Review Article

Concept Analysis of Caring Personality for Nursing: A Review

Kuntarti[1], Yeni Rustina[2]*, Jahja Umar[3] and Dewi Irawati[4]

[1]*Postgraduate Program, Faculty of Nursing, Universitas Indonesia, 16424 Depok, Indonesia*
[2]*Paediatric Nursing Department, Faculty of Nursing, Universitas Indonesia, 16424 Depok, Indonesia*
[3]*Psychometrics Division, Faculty of Psychology, Universitas Islam Negeri Syarif Hidayatullah Jakarta, 15412 Banten, Indonesia*
[4]*Medical Surgical Nursing Department, Faculty of Nursing, Universitas Indonesia, 16424 Depok, Indonesia*

ABSTRACT

Caring as a human trait means that a nurse should have a caring personality. As a personality, caring will be an enduring characteristic and behavior; so, a caring nurse always shows caring behavior throughout his or her lifetime. Although experts have studied and applied the concept of caring, studies on the concept of a caring personality are rare. The purpose of this article is to conceptualize the meaning and significance of a caring personality among nurses providing nursing care. To achieve this, we used the Walker and Avant concept analysis approach. The attributes of a caring personality include (1) altruism, (2) emotional intelligence, (3) emotional stability, (4) personal integrity, and (5) optimism. The antecedents of these attributes are biological bases, characteristic adaptation, and learning organization. Nurses with caring personalities will have an impact on professional caring and patient satisfaction. This article presents case examples and a definition of a caring personality. This study concludes that a caring personality in a nurse is an essential foundation for the provision of professional care and satisfaction of patients in nursing care and that the nurse must have a caring personality, in order to provide high-quality, humanized healthcare.

INTRODUCTION

Nursing care is the core of healthcare services, and caring is a core value of the nursing profession. Nurses must have a good understanding of the caring concept

as a value in nursing care (Drumm & Chase, 2010; Landers et al., 2014). Many researchers and nursing theorists have explored the concept of caring. Until the end of the 20th century, caring was still a complex phenomenon to understand, and there was no general agreement about its relationship with nursing. Caring is an ambiguous concept in nursing literature, although some attempts have been made to capture its meaning (Landers et al., 2014). As a core value of the nursing profession, caring should be a fundamental behavior and characteristic of a nurse.

Behaviors of a nurse that demonstrate caring should ideally form part of a nurse's personality. As a personality, caring behavior endures as an everyday behavior and, ultimately, becomes a culture. For this reason, this study seeks to explore caring as a personality; specifically, a caring personality. This analysis forms part of a broader research study that aims to respond to the experiences and perceptions of patients and the public that something is missing in health care. The study explores a caring personality as a characteristic that nurses ought to have. The purpose of this article is to conceptualize the meaning and significance of a caring personality in nurses providing nursing care and determine whether it is possible to measure a caring personality.

Background

Nurses are health workers who are significant contributors to the perception of quality in health services, especially in hospitals.

From the many indicators of hospital service quality, a substantial amount is related to the quality of nursing performance, such as the incidence of injection site infections, nosocomial infections, surgical site infections, and patient satisfaction (Buchanan et al., 2015; Edvardsson et al., 2017). The quality of nursing care provided to patients reflects the quality of nurses' performance. Nurse performance includes nurses' relationships with patients and co-workers, professional capabilities, the potential for growth and development, attitudes toward hospitals in which they are stationed, and personal qualifications (Ilyas, 2012). However, caring underlies nurses' performance during the provision of core nursing care.

Caring is a central concept in nursing that distinguishes nursing from other health services. This concept becomes the philosophical foundation for nurses in their provision of nursing care. The American Nurses Association (ANA; 2002) states that nursing is a significant, highly valuable health profession due to its specialized knowledge, skills, and care, aimed at improving the health status of individuals, families, and communities (Christensen & Turner, 2008). Caring and knowledge are the core of nursing, as caring nurses provide patients with meaningful experiences (American Organization of Nurse Executives [AONE], 2005). For this reason, caring should be a fundamental behavior and characteristic of a nurse.

Until now, nurses' behavior during nursing care provision has been considered suboptimal—and even still lacking—

by users of health services. Many study findings have shown that poorly performing (Ratanto et al., 2013), less caring nurses (Ardiana et al., 2010; Manurung & Hutasoit, 2013; Ratanto et al., 2013), do not pay attention to patients' needs and that 90% of patients reported being uncomfortable with talking to nurses (Suryawati et al., 2006). Hospital patients have reported dissatisfaction because of nurses with poor communication, ignorance, insecurity, and difficulty obtaining information from nurses (Suryawati et al., 2006). Patients have also described nurses displaying ineffective communication, lack of a sincere attitude at work, less care, and poor technical abilities, such as taking blood repeatedly (Muhidin et al., 2010).

Nurses' caring behavior should be nurtured as early as when receiving nursing education. Finfgeld-Connett (2007) suggested that professional maturity among nurses and a moral foundation were precursors to the caring process. Professional maturity, a trait that nursing students must cultivate, includes a knowledge base, coping skills, and competence. The systematic growth in awareness regarding behavior that must be displayed by nurses is first nurtured at the beginning of one's education, and further, by the academic and work environment. Gaining knowledge of the changes and developments in professional maturity, including competencies associated with being a nurse, must be a formative and summative pursuit (Duffy, 2013).

Many researchers and nursing theorists have explored the concept of caring. Until the end of the 20th century, caring was still a complex phenomenon to understand, and there was no general agreement about its relationship with nursing. Therefore, it is natural that Alligood (2014) classified theories about caring under the philosophy of nursing. Jean Watson is one of the theorists who is consistent with developing themes of caring from as a nursing philosophy to as a conceptual model. The results of her ideas and work on the transpersonal caring theory are called a philosophy, blueprint, ethics, paradigm, worldview, treatise, conceptual model, framework, and theory (Watson, 2006 as cited in Alligood, 2014).

Some perspectives on the nature of caring have been put forth. In literature, it is difficult to distinguish between the terms, *caring, care*, and *nursing care*. In Smith et al. (2013), Morse et al. (1990) identified five categories from 35 authors' definition of caring and the main characteristics of their perspectives. The five categories of caring were caring as a human trait, as a moral imperative or ideal, as affect, as an interpersonal relationship, and as a therapeutic relationship. Besides these, two identified outcomes of caring were the subjective experience of the patient and the physical response. One of these perspectives posited caring is an innate human trait.

