests that belief in one's ability to accomplish tasks is crucial for engaging in extra-role behaviours, such as prosocial actions, in the workplace.

Caprara and Steca (2007) explored the roles of traits, values, and self-efficacy beliefs in volunteering. They distinguished between helping and community involvement types of volunteering, finding that agreeableness, extraversion traits, self-transcendence values, and empathic and social self-efficacy beliefs were crucial for helping-type volunteering. For involvement-type volunteering, extraversion trait, achievement, stimulation values, and social self-efficacy beliefs were important. The study's empirical results provided partial support for these hypotheses, emphasizing the significance of self-efficacy beliefs in both types of volunteering and highlighting the importance of self-efficacy in volunteerism.

Gian, Caprara, and Steca (2005) examined the structural path of influences through which perceived self-efficacy in affect regulation and interpersonal self-efficacy determine prosocial behaviour and life satisfaction across different age groups. They found that interpersonal self-efficacy directly affected prosocial behaviour and fully mediated the influence of affective self-efficacy on prosocial behaviour. Prosocial behaviour directly influenced life satisfaction, with a stronger path of influence observed in older adults. This study underscores the significant role of self-efficacy in fostering prosocial behaviour and enhancing life satisfaction.

Zheng (2015) investigated the relationship between empathy, self-efficacy, and internet altruistic behaviour among 376 college students. Using the Internet Altruistic Behaviour Scale, Mehrabian Strait Empathy Scale, and General Self-Efficacy Scale, Zheng found significant positive correlations among empathy, self-efficacy, and internet altruistic behaviour. Structural equation modelling indicated that empathy and self-efficacy could significantly predict internet altruistic behaviour. The effect of empathy on internet altruistic behaviour was partially mediated by self-efficacy, accounting for 36.67% of the total effect. This study concluded that

empathy directly affects internet altruistic behaviour and indirectly influences it through self-efficacy, highlighting the role of self-efficacy in promoting altruistic actions online.

The reviewed studies consistently emphasize the significant role of self-efficacy in promoting altruistic behaviour across various contexts, including online interactions, volunteering, workplace settings, adolescence, and during crises such as the COVID-19 pandemic. Enhancing self-efficacy can lead to increased prosocial actions, improved psychological well-being, and greater life satisfaction.

### **Religious maturity and Altruistic Behaviour**

Research on religious maturity and altruism generally indicates that the strength of a person's religious belief positively correlates with their altruistic behaviours (Batson, Schoenrade, & Ventis, 1993). Recent studies have consistently shown that individuals with high religious maturity are more likely to engage in altruistic actions. For example, Ridder et al. (2024) investigated the effects of increased Bible reading on religious and prosocial outcomes among college students at a Christian university. Their longitudinal study revealed that increased Bible reading was linked to higher levels of Christian orthodoxy, closeness to God, civic engagement, and social altruism. This research highlights how maintaining or enhancing religious activities during college can positively affect students' religiosity and prosocial behaviours, suggesting that religious engagement fosters altruistic actions and community involvement.

Similarly, Yang (2024) explored how disasters influence altruistic behaviour, focusing on factors such as heightened empathy, social atmosphere, group selection, and positive prior experiences. The study found that disasters often lead to increased altruistic responses due to collective trauma and the need for communal support. Enhanced empathy during disasters motivates greater prosocial actions as individuals seek to alleviate the suffering of others. This research emphasizes the complex psychological and social factors driving altruistic behaviour in crisis situations and the importance of fostering empathy and communal solidarity during such times.

Varma et al. (2023) examined the impact of prosocial behaviour on positive emotions during the early stages of the COVID-19 pandemic. Through two online preregistered experiments involving 1,623 participants, the study manipulated prosocial and self-beneficial actions related to COVID-19 and non-COVID-19 contexts. The findings indicated that prosocial behaviour led to higher levels of positive affect, empathy, and social connectedness, especially when the generous acts were unrelated to COVID-19. This research suggests that prosocial behaviour can be a valuable strategy for enhancing psychological resilience and positive emotions during crises.

Chow (2015) investigated religious maturity and prosocial behaviours among Chinese adolescents, finding that religious maturity and spirituality were associated with altruistic behavior. The study examined whether value orientations and dispositional gratitude mediated the effects of religious maturity and spirituality on prosocial behaviours. The results revealed that adolescents with higher levels of spirituality reported more peer-helping behaviours. However, the effects of religiosity and spirituality on other prosocial outcomes were nonsignificant. This study highlighted the importance of spirituality in promoting prosociality among adolescents, although the mediating roles of values and gratitude were weak.

