Self-Actualization and Well-Being of Baccalaureate Degree Nurses

Butkovich
SELF-ACTUALIZATION AND WELL-BEING
OF BACCALAUREATE DEGREE NURSES

by

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A study of self-actualization and well-being was carried out using a sample of 80 baccalaureate degree nurses working in two medium size city hospitals. Shostrom's Personal Orientation Inventory was used to measure self-actualizing levels. Campbell, Converse and Rodgers' Quality of Life Questionnaire was used to assess global well-being and well-being within different life domains, specifically job satisfaction. The nurses in this study were generally found, using a t-test analysis, to have significantly higher levels of self-actualization, higher over all well-being scores but lower job satisfaction scores than the normative populations. A significant positive correlation between self-actualization levels and global well-being scores was not evidenced. Further more, a chi-square analysis failed to show a significant relationship between job satisfaction and years spent in nursing or position held in the hospital. The findings provide additional insight into the nursing culture and suggest the need for more changes in hospital work conditions and less stress on conformity behavior from baccalaureate degree nurses in promoting their positive mental health and well-being.
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CHAPTER I
INTRODUCTION

The practice of nursing has been defined in part as the caring of and for human beings in their totality so that their health, welfare and potential is promoted (Silva, 1983). Nursing is a profession whose primary goal has been, and continues to be, the benefit of others. Consequently, much has been written concerning the education and training that best meets this goal. One school of thought stresses a service orientation based predominantly on the learning of tasks and following of physicians' orders. Another school of thought, the one accepted in this paper, focuses on the development of the nurse's personality and value system, as the best preparation for assisting patients in their recovery and personal growth.

These values which emphasize self-fulfillment and growth are based on humanistic theory, specifically the concept of self-actualization. Research has attempted to identify those environments which foster these values. Nursing research claims that the university setting promotes self-actualization to a greater degree than other training environments. While the promotion of self-actualizing values is often believed to be in the best interest of nursing practice, strong evidence shows that nurses emerging from college programs experience more job conflicts than nurses coming from other training programs. Baccalaureate degree nurses demonstrate a value system that often conflicts with the values promoted in hospital institutions.

Much has been written in the past few years on ways to assist the new nurse in adjusting to the work environment. Yet the conflict
continues to exist, many nurses are dissatisfied with work conditions and many hospitals are unsatisfied with nurses who fail to conform. A good number of nurses end up leaving the profession and more often than not the collegiate education and its subsequent value system are blamed. Consequently, nurse educators have been reassessing whether or not their collegiate programs are in the best interest of the nurse who must often work in unsupportive settings.

What are the benefits of self-actualizing values if they appear to foster conflict and discontent? No research to date has attempted to examine the positive impact of this value system on the nurses' overall experience of well-being. For the purpose of this paper well-being refers to a person's own evaluation of the quality of his/her life experience. Many researchers believe that values play a large role in a person's sense of well-being. A nurse experiencing job conflicts may in contrast, be very happy and satisfied in other areas of her life, and with life in general.

It is the intent of this paper to examine a group of baccalaureate degree nurses in terms of self-actualizing values and the experience of well-being. Implications might hopefully be of use to nurse educators and clinicians in helping these women reach their potential as caregivers and growing persons.

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1 Although males do enter nursing, the vast majority are still females. Thus the pronoun she or her will be utilized.
CHAPTER II

REVIEW OF THE LITERATURE

Self-actualization Theory

Forty-two years ago, Edward C. Tolman (1941) in his now famous presidential address to the American Psychological Association, predicted that American society would cease to be dominated by the concept of "economic man," the belief that economic satisfactions are the only ones that are important for human welfare and happiness. This concept would be replaced by the concept of "psychological man," who would be motivated by not only material needs but also by the need for social prestige, group identification, sense of achievement, and other psychological satisfactions, resembling what Abraham Maslow later called the "higher needs." Tolman was proposing the development of psychological values, primarily associated with people's perceptions of their social relationships and of themselves.

During the 1950's Abraham Maslow proposed in his well-known books, that human needs arrange themselves in a hierarchy, that people must first fulfill their "basic needs" for food and shelter, as these needs are met people are then motivated by the "higher needs" for social support, belongingness, love, self-esteem, respect and finally self-fulfillment or self-actualization (Maslow, 1968). It is the concept of self-actualization that will be the focus of this paper.

Self-actualization is rooted in growth-oriented, humanistic theory. While self-actualization theories have been introduced by Karen Horney, Erich Fromm, Carl Rogers, Abraham Maslow and others, Maslow's
definitions will be used for purposes of this study. Maslow (1968) states:

healthy people have sufficiently gratified their basic needs for safety, belongingness, love, respect and self-esteem so that they are motivated primarily by trends to self-actualization (defined as ongoing actualization of potentials, capacities and talents, as fulfillment of mission or call, fate, destiny, or vocation, as a fuller knowledge of, and acceptance of, the person's own intrinsic nature, as an unceasing trend toward unity, integration or synergy within the person). (p. 25)

Several clinically observed characteristics of self-actualization include: a superior perception of reality; increased acceptance of self, of others and of nature; increased spontaneity; increase in problem-centering; increased detachment and desire for privacy; increased autonomy, and resistance to enculturation; greater freshness of appreciation and richness of emotional reaction; higher frequency of peak experiences; increased identification with the human species; changed (improved) interpersonal relations; more democratic character structure; greatly increased creativeness and changes in the value system (Maslow, 1968).

Growth is seen as the various processes which bring the person toward ultimate self-actualization (Maslow, 1968; Shostrom, 1976; Knapp, 1976). It is not an end point in itself but an active process of being and becoming. There is a tendency toward growth; it is human nature. According to Maslow (1968), "There is a pressure toward unity of personality, toward spontaneous expressiveness, toward full individuality and identity, toward seeing the truth, toward being creative, toward being good, toward fuller and fuller being" (p. 155).

Research regarding self-actualization theory has been done across
several populations. Of particular interest to this paper are those studies involving nurses, student nurses and college students and women in general. The instrument most frequently used in research of this nature is the Personal Orientation Inventory (POI).

Women and men do not differ significantly on the POI self-actualization scales (Fox, Knapp & Michael, 1968; Shostrom, 1974; Hattie, 1979). Some studies did find that females scored higher than men on certain scales (Foulds and Warehime, 1971; Noll and Watkins, 1974; Wise and Davis, 1975; Otten, 1977). While these studies found significant differences between sexes, according to Shostrom (1974) and Hattie (1979) the magnitude of these differences is of little practical significance for individual interpretation. Hattie (1979) found when combining data from these studies and others (N=4589) that consistent significant differences across samples between male and female scores did not exist. He also noted that interaction effects were not investigated in the studies claiming differences between sexes on the POI.

Sex-linked differences may not exist but studies show that attitudes toward women do have a relationship to self-actualization. Hjelle and Butterfield (1974) compared two groups of college women in an introductory psychology course. The group displaying more liberal attitudes toward women's role in society scored significantly higher on ten of the twelve POI scales than those expressing more tradition-bound attitudes. In a related study by Doyle (1975) self-actualization scores were correlated with a feminist-antifeminist attitude scale. The hypothesis stated that men and women in the process of self-actualization would be more apt to express attitudes of a profeminist,
nontraditional, and egalitarian nature toward women and their social roles. Results indicated that profeminist attitudes were positively and significantly related to actualizing. This is consistent with Maslow's (1970) contention that relationships with women for self-actualizing males would be different from those of non-self-actualizing males in that the actualizing males would, "be more easy and free and familiar and impolite in the traditional sense" (p. 196).

Of particular interest to this paper are the studies concerned with self-actualizing theory as it relates to education. Damm (1970) found a significant correlation between the POI and measures of the ability to think creatively. He also found that students who obtained high scores on both intelligence and creativity were more self-actualizing than those who had received a high score only on intelligence or only on creativity. He concluded that in order to promote self-fulfillment of students, curriculums should encourage development of both intellectual and creative abilities. Teacher characteristics appear to affect self-actualization levels also, Rosendahl (1973) found a moderate relationship between inner-directed support on the POI for collegiate nursing students, and empathy, non-possessive warmth, and genuineness of the instructor, as judged by these students.

Maslow (1971) has stated, "that the chief goals of the ideal college would be the discovery of identity, and with it, the discovery of vocation" (p. 183). He noted that young adults do not tend to reach such high levels of actualization as may be found among older persons. Nevertheless college years are a time for significant growth in self-actualizing values (Maslow, 1970; Shostrom 1976).
Thus growth during late adolescence and early adulthood does not appear to be simply maturational. All people are capable of self-actualization according to Maslow and other humanists such as Goldstein, Buhler, Jung, Horney, Fromm, and Rogers. While the tendency toward growth is considered innate, the role of the environment is crucial in so far as it nurtures the potential which already exists. The needs for safety belongingness, love and esteem are satisfied only by other people. The environment facilitates growth away from deficiency and toward self-actualization (Maslow, 1968, 1970). Thus for the college student self-actualization will be facilitated if the goals of the curriculum encourage and support the natural strivings of each student toward her highest potential level of uniqueness, autonomy and self-fulfillment (Maslow, 1968; Knapp, 1976).

There is some evidence that baccalaureate degree nursing programs facilitate the development of self-actualizing values in student nurses. A study done by Gunter (1969) showed that sophomore nursing students from a collegiate program scored significantly higher in the area of self-actualizing values than a group of female freshmen college students whose scores are used as normative data for the POI. Nursing students in collegiate programs scored significantly higher than nursing students in other programs in self-actualization as measured by the POI (Goldstein, 1980). Goldstein (1980) showed this by comparing 204 baccalaureate students from five different schools with 159 associate degree (2 year programs) students, and found the differences highly significant. Murray and Morris (1982) showed similar results with students from three separate programs, diploma (3-year hospital based), associate degree (2 year-community college) and baccalaureate. The
collegiate nurses again came out significantly higher in self-actualization. It appears as though the baccalaureate environment is in the vanguard as a liberating force, enhancing development of the individual's potential.