Caring as a human trait means that a nurse should have a caring personality. Because caring is essential for nursing, the term, caring personality, refers to the essential traits that every caregiver, especially every nurse, should have. As a personality, caring is an enduring characteristic and behavior that encompasses an individual's uniqueness, including dominant traits, interests, values,

self-concept, drives, abilities, and emotional patterns in responding to each situation ("Personality", n.d.-a). It is a specific personality for the nursing profession—the nursing personality. A caring personality is a pre-requisite for becoming a professional nurse who shows caring behavior in daily life, and ultimately becomes a caring culture in nursing.

As alluded to above, caring nature is a principle of a nursing personality. Study by Eley et al. (2012) recommended the incorporation of a caring nature into recruitment and retention strategies. Nursing candidates who are motivated to care for others display a caring personality. However, the authors have found minimal literature that uses the term, *caring personality*, both in nursing and psychology literature, despite personality psychology is a branch of psychology. Therefore, the authors set out to analyze the concept of a caring personality and to refine its description and use.

METHODS

In this article, the authors intend to analyze the concept of a caring personality based on a literature review. This report begins with the elaboration of phenomena underlying the selection of caring personality concepts, then proceeds to concept analysis, using the steps of concept analysis proposed by Wilson (1963) in Walker and Avant (2011).

Walker and Avant (2011) used an iterative concept analysis approach. This concept analysis used eight-steps method to analyze the concept of a caring personality, entailing the following: 1) select concept,

2) determine the purpose, 3) identify uses, 4) define attributes, 5) identify the model case, 6) describe related and contrary cases, 7) identify antecedents and consequences, and 8) define empirical referents. In the literature review, we used standard electronic databases search for relevant literature. The search used were CINAHL, ScienceDirect, Scopus, MEDLINE, and reference lists of related journal articles published from 2000 to 2018. In our literature search, we used the terms "caring personality", "caring", AND "personality", "nurse", and "nursing student". The inclusion criteria for selected references were those on attributes of caring and caring behavior, which included the conceptualization of these as traits, habits, and affect.

RESULTS

Identify Uses of the Concept

After steps 1 and 2, entailing the selection of a concept and determining its purpose, the definition of the concept followed. Authors have defined caring differently in their work. The definition of caring as a concept in many existing nursing theories will be used as the defining attributes of a caring personality. Likewise, the definition of personality will be used to determine irrelevant attributes, to distinguish the concept of a caring personality from other caring concepts. These are the aims of concept analysis (Walker & Avant, 2011).

Definition of Caring. The definition of caring in nursing is broader than that of language. In the English language, caring

comes from primary *care + ing,* which can be in the form of a noun, verb, or adjective. In this article, the authors use caring as an adjective. As an adjective, caring according to Longman Dictionary of Contemporary English means *feeling or showing concern for or kindness to others; concern for the wellbeing of others;* and is synonymous or almost synonymous with "compassionate", "concerned," "good-hearted", "humane", "mind", "sympathetic", "altruistic", "charitable", "generous", and so on ("Caring", n.d.-a). Caring, according to Merriam-Webster Dictionary, is *thinking about what other people need or want and trying to help them*; the synonyms, kind (good), and sympathetic (sympathetic) involve looking after other people (Caring, n.d.-b). The authors did not find the word "caring" in the American Psychological Association (APA) dictionary. The translation of "caring" into the Indonesian language is *peduli.* The meaning of "caring" in the Indonesian language is simple, but its meaning as a term in nursing is broader than it.

In nursing, caring is a human personality trait (human trait) that must be possessed by a nurse who will form an attitude (affect), that will become a moral foundation (moral imperative), and engage in interaction with others (interpersonal interaction) and therapeutic intervention (Smith et al., 2013). The results of nursing care obtained from caring nurses are subjective experiences and physical responses of patients in the interest of patients achieving or maintaining their health or dying peacefully (Lee et al., 2017; Pajnkihar et al., 2017; Smith et al., 2013).

There are varying, established definitions of "caring" in existing theories. Mayeroff (1971) defines caring as "a process that develops over time, resulting in a deepening and transformation of a relationship; major ingredient: 1) knowing, 2) alternating rhythms 3) patience, 4) honesty, 5) trust, 6) humility, 7) hope." (Mayeroff, 1971, as cited in Smith et al., 2013, p. 5).

Caring also means,

attending, physically, mentally, and emotionally to the needs of another and giving a commitment to the nurturance, growth, and healing of that other; being there for someone, being known to be available, checking the situation out from time to time, and being ready to respond if asked. (Davies, 1995, pp. 18-19).

Alder (2002, pp. 242-243) defined caring as "involving action or inaction; an attitude and a commitment; a practice, a process, and an ethic; a combination of honesty and patience; trust; respect; humility; courage; one's experience of others; encouragement; and devotion."

Caring also means

a set nurturing activity focused on caring for the sick, was assigned or ascribed as a role in all society healers; these activities has been imbued with qualities of protection, nurturance, and altruism; associated with putting a person in the best condition for nature

to act; sensitivity to the person's experience, tender attendance to the needs of suffering person, and to nursing as a spiritual practice affirm the primal connection between nursing and caring (Smith et al., 2013, p. 1).

Definition of Personality. According to the Merriam-Webster Dictionary, personality is the quality or state of being a person; personal existence; the complex characteristics that distinguish an individual or a nation or group; a set of distinctive traits and characteristics; the distinction or excellence of personal and social traits ("Personality", n.d.-c). The Longman Dictionary defines personality as someone's character, especially how they behave towards other people and the qualities that make someone interesting or enjoyable to be with ("Personality", n.d.-b). In psychology, according to the American Psychological Association (APA) Dictionary, personality refers to "the enduring configuration of characteristics and behavior that comprises an individual's unique adjustment to life, including major traits, interests, drives, values, self-concept, abilities, and emotional patterns" ("Personality", n.d.-a).

Based on each of the definitions of caring and personality, the authors identified suitable and irrelevant attributes of a caring personality (Table 1). These would make up an elaborate definition of a caring personality. A caring personality is a collection of traits and abilities of a person, which includes five characteristics consisting of altruism, emotional intelligence, emotional stability, self-integrity, and optimism.

Following analysis, the authors tried to synthesize and simplify the attributes of a caring personality. Based on the personality psychology approach, the authors simplified the attributes of a caring personality to five domains. These were altruism, emotional intelligence, emotional stability, personal integrity, and optimism (Table 2). Some of the attributes in Table 1 are not included in those shown in Table 2 as the latter entails general and commonly used terms.