Afolabi (2014) explored the roles of psychosocial factors such as religiosity, life satisfaction, perceived social exclusion, family type, and type of residence on prosocial behaviour among undergraduates. Using a cross-sectional survey design with 440 students from two Nigerian universities, the study found that religiosity mediated the relationships between life satisfaction, perceived social exclusion, and prosocial behaviour. Additionally, students residing in villages were more prosocial than those in cities, with cultural and ethnic differences significantly influencing prosocial behaviour. These findings suggest that religiosity and social context are crucial in shaping altruistic actions.

Yudha (2014) examined the relationship between religious maturity and altruistic behaviour among vocational students in Indonesia. Using a quantitative approach, the study sampled 65 students and found a significant positive relationship between religious maturity and altruistic behaviour. High religious maturity was associated with high altruistic behaviour, indicating that students who were more religiously mature were more likely to engage in altruistic actions.

Preston and Ritter (2013) explored the distinct effects of religion and God on prosocial behaviour towards in-group and out-group members. They found that religious primes enhanced prosociality towards in-group members, while God primes enhanced prosociality towards out-group members. This study suggested that religious concepts carry prosocial associations, but the effects differ based on whether the prime is related to religion or God, highlighting the nuanced ways in which religious cognition influences altruistic behaviour.

Graham and Nosek (2009) investigated the relationship between religious maturity and altruistic behaviour, finding that the relationship was mediated by moral foundations such as purity and loyalty. Their study suggested that religious individuals are more altruistic towards in-group members due to stronger group loyalty and adherence to religious commandments. The findings indicated that religious maturity is linked to altruistic behaviour through its influence on moral values and group affiliations.

Mahaarcha and Kittisuksathit (2009) studied the relationship between religiosity and prosocial behaviour among Thai youths. Data from the 2008 Survey on Conditions of Society, Culture, and Mental Health were analysed, showing that maintaining religious precepts and applying religious doctrines to daily life increased prosocial behaviours among Thai youth. The study supported the notion that religiosity is an important developmental resource that enhances prosocial behaviours.

The empirical review of studies on religious maturity and altruistic behaviour consistently shows a positive relationship between these constructs. Individuals with higher levels of religious maturity tend to exhibit more altruistic behaviours, influenced by their moral values, group affiliations, and spiritual beliefs. This review underscores the importance of religious maturity in fostering prosocial actions, highlighting the potential benefits of religious engagement for promoting altruism and community well-being.

### **Gender and Altruistic Behaviour**

Research on gender and altruistic behaviour has delved into the subtle distinctions in how men and women demonstrate altruism, often revealing that these behaviours can vary significantly based on context and motivations. Subhasish and Joo (2013) explored altruistic behaviour and anticipation under a pure income effect, focusing on gender disparities. Utilizing a dictator

game, they altered the common show-up fee for both dictators and recipients across treatments, maintaining the same amount to be shared, and incentivizing recipients to anticipate the amount given. Their findings showed that female dictators were more generous than their male counterparts, particularly when show-up fees were high, while male recipients anticipated receiving more than female recipients and more than what males gave as dictators. This study highlights context-driven behaviour, lower payoff anticipation in females, and overconfidence in males.

Fehr and Fischbacher (2003) conducted controlled laboratory experiments to investigate how gender influences altruistic behaviour in economic decision-making contexts. They discovered that women generally exhibited more altruistic tendencies than men, suggesting that both cultural and biological factors might influence these gender differences. This study enhances the understanding of gender-related behaviours in economics and social psychology, with findings indicating that gender differences in altruism are apparent in economic decision-making contexts. These insights can inform policies and interventions aimed at promoting altruistic behaviours in various environments, including workplaces and educational institutions.

Chkheidze, Tabatadze, and Tsulukidze (2024) examined altruistic patterns across gender and age through free associative experiments, highlighting how social variables like age and gender shape linguistic consciousness and the perception of altruism. Their study involved 657 associative reactions from English native speakers, revealing that age and gender significantly influence linguistic consciousness and the perception of altruism. These findings underscore the importance of integrating sociolinguistic and psycholinguistic approaches to understanding how social factors shape concept associations and inform educational and communicative strategies to address social biases and promote inclusive language practices.

