THE EFFECT OF ROLE CONFLICT ON THE LEVEL OF COMMUNICATION OF EMPATHY IN BACCALAUREATE NURSES

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CURRICULUM STUDIORUM

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INTRODUCTION

One of the many organizational problems, presently confronting administrators and role-incumbents, is the bureaucratic nature of the institution. If one were to investigate this problem, the characteristics of the individual as well as the institutional aspects would have to be examined. Moreover, the effect that the institution has on the individual would require investigation.

It is apparent that, with bureaucracy, change and innovation evolve very slowly. Because of this, many role-incumbents may not feel that they are achieving professional growth. They may not feel that they are completely performing the role for which they have been educated. This problem is prevalent in the nursing profession. It appears to have particular effect on baccalaureate graduate nurses employed in hospitals. The routine and task-oriented hospital has one set of role expectations for the nurse which seem to differ from the idealistic role expectations of the nursing school.

Behaviour which is exhibited by the nurse may be affected by role conflict. This assumption was made by Getzels in his theory of administration as a social process. He postulated that the organization was a social system which functioned through the interaction of two independent dimensions: the institutional and the ideographic dimensions. The result of this interaction was observed behaviour. Three

possible sources of conflict could be seen to occur from this theory: role conflict, personality conflict, and role-personality conflict. Specifically, role conflict and its effect on behaviour, in terms of the nurse's level of communication of empathy to the patient, forms the basis of the present study.

In accordance with the orientation of this study, it is hoped that the present research will support the need for hospitals and university schools of nursing to define and outline together the role of the baccalaureate nurse employed in the hospital. Such a contribution has practical implications because, if the role of the nurse is mutually defined by the hospital and the nursing school, greater understanding of role expectations may increase individual and institutional productivity and may also aid in satisfying the nurse's professional needs.

The present research report is arranged in four chapters. Chapter I reviews the pertinent literature on administration as a social process, role conflict in hospitals, and the helping relationship of the nurse. It concludes with a statement of the problem and the research hypothesis. Chapter II contains a description of the experimental design. Chapter III presents the analysis of the data and the results are then presented in chapter IV. The fourth chapter is followed by a summary of the report and the conclusions.

CHAPTER I

SURVEY OF THE LITERATURE

It has been observed by the author, in her contact with the nursing profession, that there seems to exist among baccalaureate nurses a certain dissatisfaction concerning their professional growth within the profession. Indeed, an investigation of the professional literature supports the author's observation. The purpose of the present study is to examine, through role conflict theory, this apparent dissatisfaction.

Specifically, to determine the effect of role conflict on baccalaureate nurses employed in a hospital, a theory will be presented which predicts behaviour resulting from the interaction of institutional role expectations and individual needs. The sources of conflict and their effects on behaviour will then be examined. In order to apply this theoretical rationale for behaviour to hospital-employed nurses, the ideal helping relationship of the nurse is discussed. It will then be shown that conflict exists between the task-oriented goals of the hospital bureaucracy, and the personal ideal conception of the nurse's role as acquired in the school. Finally, the hypothesis arising from the role conflict and its effect on behaviour, in terms of empathic responses, will be presented.

1. Theory of Getzels and Guba.

Getzels and Guba[1] describe administration as a social process where interpersonal relationships are constantly occuring. In their socio-psychological theory of social behaviour, an institution is described as a social system which functions through the interaction of two independent dimensions. The social aspect of the model is the organizational or nomothetic dimension which represents the institution. For the institution to function effectively and achieve its goals, predetermined roles and expectations are defined. The ideographic or personal dimension, which is the psychological aspect of the model, represents the individual who functions according to his personality and need-dispositions in order to achieve his goals. From the interaction of the nomothetic and ideographic dimensions, one should be able to predict the behaviour of members of the organization. This is shown in figure 1.

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1 J. W. Getzels and E. G. Guba, "Social Behavior and the Administrative Process", School Review, Vol. 65, Winter 1957, p. 424-441.

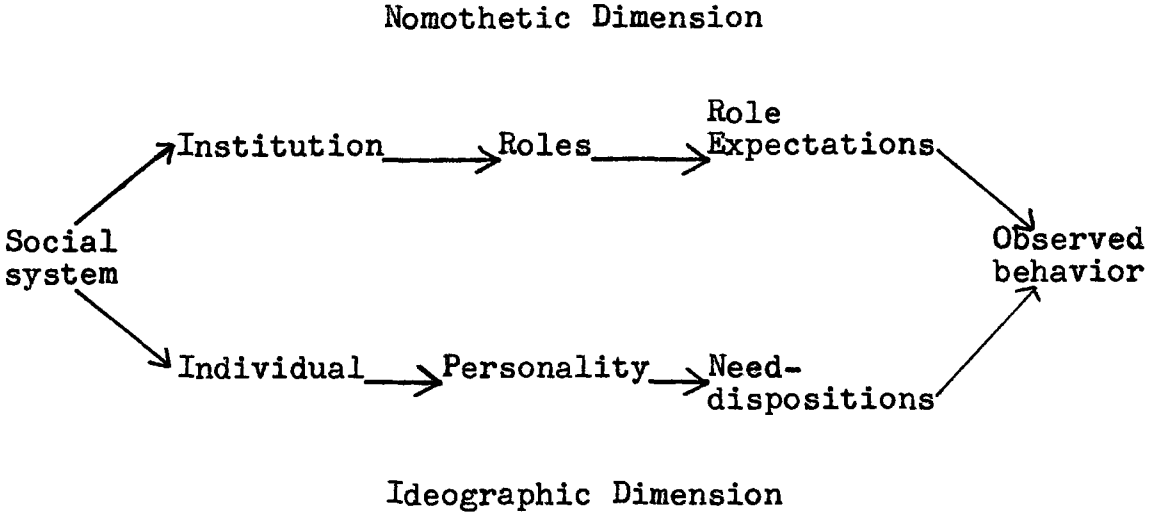

Figure 1. General Model Showing the Nomothetic and Ideographic Dimensions of Social Behavior.*

* J. W. Getzels and E. G. Guba, "Social Behavior and the Administrative Process", School Review, Vol. 65, Winter, 1957, p. 429.

In the model, Getzels and Guba have made each term the analytic unit for the term preceding it. The institution is defined in terms of roles which in turn are defined by behavioural institutional expectations. The individual normally functions according to his personality which is based on his needs. He therefore perceives his role according to his professional needs.

In the present study, the author is concerned with the conflict between the expectations of the hospital and the expectations of the nursing school and the effect this role conflict has on behaviour. Therefore, only the terms of the model relevant to the study will be explained.

The institution is an agency which functions according to routine patterns in order to achieve certain goals. Various complementary roles are needed to carry out these functions and these roles define or set limits to the expected behaviour of an individual performing that role. Expectations are therefore institutionally goal-oriented.

Need-dispositions form another major element since they are considered the main components of personality. Getzels and Guba have adopted this term from Parsons and Shils who describe need-dispositions as individual

"(...) tendencies to orient and act with respect to objects in certain manners and to expect certain consequences from these actions."[2].

As Getzels[3] explains, need-dispositions do not only refer to a motivating force seeking appeasement. They also imply directionality and gratification. For the purpose of this study, needs will be operationally defined as the professional needs of the nurse.

Both expectations and needs determine behaviour; therefore, knowledge of both is necessary to understand behaviour. An individual occupying a certain role must conform to the pattern set for him by the institution and at the same time act in such a way as to satisfy his needs. The interaction of expectations and needs within the individual results in observed behaviour.

The expectations of the individual occupying a certain role are defined according to the goals of the institution, but there are many different individuals occupying that role, each having needs which must be met. The administrator must

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2 Talcott Parsons and Edward A. Shils, Editors, Toward a General Theory of Action, Cambridge, Massachusetts, Harvard University Press, 1951, p. 114.

3 Jacob W. Getzels, James M. Lipham, Roald F. Campbell, Educational Administration as a Social Process: Theory, Research, Practice, New York, Harper and Row, 1968, p. 72.

see that the organizational goals are reached and at the same time provide a personally satisfying experience for the individual, an experience in which his needs can be gratified. When needs and expectations are both met simultaneously, the resulting behaviour is such that productivity is of a higher order.

In the present study, the nomothetic dimension is represented by the role expectations of three institutions: the hospital, the public health agency, and the nursing school. The ideographic dimension is represented by the professional needs of the baccalaureate nurse.