Antecedents and Consequences

The step entailing the definition of attributes necessitates identification of the antecedents and consequences of the concept, to clarify the defining attributes (Walker & Avant, 2011). Antecedents include events or incidents that must take place before the concepts occur. Consequences occur after the concepts and may help identify the outcomes of the concept. The framework of relationships between antecedent, attributes, and outcomes as consequences of a caring personality is described in Figure 1.

A caring personality will develop based on biological bases and an individual's characteristic adaptation and learning organization. In the personality system, according to McCrae and Costa's Five-Factor Theory (FFT), genes, hormones, and brain structures are the biological bases influencing basic inclinations of personality. McCrae and Costa had not elaborated on this statement. Eysenck's theory of

Table 1
Characteristics of a caring nurse

Characteristics/ attributes	The first author (year)
Altruism	Watson (1985) as cited in Smith et al. (2013), Cossette et al. (2006), and Staub and Vollhardt (2008)
Kindness, ethical, conscience	Roach (2002) and Watson (1985) as cited in Smith et al. (2013); Duffy (2013), and Yektatalab et al. (2012)
Concern, care, respect	Roach (2002), Swanson (1999) and Watson (1985) as cited in Smith et al. (2013)
Compassion	Roach (2002), Swanson (1999) and Watson (1985) as cited in Smith et al. (2013), and Duffy (2013)
Optimism	Watson (1985) as cited in Smith et al. (2013)
Discipline	Watson (1985) as cited in Smith et al. (2013)
Sensitive	Roach (2002), Swanson (1999) and Watson (1985) as cited in Smith et al. (2013), Alligood (2014), and Finfgeld-Connett (2007)
Emphatic	Gay (1999), Gilson and Moyer (2000), Morse et al. (2006), Scribante et al. (1995), and Watson (1985) as cited in Smith et al. (2013), Staub and Vollhardt (2008), and Svenaeus (2014)
Emotional intelligence	Swanson (1999), and Watson (1985) as cited in Smith et al., (2013), Hutchinson and Hurley (2012), and Svenaeus (2014)
Patient	Roach (2002), Swanson (1999) and Watson (1985) as cited in Smith et al. (2013)
Genuine	Watson (1985) in Smith et al. (2013)
Self-confident	Roach (2002), Swanson (1999) and Watson (1985) as cited in Smith et al. (2013)
Trust	Roach (2002) and Watson (1985) as cited in Smith et al. (2013)
Openness, receiving positive and negative expressions	Swanson (1999) and Watson (1985) as cited in Smith et al. (2013)
Commitment	Roach (2002) and Watson (1985) as cited in Smith et al. (2013)
Competent	Roach (2002) and Watson (1985) as cited in Smith et al. (2013)
Responsible	Gay (1999) and Swanson (1999) as cited in Smith et al. (2013)
Respectful, modest	Duffy (2013)
Calm	Leininger as cited in Alligood (2014)

Table 2
The five trait domains of a caring personality

Attributes	Traits
Attention	Altruism
Conscience	
Compassion	
Concern	
Love and nurture	
Care	
Emphatic	
Helpful	

Table 2 *(continue)*

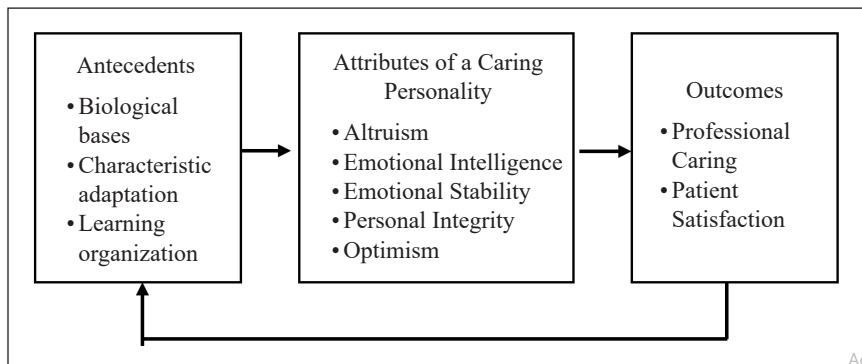| Attributes	Traits
Sensitivity	Emotional intelligence
Respect	
Emotion management	
Adaptability	
Self-control	Emotional stability
Calm	
Tolerance	
Logic	
Resilience	
Not easily suspicious	
Consistent moral values	Personal integrity
Responsible	
Honest	
Fight for the truth	
Positive thinking	Optimism
Positive outlook	
Enthusiastic	

Figure 1. Model of caring personality development in nursing

personality, psychoticism, extraversion, and neuroticism depicts the limbic system's arousal as a proximal antecedent and DNA as a distal antecedent, with DNA as a genetic personality determinant and limbic system arousal as biological intermediaries for the development of personality (Feist et al., 2018).

Studies have been conducted on the relationships between brain structures and compassion, empathy, and other human behaviors. Trait emphatic concern that motivates altruism activates brain regions in the ventral tegmental area, caudate, and subgenual anterior cingulate (FeldmanHall et al., 2015). The loving-kindness training

would increase activity in the compassionate brain, such as the medial orbitofrontal cortex (mOFC), the putamen, the middle insula, and the ventral tegmental area (Klimecki et al., 2012). The compassion training increased altruistic behavior was associated with activation in brain regions, including the inferior parietal cortex, dorsolateral prefrontal cortex, and the nucleus accumbens (Weng et al., 2013). Empathy and compassion activate a different area in brain regions (Kuntarti & Rustina, 2018).

Other than an innate personality or basic tendencies, the caring personality may develop as an acquired personality. It means that the caring personality develops as people adapt to their environment, and can be influenced by external influences while the person interacts with their environment. External influences can change individuals' behavior through the learning process. If well organized, the learning process would be useful in changing behavior through learning organization. Learning organization starts from the family context, school, college/university, to the work environment.

Nurses with a caring personality have an impact on professional care and patient satisfaction. As a profession, nurses must provide professional nursing care to patients. Nurses with caring personalities, who learn about the science of caring and professionalism, will provide professional care. These nurses' care towards patients would result in patient satisfaction.

