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THE DEVELOPMENT AND EVALUATION OF AN INTERPERSONAL SKILLS
TRAINING PROGRAM IMPLEMENTED FOR NURSE EDUCATORS

by

Mary Joan Anderson

B.Sc.N., University of Saskatchewan, 1964

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS (EDUCATION)

in the Faculty

of

Education

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June 26, 1979

Joan Anderson
Nurse Educator
Psychiatric Nursing Program


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Best regards,

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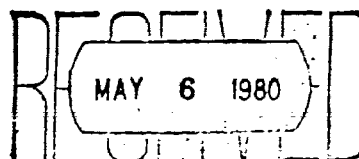
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It must be true love and I'm all for it, being happily married for 30 years.

Cordially,

Helyn Rippert

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APPROVAL

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ABSTRACT

THE DEVELOPMENT AND EVALUATION OF AN INTERPERSONAL SKILLS TRAINING PROGRAM IMPLEMENTED FOR NURSE EDUCATORS

The study had two purposes. The first was to design an interpersonal skills training program for nurse educators in Empathy, Respect and Genuineness to improve their facilitative functioning with student nurses. The second purpose was to compare the effects of training versus no training on the ability of nurse educators to communicate facilitative helper responses.

Twelve nurse educators were trained to interact more effectively by responding at higher levels of Empathy, Respect and Genuineness. The training program included didactic, experiential and modeling components. The program involved twenty hours of training over a ten-week period and focused on Empathy as the key interpersonal skill.

Carkhuff's Index of Communication was used to measure the ability of experimental and control subjects to formulate written facilitative responses prior to and immediately following the training program. Pre- and post-audiotape recordings of subjects in the helper's role were also collected. The responses were evaluated by two independent, trained raters using Carkhuff's Global Rating Scale and Carkhuff's individual scales for Empathy, Respect and Genuineness.

The t-test was used to compare the levels of functioning in the experimental group with the control group on pre- and post-measures of written and audiotaped helper responses. A regression analysis determined the influence of independent and control variables upon the variance in the posttest scores of the dependent variables.

Results of the study showed that the facilitative functioning of the experimental group improved significantly in comparison with the control group. Significant improvements occurred on the measures for written facilitative responses and the ratings of audiotaped responses in Empathy, Respect and Genuineness.

Based on the results of the study, implications were identified regarding the appropriateness of facilitative training for nurse educators and entire nursing faculty memberships; extended training and retraining programs; and the effect of training with respect to interpersonal relationships.

Four suggestions for further research were derived from the study. These included cross-validation studies with nurse educators in other settings, longitudinal studies investigating trainee gains, studies of the relationship between the nurse educators' facilitative level and subsequent levels for student nurses, and studies investigating the variables which determine the potential for trainee growth.

QUOTATION

Let people realize clearly that every time they threaten someone or humiliate or hurt unnecessarily or dominate or reject another human being, they become forces for the creation of psychopathology, even if these be small forces. Let them recognize that every man who is kind, helpful, decent, psychologically democratic, affectionate and warm is a psychotherapeutic force even though a small one.

Abraham H. Maslow

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CHAPTER I

INTRODUCTION

The Need for the Study

This study was undertaken to examine the effect of an interpersonal skills training program upon the ability of nurse educators to respond with Empathy, Respect and Genuineness. The need for the study has been derived from the experiences and writings of authors working in the helping professions.

Nurse educators are members of two helping professions -- nursing and teaching. Peplau (1952) defined nursing as a "human relationship between an individual who is sick, or in need of health services, and a nurse especially educated to recognize and to respond to the need for help (p. 5)." Teaching, as defined by Pullias and Young (1968), is "guiding students in securing the amount and quality of experience which will promote the optimum development of their potential as human beings (p. 9)." To some extent nursing and teaching differ in respect to their purposes, clientele and techniques. However, both nursing and teaching involve an interpersonal relationship which is marked by transactions between a more knowing individual (helper: nurse, teacher) and a less knowing individual (helpee: patient, student).

An interpersonal relationship wherein the helper intends to facilitate the personal growth of the helpee is sometimes called a "helping relationship". Researchers and writers in the professions relating to health and education have focused considerable attention on understanding the nature of a helping relationship (Aspy, Berenson, Carkhuff, Combs, Gazda, Rogers, Truax).

Carl Rogers (1961) has offered a theory of helping relationships. He hypothesized that the helpee will experience positive growth and change when a certain type of relationship is provided by the helper. The essence of this relationship focuses on the qualities or characteristics which the helper communicates to the helpee. Rogers writes:

Thus the relationship which I have found helpful is characterized by a sort of transparency on my part, in which my real feelings are evident; by an acceptance of this person as a separate person with value in his own right; and a deep empathic understanding which enables me to see his private world through his eyes (p. 34).

These helper characteristics, Genuineness, Respect and Empathy, are often referred to as "facilitative conditions", while "facilitative functioning" designates their presence in a helper's interaction. Moreover, the facilitative conditions are regarded as interpersonal skills, present or absent in varying degrees in virtually all human relationships.

Considerable evidence supports Rogers' theoretical position. This evidence focuses on the central idea that the manner in which the helper

interacts with the helpee influences the healing and learning processes in the latter (Berenson and Carkhuff, 1967; Carkhuff and Berenson, 1967; Combs, Avila and Purkey, 1971; Lynch, 1977; Skipper and Leonard, 1965; Truax and Carkhuff, 1967). Evidence also suggests that Empathy, Respect and Genuineness not only promote positive helpee outcomes but are inherent in successful helping relationships (Carkhuff and Berenson, 1967; Carkhuff, 1969a; Truax and Carkhuff, 1967).

Because nursing implies a helping relationship, the profession has long regarded the facilitative conditions of Empathy, Respect and Genuineness as inherent and required components of the interpersonal process in nursing (Chapman and Almeida, 1972; Kalisch, 1971; La Monica, 1975; Orlando, 1961; Peplau, 1952; Robinson, 1972). Their presence in the nurse's interactions substantially influence what each patient experiences and learns as he is nursed throughout his illness (Peplau, 1952).

However, there is quantitative and qualitative evidence suggesting that interactions between helpers and helpees often do not prove beneficial. The helping process can be destructive to growth rather than enhancing, depending on the level of facilitative functioning of the helper (Carkhuff, 1969a; Carkhuff and Berenson, 1967; Truax and Carkhuff, 1967). Evidence verifies that a large proportion of nurses practicing their profession interact at a non-facilitative level (Duff and Hollingshead, 1968; Gazda, 1975; La Monica, 1975).

Studies document that many training programs do not produce helping professionals who are capable of facilitating the healthful growth of their clients (Carkhuff, 1968; Carkhuff and Berenson, 1967; Carkhuff, Kratochvil and Friel, 1968). Furthermore, evidence suggests that experienced practitioners conducting professional training programs are functioning at less than minimally facilitative levels (Carkhuff, 1969a; Carkhuff and Berenson, 1967; Carkhuff, Kratochvil and Friel, 1968). Substantial documentation indicates that trainees converge on the level of functioning of their trainers (Bergin and Solomon, 1963; Carkhuff, 1969a; Pierce, Carkhuff and Berenson, 1967). Therefore, a trainer's low level of functioning exerts a retarding effect upon a trainee's potential for growth and learning.

In the nursing profession, studies indicate that student nurses function at low levels of facilitative functioning (Kalisch, 1971; La Monica and Karshmer, 1976). This evidence suggests that nursing education programs are not preparing facilitative helpers. Although the suggestion for further research does appear in the relevant literature (La Monica, 1975), no study has been conducted which focuses on one of the important variables influencing the development of interpersonally competent nurses-- the level of facilitative functioning of nurse educators.

Only those persons who possess high levels of functioning can provide for constructive growth of their trainees (Carkhuff, 1969a). This principle has important implications for nurse educators if nursing

education is to fulfill its obligation of assisting each student nurse become a person who can nurse patients in a helpful way. Nurse educators must first establish themselves as effective helpers. In this regard, the level of facilitative functioning of helpers such as nurses and teachers has been significantly increased by systematic training programs (Aspy, 1972; Berenson (D.), 1971; Carkhuff, 1969a, 1969b; Carkhuff and Truax, 1965; La Monica, 1975).

At this point in time, no systematic training programs specifically designed for nurse educators have been available in the research setting, the British Columbia Institute of Technology. The unanimous decision by the Psychiatric Nursing faculty in this setting to participate in the research study is an important indicator that nurse educators endorse the worthiness of such a project.

In summary, the rationale for the study is based on several beliefs. The first is that nurse educators are helpers who should function at facilitative levels as one means of producing more effective helpers in the nursing profession. The second belief is based upon the positive outcomes associated with systematic training programs in the facilitative conditions of Empathy, Respect and Genuineness.

Statement of the Problem

Does a training program in Empathy, Respect and Genuineness lead to an increase in skills so that nurse educators improve their facilitative functioning with student nurses?

