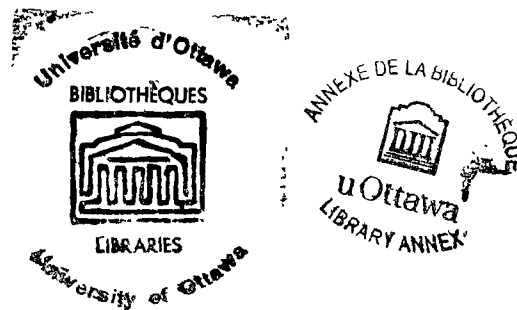


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A STUDY OF THE RELATIONSHIP BETWEEN
NURSE SELF-ACTUALIZATION AND FACILITATIVE
CONDITIONS OFFERED TO PATIENTS

By E. Ruth Gordon

Thesis presented to the School of
Graduate Studies of the University
of Ottawa as partial fulfillment
of the requirements for the degree
of Master of Arts in Education



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E. R. Gordon, Ottawa, Canada, 1977

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CURRICULUM STUDIORUM

E. Ruth Gordon was born December 3rd, 1943 in Quebec City, Quebec, Canada. She obtained her Bachelor of Science in Nursing Education degree from the University of Ottawa in 1970.

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ABSTRACT OF
A STUDY OF THE RELATIONSHIP BETWEEN
NURSE SELF-ACTUALIZATION AND FACILITATIVE
CONDITIONS OFFERED TO PATIENTS¹

The purpose of the present study was to investigate Maslow's growth-oriented personality theory and relate it to the facilitative conditions offered by nurses to their patients in an ideal helping relationship as defined by Carl Rogers. It was hypothesized that nurses who are more self-actualizing tend to provide higher levels of congruence, empathic understanding and unconditionality of regard than nurses who are less self-actualizing.

The research sample was composed of sixty-seven second-year student nurses in two Colleges of Applied Arts and Technology in Eastern Ontario and seventy-three graduate nurses employed at the staff nurse level in two general hospitals in Eastern Ontario. The Personal Orientation Inventory (POI), developed by Shostrom, was used to measure the level of self-actualization of the study participants. The Relationship Inventory (RI), Helper Form, developed by Barrett-Lennard, was used to measure the helper-offered characteristics of congruence, empathic understanding and level of regard.

¹ E. Ruth Gordon, Master's Thesis presented to the Faculty of Education, University of Ottawa, Ontario, July 1977, 68 p.

To perform the statistical computations high self-actualizing and low self-actualizing groups were identified in the student nurse sample and in the graduate nurse sample. A multivariate analysis of variance of the congruence, empathic understanding and level of regard scores was carried out. The self-actualization effect was significant at the .05 level. The research hypothesis was therefore supported.

A Scheffé post-hoc test indicated there were significant differences between the level of each of the dependent variables offered by the high self-actualizing nurses and that offered by the low self-actualizing nurses.

It was suggested, in conclusion, that areas for further research include: 1) a replication of this study utilizing nurses from rehabilitative centres, where the patients' psychological strengths often determine the success of his rehabilitation; 2) a repeated measures study of student nurses to ascertain where changes occur and to assist with the determination of individual learner needs; 3) a comparison study of the patient's perceptions of the nurse as a helper and the nurses perceptions of the facilitative conditions provided.

INTRODUCTION

In today's society there is a great deal of dissatisfaction with the quality of nursing care received by persons in hospital. The reasons for this may range from financial restraints on hospital funding imposed by government, to lack of appropriate physical facilities for patient care.

It is suggested here that one important determinant of patient satisfaction is the effectiveness of the nurse as a helper. The helping relationship the nurse forms with her patient is the vehicle through which the nurse interacts with her patient and promotes his health. In order to interact effectively with her patient, the nurse needs to determine the patient's perceptions of his experiences, communicate this perception to him and with his co-operation determine solutions to his health problems. The nurse is the most accessible professional available to the patient regardless of the care setting or the time of day. Thus, the nurse emerges as a principal influence on the quality of care received by the patient.

The study which is the subject of this report is an empirical investigation of the relationship between nurse self-actualization and the helper characteristics of congruence, empathic understanding and unconditional positive regard in a helping relationship. Maslow's concept of self-actualization is the independent variable. Rogers' helper characteristics are the dependent variables.

The report is organized into three chapters. In the first chapter the theoretical positions of Maslow and of Rogers are presented and discussed and a possible relationship between the two is examined.

In the second chapter, the measuring instruments, data sources and methods of data collection are presented.

In the third chapter, the analysis of the research data and the results of this analysis are presented.

CHAPTER I

REVIEW OF THE LITERATURE

Nursing, by definition, is a helping profession. Henderson¹ describes the function of the nurse as follows:

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.²

The goal of nursing which evolves from this definition is one of providing growth-facilitating support and assistance for the patient. Henderson² states that this requires that the nurse understand herself and is able to recognize emotions that block her concentration on the patient's needs and her helpful responses to these needs. The nurse is a substitute for what the patient lacks to make him complete, whole or independent. The nurse substitutes by getting "inside the skin"³ of each of her patients in order to know what he needs. She is empathic to her patients.⁴

1 Virginia Henderson, Basic Principles of Nursing Care, International Council of Nurses, London, 1961, p. 42.

2 Virginia Henderson, The Nature of Nursing, New York the Macmillan Company, 1966, p. 24.

3 Ibid., p. 16.

4 Ibid., p. 25.

Thus, growth-facilitating relationships and empathic communication emerge as key concepts in nurse-patient relationships. In this study the researcher is concerned with the amount of "growth" the nurse has achieved and how this "growth" influences her effectiveness as a helper.

In the first section of this chapter, the amount of growth the nurse has achieved is examined in terms of Abraham Maslow's growth-oriented personality theory. Maslow's hierarchy of physiological needs, safety and security needs, love and belongingness needs, self-esteem needs and the need for self-actualization are reviewed. After the presentation of the characteristics of self-actualizing subjects, a discussion of the effects of self-actualization on helping relationships concludes the section.

In the second section, the characteristics of an ideal helping relationship, as defined by Carl Rogers, are examined. The helper characteristics of congruence, empathic understanding and unconditional positive regard are then discussed and their relationship to self-actualization examined.

The research hypothesis is stated in the last section of the chapter.

1. Maslow's Theory of Self-Actualization

Maslow's theory of personality is based on a hierarchy of needs ranging from lower to higher order. Once a lower order need is met the next higher order need emerges and these needs then dominate the organism.⁵ The lower order needs are deficit needs and are the physiological, safety, love and esteem needs. The higher order needs, or the growth needs, refer to the need for self-actualization. Maslow says that self-actualization is not only an end state but is also the process of actualizing one's potentialities at any time.⁶ "Self-actualization means working to do well the thing that one wants to do."⁷

The physiological needs are the first needs on Maslow's hierarchy. These most basic of all needs are the needs for food, water, sleep, rest, warmth, etc. The physiological needs are the most prepotent of all needs until they are met. Once they are chronically satisfied, these needs cease to exist in an active state. They will re-emerge if something, for example, an illness, interferes with their satisfaction.

5 A. H. Maslow, Motivation and Personality, New York, Harper and Row, 1970, p. 36.

6 A. H. Maslow, The Farther Reaches of Human Nature, New York, the Viking Press, 1973, p. 46.

7 Ibid., p. 46.

The next need is the need for safety and security. The healthy adult in our society is usually meeting his safety order needs. He feels secure in his person. He will look at the unfamiliar and unknown as challenges to be met rather than attempting to seek the familiar and the known.⁸ He can feel dependent, helpless or weak without feeling endangered or threatened. For some people, resolution of their need for safety does not occur and they become a safety seeking mechanism.⁹ They live for safety alone and order their environment accordingly.

The love and belongingness needs are the next order of needs to emerge. They emerge if the physiological and safety needs are fairly well satisfied. The person needs to feel part of an enduring group where he is accepted, loved and respected. The group belongingness and feelings of togetherness are reinforcing to the person. Once the person feels accepted he is able to function more independently and is able to give love and respect to others. The person with this need unmet will hunger for affectionate relations with people in general.¹⁰ He may resort to attention-getting behavior to gain attention from others. He is very dependent.

8 A. H. Maslow, Motivation and Personality, Op. Cit. p. 41.

9 Ibid., p. 39.

10 Ibid., p. 43.

The esteem needs relate to a person's desire for recognition and respect as an individual. They are directed into two categories. The first relates to the desire for strength, achievement, adequacy, competence, confidence and freedom. The second category includes the desire for respect or esteem from other people. It includes the many aspects of recognition that one obtains from others such as status, attention, dignity and appreciation. When these needs are satisfied one feels self-confident and capable of being useful and necessary in the world.¹¹

Maslow stresses that the most stable and healthy self-esteem is based on deserved respect from others and not on external fame or unwarranted adulation.¹² He likens it to Horney's statement that it is out of one's real self rather than out of one's idealized pseudo-self.¹³ If the need for esteem is not met, feelings of inferiority, weakness and helplessness may emerge.

Maslow suggests that even if man's lower order needs are satisfied he is not content to stop but becomes restless and searches for more development. He says that what man can be he must be and this is what is termed self-actualization.¹⁴ He says

11 A. H. Maslow, Motivation and Personality, Op. Cit., p. 45.

12 Ibid., p. 46.

13 Ibid., p. 46.

14 Ibid., p. 46.

that growth toward self-actualization is both natural and necessary. He further defines growth as the various processes which bring the person toward ultimate self-actualization.¹⁵ It is not a step-wise progression from one need to the next, rather there is progressive gratification of the basic needs in the growth process. There is also growth that occurs over and above the basic needs - for example, talents, capacities and creative tendencies. Basic needs and the need for self-actualization do not contradict each other - rather one passes into the other and is a necessary pre-requisite for it.¹⁶

Maslow outlines, in his writings, the characteristics of persons who are self-actualizing.