Presentation of Cases

Model Case. In concept analysis, a model case is a description of a situation, an experience, or an event that would constitute a perfect sample of a nurse with a caring personality. The model case includes all of the defining attributes of a caring personality in nursing. In a caring personality example, the following case states its model case:

I knew Rufaidah, the nurse who cared for me; she always greets and asks every patient she meets with a smile, gently, and warmly. She understood me and could sympathize with me about my problem. When other patients need her, she immediately comes to help (altruism), but still makes me feel like her priority. She always looks happy and is energetic (optimism), but does not overdo it and seems to enjoy life. I enjoyed talking to her. Sometimes without me complaining, she knows and can anticipate how I am feeling (emotional intelligence). When there are patients who speak rudely and act annoying, she remains calm and patient in dealing with it, and can still manage their emotions (emotional stability). She honestly answered that she did not know if she could not answer my question and did not hesitate to apologize if she was wrong or unsuccessful in the actions that she took when caring for me (personal integrity).

She always encouraged me to be sure of my recovery. Her stories and comforting words toward me show that she is a positive thinker and always takes lessons from her failures because she is sure that everything that happens, even if wrong, is for the best (optimism).

Borderline Case. A borderline case is one that contains some, but not all, of the identified defining attributes. These cases are inconsistent in some way, and help us clarify our thinking about critical attributes of the concept of interest (Walker & Avant, 2011). The following is an example of a borderline case for a caring personality:

Camelia is my friend, who is a nurse. I often see her looking warmly and being patient with the patients in her care (altruism), but often, she looks sullen and talks rather loudly to the patient when the patient asks many questions— especially when I know that she has a personal problem (emotional intelligence). One day she seemed happy to serve her patients, but on others, she often lost her temper with her patients. When focusing on serving one patient, she seemed unhappy if others interrupted her. She looks happy and excited, but sometimes expresses it excessively and disturbs others' peace. I like talking to her, but I have to be able to read her mood so that she can give me comforting advice.

Sometimes she is not sensitive to what is not conveyed by others, and even though their non-verbal behavior seems to suggest that they need her help (emotional stability).

Contrary Case. A contrary case is one that does not contain any of the critical or defining attributes described in the analysis. These cases are clear examples of the opposite of the concept and will help us see how the concept being analyzed differs from contrary cases (Walker & Avant, 2011). The following is an example of a contrary case of the caring personality concept:

Doni is a novice nurse in the adult medical ward. He did not want to be a nurse. He likes the informatics technology major, but his parents chose a nursing major, and he could not refuse. When he works in the ward, he prefers to be alone, rarely greeting others first. He just did routine nursing interventions. He is rarely seen smiling and has a flat affect. If his patients told their pain or discomfort, he only told his patient to be patient, then he reported to the doctor and wrote in nursing documentation (not have altruism). The ward manager often warns him to be more caring for his patients, but he got angry. Because of his attitudes, he has no close friends because almost all of his friends avoid interacting with him (not have emotional intelligence). Sometimes, he wrote the nursing

intervention that he did not do it (not have personal integrity).

Empirical Referents. The final step of concept analysis is to determine referents for critical attributes. This has proven extremely useful in instrument development, thus contributing to both the content and construct validity of any new instrument (Walker & Avant, 2011). Many instruments are measuring caring concepts, especially caring behaviors (Watson, 2009). Moreover, many instruments are measuring general personalities, such as the DISC personality, Revised NEO Personality Inventory (NEO-PI-R), Myers-Briggs Type Indicator (MBTI), Minnesota Multiphasic Personality Inventory (MMPI), and the mini International Personal Item Pool (mini-IPIP). There are also tools measuring specific traits that also form part of attributes of the caring personality, such as the Altruistic Personality Scale measuring altruism, the Trait Emotional Intelligence Questionnaire measuring emotional intelligence, the Emotional Stability Test, and the Optimism-Pessimism Scale. There are also many tools for measuring patient satisfaction. However, there were no specific, identified empirical referents for the concept of a caring personality, as found in the literature review, nor were there specific tools evaluating a caring personality.

DISCUSSION

Attributes of a Caring Personality

Based on the analysis of the concepts, the definition of a caring personality is a collection of a person's traits and abilities that includes five traits: altruism, emotional intelligence, emotional stability, personal integrity, and optimism. Nurses and other professionals who provide human-oriented services must possess these traits. The following section discusses these five characteristics and their relation to the nursing profession.

The first trait is altruism. Altruism is the behavior of helping strangers (Morishima et al., 2012). This behavior is exhibited by those who are not selfish and would voluntarily act for the benefit of others, even if it entails self-sacrifice. The characteristics of altruism are attention, conscience, compassion, concern, love, nurture, care, empathy, and helpfulness. It is common to help those whom one knows, such as family members, friends, or neighbors, because the closeness and recognition between them will encourage him to help that person. However, only those who have the traits imbued in altruism would willingly help others who are not known to them. As stated by Hung et al. (2016) and Gol (2018), nurses who have personal character altruism will do things for others without expecting any benefit or recognition in return. The main criterion of people characterized by altruism is the intention to help (Pavenkov et al., 2015). This trait must be possessed by those involved in professions related to humans, including nurses.

When providing services, nurses are almost always in contact with others who are not known to them. Following the code of ethics of nursing, nurses must provide

services to all those in need of nursing services. Thus, they must not and cannot choose to only provide services to people they know (Indonesian National Nurses Association, 2016; International Council of Nurses, 2012). Nurses have to provide the best service at par with nursing standards, regardless of who their patients are. Only altruistic nurses can provide the best nursing services, exceed patients' expectations, and have an impact on healing and patient satisfaction. Nurses who exhibit altruism will help their patients achieve quicker recovery because they are concerned for that person, irrespective of the rewards that will be obtained (Alavi et al., 2017; Swank et al., 2013).

Nurses who provide nursing care based on the characteristics of altruism will increase patients' healing and provide higher patient satisfaction. The attention that comes from their conscience encourages nurses to be sensitive to the needs of their patients. Compassion, love, and nurture motivate nurses to provide the best care to the patient (Gol, 2018; Pavenkov et al., 2015). Empathy for the pain and suffering felt and experienced by patients encourages nurses to try to reduce and eliminate these negative feelings. These traits are shown in how they help patients to the best of their abilities, in the same way, they would help people they know (Kuntarti et al., 2018). This helping behavior is done voluntarily, even though entailing the sacrifice of time and energy. When combined with their competence and existing nursing standards, the nursing care given by nurses who have

an altruistic nature will increase the patient's recovery and provide better satisfaction to both patients and their families. Therefore, altruism is the most commonly reported motivation by people that have chosen nursing as their profession (Alavi et al., 2017; Gol, 2018). Watson (2008) placed the value of altruism as the first among ten factors in the philosophy of nursing practice.