An important question for this paper involves how these graduate nurses measure in self-actualization once they have entered the work field. Kramer, McDonnell and Reed (1972) administered the POI to 195 baccalaureate degree nurses from several medical center hospitals. The group scores and profile fell slightly above the mean standard score line based on the normal adult sample established by Shostrom. They concluded from their study that baccalaureate nursing education, and perhaps nursing practice, have a positive effect on the development of self-actualization.

Highly self-actualized people are more resistant to conformity and enculturation (Maslow, 1970.) Crosson and Schwendiman (1972) found a significant negative correlation between POI Inner-Directed scale scores and a conformity behavioral score for an experimental group. In a related study Hekmat and Theiss (1971) examined this theoretical stance through a social-conditioning technique. The POI was administered to sixty subjects for the purpose of forming high and low self-actualized groups and a control group. Conditioning consisted of reflective statements by the experimenter to self-disclosure comments made by the subject. Prior to conditioning, the high-self-actualizing individuals displayed a significantly higher rate of self-disclosures than did the lower self-actualizing groups. However, during conditioning the high self-actualizing individuals displayed a significantly lower degree of responsiveness to social
reinforcement when compared to the lower self-actualizers. They hypothesized that this might occur because the source of effective reinforcement for one's values and behaviors moves from an external to an internal source (Heckmat and Theiss, 1971).

This concept of internal source of reinforcement is consistent with self-actualization theory. According to Maslow (1968) the determinants which govern self-actualizers are primarily inner ones rather than environmental. These individuals perceive themselves as having personal control over their reinforcements as a consequence of their behavior (Knapp, 1976). The self-actualized person is inner-directed, guided by "core motivations" rather than by external influences (Shostrom, 1976). According to Maslow (1970) he/she is also flexible and has a rhythmic, spontaneous response to life. The self-actualizing person is very competent and strong, yet has an acute awareness of his/her own personal weaknesses (Shostrom, 1976).

This relationship between self-actualization and inner-directedness is consistent with the results of an important study of Margulies (1969) in which higher levels of self-actualization were found to be associated with intrinsic, as contrasted with extrinsic, work values. This study was concerned with the effects of organizational climate on employee self-actualization. The major point of this study was that a specific organizational culture, defined in terms of a specific set of values, attitudes, and behavior norms, can contribute to the degree to which individuals become actualizing (Shostrom, 1976). The three major conclusions from the Margulies (1969) study were:

(a) that a positive relationship exists between value-orientations and self-actualizing—the more intrinsic the value orientation, the more psychological growth; (b) that higher self-actualizing groups
do exhibit more awareness of the interconnectedness between task achievement and social-need satisfaction; and (c) that the behavior of the more self-actualizing groups is less determined by formal structure, formal role prescriptions, or formal authority. (p. 43).

The Concept of Well-Being

At the very core of the experience of Maslow's concept of self-actualization is the quality of life beatitude or well-being. The most direct way in which the quality of this subjective experience can be analyzed and measured is by going directly to the individual for a description of how each evaluates his/her life. Then it is possible to discover some of the physical and psychological conditions which facilitate growth toward self-actualization and well-being. For the purpose of this paper the concept of well-being will be utilized for the analysis of subjective life experience.

According to Maslow (1968), "The original criterion of motivation and the one that is still used by all human beings, except behavioral psychologists, is the subjective one. I am motivated when I feel desire or want or yearning or wish or lack" (p. 22). He goes on to explain these feelings further:

There are subjective confirmations or reinforcements of self-actualization or of good-growth toward it. These are the feelings of zest in living, of happiness or euphoria, of serenity, of joy, of calmness, of responsibility, of confidence in one's ability to handle stresses, anxieties, and problems. The subjective signs of self-betrayal, of fixation, of regression, and of living by fear rather than by growth are such feelings as anxiety, despair, boredom, inability to enjoy, intrinsic guilt, intrinsic shame, aimlessness, feelings of emptiness, of lack of identity, etc. (p. 157).

The main criterion one has for accord with one's own nature is the
"subjective delight" that results from following the correct tendency (Maslow, 1968). The more psychologically healthy a person is, the more reliable is this subjective criterion (Maslow, 1968).

The self-actualizing person experiences fully the quality of her life; what social scientists consider the experience of well-being. The subjective indicators of peoples' lives, such as attitudes, values, and feelings are important to the understanding of their psychological health. Of course this thought is far from new. In fact it is deeply rooted in phenomenology and existential thought, emphasizing the search for identity, discovery of self and the experimental knowledge upon which foundation abstract knowledge is built (May, 1967).

Many American psychologists would disagree with this subjective focus, viewing psychology as a science of objective conditions only. Certainly there is a relationship between objective conditions and subjective experience, but it appears very imperfect. For instance it can be reasonably argued that as the level of education rises, the adequacy of medical care improves, the amount of substandard housing is reduced, and the purity of the air and water is increased, the quality of life is therewith enhanced (Campbell, 1981).

Material conditions can only give us a partial explanation of why some people find their lives enjoyable and satisfying and some do not. The perceptions and feelings about these conditions must be considered. Campbell (1981) states it this way, "the objective conditions of life can be taken as indicators of subjective well-being only in the degree to which they provide positive and satisfying experience" (p. 223). His views are consistent with self-actualization theory; the sense of well-being depends on the satisfaction of needs. Differences
in level of need undoubtedly differ from person to person and from time to time. For instance, a person with a strong need for relating to others may experience happiness with his/her job if social relationships are available.

A review of the literature shows that there have been a number of attempts to develop measures that would provide subjective indicators of well-being. For the purpose of the following discussion they will be divided into two classes. The first conceptualizes well-being as a cognitive experience. Cognition here refers to the process whereby relativism enters into satisfaction judgments (McKenney and Andrews, 1979). For instance the individual compares a perception of a present situation to an expectation that he/she aspires to and feels is deserved. A discrepancy between the perceived life and aspired to life is expressed in a measure of satisfaction-dissatisfaction, and greater satisfaction is taken as one indicator of a sense of well-being (Campbell, 1976). Another example of this type of indicator is Cantril's (1965) self-anchoring scale. He asked his subjects in a national survey to think of the best possible life they could imagine and the worst possible life. They were then asked to indicate on a scale where they thought their present life would stand between these extremes. The discrepancy they saw can be thought of as a measure of their satisfaction.

In contrast to these more global cognitive measures of well-being, several studies assessed satisfaction within more specific areas or domains of life, such as work, friendships, marriage and housing (Quinn, Stains and McCullough, 1974; Campbell, Converse and Rogers 1976; Campbell, 1981). This is based on the belief that an overall sense of
well-being is at least partially a compound of gratifications and
disappointments with more specific features of life (Campbell, et al.,
1976). In classifying these measures as cognitive, it can not be
assumed that they are totally without an affective component; however
it appears that cognitive measures do depend more on intellective
processes than most affective measures (McKennel and Andrews, 1979).
Campbell (1981) describes the cognitive process as less immediate and
more dependent on judgmental comparisons.

The second type of well-being study has emphasized the affective
aspects of experience. Affect refers to the individual's immediate
feeling state which is not anchored, or not tied to the same extent, to
cognitive frames of reference (McKennel & Andrews, 1979; Campbell,
1981). Bradburn's happiness studies are the most well-known of this
type. Bradburn (1969) was concerned with "the subjective feeling
states that individuals experience in their daily lives" (p. 50). He
utilized his "affect balance" scale to identify two measures of affect,
positive and negative which social psychologists believe to be
independent of each other (McKennell & Andrews, 1979; Campbell, et al.,
1976; Wilson, 1967; Costa, and McCrae, 1980; Bradburn, 1969; Bradburn &
Caplovitz, 1965).

One way to measure positive and negative affect is to ask people
about the kinds of affectively toned experiences they have had in the
recent past (Campbell, 1981). For instance, have they felt excited,
pleased or on top of the world recently. There are also negative
experiences that contribute to a feeling of negative affect, for
instance feeling depressed, lonely or bored. According to Bradburn
(1965) positive affect contributes to a person's general happiness with
life, while negative affect is inversely related to general happiness. Bradburn (1965) claimed in his research that these two indices are not mirror images of each other; a person who reports many positive feelings may also report many negative ones. In a similar study, Beiser (1974-1975) asserts that "contrary to much popular and clinical belief, the absence of factors promoting negative affect does not automatically ensure the emergence of positive feeling states and vice versa" (p. 325).

There has been much research done with "happiness" scales. Wessman, and Ricks (1966) claimed a positive relationship between a low self-ideal correlation and happiness in a wide-range population of women. In an extensive study by Gurin, Veroff and Feld (1960) on a representative sample of 1,460 adults, a number of relationships were found (estimates of degree of relationships were not reported). These included that happy people worry less, mentioned more sources of happiness and fewer sources of unhappiness, more often mentioned marriage and family as sources of happiness, expressed more optimism about being happy in the future, were younger, had more income, were more often married, and were better educated (Gurin, et. al., 1960).

The well-being study that is of major importance to this paper is the Quality of American Life study done in 1971 and replicated in 1978 (Campbell, et al., 1976; Campbell, 1981). The 1971 study was the first of its kind in a series of national surveys that would monitor the quality of American life in terms of psychological well-being (Campbell, 1976). It surveyed the national population, based on a probability sample of all persons 18 years old and older living in private households in the 48 consecutive states. Two thousand one
hundred and sixty-four women and men responded to a structured questionnaire (Campbell, et al., 1976). The subjective content of the questionnaire employed for this study demonstrated how the authors intended to emphasize the experience of life, rather than the objective conditions of life. Information about the objective conditions of the respondent's lives were important only to help account for the differences in the quality of the experiences which they reported. Similar to actualizing theory, there was considerable focus on the positive verses the illness model of mental health (Campbell, 1981).

The questionnaire was made up of several different scales. Unlike most well-being scales, both major dimensions of well-being, cognitive and affective, were included. The cognitive component was classified as satisfaction-dissatisfaction, and the affective as positive and negative. Satisfaction and affect were both associated with specific domains (areas) of life and also with life as a whole (Campbell, 1981).