Purpose of the Study

The purpose of the study was two-fold. The first was to design a training program for nurse educators in Empathy, Respect and Genuineness to improve their facilitative functioning with student nurses. The second purpose was to compare the effects of training vs. no training on the ability of nurse educators to communicate facilitative helper responses, and then to examine the relationships between these results and selective individual differences.

The following objectives flow from the above stated purpose:

1. To assess the levels of facilitative functioning of a nursing faculty in a two year diploma nursing program by using Carkhuff's Index of Communication and audiotapes completed by the subjects.
2. To provide nurse educators with a training program specifically designed to increase facilitative perceptions and responses.
3. To test statistically the effectiveness of the training program in facilitative conditions by comparing the effects of systematic training vs. no training.

4. To determine the variance in the posttest levels of facilitative functioning resulting from the influence of individual differences within the sample group.

Hypotheses

Four null hypotheses were tested in the research. The rejection level for each hypothesis was at the .05 level of significance.

1. There will be no significant difference of mean scores on Carkhuff's Index of Communication between nurse educators pretested in Group I, the experimental group, and Group II, the control group.
2. There will be no significant difference of mean scores on Carkhuff's Index of Communication between nurse educators posttested in Group I, the experimental group, and Group II, the control group.
3. There will be no significant difference of mean scores in Empathy, Respect and Genuineness on audiotape recordings between nurse educators pretested in Group I, the experimental group, and Group II, the control group.
4. There will be no significant difference of mean scores in Empathy, Respect and Genuineness on audiotape recordings between nurse educators posttested in Group I, the experimental group, and Group II, the control group.

Definitions of Terms

The following expressions are defined in terms of their meanings for the purposes of this study:

Psychiatric Nursing Program: The Psychiatric Nursing Program is a technological or community college level nursing program requiring approximately two years of full time education after high school. The program is designed to provide basic preparation for practice in psychiatric nursing.

Nurse Educator: A nurse educator is an occupational title which designates a nurse with the necessary academic qualifications and clinical nursing expertise to teach in nursing education programs.

Facilitative Conditions: Facilitative conditions refer specifically to the conditions of Empathy, Respect and Genuineness.

Empathy: Empathy includes both the helper's sensitivity to current feelings and content expressed and his verbal facility to communicate this understanding in a language attuned to the helpee's current feelings (Truax and Carkhuff, 1967, p. 46).

Respect: For a helpee, respect means that he feels accepted as a person with human potentialities. It involves a nonpossessive caring and prizing of the helpee as a separate person. It includes a valuing of the helpee as a person, separate from any evaluation of his behaviour or thoughts (Truax and Carkhuff, 1967, p. 58).

Genuineness: The helper may be functioning as a therapist; actively reflecting, interpreting, analyzing, but this functioning must be self congruent so that he is being himself in the moment rather than presenting a professional facade. The helper's response must be sincere rather than phoney; it must express his real feelings of being, rather than defensiveness (Truax and Carkhuff, 1967, p. 69).

Helping Relationship: A relationship between helper and helpee in which the helpee has the intent of promoting the growth, development, maturity, improved functioning, improved coping with life of the helpee (Rogers, 1961, pp. 39-40).

Facilitative Functioning: Facilitative functioning occurs in the presence of the facilitative conditions, Empathy, Respect and Genuineness in the helper's interactions. It can be assessed on five-point scales moving from the communication of none of the conditions (level 1) to their full and simultaneous communication (level 5). (Carkhuff, 1969a, p. 171).

Minimum Level of Facilitative Functioning: Minimally facilitative refers to the minimal level of conditions in which an effective helping process can take place. At this level the helper is functioning at level 3.0 on five-point scales designed by Carkhuff to assess the helpfulness of a helper's interaction (Carkhuff, 1969a, p. 173).

Training Program in Facilitative Conditions: This refers to the training program described in this study designed to increase the facilitative

functioning of nurse educators. The experimental group (Group I) represents the subjects who will participate in the training program. The control group (Group II) represents the subjects who will not participate in the training program.

Carkhuff's Index of Communication: Carkhuff's standardized and valid instrument of measurement assesses the level of the helper's facilitative functioning to 16 standardized and representative helpee stimulus expressions (Carkhuff, 1969a, pp. 94-99).

Methodology

A brief description of the methods and procedures are contained in this section. A more detailed treatment of the same subject will be given in Chapter III.

The sample employed in the study consisted of twenty-three nurse educators teaching in the basic diploma program in Psychiatric Nursing at the British Columbia Institute of Technology in Burnaby, B.C. The British Columbia Institute of Technology is a post-secondary institution offering a wide variety of two year technological diploma programs.

The teaching responsibilities within the nursing faculty are allocated within four intact groups. Twelve nurse educators comprising two intact groups were assigned to Group I, the experimental group. Group II, the control group, was composed of two intact groups of eleven

nurse educators. The members of Group I participated in a ten-week interpersonal skills training program. The program focused on the discrimination and communication of three facilitative conditions: Empathy, Respect and Genuineness. The participants in Group II provided the control for testing the effectiveness of the program.

Carkhuff's Index of Communication (1969a) was used to assess the ability of subjects to communicate facilitative helper responses. Indexes were completed by all subjects prior to and immediately after the training program. Pre-and post-audiotaped recordings of subjects in the helper's role were also collected. The responses were evaluated by two independent, reliable raters using Carkhuff's Global Rating Scale (1969a) and Carkhuff's individual scales for Empathy, Respect and Genuineness (1969a). Rater reliability was established by using the Pearson product-moment coefficient of correlation.

The t-test of a difference between means was used to compare the pre- and posttest levels of functioning in Group I, the experimental group, with Group II, the control group.

The analysis of covariance was designated as a method of reducing the potential heterogeneity of the dependent variables. However, a comparison of the pretest levels of functioning did not substantiate the use of this statistical procedure.

A regression analysis was conducted to determine how much variance in the posttest scores was due to the influence of independent and control variables.

Limitations of the Study

The nature of the study imposed the following limitations.

The small number of subjects make it difficult to generalize the findings to the population of nurse educators as a whole.

Nurses are trained in various educational settings for different occupational roles within the nursing context. The nurse educators in the sample group teach in a basic diploma program preparing psychiatric nurses. The applicability of the study findings to nurse educators teaching in programs designed to prepare nurses with different credentials may be reduced.

No systematic intervention and interaction occurred between the researcher and the subjects in the control group. As a result there was no assessment of the reactive effects which may have resulted from the experimental group's participation in the training program and interaction with the researcher.

Another limitation may be in assessing the long term effects of a short term program. Trainees can return to environments that do not support or reinforce their activities or learning (Munger, Myers, and Brown, 1963).

CHAPTER II

SELECTIVE REVIEW OF THE LITERATURE

The literature review in this study will cover the following four areas: (1) Empathy, Respect and Genuineness as key interpersonal skills; (2) a rationale for nurses to perceive and respond facilitatively; (3) a rationale for the education of nurse educators to perceive and respond facilitatively; and (4) a rationale for using a systematic training program in Empathy, Respect and Genuineness for nurse educators.

Empathy, Respect and Genuineness as
Key Interpersonal Skills

The emergence of Empathy, Respect and Genuineness as key interpersonal skills originates in the experiences and writings of Carl Rogers (1961), who expressed, "I have found a way of working with individuals which seems to have much constructive value (p.29)." Rogers (1961) shared what he had learned during his experiences and encounters in all human relationships. He developed the following general statement regarding the facilitation of personal growth:

If I can create a relationship characterized on my part:
by a genuineness and transparency in which I am my real feelings;
by a warm acceptance of and prizing of the other person as a separate individual;
by a sensitive ability to see his world and himself as he sees them;

Then the other individual in the relationship;
will experience and understand aspects of
himself which previously he has repressed;
will find himself becoming better integrated,
more able to function effectively;
will become more similar to the person he would
like to be;
will be more self-directing and self-confident;
will become more of a person, more unique and
more self-expressive;
will be more understanding, more acceptant of
others;
will be able to cope with the problems of life
more adequately and more comfortably.

I believe that this statement holds whether I am
speaking of my relationship with a client, with a group
of students, or staff members, with my family or children
(Rogers, 1961, pp. 37-38).

Rogers' theory of a helping relationship focused on identifying and relating to client or helpee outcomes those specific dimensions of the therapeutic process which facilitate growth. Thus, the theory specified that if a certain type of relationship was provided by the therapist or helper, the helpee would discover within himself the capacity to use the relationship for growth and personal development. It is from the nature of the relationship described that the following helper characteristics, or facilitative conditions, emerge:

1. The helper is congruent or genuine in the relationship (Genuineness).
2. The helper experiences and communicates unconditional positive regard or respect for the helpee (Respect).
3. The helper experiences and communicates empathic understanding of the helpee's frame of reference (Empathy).

In this study, these central helper variables are referred to as the key interpersonal skills of Genuineness, Respect and Empathy.