2. The Effect of Conflict on Behaviour.

Having shown the effects of social-psychological congruency on behaviour, one must next examine the effects of incongruency on goal achievement and behaviour.

Some persons, performing in complementary roles, can understand and accept their obligations more easily than others. Getzels[4] explains that this is due to selective interpersonal perception. Each individual, placed in a common situation, is able to interpret his role as his background allows him or in the manner that he selectively perceives it. When the institutional expectations and

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4 Getzels, Lipham, Campbell, Op. Cit., p. 86-89.

individual needs overlap or are congruent, the goals of the participants are achieved. When the expectations and needs of the participants do not overlap or are incongruent, individual and/or institutional goals are not achieved.

From the Getzels and Guba model, it is possible for three sources of conflict to occur: personality conflict, role-personality conflict, and role conflict.

Personality conflicts are due to opposing needs and dispositions within the individual himself. He will often fail to perceive the expectations placed upon him by his role and will therefore use his role to work out personal needs.

Role-personality conflicts are a result of discrepancies between expectations of a role and need-dispositions of that individual. If he does what is expected of him, he meets the needs of the institution at the expense of his own needs. If he meets his own needs but not those of the institution, he is not performing his role.

Role conflicts occur when the individual must meet expectations which are contradictory or inconsistent. They show evidence of disorganization within the organizational dimension. These are due to disagreement within the group or groups defining the role expectations.

These three types of conflict show that incongruency exists in the nomothetic or ideographic dimension, or in the

interaction between the two dimensions. This is due to a weakness or failure in the administration and results in a loss in individual and institutional productivity. Two studies are cited by Getzels which show how the individual's selective perception can affect the congruency or incongruency of institutional and individual expectations.

Ferneau[5] looked at the interactions of consultants and administrators in a school. A problem-situation instrument expressing varying expectations for the consultant role was given to 180 administrators who had had consultant service and forty-six consultants who provided this service. They were asked to evaluate the outcome of the consultation. Comparison of the expectations for the consultant role held by the consultant himself and by the consultee was possible, showing the effect of congruence or discrepancy of these perceptions on the evaluation of the actual interaction. When an administrator agreed with the consultant on an expectation, the actual consultation was rated favourably. When they disagreed, it was rated unfavourably. In this explanation of success or failure of administrative-role incumbent interaction, the more the perception of the

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5 Elmer Ferneau, "Role-Expectations in Consultations", unpublished doctoral dissertation, University of Chicago, 1954, cited by Jacob W. Getzels, "Administration as a Social Process", in Andrew W. Halpin, Editor, Administrative Theory in Education, New York, Macmillan, 1958, p. 160.

expectations of the participants overlapped or were congruent, the more favourable was the consultation.

Moyer[6] investigated the relationship between the expectations of teachers and administrators for leadership in the educational setting and the effect of congruence or discrepancy in this relationship upon teacher satisfaction. These results, also consistent with the derivation from Getzels' model, showed the more the agreement between teacher and principal on the perception of expectations for leadership, the more favourable the attitudes toward the work situation.

In the present study, role conflict is of particular importance as it is a source which may inhibit needs from being met and may also affect behaviour.

Role conflict occurs when the ideal nursing role, as defined by the nursing school, is not congruent with the hospital's expectations of the nurse. Corwin[7] states that training institutions are staffed by non-practicing specialists and teachers who are partially removed from their

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6 Donald C. Moyer, "Teachers' Attitudes Toward Leadership as they Relate to Teacher Satisfaction", unpublished doctoral dissertation, University of Chicago, 1954, cited by Jacob W. Getzels, in Halpin, Op. Cit., p. 160.

7 Ronald G. Corwin, "The Professional Employee: A Study of Conflict in Nursing Roles", in James K. Skipper and Robert C. Leonard, Editors, Social Interaction and Patient Care, Philadelphia, J. B. Lippincott, 1965, p. 342.

occupation. Teachers tend to project their fantasies and ideals upon their students hoping that their own aspirations will be attached to the career of others. Thus, not having been provided with a totally realistic picture of the career, the student's perception of the nurse's role is an ideal one. Consequently, her needs as a nurse are based on performing in an ideal manner. In the hospital setting, the discrepancy which exists between the perception of the role as defined by the training institution and the actual experience becomes apparent.

Corwin[8] identifies three ways in which professionalism and bureaucracy differ. First, bureaucracy stresses routine tasks and procedures as the basic standardizing unit, while the professional organization focuses on unique problems. Second, the bureaucrat has less authority than the professional. Bureaucratic principles require elaboration of rules and sanctions in order to insure predictability and efficiency; the professional is taught to solve problems and make independent decisions. Third, the professional's stress is on goals while the bureaucrat is hired to carry out procedures.

From these differences, it can be seen that the bureaucratic conception of the role is concerned with

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8 Ronald G. Corwin, Op. Cit., p. 344.

administrative rules and regulations which describe the nurse's role and suggests primary loyalty to the hospital administration. The professional conception of the role is concerned with occupational principles and suggests loyalty to the nursing profession. These two perceptions of the nurse's role can be seen to be discrepant and can therefore lead to conflicting behaviour. Research[9] has indicated that because of the school's independence of hospital administration, graduates of the degree programme are more susceptible to role conflict and experience major changes in role conception than graduates of the diploma programme. For this reason, baccalaureate nurses will be studied in the present research.

In order to eliminate any question that obtained differences, if any, between behaviour exhibited by graduate

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9 Ronald G. Corwin, Op. Cit., p. 352-353.

Idem, "Role Conception and Mobility Aspirations: A Study in the Formation and Transformation of Bureaucratic, Professional and Humanitarian Nursing Identities", doctoral dissertation, University of Minnesota, 1960, abstracted by M. Murphy, Nursing Research, Vol. 11, No. 2, abstract no. 797, Spring 1962, p. 110.

-------- and Marvin J. Tavis, "Some Concomitants of Bureaucratic and Professional Conceptions of the Nurse Role", Nursing Research, Vol. 11, No. 4, Fall 1962, p. 223-227.

Marlene Kramer, "Role Conceptions of Baccalaureate Nurses and Success in Hospital Nursing", Nursing Research, Vol. 19, No. 5, Sept. Oct. 1970, p. 428-439.

and student nurses might be due to factors other than role conflict, such as maturation, a measure of the communication of empathy will also be obtained from graduates employed in the field of public health. Baccalaureate graduates employed as public health nurses may not be as susceptible to role conflict or changes in role conception as hospital-employed nurses. Public health nurses appear to have more opportunity to utilize their professional skills of problem-solving, independence, and decision-making, as well as the basic nursing skills. Freeman describes the first responsibility of the public health nurse in an official health unit as that of

> (...) providing nursing service as needed to implement the basic services of the health department. This includes health guidance and teaching as well as the application of nursing skills (...)[10]

The services offered by the public health agency tend to emphasize human relations, as do the training institutions, as an important aspect of nursing care. Because the majority of public health nurses are employed in official (government-controlled and tax-supported) agencies which have a different set of role expectations, this group will be examined as a third dimension in the study.

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10 Ruth B. Freeman, Public Health Nursing Practice, Philadelphia, Saunders, 1950, p. 74.

3. Nursing and the Helping Relationship.

In order to study the ideal role of the nurse as developed in training for the role, it is necessary to examine the helping relationship of the nurse as portrayed by empathic behaviour toward the patient.

Nursing is concerned with helping people. For an ideal helping relationship to exist in a therapeutic situation, Rogers[11] states that five conditions are implied. Although these conditions were made with reference to mental disorder, they can also be applied to those who are physically ill, as, it would be desirable for the patient to be free from mental strain as it may affect physical recovery.

First, the helpee is in a state of incongruence, being vulnerable or anxious. Incongruence refers to the discrepancy which exists between the actual experience of the individual, and the individual's self-picture in that experience. For example, a patient may state calmly that he does not fear his upcoming surgery. The evening before the surgery, however, he cannot sleep and constantly paces about in his room. By not admitting his fear of surgery, he does not contradict his self-concept but does demonstrate

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

a certain incongruency.

Second, the helper is congruent, particularly in those areas in which the helpee is incongruent. For example, the nurse does not deny or distort the reality of operations and accompanying fears.

Third, the helper experiences unconditional positive regard for the helpee. Whether her patient is a criminal, an alcoholic, or of a different culture, the nurse accepts him as he is, a person who is here to be treated. She does not place conditions upon him. She simply accepts him as a person of worth.