He says that self-actualizing persons have more efficient perceptions of reality and have more comfortable relations with it. They are more objective about their observations and are above average in their ability to judge people correctly and see through the phoney or the fake. They are more accepting of themselves and others. Their behaviour is marked by simplicity

15 A. H. Maslow, Toward a Psychology of Being, New York, D. Van Nostrand Co., 1968, p. 26.

16 Ibid., p. 27.

and naturalness. They are autonomous in their behavior and do not allow convention to interfere with their doing something that they consider very important or basic. They are problem-centered rather than self-centered. They are independent of their social and physical environments. They are propelled by their own growth motivation. They have, for beings in general, a deep feeling of identification, sympathy and affection. They possess a democratic character structure. They possess the universal characteristics of creativity which includes such characteristics as flexibility, openness, and humility.¹⁷

Maslow says that man's main interest is in need gratification rather than need frustration. He states,

... the psychological life of the person in many of its aspects is lived out differently when he is deficiency need gratification bent and when he is growth dominated or growth motivated or self-actualizing.¹⁸

The lower order needs of physiological, safety, love and esteem, are referred to as "deficit" needs. The person who is deficiency need gratification bent or is less self-actualized is dependent on others for his need satisfaction. He is "other directed" and is sensitive to other people's approval, affection

17 A. H. Maslow, Motivation and Personality, Op. Cit., p. 149-174.

18 A. H. Maslow, Toward a Psychology of Being, Op. Cit., p. 27.

and goodwill.¹⁹ This dependence colors and limits his interpersonal relations. He sees people from the point of usefulness to him and what in them is not related to his needs is overlooked or is threatening to him.²⁰

The higher order needs or "growth" needs refer to the need for self-actualization. The person who is growth-motivated or more self-actualized is less dependent, more autonomous and self-directed. The sources of his actions are more internal than reactive. He takes a non-valuing, non-judging, non-condemning attitude toward others. Maslow says that the attitudes of such a person toward others permit a clearer and more insightful perception and understanding of what is there in the other person.²¹ Maslow defines this as the untangled and uninvolved detached perception that therapists should try to achieve and that self-actualizing people possess without trying for it.²²

A measure of an individual's growth is the degree to which he is actualizing. The characteristics of an actualizing individual makes it reasonable to expect that the more the person has grown towards self-actualization the more effective he is in

19 A. H. Maslow, Toward a Psychology of Being, Op. Cit., p. 34.

20 Ibid., p. 36.

21 Ibid., p. 42.

22 Ibid., p. 42.

establishing relationships which help others to grow. Maslow says that professional therapists who understand the growth process are most helpful.²³

The nurse's role has been defined as one of providing growth-facilitating support and assistance for the patient. By virtue of Maslow's theory of self-actualization, it appears that the more self-actualized the nurse, the more growth she should have achieved, and the more able she should be in establishing relationships which facilitate the growth of the others.

The characteristics of a helping relationship are explored more fully in the next section.

2. The Nurse and the Helping Relationship

Carl Rogers defines a helping relationship as

... a relationship in which at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning, improved coping with life of the other.²⁴

Rogers believes that this definition includes a wide range of relationships all of which are intended to facilitate growth. He includes in this the relationship of a nurse with her patients.²⁵

23 F. G. Goble, The Third Force, The Psychology of Abraham Maslow, Richmond Hill, Simon & Shuster of Canada Ltd., 1974, p. 62.

24 C. R. Rogers, On Becoming a Person, Boston, Houghton Mifflin Co., 1961, p. 39-40.

25 C. R. Rogers, "A Counseling Approach to Human Problems", American Journal of Nursing, Vol. 56, No. 8, August 1956, p. 997.

He says that the degree to which a helper can create relationships which facilitate the growth of others as separate persons is a measure of the growth that the helper has achieved in himself.²⁶ In other words, the greater the personal growth of the helper, the more effective he is in creating relationships with others which help them grow.

For an ideal helping relationship to exist in a therapeutic situation, Rogers²⁷ lists five conditions that are necessary. They are:

1. The client is in a state of incongruence, being vulnerable or anxious.
2. The therapist is congruent or integrated in the relationship.
3. The therapist experiences unconditional positive regard for the client.
4. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
5. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.²⁸

Although Rogers is referring specifically to mental disorders, the conditions can be applied to a physical illness. Rogers hypothesizes that this type of relationship between a nurse and

26 C. R. Rogers, On Becoming a Person, Op. Cit., p. 56.

27 C. R. Rogers, "The Necessary and Sufficient Conditions of Therapeutic Personality Change", Journal of Consulting Psychology, Vol. 21, No. 2, April 1957, p. 96.

28 Ibid., p. 96.

her patient will release in the patient psychological strengths which parallel the physiological forces promoting the patient's growth and healing.²⁹

In the first condition, the patient (client) is said to be in a state of incongruence and is vulnerable or anxious. Incongruence refers to a discrepancy between the actual experience of the individual and the self-picture of the individual of that experience.³⁰ For example, a patient with a heart condition may state that he does not fear going home. However, the evening before his discharge he is very restless and is pacing about his room. He does not contradict his self-picture by admitting to his fear but his behavior does demonstrate some incongruency. His behavior says "I am afraid", but he is saying "I am not afraid."

In the second condition, the therapist (or helper or nurse) is congruent. This means that within the relationship the helper is freely and deeply himself, with his actual experience accurately represented by his awareness of himself.³¹ In the nursing situation the nurse is aware of the feelings she is experiencing towards the patient. She meets the second condition for forming a helping relationship by being aware of her feelings.

29 C. R. Rogers, American Journal of Nursing, Op. Cit. p. 997.

30 C. R. Rogers, Journal of Consulting Psychology, Op. Cit., p. 96.

31 Ibid., p. 98.

In the third condition, the helper (or nurse) experiences unconditional positive regard for the client. The helper accepts the client's expression of negative, fearful and defensive feelings as he accepts his positive, confident and mature feelings. The helper accepts the patient for what he is regardless of his class, race, color or social stature. Rogers says that this regard is a matter of degree. It is neither approval nor disapproval; it is simply acceptance.³²

In the fourth condition, the helper (or nurse) experiences an accurate empathic understanding of the client's awareness of his own experience. Rogers³³ points out that empathy is the ability "to sense the client's private world as if it were your own but without ever losing the 'as if' quality." The nurse can enter into her patient's perceptions of the moment and can be cognizant of his feelings and the meanings of these feelings to him. Empathy must involve understanding the current feelings of a patient, not his feelings of yesterday or of the day before.³⁴ The nurse needs to adjust the tone of her voice and her manner to reflect the patient's current feelings. Nurses and other helpers are human and one cannot expect that their perceptions will always be accurately

32 C. R. Rogers, Journal of Consulting Psychology, Op. Cit., p. 98.

33 Ibid., p. 99.

34 B. J. Kalisch, "What is Empathy", American Journal of Nursing, Vol. 73, No. 9, September 1973, p. 1548.

empathic. Rogers contends that if the helper even communicates that she is making an effort to understand then she is being helpful.

... I am often impressed with the fact that even a minimal amount of empathic understanding - a bumbling and faulty attempt to catch the confused complexity of the client's meaning - is helpful, though there is no doubt that it is most helpful when I see and formulate clearly the meaning in his experiencing which for him have been unclear and tangled.³⁵

In the fifth and final condition, the patient must perceive, to at least a minimal degree, the acceptance and empathy (or unconditional positive regard and empathic understanding) which the nurse experiences for him. Rogers says that if this is not the case then the therapeutic benefits of the relationship will not be accomplished. Through empathic communication the nurse can enable the patient to feel that he is not alone in the world with his problems. He is not isolated. Others care for him as a person. The nurse's willingness and desire to understand how a patient feels implies to the patient that his point of view is of value.

Rogers, in his definition of a helping relationship, states that it is a relationship in which at least one of the parties has the intent of promoting the growth of the other. The conditions for a helping relationship as outlined by

35 C. R. Rogers, On Becoming a Person, Op. Cit., p. 53.

Rogers include congruence, empathic understanding and unconditional positive regard for the client on the part of the helper. In the next section, possible relationships between self-actualization and the quality of a helping relationship are explored.

3. Relationship Between Self-Actualization and the Quality of a Helping Relationship

Maslow's personality theory portrays the self-actualizing person as having satisfied his lower order needs and as meeting his growth needs. The perceptions and attitudes of the self-actualizing person show that he has awareness, acceptance and concern for himself and others.

The self-actualizing person is more aware and accepting of his feelings and the feelings of others.³⁶ A person who is congruent in a helping relationship has a high level of self-awareness. He is aware of and accepting of what he is experiencing. Thus, the self-actualizing person who is more aware and accepting of his feelings would be more congruent in a helping relationship.

The self-actualizing person has a clearer, more insightful and more understanding perception of what is there in the other person than the less self-actualized person.³⁷ To have empathic

36 A. H. Maslow, Motivation and Personality, Op. Cit., p. 149.

37 A. H. Maslow, Toward a Psychology of Being, Op. Cit., p. 41.

understanding in a helping relationship implies that the helper has an accurate understanding of what the client is experiencing. It implies sensing the client's anger, fear and frustration as if they were one's own.³⁸ Thus the self-actualizing person's more accurate detached perception of what is there in the other person would enable him to be more empathic in a helping relationship.