Li, et al. (2024) investigated the role of family function in shaping altruistic behaviour among Chinese adolescents, with a focus on gender differences. Their cross-sectional survey design involved Chinese adolescents completing questionnaires measuring family function, psychological resilience, and altruistic behaviour. The findings indicated that effective family function positively influences altruistic behaviour, with girls exhibiting more altruistic behaviour than boys. This supports the Empathy Altruism Hypothesis, suggesting that higher levels of empathy, influenced by family function, lead to greater altruistic behaviour. The study highlights the significant role of family function and cultural norms in shaping altruistic behaviour among adolescents.

Wan, Jiang, Zeng, and Wu (2019) explored gender differences in altruistic giving using economic games, examining how gender identity beliefs, human capital, and social norms influence altruistic behaviour. Their findings suggested that women tend to be more altruistic, especially in costly giving scenarios, while men are more responsive to price changes. The study highlighted the influence of social dynamics and gender identity beliefs on altruistic behaviour, with mixed-sex groups showing higher levels of giving than single-sex groups. These findings can inform policies and interventions aimed at promoting altruistic behaviour in various settings.

Subhasish and Jeon (2013) conducted an experimental study on altruism anticipation and gender, involving 600 participants divided into three sessions. They used a dictator game with varying show-up fees and found that female subjects were more altruistic than their male



counterparts. This study reinforces context-driven behaviour and highlights gender differences in altruism anticipation.

Seefeldt (2008) examined gender stereotypes associated with altruistic acts through vignettes. A sample of 72 General Psychology students participated, revealing that females were more likely to be perceived as performers and receivers of altruistic acts. The study found significant interactions between rater gender and vignette type on the perceived gender of the receiver of the altruistic act. This research contextualizes societal influence on gender roles and is important for examining expectations of gender during the performance of altruistic acts.

Aguiar, Brañas-Garza, Cobo-Reyes, Jiménez, and Miller (2006) analysed gender differences in altruism using a modified dictator game. Conducted at the University of Granada, their study found that men and women are expected to behave differently, with both genders believing that women are more generous. The study used sequential decision-making tasks and found significant gender-based expectations in altruistic behaviour.

Brown (2010) expanded on research showing that people can predict the altruistic behaviour of strangers, examining the effect of gender and relationship status on prediction accuracy. Short videos of 20 males and 20 females were shown to 40 males and 40 females, who were asked to predict the altruistic behaviour of the individuals in the videos. The study found no significant effect of gender or relationship status on prediction accuracy, challenging the hypothesis that women would be more accurate in predicting altruistic behaviour.

Andreoni and Miller (2002) investigated gender and locality on altruistic behaviour among adults, using a sample of 100 participants divided equally by gender and locality (rural/urban). They found no significant effect of gender on altruistic behaviour, but a significant effect of locality, with rural participants exhibiting higher levels of altruism than urban participants. The study highlights the role of environmental context in shaping altruistic behaviour.

The empirical review of studies on gender and altruistic behaviour consistently shows that while women generally exhibit more altruistic behaviours than men, these differences are influenced by various factors, including context, social norms, and family dynamics. This review emphasizes the importance of considering gender differences in promoting altruistic behaviours and informs strategies for fostering altruism across different settings.

## **Hypotheses**

The following hypotheses will be tested in the study:

1. Self-efficacy will significantly predict altruistic behaviour among practising nurses in Imo State.
2. Religious maturity will significantly predict altruistic behaviour among practising nurses in Imo State.
3. Gender will significantly predict altruistic behaviour among practising nurses in Imo State.

## **METHOD**

### **Participants**

Two hundred and fifty practising nurses participated in the study. The sample consisted of 150 nurses from the Federal University Teaching Hospital, Owerri and 100 from the Imo State University Teaching Hospital, Orlu, all in Imo State, Nigeria. The hospitals were selected through purposive while the participants were selected through convenient sampling techniques. The ages of participants ranged from 20 to 59 years with a mean age of 39.5 years.

### **Instruments**

Three instruments were used for data collection: the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), the Religious Maturity Scale (de Vries-Schot, Pieper, & Van Uden, 2012), and the Altruistic Personality Scale (Rushton & Chrisjohn, 1981).

The General Self-Efficacy Scale (GSE) is a 10-item scale developed to assess a general sense of perceived self-efficacy designed to measure how people cope with daily hassles and adapt after experiencing stressful life events. The GSE is designed for the general adult population, including adolescents. The GSE scale has a four-point Likert response format: 1 = Not at all true, 2 = Hardly true, 3 = Moderately true, and 4 = Exactly true. Items are directly scored, and the sum of the responses yields a final composite score ranging from 10 to 40. Sample items include: "I can always manage to solve difficult problems if I try hard enough," "If someone opposes me, I can find the means and ways to get what I want," and "It is easy for me to stick to my aims and accomplish my goals." Schwarzer and Jerusalem (1995) reported Cronbach's alpha coefficients ranging from .76 to .90. A pilot study by the researchers involving 79 practising nurses from the Imo State Specialist Hospital (IMSSH), Umuguma, Owerri, yielded a Cronbach's alpha coefficient of .58.