Fourth, the helper experiences an empathic understanding of the helpee's internal frame of reference. The nurse can enter into the life of her patient and attempt to accurately perceive his current feelings and their meanings to him. If she notices that her patient seems depressed, she can appropriately adjust the tone of her voice and her manner to reflect the situation.

Fifth, the communication of the helper's empathic understanding and unconditional positive regard to the helpee is achieved, at least to a minimal degree. Unless the nurse has been able to communicate these attitudes to her patient, then such attitudes essentially do not exist in the relationship as far as the patient is concerned, and the therapeutic benefits of the processes could not be effected.

Thus, according to Rogers, in a therapeutic situation, a good relationship should have these five conditions present for constructive change to occur. Whether the patient is suffering from mental or physical illness, these conditions should provide a situation in which the patient is free from threat and stress, and thereby able to utilize his inner resources for recovery.

Although Rogers states that these five conditions should be present for constructive change to occur, it would appear, as shown below, that the communication of empathic understanding could be considered as the most important element in the helping relationship. From a survey of the literature, no evidence of research was found showing the effect of role conflict on empathy. Consequently, in the present study, the author is concerned with relating the effects of conflict on only one of the elements necessary in establishing a helping relationship, the communication of empathic understanding. Research done by Truax[12] relates the importance of empathic communication and recovery. His findings indicate that a positive relationship exists between the level of empathy communicated and therapeutic outcome of the client.

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12 Charles B. Truax and Robert R. Carkhuff, Toward Effective Counseling and Psychotherapy, Chicago, Aldine, 1967, p. 290.

Buber[13] points out that accurate empathy is the working force of any helping relationship. The growth of the self takes place primarily in empathic relationships.

Empathy is defined by Rogers as the ability "(...) to sense the client's private world as if it were your own but without ever losing the "as if" quality (...)"[14]. He also states that not only must the helper have the ability to feel and understand the helpee, but she must also accurately communicate this understanding to him.

Research done by Fiedler[15] on the ideal therapeutic relationship also supports the importance of empathy and understanding on the part of the helper.

It is necessary for the helpee to know that his helper understands how he feels and it is by her manner and not her techniques that she will convey this. Combs says

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13 Martin Buber, "Distance and Relation", Psychiatry: Journal for the Study of Interpersonal Processes, Vol. 20, 1957, p. 103-104.

14 Carl R. Rogers, Op. Cit., p. 99.

15 Fred E. Fiedler, "The Concept of an Ideal Therapeutic Relationship", Journal of Consulting Psychology, Vol. 14, No. 4, August 1950, p. 241.

that "(...) it is the meaning of the method to the person on whom it is applied rather than the method itself which is the important factor."[16]. Truax[17] states that techniques and knowledge are secondary to interpersonal skill in relating to the helpee. The helper's responsiveness and concreteness of the response are necessary for empathic understanding as they can prevent misunderstanding and misinterpretation or correct any errors immediately.

Without empathy, Carkhuff states "(...) there is no basis for helping."[18]. This is in agreement with Rogers' fifth condition which states that unless the communication of empathic understanding has been achieved, the therapeutic process could not exist.

Barrett-Lennard[19] studied client-therapist interaction using Rogers' conditions of a helping relationship. Rogers states that before a helping relationship can take place, the helper must first experience certain things in relation to

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16 Arthur W. Combs, Donald L. Avila, and William W. Purkey, Helping Relationships: Basic Concepts for the Helping Professions, Boston, Allyn and Bacon, 1971, p. 4.

17 C. Truax, "A New Approach to Counsellor Education", unpublished paper, Edmonton, 1969, p. 2.

18 Robert R. Carkhuff, Helping and Human Relations, Vol. I, New York, Holt, Rinehart, and Winston, 1969, p. 173.

19 G. T. Barrett-Lennard, "Dimensions of Therapist Response as Causal Factors in Therapeutic Change", Psychological Monographs: General and Applied, Vol. 76-2, No. 43, Whole no. 562, 1962, p. 1-36.

the helpee and communicate these to the helpee. In his study, Barrett-Lennard postulates that the helpee's experience of the helper's response is the primary source of the therapeutic influence in their relationship. What the helpee experiences in a relationship, rather than the experience of the helper, is crucial to the outcome of the therapy. Accordingly, he constructed the Relationship Inventory to measure each of Rogers' change-producing characteristics. The five variables, empathic understanding, congruence, level of regard, unconditionality of regard, and willingness to be known, were measured from the helper's standpoint and from the helpee's perception of the helper's response.

Empathic understanding and congruence of the helper correspond to the meanings given by Rogers. Unconditional positive regard is divided by Barrett-Lennard into level of regard and unconditionality of regard. Willingness to be known is a variable added by Barrett-Lennard. As empathic understanding is the variable of concern in this study, it alone will be defined. Barrett-Lennard defines empathic understanding as

> the extent to which one person is conscious of the immediate awareness of another. Qualitatively it is an active process of desiring to know the full present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness "behind" another's outward communication but with continuous awareness that this consciousness is originating and proceeding in the other.[20]

In his investigation, Barrett-Lennard found that the first four variables were useful in denoting desirable change and growth. The variable, willingness to be known, did not conform to the pattern of the other four variables in the stated hypothesis. Consequently, in future questionnaires, it has been included as an aspect of congruence rather than as a separate variable. Although a measure of the five variables contained in the helper's responses is possible, the level of communication of empathy is of concern in the present study.

Using the Barrett-Lennard Relationship Inventory, a measure of empathic understanding will be used as a means of comparing behaviour with and without the effects of role conflict.

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20 G. T. Barrett-Lennard, Op. Cit., p. 3.

4. Conflict in Hospitals.

The conflict which affects nursing behaviour in this study arises from the discrepancy between the hospital's and the nursing school's perceptions of the nursing role. Therefore, the hospital's expectations must be described.

Getzels and Guba describe an organization as a social system which functions by the interaction of two independent dimensions, the nomothetic or institutional dimension and the ideographic or personal dimension. Expectations in the nomothetic dimension and needs in the ideographic dimension are the elements of concern in this study. If the expectations of the nurse's role by the hospital are congruent with the needs of the nurse, satisfaction will occur between the institution and the individual. Moreover, the observed behaviour, the communication of empathic understanding by the nurse, will be high. If the expectations for the role of the nurse by the hospital are not congruent with the needs of the nurse, the communication of empathic understanding by the nurse can be adversely affected. The relationship which exists between the nurse and the institution under which she is working may have a direct effect on the nursing care given.

In the present study, the Getzels and Guba model will be used to predict the behaviour of the nurse, with and without the effects of role conflict, in terms of her level of communication of empathy. The three levels of the independent

variable are: 1) the nursing school, 2) the public health agency, and 3) the hospital. The professional needs of the nurse will be assumed to be constant.

Although individuals do have different need hierarchies, Herzberg states that there is sufficient homogeneity among various groups of employees so that we may say that they have similar professional needs.

> Forgetting for a moment the individual "need hierarchies", it can be argued that there is sufficient homogeneity within various groups of employees to make for a relative similarity of "need hierarchies" within each group.[21]

Combs[22] also mentions that although each individual is a unique self, each possesses a common uniqueness. He draws the analogy with a computer. The answers that a computer gives are dependent upon the way it has been programmed. Similarly, the responses that an individual gives are dependent upon how one has been programmed in one's perceptions, especially those relating to values, beliefs, and purposes.

Beliefs determine one's behaviour. Although there are various ways of doing a certain thing, the individual requires guidelines to help choose the most appropriate method. The method one chooses and consequently, the observed

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21 Frederick Herzberg, Bernard Mausner, Barbara Bloch Snyderman, The Motivation to Work, New York, Wiley, 1959, p. 110.

22 Arthur W. Combs, Op. Cit., p. 5-6.

behaviour, will be a result of the accuracy and understanding of the beliefs acquired during previous experience and training.

Nursing, as one of the helping professions, requires special knowledge and skills in offering service to people. Acquired knowledge, combined with the person's values, beliefs, and purposes, results in a particular behaviour. Behaviour therefore depends on the beliefs, experiences, and guidelines acquired in school. Although each nurse is a unique person, she has been taught to put into effect certain beliefs which are common to her profession.

In this section, it will be proposed that due to role conflict, the needs of the nurse are not being met in the task-oriented hospital.

Much has been written concerning the baccalaureate nurse and job satisfaction or dissatisfaction, disillusionment in nursing, and role conflict[23]. Much of this dilemma is due to the discrepancy between the role of the nurse as outlined

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23 Ronald G. Corwin, Marvin J. Taves, J. Eugene Haas, "Professional Disillusionment", Nursing Research, Vol. 10, Summer 1961, p. 141-144.