The self-actualizing person is said to be more accepting of others and more objective and non-judgmental in his observations. Maslow says it is possible for self-actualizing persons to take a non-interfering, non-condemning, choiceless awareness attitude toward others.³⁹ In a helping relationship the helper experiences unconditional positive regard for his client. There are no conditions or evaluations implied in the acceptance. The client is simply accepted for what he is. The self-actualizing person's accepting, non-judgmental attitude towards others would allow him to have unconditional positive regard in a helping relationship.

Thus, Maslow's self-actualizing person should be able to provide the helper characteristics necessary for an ideal helping relationship.

In this study, the researcher was concerned mainly with the three facilitative helper conditions characterized by Rogers

38 C. R. Rogers, Journal of Consulting Psychology, Op. Cit., p. 98.

39 A. H. Maslow, Toward a Psychology of Being, Op. Cit., p. 40.

as being necessary for a helping relationship to exist. They are: congruence, empathic understanding and unconditional positive regard.

Fiedler⁴⁰ conducted a research study in which therapists from different schools of theoretical orientation described the client-therapist relationship they considered to be ideal. The statements submitted by these therapists were sorted by means of a Q-sort technique. Therapist acceptance of patient's feelings and the patient feeling that he is understood and statements relating to an empathic relationship were among those statements which were characterized as being most characteristic of a helping relationship.

Carkhuff⁴¹ states that the degree to which a helper understands and accepts himself is related to the degree to which he can understand and accept others. He also states that the degree to which the helping person offers high levels of empathic understanding of the helper's world is related directly to the degree to which the client is able to understand himself and others.⁴² This is in agreement with Rogers' first and second helper characteristics.

40 F. E. Fiedler, "The Concept of an Ideal Therapeutic Relationship", Journal of Consulting Psychology, Vol. 14, No. 3, June 1950, p. 239-243.

41 R. R. Carkhuff, Helping and Human Relations, New York, Holt, Rinehart and Winston, 1970, Vol. 1, p. 35.

42 Ibid., p. 36.

Combs⁴³ also emphasizes the use of the helper's self in helping relationships. The development of a helper, according to Combs, is not a matter of learning how to nurse or teach but of becoming a nurse or teacher.⁴⁴ He stresses that a very important fact of which persons in the helping professions should be aware is that the effect of words does not lie in what was said but in what was heard by the hearer. In other words it is the helper's responsiveness and manner of response to the client that is important.

Barrett-Lennard⁴⁵ studied client-therapist interaction using Rogers' conditions of a helping relationship. He measured five variables in his study, namely: empathic understanding, congruence, level of regard, unconditionality of regard and willingness to be known.⁴⁶ The concepts of congruence and empathic understanding correspond to the meanings given to them by Rogers. Level of regard and unconditionality of regard are a division of unconditional positive regard. The willingness to be known variable was introduced by Barrett-Lennard.⁴⁷ In his investigation,

43 A. W. Combs, Helping Relationships; Basic Concepts for the Helping Professions, Boston, Allyn & Bacon, Inc., 1971, p. 3.

44 Ibid., p. 16.

45 G. T. Barrett-Lennard, "Dimensions of Therapist Response as Casual Factors in Therapeutic Change", Psychological Monographs; General and Applied, Vol. 76-2, No. 43, Whole No. 562, p. 1-36.

46 Ibid., p. 3.

47 Ibid., p. 5.

Barrett-Lennard found that the first four variables were useful in identifying desirable changes and growth in helping relationships.⁴⁸

Aiken and Aiken⁴⁹ emphasize the importance of empathic understanding, positive regard and genuineness as being essential features of positive interpersonal relationships between a nurse and her patient.

Foulds⁵⁰ reports a study linking self-actualization and the communication of facilitative conditions during counselling. He studied thirty graduate students enrolled in a counsellor-education program. The subjects who were shown to have personality characteristics associated with self-actualization were able to communicate higher levels of empathic understanding and facilitative genuineness in a helping relationship. The ability to communicate respect or positive regard was not significantly related to scores on the Personal Orientation Inventory,⁵¹ a tool designed to measure values and behavior seen to be of importance in the development of the self-actualizing person. Foulds stated that further study to increase confidence in the findings of his

48 G. T. Barrett-Lennard, Psychological Monographs, Op. Cit., p. 3.

49 L. Aiken and J. Aiken, "A Systematic Approach to Evaluation of Interpersonal Relationships", American Journal of Nursing, May 1973, p. 863.

50 M. L. Foulds, "Self-Actualization and the Communication of Facilitative Conditions During Counseling", Journal of Counseling Psychology, Vol. 16, No. 2, 1969, p. 132-136.

51 E. L. Shostrom, Personal Orientation Inventory, Edits Manual, Educational and Industrial Testing Service, San Francisco, California, 1966, p. 4.

study and to see if the findings hold for experienced counsellors as well as beginning counsellors was needed.

In summary, it may be said that the helper in a helping relationship is the key to the growth-facilitativeness of that relationship. Rogers states that the degree to which a helper creates relationships which facilitate the growth of others is a measure of the growth he has achieved in himself. Maslow's self-actualizing person is growth-motivated. He has achieved more growth than the non-self-actualizing person, and is therefore more able to provide the facilitative conditions of congruence, empathic understanding and unconditional positive regard to his client (or patient).

4. Statement of the Problem

The helping relationship focused on in this study is that provided by a nurse to her patient. The ultimate assessment of nursing service comes into focus in the relationship between nurse and patient.⁵²

Rogers⁵³ places the responsibility for the progress of a helping relationship with the helper. He says that the helper experiences congruence, empathic understanding and unconditional

⁵² The Leaf and the Lamp, Canadian Nurses' Association, Ottawa, 1968, p. 1.

⁵³ C. R. Rogers, On Becoming a Person, Op. Cit., p. 47.

positive regard for his client and then communicates these to his client.⁵⁴ The focus of the helping relationship is on the client's needs and his response to the relationship. This frame-of-reference is compatible with that of a nurse-patient relationship the intent of which is to provide growth-facilitating support of the patient.⁵⁵

The research problem may therefore be expressed in the following question:

Is the degree of congruence, empathic understanding, and unconditional positive regard which the nurse experiences for her patients related to her level of self-actualization?

The research hypothesis is expressed in the following statement:

Nurses who are more self-actualizing tend to provide higher levels of congruence, empathic understanding and unconditional positive regard than those who are less self-actualizing.

In the next chapter, the sample, the measuring instruments for the dependent and independent variables, and the methodology of data collection are discussed.

54 C. R. Rogers, Journal of Consulting Psychology, Op. Cit., p. 96.

55 V. Henderson, Basic Principles of Nursing Care, Op. Cit., p. 42.

CHAPTER II

RESEARCH DESIGN

This chapter begins with a description of the research sample and the population to which the results may be generalized. The measuring instrument for the independent variable, self-actualization, and that for the dependent variables, congruence, empathic understanding and unconditional positive regard, are discussed in the second and third sections, respectively. Finally, the data collection and proposed method of analysis are described.

1. The Sample and the Population

The sample consisted of sixty-seven second-year diploma nurse students and seventy-three graduate nurses.

The diploma nurse students were in the second year of the two-year diploma nursing program offered in the Colleges of Applied Arts and Technology in Ontario. Three Colleges in Eastern Ontario were asked to participate in the study. Of the three, one school could not accommodate the researcher.

The graduate nurses who participated in the study were currently employed in general hospitals at the staff nurse level. Supervisory personnel and nurses from specialty areas were excluded from the study. The Directors of Nursing of the two large

general hospitals in Eastern Ontario were contacted and they agreed to the voluntary participation of graduate staff in the study.

The population to which the results of the study may be generalized include nursing students in the diploma program in Colleges of Applied Arts and Technology and graduate nurses in a general hospital setting.

2. Measuring Instrument for Self-Actualization

The Personal Orientation Inventory (POI) developed by E. Shostrom¹ to measure the values and behavior seen to be important in the development of self-actualization, was used in this study to measure the independent variable, self-actualization.

The instrument is composed of 150 paired, alternative choice items. The items were selected by the author of the POI to represent research and theoretical formulations in the humanistic, existential and gestalt therapy.² Each pair of items is designed to reflect values and behaviors seen to be of importance in differentiating between high self-actualizing persons and low-self-actualizing persons. The items may be scored twice. First,

¹ Everett L. Shostrom, Manual for the Personal Orientation Inventory for the Measurement of Self-Actualization, San Diego, California, Educational and Industrial Testing Service, 1966, 40 p.

² Ibid., p. 23.

they may be scored for the two major scales of personal orientation, namely, Inner-Directed Support (127 items) and Time Competence (23 items). Secondly, the test may be scored for the ten subscales, each of which measures a conceptually important element of self-actualization.³

In this study, following the recommendation of Shostrom, the raw scores from the two major scales only were considered in the measurement of the level of self-actualization of the research subjects.⁴

To study the validity of the POI, Shostrom⁵ had clinical psychologists identify two groups of relatively "high self-actualizing" and relatively "low self-actualizing" adults; these groups contained 29 and 34 individuals, respectively. Results of the study indicated that the test discriminated between the two groups on eleven of the twelve dimensions measured. In another study, Shostrom and Knapp⁶ administered the POI to two groups of outpatients. One group of 37 patients was entering therapy and the other group of 39 patients had been receiving therapy for eleven to sixty-four months. The analysis of the POI scores showed that all twelve scales differentiated between the two

3 Ibid., p. 4.

4 Ibid., p. 6.

5 E. L. Shostrom, "An Inventory for the Measurement of Self-Actualization", Journal of Educational and Psychological Measurement, Vol. 24, No. 2, 1964, p. 210.