Rogers' theoretical position has been the subject of considerable empirical study. Investigations offer substantial support for the relationship of a core of facilitative conditions to helpee outcome measures of personality change. Following an extensive review and summary of these inquiries, Truax and Carkhuff (1967) stated:

These studies taken together suggest that therapists or counselors who are accurately empathic, non-possessively warm in attitude, and genuine are indeed effective; the greater degree to which these elements were present in the therapeutic encounter, the greater was the resulting constructive personality change in the patient (p. 100).

In addition, Carkhuff (1967) proposed that "All effective interpersonal processes share a common core of conditions conducive to facilitate human experiences (p. 427)." Thus, the evidence suggests that these conditions are not only necessary to account for effectiveness in psychotherapy but are also related to success in other helping relationships, such as nurse - patient, and teacher - student relationships (Berenson and Carkhuff, 1967; Carkhuff, 1969a, 1969b; Carkhuff and Berenson, 1967; Carkhuff and Truax, 1967). Rogers' earlier conviction (1961) regarding the applicability of his theoretical stance to all human relationships received further support.

The therapeutic conditions of Genuineness, Respect and Empathy will be examined in reference to their role in the helping process. The interlocking nature of these facilitative conditions determines the order in which the triad is considered.

Helper Genuineness. The condition of Genuineness or congruence is fundamental to a growth-facilitating relationship. Rogers (1961) expressed that "the most basic learning for anyone who hopes to establish any kind of helping relationship is that it is safe to be transparently real (p. 51)." Rogers believed the helper must be dependably real or congruent in order to be perceived by the helpee as trustworthy and consistent. According to Rogers:

..... the therapist should be, within the confines of this relationship, a congruent, genuine, integrated person. It means that within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a facade, either knowingly or unknowingly. (In Berenson and Carkhuff, 1967, p. 75).

The level of the helper's Genuineness is an indication of his psychological maturity. It follows that the helper's awareness of his own experience is closely linked to his ability to help another become more aware of self (Carkhuff and Berenson, 1967; Rogers, 1961). The more genuine the helper, the greater the potential for assisting the helpee to achieve higher levels of Genuineness (Carkhuff, 1969a).

Carkhuff and Berenson emphasized the potential danger existing when helper experiences only negative feelings toward the helpee. In response to this difficulty, they stated:

..... when his only genuine responses are negative in regard to the second person, the therapist makes an effort to employ his responses constructively as a basis for further inquiry for the therapist, the client and their relationship (1967, p. 29).

The effect upon the helpee when Genuineness is absent from the helping process was considered by Truax and Carkhuff.

To be understood deeply by a potential enemy or by an unpredictable "phony" can be deeply threatening rather than facilitative (1967, p. 32).

Thus, the necessity for the helper to first establish himself as a "real" person in the relationship becomes apparent. A minimal level of Genuineness is a prerequisite if Respect and Empathy are to function fully in a helping relationship.

In their search to identify essential characteristics of effective helpers, Truax and Carkhuff found that theorists of many diverse psychotherapeutic orientations stress the importance of Genuineness.

In one way or another, all have emphasized the importance of the therapist's ability to be integrated, mature, genuine, authentic or congruent in his relationship to his patient (1967, p. 25).

Truax and Carkhuff (1967, p. 126, Table 6) reviewed seven studies involving 494 clients in order to investigate the therapist's level of Genuineness in relation to psychological tests that measure therapeutic outcome. The hypothesis that Genuineness is related to therapeutic effectiveness was significantly supported by nineteen specific outcome measures while six specific outcome measures were significantly against the hypothesis. When these studies were examined from the point of view of overall combined outcome measures, there were six instances significantly favouring the hypothesis and none significantly against:

Thus, literature and research findings have emphasized the helper's level of Genuineness as an important variable influencing the effectiveness of a helping relationship.

Helper Respect. The second facilitative condition derived from Rogers' theory of a helping relationship involves the helper experiencing and communicating an unconditional positive regard for the client.

Many terms and phrases identify this concept in the literature: unconditional positive regard, nonpossessive warmth, acceptance, warmth, nonpossessive caring and Respect. These phrases are closely related. Although theorists use different terminology, they share a similar working definition. All have stressed "... the importance of the therapist's ability to provide a nonthreatening, trusting, safe or secure atmosphere (Truax and Carkhuff, 1967, p. 25)" by communicating these positive attitudes to the helpee.

The condition of Respect is manifest as the helper's warm regard for the helpee's worth and significance as a person (Rogers, 1951, p. 21). Respect also involves a non-evaluative "prizing" of the helpee, "... of value no matter what his condition, his behaviour, or his feelings (Rogers, 1961, p. 34)." As a result, the helper permits the client "... to be whatever feeling is going on in him at the moment ... (Rogers, 1961, p. 62)."

Words matched with genuine nonverbal expressions of warmth, acceptance and Empathy serve as the principal vehicles for communicating Respect and regard. Rogers shared his concept of this process when he stated:

..... it would appear that for me, as counselor, to focus my whole attention and effort upon understanding and perceiving as the client perceives and understands, is a striking operational demonstration of the belief I have in the worth and the significance of this individual client (Rogers, 1951, p. 35).

The presence of Respect for a helpee creates a secure and warm environment where it is safe for the individual to engage in the process of reorganizing his self-concept. As the helping person communicates a consistent and unconditional positive regard for the helpee and his feelings, the helpee "... moves toward taking the same attitude toward himself, accepting himself as he is, and therefore ready to move forward in the process of becoming (Rogers, 1961, p. 63)."

An examination of relevant literature by Truax and Carkhuff (1967) revealed that, despite the divergent nature of theories of psychological therapy, the concept of the helper variable of Respect was frequently identified as an essential ingredient of successful helping (pp. 34-38).

The same authors reviewed eight studies involving 508 clients and systematically examined the therapist's level of Respect (referred to as "nonpossessive warmth" in the text cited) in relation to psychological measures used to evaluate therapeutic outcome (Truax and Carkhuff, 1967, p. 127, Table 7). Thirty-one specific outcome measures significantly favoured the hypothesis that Respect is related to therapeutic effectiveness while no specific outcome measures significantly opposed it. When these studies were considered with regard to the overall combined outcome measures, five instances significantly supported the hypothesis and one was significantly against.

In summary, Respect is an attitude communicated to the client by the helper. Respect communicates a caring, a prizing, a basic trust in the helpee's ability to develop. Writings and research findings substantiate the importance of this helper variable in the therapeutic process.

Helper Empathy. An empathic understanding of the helpee's internal frame of reference (Empathy) is the remaining and perhaps most critical helper variable to emerge from Rogers' theory of a growth-facilitating relationship. Empathy is the ability "to sense the client's private world as if it were your own but without losing the 'as if' quality (Rogers, 1957, p. 99)." In other words, it is "the ability to perceive accurately the feelings of another person and to communicate this understanding to him (Kalisch, 1971b, p. 714)."

The principal access to understanding helpees and enabling them to feel understood is Empathy (Brammer, 1973; Carkhuff, 1961a; Truax and Carkhuff, 1967). Carkhuff emphasized the essential nature of Empathy in the helping process: "Without empathic understanding of the helpee's world and his difficulties as he sees them, there is no basis for helping (Carkhuff, 1969a, p. 173)."

The level of Empathy offered by the helper relates directly to the degree to which the helpee understands himself and others (Carkhuff, 1969a, 1969b; Truax and Carkhuff, 1967). The helper is most effective when the helpee is moved to deeper levels of feeling and experience which are within

the range of expression that the helpee can utilize for his own purposes (Carkhuff and Berenson, 1967). As the helper moves into the helpee's world and explores previously unexplored areas of human living and relationships, his communication of awareness provides the helpee with the experiential basis necessary for change (Carlton, 1967). The ability of the helper to "tune in" on the helpee's wave length enables the latter to overcome a feeling of being isolated in the world with one's problem (Carkhuff and Berenson, 1967), otherwise known as "relief from experiential loneliness (Van Kaam, 1959, p. 69)."

In addition, a helper's willingness and desire to understand how the helpee feels about his world implies that the helpee's point of view is of value (Kalisch, 1973, p. 1552); that the self is comprehensible and acceptable (Combs, Avila and Purkey, 1971, p. 239). The locus of evaluation is placed within the helpee (Kalisch, 1973, p. 1552) and a basis is provided for the helpee to clear up distorted self-perceptions and to make constructive change (Carkhuff and Berenson, p. 27, 1967).

In a review of ten studies involving 530 clients, Truax and Carkhuff (1967, p. 125, Table 5) examined the therapist's level of Empathy in relation to psychological tests that measure therapeutic outcome. Twenty-one specific outcome measures significantly favoured the hypothesis that Empathy is related positively to therapeutic effectiveness and none were significantly opposed. When these studies were reviewed from the perspective of overall combined outcome measures, there were ten instances of such measures significantly favouring the hypothesis and none significantly against. Research findings clearly indicate that Empathy is an important variable in effective helping.