The second instrument, the Mature Religiosity Scale (MRS) was developed by De Vries-Schot et al. (2012). The MRS comprises 16 self-assessment items that measure the extent to which an individual participates in religious practices that are adaptive for proper functioning and reflect a healthy belief in God. The scale uses a five-point Likert response format, ranging from strongly disagree (1) to strongly agree (5). High scores indicate high religious maturity. Sample items include: "My religion supports my sense of self-esteem and identity," "I believe sincerely, not mainly out of obligation or fear," and "My faith influences all areas of my life." Validity and reliability were analysed using a sample of 336 persons, including parishioners and outpatients of Christian mental health clinics, showing good convergent validity. The 16 items form one factor with good internal consistency, measured by Cronbach's alpha (CL = 0.92). A pilot study by the researchers involving 79 practising nurses from the Imo State Specialist Hospital (IMSSH), Umuguma, Owerri, yielded a Cronbach's alpha coefficient of .86.

The third measure, the Altruistic Personality Scale (APS) is a 20-item inventory designed to measure altruistic tendencies by gauging the frequency of engagement in altruistic acts primarily towards strangers. It uses a five-point Likert response format: 0 = Never, 1 = Once, 2 = More than once, 3 = Often, and 4 = Very often. All items are directly scored, with higher scores indicating a higher altruistic personality. Sample items include: "I would give directions to someone I did not know," "I would donate clothes or goods to a charity," and "I would allow

someone I did not know to go in front of me in line.” A Cronbach’s alpha correlation of .80 was reported by the authors. A pilot study by the researchers involving 79 practising nurses from the Imo State Specialist Hospital (IMSSH), Umuguma, Owerri, yielded a Cronbach’s alpha coefficient of .93.

### Procedure

The researcher first visited the two hospitals on separate days with introductory letters and sought approval from the respective hospital management of the Federal University Teaching Hospital, Owerri and the Imo State University Teaching Hospital, Orlu, Imo State. The choice of these two healthcare providers was informed by their being the only health institutions with the highest number of practising nurses in their employment. To obtain the study participants, the researcher, through the assistance of the head nurses of these facilities, approached the participants for their consent to participate. The participants were met by the researcher during free periods in the respective hospitals. Upon meeting with the practising nurses, the researcher explained the purpose of the study and assured them of the confidentiality of their responses. Those who indicated interest and signed the consent form were thereafter presented with the study’s questionnaire. In all, a total sample of 285 practising nurses were approached and administered the test items after their consent was obtained. Thirty-five (12.28%) questionnaires were not returned or filled out properly, while 250 (87.72%) questionnaires were returned properly filled. These were used for data analysis.

### Design and Statistics

The study utilized a cross-sectional survey design while data were analysed using multiple regression analysis.

### RESULTS

**Table 1: Bivariate Correlations of the Independent Variables and the Dependent Variable**

	Altruism	Self-efficacy	Religious Maturity	Gender
Altruism	1			
Self-efficacy	-.074	1		
Religious Maturity	.189**	-.078	1	
Gender	-.082	.068	.248	1

*N = 267, \*\* =  $p \leq .001$*

Table 1 shows the bivariate correlations of the independent variables and the dependent variable of the study. The correlation results show that while religious maturity significantly correlated with altruism ( $r = .189, p < .001$ ), gender and self-efficacy did not significantly correlate with altruism.

**Table 2: Multiple Regression Results for Self-Efficacy, Religious Maturity and Gender on Altruistic Behaviour**

Coefficients	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Δ F	B	Std. Error	Beta	t	Sig.
(Constant)					56.49	9.31		6.07	.000
Self-efficacy	.210	.044	.033	3.79	-.07	.078	-.05	-.89	.377
Religious Maturity					.35	.12	.18	2.90	.004
Gender					-1.37	1.21	-.07	-1.13	.259

Table 2 shows the Beta contributions of each independent variable. From the table above, the model's overall fit as indicated by R<sup>2</sup> shows that 21% of the variation in the altruistic behaviour among practising nurses in Imo State has been explained. Jointly, this result implies that self-efficacy, religious maturity and gender explain a significant proportion of variance in altruistic behaviour among practising nurses in Imo State [ $R^2 = .210$ ,  $F(3, 246) = 3.79$ ,  $p > .05$ ]. However, only religious maturity accounted for 18.1% of the variance in altruistic behaviour ( $\beta = .18$ ,  $t = 2.90$ ,  $p < .001$ ). Gender and self-efficacy's contributions were not significant. Therefore, only hypothesis 2 was upheld while hypotheses 1 and 3 were rejected.