6 E. L. Shostrom, Manual for the POI, Op. Cit., p. 23.

groups at the 0.01 level of significance or higher. Fox, Knapp and Michael⁷ designed a study using a criterion group of one hundred hospitalized psychiatric patients. They reported that all twelve scales of the POI differentiated the hospitalized sample from the nominated self-actualizers. The patient group was also lower on all twelve scales of the POI than those nominated low self-actualizers.⁸

Most importantly, this instrument is acknowledged by Maslow as being suitable for measuring his theoretical concept of self-actualization, Maslow states that,

... self-actualization can now be defined quite operationally as intelligence used to be defined, that is, self-actualization is what that test (POI) tests.⁹

Test-retest reliability coefficients of 0.91 and 0.93 on the POI are reported by Shostrom¹⁰. No mention is made of the time lapse involved.

Klavetter and Mogar¹¹ also conducted test-retest reliability studies on the POI. They conducted their studies with a

7 E. L. Shostrom, Manual for the POI, Op. Cit., p. 25.

8 Ibid., p. 25.

9 A. H. Maslow, The Farther Reaches of Human Nature, Op. Cit., p. 27.

10 Everett L. Shostrom, "An Inventory for the Measurement of Self-Actualization", Journal of Educational and Psychological Measurement, Vol. 24, No. 2, 1964, p. 210.

11 R. Klavetter and R. Mogar, "Stability and Internal Consistency of a Measurement of Self-Actualization", Psychological Reports, Vol. 21, 1967, p. 422-424.

group of forty-eight college students. Correlation coefficients of 0.71 and 0.77 were obtained for the Time Competency and Inner-Directedness Scales. There was a one-week time lapse between test sessions.

A copy of the POI is presented in the Appendix.

3. Measuring Instrument for the Dependent Variables

The Barrett-Lennard Relationship Inventory (RI), Helper Form, was used to obtain measures of the nurses' congruence, empathic understanding and level of regard.

This test was developed by Barrett-Lennard¹² to give measures of the elements identified by Rogers¹³ as being necessary for therapeutic personality change. Measures can be obtained for congruence, empathic understanding, level of regard and unconditionality of regard. The latter two are components of unconditional positive regard.

In this study, measures were obtained for congruence, empathic understanding and level of regard. Congruence and empathic understanding of the helper correspond to the meanings given by Rogers. Level of regard refers to the affective aspect of one

12 G. T. Barrett-Lennard, "Dimensions of Therapist Response as Causal Factors in Therapeutic Change", Psychologist Monographs: General and Applied, Vol. 72-2, No. 43, 1962, p. 1-36.

13 C. R. Rogers, Journal of Consulting Psychology, Op. Cit., p. 95-103.

person's response to another.¹⁴ It includes both positive feelings of respect, liking and appreciation of the other person and negative feelings of dislike, impatience and contempt of the other person. This variable was chosen over Unconditionality of Regard which measures how much variability there is in one person's affective response to another,¹⁵ as it was more reflective of the non-evaluative characteristics of an ideal helping relationship.

In this study, then, measures were obtained for congruence, empathic understanding and level of regard. In the following description of the instrument, results will be reported for these variables only.

The items for the instrument were prepared by the staff of the Chicago Counselling Centre, including Carl Rogers.¹⁶ The content of the test was obtained by having five judges classify each item as either a positive, a negative or a neutral indicator of the variable in question. In the final set of sixty-four items used in the questionnaire, sixteen items represent each of the previously mentioned variables.

The multiple-choice questionnaire permits three levels of positive response (+1, +2, +3) and three levels of negative response

14 G. T. Barrett-Lennard, Op. Cit., p. 4.

15 Ibid., p. 4.

16 Ibid., p. 1-6.

(-1,-2,-3) for each item. The respondent indicates by his answers how strongly he considers the statement to be correct or to be not correct. The scoring range is $-3n$ to $+3n$ where n is the number of items, so the possible range of score is from -48 to +48. A copy of the RI and the scoring sheet is presented in the Appendix.

The split-half reliability coefficient determined by Barrett-Lennard for the congruence variable is 0.94 for the helper (N = 40). The split-half reliability coefficient for the empathy variable is 0.96 for the helper (N = 40). The split-half reliability coefficient for the level of regard variable is 0.93 for the helper (N = 40).¹⁷

The test-retest correlation obtained when the test was administered to thirty-six college students, with a time lapse of four weeks, was 0.86 for the congruence variable, 0.89 for the empathic understanding variable and 0.84 for the level of regard variable.¹⁸

4. Collection of the Data

In order to obtain measures of the level of self-actualization of the student nurses and the facilitative conditions offered

17 G. T. Barrett-Lennard, Op. Cit., p. 12.

18 Ibid., p. 8.

by them to a patient, the researcher took the research instruments to each College, where she met with the students. The students had been informed of the purpose of the study and had volunteered to participate. At each school, the testing was carried out in one sitting, which occurred the day after the students had had clinical experience.

Each student received an envelope containing a) a letter of instruction, b) the two questionnaires and c) the two answer sheets.

Before starting to respond to the questionnaires, the students were asked to read the letter of instructions and the instructions printed on each questionnaire in order to clarify any points and avoid later interruptions. During this time, each student was told whom she would use as her patient for the Relationship Inventory (RI). The patient for the RI was one whom the student had cared for during her previous day's clinical experience. The students told the researcher the names of their patients and the researcher chose one for them to use in completing the RI.

All sixty-four items were included in the RI, so the sixteen items pertaining to the unconditionality of regard variable, which was not used in the study, could not be identified by the respondents.

To obtain measures of the level of self-actualization of the graduate nurses and the facilitative conditions offered by them to a patient, the researcher took the research instruments to each designated ward area in the two active treatment hospitals used in the study.

The staff of the designated ward areas had been informed that the researcher would be there on a pre-arranged day and time. On each ward the researcher met briefly with the nurses who had volunteered to participate. The purpose of the study and the time element involved were explained. Those who were still willing to participate were given the envelope containing the study material. The patient for the RI was selected by the graduates' stating their patient assignment and the researcher selecting a name. A second choice was made if the nurse had cared for the patient for less than one day or the patient was unconscious. All envelopes were collected by the researcher twenty-four hours later.

5. Planned Data Analysis

The two levels of the main independent variable are high self-actualization and low self-actualization. The factor involving type of nurse, student nurse or graduate nurse, was used as a blocking factor in the 2 x 2 experimental design. The type of nurse factor was used as a blocking factor based on the fact that the frame of reference for which the student nurse would be

forming the nurse-patient relationship would be different from that of the graduate nurses. The student nurse frame of reference would be the philosophy and objectives of her nursing program and the experiences she has had as a student. The graduate nurse frame of reference is her school of nursing program and experience coupled with the philosophy of the hospital in which she is employed.

A score on each of the three dependent variables, congruence, empathy and level of regard, will be available for each subject in each cell of the 2 X 2 design. It was planned to test the null form of the research hypothesis by means of a two-way multivariate analysis of variance, with the level of significance set at 0.05. Details of the analysis and the results are reported in Chapter III.

The purpose of this chapter was to present the design of the study. The chapter opened with a description of the sample. A description of the measuring instrument for the independent variable, the Personal Orientation Inventory was then presented, followed by a description of the Relationship Inventory (Helper Form), the measuring instrument for the dependent variables. Following this, the method for the collection of data was described. The chapter concludes with a description of the planned analysis procedure. The analysis of the data and the results of the analysis are discussed fully in the next chapter.

CHAPTER III

PRESENTATION AND DISCUSSION OF THE RESULTS

The purpose of this chapter is to present the results of the analysis of the data and to discuss the findings. In the first section the problem is reviewed, the hypothesis being re-stated in a different form. The procedure followed to establish the extreme groups is outlined in the second section. The results of the testing of the hypothesis will be presented in the third section. In the fourth section the results will be discussed.

1. Review of the Problem

This study is based on the following research question:

Is the degree of congruence, empathic understanding and level of regard which the nurse experiences for her patients related to her level of self-actualization?

From this definition of the problem, the research hypothesis for the study is re-stated as follows:

Nurses who are more self-actualizing have higher mean levels of congruence, empathic understanding, and level of regard than those who are less self-actualizing.

The level of significance for the hypothesis test was set at 0.05.

In the statistical design, the main independent variable is self-actualization, the two levels being high and low self-actualization. The type of nurse, student nurse or graduate nurse, is a

blocking factor. The dependent variables are congruence, empathic understanding, and level of regard.

2. Establishment of Extreme Groups

Before the null hypothesis could be tested, it was necessary to identify high self-actualizing subjects and low self-actualizing subjects in both the student nurse and graduate nurse samples.

The sixty-seven student nurses were ranked from lowest to highest on the basis of their scores on the Inner-Directedness scale of the POI; this scale includes 127 of the 150 test items. The corresponding scores on the Time-Competency scale, which includes the remaining 23 items of the POI, were printed in a parallel column. The same procedure was followed for the seventy-three graduate nurses. Shostrom, cited by Klug,¹ states that these two scores cannot be summed. Moreover, a "proper ratio" is to exist between the two scores. A formula for this proper ratio is not provided. However, some norms for the POI are provided in the handbook² for the test. The POI profiles for student nurses (N = 41)

1 Leo Klug, An Empirical Investigation of the Relationship Between Self-Actualization and Reconciliation with Death, unpublished doctoral dissertation, University of Ottawa, 1976, p. 53a.

2 R. Knapp, Handbook for the POI, Edits publishers, San Diego, California, 1976, p. 57.

demonstrate a 4.8 to 1 ratio. The POI profiles for graduate nurses (N = 195) demonstrate a 4.7 to 1 ratio. In the present study, the average ratio for the total student nurse sample is 4.9 to 1 and for the total graduate nurse sample it is 4.8 to 1. These figures suggest that a "proper ratio" exists.