The importance of the helper's ability to perceive and respond with Empathy in the helping process should not be underrated. However, Allerand (1964) underscored the fact that it is the manner of the helper that is paramount: if he is an open, fully human, nonmechanical being, he communicates understanding which fosters growth. Truax and Carkhuff (1967) also emphasized the interrelationship of Rogers' triad of helper characteristics in effective helping.

The therapist's example of self-acceptance and congruence is perhaps as crucial as his ability to sense or at least point to the next step in the patient's self-exploration (p. 286).

Thus, a growing body of converging literature and research has suggested important implications for a helper's personal conduct in human encounters. To be facilitative toward another human being requires a psychologically mature helper, who is able to experience and communicate Genuineness, Respect and Empathy to his helpee.

A Rationale for Nurses to Perceive and Respond Facilitatively

The concept of nursing implies a helping relationship (Chapman and Chapman, 1975; Combs et al, 1969; Eckelberry, 1971; Orlando, 1961; Peplau, 1952). Research has documented that all effective helping relationships share a common bond of conditions that are conducive to facilitative human experiences (Berenson and Carkhuff, 1967; Carkhuff and Berenson, 1967; Rogers, Gendlin, Kiesler and Truax, 1967; Truax and Carkhuff, 1967). When communicated,

these conditions of Genuineness, Respect and Empathy form the basis of a helping relationship between nurse and patient.

The facilitative conditions have long been regarded as inherent and necessary components of the interpersonal process in nursing (Chapman and Almeida, 1972; Chapman and Chapman, 1975; La Monica and Karshmer, 1978; Orlando, 1961; Peplau, 1952; Robinson, 1972). The growth-facilitating potential of this process was emphasized by Peplau:

It is likely that the nursing process is educative and therapeutic when nurse and patient can come to know and to respect each other, as persons who are alike, and yet, different, as persons who share in the solutions of problems (1952, p. 9).

The understanding and skill required to establish and maintain effective helping relationships with patients are acknowledged as central components of professional nursing (Eckelberry, 1971; Leininger, 1977; Peplau, 1952).

Research in the nursing field reflects the historical insight that something in the nurse-patient relationship effects a "healing" process.

As Jourard expressed:

One of the events which we believe inspires faith and hope in patients is the conviction that somebody cares about him. If this proves true, it implies that the quality of the nurse-patient relationship is a factor in the patient's recovery. Direct contact with a patient somehow increases his sense of being a worthwhile individual person, and this experience inspires him --- it does something to the body which helps it throw off illness (1971, p. 206).

The research conducted by Tarasuk, Rhymes and Leonard (1965) revealed that the interpersonal interaction occurring between patient and nurse can substantially influence the patient's restorative processes. They observed the activities of nurses in response to patients whose complaints were interpreted by the staff as meaning pain. The nurse in the experimental situation made a deliberate attempt to establish meaningful communication with patients in order to accurately identify their needs. The medication nurses in the control group engaged in minimal communication with the patients. Only thirty-one percent of the patients in the experimental group received pain medication, while all patients were given pain medication in the control group. Furthermore, the experimental approach was described as resulting in faster and more complete relief of the patient's complaints.

The research of Tyron and Leonard (1965) demonstrated the effectiveness of a nondirective nursing approach on the outcome of a nursing procedure. The nondirective exploration of the patient's thoughts and feelings about the proposed procedure, a predelivery enema, significantly increased the effectiveness of the procedure and satisfaction of the patients. A directive, task-oriented approach increased the discomfort of the patients and reduced the effectiveness of the procedure.

Lynch (1977) investigated how human contact affects the heart. By monitoring the hearts of patients in acute care hospital settings, he discovered that a nurse holding a patient's hand and verbally comforting him can have an important effect upon a patient's heart rate. Although

he believed that the research posed far more questions than answers, Lynch concluded that human contact seems desperately important to seriously ill patients. He identified the need for further research in order to distinguish "the types of patients and kinds of social interaction that produce therapeutic benefits for the heart (Lynch, 1978, p. 36)."

Additional studies have researched the effects of touch as a form of nonverbal stimulation with patients. McCorkle (1974) found that seriously ill patients perceived the nurse as more caring when touch accompanied verbal stimulation. The study by Kramer, Chamarro, Green and Knudtson (1975) indicated that early, consistent tactile stimulation in the form of gentle stroking of the nurse's hand on the infant's body did have a significant effect on the rate of social development in premature infants.

These nursing studies infer that some nurse characteristics and skills are ultimately more critical to helping than others. The results suggest a parallel with those of the more well researched outcome studies in psychotherapeutic literature (Berenson and Carkhuff, 1967; Carkhuff and Berenson, 1967; Truax and Carkhuff, 1967).

Carkhuff and Berenson (1967) stated: "There is an extensive body of evidence suggesting that all human interactions between persons designated by society as 'more knowing' and 'less knowing' may have facilitative or retarding effects on the 'less knowing' (p. 4)." To a great extent, the facilitative or retarding effects on the less knowing,

such as the patients in the preceding studies, can be accounted for by the more knowing, such as nurses, during the interpersonal process. Carkhuff and Berenson (1967) defined the minimal level of facilitative functioning to be at the 3.0 level of a five-point scale.

Fourteen studies were summarized to assess the mean level of facilitative interpersonal functioning available from non-professional and professional helpers (Carkhuff and Berenson, 1967, p. 9). All groups scored substantially below the minimally facilitative level, lending support to their statement, "Most environments simply cannot support and sustain an individual in trouble (p. 7)." (p. 7)

Studies involving nurses often measure Empathy as the criterion of facilitative functioning. In a study involving a number of occupational and professional groups, a sample of 112 nurses scored lower on a measure of Empathy than ten other groups. Only a group of manufacturing plant supervisors scored less (Truax et al., 1974). This same lack of Empathy was pointed out by Duff and Hollingshead (1968) who reported that 71% of Registered Nurses, 80% of Licensed Practical Nurses and 74% of Nurses Aides showed no evidence of Empathy toward patients.

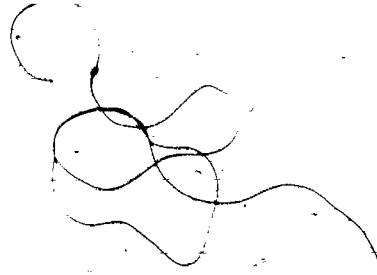
La Monica (1975) measured the level of Empathy of professional nurses practicing in an acute and chronic care hospital. Results indicated that all of the nurses tested had an extremely low level of Empathy. The mean score was 1.43 on Carkhuff's Empathy Scale. The level of 1.00 on this scale represents irrelevant or hurtful responses whereas the level of 2.00 represents responses that only partially communicate an awareness of the surface

feelings of the helpee (Carkhuff, 1969a). In La Monica's study, the scores of nurses were almost at the midpoint between responses which are hurtful to another person and responses which partially respond to superficially expressed feelings.

In a study of the reactions of nurses and mothers to stillbirths, by Bruce (1962), nurses' interactions revealed a concern that an answer or some verbal solace must be given. The responses suggested that the nurses' behaviour was an attempt to control their own feelings and those of the patient. According to Jourard (1971), much of the nurses' behaviour is a self-protective mechanism; a means of coping with their own anxieties which are engendered by encounters with poignant human emotions.

Barnett (1970) surveyed 900 health care workers with 540 patients in two general hospitals. She found that Registered Nurses touch patients twice as often as other health workers. However, patients in good and fair condition were touched seventy percent more often than seriously ill patients. Barnett suggested that health team members have a fear of death and find it difficult to provide the emotional support necessary.

Even though the significance of the nurse's ability to communicate facilitatively has been acknowledged, there is a "...lack of understanding and use of the fundamental core of nurse-patient relationships (Weiner, 1951, p. 616)." Mauksch (1965) emphasized that an inadequate level of interpersonal clinical competence of nurses accounts for much frustration in the practice of nursing. Smith (1964) identified poor communication as one of the prime deterrents to effective patient care. Jourard (1971)




pointed out that nurses could promote the real self-being and honest self-disclosure of their patients by empathically acknowledging what is expressed. Yet, he said, this is usually lacking in nurses whom he described as having "a stereotyped pattern of interpersonal behaviour (p. 183)."

An examination of nursing education objectives and learning experiences revealed few attempts to specifically increase facilitative interpersonal functioning in student nurses or graduate nurses. Social science courses in the nursing curricula are indirectly allied with the development of interpersonal competence. Research has indicated that curricula have emphasized the development of conceptual abilities and mastery of content areas to the exclusion of facilitating students to become effective helpers. A number of studies have illustrated this finding.

Terming knowledge in psychology as "psychological-mindedness", Chance and Meaders (1960), measured this variable and Empathy in a group of subjects. Results indicated that the more psychologically-minded student was also less empathic.

Taft's (1950) report of eighty-one different studies on the ability to assess the feelings of others revealed no relationship between the amount of education in the social sciences and the ability to empathize.