The second trait is emotional intelligence. Emotional intelligence means a person's ability to process information about emotions and use them in reasoning to understand and manage the emotions of themselves and others. These abilities include being sensitive to one's feelings and that of others, respecting others, managing emotions, and adapting to the environment (Kinicki & Kreitner, 2009; Mullakanda & Dissanayake, 2015; Smith et al., 2013). A nurse must possess emotional intelligence.

When dealing with patients, nurses must use emotional intelligence. Before dealing with patients, they need to recognize themselves and be sensitive to their feelings and emotions. Often, nurses have to deal with patient behavior that drains their emotions. Recognizing their own emotions helps nurses manage their emotions better when faced with patients. Mayer et al. (2003) identified four skills in emotional intelligence, namely emotional awareness (own and others), emotional management (own and others), emotional understanding, and emotional facilitation. Nurses' sensitivity to patients' feelings will encourage them to use their ability to manage their own emotions when dealing

with the emotional status of patients, which have most likely been disrupted due to the patients' physical problems, especially when nurses care for people with mental health problems.

Emotional intelligence includes the ability of nurses to adapt to their environment. Nurses are always associated with humans who experience a variety of emotions at work (Landa & Zafra, 2010). In addition to patients and their families, nurses also interact with peers, superiors, and other health team members. Emotional intelligence, when interacting with others, is called interpersonal intelligence (Morrison, 2007). Emotional intelligence includes the ability of intrapersonal and interpersonal intelligence. Intrapersonal intelligence is the ability to self-manage because of self-awareness, while interpersonal intelligence is the ability to manage relationships with others because of social awareness (Mayer et al., 2003; Morrison, 2007).

In addition to emotional intelligence, nurses must also possess emotional stability. Emotional stability focuses on nurses' ability to control emotions when reacting to various situations. Its attributes are self-control, calmness, tolerance, logic, resilience, and not being easily suspicious. Emotional stability means the level of emotional reactions that must be predictable and consistent, not quickly changing depending on feelings and moods. The nurses must control their emotions in various situations. Thus, they can solve the patient's problems with several nursing strategies (Raghubir, 2018; Watson, 2008).

Nurses use various methods for maintaining emotional stability. Mullakanda and Dissayanake (2015) found that nurses used 'ignore' or emotion gap, control, sharing, internalization, bare, and emotional shifts. The nurse will ignore by not taking things seriously. The way to control emotions is by self-controlling. Sharing is talking to somebody, such as friends, spouses, parents, or superiors. Internalising is done by taking it as part of the job or life and not being stress about it. Bare is waiting for a while or keeping quiet to settle down. The emotional shift can be done by listening to music, watching television or movies, or sleeping. Nurses who can maintain emotional stability show it through their gestures and facial expressions while interacting with patients and their families, doctors, other health teams, peers, and supervisors (Meyer et al., 2004). These nurses will look calm and can hide negative emotions with proper stress management skills (Morrison, 2007).

The next trait that a nurse must have is personal integrity. Personal integrity is a level of consistency with moral values, responsibility, honesty, and willingness to fight for the truth (Ridge, 2015). The level of consistency in moral values can be seen from those who have never violated the rules. Gostick and Telford (2006) mentioned that people with high integrity were careful not to underestimate the small essential things were always responsible, displayed the right things when others were 'grey,' showed that they could be trusted, always kept their promises, exhibited care, kindness, honesty, and humility, and acted as

if they were always being watched. Nurses with integrity will always try to do these things.

The fifth trait that nurses must also have is optimism. Optimism is a positive attitude towards the future in the form of the belief that good things will happen in the future and that one's desires will surely be achieved. Optimism is characterized by positive thinking, seeing the positive in every event that occurs (positive outlook), and enthusiasm. Lufthans et al. (2008) stated that the optimism aspect of positive psychology was the same as hope, wisdom, resilience, and durability. Optimism people have a mood and hope that the future will be either material or social and hope by others. With this attitude, the nurse can turn a patient's negative expression into one of confidence and hope to achieve a better state of health for the patient (Watson, 2008).

The Antecedents of a Caring Personality

The five traits discussed above are attributes of a caring personality that will develop based on three factors, including biological bases, an individual's characteristic adaptation, and a learning organization. Biological bases consist of genes, brain structures, and hormones (McCrae & Costa, 2006). Feist et al. (2018) stated that some evidence that genes contributed to identical factors among people in various parts of the world, maintaining their personality over time, and determining differences in personality. For most complex traits examined, many such loci have been mapped, but the vast majority of the specific genes remain identified (Chakravarti et al., 2013). Related to attributes of caring personality, Van der Linden et al. (2018) found that there was a strong genetic correlation between the General Factor of Personality and trait emotional intelligence. Mann et al. (2017) also found that sensation seeking and impulsive traits accounted for more significant portions of genetic variance in antisocial behavior (ASB) than other personality traits. ASB is versus prosocial behavior that developed by trait altruism. Genetic factors also play an essential role in the associations between personality and life satisfaction (Roysamb et al., 2018).

Several other biological mechanisms affect personality, namely neurophysiological brain. McCrae and Costa (2006) stated that traumatic brain injury related to changes in personality. Related to traits in caring personality, Tusche et al. (2016) gave term the charitable brain for a circuit of brain regions that participated in altruistic behavior. This study found that empathy, perspective-taking, and attention shifts differentially predicted altruistic behavior. For many years, human neuroscientific research interest investigates neural mechanisms underlying emotions and social cognition, the plasticity of social emotions such as empathy and compassion using functional Magnetic Resonance Image (fMRI) (Klimecki, 2015; Klimecki et al., 2012; Klimecki & Singer, 2015).

Besides genes and neurophysiological brain, hormones are the biological bases associated with personality. Barraza et al. (2011) found that oxytocin infusion

increased charitable donations that were a uniquely human form of indirect helping. Oxytocin also has a profound effect on the brain directly related to social behavior, including empathy, compassion, and related emotional, cognitive, and behavioral states (Singer & Bolz, 2013).

The biological bases of traits are internal factors that grow and mature as one's lifespan development, so do the personality traits as innate or given personality (McCrae & Costa, 2006). As a given personality, McCrae and Costa (2006) also found that personality traits might predict that only 10-16% of behavior, as Mischel, in 1968, argued that personality traits accounted for only about 5-10% of individual differences in actual behavior. Therefore, traits that endure for long periods and predict long-term patterns of behavior is extraordinary. In the context, a caring personality, five traits in a caring personality may predict nurses' caring behavior.