Next, one subject was removed from the bottom and top of the score rankings. These subjects had the lowest and highest scores on the ID scale and the lowest, highest or a tie score on the TC scale. This procedure was followed by Klug³ and Silver,⁴ and is intended to eliminate the hypo-self-actualizers and hyper-self-actualizers who would be too dependent or too autonomous.

The mode was used to divide the student nurse and the graduate nurse samples into high and low self-actualizing groups. The mode was chosen because of the nature of the distribution and the many tied scores which occurred on the ID and TC scales in both groups. The mode of the graduate nurse sample was 80 on the Inner-Directedness Scale and 17 on the Time Competency Scale. The mode of the student nurse sample was 83 on the Inner-Directedness Scale and 17 on the Time Competency Scale. The parameters for the high self-actualizing group were those subjects scoring 81

3 Leo Klug, Op. Cit., p. 53a.

4 F. M. Silver, An Empirical Investigation of the Relationship Between Teacher Self-Actualization and Classroom Openness, unpublished doctoral dissertation, University of Ottawa, 1976, 110 p.

and above on the Inner-Directedness scale and 18 and above on the Time-Competency scale. The parameters for the low-self-actualizing group were those subjects scoring 80 and below on the Inner-Directedness scale and 17 and below on the Time-Competency scale. Table I shows the cell frequencies, the means and standard deviations on the dimensions of Inner-Directedness and Time Competency for the four groups in the study.

3. Results of Testing the Hypothesis

It was hypothesized that high self-actualizers would tend to provide higher levels of congruence, empathic understanding and level of regard for their patients than low self-actualizers. In other words, high self-actualizers would have higher mean scores on the congruence, empathic understanding and level of regard scales on the Relationship Inventory than low self-actualizers.

The means and standard deviations for the scores obtained from the four groups on the three variables of the Relationship Inventory are presented in Table II. The table values show that the dependent variable means for the high and low self-actualizing groups are in the expected direction, the means of the high self-actualizing subjects being larger than those of the low self-actualizing

TABLE I

Cell Frequencies, Means and Standard Deviations on
the Inner-Directedness (ID) Scale and the Time
Competency (TC) Scale

	student nurse				graduate nurse			
	ID		TC		ID		TC	
High Self- Actualizers	M	88.7	M	19.7	M	88.8	M	19.4
	SD	5.9	SD	1.3	SD	5.9	SD	1.1
	N = 20				N = 20			
Low Self- Actualizers	M	74.2	M	14.9	M	73.1	M	15.2
	SD	3.3	SD	1.8	SD	6.2	SD	2.1
	N = 15				N = 24			

TABLE II

Cell Means and Standard Deviations for the three dependent variables Congruence, Empathic Understanding and Level of Regard

	Student Nurse			Graduate Nurse		
	A ₁	A ₂	A ₃	A ₁	A ₂	A ₃
High Self-Actualizers	M 15.2	M 12.8	M 24.9	M 13.2	M 9.3	M 25.6
	SD 7.0	SD 10.4	SD 10.1	SD 12.5	SD 12.1	SD 11.1
Low Self-Actualizers	M 8.7	M 8.5	M 23.9	M 3.5	M 3.9	M 15.9
	SD 9.4	SD 9.1	SD 10.1	SD 13.7	SD 10.2	SD 13.4

Key: A₁ Congruence
 A₂ Empathic Understanding
 A₃ Level of Regard

subjects. The respective cell standard deviations for congruence and level of regard are similar in value. Cell standard deviations for empathic understanding are not as similar as one might desire. This relative heterogeneity may be due to the smallness of sample size. It is likely that homogeneity of variance in the population would be evidenced with larger samples.

A multivariate analysis of variance of the congruence, empathic understanding and level of regard scores was carried out using Carlson's FRMLM program.⁵ The MANOVA table together with the F values and P values is presented in Table III. The values of F show that the null hypothesis can be rejected at the 0.05 level of significance for the self-actualization effect only. That is, high self-actualizers do provide higher levels of congruence, empathic understanding and level of regard for their patients.

To determine if the level of each of the dependent variables of congruence, empathic understanding and level of regard provided by the high self-actualizing person was significantly different from that provided by the low self-actualizers, a Scheffé test was used to determine where significant differences existed. The 95 per cent simultaneous confidence intervals for contrasts, the estimates of contrasts and estimates of standard

⁵ James E. Carlson and Neil H. Timm, FRULM and FRMLM Computer Programs, University of Pittsburgh, Pittsburgh, 1974.

TABLE III

Numbers of degrees of freedom, sums of squares and cross products associated with each component of variance

Component of Variance	No. degrees of freedom (ndf)	Sum of Squares and Cross Products			Value of F		P-Value
						ndf	
Self-Actualization	1	1249.37	746.65	820.86	3.54*	3,73	0.02
		746.65	446.22	490.57			
		820.86	490.57	539.33			
Type of Nurse	1	246.53	282.37	249.97	1.08	3,73	0.36
		282.37	323.41	286.31			
		249.97	286.31	253.46			
Interaction	1	48.13	16.85	133.25	1.14	3,73	0.34
		16.85	5.90	46.64			
		133.25	46.64	368.90			
Error (within cells)	75	128.62	86.87	51.83			
		86.87	112.15	59.02			
		51.83	59.02	131.87			

*Significant at the 0.05 level

errors of contrasts are shown in Table IV. The simultaneous confidence intervals show that there is a significant difference between the level of each of the dependent variables of congruence, empathic understanding and level of regard, provided to patients by high self-actualizing nurses and that provided by low self-actualizing nurses.

4. Discussion of the Results

The research hypothesis upon which the present study is based stated that nurses who are more self-actualizing tend to provide higher levels of congruence, empathic understanding and unconditional positive regard in nurse-patient relationships. The underlying theoretical rationale was that since the high self-actualizing individual has sufficiently satisfied his deficit needs, which include the biological, safety, love and esteem needs, he is now motivated by the need to self-actualize. He displays personality characteristics and behavior patterns which differ from those of the low self-actualizing individual. The high-self-actualizer is more aware and accepting of his feelings and the feelings of others. He has clearer, more insightful perception. He is more accepting of others and is objective and non-judgmental in his observations. He is self-directed, autonomous and less dependent than the person who is a low-self-actualizer. These particular behavior patterns and personality characteristics are ones which

TABLE IV

Estimates of Contrasts, Standard Errors of Contrasts, and 95% Simultaneous Confidence Intervals for Contrasts

Variable	Estimate of Contrast ($\hat{\psi}$)	Estimate of Standard Error of Contrast ($\hat{\sigma}_{\psi}$)	Confidence ^a Intervals	
Congruence	8.067	2.588	3.797	12.337*
Empathy	4.821	2.417	0.821	8.821*
Level of Regard	5.300	2.621	.975	9.625*

a Formula for Confidence Intervals

$$\hat{\psi} - \sqrt{k-1} F_{crt} \hat{\sigma}_{\psi} \leq \psi \leq \hat{\psi} + \sqrt{k-1} F_{crt} \hat{\sigma}_{\psi}$$

b $F_{crt} = 0.95 F_{1,75} = 2.74$

* Significant at the 0.05 level.

would enable the high self-actualizer to provide the helper characteristics necessary for an ideal helping relationship as defined by Carl Rogers, to exist.

The low self-actualizing person, who is still attempting to satisfy his lower order needs is dependent on others for his need satisfaction and is sensitive to other people's approval, affection and good will. His interpersonal relations are limited by his dependence on others.

The test of the hypothesis supported the argument made in this study that nurses who are more self-actualizing tend to provide higher levels of congruence, empathic understanding and level of regard in a helping relationship with patients. The post-hoc Scheffé test for significant differences between the level of each dependent variable provided to patients by high self-actualizing nurses and that provided by low self-actualizing nurses was significant for each of the variables.

The "type of nurse" effect and the interaction effect were found to be non-significant. The type of nurse factor was used as a blocking factor because the differences in the frame of reference could possibly affect the results. Such a difference was not indicated by the results.

Interaction between facilitative conditions and type of nurse was not hypothesized. The result of the analysis indicated that such interaction did not exist.

The last section of this paper is devoted to the summary and conclusions of the study and recommendations for future studies.

SUMMARY AND CONCLUSIONS

The purpose of this study was to investigate Maslow's growth-oriented personality theory and relate it to the facilitative conditions offered by nurses to their patients in an ideal helping relationship as defined by Carl Rogers.

Maslow's theory is based on a hierarchy of needs ranging from lower to higher order. The lower order or "deficit needs" include the physiological, safety, love and esteem needs. The higher order or "growth needs" refer to the need for self-actualization. The person who has satisfied his deficit need is able to grow to self-actualization. Maslow says that the psychological life of a person who is a high self-actualizing person is lived out differently from that of a low self-actualizing person.

The high self-actualizing person is characterized by Maslow as having awareness, acceptance and concern for himself and others. The low-self-actualizing person is dependent on others for his need satisfaction. He is "other directed" and is sensitive to other people's approval, affection and good will. His interpersonal relations are limited.

Maslow, then, in his theoretical position differentiates high-self-actualizers from low-self-actualizers.

Rogers lists five conditions that are necessary for an ideal helping relationship to exist in a therapeutic situation.

In this study attention was focused on the conditions of congruence, empathic understanding and unconditional positive regard and whether the nurses' level of self-actualization was related to her providing these conditions in a helping relationship with a patient.

The level of self-actualization of the research subjects was measured by the Personal Orientation Inventory, which was devised by Shostrom. The facilitative conditions of congruence, empathic understanding and level of regard were measured by Barrett-Lennard's Relationship Inventory (Helper Form).

It was hypothesized that nurses who are more self-actualizing tend to provide higher levels of congruence, empathic understanding and unconditional positive regard than those who are less self-actualizing.