Most of the previous studies of this type focused on life as a whole, without assessing specific areas of life individually. People are clearly more satisfied and pleased with some aspects of their lives than with others (Campbell, 1981). This variance was evaluated by Campbell, Converse and Rodgers (1976) and again by Campbell (1981). The authors assessed well-being within the major divisions of life, identified as domains. Included were those of marriage, family life, friendships, standard of living, work, neighborhood, town, nation, education, health, and the domain of self (used only in 1978 study). Selections were made based on past research and intuition (Campbell,
1981). To a large degree a person's general sense of well-being is determined by that person's satisfaction with his experience within these domains. For most people, this appears to be a simple additive process, the more domains about which a person feels positive, the stronger the sense of well-being (Campbell, 1981). But there certainly are times when a single domain may dominate and account for a larger portion of the experience of well-being. For instance, Campbell, Converse and Rodgers (1976) found that the domain of work seemed to have more influence on a person's general sense of well-being during the middle years of life, than it did during the earlier or later years. It was also found that satisfaction with self (domain) had the strongest relationship with general life satisfaction than any other domain. Standard of living came in second, followed by family life, marriage, friends and work. Included in the domain of self, was an indicator for sense of personal control (over one's life). This index was found to be a more dependable predictor of positive feelings of well-being than any of the objective conditions of life considered (Campbell, 1981).

It is timely here to summarize the process in which a person evaluates the experience within any given domain. According to the model used in the Quality of Life research, the assessment depends on the individual's perception of the experience and the standard against which she/he judges it. This perception is dependent on, yet distinct from, the objective environment. The expected likelihood of idiosyncracy in perception accounts for the variation between individuals' assessments of the same objective environment. The authors of the quality of life studies base their research upon a conceptual model...
which assumes that this experience is derived from the interaction between person and environment (Campbell, et al., 1976; Campbell, 1981). Campbell (1981) states that, "people live in an objectively defined environment, but they perceive a subjectively defined environment and it is to this psychological life space that they respond" (p. 15).

Thus the concept of well-being is unique in that it helps describe this person-environment fit, where as self-actualization theory focuses on the individual's inner nature. The importance of a well-being measure to this study is that it allows us to examine this subjective experience of life conditions for a group of self-actualizing nurses. We can gain information about which environmental conditions are more apt to promote personal fulfillment. A well-being scale also provides a tool useful for determining areas of conflict facing self-actualizing individuals. Such people characteristically possess the ability to resolve and/or transcend these conflicts in achieving their goals and developing optimal mental health.

The closer the individual is to self-actualization, the more intensely enjoyable his/her experience of well-being will generally be. Maslow describes this as the peak experience, so common for these individuals. Maslow (1968) states this experience as:

An episode, or a spurt in which the powers of the person come together in a particularly efficient and intensely enjoyable way, and in which he is more integrated and less split, more open for experience, more idiosyncratic, more perfectly expressive or spontaneous, or fully functioning, more creative, more humorous, more ego-transcending and more independent of his lower needs. He becomes in these episodes more truly himself, more perfectly actualizing his potentialities, closer to the core of his being, more full human. (p. 97).
The Status of Nurses

A good deal of research has been written about nurses in the past ten years, much of it couched in negative terms such as role conflict, reality shock, shortages, disillusionment, and "nurse personality." There has been a continuous search to try and discover why nurses leave nursing. Some of the research concerning these issues will be addressed in this section, but of greater interest to this study is the focus on what is healthy, positive and exciting about these women, and the concern for how they are experiencing their lives.

As previously discussed, it appears that many nurses from baccalaureate degree programs are moving toward self-actualization. Since self-actualization is a major theme of this paper, I have chosen to study baccalaureate degree trained nurses over nurses trained from other programs. Nursing is one of the most unusual occupations in terms of educational preparation. Current law permits licensing of registered nurses graduating from three distinct programs: hospital based diploma (3 year), associate degree (2 year) and baccalaureate (4 or 5 year). Among all graduates, the percentage has more than doubled from 1955 to 1975 (Simpson, 1979). Baccalaureate programs, prepared slightly more than a quarter of all R.N.'s who graduated in 1975 and again in 1980 (Goldstein, 1980). One of the reasons for this increase is the recommendation from the American Nurses Association, that the baccalaureate degree be the minimum for entry into practice by 1985 (ANA, 1965; Murray and Morris, 1982). This goal is seen as an attempt to professionalize nursing (Goldstein, 1980). The ANA (1965) declared in a position paper that registered nurses with
earned bachelor's degrees in nursing would henceforth be considered "professional" nurses, while nurses from associate degree programs would be considered "technical" nurses and diploma (hospital based-trained) programs should be phased out.

The term professional has many connotations. There is little agreement as to which dimensions are encompassed by the term. However, to the extent that definitions of the term have any common meaning, it refers to a person who by virtue of long training, is qualified to perform specialized activities autonomously--relatively free from external supervision or regulation (Kramer, 1969). According to Pavalko (1972) the crucial distinction between a profession and a non-profession is that, "the skills that characterize a profession flow from and are supported by a fund of knowledge that has been organized into an internally consistent system, called a body of theory" (p. 5). He goes on to describe the importance of theory to professional skill, and because of this the need for intellectual as well as practical experience. On the job apprenticeship, which suffices for a non-professional occupation, becomes inadequate for a profession. He states, "orientation in theory can be achieved best through formal education in an academic setting" (p. 5).

The collegiate movement in nursing has involved changes in the philosophy of nursing education. Controls of schools of nursing shifted from the hospitals to the universities. In building nursing curricula, educators turned to an emphasis on the psychological-philosophical side of nursing, rejecting the narrow emphasis on physical care and technical skill (Gunter, 1969; Kramer, 1978; Simpson, 1979; Goldstein, 1980; Silva, 1983). An abstract
knowledge base developed from the disciplines concerned with individual needs and interpersonal relations, such as psychiatry, psychology, and sociology (Straus, 1966). Technical skills were retained but with much less emphasis.

This philosophy puts forward a holistic view of the patient and the practitioner (Davis, 1966). Davis (1966) states that collegiate nursing programs have been very successful in converting students to a humanistic, interpersonally sensitive and antibureaucratic ideology. Some nursing curricula are organized almost totally on Maslow's theoretical hierarchy of needs (Kramer, McDonnell & Reed, 1972). The goal of the nurse, and of the educational process, is to help meet the patient's requirement of lower order needs, i.e., comfort and safety, while assisting the patient toward the fulfillment of higher order needs, i.e. love, esteem, and self-actualization. In order to achieve this goal effectively, the nurse must be aware of her own stage of development, of the effect of her values on the values of others, and of her own need to grow and to "become" (Kramer, et al., 1972). The acceptance of professional responsibility and the nature of the personal investment in the feelings of patients cared for require a substantial amount of self-realization in the nurse. Adjectives like "autonomous," "creative," "flexible," "sensitive," and "aware" might best describe the characteristics to be achieved.

A paradox exists. While the baccalaureate trained nurse may be the most advantaged in terms of education and humanistic goals, she may be the least advantaged in the current work world. Numerous studies have shown that baccalaureate trained nurses are, in comparison to nurses from the other two programs, least satisfied with their jobs and

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most likely to leave nursing (White, 1980; Kramer, 1969; Brenner and Brenner, 1979; Cohen, 1981). Role conflict and disillusionment are cited as primary reasons for this exodus.

This conflict involves role deprivation: the perceived and situational inability to carry out a role the person has defined for herself (Simpson, 1979). Baccalaureate trained graduates have been professionally socialized; they have acquired attitudes and values along with the skills and behavior patterns that constitute the professional role. This role involves loyalty to tenets of the professional system such as valuation of collegial control and validation, autonomy, participation in activities of professional organizations and continual self-education (Simpson, 1979). These nurses graduate expecting to be able to practice within a professional setting. They find themselves, instead employed by a bureaucratic organization, the hospital, which functions and operates on different principles involving a more formalistic, hierarchical, routine organized style (Kramer, 1969).

Corwin (1972) explains why professionals conflict with bureaucracies. He states, "bureaucracy and profession, as ideal types, differ fundamentally in at least three characteristics: degree of standardization of tasks and procedures, degree of authority permitted, and relationship to organizational means and goals" (p. 264). For instance the professional's stress is on goals, while the bureaucrat is hired to carry out procedures, such as record keeping. Corwin (1972) states, "stress on bureaucratic efficiency is in contrast to the profession's control purpose, the maintenance of standards and values" (p. 266).

Of course ideal forms of a profession and a bureaucracy do not
exist in reality; nor are the characteristics necessarily exclusive and contradictory (Corwin, 1972). Nevertheless, there is the suggestion of potential conflict between the two because of incompatible alternatives (Corwin, 1972). All professions do not experience this conflict to the same degree. Hall (1968) found in his study on a variety of different occupational groups, that this conflict is experienced in different degrees for different professional groups. His work is based on role theory which asserts that this conflict depends in part on both structural and attitudinal aspects of a profession (Hall, 1968). He states that, "it cannot be assumed that both aspects are present to a great degree in highly professionalized occupations, in fact occupations which are attempting to become professions may be able to instill in their members strong professional attitudes, while the more established professions may contain less idealistic members" (p. 54).

Nurses rated high in his findings on professional attitudes, especially in the areas of public service and sense of calling to the field.

Research affirms the presence of growing professional attitudes and conflicts among nurses (Kramer, 1966; Kramer et al., 1972; Hogan, 1972; Roehm, 1976; Kramer, 1978; Clark & Lenburg, 1980; Murray & Morris, 1982). For instance, Murray and Morris (1982) administered the Pankratz Nursing Questionnaire (measures professional autonomy in nurses) to 224 graduating nursing students from each of the three nursing programs. They found that baccalaureate students scored significantly higher in professional autonomy, including attitudes toward patients' rights and rejection of traditional role limitations, than students in the other two programs.

Clark and Lenburg (1980) studied practicing registered nurses
(baccalaureate) and the utilization of knowledge—inform behavior
(knowledge-oriented versus rule-oriented). They assert by their
findings that nurses are becoming more knowledge-oriented, as in their
roles of patient advocate and nurse diagnostician, than rule-oriented,
as in roles such as overseer of tests and treatments and as physician's
handmaid.