Marlene Kramer, "Collegiate Graduate Nurses in Medical Center Hospitals: Mutual Challenge or Duel", Nursing Research, Vol. 18, No. 3, May June 1969, p. 196-210.

--------, "Role Models, Role Conceptions, Role Deprivation", Nursing Research, Vol. 17, No. 2, Mar. Apr. 1968, p. 115-120.

by the university and the role of the nurse as defined by the hospital.

According to recommendations given to the Ontario Region Canadian Conference of University Schools of Nursing, the baccalaureate nurse is a professional person who has had extensive training and is qualified to perform specialized activities with a minimum of supervision.

> Her knowledge and experience fosters critical and creative thinking, enabling her to make independent decisions, to seek assistance as needed, and to make sound judgements regarding nursing care and patient progress.[24]

The baccalaureate nurse is taught to place emphasis on individual patient care. She must make judgements and decisions, solve individual problems, and care for the psychological and physical needs of the patient. She must be prepared to function autonomously. In order to produce satisfactorily, her needs must be met. These include the desire for achievement, for mastery and competence, for confidence, for independence, and for appreciation. The less restrictions there are to being her real self in her role, the better she can communicate empathy.

The hospital, however, defines the nurse as a bureaucratic member who performs specialized but more routine

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24 Ontario Region Canadian Conference of University Schools of Nursing, "Guidelines for Baccalaureate Programmes in Nursing in Ontario", unpublished paper, October 1970, p. 1.

activities under the supervision of officials organized in a hierarchial fashion. This is a source of role conflict as the nursing school and the hospital have very different expectations of the nurse. One who is trained to assume a professional role and who must perform in a bureaucratic role finds herself in a position of conflict. Smith[25] showed that the discrepancy existing in the nurse's role values as seen by head nurses whose values reflect bureaucratic work organization, and nursing educators whose values reflect professional work organization, resulted in conflict for student nurses. In a situation where she would like to satisfy her professional needs, the nurse soon discovers that she must conform to the bureaucratic limitations set for her by the hospital.

The hospital is a bureaucracy which is procedure and task-oriented and is slow in changing established routines. It functions by a hierarchy of roles and expects certain things from each role incumbent. Its aim is to achieve the goals of the hospital. The nurse must perform her nursing role as outlined by the hospital, regardless of her educational background and professional preparation. She must accept the limits set for her by the hospital. Young states that

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25 Kathryn Smith, "Discrepancy in Value Climate of Nursing Students; Comparison of Head Nurses and Nursing Educators", cited by Marlene Kramer, "Role Models, Role Conceptions, Role Deprivation", Nursing Research, Vol. 17, No. 2, Mar. Apr. 1968, p. 115.

> The baccalaureate graduate is employed by hospitals, but few put a value on the degree she has earned if she is employed as a staff nurse. From the beginning of the baccalaureate graduate's employment as a staff nurse, she is given the same orientation, the same assignments, and the same guidance as any other newly employed registered nurse.[26]

The needs which relate to her self-esteem and prestige are not being met when her competence and knowledge are not giv recognition. The hospital's goals are achieved once the nurse fulfills her required tasks.

Reinkemeyer describes university graduate nurses as

> (...) deprived of esteem and acceptance. And, as Vaillot points out in her perceptive analysis of this problem, they become paralyzed. They fail to develop their potentials, conform to existing patterns and levels of performance, or detach themselves from nursing service altogether. (These failures) must have a cause not yet identified (...)[27]

Like many other bureaucratic organizations, the hospital tends to be slow in recognizing and accepting change.

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26 Lucie Stirm Young, "The Baccalaureate Graduate in Nursing Service", in M. Virginia Dryden, Editor, Nursing Trends, Dubuque, Iowa, Brown, 1968, p. 137.

27 Sister Mary Hubert Reinkemeyer, "A Nursing Paradox", Nursing Research, Vol. 17, No. 1, Jan. Feb. 1968, p. 4.

Coulter[28] states that nursing service does not seek a new model but rather wants nurses to fit into the contemporary patterns of nursing.

Young also states that

> The baccalaureate program nurse begins to practice in a hospital bureaucracy in which "the way we've always done it" shuts the door on any other way.[29]

Her creativity being blocked,

> The baccalaureate nurse's most precious commodities - the carefully nurtured skills in interpersonal relationships, problem-solving, and application of scientific principles - may be repressed (...)[30]

Throughout her course at the university, the nursing student models herself on her instructors who teach her the professional concept of the nurse's role, that is, the ideal way of nursing. Upon graduation, the new nurse is ready to practice these ideals. She is employed by the hospital and finds that in this new situation, the ideal role which she was taught to perform is not emphasized as it was in school. In the hospital, completing a routine task by a certain time is emphasized and minor importance is placed on the personal relationship developed with the patient. In school, emphasis

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28 Pearl Parvin Coulter, "Programming for Nursing Service", Nursing Outlook, No. 15, Sept. 1967, p. 33.

29 Lucie Stirm Young, Op. Cit., p. 137.

30 Idem, Ibid., p. 137.

is placed on physical and psychological care. Along with performing the task, the nurse is taught to remember that the patient is a person and should be treated as such and not as just another task to be completed. Once she is employed in the hospital, the nurse's sense of achievement may be lowered by not being able to nurse to her full capacity.

Corwin's[31] study on conflict in nursing roles showed a conflict existing between the professional and bureaucratic concepts of the nursing role. His findings indicated that baccalaureate nurses not only profess higher professional orientation at graduation than diploma nurses, but they also experience role conflict upon employment in a hospital.

Needs are motivators. They are satisfied if the individual's goal has been achieved. Observed behaviour is therefore a result of the individual trying to satisfy a need. Different behavioural outcomes can develop as the nurse tries to satisfy her needs in a position where two conflicting role expectations exist. The role of the baccalaureate nurse must be better defined by the hospital and the nursing school together to insure that her capabilities will be used and her needs will be met.

From the information presented, the Getzels and Guba model of administration can be applied to the hospital to

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31 Ronald G. Corwin, "The Professional Employee: A Study of Conflict in Nursing Roles", Op. Cit., p. 341-356.

predict the behaviour of baccalaureate nurses. The hospital is an organization which functions through predetermined roles. The expected role of the nurse is one which is very routine and task-oriented. The hospital's goal for the nurse is therefore achieved if her technical skills are carried out to the former's satisfaction.

The baccalaureate graduate has been taught not only the technical skills required to nurse but also to think of the cause and result of her present actions. She is taught not only to act but also to analyze her acts and the principles involved so that she may foresee the outcome of her act. She is taught that total patient care involves not only the physiological aspect of care but also the psychosocial aspect of care. Having been taught the ideal role of the nurse and put into a situation where she is recognized more for her technical skills, the nurse's needs may not be met although the hospital's goals may well be achieved. It is therefore hypothesized that due to this role conflict, baccalaureate graduate nurses employed in a task-oriented hospital will exhibit a level of communication of empathic understanding which is less than that of either baccalaureate student nurses or baccalaureate graduate nurses employed in public health.

In summary, it has been shown that the hospital, as a task-oriented bureaucratic organization, perceives the

role as performance of certain routine tasks. However, the nurse has been trained to perceive her role as a helping relationship toward the patient. This conflict of roles may have an effect on behaviour which, for purposes of this study, is in terms of communication of empathy. The result of the ensuing conflict can be predicted as a decrease in the level of communication of empathy.

5. Statement of the Problem and Hypothesis.

In order to verify the prediction made concerning behaviour, the research question revolves around the following: what is the effect on the level of empathic communication of hospital-employed nurses working under one set of institutional role expectations while having been trained to assume a role which was defined as one of a helping relationship?

The three groups of nurses to be compared are:

1. baccalaureate graduates with one and one-half years of experience employed in task-oriented hospitals,
2. baccalaureate graduates with one and one-half years of experience employed in public health agencies, and
3. fourth year baccalaureate student nurses.

It is argued that nurses working under the expectations of the nursing school, which encourages and reinforces ideal nursing care, will have a sense of achievement and feel satisfied with their work. They will therefore have a high level of communication of empathy. Graduates working in public health where they are encouraged to use their skills in human relations and leadership as well as their basic nursing skills, will also exhibit a high level of communication of empathy. Baccalaureate graduate nurses working as staff nurses in a task-oriented hospital setting receive neither recognition for their education nor reinforcement for their work. They are not able to satisfy their professional needs. As a result, they will have a lower level of communication of empathy.