The research sample consisted of sixty-seven second-year student nurses enrolled in nursing diploma programs in two Colleges of Applied Arts and Technology in Eastern Ontario and seventy-three graduate nurses currently employed in clinical nursing in two general hospitals in Eastern Ontario. Each subject taking part in the study received an envelope containing

- a) a letter of instructions;
- b) two questionnaires; and
- c) two answer sheets.

The student subjects completed their questionnaires at one sitting. The graduate envelopes were delivered to the respective ward areas and were collected the next day.

After the data had been collected, the groups of high and low self-actualizers were identified. A multivariate analysis of variance program (FRMLM) was used to analyze the data. Significant differences on the self-actualization variable were found at the .05 level. A Scheffé post hoc test showed that significant differences exist between the level of congruence provided by high self-actualizers and low self-actualizers, the level of empathic understanding provided by high self-actualizers and low self-actualizers and the level of level of regard provided by high self-actualizers and low self-actualizers.

Theoretically, this study has supported the link between Maslow's and Rogers' theories in the nursing situations of College of Applied Arts and Technology student nurses in the second year and graduate nurses currently employed in clinical nursing in general hospitals. Maslow's theory has been extended in that the study linked nurses' personality characteristics within the nurse-patient helping relationship, with Maslow's theory of self-actualization. This particular relationship has not previously been explored in the field of nursing, although it has been demonstrated to exist among graduate students in a counselor-education program.

The sample used in this study did cover a wide range of possible subjects, but was not randomly selected from the target population. Therefore, generalization of results from the sample to the population must be done with caution.

Rogers has said that in order for the helping relationship he has defined to exist, there has to be an appropriate contact between the two persons involved in the relationship. The author of this study has assumed that there has been an appropriate contact between the nurse and her patient and that a helping relationship has been formed.

It has been suggested by the Canadian Nurses' Association that circumstances such as the philosophy and objectives of the nursing unit providing the care, the administration of the nursing department, the physical facilities available and the personnel providing the service, can affect the quality of patient care. This study was limited to examining the personnel providing the service.

In further research studies, it is suggested that this study be replicated using nurses from rehabilitative centres, where the psychological strengths of the patient play an integral role in his recovery and nurses who form the defined helping relationship with patients help release these strengths. A repeated measures study in which student nurses could be tested in first and second year might prove useful in determining where changes occur and subsequently, assist in determining learning needs of individual students. Also, a study in which the patient's perceptions of the nurse as a helper were compared with the nurse's perceptions of the helping relationship she formed with that

patient, would give one a more accurate picture of what occurs in the relationship.

If these studies were carried out and more support given to theoretical research, theory could be used as a contributing factor in selection of nursing students and nursing personnel as it would possibly identify traits or behavior patterns that appear to be present in more "helpful" nurses.

BIBLIOGRAPHY

Foulds, Melvin L., "Self-Actualization and the Communication of Facilitative Conditions during Counseling", Journal of Counseling Psychology, Vol. 16, No. 2, 1969, p. 132-136.

In this empirical study, it was found that the research subjects who had personality characteristics associated with self-actualization were able to communicate higher levels of empathic understanding and facilitative genuineness in a helping relationship. The assumptions made were that a positive relationship existed between psychological well-being and the ability to communicate facilitative conditions during counseling.

Kalisch, Beatrice J., "An Experiment in the Development of Empathy in Nursing Students", Nursing Research, Vol. 20, No. 3, May-June 1971, p. 202-211.

In this empirical study, it was found that the research subjects who were in the treatment group saw themselves as being more empathic after the treatment experience. Their teachers also perceived them as being more empathic post-treatment. The assumption made was that subjects given learning experiences intended to increase their empathic abilities would in fact be more empathic.

Maslow, Abraham H., Toward a Psychology of Being, New York, Van Nostrand, Reinhold Company, 1968, iii-240 p.

The theory of Humanistic Psychology of the author is outlined in this book. He discusses at length the differences that exist between the lives of people motivated by growth needs contrasted with those motivated by basic needs.

-----, Motivation and Personality, New York, Harper & Row, 1970, vii-369 p.

The author's holistic dynamic theory of personality and motivation is presented. Maslow states that a person's behavior patterns are determined by the need he is trying to satisfy. He discusses the concept of self-actualization and the role played by the basic needs as the person moves to self-actualization.

Rogers, Carl R., On Becoming a Person, Boston, Houghton Mifflin Company, 1961, p. iii-420.

In this book, the author's sharing his personal experiences as a psychotherapist places emphasis on the meaning of personal growth and which conditions facilitate this growth.

-----, "The Necessary and Sufficient Conditions of Therapeutic Personality Change", Journal of Consulting Psychology, Vol. 21, No. 2, April 1957, p. 95-103.

In this article the author outlines the five conditions that are necessary for constructive personality change to occur in a helping relationship. The fourth condition of empathic understanding of the client's world is the variable of interest in this study.

-----, "A Counseling Approach to Human Problems", American Journal of Nursing, Vol. 56, No. 8, August 1956, p. 994-997.

In this article the author hypothesizes that the nurse who can create a helping relationship as he has defined it, with a patient, would release in the patient psychological strength which would compliment the physical focus promoting his recovery.

APPENDIX I

LETTER OF INSTRUCTIONS TO PARTICIPANTS

A CONFIDENTIAL RESEARCH QUESTIONNAIRE

INSTRUCTIONS

Thank you for agreeing to complete these two questionnaires. The data obtained will be used for my master's thesis at the University of Ottawa.

This is a confidential study. Please do not sign your name. The results will be summarized in such a way that no individual's response can be identified.

Please find enclosed two questionnaires and two answer sheets. All questions on all sheets can be answered by using either pen or pencil.

Prior to answering, please read the instructions given at the beginning of each questionnaire and follow them closely.

You will notice that one questionnaire, the Personal Orientation Inventory (P.O.I.) is in booklet form. Please respond to all 150 items selecting as you answer either a. or b. There are no right or wrong answers so please respond as honestly as possible. It will take about thirty minutes to complete.

The second questionnaire, The Relationship Inventory, has 64 items. Please respond to it based on your relationship with a patient you cared for today. It will take about fifteen minutes to complete.

When you have completed both questionnaires and the personal data sheet, please place everything (ie, the questionnaires, answer sheets, and this letter back into the envelope. I will collect them in 24 hours time.

Thank you,

E. Ruth Gordon

APPENDIX II

THE PERSONAL ORIENTATION INVENTORY
AND ANSWER SHEET

PERSONAL ORIENTATION INVENTORY

EVERETT L. SHOSTROM, Ph.D.

DIRECTIONS

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to you.

You are to mark your answers on the answer sheet you have. Look at the example of the answer sheet shown at the right. If the first statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "a". (See Example Item 1 at right.) If the second statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "b". (See Example Item 2 at right.) If neither statement applies to you, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give YOUR OWN opinion of yourself and do not leave any blank spaces if you can avoid it.

Section of Answer Column Correctly Marked		
	a	b
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

In marking your answers on the answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks in this booklet.

Remember, try to make some answer to every statement.

Before you begin the inventory, be sure you put your name, your sex, your age, and the other information called for in the space provided on the answer sheet.

NOW OPEN THE BOOKLET AND START WITH QUESTION 1.

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1. a. I am bound by the principle of fairness.
b. I am not absolutely bound by the principle of fairness.
2. a. When a friend does me a favor, I feel that I must return it.
b. When a friend does me a favor, I do not feel that I must return it.
3. a. I feel I must always tell the truth.
b. I do not always tell the truth.
4. a. No matter how hard I try, my feelings are often hurt.
b. If I manage the situation right, I can avoid being hurt.
5. a. I feel that I must strive for perfection in everything that I undertake.
b. I do not feel that I must strive for perfection in everything that I undertake.
6. a. I often make my decisions spontaneously.
b. I seldom make my decisions spontaneously.
7. a. I am afraid to be myself.
b. I am not afraid to be myself.
8. a. I feel obligated when a stranger does me a favor.
b. I do not feel obligated when a stranger does me a favor.
9. a. I feel that I have a right to expect others to do what I want of them.
b. I do not feel that I have a right to expect others to do what I want of them.
10. a. I live by values which are in agreement with others.
b. I live by values which are primarily based on my own feelings.
11. a. I am concerned with self-improvement at all times.
b. I am not concerned with self-improvement at all times.
12. a. I feel guilty when I am selfish.
b. I don't feel guilty when I am selfish.
13. a. I have no objection to getting angry.
b. Anger is something I try to avoid.
14. a. For me, anything is possible if I believe in myself.
b. I have a lot of natural limitations even though I believe in myself.
15. a. I put others' interests before my own.
b. I do not put others' interests before my own.
16. a. I sometimes feel embarrassed by compliments.
b. I am not embarrassed by compliments.
17. a. I believe it is important to accept others as they are.
b. I believe it is important to understand why others are as they are.
18. a. I can put off until tomorrow what I ought to do today.
b. I don't put off until tomorrow what I ought to do today.
19. a. I can give without requiring the other person to appreciate what I give.
b. I have a right to expect the other person to appreciate what I give.
20. a. My moral values are dictated by society.
b. My moral values are self-determined.
21. a. I do what others expect of me.
b. I feel free to not do what others expect of me.
22. a. I accept my weaknesses.
b. I don't accept my weaknesses.
23. a. In order to grow emotionally, it is necessary to know why I act as I do.
b. In order to grow emotionally, it is not necessary to know why I act as I do.
24. a. Sometimes I am cross when I am not feeling well.
b. I am hardly ever cross.