In a study at Simon Fraser University, Austin (1976) found that the skill required to function facilitatively is not a normal outgrowth of



the academic education and professional training provided student teachers. During the teacher training program, the mean level of facilitative functioning remained essentially unchanged, shifting from 1.72 to 1.77 on Carkhuff's Global Rating Scale (1969a). On this five-point scale, level 1.0 indicates the lowest level of facilitative functioning.

Investigating the empathic abilities of postinternship clinical psychology students, Bergin and Solomon's (1963) results showed them functioning at levels from 1.91 to 3.84 on a ten-point scale of Empathy, with level 1.0 as the lowest degree of Empathy. The same study demonstrated that the student's level of Empathy correlated negatively with academic and practicum grades. Additional studies have documented a consistent decrease in Empathy as training and experience in psychology has increased (Arnhoff, 1954; Melloh, 1964; Weiss, 1963).

The investigation by Kalisch (1971a) indicated that student nurses scored at low levels of Empathy prior to and following lectures and discussions on human behaviour. This learning approach was representative of programs designed for student nurses to increase their understanding and empathic abilities. The students made nonsignificant gains on a nine-point scale, shifting from 1.28 to 1.35 mean level of responding with Empathy. Level 1.0 indicates the lowest degree of Empathy on this scale. Hrubetz's (1975) study corroborated the finding that didactic lectures in the behavioural sciences do not develop skills of Empathy in nursing students.

Results of a study by Karshmer and La Monica (1976) disclosed that student nurses scored at low levels of Empathy following their psychiatric nursing experience. Facilitative levels were not acquired during the experiential component which is intended to improve listening skills, attending behaviour and verbal responses.

Eisenmann (1972) researched whether student nurses high in creativity, as measured by perceptual preferences for complexity, would be more accepting of mentally ill and physically disabled patients. He compared this with the attitudes of student nurses low in creativity. Results revealed that students preferring complexity showed an increased acceptance, while others who preferred simplicity displayed decreased acceptance. Eisenmann (1970) had previously found that the creativity of student nurses declined during the course of nursing school.

These studies suggest that nursing education is suffering from two perspectives. First, there is a specific lack of education in facilitative interpersonal skills. Second, the general deterioration of creativity may render some graduates less able to later discover and learn the important concepts and growth skills lacking in their nursing education programs.

The review of the literature in this section has attempted to document that, although facilitative interpersonal functioning is central to the nurse's effectiveness as a helper, practicing nurses do not function at facilitative levels. Furthermore, traditional modes of educating

nurses fail to provide the necessary conditions to promote the learning of interpersonal effectiveness. As Kalisch (1971b) concluded, the perception and communication of facilitative conditions has been among the most neglected ingredients in the nursing process.

A Rationale for the Education of Nurse Educators to
Perceive and Respond Facilitatively

It has been stated previously that nurses, to be effective, must perceive and respond with Genuineness, Respect and Empathy (Gazda et al, 1975; Kalisch, 1973; La Monica, 1975; Peplau, 1952). However, it has been documented that nursing education has yet to provide the necessary conditions to assist practicing nurses and student nurses to attain sufficiently high levels of facilitative functioning to become effective helpers (Kalisch, 1971a, 1971b; La Monica and Karshmer, 1978). The literature review will now focus on one of the important variables influencing the education and development of nurses - the facilitative characteristics and skills of nurse educators.

The critical need for nurse educators to establish themselves as facilitative helpers was clearly understood by Peplau (1952), a nursing theorist. "Whatever interpersonal relations are developed with students will, to a considerable extent, influence the concept of nursing these students will learn (p. xv)." She believed that a meaningful understanding of the processes through which help is offered to patients begins with an

effective helping relationship between the nurse educator and the student nurse.

The importance of the nurse educator's facilitative skills was outlined by Eckelberry (1971), another nursing theorist.

If she has achieved some sense of self-acceptance, the nurse educator can feel with others more deeply, can enter more deeply into another's inner world, and help meet another's need to find new meaning and to reach out for self-fulfillment (p. 10).

She regarded Genuineness, Respect and Empathy as important vehicles for understanding the personal frame of reference of the student nurse and assisting her to become a professional nurse.

In describing the "manners" of helpers and healers, Jourard (1971) stated that nursing education encourages nurses to assume a "professional manner"; a kind of inauthentic behaviour called the "bedside manner". Jourard, a psychologist, believed that, "As the teachers are, so will the students become, with the exception of those rebellious students who become their teachers in reverse (p. 187)." He proposed that nursing students will learn how to be themselves with patients when nursing faculty disclose themselves as persons to their students and respond empathically to the feelings of their students.

Theorists of several disciplines, as indicated in the prior discussion, have emphasized that the ability of the nurse educator to

respond with Genuineness, Respect and Empathy has important implications for the personal and professional development of the nurse.

The rationale for nurse educators to function facilitatively will now be explored in reference to two basic considerations: the facilitation of intellectual and emotional growth within a helping relationship between student and teacher, and the effect of trainer level of functioning in educational programs preparing helping professionals.

The facilitation of intellectual and emotional growth. Rogers (1977) identified the facilitation of learning as the aim of education. He stated that learning is promoted when certain attitudinal qualities exist in the interpersonal relationship between facilitator and learner. Rogers described these attitudes:

First of all is a transparent realness in the facilitator, a willingness to be a person, to be and to live the feelings and thoughts of the moment. When this realness includes a prizing, a caring, a trust and a respect for the learner, the climate for learning is enhanced. When it includes a sensitive and accurate empathic listening, then indeed a freeing climate, stimulative of self-initiated learning and growth, exists. (In Avila, Combs and Purkey, 1977, p. 141).

This statement emphasized Rogers' belief that the facilitator-offered conditions of Genuineness, Respect and Empathy substantially enhance

significant learning for the learner. The significant learnings were defined as the more personal ones - independence; self-initiated and responsible learning; release of creativity; a tendency to become more of a person (1977, p. 138).

Research has been conducted to examine the relationship between the levels of facilitative conditions offered by teachers and the learning outcomes of students. Aspy (1969) found that third grade students whose teachers were rated at high levels of Genuineness, Respect and Empathy achieved at significantly higher levels than students of teachers functioning at low levels. The difference between means for the total gain by the two groups was 1.6 years.

The study by Aspy and Hadlock (1967) substantiated the positive relationship between the level of facilitative conditions offered by grammar school teachers and the academic achievement of students. The students of the teacher functioning at the highest levels of facilitative conditions gained an average of two and a half years intellectual growth in one academic year. The students of the lowest level teacher gained an average of six months intellectual growth during the same period. Students of teachers functioning at low facilitative levels were also significantly more truant than students of high level teachers.

In addition, evidence has supported the assumption that a psychologically safe and supportive learning environment encourages development of a positive self-concept in the student. Within an elementary school setting,

Spaulding (1964) found significant positive correlations between the favourableness of the self-concepts of students and the extent to which teachers were calm, accepting and facilitative. When teachers were dominating, threatening and sarcastic, there was a corresponding decrease in the favourableness of the self-concepts of students. Other studies have demonstrated a similar relationship between the emotional climate of the learning environment and the student's feelings of personal worth (Frankel, 1964; Staines, 1958).

A study in a college setting indicated that the student's emotional state affects his ability to achieve. Investigating the effects of group counseling upon college underachievers, Dickenson and Truax (1966) found that after counseling the experimental group functioned at the level predicted by their college entrance exam scores. The control students continued to achieve college grades at a level significantly below the predicted one. When the experimental group was divided according to the levels of facilitative conditions offered during counseling, findings revealed that only those receiving high levels of conditions showed improvement over the control group.

Research has provided supporting evidence that the manner in which the teacher interacts with the student influences learning in the latter and that the set of facilitative conditions outlined by Rogers promotes positive learning outcomes (Avila, Combs and Purkey, 1977; Berenson and Carkhuff, 1967; Carkhuff and Berenson, 1967; Gazda et al, 1977; Truax and Carkhuff, 1967).

According to Carkhuff and Berenson:

Students may be facilitated or they may be retarded in their intellectual as well as emotional growth, and these changes can be accounted for by the level of the teacher's functioning on the facilitative dimensions and independently of his knowledgeability; education may be "for better and for worse" (1967, p. 14).

Although studies have predominantly involved students in younger age groups, there is sufficient reason to suggest a parallel result with nursing students. It has been predicted that the level of facilitative functioning of nurse educators is a significant factor influencing the personal and academic growth of nurses (Eckelberry, 1971; La Monica, 1975; Jourard, 1971; Peplau, 1952).

The effect of trainer level of functioning. Nursing research has documented that practicing nurses and student nurses possess low levels of Empathy (Kalisch, 1971a; Karshmer and La Monica, 1976; La Monica, 1975). La Monica (1975) expressed, "Since student nurses are still in the process of formally learning to perceive and respond with empathy, and all nurses pass through this educational process, the implications lie with the levels of functioning of the faculty members (p. 131)". She described an "urgent need" for similar studies to be conducted in order to record the need, provide training and insure that helping professionals in education are meeting their responsibility by truly helping. "Ultimately,

the responsibility begins in formalized educational systems (La Monica, 1975, p. 134)."