The research hypothesis is:

> baccalaureate student nurses and baccalaureate graduates employed in public health will each exhibit a higher level of communication of empathy than baccalaureate graduate nurses employed in a task-oriented hospital.

CHAPTER II

RESEARCH DESIGN

In the present chapter, the method for the collection of the data is discussed. The chapter begins with a description of the sample. The instrument used to gather the data is presented next. Finally, the procedure used to collect the data and the proposed analysis procedures are described.

1. The Sample.

To test the hypothesis, it was necessary to establish three groups of nurses. Eight Ontario University Schools of Nursing were asked to participate in the study. A list of 1972 graduates from the Basic Baccalaureate programme and the students in the fourth year Basic Degree programme were requested. Of the eight, two schools could not participate in the study.

One hundred and fifty-seven fourth year nursing students from the remaining six schools were asked to take part in the study. Of the 120 graduates of 1972, forty-three were employed in Ontario hospitals and twenty-six were employed in official public health agencies. Of the remaining fifty-one graduates who could not be used in the study, twenty-four were employed in various other fields of nursing, five were employed out of the province, seven were unemployed,

and fifteen were not registered in the province of Ontario.

In all, 157 students, forty-three graduates employed in hospitals, and twenty-six graduates employed in official public health agencies were asked to participate in the study.

2. The Instrument.

The Barrett-Lennard Relationship Inventory, which is found in Appendix 1, was used to obtain a measure of the communication of empathy. This questionnaire was developed by Barrett-Lennard[1] to give measures of the change-producing elements stated by Rogers[2] as being necessary and sufficient for therapeutic personality change. The five variables for which a measure can be obtained are empathic understanding, congruence, level of regard, unconditionality of regard, and willingness to be known. The concepts of empathic understanding and congruence correspond closely to Rogers' definitions. Barrett-Lennard considered level of regard and unconditionality of regard as two separate components of the concept of unconditional positive regard. The variable, willingness to be known, was derived by Barrett-Lennard.

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1 G. T. Barrett-Lennard, "Dimensions of Therapist Response as Causal Factors in Therapeutic Change", Psychological Monographs: General and Applied, Vol. 76-2, No. 43, Whole no. 562, 1962, p. 1-36.

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

Barrett-Lennard's client-therapist investigation showed that the first four variables were useful in denoting desirable therapeutic personality change. The variable, willingness to be known, did not conform to the pattern of the other four variables in the stated hypothesis. Consequently, in future questionnaires, it is to be considered as an aspect of congruence.

Although it is possible to obtain measures of the five variables and a total test score from the instrument, this study, as previously explained, is concerned with the measurement of the communication of empathy. Therefore, in the description of the instrument[3], specific results will be reported for this variable alone.

The item content for the instrument was prepared by staff members and associates of the Chicago Counselling Center, including Carl Rogers[4]. Content validation was obtained by five client-centered counsellors. These judges classified each item as either a positive, a negative, or a neutral indicator of the variable in question. Perfect agreement was achieved among judges on all except four items. Three of these items were eliminated. The item having a neutral rating by one judge was retained. Three additional

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3 G. T. Barrett-Lennard, Op. Cit., p. 6-7.

4 Idem, Ibid., p. 1, 6.

consistently rated items were eliminated due to duplication of content. An item analysis indicated that none of the items contributed in the "wrong" direction to their respective variables in the data from the respondents. In the final set of eighty-five items used in the questionnaire, from sixteen to eighteen of the items represent each of the previously mentioned variables.

The multiple-choice questionnaire allows for three levels of positive response (+1, +2, +3) and three levels of negative response (-1, -2, -3) for each item. The answers obtained indicate how strongly the respondent considers the statement to be correct and whether or not he considers it to be true or false. The responses are identified as such: +1, "I feel it is probably true", or -1, "I feel it is probably untrue"; +2, "I feel it is true", or -2, "I feel it is untrue"; +3, "I strongly feel that it is true", or -3, "I strongly feel that it is untrue".

The method of scoring involves face-value weighting of the numerical answer categories allowing each item response to either add or detract from the variable score. The specific method involves reversing the sign of the response to the theoretically negative items (giving the answers to positive and negative items the same theoretical direction) and then summing the item scores relevant to each variable. A possible scoring range of -3n to +3n is obtained, where n is the number

of items used for the particular variable. A high score indicates a high perception of response for that variable. The empathy variable contains sixteen items. Therefore, the possible range of scores is from -48 to +48.

The corrected split-half reliability coefficient determined by Barrett-Lennard for the empathy variable is .86 for the client (N=42), and .96 for the therapist (N=40). The test-retest correlation obtained when the test was administered to thirty-six college students over a period of four weeks is .89 for the empathy variable[5].

3. Collection of the Data.

In order to obtain a measure of the communication of empathy by nursing students, the questionnaires were sent to the nursing schools with instructions for the professors presiding over the testing. These instructions may be found in Appendix 2. At each school, the testing was carried out in one sitting. The students were informed of the purpose of the study. Those who volunteered to participate were assembled in one room in their respective schools. The forms were distributed. Before starting to answer the questionnaire, the students were asked to follow the instructions on the cover of the form while these instructions were read aloud by the

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

presiding professor. All eighty-five items were included so that the sixteen items pertaining to empathy could not be identified by the respondents. After completion, the questionnaires were placed in an envelope and returned to the author.

The graduate nurses were contacted by mail. They were informed of the purpose of the study, asked to complete the eighty-five items, and return the form. A copy of this letter is found in Appendix 3. In order to have an indication of how these nurses viewed their jobs and nursing, at the end of the questionnaire the graduates were asked 1) to rate their on-the-job "morale", and 2) if they felt disillusioned with nursing because their education was not being utilized to its fullest capacity.

One hundred and six of the 157 forms were completed by the students. The fifty-one students who did not volunteer were either absent from school at the time of the testing or too busy to attend. Of the forty-three graduates employed in hospitals, only twenty-five completed and returned the forms. Twenty-one of the twenty-six graduates employed in official public health agencies completed and returned the forms. An attempt was made to contact the twenty-three graduates who failed to respond. Eleven graduates employed in hospitals and four graduates employed in public health had moved and could not be located. Three graduates employed in hospitals found the form too long and repetitious to complete. Four graduates

employed in hospitals and one graduate employed in public health could not be contacted after three attempts were made to do so by telephone.

4. Proposed Analysis Procedures.

The three levels of the independent variable are 1) the nursing school, 2) the public health agency, and 3) the hospital. The dependent variable is behaviour of the nurse in terms of her level of communication of empathy.

A score on the empathy variable was obtained from each of the three groups: student nurses, hospital-employed nurses, and public health nurses. It was proposed to examine the hypothesis stated in the previous chapter by means of a one way analysis of variance for differences between the predicted group means being tested at the 5% level of significance. It was planned that the Scheffé test would be used to locate these differences. Details of the analysis and the results are reported in Chapter III.

In summary, the purpose of the present chapter was to present the design of the study. The chapter opened with the identification of the sample. A description of the Relationship Inventory was presented next. Following this, the method for the collection of the data was described. The chapter concludes with the proposed analysis procedure. The analysis of the data is discussed fully along with the results in the next chapter.

CHAPTER III

ANALYSIS OF THE DATA

The analysis of the data is presented in this chapter. A one way analysis of variance was used as a means of testing the hypothesis which was restated in the null form. The analysis was done by means of the University of Ottawa APL programme "ANOVA1: One Way Analysis of Variance for Groups of Equal or Unequal Size". Details of the analysis, together with the results, are given in this chapter. The chapter concludes with the results of the post hoc analysis.

1. Testing the Hypothesis.

It was hypothesized that baccalaureate student nurses and baccalaureate graduates employed in public health would each exhibit a higher level of communication of empathy than baccalaureate graduate nurses employed in a task-oriented hospital. In order to test this hypothesis, three groups of nurses were compared: student nurses, public health nurses, and nurses employed in hospitals.

The means and standard deviations for the scores obtained from these three groups on the empathy variable of the Relationship Inventory are presented in Table I. It can be seen from the table that differences did exist in the level of communication of empathy for the three groups of nurses.

However, the direction of the scores was not as predicted. A one way analysis of variance was used to determine whether these differences were significant. The three groups were found to be significantly separated at the 5% level, the F ratio being 3.66, with 2 and 149 degrees of freedom. The results of the analysis of variance associated with the hypothesis are given in Table II.