Several research studies confirm the existence of role conflict
and deprivation for nurses practicing in hospitals (bureaucratic
orientation). For instance Kramer (1978) followed baccalaureate
trained nurses into employment. With the use of a control group with
the same training, three role conception and role deprivation scales
and personal interviews, she tested nurses shortly before graduation,
between the tenth and thirteenth week of employment and again between
the twenty-third and twenty-sixth weeks of employment (the control
group was used because of possible validity problems with time series
designs.) They found that role deprivation was greater for subjects
retaining instructor role models (professionally-centered model) than
for those who shifted to work-centered models (bureaucratic value
orientation). It is interesting to note, that all of those nurses who
retained instructor role models voiced plans for returning to graduate
school—not necessarily in nursing. Nurses who departed from the work
setting early (less than one year) maintained their professional role
identity at the level it was at upon graduation from training. Kramer
(1978) claimed in her study that bureaucratic orientation of neophyte
nurses increases with length of employment, and this increase is
related to a shift from a school—or professionally—centered model to
a work-centered model.
An earlier study of Kramer's (1969) focused on baccalaureate degree nurses, the hospital environment and role deprivation. She utilized a role deprivation scale, job satisfaction scale and several variables to assess hospital conditions. Results suggested positive relationships between low nurse role deprivation and the presence of a decentralized decision making structure, the presence of clinical nurse specialists, the presence of innovative baccalaureate nurse roles and the presence of promotional incentives.

A study by Hogan (1972) also concluded that a bachelor's degree in nursing increased professional attitudes. Results suggested these attitudes diminish upon first work experience in a hospital, then tend to increase again after one or two years following graduation. Roehm (1976) in her study found a significant relationship (negative) between role conflict and job satisfaction for nurses from all three types of programs.

The last study to be considered and recapped is the Kramer, McDonnell and Reed (1972) study on self-actualization and role adaptation. Data were collected on baccalaureate nurses from thirty-seven medical hospitals. Nurses were chosen according to their "relative success" rating as determined by the employing organization. They were interviewed and tested with the role conception scales in 1968. In 1970 they were reinterviewed, retested and given the POI and a set of behavior scales in addition. By 1970 only half (N=112) were still employed in hospital nursing. Over one-fourth (28.9 percent) left nursing practice, "for reasons of dissatisfaction and frustration." Scores resulting from the 1970 testing with the POI, were close to the mean (whole group) for the major self-actualization scales.
Nurses (group) rated by employers as "low success" workers, who scored high on adherence to a professional role identity (Role conception scale) also scored significantly high on the Inner-directed scale on the POI. The authors pointed out that "success" may not be synonymous with "good" nurse. They posited that a nurse may be a competent practitioner, yet receive a poor success rating—she may be lax about enforcing visiting hours or in ordering supplies. Conversely, a nurse may receive a high success rating and yet, "never directly care for a patient." The results from this study reaffirm the existence of conflict for baccalaureate degree nurses in hospital settings.

From an organizational perspective, self-actualizing nurses may be a deficit rather than an asset. Hospitals concern themselves primarily with the organization, maintenance, and delivery of efficient health care to a large number of clients. To accomplish this the hospital follows the tenets of the bureaucratic work system, dividing up tasks of a specialized and repetitive nature requiring supervisory coordination based on a hierarchical control structure. The emphasis is on competency, not creativity.

The creative person, needing independence and freedom from regimentation, might well be frustrated and disruptive to the organization. Maslow (1968) describes self-actualization creativeness as "stressing first the personality rather than its achievement" (p. 145). Conformity and adjustment are emphasized in the literature as a way for nurses to avoid conflict on the job. This is very difficult for the self-actualizing person to do. Adjustment implies a focus on the environment, fitting in and not disrupting it. Maslow (1968) describes conformity as an incomplete cognition for the self-actualizing person.
He states that, "task orientation, cognition in terms of usefulness, which are all involved in affectance and in competency leaves out something, for cognition to be complete...it must also be detached, disinterested, desireless, unmotivated" (p. 184).

With the emphasis in research on conflict for nurses with self-actualizing type values, one leaves perplexed as to the benefits of such values to the profession. Nurse-patient relations is one area that stands to gain from a humanistic focus. The self-actualizing nurse is more self-aware, which leads to an increased awareness of others and a fuller capacity for interpersonal relationships. She sees herself and others less as objects to be manipulated. There is greater capacity for intimate contact and empathy.

These caring attitudes can be very powerful in the healing process. For instance, the humanistic philosophy put forth by baccalaureate training programs, stresses patient-centered care. An individualized therapeutic relationship with each patient is encouraged. The nurse is taught to assess emotional as well as physical needs. She realizes that a patient's needs arise in part because he is sick and a patient in a hospital setting. She can identify with the uncomfortable and frightened patient and offer reassurance and understanding. For nursing care to be based on patient need, the nurse must be able to identify, prioritize and understand the impact of illness upon these needs. Also, if a nurse is able to identify and understand her own needs, she can better assess the dynamics involved in the nurse-patient relationship. She is better able to care for the person because of his right to health, rather than for a personal need the other can fulfill. She is more likely to respect the patient's need for independence, if
she is comfortable with her own. The goal of the nurse is to help meet
the patient's lower needs, while assisting him toward the fulfillment of
higher order needs.

In an American Nurses Association position paper on nursing and
social policy, it is asserted that nursing is a moral art as well as an
autonomous profession and duty (Silva, 1983). Nursing is, "the just
caring of and caring for human beings in their totality so that their
health, welfare and potential is promoted" (p. 148). This is con­sistent with Maslow's (1968) insistence that authentic self-knowledge
is "absolutely necessary for all moral decisions" (p. 170). Self­
actualizing values are vitally important to a profession of caring and
justice.

In brief summarization of the literature, it can be seen that
in the collegiate movement in nursing there has evolved a change in the
philosophy of nursing education and practice, specifically the focus on
self-actualizing values. The studies cited have traced the impact of
this change on the nurse, hospital and patient. The focus has been on
the analysis of self-actualization and its relationship to the baccalaureate trained nurse's overall well-being. Consideration of the
positive effects such a value system has on the nurses' mental health,
despite resultant conflicts in the work setting, reflects the con­
tinuous need to reexamine the environmental conditions which foster
self-actualization and minimize job conflicts.

Research Hypotheses

In reflecting upon the research literature to date and the nature
of the population which is of interest to this study, several
hypotheses emerge. The research hypotheses will be reported in clusters related to the rationale supporting them, and then listed one by one at the end of this section.

A positive relationship between mean scores on the Inner-Directed scale (measure of self-actualization) of the POI and the Index of Well-Being scale on the Quality of Life Survey, is expected for a population of baccalaureate trained nurses. One of the major considerations in arriving at this hypothesis involves the conceptualization of self-actualization as developed by Maslow (1968). Self-actualized individuals are seen as more fully using their "talent, capacities, potentialities, etc...such people seem to be fulfilling themselves and to be doing the best that they are capable of doing" (p. 200). The assumption here is that the way people perceive their world and the way they evaluate it is influenced by whether they see themselves as controlling that world, or being controlled by it. Campbell (1981) found in his study that people who have a strong sense of personal control rarely expressed lack of satisfaction with themselves as persons, and satisfaction with self was strongly and significantly related to satisfaction with life in general. Self-actualizing individuals are characterized as having a strong sense of personal control and a positive self-evaluation.

The second set of hypotheses is related to the level of self-actualization in baccalaureate trained nurses. It is expected that baccalaureate trained nurses will report higher levels of Inner-Directedness and Time-Competence on the POI than Shostrom's normative group of non-self-actulized adults. Furthermore, these nurses will report higher levels of Inner-Directedness and Time-Competence than the
POI normative group of student nurses. The majority of baccalaureate degree nurses in this study came from colleges and universities with humanistic goals written into their curricula. It's assumed that they have been influenced by this focus, and likely to display self-actualizing attitudes. The normative group of student nurses used for comparison was from a diploma trained program and thus less likely to have received an education stressing self-actualization (Gunter, 1969; Murray et al., 1982). Also, the student nurses were most likely much younger than the graduate nurses in this study. According to Maslow (1968) maturity (chronological) and life experience facilitate self-actualization.

The third set of hypotheses is related to level of Well-Being in baccalaureate degree nurses. The population of baccalaureate degree nurses will report higher scores on the Index of Well-Being scale than the normative population of adults utilized in the Quality of Life study (1978). The Quality of Life population was much more heterogeneous than the nurses in this study. As a whole they were less educated and held fewer professional jobs. The nurses as a group are more likely to have lived under conditions, both environmental and psychological, that facilitated the experience of well-being. Also, the baccalaureate degree nurses classified as self-actualizers on the POI, will score higher on the Index of Well-Being scale than those subjects in the same population classified as non-self-actualizers. The rational for this hypothesis is the same as for the first hypothesis.

The third set of hypotheses is related to levels of job satisfaction. Baccalaureate degree nurses having practiced a greater number of years are expected to demonstrate a greater proportion of higher job
satisfaction scores than nurses from the same population having practiced fewer years. Job satisfaction relates here to the experience of role conflict, as discussed in the review of the literature. Nurses who experience role conflict on the job also express less satisfaction with their jobs. Roehm (1976) found a significant negative relationship between role conflict and job satisfaction in nurses with baccalaureate degrees. Nurses who have practiced a greater number of years might express more satisfaction for several reasons: They have had a longer period of time and thus experience to learn coping behaviors in dealing with role conflicts; perhaps their expectations of institutional changes have decreased, and they have chosen to focus on the intrinsic rewards of patient care; and nurses who have worked longer may have unique characteristics that make dissatisfaction less probable. These nurses are most likely to be married and work part-time (Michigan Nurses Association, 1982). Married nurses in traditional families may have extensive home concerns and responsibilities in addition to their employment. It could be that expectations pertaining to employment are based upon their perception of what is best for the family verses their careers.