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25. a. It is necessary that others approve of what I do.
b. It is not always necessary that others approve of what I do.
26. a. I am afraid of making mistakes.
b. I am not afraid of making mistakes.
27. a. I trust the decisions I make spontaneously.
b. I do not trust the decisions I make spontaneously.
28. a. My feelings of self-worth depend on how much I accomplish.
b. My feelings of self-worth do not depend on how much I accomplish.
29. a. I fear failure.
b. I don't fear failure.
30. a. My moral values are determined, for the most part, by the thoughts, feelings and decisions of others.
b. My moral values are not determined, for the most part, by the thoughts, feelings and decisions of others.
31. a. It is possible to live life in terms of what I want to do.
b. It is not possible to live life in terms of what I want to do.
32. a. I can cope with the ups and downs of life.
b. I cannot cope with the ups and downs of life.
33. a. I believe in saying what I feel in dealing with others.
b. I do not believe in saying what I feel in dealing with others.
34. a. Children should realize that they do not have the same rights and privileges as adults.
b. It is not important to make an issue of rights and privileges.
35. a. I can "stick my neck out" in my relations with others.
b. I avoid "sticking my neck out" in my relations with others.
36. a. I believe the pursuit of self-interest is opposed to interest in others.
b. I believe the pursuit of self-interest is not opposed to interest in others.
37. a. I find that I have rejected many of the moral values I was taught.
b. I have not rejected any of the moral values I was taught.
38. a. I live in terms of my wants, likes, dislikes and values.
b. I do not live in terms of my wants, likes, dislikes and values.
39. a. I trust my ability to size up a situation.
b. I do not trust my ability to size up a situation.
40. a. I believe I have an innate capacity to cope with life.
b. I do not believe I have an innate capacity to cope with life.
41. a. I must justify my actions in the pursuit of my own interests.
b. I need not justify my actions in the pursuit of my own interests.
42. a. I am bothered by fears of being inadequate.
b. I am not bothered by fears of being inadequate.
43. a. I believe that man is essentially good and can be trusted.
b. I believe that man is essentially evil and cannot be trusted.
44. a. I live by the rules and standards of society.
b. I do not always need to live by the rules and standards of society.
45. a. I am bound by my duties and obligations to others.
b. I am not bound by my duties and obligations to others.
46. a. Reasons are needed to justify my feelings.
b. Reasons are not needed to justify my feelings.

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47. a. There are times when just being silent is the best way I can express my feelings.
b. I find it difficult to express my feelings by just being silent.
48. a. I often feel it necessary to defend my past actions.
b. I do not feel it necessary to defend my past actions.
49. a. I like everyone I know.
b. I do not like everyone I know.
50. a. Criticism threatens my self-esteem.
b. Criticism does not threaten my self-esteem.
51. a. I believe that knowledge of what is right makes people act right.
b. I do not believe that knowledge of what is right necessarily makes people act right.
52. a. I am afraid to be angry at those I love.
b. I feel free to be angry at those I love.
53. a. My basic responsibility is to be aware of my own needs.
b. My basic responsibility is to be aware of others' needs.
54. a. Impressing others is most important.
b. Expressing myself is most important.
55. a. To feel right, I need always to please others.
b. I can feel right without always having to please others.
56. a. I will risk a friendship in order to say or do what I believe is right.
b. I will not risk a friendship just to say or do what is right.
57. a. I feel bound to keep the promises I make.
b. I do not always feel bound to keep the promises I make.
58. a. I must avoid sorrow at all costs.
b. It is not necessary for me to avoid sorrow.
59. a. I strive always to predict what will happen in the future.
b. I do not feel it necessary always to predict what will happen in the future.
60. a. It is important that others accept my point of view.
b. It is not necessary for others to accept my point of view.
61. a. I only feel free to express warm feelings to my friends.
b. I feel free to express both warm and hostile feelings to my friends.
62. a. There are many times when it is more important to express feelings than to carefully evaluate the situation.
b. There are very few times when it is more important to express feelings than to carefully evaluate the situation.
63. a. I welcome criticism as an opportunity for growth.
b. I do not welcome criticism as an opportunity for growth.
64. a. Appearances are all-important.
b. Appearances are not terribly important.
65. a. I hardly ever gossip.
b. I gossip a little at times.
66. a. I feel free to reveal my weaknesses among friends.
b. I do not feel free to reveal my weaknesses among friends.
67. a. I should always assume responsibility for other people's feelings.
b. I need not always assume responsibility for other people's feelings.
68. a. I feel free to be myself and bear the consequences.
b. I do not feel free to be myself and bear the consequences.

69. a. I already know all I need to know about my feelings.
b. As life goes on, I continue to know more and more about my feelings.
70. a. I hesitate to show my weaknesses among strangers.
b. I do not hesitate to show my weaknesses among strangers.
71. a. I will continue to grow only by setting my sights on a high-level, socially approved goal.
b. I will continue to grow best by being myself.
72. a. I accept inconsistencies within myself.
b. I cannot accept inconsistencies within myself.
73. a. Man is naturally cooperative.
b. Man is naturally antagonistic.
74. a. I don't mind laughing at a dirty joke.
b. I hardly ever laugh at a dirty joke.
75. a. Happiness is a by-product in human relationships.
b. Happiness is an end in human relationships.
76. a. I only feel free to show friendly feelings to strangers.
b. I feel free to show both friendly and unfriendly feelings to strangers.
77. a. I try to be sincere but I sometimes fail.
b. I try to be sincere and I am sincere.
78. a. Self-interest is natural.
b. Self-interest is unnatural.
79. a. A neutral party can measure a happy relationship by observation.
b. A neutral party cannot measure a happy relationship by observation.
80. a. For me, work and play are the same.
b. For me, work and play are opposites.
81. a. Two people will get along best if each concentrates on pleasing the other.
b. Two people can get along best if each person feels free to express himself.
82. a. I have feelings of resentment about things that are past.
b. I do not have feelings of resentment about things that are past.
83. a. I like only masculine men and feminine women.
b. I like men and women who show masculinity as well as femininity.
84. a. I actively attempt to avoid embarrassment whenever I can.
b. I do not actively attempt to avoid embarrassment.
85. a. I blame my parents for a lot of my troubles.
b. I do not blame my parents for my troubles.
86. a. I feel that a person should be silly only at the right time and place.
b. I can be silly when I feel like it.
87. a. People should always repent their wrongdoings.
b. People need not always repent their wrongdoings.
88. a. I worry about the future.
b. I do not worry about the future.
89. a. Kindness and ruthlessness must be opposites.
b. Kindness and ruthlessness need not be opposites.
90. a. I prefer to save good things for future use.
b. I prefer to use good things now.
91. a. People should always control their anger.
b. People should express honestly-felt anger.

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92. a. The truly spiritual man is sometimes sensual.
b. The truly spiritual man is never sensual.
93. a. I am able to express my feelings even when they sometimes result in undesirable consequences.
b. I am unable to express my feelings if they are likely to result in undesirable consequences.
94. a. I am often ashamed of some of the emotions that I feel bubbling up within me.
b. I do not feel ashamed of my emotions.
95. a. I have had mysterious or ecstatic experiences.
b. I have never had mysterious or ecstatic experiences.
96. a. I am orthodoxly religious.
b. I am not orthodoxly religious.
97. a. I am completely free of guilt.
b. I am not free of guilt.
98. a. I have a problem in fusing sex and love.
b. I have no problem in fusing sex and love.
99. a. I enjoy detachment and privacy.
b. I do not enjoy detachment and privacy.
100. a. I feel dedicated to my work.
b. I do not feel dedicated to my work.
101. a. I can express affection regardless of whether it is returned.
b. I cannot express affection unless I am sure it will be returned.
102. a. Living for the future is as important as living for the moment.
b. Only living for the moment is important.
103. a. It is better to be yourself.
b. It is better to be popular.
104. a. Wishing and imagining can be bad.
b. Wishing and imagining are always good.
105. a. I spend more time preparing to live.
b. I spend more time actually living.
106. a. I am loved because I give love.
b. I am loved because I am lovable.
107. a. When I really love myself, everybody will love me.
b. When I really love myself, there will still be those who won't love me.
108. a. I can let other people control me.
b. I can let other people control me if I am sure they will not continue to control me.
109. a. As they are, people sometimes annoy me.
b. As they are, people do not annoy me.
110. a. Living for the future gives my life its primary meaning.
b. Only when living for the future ties into living for the present does my life have meaning.
111. a. I follow diligently the motto, "Don't waste your time."
b. I do not feel bound by the motto, "Don't waste your time."
112. a. What I have been in the past dictates the kind of person I will be.
b. What I have been in the past does not necessarily dictate the kind of person I will be.
113. a. It is important to me how I live in the here and now.
b. It is of little importance to me how I live in the here and now.
114. a. I have had an experience where life seemed just perfect.
b. I have never had an experience where life seemed just perfect.
115. a. Evil is the result of frustration in trying to be good.
b. Evil is an intrinsic part of human nature which fights good.