2. Post Hoc Investigation.

As a follow up to the analysis of variance, the Scheffé test was used to determine where significant differences existed. Significant differences were found between the hospital-employed nurses and the public health nurses. No significant differences were found between the hospital-employed nurses and the student nurses or between the public health nurses and the student nurses. The results of these tests are shown in Table III.

3. Summary of the Results.

Three groups of baccalaureate nurses were compared to see if differences existed in their level of communication of empathy. The three groups included: student nurses, public health nurses, and nurses employed in hospitals.

The results indicated that:

1. baccalaureate graduate nurses employed in the

task-oriented hospitals exhibited the highest level of communication of empathy,

2. baccalaureate graduate nurses employed in public health agencies exhibited the lowest level of communication of empathy, and
3. baccalaureate student nurses exhibited an intermediate level of communication of empathy.

A discussion of these results will be presented in the next chapter.

Table I.

Means and Standard Deviations of Scores on the Empathy Variable of the Relationship Inventory for Three Groups of Nurses.

sample of nurses	number	mean	standard deviation
hospital-employed	25	14.76	8.18
public health	21	8.14	9.60
student	106	11.17	8.00

Table II.

Analysis of Variance for Testing the Level of Communication of Empathy Among Student Nurses, Public Health Nurses, and Hospital-Employed Nurses.

source of variation	degrees of freedom	sums of squares	mean squares	F ratio
between groups	2	510.14	255.07	3.66*
within groups	149	10398.07	69.79	

* significant at the 5% level, $_{.95}F_{2,120} = 3.07$.

Table III.

Scheffé Test of Significant Differences in the Level of Communication of Empathy Among Three Groups of Nurses.

contrast[a]	F ratio	critical F value
$mean_1$ - $mean_2$	2.68*	2.48
$mean_1$ - $mean_3$	1.93	2.48
$mean_2$ - $mean_3$	1.52	2.48

* significant at the 5% level.

a $mean_1$ represents the mean score of hospital-employed nurses.
$mean_2$ represents the mean score of public health nurses.
$mean_3$ represents the mean score of student nurses.

CHAPTER IV

DISCUSSION OF THE RESULTS

The present study was undertaken to investigate the following: whether baccalaureate student nurses, baccalaureate graduate nurses employed in public health, and baccalaureate graduate nurses employed in the hospital differed in their level of communication of empathy.

The theory which was used was presented in the first section of the report. The following chapters described the sample, the procedure of obtaining data, and the statistical analysis of the data. The purpose of this chapter is to examine the results and relate them to the theory under investigation.

1. Discussion of the Results of Testing the Hypothesis.

In the null form, the hypothesis stated that no significant differences existed among the level of communication of empathy exhibited by baccalaureate student nurses, baccalaureate graduate nurses employed in task-oriented hospitals, and baccalaureate graduate nurses employed in public health. The rationale underlying the hypothesis was that in an institution, if role conflict did or did not exist, it would be reflected in the nurse's level of communication of empathy.

If the condition described in the preceding paragraph actually occured, then baccalaureate nurses working where role conflict did not appear to exist would exhibit a high level of communication of empathy. Baccalaureate nurses working where role conflict did appear to exist would exhibit a low level of communication of empathy.

The test of the hypothesis revealed that significant differences did exist among the level of communication of empathy for the three groups of nurses. Contrary to the prediction, the hospital-employed nurses achieved the highest scores, the public health nurses achieved the lowest scores, and the student nurses achieved the intermediate scores. An explanation of these results is suggested below.

The subjects participating in the study were not randomly selected but were selected according to the institution under which they worked. The high scores received by those employed in the hospital may be due to the process of "self-selection". The author had assumed that the three groups of nurses possessed the same professional needs. This, in fact, may not have been so. As students, the nurses may have had different levels of motivation. For example, those who were more leadership-oriented may have chosen to work in public health while those who were more empathic may have chosen to work in the hospital. Consequently, the nurses who chose to work in hospitals had the highest scores while those

who chose to work in public health had the lowest scores.

The largest loss in response existed for the hospital-employed group of nurses. Because of this, it may be that those who chose to respond were more empathic than those who did not respond. Thus, it would seem that the hospital-employed nurses were more empathic when in fact, this may not have been so.

Another reason why the scores resulted as they did may be due to the method of communication available to the nurse. In the hospital, nurses communicate on a one-to-one basis with the patient. This may not always be oral communication but, in various ways, she has contact with the patient. In the public health unit, the nurse communicates more on a one-to-family or one-to-group basis. She is concerned with everyone in the home, in the school, and in the clinic. Because of this, it is suggested that the hospital-employed nurses may have a better chance to communicate empathy than the public health nurses. Thus, due to this advantage, the hospital-employed nurses would obtain higher scores on the empathy variable than the public health nurses.

Three hospital-employed nurses commented that their on-the-job "morale" was affected positively by their patients and some of their co-workers but negatively by the hospital's organization. Therefore, morale would seem to differ depending on whether it was rated in terms of patients and co-work-

ers or in terms of the organization.

From the results of the hospital-employed nurses' ratings on morale and disillusionment presented in Table IV, it would seem that although role conflict appears to exist in hospitals, half of the nurses did not become disillusioned by it and over four-fifths maintained an average to high morale. These results along with the comment stated in the previous paragraph show that it is possible that the conflict which seems to exist in the organization did not affect the attitude or relationship toward the patient. The results of the ratings for public health nurses are presented in Table V.

With reference to Getzels' theory that role conflict can affect behaviour, no support was provided by the present study. Within the limits of the study, the presence or lack of role conflict and communication of empathy appear to be relatively independent. When one looks at the level of communication of empathy as exhibited by hospital-employed nurses, the role conflict which appears to exist does not seem to adversely affect the level of communication of empathy.

Conclusions which may be drawn from the findings will be presented in the next chapter.

Table IV.

Rating of On-the-Job Morale and Disillusionment in Nursing for Hospital-Employed Baccalaureate Nurses.

	below average or low morale	average morale	above average or high morale	total
disillusioned	3	6	4	13
not disillusioned	1	2[a]	9[b]	12
total	4	8	13	25

a 1 nurse is involved on a ward where team nursing is practiced, that is, basic nursing skills and leadership skills are utilized.

b 5 nurses are involved on a ward where team nursing is practiced.

Table V.

Rating of On-the-Job Morale and Disillusionment in Nursing for Baccalaureate Nurses Employed in Public Health.

	below average or low morale	average morale	above average or high morale	total
disillusioned	1	1	0	2
not disillusioned	0	7	12	19
total	1	8	12	21

SUMMARY AND CONCLUSIONS

The purpose of this study was to use the Getzels and Guba theory of administration as a social process to predict the effect of role conflict on behaviour. According to Getzels and Guba, the organization is a social system which functions through the interaction of two independent dimensions, the nomothetic or organizational dimension and the ideographic or personal dimension. The interaction of these two dimensions results in observed behaviour. Conflict occuring within one dimension or between the two dimensions can affect behaviour. On the basis of the rationale presented in the previous chapters, this project was an attempt to predict whether role conflict affects behaviour in terms of the level of communication of empathy.

The level of communication of empathy was measured by the Barrett-Lennard Relationship Inventory. The questionnaire was administered to three groups of baccalaureate nurses: student nurses, public health nurses, and hospital-employed nurses.

It was hypothesized that baccalaureate student nurses and baccalaureate graduate nurses employed in public health would each exhibit a higher level of communication of empathy than baccalaureate graduate nurses employed in the hospital.

The following conclusions were derived from testing the hypothesis:

1. baccalaureate graduates employed in the hospital exhibited the highest level of communication of empathy,
2. baccalaureate graduates employed in public health exhibited the lowest level of communication of empathy, and
3. baccalaureate student nurses exhibited an intermediate level of communication of empathy.

Bearing in mind the specific conditions of the investigation, the conclusion is that the presence or lack of role conflict is not related to the level of communication of empathy exhibited by nurses. With respect to the hospital-employed nurses, it would appear that the role conflict which seems to exist is not reflected in an adverse way in behaviour, specifically, the communication of empathy.

The conclusions listed above indicate that a specific hypothesis developed for this investigation has been tested and that a small amount of knowledge has been added to one's awareness of the association between role conflict and the communication of empathy. However, it must be remembered that these findings are valid only within the specific conditions of this study. These limitations show that a need exists for replicative research under a variety of situations.