It is also expected that baccalaureate degree nurses classified as administrators will have a greater proportion of higher job satisfaction scores than those classified as baccalaureate trained staff nurses. The work environment of an administrator is much different than that of a staff nurse. Staff nurses follow physicians' orders; their jobs are more likely to be task-oriented in nature and thus more restrictive to a creative person. The administrative nurse is usually her own authority. She has more policy-making power than a staff nurse, and thus more
opportunity to assert her autonomy and creativity.

The last hypothesis is that baccalaureate degree nurses will score lower in job satisfaction than the college educated population in the Quality of Life study.

The hypotheses formulated for this study include the following dependent variables: levels of Self-Actualization, (I) Inner-Direction and (Tc) Time-Competence as measured by the POI; and Well-Being (IWB—index of well-being) and Job Satisfaction as measured by the Quality of Life questionnaire. The independent variable is status as a (female) baccalaureate degree nurse working in a hospital setting.

Hypotheses

1. There will be a positive relationship between levels of Inner-Directedness on the POI, and Index of Well-Being scores on the Quality of Life survey, for baccalaureate trained nurses.

2. Baccalaureate trained nurses will report higher level of Inner-Directedness and Time-Competency on the POI, than Shostrom's normative population of non-self actualized

3. Baccalaureate trained nurses will report higher levels of Inner-Directedness and Time Competency, than the POI normative group of student nurses.

4. Baccalaureate trained nurses will report higher scores on the Index of Well-Being scale than Campbell, Coverse
and Rodgers' normative population of adults.

5. Baccalaureate trained nurses classified as self-actualizers on the POI, will score higher on the Index of Well-Being scale than those subjects from the same population classified as non-self actualizers.

6. Baccalaureate trained nurses having practiced a greater number of years will demonstrate a greater proportion of higher job satisfaction scores than nurses from the same population having practiced fewer years.

7. Baccalaureate trained nurses classified as administrators will demonstrate a greater proportion of higher job satisfaction scores than those classified as staff nurses from the same population.

8. Baccalaureate degree nurses will score lower in job satisfaction than Campbell, Coverse and Rodgers' normative population of college educated people.
CHAPTER III

METHOD

Subjects

The subjects for this study were baccalaureate degree female nurses working in two hospital settings. Both staff nurses and nurses in administration were included. No distinction was made between full-time or part-time employment.

The total population of 199 collegiate nurses from the two medium size hospitals, (minimum of 350 beds), in a medium size city, was surveyed. Responses were returned by 80 of this number which constitutes 40% of the population.

The ages of the nurses who participated ranged from 23 to 55 years, with the mean age at 29. Twenty-seven of these (34%) identified themselves as single and 53 (66%) as married. Sixty (75%) nurses worked as staff nurses (bed-side nurse) and 20 (25%) worked in administration. Years spent in nursing practice ranged from 1 year to 26 years with a mean of 6.4 years. All subjects had completed at least a bachelor's degree in nursing, the majority from colleges and universities here in Michigan, both public and private. This demographic information is shown in Table 1.

Instruments

Personal Orientation Inventory

A concise, reliable and valid tool to measure the values and self-reported behaviors thought to be of importance in the development of an actualizer was not available until the 1960's. Everett Shostrom developed the Personal Orientation Inventory (POI) in 1963 to meet the
Table 1
Mean and Range of Demographic Variables of a Sample of 80 Nurses

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>29</td>
<td>23-55 years old</td>
</tr>
<tr>
<td>Marital Status</td>
<td>--</td>
<td>single or married</td>
</tr>
<tr>
<td>Years in Nursing</td>
<td>6.4</td>
<td>1-26 years</td>
</tr>
<tr>
<td>Position Held</td>
<td>--</td>
<td>Staff nurse or Administrator</td>
</tr>
</tbody>
</table>
need for such a tool. The POI purports to measure the degree to which persons seek to develop and utilize their unique capacities (potentials) and their degree of freedom from the inhibitions and emotional turmoil that characterizes those who are not self-actualized (Shostrom, 1976).

The POI is composed of 150 two-choice comparative value and behavior judgments. The items are scored twice: first to give a composite measure of personal orientation and time competence (major scales) and again to measure values on ten subscales containing relevant elements considered important to self-actualization. The scores on the scales are interpreted on the basis of norms established for self-actualization and for various clinical and occupational groupings. High scores are in the direction of a self-actualized individual (actualizing persons score between T-standard scores of 50-60). The two major scales are Time Competence and Inner-Direction. The Inner-Directed scale measures whether reactivity orientation is basically toward others or self. Self-actualizing people appear to have liberated themselves from rigid adherence to the social pressures and social expectations to which non-self-actualizing people conform (Shostrom, 1974). The Time Competence scale measures the degree to which one is present-oriented, and relates the past and future in a meaningful way. The self-actualizing person appears to live more fully in the here and now. The ten sub-scales of the POI include: self-actualizing value, existentiality, feeling reactivity, spontaneity, self-regard, self-acceptance, nature of man, synergy, acceptance of aggression and capacity for intimate contact.

Research confirms that the POI is a reliable instrument. Test-
retest stability is influenced by the sensitivity of the tool to rhythmical changes in personality expression (Knapp, 1976). Nevertheless reliability coefficients are quite adequate. Wise and Davis (1975) administered the inventory of 172 university students twice with two weeks in between. For the scales, Time-Competence and Inner Direction, test-retest coefficients were .75 and .88 respectively. Internal consistency (K-R 20) coefficients were .50 and .84, and .73 and .87 for the two administrations, respectively.

A one-week interval test-retest study by Klavetter and Mogar (1967) using a sample of college students (N=48), found reliability for the Tc and I scales at .71, respectively. The other scales ranged from .52 to .82 with a median of .70.

Illardi and May (1968) reported coefficients ranging from .32 to .74, in examining POI scores of forty-six student nurses over a one year period. They found these results satisfactory, especially when contrasted to somewhat comparable MMPI and EPPS test-retest reliability studies.

An important validity study was done by Shostrom (1974), testing whether or not the POI discriminates between individuals clinically judged (observed) self-actualizing (N=29) from those who are non-self-actualizing (N=34). The inventory was administered to both groups, significant differences were found on 11 of the 12 scales.

Numerous studies give evidence to predictive and concurrent validity. Knapp (1965) administered the POI and EPI (Eysenck Personality Inventory) to 136 undergraduates. The high neurotic group established from EPI neuroticism-stability scale, scored significantly lower on every scale of the POI. It was also postulated that extroverted
temperaments in general are more self-actualized. Positive corre-
lations were found between POI scales and the extroversion-introversion
dimension on the EPI.

Uhes and Shybut (1971) investigated the relationship between POI
scores and success in Peace Corps training programs in Micronesia.
Significant relationships (.41 against I scale) were found for the
major scales (and 4 subscales) against Peace Corp board ratings fol-
lowing a ten week training program. Sample size was 92.

Correlations reported by Warehime and Foulds (1971) between the
Internal Support (I) scale and Rotter's Internal-External Control of
reinforcement (E-I) scale were .44 and .34 (.01 level of signifi-
cance).

Morris utilized the POI and the Adult Irrational Ideas
Inventory with a prisoner sample and found a negative correlation
between major scales on the POI and an Irrational Ideas Score (Knapp,
1976).

Somewhat low, but significant negative relations were found
between POI scores and conformity measures. Crosson and Schwendiman
(1972) found a -.28 correlation (.025 level) between the POI (I) scale
and the conformity behavioral score on a Crutchfield apparatus.
Zimmerman, Pedersen and Smith (1969) found positive correlations
between a measure of conformity and POI scales in each of three
treatment groups.

Attempts of faking on the POI are usually unsuccessful (Braun, and
Shostrom (1974) reports that a study by Knapp found only two of the
subscales (Sr and Nc) to be responsive to faking. All of the
other differences reported were not in the direction of greater self-actualization. Also, the author claims that the POI has a "lie score profile" easily identified (Shostrom, 1974). Self-actualizing persons are said to score between T scores of 50 and 60, any score above this band may be interpreted as "over-enthusiastic" attempts to appear super-self-actualized.

Because the POI yields two ratio scores and ten subscale scores, attempts have been made to abstract a single best index of self-actualization. Shostrom (1974) suggests the use of the Inner-directed (I) and Time Competence (Tc) scales for a single best indicator. Klavetter and Mogar (1967) found that three scales -- I, Tc, and SAV-- accounted for almost all the variance in their test sample; they suggested that accuracy and parsimony would be advanced through reduction, modification, and elimination of some of the subscales. Damm (1972) concluded in his exploration of four different methods for obtaining a best overall measure of self-actualization, that the I score, or a combination of raw scores for I and Tc, would be best. In a review by Robinson and Shaver (1969) it is commented that the lack of subscore independence can lead to overinterpretation. For this study, only the Inner-Directed (I) and Time-Competence (Tc) scales will be used to measure self-actualization.

The Quality of Life Survey

The development of The Quality of Life Survey was an attempt to measure the quality of the life experience of the American population for the years 1971 and 1978. The authors of this survey, Campbell, Converse, and Rodgers, (1976) base their research on the conviction
that, "the relationship between objective conditions and psychological states is very imperfect and that in order to know the quality of life experience it is necessary to go directly to the individual himself for his description of how his life feels to him" (p. 4). This is exactly what they did, utilizing the Quality of Life questionnaire for part of their research. It is important to note that indicator research is not experimental research, but important in its production of "enlightening" information that is needed for an understanding of the nature of social change (Campbell, 1981).

The make up of this survey involves several components. The two major ones are cognitive and affective measures of subjective well-being. The Cognitive component involves a satisfaction-dissatisfaction measure. The related questions ask people to respond to their lives as a whole or with a specific reference to the domains of life in which their experience is segmented; work, marriage, housing, community and the like. The person is asked to rate satisfaction within any given domain on a scale from 1-7, seven being least satisfied. These domain questions are dispersed throughout the questionnaire so as to decrease the change of response set patterns. This also decreased measurement error (Andrews, 1982). These domain scores, when composited to form an index of domain satisfactions has a stability correlation of .76 (Campbell, et al., 1976).