Empirical studies of training programs in the helping professions (Berenson and Carkhuff, 1967; Carkhuff and Berenson, 1967; Carkhuff, 1969a, 1969b) substantiate La Monica's (1975) suggestion for further research which examines the levels of facilitative functioning of nurse educators.

A study by Carkhuff, Kratochvil and Friel (1968) failed to establish the effectiveness of two American Psychological Association-approved professional training programs. The training programs did not enable students to develop skills which translate training efforts to client benefits. In fact, these programs were unable to help the students maintain their initial level of facilitative functioning. One possible explanation for the apparent deficiency was identified. The mean levels of the program's professors in clinical psychology indicated that the trainers/professors were functioning at facilitative levels equal to or lower than trainees/students at the beginning of graduate training.

A summary of sixteen studies of lay and professional training programs assessed the effect of the trainer's level of functioning in relation to the trainee's level of functioning before and after training (Carkhuff, 1969a, pp. 154-155). In all programs, the trainees moved in the direction of their trainers. A high correlation was found between the trainer's level of functioning and the mean gain in the trainees' level of functioning. Carkhuff (1969a) concluded that, "The level of the

trainer's functioning appears to be the single most critical aspect of effective training (p. 157)."

Investigating the differential effects of high and low functioning counselors upon counselors-in-training, Pierce, Carkhuff and Berenson (1967) provided additional evidence that the trainer's level of functioning is a critical variable of training in the helping professions. The trainees of the high level functioning counselor demonstrated greater constructive gain. The average level of the "low" counselor's group was similar to the counselor's low level of functioning.

Research investigating the effect of the trainer's level of functioning acknowledges the relevance of the proposed study. It strongly suggests that the nurse educator's ability to perceive and respond facilitatively is an important determinant in assisting nurses to become facilitative helpers. Only those that possess high levels of facilitative functioning can provide constructive growth for their trainees/students (Carkhuff, 1969a).

Peplau (1952) expressed that how the nurse performs in each interpersonal contact in every nursing situation is determined by what each nurse becomes as a functioning personality. "The central task of the basic professional school of nursing is viewed as the fullest development of a nurse as a person who is aware of how she functions in a situation (p. xii)." Therefore, nursing education must be honestly committed to educating for the very best. In this regard, this portion of the chapter has endeavoured to illustrate that nurse educators who

perceive and respond with Genuineness, Respect and Empathy are necessary and essential in educational programs preparing truly effective helpers in the nursing profession.

A Rationale for Using a Systematic Training Program in Empathy,
Respect and Genuineness for Nurse Educators

The importance of educating helping professionals in nursing education to perceive and respond facilitatively has been previously documented. This section will now address the question, what is the best approach to facilitate the learning of Empathy, Respect and Genuineness in a nursing education context? Considerations in this regard are: the significant effects of systematic training in the facilitative conditions of Empathy, Respect and Genuineness; the selection of trainees and trainers; and the components of a systematic training program.

The effects of training. Numerous studies have indicated that systematic training in the discrimination and communication of facilitative skills effectively increases interpersonal effectiveness in a wide variety of lay and professional groups (summarized in Carkhuff, 1969b, pp. 301-310).

The studies reviewed in this section will cover a variety of training contexts, including an emphasis on studies in the helping professions of nursing and teaching. An extensive literature search did not locate

studies which focus specifically on systematic training with faculty members of a health profession such as nursing.

In a nursing context, Kalisch (1971a) conducted an experiment in the development of Empathy in nursing students. Forty-nine students were randomly divided into two experimental groups and two control groups. The experimental group received a twelve and a half hour Empathy training program. Control subjects received lectures and discussions on human behaviour. The empathic functioning of the experimental groups was significantly increased from a mean of 1.34 to a mean of 5.31 on Truax's nine-point Accurate Empathy Scale with level 1.0 as the lowest degree (in Truax and Carkhuff, 1967). The mean score of the six-week follow-up test was 5.64 which indicates that the gains were maintained. Because high positive correlations exist between the Truax and Carkhuff scales for the measurement of Empathy (Ingram and Wandergoot, 1978), the six-week level of 5.64 is comparable to 3.14 on Carkhuff's five-point Empathy Scale (Carkhuff, 1969a). Therefore, the training program was successful in raising the mean level of functioning slightly above the 3.0 level, the level designated as minimally facilitative on the Carkhuff scale. The experimental group also improved significantly on a self-evaluation of Empathy, an evaluation of student Empathy by a nurse educator, and a posttest of predictive Empathy with a patient. The control group showed some nonsignificant gains.

Krubetz (1975) studied the comparative effects of a systematic human relations training program and didactic lectures in the behavioural

sciences on the ability of nursing students and pre-entrance nursing students to respond empathically. The results indicated that the ~~experimental~~ groups of nursing students and pre-entrance nursing students responded to a variety of patient stimulus statements with significantly higher levels of Empathy.

La Monica's (1975) study documented the effectiveness of a staff development program to increase the ability of Registered Nurses to perceive and respond with Empathy. Thirty-nine nurses were divided into three groups: twelve in Group I, the experimental group; twelve in Group II, controlling for the effectiveness of the training program; fifteen in Group III, controlling the test-retest variable and effects of time upon the investigation. The training group made significant gains in written response to Carkhuff's Index of Communication (1969a), shifting from 1.47 to a 2.58 mean level of responding. The pretested control group shifted from a mean of 1.49 to 1.66. Group III, receiving the posttest only, had a mean of 1.67. Even though the program significantly increased the empathic abilities of nurses, only three subjects in the training group reached a minimally facilitative level of Empathy.

Within a teaching context, Berenson (1971) reported the comparative effects of a human relations training program and a didactic training approach on a group of elementary school student teachers. Following twenty-five hours of training, the human relations trained group demonstrated the greatest gains in interpersonal functioning. The mean level of responding to Carkhuff's Index of Communication (1969a) increased

from 1.71 to 2.66. The posttraining score of 2.66 approaches the minimally facilitative level of 3.0. This group also received significantly higher ratings in general teaching competency, classroom management, understanding children and understanding the learning process. In total, the human relations trained group was rated higher on thirty-one indexes relating to teacher competency and student learning.

McAllister (1978) reported the outcomes of eighteen hours of systematic training in Empathy, Respect and Genuineness versus non-training on a group of preservice teachers at Simon Fraser University. The trained group made significant gains in written response to the Communication Index designed by Kratochvil, Carkhuff and Berenson (1969) --- shifting from a 2.01 to a 2.95 mean level of responding. Pre and posttest audiotape recordings of the training group indicated significant gains in Empathy, Respect and Genuineness. Mean scores after training were Empathy - 2.57; Respect - 2.96; Genuineness - 2.74. The 2.95 level for the over-all communication of Empathy, Respect and Genuineness, and the 2.96 level for Respect were close to the 3.0 level regarded as minimally facilitative. In addition, nine of the fifteen subjects were functioning at or beyond the 3.0 level on the Communication Index.

Within the context of racial and human relations, Carkhuff and Banks (1970) studied the effects of systematic interpersonal skill training upon the level of communication between white and black adults and children. Fourteen white teachers and ten black parents participated in a twenty-

hour training program. Participants of both races gained significantly on written and behavioural measures over the course of training with each tending to do slightly better with members from their own racial group. Mean levels of responding with adults were 1.4 at pretraining and 2.6 at posttraining. Communication gains between adults and children, while significant, did not improve nearly as much as between adults. The lack of practice with children was identified as the probable reason for the differential results.

Investigating the effects of an interpersonal skill training program for dating couples, D'Augelli et al (1974) found that the program significantly increased the communication of Empathy. After approximately twenty hours of training, the mean level of empathic functioning shifted from a 1.5 to a 2.2 mean level of responding. Significantly higher levels of self-exploration were also demonstrated by the experimental group.

Guzzetta (1976) studied the effects of a structured Empathy training program upon the mothers of early adolescents. The treatment groups displayed significantly higher Empathy levels on written and behavioural measures after six hours of training.

Martin and Carkhuff (1968) studied the relationship between systematic interpersonal skill training and personality change of counseling students. The results indicated that the training group made significant gains in the levels of interpersonal functioning in the helping role and demonstrated significant positive personality changes in the

M.M.P.I. The training group also improved significantly on a self-evaluation of Empathy, Respect and Genuineness while significant others reported increases in Respect and Genuineness.

The existence of a universal need for systematic interpersonal skill training is verified by data indicating that society, in general, is not equipped to support and sustain an individual in trouble (Carkhuff and Berenson, 1967).

The individual's understanding and attitudes towards others underscore the need for training in the discrimination and communication of high levels of conditions, even for those individuals who have healthy attitudes and understanding of themselves, and especially for those who wish to function in a helping role (Carkhuff and Berenson, 1977, p. 26).