### Discussion of Findings

This research aimed to explore the connections between self-efficacy, religious maturity, and gender as predictors of altruistic behaviour among practicing nurses in Imo State. The results offer valuable insights into the psychological and social dynamics that influence altruistic behaviour within this group.

The findings for hypothesis one indicated that self-efficacy did not significantly correlate with altruistic behaviour among practising nurses. This was evident from the bivariate correlation ( $r = -.074$ ,  $p > .05$ ) and the Beta contribution analysis ( $\beta = -.05$ ,  $t = -.89$ ,  $p > .05$ ), both showing no significant relationship. This result contradicts extensive literature suggesting a positive link between self-efficacy and prosocial behaviours. For example, Bandura (1997) argued that individuals with higher self-efficacy are more likely to engage in behaviours they believe they can successfully perform, including altruistic acts. Empirical studies, such as Sugesti et al. (2022), found that individuals with high self-efficacy showed greater persistence and confidence, often translating into more altruistic behaviour. Similarly, Varma et al. (2023) demonstrated that high self-efficacy significantly increased positive affect and empathy, leading to more prosocial actions, particularly in crisis situations like the COVID-19 pandemic.

The discrepancy in the findings of this study could be attributed to the specific context of the nursing profession in Imo State. It is possible that other factors, such as the high-stress environment and heavy workload typical in nursing, might overshadow the potential impact of self-efficacy on altruistic behaviour. Further research is needed to explore these contextual variables and their influence on the relationship between self-efficacy and altruism in different settings.

However, the results for hypothesis two found a significant positive relationship between religious maturity and altruistic behaviour. The bivariate correlation showed a significant

association ( $r = .189$ ,  $p < .001$ ), and the Beta contribution analysis confirmed that religious maturity significantly predicted altruistic behaviour ( $\beta = .18$ ,  $t = 2.90$ ,  $p < .001$ ). This finding aligns with existing literature highlighting the role of religious maturity in fostering altruism.

Religious maturity involves a deep understanding and internalization of religious beliefs, often emphasizing compassion, empathy, and helping others (Yudha, 2014). Several studies have shown that individuals with high religious maturity are more likely to engage in prosocial behaviours. For instance, Graham and Nosek (2009) found that religious individuals tend to be more altruistic towards in-group members due to stronger group loyalty and adherence to religious commandments. Similarly, Mahaarcha and Kittisuksathit (2009) demonstrated that maintaining religious precepts and applying religious doctrines to daily life increased prosocial behaviours among Thai youths.

Religious maturity can provide a sense of purpose and meaning, crucial for sustaining altruistic behaviour. Nurses deeply engaged in their religious practices are likely to view their work as a form of service to others and a reflection of their spiritual values. This intrinsic motivation can drive them to excel in their duties, providing compassionate care and support to patients and their families (Koenig, 2012). Furthermore, religious communities often offer social support and a network of like-minded individuals, reinforcing altruistic behaviour and providing a buffer against burnout and stress (Pargament, 2002).

The findings revealed that gender did not significantly predict altruistic behaviour among the nurses studied. The bivariate correlation showed no significant association ( $r = -.082$ ,  $p > .05$ ), and the Beta contribution analysis confirmed that gender did not significantly predict altruistic behaviour ( $\beta = -.07$ ,  $t = -1.13$ ,  $p > .05$ ). This result contrasts with some existing literature suggesting that women are generally more altruistic than men.

Fehr and Fischbacher (2003) found that women tend to exhibit more altruistic tendencies in economic decision-making contexts, suggesting that both cultural and biological factors might influence these gender differences. Various studies have explored the nuances of gender differences in altruism. Subhasish and Joo (2013) found that female participants were more generous than males in dictator games, especially when the stakes were high. Additionally, Wan et al. (2019) highlighted that women tend to be more altruistic in costly giving scenarios, while men are more responsive to price changes.