The next measure gives a reading of the affective quality of life, directed more to the experience of pleasantness-unpleasantness. Respondents are asked to react to a series of paired objectives, describing their lives in a positive or negative format. They are asked in general to describe their lives as falling at a point (scale from 1:7)
they choose in the space between interesting and boring, enjoyable and miserable, lonely and friendly, and the like. Eight of these type pairs were found to be intercorrelated at a high level of .55. These correlations are stable among various subgroups of the total sample (Campbell, et al., 1976).

The information from all eight of these pairs is captured in an Index of General Affect. It is calculated simply by taking the mean of each individual's scores on the eight items. The correlation of this index with the overall life satisfaction item (domain of life as a whole) is .55. The estimate for the reliability coefficient of this index is .89 (Campbell, et al., 1976).

Most of the stability correlations were obtained by the repeated measurement method utilizing a subsample of 285 respondents. They were tested, then re-tested after eight months (Campbell, et al., 1976). The stability coefficient for the overall life satisfaction item is .43. The authors admit that a significant portion of variance, especially in single items, is due to error of one sort or another.

Because of this problem of error and redundancy in single-item measurements, the authors found it a major economy to summarize those items which go together empirically in a form of a single variable representing a rather global sense of well being. Thus the eight life descriptions (Index of General Affect) are compounded along with the single item measure of overall life satisfaction, into a single index of Well-being (IWB), bearing on the generalized sense of well-being with life as currently experienced (Campbell, et al., 1976). The IWB has a stability coefficient of .53.

Other well-being measures are utilized in the survey for greater
information and consistency with past research. For instance Bradburn's (1965) Affect Balance Scale, a global happiness item, and qualitative questions dealing with concerns within the more specific domains being investigated, were utilized. For the purpose of this study some of these questions have not been included. All items were present that were part of the scoring procedure. The Index of Well-Being and individual domain satisfactions were the major scales for the present study, other qualitative data were analyzed if of special interest or significance.

The evidence of validity based upon agreement between well-being indicators and other measures is not very solid. The situation is similar to validity ratings for other self-reported trait studies. Campbell and Fiske (1959) reported correlations between ratings on five personality traits made by self and "others." The validity coefficients ranged from .29 to .56. Goldings (1964) obtained correlations between self-estimates by 20 students and ratings of five experimenters who were familial to the subjects. The correlations ranged from .64 to .23, with a mean of .38.

Wessman and Ricks (1966) reported a validity coefficient of .71 based on the correlation between the mean score on an elation-depression scale (daily scored by each subject for six weeks) and an extensive 2-year assessment by six clinicians.

Andrews (1982) claims much higher construct validity ratings for survey designs coming out of the Institute for Social Research at the University of Michigan (including his survey). The average validity is .81, the average method effect is .16 and the average residual error effect is .53. The survey measures examined in his research consisted
of 66% valid variance, 3% method variance, and 28% residual variance. He claims that survey design characteristics account for 66% to 72% of the variance in the dependent variables measured (Andrews, 1982).

Procedure

Letters were sent to both hospitals where the nurses in this study were employed. The research was described and permission requested to involve their nurses in the study. Packets containing copies of the POI and the Quality of Life survey, one computer scoring sheet, a stamped return addressed envelope, and a letter requesting participation and assuring confidentiality and anonymity, were distributed to nurses by the nurse recruiter at each hospital. Results of individual and general findings of the research were offered to anyone who requested them with her returned questionnaire.

Within five weeks, 60 nurses returned completed inventories. A follow-up request encouraging return of the remaining inventories, was sent to the nursing units via memo through the nurse recruiter. An additional 20 were returned within three weeks. The total sample consisted of 80 Baccalaureate degree nurses, 40% of the total population from both hospitals.

Design and Statistics

The current study was designed to: generate data regarding self-actualization as measured by the POI, and well-being and job satisfaction as measured by the Quality of Life survey, from a population of Baccalaureate degree nurses working in two medium size city hospitals; to consider these scores in relationship to one another.
and to demographic variables of position held and years worked in nursing; and to compare these data to the normative populations of Shostrom and Campbell, Converse and Rodgers. Further, the study was designed to: generate additional qualitative data regarding well-being within several different life domains, as measured by the Quality of Life survey; and to make comparisons within the population of Baccalaure trained nurses and to the American population of the Quality of American Life study.
CHAPTER IV
RESULTS

The present study attempted to investigate the expectations of high levels of self-actualization and well-being, and a positive relationship between the two, for a group of baccalaureate degree nurses and to determine if differences exist between baccalaureate degree nurses and other normative populations regarding self-actualization, well-being and job satisfaction. Secondly, the study sought to examine additional qualitative data from this population of nurses regarding levels of well-being within different life domains.

The results confirm four out of the eight hypotheses. The nurses as a group appear to have developed self-actualizing values (T-standard scores between 50 and 60). They scored significantly higher in levels of Inner-Directedness and Time Competence than the normative populations. They expressed significantly higher global well-being scores than the mean score of the Campbell, Converse and Rodgers normative sample. Yet, a significant positive relationship between levels of self-actualization and well-being was not confirmed for this group of baccalaureate degree nurses, and in addition, those nurses classified as self-actualized did not significantly differ on levels of global well-being from those nurses classified as non-self-actualizers.

Baccalaureate degree nurses showed less satisfaction with their jobs than the college educated sample in the Quality of Life study. Administrative nurses and staff nurses did not differ in job satisfaction, nor did years spent in nursing significantly separate the group on this measure.

The eight research hypotheses will be presented again, one at a
Hypothesis #1, proposed that there would be a positive relationship between levels of Inner-Directedness on the POI and Index of Well-Being scores on the Quality of Life survey, for baccalaureate trained nurses. This hypothesis was rejected. Contrary to expectation a significant correlation was not yielded.

Hypothesis #2, proposed that baccalaureate trained nurses would report higher levels of Inner-Directedness (I) and Time Competence (Tc) on the POI, than Shostrom's normative population of non-self-actualized adults. This hypothesis was accepted. A two sample t-test comparing group means of Shostrom's population and the population of nurses, yielded significant differences in the predicted direction for both I, \( t = 10.138 \) (p=.0000, one-tailed) and Tc, \( t = 6.086 \) (p=.0000, one-tailed). (See Table 2).

Hypothesis #3, proposed that baccalaureate trained nurses would report higher levels of Inner-Directedness (I) and Time Competency (Tc), than the POI normative population of student nurses. The hypothesis was accepted. A two sample t-test comparing group means of student nurses (reported in POI manual) and this population of nurses yielded significant differences in the expected directions for both I, \( t = 8.641 \) (p=.0000, one-tailed) and Tc, \( t = 2.314 \) (p=.0232, one-tailed). (See Table 3).

Hypothesis #4, proposed that baccalaureate trained nurses would report higher scores on the Index of Well-Being scale than Campbell, converse and Rodgers' normative population of adults. It was confirmed. A two sample t-test comparing group means of both populations yielded significant differences in the predicted direction, \( t = 2.999 \)
Table 2

Inner-Directed (I) and Time Competence (Tc) Scores

<table>
<thead>
<tr>
<th>Population</th>
<th>Nurses</th>
<th>Non-Self Actualized Group</th>
<th>Mean Difference</th>
<th>T-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size</td>
<td>80</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Mean</td>
<td>86.7</td>
<td>75.8</td>
<td>10.9</td>
<td>10.4**</td>
</tr>
<tr>
<td>II Standard Deviation</td>
<td>9.56</td>
<td>16.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tc Mean</td>
<td>17.6</td>
<td>15.8</td>
<td>1.8</td>
<td>6.09**</td>
</tr>
<tr>
<td>Tc Standard Deviation</td>
<td>2.6</td>
<td>3.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significant at the .01 confidence level.

Table 3
Inner-Directed (I) and Time Competence (Tc) Scores

<table>
<thead>
<tr>
<th>Population</th>
<th>Student Nurses</th>
<th>Mean Difference</th>
<th>t-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size</td>
<td>80</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>I Mean</td>
<td>86.7</td>
<td>77.4</td>
<td>9.3</td>
</tr>
<tr>
<td>I Standard Deviation</td>
<td>9.56</td>
<td>6.8</td>
<td></td>
</tr>
<tr>
<td>Tc Mean</td>
<td>17.6</td>
<td>16.9</td>
<td>.7</td>
</tr>
<tr>
<td>Tc Standard Deviation</td>
<td>2.6</td>
<td>2.7</td>
<td></td>
</tr>
</tbody>
</table>

**Significant at the .01 confidence level.
*Significant at the .05 confidence level.

1Student Nurse group statistics taken from May and Ilardi as reported in Shostrom's POI Manual (1974).
Hypothesis #5, proposed that baccalaureate trained nurses classified as self-actualizers on the POI would score higher on the Index of Well-Being scale (IWB) than those subjects from the same population classified as non-self-actualizers. The hypothesis was rejected. Contrary to expectations, a t-test comparison of mean IWB scores of the two groups yielded a non-significant difference, t-value = -1.42 (P>.162, two-tailed).

Hypothesis #6, proposed that baccalaureate trained nurses having practiced a greater number of years would demonstrate a greater proportion of higher job satisfaction scores than nurses from the same population having practiced fewer years. It was rejected. Chi-square = 8.51629 (p=.5785).

Hypothesis #7, proposed that baccalaureate trained nurses classified as administrators would demonstrate a greater proportion of higher job satisfaction scores than those classified as staff nurses from the same population. This hypothesis was also rejected. A chi-square analysis comparing frequencies of satisfaction scores within cells, did not yield significant differences in frequencies for the two groups, chi-square = 3.43734 (p=.6329).