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116. a. A person can completely change his essential nature.
b. A person can never change his essential nature.
117. a. I am afraid to be tender.
b. I am not afraid to be tender.
118. a. I am assertive and affirming.
b. I am not assertive and affirming.
119. a. Women should be trusting and yielding.
b. Women should not be trusting and yielding.
120. a. I see myself as others see me.
b. I do not see myself as others see me.
121. a. It is a good idea to think about your greatest potential.
b. A person who thinks about his greatest potential gets conceited.
122. a. Men should be assertive and affirming.
b. Men should not be assertive and affirming.
123. a. I am able to risk being myself.
b. I am not able to risk being myself.
124. a. I feel the need to be doing something significant all of the time.
b. I do not feel the need to be doing something significant all of the time.
125. a. I suffer from memories.
b. I do not suffer from memories.
126. a. Men and women must be both yielding and assertive.
b. Men and women must not be both yielding and assertive.
127. a. I like to participate actively in intense discussions.
b. I do not like to participate actively in intense discussions.
128. a. I am self-sufficient.
b. I am not self-sufficient.
129. a. I like to withdraw from others for extended periods of time.
b. I do not like to withdraw from others for extended periods of time.
130. a. I always play fair.
b. Sometimes I cheat a little.
131. a. Sometimes I feel so angry I want to destroy or hurt others.
b. I never feel so angry that I want to destroy or hurt others.
132. a. I feel certain and secure in my relationships with others.
b. I feel uncertain and insecure in my relationships with others.
133. a. I like to withdraw temporarily from others.
b. I do not like to withdraw temporarily from others.
134. a. I can accept my mistakes.
b. I cannot accept my mistakes.
135. a. I find some people who are stupid and uninteresting.
b. I never find any people who are stupid and uninteresting.
136. a. I regret my past.
b. I do not regret my past.
137. a. Being myself is helpful to others.
b. Just being myself is not helpful to others.
138. a. I have had moments of intense happiness when I felt like I was experiencing a kind of ecstasy or bliss.
b. I have not had moments of intense happiness when I felt like I was experiencing a kind of bliss.

139. a. People have an instinct for evil.
b. People do not have an instinct for evil.
140. a. For me, the future usually seems hopeful.
b. For me, the future often seems hopeless.
141. a. People are both good and evil.
b. People are not both good and evil.
142. a. My past is a stepping stone for the future.
b. My past is a handicap to my future.
143. a. "Killing time" is a problem for me.
b. "Killing time" is not a problem for me.
144. a. For me, past, present and future is in meaningful continuity.
b. For me, the present is an island, unrelated to the past and future.
145. a. My hope for the future depends on having friends.
b. My hope for the future does not depend on having friends.
146. a. I can like people without having to approve of them.
b. I cannot like people unless I also approve of them.
147. a. People are basically good.
b. People are not basically good.
148. a. Honesty is always the best policy.
b. There are times when honesty is not the best policy.
149. a. I can feel comfortable with less than a perfect performance.
b. I feel uncomfortable with anything less than a perfect performance.
150. a. I can overcome any obstacles as long as I believe in myself.
b. I cannot overcome every obstacle even if I believe in myself.



APPENDIX III

THE RELATIONSHIP INVENTORY,
ANSWER SHEET AND SCORING GUIDE

13. I appreciate him as a person.
14. I look at what he does from my own point of view.
15. The way I feel about him doesn't depend on his feelings toward me.
16. It bothers me when he tries to ask or talk about certain things.
17. I feel indifferent to him.
18. I usually sense or realise how he is feeling.
19. I would like him to be a particular kind of person.
20. When I speak to him I nearly always can say freely just what I am thinking or feeling at that moment.
21. I find him rather dull and uninteresting.
22. What he says or does sometimes arouses feelings in me that prevent me from understanding him.
23. Whether he criticises or shows appreciation of me does not (or would not) change my feelings toward him.
24. I would really prefer him to think that I like or understand him even when I don't.
25. I care for him.
26. Sometimes I think that he feels a certain way, because that's the way I feel myself.
27. I like him in some ways, while there are other things about him I do not like.
28. I don't feel that I have been ignoring or putting off anything that is important for our relationship.
29. I do feel disapproval of him.
30. I can tell what he means, even when he has difficulty in saying it.
31. My feeling toward him stays about the same; I am not in sympathy with him one time and out of patience with him at another.
32. Sometimes I am not at all comfortable with him but we go on, outwardly ignoring it.

33. I put up with him.
34. I usually understand the whole of what he is meaning.
35. If he is angry or impatient with me I generally get annoyed or upset too.
36. I am able to be sincere and straightforward in whatever I express with him.
37. I feel friendly and warm toward him.
38. I ignore some of his feelings.
39. My liking or disliking of him is not altered by anything that he says about himself.
40. At times I just don't know, or don't realize until later, what my feelings are with him.
41. I value our relationship.
42. I appreciate just how his experiences feel to him.
43. I feel quite pleased with him sometimes, and then he disappoints me at other times.
44. I feel comfortable to express whatever is in my mind with him, including any feelings about myself or about him.
45. I don't like him as a person.
46. At times I think that he feels strongly about something and then it turn out that he doesn't.
47. Whether he is in good spirits or bothered and upset does not cause me to feel any more or less appreciation of him
48. I can be quite openly myself in our relationship.
49. Somehow he irritates me.
50. At the time I don't realize how touchy or sensitive he is about some of the things we discuss.
51. Whether he is expressing "good" thoughts and feelings, or "bad" ones, does not affect the way I feel toward him.
52. There are times when my outward response to him is quite different from the way I feel underneath.
53. At times I feel contempt for him.

54. I understand him.
55. Sometimes he seems to me a more worthwhile person than he does at other times.
56. I don't sense any feelings in relation to him that are hard for me to face and admit to myself.
57. I truly am interested in him.
58. I often respond to him rather automatically, without taking in what he is experiencing.
59. I don't think that anything he says or does really alters the way I feel toward him.
60. What I say to him often would give a wrong impression of my full thought or feeling at the time.
61. I feel deep affection for him.
62. When he is hurt or upset I can recognise just how he feels, without getting upset myself.
63. What other people think and feel about him does help to make me feel as I do toward him.
64. I feel there are things we don't talk about that are causing difficulty in our relationship.

RELATIONSHIP INVENTORY

ANSWER SHEET

- | | | | |
|-----------|-----------|-----------|-----------|
| 1. _____ | 17. _____ | 33. _____ | 49. _____ |
| 2. _____ | 18. _____ | 34. _____ | 50. _____ |
| 3. _____ | 19. _____ | 35. _____ | 51. _____ |
| 4. _____ | 20. _____ | 36. _____ | 52. _____ |
| 5. _____ | 21. _____ | 37. _____ | 53. _____ |
| 6. _____ | 22. _____ | 38. _____ | 54. _____ |
| 7. _____ | 23. _____ | 39. _____ | 55. _____ |
| 8. _____ | 24. _____ | 40. _____ | 56. _____ |
| 9. _____ | 25. _____ | 41. _____ | 57. _____ |
| 10. _____ | 26. _____ | 42. _____ | 58. _____ |
| 11. _____ | 27. _____ | 43. _____ | 59. _____ |
| 12. _____ | 28. _____ | 44. _____ | 60. _____ |
| 13. _____ | 29. _____ | 45. _____ | 61. _____ |
| 14. _____ | 30. _____ | 46. _____ | 62. _____ |
| 15. _____ | 31. _____ | 47. _____ | 63. _____ |
| 16. _____ | 32. _____ | 48. _____ | 64. _____ |

APPENDIX IV

RAW SCORES ON THE DEPENDENT VARIABLES
FOR THE FOUR GROUPS OF NURSES

RAW SCORES ON THE DEPENDENT VARIABLES
FOR THE FOUR EXPERIMENTAL GROUPS

	H I G H			S T U D E N T S			S E L F - A C T U A L I Z I N G		
	No.	Congruence	Empathic Understanding	Level of Regard	No.	Congruence	Empathic Understanding	Level of Regard	
1	17	11	24	13	24	27	37		
2	9	-2	18	14	7	19	30		
3	16	20	37	15	22	15	5		
4	14	9	31	16	20	16	34		
5	4	-20	18	17	12	13	14		
6	22	16	37	18	30	24	40		
7	16	14	21	19	-4	13	12		
8	11	10	9	20	15	16	30		
9	14	11	23						
10	14	28	26						
11	16	8	20						
12	24	8	31						

RAW SCORES ON THE DEPENDENT VARIABLES
FOR THE FOUR EXPERIMENTAL GROUPS

		No.	Congruence	Empathic Understanding	Level of Regard	No.	Congruence	Empathic Understanding	Level of Regard
H I G H S E L F - A C T U A L I Z I N G G R A D U A T E S		1	27	20	31	13	41	37	40
		2	-4	-5	16	14	20	8	37
		3	24	27	32	15	16	16	35
		4	-1	-1	41	16	-4	1	8
		5	17	-4	2	17	7	0	40
		6	4	-10	17	18	12	15	32
		7	4	10	22	19	-3	3	23
		8	17	5	26	20	5	2	17
		9	30	16	32				
		10	27	27	28				
		11	11	5	21				
		12	13	13	12				

RAW SCORES ON THE DEPENDENT VARIABLES
FOR THE FOUR EXPERIMENTAL GROUPS

	LOW SELF-ACTUALIZING STUDENTS			HIGH SELF-ACTUALIZING STUDENTS				
	No.	Congruence	Empathic Understanding	Level of Regard	No.	Congruence	Empathic Understanding	Level of Regard
	1	11	11	35	13	-16	-1	24
	2	8	5	18	14	4	11	34
	3	6	-5	13	15	9	0	17
	4	25	24	31				
	5	-1	4	29				
	6	5	0	19				
	7	8	8	0				
	8	19	24	38				
	9	8	3	24				
	10	13	12	26				
	11	16	10	33				
	12	15	22	18				

RAW SCORES FOR THE DEPENDENT VARIABLES
FOR THE FOUR EXPERIMENTAL GROUPS

	LOW			HIGH			
	No.	Congruence	Empathic Understanding	Level of Regard	No.	Congruence	Empathic Understanding
1	6	6	20	13	2	6	19
2	-10	-8	15	14	3	1	-2
3	-27	-19	2	15	23	11	46
4	8	2	3	16	-3	-3	0
5	-8	1	24	17	33	25	46
6	6	12	28	18	7	-8	12
7	-9	7	17	19	17	14	20
8	11	11	17	20	1	4	18
9	-4	-4	-6	21	-1	0	12
10	-7	12	24	22	27	14	-5
11	-3	-3	23	23	13	15	18
12	14	11	22	24	-15	-14	9