In replicative studies, it is suggested that samples of nurses include baccalaureate nurses and diploma nurses.

If possible, student nurses should be followed up and retested at a certain time after graduation. First year student nurses should also be compared to students in their graduating year.

Because needs may vary, it is suggested that a personality test be given to the subjects participating in the study. This may be useful in suggesting changes in personality between students and graduates or between graduates in different places of employment. It is also suggested that the students in their graduating year be given the personality test and be followed up in the next year to see where they chose to be employed.

If these suggestions are carried out in further research studies, more support will be given to theory-building and theory-oriented research. Moreover, administrators will be less apprehensive about using sound theory than relying on tradition which may stifle professional growth.

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This paper deals with role conflict and the disillusionment encountered by neophyte graduate nurses employed in the hospital.

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

Describes in detail the conditions necessary for constructive personality change and explains the process of change which occurs in the client as a result of his perception of the helping relationship qualities.

APPENDIX 1

THE RELATIONSHIP INVENTORY

APPENDIX 1

RELATIONSHIP INVENTORY

Please be assured that all responses will be kept strictly confidential. The data will be used for research purposes alone. Please respond independently and as frankly as possible.

Name _____

Student Nurse _____

Graduate Nurse _____

Field of work: _____ hospital
_____ public health
_____ education
_____ if other, please specify.....
.....
.....
_____ if unemployed, reason.....
.....
.....

DIRECTIONS:

Following are a number of ways that a person may feel or behave toward another person. Please consider each statement in terms of your relationship as a nurse with your patient. Mark each statement in the left margin according to how strongly you feel that it is true, or not true, in your relationship with your patient. Please respond to every item.

+ 3: I strongly feel that it is true.	- 3: I strongly feel that it is not true.
+ 2: I feel it is true.	- 2: I feel it is not true.
+ 1: I feel that it is probably true, or more true than untrue.	- 1: I feel that it is probably untrue, or more untrue than true.

___ 1. I respect him.

___ 2. I try to see things through his eyes.

___ 3. I pretend that I like him or understand him more than I really do.

___ 4. My interest in him depends partly on what he is talking to me about.

___ 5. I am willing to tell him my own thoughts and feelings when I am sure that he really wants to know them.

___ 6. I disapprove of him.

___ 7. I understand his words but not the way he feels.

___ 8. What I say to him never conflicts with what I think or feel.

___ 9. I always respond to him with warmth and interest - or always with coldness and disinterest.

___ 10. I tell him my opinions or feelings more than he really wants to know them.

___ 11. I am curious about "the way he ticks", but not really interested in him as a person.

___ 12. I am interested in knowing what his experiences mean to him.

___ 13. I am disturbed whenever he talks about or asks about certain things.

___ 14. My feeling toward him does not depend on how he is feeling towards me.

___ 15. I prefer to talk only about him and not at all about me.

___ 16. I like seeing him.

___ 17. I nearly always know exactly what he means.

___ 18. He feels that I have unspoken feelings or concerns that are getting in the way of our relationship.

___ 19. My attitude toward him depends partly on how he is feeling about himself.

___ 20. I will freely tell him my own thoughts and feelings, when he wants to know them.

___ 21. I am indifferent to him.

___ 22. At times I jump to the conclusion that he feels more strongly or more concerned about something than he actually does.

___ 23. I behave just the way that I am, in our relationship.

___ 24. Sometimes I respond to him in a more positive and friendly way than I do at other times.

___ 25. I say more about myself than he is really interested to hear.

___ 26. I appreciate him.

___ 27. Sometimes I think that he feels a certain way, because I feel that way.

___ 28. He does not think that I hide anything from myself that I feel with him.

___ 29. I like him in some ways, dislike him in others.

___ 30. I adopt a professional role that makes it hard for him to know what I am like as a person.

___ 31. I am friendly and warm toward him.

___ 32. I understand him.

___ 33. If he feels negatively toward me I respond negatively to him.

___ 34. I tell him what I think about him, whether he wants to know it or not.

___ 35. I care about him.

___ 36. My own attitudes toward some of the things he says, or does, stops me from really understanding him.

___ 37. I do not avoid anything that is important for our relationship.

___ 38. Whether he is expressing "good" feelings or "bad" ones seems to make no difference to how positively - or how negatively - I feel toward him.

___ 39. I am uncomfortable when he asks me something about myself.

___ 40. I feel that he is dull and uninteresting.

___ 41. I understand what he says, from a detached, objective point of view.

___ 42. He feels that he can trust me to be honest with him.

___ 43. Sometimes I am warmly responsive to him, at other times cold or disapproving.

___ 44. I express ideas or feelings of my own that he is not really interested in.

___ 45. I am interested in him.

___ 46. I appreciate what his experiences feel like to <u>him</u>.

___ 47. I am secure and comfortable in our relationship.

___ 48. Depending on my mood, I sometimes respond to him with quite a lot more warmth and interest than I do at other times.

___ 49. I want to say as little as possible about my own thoughts and feelings.

___ 50. I just tolerate him.

___ 51. I am playing a role with him.

___ 52. I am equally appreciative - or equally unappreciative - of him, whatever he is telling me about himself.

___ 53. My own feelings and thoughts are always available to him, but never imposed on him.

___ 54. I do not really care what happens to him.

___ 55. I do not realize how strongly he feels about some of the things we discuss.

___ 56. There are times when he feels that my outward response is quite different from my inner reaction to him.

___ 57. My general feeling toward him varies considerably.

___ 58. I am willing for him to use our time to get to know me better, if or when he wants to.

___ 59. I seem to really value him.

___ 60. I respond to him mechanically.

___ 61. He doesn't think that I am being honest with myself about the way I feel toward him.

___ 62. Whether he likes or dislikes himself makes no difference to the way I feel about him.

___ 63. I am more interested in expressing and communicating myself than in knowing and understanding him.

___ 64. I dislike him.

___ 65. He feels that I am being genuine with him.

___ 66. Sometimes I respond quite positively to him, at other times I seem indifferent.

___ 67. I am unwilling to tell him how I feel about him.

___ 68. I am impatient with him.

___ 69. Sometimes I am not at all comfortable but we go on, outwardly ignoring it.

___ 70. I like him better when he behaves in some ways than I do when he behaves in other ways.

___ 71. I am willing to tell him my actual response to anything he says or does.

___ 72. I feel deep affection for him.

___ 73. I usually understand <u>all</u> of what he says to me.

___ 74. I do not try to mislead him about my own thoughts or feelings.

___ 75. Whether he feels fine or feels awful makes no difference to how warmly and appreciatively - <u>or</u> how coldly and unappreciatively - I feel toward him.

___ 76. I tend to evade any attempt that he makes to get to know me better.

___ 77. I regard him as a disagreeable person.

___ 78. What I say gives a false impression of my total reaction to him.

___ 79. He can be very critical of me or very appreciative of me without it changing my feelings toward him.

___ 80. At times I feel contempt for him.

___ 81. When he does not say what he means at all clearly I still understand him.

___ 82. I try to avoid telling him anything that might upset him.

___ 83. My general feeling toward him (eg. liking, respect, dislike, trust, criticism, anger, etc.) reflects the way that he is feeling toward me.

___ 84. I try to understand him from my own point of view.

___ 85. I can be deeply and fully aware of his most painful feelings without being distressed or burdened by them myself.

THE FOLLOWING QUESTIONS APPLY TO <u>GRADUATE NURSES</u> ONLY.

A. As best you can, rate your on-the-job "morale" on the following scale:

High____ Above average ____ Average____ Below average ____ Low____

B. Do you feel disillusioned with nursing because your education is not being used to its fullest capacity (eg. nursing skills, skills in leadership, independence, and decision-making are not being utilized)?

Yes____ No____ Comments may be added on back of the form.

APPENDIX 2

LETTER OF INSTRUCTIONS ACCOMPANYING THE RELATIONSHIP INVENTORY SENT TO THE NURSING SCHOOLS

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LETTER OF INSTRUCTIONS ACCOMPANYING THE RELATIONSHIP INVENTORY SENT TO THE NURSING SCHOOLS

Measurement & Experimentation,
Faculty of Education,
Graduate Studies,
University of Ottawa,
Ottawa, K1N 6N5,
February 28, 1974.