Hypothesis #8, proposed that baccalaureate trained nurses would score lower in job satisfaction than Campbell, Converse and Rodgers' normative population of college educated people. This hypothesis was accepted. A t-test comparison of mean job satisfaction scores for the nurses (x=2.78) and the normative population (x=2.30) yielded a significant difference between the two groups, t-value = 4.121 (P=.0001, two-tailed).
Table 4
Index of Well-Being Scores

<table>
<thead>
<tr>
<th>Population</th>
<th>Nurses</th>
<th>American Population Adults</th>
<th>Mean Difference</th>
<th>t-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size</td>
<td>80</td>
<td>2,160</td>
<td>2,080</td>
<td>3.0*</td>
</tr>
<tr>
<td>IWB Mean</td>
<td>12.183</td>
<td>11.768</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IWB Standard Deviation</td>
<td>1.14</td>
<td>2.21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the .05 confidence level.

1The data in this column are taken from Campbell, Coverse and Rodgers (1976).
Qualitative Data

Several additional relationships and trends regarding well-being for the population of nurses, emerged from the data of this study. Well-being levels were examined here in more specific areas of life and less as a global measure.

People obviously are not satisfied with the same things in life, and it is clear that the different domains of life do not seem equally satisfying to everyone. This variability in satisfaction scores within different life domains, was evidenced by the data for baccalaureate degree nurses in this study and for the normative sample in the Campbell, Converse and Rodgers' study. Of interest to this research, in examining the influence of group characteristics on well-being, was the comparison between this nurse sample and the Campbell, Converse and Rodgers' normative sample, in mean satisfaction scores for the different domains of life: Marriage, Family, Health, Neighborhood, Friendships, Housework, Work, Life in the United States, Community, Housing, Self, Standard of Living, Income, Education, Savings and Life As A whole.

In making this comparison, similarities and contrasts were discovered. One way in which this comparison was examined was by rank ordering the domains, separately for each sample, according to the criterion of perceived satisfaction. The domain with the highest mean level of satisfaction for the sample, was ranked first and the domain with the lowest mean level of satisfaction was ranked last (Table 5). Marriage ranked first. The domain of "Life As A Whole" came in second for the sample of nurses whereas family life came in second for the normative population. This difference in ranking is important.
### Table 5

Rank Ordering of Domains According to the perceived level of satisfaction

<table>
<thead>
<tr>
<th>Domain</th>
<th>Baccalaureate degree Nurses</th>
<th>American Population Sample of Campbell, Converse and Rodgers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Family Life</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Health</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Neighborhood</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Friendships</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Housework</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Work</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Life in U.S.</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Community</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Housing</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Self</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Standard of Living</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Income</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Savings</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Life as a Whole</td>
<td>2</td>
<td>11</td>
</tr>
</tbody>
</table>

*The data in this column are taken from Campbell (1981).*
when considering the weight the "Life as a Whole" domain is given in the overall Index of Well-Being. The domain of self is ranked only twelfth for the normative sample, and fifth for the nurses. Also, housework, family life, neighborhood, and friendships ranked lower, and the domains of self, education and "Life as a Whole", ranked higher for the nurses than the normative sample.

Additional qualitative data regarding the well-being for this sample of baccalaureate degree nurses was generated by examining specific responses made to questions on the Quality of Life survey. Sixty-five percent of the sample of nurses scored the highest possible score of a one or two (out of seven) in satisfaction with their lives as a whole. Fifty-five percent said their work was very interesting; 20% found their pay very good; 88% said they would continue to work even if they had the option not to, but 58% said not in the same job. When asked if their jobs gave them the opportunity to develop their abilities, 60% responded "somewhat true" versus "very true". When asked if the chances for promotion were good in their job, 44% said "somewhat true" and 39% said "not very true". When asked to respond to questions regarding self-evaluation, eighty-one percent felt they were "fairly closely" becoming the person they wanted to be. Eighty percent claim to have satisfied most of their ambitions and 73% felt it better to plan ahead in life, while 27% said they "left it up to luck"!

Demographic variables such as age and marital status were examined in relationship to differences found within the sample, regarding scores on the well-being scale. For instance married nurses showed a significantly greater proportion of high scores on the global happiness item than did single subjects; 38% of the married nurses said they were
"very happy these days," while 11% of the single nurses responded so (chi-square = 6.97503, p=.0306). Marital status did not appear to be related to whether or not nurses in the sample wished to continue working or not.

Age significant relationships emerged in examination of the different affect scale scores on the well-being scale. The percentage of high positive affect scores (score of 3 or 4) within age groups for this sample was greater for the older age groups (except 41+) than for the younger (chi-square = 27.36328, p=.0068). The younger groups displayed a greater percentage of high negative affect scores than the older groups in the sample (chi-square = 33.08240, p=.0072), (Table 6). It appears from these affect scale scores, that the youngest nurses in the sample (21-25 years old) experienced the least positive affect and the most negative affect, in comparison to the older nurses, in their recent lives. These same younger nurses had a greater percentage who said they felt "rushed in their lives", than those over 25 years old who responded so (chi-square = 22.40259, p=.0042).
Table 6
Percentages of High Positive and Negative Affect in Age groups of a Sample of 80 Nurses

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent Scoring High (3 and 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(21-25)</td>
</tr>
<tr>
<td>Affect</td>
<td></td>
</tr>
<tr>
<td>Positive  Affect</td>
<td>84.6</td>
</tr>
<tr>
<td>Negative  Affect</td>
<td>54</td>
</tr>
</tbody>
</table>
CHAPTER V
DISCUSSION

The baccalaureate degree nurses in this study were generally found to have significantly higher levels of self actualization, higher overall well-being scores but lower job satisfaction scores than the normative populations. An hypothesized positive correlation between self-actualization levels and global well-being scores was not evidenced by the data for this sample of nurses. Several interpretations for this lack of a statistically significant correlation are possible.

The effects of measurement error may have greatly reduced the value of this statistical correlation. The POI and Quality of Life survey were examined as both reliable and valid. Yet in the estimation of the variables examined for this population, an error in measurement could have occurred and thus a resultant deviation of actual scores from the samples true scores. Another possible explanation for the unobserved statistical correlation is the influence of range restriction on this statistic. Generally, the more homogeneous a group the lower the statistical correlation will appear between two variables (Hopkins and Glass, 1978). The lack of variability in this group of nurses could have led to the absence of a statistically significant correlation, thereby leading to the rejection of the correlational hypothesis; they were all women, mostly young, college-educated, hospital based and worked in the same profession. If these subjects had been included in a larger more heterogenous group, it is very probable a positive relationship between self-actualization and well-being would have been more clearly evident.

The data demonstrate that the nurses in this study appear to have
developed self-actualizing values. They scored within the self-actualizing range on the POI, and in addition scored higher in self-actualization than Shostrom's normative groups of non-self-actualized adults and a group of diploma program nursing students. Gunter (1969), Kramer, McDonnell and Reed (1972) and Goldstein (1980) have predicted the impact of different training programs on self-actualization scores: that the baccalaureate degree nursing program fosters self-actualization to a greater extent than diploma or associate degree programs. All of the nurses in this study came from baccalaureate degree programs. Their high levels of self-actualization appear to support these researchers' findings.

In comparing the nurses in this study with Shostrom's normative sample of diploma program nursing students, mean age differences need to be considered in interpretation of the findings. The baccalaureate degree nurses are more mature chronologically ($X = 29$) than the sophomore nurses reported in Shostrom's norms. From a theoretical standpoint it has been hypothesized that peaks of actualizing cannot be reached until full maturity is attained. For the most part empirical data support this contention (Knapp, 1976). Yet, there are exceptions: Andrew Greely (1970) found in his study utilizing a Catholic priest sample, a significant negative correlation (.34) between age and the Inner-Directed scale on the POI. It seems more research is needed to clarify the interaction of age and actualizing tendencies with other moderating variables, in this case, type of nursing program. Thus, while the nurses in this study were somewhat older than the student nurse population, it seems unlikely that age differences alone could have accounted for group differences in self-actualization.
The mean age of this sample population was 29, young enough to warrant the examination of their past educational programs as having influenced their present self-actualization levels. Collegiate schools base much of their curricula on humanistic theory (Kramer et al, 1972; NLN, 1976). For instance, one of the universities attended by several subjects in the nursing sample, displays this focus in their objective to: "develop a system of values for self-direction, growth in understanding of responsibilities to self and society, and in the process achieve a wholesome personal life, effective as a professional person and citizen" (p. 2). The nurses in this sample, as baccalaureate students, were required to take courses in areas such as psychology, sociology, anthropology, leadership, group process, interpersonal communication and the like. If they had chosen associate degree or diploma programs the focus would likely have been more narrowed on the "hands on" and technical aspects of nursing. The assertion here is that the course work and humanistic focus of the baccalaureate programs help establish "good conditions" wherein students may more fully realize their potentials. Rosendahl's (1973) findings of a moderate positive relationship between self-actualization on the POI and evaluations of empathy, non-possessive warmth and genuineness of the instructor, for a group of baccalaureate students, support the expected positive impact of a humanistic focus on self-actualization. For the nurses in this study it might also be probable that the humanistic focus of their education could have influenced their self-actualization levels.

There remains the possibility that self-actualized young women are somehow attracted to baccalaureate degree programs, a consideration
which would not discredit the high levels of self-actualization found within the population, but would attribute its existence to conditions antecedent to the experience of the collegiate education itself. This could be detected by testing for self-actualization levels before, during and after the baccalaureate program. In the present study subjects were tested for self-actualization levels after having already graduated and entered the work field. Consequently, additional environmental conditions, not tested in this study, could have impacted on self-actualization levels and thus the outcomes found in this research.

The nurses in this study also demonstrated significantly high levels of global well-being as compared to Campbell, Converse and Rodgers' 1976 normative population consisting of a random sample of 3,692 adults taken from the total adult population in the United States. As traced in the review of the literature, certain life conditions appear to be more influential in determining the experience of well-being. These conditions have been described in terms of life domain satisfactions. The domain of self was found to impact the greatest on overall well-being scores in the Campbell, Converse and Rodgers' study (1976). They discovered that subjects who scored high in well-being also tended to score high in satisfaction with self, and expressed a strong sense of personal control. The data from this study, examining baccalaureate degree nurses, appear to support the Campbell, Converse and Rodgers' findings: The group as a whole scored high in well-being; the domain of self was ranked 5th in mean level of satisfaction as compared to 12th for the Quality of Life sample; and 81 percent of the nurses felt they were "fairly closely" becoming the person they
wanted to be.