Interaction between individuals and their environment will change an innate personality to an acquired personality by characteristic adaptation and learning process. An innate personality may be somewhat stable over the lifetime, but an acquired personality is not (Feist et al., 2018). McCrae and Costa (2006) stated this as plasticity postulate of characteristic adaptation. Based on this postulate, a caring personality can be developed and be shaped by one's environment through the learning process.

External influences can change individuals' behavior through the learning process. Although traits only contribute about 10-16% to predict behavior (McCrae & Costa, 2006), caring behavior can be developed and be enhanced by contributing individuals. Besides their parents, the contributing individuals in developing caring behavior of nursing students are the peer group, lecturers, senior students, nurses, and their patients (Kuntarti et al., 2018). If well organized, the learning process will be useful in changing behavior through learning organization.

Learning organization starts from the family context, school, college/university, to the work environment. For example, the nursing education institution plays a vital role in changing nursing students' behavior to attain competence in caring, thus leading to a caring culture (Duffy, 2013). As nursing students, they must have professional caring competence cultivated by taught, learned, trained, and enhanced in academic and clinical education (Finfgeld-Connett, 2007; Kuntarti et al., 2018).

Outcomes of a Caring Personality

Nurses with a caring personality and professional caring competence have an impact on professional care and patient satisfaction. As a profession, nurses must provide professional nursing care to patients. Nurses with caring personalities, who learn about the science of caring and professionalism, will provide professional caring (Duffy, 2013; Smith et al., 2013). The professional caring will give positive change, empowerment, an increased sense of wellbeing and health (O'Connell et al., 2008; Smith et al., 2013). These nurses'

care towards patients would result in patient satisfaction (Duffy, 2013; Finfgeld-Connett, 2007). Not only impact to patients, the caring professional and patient satisfaction will also impact on developing and enhancing a caring personality to a caring behavior.

CONCLUSION

The process of conceptual analysis was undertaken to conceptualize the meaning and significance of a caring personality among nurses delivering nursing care. This process provided information regarding the attributes, antecedents, and consequences of a caring personality. In conclusion, the attributes of a caring personality include (1) altruism, (2) emotional intelligence, (3) emotional stability, (4) personal integrity, and (5) optimism. The antecedents of these attributes were identified as biological bases, characteristic adaptation, and learning organization. A caring nurse will impact professional caring and patient satisfaction. A caring personality in a nurse is an essential foundation for the provision of professional care and the satisfaction of patients in nursing care. This analysis reinforces the notion that nurses must have a caring personality to provide high-quality, humanized healthcare.

ACKNOWLEDGMENT

REFERENCES

Alavi, A., Boroujeni, A. Z., Yousefy, A., & Bahrami, M. (2017). Altruism, the values dimension of caring self-efficacy concept in Iranian pediatric nurses. *Journal of Education and Promotion, 6,* 1-5. doi: 10.4103/jehp.jehp_142_14

Alder, N. (2002). Interpretation of the meaning care: Creating caring relationships in urban middle school classroom. *Urban Education, 37*(2), 241-266. doi: 10.1177/0042085902372005

Alligood, M. R. (2014). *Nursing theorists and their work* (8th ed.). St. Louis, USA: Elsevier Inc.

American Organization of Nurse Executives. (2005). AOBE nurse executive competencies. *Nurse Leader, 3*(1), 15-22. doi: 10.1016/j.mnl.2005.01.001

Ardiana, A., Sahar, J., & Gayatri, D. (2010). Dimensi kecerdasan emosional: Memahami dan mendukung emosi orang lain terhadap perilaku caring perawat pelaksana menurut persepsi klien [Emotional intelligence dimension: Understanding and support of other people's emotions related to nurses caring behavior based on Indonesian patient's perseption]. *Jurnal Keperawatan Indonesia*, *13*(3), 133-138. Retrieved August 16, 2019, from http://jki.ui.ac.id/index.php/jki/article/view/243/445

Barraza, J. A., McCullough, M. E., Ahmadi, S., & Zak, P. J. (2011). Oxytocin infusion increases charitable donations regardless of monetary resources. *Hormones and Behavior, 60*(2),148-151. doi: 10.1016/j.yhbeh.2011.04.008

Buchanan, J., Dawkins, P., & Lindo, J. L. M. (2015). Satisfaction with nursing care in the emergency department of an urban hospital in the developing world: A pilot study. *International Emergency Nursing*, *23*(3), 218-224. doi: 10.1016/j.ienj.2015.01.001

Caring. (n.d.-a). In *Longman dictionary of contemporary English*. Retrieved August 16,

2019, from https://www.ldoceonline.com/dictionary/caring

Caring. (n.d.-b). In *Merriam-Webster Dictionary*. Retrieved August 16, 2019, from https://www.merriam-webster.com/dictionary/caring

Chakravarti, A., Clark, A. G., & Mootha, V. K. (2013). Distilling pathophysiology from complex disease genetics. *Cell, 155*(1), 21-26. https://doi.org/10.1016/j.cell.2013.09.001

Christensen, K. H., & Turner, D. S. (2008). Spiritual care perspectives of Danish registered nurses. *Journal of Holistic Nursing : Official Journal of the American Holistic Nurses' Association*, *26*(1), 7-14. doi: 10.1177/0898010107301869

Cossette, S., Cote, J. K., Pepin, J., Ricard, N., & D'Aoust, L. X. (2006). A dimensional structure of nurse-patient interactions from a caring perspective: Refinement of the Caring Nurse-Patient Interaction Scale (CNPI-Short Scale). *Journal of Advanced Nursing*, *55*(2), 198-214. doi: 10.1111/j.1365-2648.2006.03895.x

Davies, C. (1995). Competence versus care? Gender and caring work revisited. *Acta Sociologica, 38*(1), 17-31. https://doi.org/10.1177%2F000169939503800103

Drumm, J., & Chase, S. K. (2010). Learning caring: The student's experience. *International Journal for Human Caring*, *14*(4), 31-38. doi: 10.20467/1091-5710.14.4.31

Duffy, J. R. (2013). *Quality caring in nursing and health systems: Implications for clinicians, educators, and leaders* (2nd ed.). New York, USA: Springer Publishing Company.