The Dean,
Faculty of Nursing,
University of

Dear

Enclosed are the copies of the Relationship Inventory which are to be completed by the fourth year Basic Baccalaureate students who have been informed of the study and who have volunteered to participate. In order to encourage independent responses, I would ask you to assemble the participants in a room designated for the completion of the questionnaire at a specific time which is convenient to those concerned. After the forms have been distributed, I would like the students to follow the instructions on the cover of the form while these are read aloud by the presiding professor. It is important that every statement is answered. After completion, please place the forms in an envelope and return them to me.

Thank you for your time and help.

Sincerely,

(Miss) Nancy Buckley

APPENDIX 3

COVER LETTER ACCOMPANYING THE RELATIONSHIP INVENTORY SENT TO THE GRADUATE NURSES

APPENDIX 3

COVER LETTER ACCOMPANYING THE RELATIONSHIP INVENTORY SENT TO THE GRADUATE NURSES

Measurement & Experimentation,
Faculty of Education,
Graduate Studies,
University of Ottawa,
Ottawa, K1N 6N5,
March 11, 1974.

1972 Graduates,
Basic Baccalaureate Programme,
Ontario University Schools of Nursing,

Dear Graduate,

I am a 1971 graduate of the Basic Baccalaureate Programme of the University of Ottawa School of Nursing. Presently, I am working on a Master's degree in Education at the University of Ottawa. During my experience as a staff nurse, from discussion and observation, and from research already done, it is quite obvious that role conflict and disillusionment in nursing exists in hospital-employed baccalaureate nurses. I feel that this role conflict has an effect on the level of communication of empathy exhibited by nurses. For this reason, I have chosen to investigate this problem for my Master's thesis.

In order to get a measure of communication of empathy, I am sending the enclosed Relationship Inventory to three groups of nurses: student nurses, graduates employed in hospitals, and graduates employed in public health. This will enable me to compare the results obtained by the three groups and to determine if there is a difference in the level of communication of empathy.

I would like you to help me obtain my data by filling out this inventory as soon as possible and returning it in the accompanying envelope. It is important that you put your name on the form so that I may have a record of those who have returned the form and I may contact those who have not returned it. Please be assured that any information on this form is confidential and will be used for research alone.

I do hope that you will participate in the present study as it is designed to help you, the baccalaureate nurse, and your employing agency, to provide better nursing care through a better understanding of the nurse's needs. I would

appreciate having the completed forms returned by March 29, 1974.

Thank you for your time and cooperation.

Sincerely,

(Miss) Nancy Buckley, R.N., B.Sc.N.

APPENDIX 4

RAW SCORES ON THE EMPATHY VARIABLE OF THE RELATIONSHIP INVENTORY FOR THREE GROUPS OF NURSES

RAW SCORES ON THE EMPATHY VARIABLE OF THE RELATIONSHIP INVENTORY FOR THREE GROUPS OF NURSES.

hospital-employed				public health			
n	score	morale	disillusioned	n	score	morale	disillusioned
1	14	average	yes	1	11	above average	no
2	15	high	no	2	17	average	no
3	9	above average	no*	3	7	above average	no
4	12	above average	yes	4	8	above average	no
5	25	above average	no	5	20	average	no
6	17	average	yes	6	9	above average	no
7	21	average	no*	7	8	average	no
8	8	average	yes	8	0	average	no
9	16	average	yes	9	9	above average	no
10	20	below average	yes	10	-3	above average	no
11	3	above average	no*	11	22	above average	no
12	18	above average	no*	12	16	high	no
13	15	above average	no	13	17	average	no
14	21	high	yes	14	22	average	yes
15	5	above average	yes	15	-19	above average	no
16	25	above average	no	16	-2	high	no
17	12	average	no	17	15	average	no
18	5	below average	no	18	6	above average	no
19	9	above average	no*	19	5	below average	yes
20	1	average	yes	20	1	above average	no
21	16	below average	yes	21	2	average	no
22	35	low	yes				
23	22	above average	yes				
24	23	high	no*				
25	2	average	yes				

* team nursing is practiced on these wards.

RAW SCORES ON THE EMPATHY VARIABLE OF THE RELATIONSHIP INVENTORY FOR THREE GROUPS OF NURSES (continued).

student							
n	score	n	score	n	score	n	score
1	13	28	5	55	24	82	4
2	8	29	4	56	12	83	5
3	10	30	28	57	15	84	3
4	14	31	27	58	25	85	11
5	13	32	13	59	5	86	13
6	33	33	12	60	1	87	15
7	19	34	10	61	14	88	7
8	34	35	15	62	16	89	14
9	12	36	6	63	13	90	7
10	22	37	3	64	10	91	13
11	3	38	5	65	3	92	6
12	17	39	18	66	5	93	2
13	24	40	9	67	7	94	20
14	6	41	8	68	2	95	2
15	16	42	6	69	11	96	8
16	8	43	1	70	23	97	9
17	18	44	14	71	14	98	0
18	15	45	7	72	11	99	5
19	10	46	18	73	8	100	-9
20	7	47	-1	74	12	101	3
21	0	48	7	75	10	102	5
22	12	49	17	76	8	103	5
23	29	50	30	77	12	104	18
24	1	51	26	78	12	105	11
25	11	52	17	79	5	106	21
26	9	53	-9	80	8		
27	10	54	17	81	13		

APPENDIX 5

ABSTRACT OF

The Effect of Role Conflict on the Level of Communication of Empathy in Baccalaureate Nurses

APPENDIX 5

ABSTRACT OF

The Effect of Role Conflict on the Level of Communication of Empathy in Baccalaureate Nurses[1]

In this study, the Getzels and Guba theory of administration as a social process was used to predict the effect of role conflict on behaviour. The institutional dimension was represented by the role expectations of three groups: 1) the hospital, 2) the public health agency, and 3) the nursing school. The ideographic dimension was represented by the professional needs of the baccalaureate nurse. Behaviour was examined in terms of the nurse's level of communication of empathy to the patient.

The specific hypothesis was:

> baccalaureate student nurses and baccalaureate graduates employed in public health would each exhibit a higher level of communication of empathy than baccalaureate graduate nurses employed in a task-oriented hospital.

The sample was chosen from six Ontario University Schools of Nursing. Included in the three groups of nurses

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1 Nancy C. Y. Wong Buckley, master's thesis presented to the Faculty of Education of the University of Ottawa, Ontario, July 1974, vii-71 p.

were fourth year nursing students of the basic baccalaureate programme, 1972 basic baccalaureate graduates presently employed in official public health agencies, and 1972 basic baccalaureate graduates presently employed in hospitals.

The Barrett-Lennard Relationship Inventory was used to obtain a measure of the nurse's level of communication of empathy to the patient.

Differences did exist in the level of communication of empathy for the three groups of nurses. However, the direction of the scores was not as predicted. The hospital-employed nurses achieved the highest scores, the public health nurses achieved the lowest scores, and the student nurses achieved the intermediate scores. A one way analysis of variance found the three groups to be significantly different at the 5% level. As a follow up to the analysis of variance, the Scheffé test was used to determine where significant differences existed. Significant differences were found between the hospital-employed nurses and the public health nurses. No significant differences were found between the hospital-employed nurses and the student nurses or between the public health nurses and the student nurses.

The following conclusions were drawn from the results:

1. baccalaureate graduates employed in the hospital exhibited the highest level of communication of empathy,

2. baccalaureate graduates employed in public health exhibited the lowest level of communication of empathy, and
3. baccalaureate student nurses exhibited an intermediate level of communication of empathy.

An explanation of why the results were not consistent with the hypothesis is given below:

1. Self-selection.- The subjects were not randomly selected but were selected according to the institution under which they worked. Also, the professional needs of the nurse were assumed to be constant. This may not have been so. As students, the nurses may have had different levels of motivation. It may be that those who chose to work in public health were more leadership-oriented while those who chose to work in the hospital were more empathic.
2. Mortality.- The largest loss in response existed for the hospital-employed nurses. Because of this, it may be that those who chose to respond were more empathic than those who did not respond.
3. Communication.- Hospital-employed nurses communicate on a one-to-one basis with the patient while public health nurses communicate more on a one-to-family or one-to-group basis. Thus, hospital-employed nurses appear to have a better chance of communicating empathy than

public health nurses.

Suggestions for further research included:

1. replicative studies,
2. use of baccalaureate nurses and diploma nurses in the sample,
3. follow-up and retesting of the fourth year nursing students at a certain time after graduation,
4. comparison of first and fourth year nursing students,
5. administration to the sample of a test which identifies personality traits, and
6. comparison of the personality traits with the type of employment chosen by the nurses.