It theoretically follows that a person who feels satisfied with himself or herself and who feels in control of his or her own fate, might also have more nearly fulfilled the need for being, for self-actualization, than a person who does not have these self-perceptions.

In contrast to high self-actualization and well-being levels, it was hypothesized that baccalaureate degree nurses in this study would score lower in job satisfaction, as measured by the Quality of Life survey, than the Campbell, Converse and Rodgers' normative population of college educated subjects representing several different professions. Males and females were both included in the Campbell, Converse and Rodgers' study. A significant difference between men and women in average job satisfaction was not found for the normative sample (Campbell et al, 1976). Thus the difference between the nurses in this study and the normative population does not appear to be gender specific, but perhaps more indicative of objective characteristics of the job, perceptions of the job and characteristics of the respondent.

Possible explanations for baccalaureate degree nurses' job dissatisfaction were discussed in the literature review in terms of role theory. Baccalaureate degree nurses experience intense professional socialization in the collegiate environment but are employed by a bureaucratic work system, the hospital. A resultant conflict of expectations permeates such an environment.

The nurses in this study came from baccalaureate programs that emphasized the independent functions of nursing practice. These functions included assessment and decision making in the areas of comfort, prevention, coping, and teaching and counseling related to
illness, normal growth and development, family planning and more. Yet often the demands placed on them in the hospital setting leave little time or energy to perform these functions well. Such a setting may have existed in the two hospitals represented in this study. Both hospitals were experiencing a shortage of nurses, and thus the work load was larger and more task oriented than when there was full staffing. In addition opportunities for promotion appear to have been few for the nurses in both hospitals. When asked if the chances for promotion were good, only 16% said true and 40% responded not very true at all.

The position a nurse held or how many years she spent in nursing did not appear to influence job satisfaction scores. This contradicts the findings of Roehm (1976), who found that job satisfaction increased (though not to high levels) after one year of employment for baccalaureate degree nurses, and of Kramer, McDonnell and Reed (1972) who found administrative nurses expressed less role conflict than staff nurses.

Examination of the data drawn from this study reaffirm the groups' generally low job satisfaction. For instance 88% said they would continue to work even if they had the option not to, but 58% said not in the same job. When asked if their jobs gave them the opportunity to develop their special abilities, 60% responded "somewhat true" versus "very true".

It has also been noted that personal characteristics can influence whether or not a nurse will be satisfied with her job. Although the present study did not specifically test for a correlation between self-actualization and job satisfaction, the expectation of a negative relationship seemed plausible. Self-actualizing values may conflict
with prescribed nursing roles. Nurses are usually required to obey doctors' orders in regard to patient care whether they agree with them or not. The inner-directed person will most likely resist following instructions that go against her convictions. The nurses in this study scored significantly high in inner-directedness.

Loyalty and allegiance to the institution tends to be highly reinforced by the organization. Kramer, McDonnell and Reed (1972) found that a large percentage of the nurses in their study judged as highly successful by their employers, held administrative positions. This also appears to be true to a certain extent for the two hospitals examined in this study of baccalaureate degree nurses; promotions and monetary advancement appear to be associated with moving into administration versus advancing clinically, although the administrative nurses did not differ in level of job satisfaction from staff nurses as predicted. Most of the administrative nurses were not involved directly in patient care. Although not tested in this study, perhaps the lack of intrinsic rewards associated with patient care, accounted for some of these nurses' low job satisfaction scores.

White (1980) suggests we stop trying to find fault with nurses and focus on changing hospital conditions. Kramer (1980) found nurses much happier and more satisfied with their jobs and less role-deprived when: working in organizations where they were not bound down by rules and regulations; where they were permitted and encouraged to make individual care decisions; and where they were rewarded for nursing rather than managing. Wandelt, Pierce and Widdowson (1981) questioned hundreds of nurses in their study as to why nurses leave nursing. They found that nurses were dissatisfied with employment when job conditions did
not allow them to deliver professional nursing care to patients. A similar response was given by the baccalaureate degree nurses in this study. When asked what they could change if given the chance, many responses related to quality of patient care. Several nurses expressed a need for more time with patients and a desire for continuity of patient care. A few nurses wrote in that they would like to work on a primary care unit, where they would be given their own case load and allowed to follow a patient throughout their hospital stay and discharge.

From the results of this study it appears that many baccalaureate degree nurses value their own self-fulfillment as individuals and professionals. As a group they are experiencing high levels of well-being in many areas of their lives, despite comparatively low job satisfaction. It has been inferred that the baccalaureate education these nurses received, with its humanistic-professional focus, played a large role in the development of the self-actualizing values displayed. Throughout this study it has been asserted that such a value system is worthwhile in terms of the nurses overall mental health and to the focus and direction of professional nursing. One limitation to this study involving a population of baccalaureate degree nurses, is that results can only be extrapolated to the baccalaureate degree nurses in two particular hospitals.

Possibilities for further research include: initial measurement of the women entering baccalaureate degree programs by the inventories as well as repeated administration over time; consideration of how and why nurses might initiate changes in hospital settings; direct-observation of patient-care and isolation of nursing functions.
nurse characteristic; and behaviors that promote optimal patient healing and well-being; and further investigation of hospital conditions where turnover rates are low for baccalaureate degree nurses and job satisfaction is experienced.

Hopefully, through research and implemented change, baccalaureate degree nurses will be viewed and utilized by institutions more in terms of their personal strengths and contributions to quality patient care rather than as disrupters of institutional routine. Then, perhaps job satisfaction will add to the nurses’ overall experience of well-being.
APPENDIX A

Letter Requesting Hospital Participation
Western Michigan University  
Kalamazoo, Michigan 49001

May 25, 1983

Ms. Hazel Latondress  
Assistant Vice President-Nursing Service  
Hospital  
Kalamazoo, Michigan

Dear Ms. Latondress:

I am a registered nurse in the process of completing my master's degree in clinical psychology. For my master's thesis I have chosen to study nurses and the relationship between their values and subjective well-being. I am supplying you with a description of the study and the two instruments of measurement, in hopes of gaining permission to involve nurses at your hospital.

I am specifically looking at baccalaureate degree nurses who usually come from programs that have written in their curricula goals, the attainment of values of the type I will be measuring. Self-actualization, based on humanistic theory and Maslow's hierarchy of needs, is part of this value system. The Personal Orientation Inventory is designed to measure self-actualizing values, for instance inner directedness and self-regard, and is the major tool for this study.

Research indicates that self-actualization is significantly related to one's overall mental health and subjective life-satisfaction. People moving towards these values are assumed to have the inner resources necessary to meet some of their higher level needs. My second instrument is a life satisfaction survey which will be used to measure subjective well-being. By using these instruments together I hope to find a positive correlation between self-actualization and well-being. I predict the nurses will score high on both instruments. I expect variability within the second instrument, but still should see an overall high score. If indeed these are the results it will affirm self-actualization as a continued positive goal, in terms of general well-being, for nursing education.

Through this research and my work I hope to contribute to the nursing profession by investing myself in the well-being of the women who make up the profession.

Thank you for your time and consideration of this study.

Sincerely,

Lori Butkovich, R.N.
APPENDIX B

Letter Requesting Hospital Participation
May 25, 1983

Ms. Mary Scott  
Nurse Recruitment  
Medical Center  
Kalamazoo, Michigan

Dear Ms. Scott:

I am a registered nurse in the process of completing my master's degree in clinical psychology. For my master's thesis I have chosen to study nurses and the relationship between their values and subjective well-being. I am supplying you with a description of the study and the two instruments of measurement, in hopes of gaining permission to involve nurses at your hospital.

I am specifically looking at baccalaureate degree nurses who usually come from programs that have written in their curricula goals, the attainment of values of the type I will be measuring. Self-actualization, based on humanistic theory and Maslow's hierarchy of needs, is part of this value system. The Personal Orientation Inventory is designed to measure self-actualizing values, for instance inner directedness and self-regard, and is the major tool for this study.

Research indicates that self-actualization is significantly related to one's overall mental health and subjective life-satisfaction. People moving towards these values are assumed to have the inner resources necessary to meet some of their higher level needs. My second instrument is a life satisfaction survey which will be used to measure subjective well-being. By using these instruments together I hope to find a positive correlation between self-actualization and well-being. I predict the nurses will score high on both instruments. I expect variability within the second instrument, but still should see an overall high score. If indeed these are the results it will affirm self-actualization as a continued positive goal, in terms of general well-being, for nursing education.

Through this research and my work I hope to contribute to the nursing profession by investing myself in the well-being of the women who make up the profession.

Thank you for your time and consideration of this study.

Sincerely,

Lori Butkovich, R.N.
APPENDIX C

Letter Requesting Nurse Participation
Western Michigan University
Kalamazoo, Michigan 49001

June 5, 1983

Dear Nurse:

I am asking you to share the thing which is usually least available in our profession -- about one-hour of your time. While I realize this is a very busy time of year, I need your help to complete research for my master's thesis in clinical psychology. This project is part of a major goal of my life, to integrate both nursing and psychology. Investing in women and their well-being is for me an on-going commitment.

I am very interested in the attitudes and feelings of women nurses toward themselves in different areas of their lives. You have been chosen from Bronson and Borgess hospitals to receive the enclosed inventories. Your cooperation is invaluable.

In the following pages you will be asked to choose the statement which most consistently applies to you and later to answer specific questions about how you view your life. You will remain completely anonymous by simply withholding your name. However, if you would like feedback regarding results of the study, I would be happy to make that available to you; simply sign your name on the answer sheet enclosed. The personal information you share with me will be held in strictest confidentiality, accessible only to you upon your direct request.

It is important that all answer sheets be kept intact and uncreased. Please return all materials in the enclosed stamped envelope.

I am grateful for your participation in this study. I consider it an investment in you and in our profession. Please feel free to call me if you have any questions. My phone number is 375-6954.

Sincerely,

Lori Butkovich, R.N.

I endorse this study and find it beneficial to nurses and the nursing profession ____________________________________________


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