Edvardsson, D., Watt, E., & Pearce, F. (2017). Patient experiences of caring and person-centredness are associated with perceived nursing care quality. *Journal of Advanced Nursing*, *73*(1), 217-227. doi: 10.1111/jan.13105

Eley, D., Eley, R., Bertello, M., & Rogers-Clark, C. (2012). Why did I become a nurse? Personality traits and reasons for entering nursing. *Journal of Advanced Nursing*, *68*(7), 1546-1555. doi: 10.1111/j.1365-2648.2012.05955.x

Feist, J., Feist, G. J., & Roberts, T.-A. (2018). *Theories of personality* (9th ed.). New York, USA: McGraw-Hill Education.

FeldmanHall, O., Dalgleish, T., Evans, D., & Mobbs, D. (2015). Empathic concern drives costly altruism. *NeuroImage*, *105*, 347-356. doi: 10.1016/j.neuroimage.2014.10.043

Finfgeld-Connett, D. (2007). Meta-synthesis of caring in nursing. *Journal of Clinical Nursing*, *17*, 196-204. doi: 10.1111/j.1365-2702.2006.01824.x

Gol, I. (2018). Nursing students' attitude towards the nursing profession in relation to their altruism levels. *International Journal of Caring Sciences, 11*(2), 663-670.

Gostick, A., & Telford, D. (2006). *The integrity advantage.* Layton, USA: Gibbs Smith, Publisher.

Hung, C.-C., Lee, B.-O., Liang, H.-F., & Chu, T.-P. (2016). Factors influencing MAE reporting. *Japan Journal of Nursing Science, 13*, 345-354. doi:10.1111/jjns.12113

Hutchinson, M., & Hurley, J. (2012). Exploring leadership capability and emotional intteigence as moderators of workplace bullying. *Journal of Nursing Management, 21*(3), 553-562. doi:10.1111/j.1365-2834.2012.01372.x

Ilyas, Y. (2012). *Kinerja, teori, penilaian dan penelitian* [Performance, theory, assessment and research]. Jakarta, Indonesia: Pusat Kajian Ekonomi Kesehatan FKM Universitas Indonesia.

Indonesian National Nurses Association. (2016). *Kode etik keperawatan* [Code of ethics for nurses]. Retrieved August 20, 2019, from https://ppni-inna.org/index.php/public/information/announce-detail/16

International Council of Nurses. (2012). *The ICN code of ethics for nurses*. Geneva, Switzerland: ICN.

Retrieved August 20, 2019, from https://www. icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf

Kinicki, A., & Kreitner, R. (2009). *Organizational behavior* (9th ed.). New York, USA: McGraw-Hill, Inc.

Klimecki, O. M. (2015). The plasticity of social emotions. *Social Neuroscience, 10*(5), 1-8. doi: 10.1080/17470919.2015.1087427

Klimecki, O. M., Leiberg, S., Lamm, C., & Singer, T. (2012). Functional neural plasticity and associated changes in positive affect after compassion training. *Cerebral Cortex*, *23*(7), 1552-1561. doi: 10.1093/cercor/bhs142

Klimecki, O. M., & Singer, T. (2015). Compassion. In A. W. Toga (Ed.), *Brain mapping: An encyclopedic reference* (Vol. 3; pp. 195-199). San Diego, USA: Academic Press Elsevier.

Kuntarti, K., & Rustina, Y. (2018). Empathy and compassion as a caring personality and their functional neuroimaging in the brain: A literature review. In S. Solfema, T. Hermaleni, Z. Fikry, & M. Pratama (Eds.), *International Conference of Mental Health, Neuroscience, and Cyber-psychology* (pp. 77-82). Padang, Indonesia: Fakultas Ilmu Pendidikan PP. doi: 10.32698/25261

Kuntarti, K., Yetti, K., & Novieastari, E. (2018). The contributing individuals in developing caring behaviors of nursing students: The focus group finding. *International Journal for Human Caring, 22*(4), 169-178. doi: 10. 20467/1091-5710.4.169

Landa, J. M. A., & Zafra, E. L. (2010) The impact of emotional intelligence on nursing: Overview. *Psychology,* (1), 50-58. doi: 10.4236/psych.2010.11008

Landers, M. G., Weathers, E., McCarthy, G., & Fitzpatrick, J. J. (2014). Professional caring: Descriptions from student nurses' perspectives midway through their educational program. *International Journal for Human Caring*, *18*(4), 52-58.

Lee, S. M., Palmieri, P. A., & Watson, J. (2017). *Global advances in caring literacy*. New York, USA: Springer Publishing Company, LLC.

Lufthans, F., Norman, S. M., Avolio, B. C., & Avey, J. B. (2008). The Mediating role of psychological capital in the supportive organizational climate—employee performance relationship. *Journal of Organizational Behavior, 29*(2), 219-238. doi: 10.1002/job.507.

Mann, F. D., Engelhardt, L., Briley, D. A., Grotzinger, A. D., Patterson, M. W., Tacket, J. L., …, & Harden, K. P. (2017). Sensation seeking and impulsive traits as personality endophenotypes for antisocial behavior: Evidence from two independent samples. *Personality and Individual Differences, 105,* 30-39. doi: 10.1016/j.paid.2016.09.018

Manurung, S., & Hutasoit, M. L. C. (2013). Persepsi pasien terhadap perilaku caring perawat di ruang rawat inap rumah sakit [Perception of nurses' caring behavior in inpatient hospital]. *Jurnal Kesehatan Masyarakat Nasional*, *8*(3), 104-108. Retrieved August, 16, 2019, from http://jurnalkesmas.ui.ac.id/kesmas/article/view/351/350

Mayer, J., Salovey, P., & Caruso, D. (2003). Measuring emotional intelligence with the MSCEIT V2.0. *Emotion*, *3*(1), 97-105. https://doi.org/10.1037/1528-3542.3.1.97

McCrae, R. R., & Costa, P. T. (2006). *Personality in adulthood: A five-factor theory perspective* (2nd ed.). New York, USA: The Guilford Press.