In this regard, the studies cited indicate that systematic training conducted in a variety of settings translates into personal and professional benefits for the trainees and human nourishment for the people in their lives. Findings from these studies suggest that nurse educators would benefit from training programs of a similar nature.

Selection of trainers and trainees. Given that a training program in Empathy, Respect and Genuineness has great potential to effect desirable outcomes for nurse educators, a consideration of the basic conditions which influence effective training is fitting. In general terms, the interaction between the people involved in the training process and the kind of program

employed determines the training outcomes. The training program components will be discussed in the next section. The selection of prospective trainees and their trainers, the people involved in the training process, will be the focus of separate discussions in this section.

The helper's level of communication of facilitative conditions is a critical variable of the helping process (Carkhuff, 1969a, 1969b; Carkhuff and Berenson, 1967; Truax and Carkhuff, 1967). Therefore, the selection of prospective trainees should identify those who can most meaningfully employ their training experiences and, hence, become truly effective helpers (Carkhuff, 1969a). In this regard, the goal of selection and training is an effective helper. This goal is expressed more fully as the trainee's level of functioning when he is finally cast in the helping role.

The relationship between trainee selection criteria and final level of functioning was investigated in several predictive validity studies (Carkhuff and Bierman, 1970; Carkhuff and Banks, 1970). Results indicated that those individuals who function at the highest levels of communication prior to training make the greatest trainee gains. Therefore, the prospective trainee's present level of functioning in the helping role would provide an index of his future functioning in the helper's role.

The best predictors of future functioning in the helping role are indexes of communication (Carkhuff, 1969a, p. 159). Indexes are obtained by directing prospective trainees to respond in the helping role and assessing the level of responses. Different procedures can be employed to obtain valid indexes of communication.

The most desirable way to derive such an index is to cast the prospective trainee in the helping role with a person cast in the role of the helpee (Carkhuff, 1969, p. 138). Assessments are made of the trainee's level of functioning as well as the degree to which the helpee invests himself in the helping process.

A second procedure for selection involves the exposure of a prospective trainee to a training analogue with a subsequent assessment of its effects (Carkhuff, 1969a, p. 88). Relevant indexes of change are obtained by collecting pre- and post-measures. Those who demonstrate the greatest learning gains are the best equipped to benefit from future training.

A more economical and efficient procedure for obtaining an index of communication is the assessment of the level of responses to standardized and representative helpee stimulus expressions (Carkhuff, 1969, p. 94). The prospective trainee is asked to respond in the manner he considers most appropriate to a number of statements concerning a wide range of problem areas. In addition these items provide an index of the prospective trainee's ability to function in a crisislike situation.

Evidence suggests that high level helpers act forcefully and decisively at crisis points while low level helpers are open to manipulation (Friel, Kratochvil and Carkhuff, 1968). Those functioning at sufficiently high levels could be selected for further training.

An index of discrimination offers more limited information about a prospective trainee's future functioning in the helping role. Although an initial level of discrimination is related to the final level of discrimination, it is not necessarily predictive of the final level of facilitative functioning. In this regard, high level communicators are high level discriminators but high level discriminators may or may not be high level communicators (Carkhuff and Bierman, 1970; Carkhuff and Banks, 1970). Since trainees communicating and discriminating at the highest levels are the most suitable candidates, the assessment of the prospective trainee's index of discrimination can expedite the selection process.

In summary, the selection of trainees has focused upon the initial level of functioning as an important determinant of future success in the helping role. A high level functioning trainee, open to the constructive impact of the training experience, is descriptive of a well-endowed prospective helper.

With regard to trainer selection, it has been previously documented in this chapter that there is a direct relationship between the trainer's level of functioning and the trainee's gain during the training process. The potential for trainee change is largely a function of the differences

between the levels of functioning of the trainer and the trainee (Carkhuff, 1969, p. 261). Consequently, trainees functioning at relatively low levels may gain a great deal if trained by a high level functioning trainer; trainees functioning at high levels may lose a great deal if trained by a relatively low functioning trainer; and trainees functioning at similar levels to their trainer will remain essentially unchanged by the training experience. The highest level trainees can be selected only if the highest level trainers are also selected.

Relevant indexes of communication and discrimination can be employed to obtain an accurate measure of the trainer's level of functioning in the helping role. If required, additional training may enable the prospective trainer to function at effective levels. The importance of selecting high level functioning trainers was underscored by Carkhuff. He concluded that, "The most critical index of training effectiveness is the level of functioning of the trainer (1969a, p. 261)."

The training program components. The trainer and trainee level of functioning cannot be considered independently of the type of program implemented. Comparative studies of different types of training programs have indicated that the most effective programs focus upon the core facilitative conditions and integrate three principal sources of learning: the didactic, experiential and modeling components (Carkhuff, 1969a, 1969b;

Carkhuff and Berenson, 1967; Gazda et al, 1975, 1977; Truax and Carkhuff, 1967).

The focus of didactic training is upon direct instruction and shaping of the trainee's ideas and responses. Carkhuff stated:

... the high level trainer has the responsibility for teaching the trainee in a structured and didactic fashion the components of his fine discrimination and communication, both inter- and intrapersonal (1969a, p. 200).

The trainer imparts his knowledge about the facilitative conditions and their effects in human encounters by teaching from learnings derived from his own experiences and the experiences of others in helping.

The experiential training which a trainee receives is a critical component (Carkhuff, 1969a; Carkhuff and Berenson, 1967; Truax and Carkhuff, 1967). It refers to those experiences and trainer behaviours which ensure that the trainee experiences the constructive personal effects of the conditions that he is expected to acquire. As the trainer offers high levels of Empathy, Respect and Genuineness, the threat inherent in the training process is reduced, providing the trainee with a freedom to explore and know himself more fully.

Another aspect related to the experiential component is the trainee's actual practice in the helper's role. Terms such as rehearsal, role-playing and live practice are used to denote this essential ingredient of the training experience (Blakeman and Emener, 1971; Carkhuff, 1969a;

Stone and Vance, 1975). The feedback offered by the trainer and fellow trainees assists the trainee to shape his responses toward increasingly higher levels of facilitative functioning.

The third learning component, modeling, requires the trainer to serve as a model of a facilitative person (Blakeman and Emener, 1971; Carkhuff, 1969a). The trainer as a model of an effective person reiterates the importance of the trainer's personal characteristics and skills -- such as Empathy, Respect and Genuineness. The modeling effects of the trainer can be supplemented by audio and videotaped transcripts of helpers offering high levels of conditions.

Carkhuff and Truax (1965) conducted one of the first studies evaluating the effectiveness of an integrated didactic and experiential approach to training. They found that the integrated approach was basic to the success of the training program, in addition to having a trainer as a role model offering high levels of Empathy, Respect and Genuineness.

The research by Carkhuff, Collingwood and Renz (1969) confirmed the need for an integrated learning approach. They investigated the effects of didactic training upon trainee levels of discrimination and communication. Their results indicated that exclusive didactic training yielded a significant improvement in discrimination. However, very little generalization of learning to communication skills occurred.

Payne, Weiss and Kapp (1972) examined the relative effectiveness of the three learning components in an Empathy training program for college students. The efficacy of modeling vs no modeling and experiential

vs didactic training was tested. Singly, the didactic and modeling components produced effective training results. In combination their relationship was additive. The experiential component did not increase learning outcomes. The brief training period was identified as a plausible reason for its apparent ineffectiveness.

Investigating the relative contributions of modeling and instructions in an Empathy training program for clergymen, Perry (1975) found that the combined effect of instructions plus modeling of high levels of Empathy yielded the greatest increments in empathic functioning. Trainees receiving instructions only did not respond more empathically. The effect of modeling alone was very dependent on the level of Empathy offered by the trainer. Empathic functioning increased in the group experiencing a high level model. A corresponding decrease occurred in the group experiencing a model functioning at low levels of Empathy.

Stone and Vance (1975), in training college students to respond empathically, studied the effectiveness of modeling, instructions and rehearsal, alone and in various combinations. Although in written responses to Carkhuff's Index of Communication (1969a) each training procedure facilitated improvement in empathic functioning, the effect of instructions was the critical component. In the interview task, the combination of the training components yielded greater increases in Empathy than each component alone and modeling was the most effective component. Generalization of instructions to the interview situation did not occur.

The review of these studies confirms the need and success of a training model which encompasses the didactic, experiential and modeling learning components.

Some consideration of the group as the medium for systematic interpersonal skill training is necessary. Carkhuff (1969b, p. 130) offered several propositions in this regard:

1. The core of functioning is interpersonal. What is going on within an individual is manifested in the behaviour between individuals.
2. The core of the helping process is interpersonal. Helping implies that other people are involved.
3. Group processes are the preferred mode of learning interpersonal functioning. Groups are inherently interpersonal and offer opportunities to work with the trainer plus other members of the group.
4. Systematic group training in interpersonal functioning is the preferred mode of learning interpersonal processes.