The lack of a significant gender difference in this study could be due to the specific cultural and professional context in which the nurses operate. The nursing profession itself is often associated with caregiving and altruistic behaviours, potentially minimizing gender differences in this specific context. Further research is needed to explore these dynamics in different cultural and professional settings to better understand the factors influencing altruistic behaviour across genders.

### **Implications of the Study**

The findings have several theoretical and practical implications. Theoretically, this study contributes to understanding the psychological and social determinants of altruistic behaviour. By examining self-efficacy, religious maturity, and gender as predictors, the study provides a comprehensive framework for understanding altruistic behaviour among nurses. This

framework can be applied to other professions and cultural contexts to further explore the factors influencing prosocial actions.

Practically, the findings suggest that interventions aimed at enhancing religious maturity could promote altruistic behaviour among nurses. Training programs that deepen nurses' understanding of religious values might lead to more compassionate and empathetic care. Additionally, recognizing the lack of significant gender differences in altruism within the nursing context can help in designing targeted interventions that encourage prosocial behaviour among both male and female nurses.

Healthcare institutions could implement workshops and training sessions focused on building religious maturity through reflective practices and engagement with spiritual beliefs. Gender-sensitive policies and practices that recognize and address the unique needs and contributions of male and female nurses can further enhance their altruistic behaviour and overall job satisfaction.

### **Limitations and Future Research**

Despite the valuable insights provided by this study, several limitations need to be addressed in future research. First, the cross-sectional design of the study limits the ability to draw causal inferences. Longitudinal studies are needed to establish the causal relationships between self-efficacy, religious maturity, gender, and altruistic behaviour. Second, the study relied on self-reported measures, which may be subject to social desirability bias. Future research could use observational or experimental methods to obtain more objective data on altruistic behaviour.

Furthermore, the study focused on nurses in Imo State, which may limit the generalizability of the findings to other regions or professions. Future studies should include a more diverse sample to enhance the generalizability of the results. Additionally, exploring other potential predictors of altruistic behaviour, such as cultural values, social support, and personality traits, could provide a more comprehensive understanding of the factors influencing prosocial actions.

Moreover, the role of organizational culture and work environment in shaping altruistic behaviour warrants further investigation. Factors such as leadership style, team dynamics, and institutional policies can significantly influence nurses' willingness and ability to engage in altruistic actions. Understanding how these organizational factors interact with individual characteristics can provide deeper insights into promoting prosocial behaviour in healthcare settings.

### **Conclusion**

This study highlighted the significant role of religious maturity in predicting altruistic behaviour among practising nurses in Imo State. The findings underscore the importance of enhancing religious engagement to foster prosocial behaviour and improve the well-being and performance of practising nurses. By understanding the psychological and social determinants of altruism, healthcare institutions can design effective interventions to promote compassionate and empathetic care, ultimately enhancing patient outcomes and community well-being.

Integrating psychological and social factors in understanding altruistic behaviour provides a holistic approach to enhancing prosocial actions in healthcare settings. As the healthcare landscape continues to evolve, ongoing research and practical interventions will be crucial in ensuring that nurses are equipped to provide the highest standard of care, driven by altruistic values and behaviours.

### **Recommendations**

Based on the findings of this study, several recommendations can be made to enhance altruistic behaviour among practising nurses in Imo State and potentially in other regions:

1. Future researchers should further explore the complex interplay of factors influencing altruistic behaviour and develop strategies to cultivate altruism in various professional and cultural contexts.
2. The various hospital management should implement gender-sensitive policies that recognize and address the unique needs and contributions of both male and female nurses. This can include mentorship programs, support groups, and professional development opportunities tailored to different gender experiences.
3. Policymakers and healthcare administrators should consider developing policies and programs aimed at improving healthcare delivery. By creating supportive environments that nurture religious maturity and recognizing the unique contributions of male and female nurses, healthcare institutions can foster a culture of altruism and compassion. This, in turn, can lead to better patient care, increased job satisfaction among nurses, and overall improvements in the healthcare system.
4. Healthcare administrators should develop and implement training programs that deepen nurses' understanding of religious values and principles. These programs should focus on integrating these values into daily nursing practice, emphasizing compassion, empathy, and altruistic behaviour.
5. Healthcare administrators should address the high-stress environment and heavy workload typical in nursing by implementing policies that promote work-life balance. Adequate staffing, regular breaks, and mental health support can reduce burnout and enhance the capacity for altruistic behaviour.
6. Healthcare administrators should ensure that all nurses, regardless of gender, have equal access to opportunities for advancement, training, and support. This can help foster a sense of inclusion and motivate altruistic behaviour across the board.

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