Meyer, B., Fletcher, T., & Parker, S. (2004). Enhancing emotional intelligence in the health care environment: An exploratory study. *Health Care Manager*, *23*(3), 225-234. doi: 10.1097/00126450-200407000-00006

Morishima, Y., Schunk, D., Bruhin, A., Ruff, C. C., & Fehr, E. (2012). Linking brain structure and activation in temporoparietal junction to explain the neurobiology of human altruism. *Neuron, 75*(1), 73-79. doi: 10.1016/j.neuron.2012.05.021

Morrison, T. (2007). Emotional intelligence, emotion and social work: Context, characteristics, complications and contribution. *British Journal of Social Work*, *37*(2), 245-263. https://doi.org/10.1093/bjsw/bcl016

Morse, J. M., Bottorff, J., Anderson, G., O'Brien, B., & Solberg, S. (2006). Beyond empathy: expanding expressions of caring. *Journal of Advanced Nursing*, *53*(1), 75-90. https://doi.org/10.1111/j.1365-2648.2006.03677.x

Muhidin, M., Sahar, J., & Wiarsih, W. (2010). Persepsi pasien terhadap pelayanan keperawatan: Studi fenomenologi. [Patient's perception on health services: A phenomeonology study]. *Jurnal Keperawatan Indonesia, 13*(2), 74-80. http://dx.doi.org/10.7454/jki.v13i2.235

Mullakanda, P. S., & Dissanayake, K. (2015). Strategies for maintaining emotional stability: The case of nurses in private health care industry. *Management Science Letters*, *5,* 1097-1110. doi: 10.5267/j.msl.2015.10.004

O'Connell, E., Landers, M., O'Connell, E., & Landers, M. (2008). The importance of critical care nurses' caring behaviours as perceived by nurses and relatives. *Intensive and Critical Care Nursing*, *24*(6), 349-358. doi: 10.1016/j.iccn.2008.04.002

Pajnkihar, M., Štiglic, G., & Vrbnjak, D. (2017). The concept of Watson's carative factors in nursing and their (dis)harmony with patient satisfaction. *PeerJ* 5:e2940 https://doi.org/10.7717/peerj.2940

Pavenkov, O., Pavenkov, V., & Rubtcova, M. (2015). The altruistic behavior: Characteristic of future teachers of inclusive education in Russia. *Procedia - Social and Behavioral Sciences, 187,* 10-15. doi: 10.1016/j.sbspro.2015.03.003

Personality. (n.d.-a). In *American Psychological Association Dictionary*. Retrieved August 16, 2019, from https://dictionary.apa.org/personality

Personality. (n.d.-b). In *Longman Dictionary of Contemporary English*. Retrieved August 16, 2019, from https://www.ldoceonline.com/dictionary/personality

Personality. (n.d.-c). In *Merriam-Webster Dictionary*. Retrieved August 16, 2019, from https://www.merriam-webster.com/dictionary/personality

Raghubir, A. E. (2018). Emotional intelligence in professional nursing practice: A concept review using Rodgers's evolutionary analysis approach. *International Journal of Nursing Sciences, 5,* 126-130. doi: 10.1016/j.ijnss.2018.03.004

Ratanto, Mustikasari, & Kuntarti. (2013). Pengembangan karir sebagai faktor paling mempengaruhi kinerja perawat pelaksana [Career development as determinant factor to nurses' working performance]. *Jurnal Keperawatan Indonesia*, *16*(2), 114-119. doi: 10.7454/jki.v16i2.10.

Ridge, R. A. (2015). Putting the i in integrity. *Nursing Management, 46*(4), 52-54. https://doi.org/10.1097/01.NUMA.0000462381.26593.91

Roysamb, E., Nes, R. B., Czajkowski, N. O., & Vassend, O. (2018). Genetics, personality, and wellbeing: A twin study of traits, facet, and life satisfaction. *Scientific Reports,* 8 (12298). doi: 10.1038/s41598-018-29881-x

Singer, T., & Bolz, M. (2013). *Compassion: Bridging practice and science* (1st ed.). Munich, Germany: Satzweiss Print Web Software GmbH.

Smith, M. C., Turkel, M. C., & Wolf, Z. R. (Eds.). (2013). *Caring in nursing classics: An essential resource*. New York, USA: Springer Publishing Company.

Staub, E., & Vollhardt, J. (2008). Altruism born of suffering: The roots of caring and helping after victimization and other trauma. *American*

Journal of Orthopsychiatry, *78*(3), 267-280. doi: 10.1037/a0014223

Suryawati, C., Dharminto, & Shaluhiyah, Z. (2006). Penyusunan indikator kepuasan pasien rawat inap rumah sakit di provinsi Jawa Tengah. [Development of satisfaction indicators for inpatient hospital in Central Java Province]. *Manajemen Pelayanan Kesehatan, 9*(4), 177-184.

Svenaeus, F. (2014). Empathy as a necessary condition of phronesis: A line of thought for medical ethics. *Medicine, Health Care and Philosophy*, *17*(2), 293-299. doi: 10.1007/s11019-013-9487-z

Swank, J. M., Ohrt, J. O., & Robinson, E. H. M. (2013), A qualitative exploration of counseling students' perception of altruism. *The Journal of Humanistic Counseling, 52,* 23-38. doi: 10.1002/j.2161-1939.2013.00030.x

Tusche, A., Bockler, A., Kanske, P., Trautwein, F.-M., & Singer, T. (2016). Decoding the charitable brain: Empathy, perspective taking, and attention shifts differentially predict altruistic giving. *Journal of Neuroscience, 36*(17), 4719-4732. https://doi.org/10.1523/JNEUROSCI.3392-15.2016.

Van der Linden, D., Schermer, J. A., De Zeuuw, E., Dunkel, C. K., Pekaar, K. A., Bakker, A. B., … Petrides, K. V. (2018). Overlap between the general factor of personality and trait emotional intelligence: A genetic correlation study. *Behavior Genetic,* 48, 147-154. doi: 10.1007/s10519-017-9885-8

Walker, L. O., & Avant, K. C. (2011). *Strategies for theory construction in nursing* (6th ed.). New York, USA: Pearson Education, Inc.

Watson, J. (2008). *Nursing: The philosophy and science of caring* (Revised ed.). Boulder, USA: The University Press of Colorado.

Watson, J. (2009). *Assessing and measuring caring in nursing and health sciences* (2nd ed.). New York, USA: Springer Publishing Company.

Weng, H. Y., Fox, A. S., Shackman, A. J., Stodola, D. E., Caldwell, J. Z. K., Olson, M. C., … Davidson, R. J. (2013). Compassion training alters altruism and neural responses to suffering. *Psychological Science*, *24*(7), 1171-1180. doi: 10.1177/0956797612469537

Yektatalab, S., Kaveh, M. H., Sharif, F., Khoshknab, M. F., & Petramfar, P. (2012). Characteristics of care and caregivers of Alzheimer's patients in elderly care homes: A qualitative research. *Iranian Red Crescent Medical Journal*, *14*(5), 294-299.