The interaction among group members and the dialogue between the group and the group facilitator has considerable potential for accelerating an individual member's acquisition of helping skills. Therefore, systematic training programs have consistently been conducted in group settings (Carkhuff, 1969a, 1969b; Gazda et al, 1975, 1977;

Truax and Carkhuff, 1967). "What can be accomplished in groups can be accomplished in systematic training - and more (Carkhuff, 1969b, p. 184)!"

The relationship between length of program and learning outcome in an interpersonal skills training program is another important consideration. Studies have demonstrated the efficacy of successfully training relatively small groups of five to twenty people in short-term programs of fifteen to thirty hours (Berenson, 1971; Berenson, Carkhuff and Myrus, 1966; Carkhuff and Banks, 1970; D'Augelli et al., 1974; McAllister, 1978; Pierce and Drasgow, 1969). The training program by Collingwood (1969) yielded significant results in ten hours with a group of ninety-eight undergraduate students. Carkhuff and Truax (1965) yielded significant gains in a live setting after one hundred hours of training while several other training programs have claimed significant results on written assessments in less than eight hours of training (Guzzetta, 1976; Martin and Carkhuff, 1968). The data clearly illustrates that programs vary a great deal as to the amount of training time.

The training time required to institute lasting gains is somewhat unclear. Studies have focused primarily on the immediate results of training programs rather than assessing the longitudinal effects of training. Collingwood (1971) studied the retention and retraining of interpersonal skills after a ten-hour training program. Monthly retesting for a five-month period revealed a significant drop in levels of functioning although a short retraining program assisted individuals to

regain peak levels of functioning. The results of this study would appear to have implications for training programs purporting to increase interpersonal effectiveness.

The focus and sequence of the facilitative conditions of Empathy, Respect and Genuineness in a training program is a final consideration. The literature has consistently referred to Empathy as the most important dimension in the helping process (Berenson, Carkhuff, Gazda, Rogers and Truax). The significance of Empathy as a key interpersonal skill has prompted the initiators of systematic training programs to focus upon it at the beginning of the training process.

Perhaps Carkhuff has stated this position most succinctly:

Even if there are time limitations on the training, if the trainees do not achieve the minimal criteria it is perhaps most meaningful to continue to concentrate upon the empathy dimension. This dimension is critical not only to the helping process but to the training process. If the trainees conquer the empathy rating process, many of the remaining dimensions will come easily. Most of the other dimensions flow from this basic dimension. In addition, it is most important that the trainees learn this one dimension well rather than work poorly with all dimensions (1969a, p. 178).

The review of the literature suggests that systematic group training in Empathy, Respect and Genuineness which integrates the didactic, experiential and modeling components of learning; focuses on Empathy as the key interpersonal skill; allows sufficient practice in the interpersonal

skills to be acquired, will leave nurse educators with tangible and usable interpersonal skills.

The literature reviewed in this chapter has suggested that the training of nurse educators in the interpersonal skills of Empathy, Respect and Genuineness has important implications for educating nurses to perceive and respond facilitatively. The main components of such a training program have been outlined.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

This chapter presents descriptions of the design, methods and procedures used in this study. Separate sections of the chapter discuss the study sample, exclusions from the study and the training program. Additional sections describe the data collection process, instruments used in the study, rating procedures and the data analyses.

Given that the main purpose of the study was to design and implement a training program for nurse educators in Empathy, Respect and Genuineness to improve their facilitative functioning with student nurses, the following null hypotheses were tested:

1. There will be no significant difference of mean scores on Carkhuff's Index of Communication between nurse educators pretested in Group I, the experimental group, and Group II, the control group.
2. There will be no significant difference of mean scores on Carkhuff's Index of Communication between nurse educators posttested in Group I, the experimental group, and Group II, the control group.

3. There will be no significant difference of mean scores in Empathy, Respect and Genuineness on audiotape recordings between nurse educators pretested in Group I, the experimental group, and Group II, the control group.

4. There will be no significant difference of mean scores in Empathy, Respect and Genuineness on audiotape recordings between nurse educators posttested in Group I, the experimental group, and Group II, the control group.

Description of the Sample

The sample employed in the study consisted of twenty-three nurse educators teaching in a basic diploma program in Psychiatric Nursing at the British Columbia Institute of Technology (B.C.I.T.) in Burnaby, British Columbia. The subjects constitute one faculty within this post-secondary institution which offers a wide variety of two-year technological programs in the business management, engineering and health fields. The Psychiatric Nursing faculty voted unanimously to participate as the subjects in this study following discussions with the researcher in February, 1979.

The twenty-three nurse educators were designated, on the basis of their membership within established faculty groupings, into Group I, the

experimental group, and Group II, the control group. Teaching assignments within the Psychiatric Nursing faculty are divided between four teaching teams. Each teaching team, or intact group, is comprised of five to seven nurse educators. The timetabling of teaching responsibilities allowed sufficient time for two teaching teams to participate in the training program. Reflecting this restriction, twelve nurse educators representing two intact groups were designated Group I, the experimental group. The schedules of these two intact groups provided a similar, two-hour period free of classroom teaching for the ten consecutive weeks required for participation in the training program. Eleven nurse educators representing the two remaining intact groups comprised Group II, the control group.

The experimental group consisted of eleven females and one male.

The demographic material reflecting this group is found in Table 1.

The control group consisted of nine females and two males. The demographic material reflecting the composition of this group is found in Table 1.

Because the study was designed to include all faculty members, no exclusions were made on the basis of differences in the levels of post-secondary education. Although the majority of nurse educators in the experimental and control groups were Registered Nurses with baccalaureate nursing degrees, a wide variation in the educational preparation existed for the remaining subjects. A more detailed description of the educational preparation of the experimental and control groups is contained in Table 1.

TABLE 1

COMPARISON OF CHARACTERISTICS IN THE EXPERIMENTAL
AND CONTROL GROUPS

Characteristic	Experimental Group N=12	Control Group N=11
SEX		
Male	1	2
Female	11	9
AGE		
Under 30	4	-
30-39	5	6
40-49	-	4
Over 50	3	1
POST-SECONDARY EDUCATIONAL PREPARATION		
Registered Psychiatric Nurse (RPN)	1	1
Registered Psychiatric Nurse (RPN), Registered Nurse (RN)	-	2
RPN, RN, Bachelor's degree in nursing	-	1
RN, Bachelor's degree (Non-nursing)	-	1
RPN, Bachelor's degree (Non-nursing)	2	-
RN, Bachelor's degree in nursing	8	6
RN, Bachelor's degree in nursing, Master's degree (Non-nursing)	1	-

TABLE 1 (continued)

Characteristic	Experimental Group N=12	Control Group N=11
CONTINUING EDUCATION COURSES IN INTERPERSONAL SKILL DEVELOPMENT		
Yes	5	5
No	7	6
KNOWLEDGE OF CAR KHUFF'S TRAINING MODEL		
None	5	6
Informal instruction	4	4*
Formal instruction	3	1
*One subject was exposed to Car khuff's model after the study commenced.		
YEARS OF NURSING EXPERIENCE		
1-3	3	-
4-6	2	3
7-9	1	1
10-12	2	4
Over 12	4	3
YEARS OF TEACHING EXPERIENCE		
1-3	6	2
4-6	4	2
7-9	-	6
10-12	1	-
Over 12	1	1
CURRENT TEACHING ASSIGNMENT		
General nursing content	3	3
Psychiatric nursing content	9	8

Exclusions from the Study

One nurse educator, initially designated to the experimental group, declined participation in the study. This occurred because the scheduled time for the training program conflicted with other planned activities. Otherwise all faculty members in the Psychiatric Nursing program participated as subjects in the study.

Just prior to the termination of the training program, one subject in the control group left the employment of the research facility but was nevertheless able to continue participation in the study.

The Training Program

The researcher's design for the training program reflected the previously documented effectiveness of systematic interpersonal skills training programs which were based on Carkhuff's training model (Chapter II). The program's design was also based upon the training program in facilitative functioning developed by McAllister (1978) for preservice teachers. Adaptations were made with respect to programming and the development of materials in order to produce a specific training program for nurse educators.

The training program commenced in September, 1979, and consisted of twenty training hours conducted in two-hour sessions over a ten-week period. Time was provided at the convenience of the trainees/subjects for making

up any material missed during an absence from a scheduled training session. This provision allowed subjects in the experimental group to participate fully in the training program.

During the ten sessions, the program focused on the training in perceiving (discrimination) and responding (communication) in the facilitative conditions of Empathy, Respect and Genuineness. The training program focused primarily on the skill of Empathy with the skills of Respect and Genuineness receiving four hours of training.

Training sessions integrated the didactic, modeling and experiential sources of learning. The basic training experience included demonstration videotapes, paper and pencil instructional tasks, live practice and audiotape sharing in small, supportive groups which provided peer and trainer feedback. A complete description of the training program, including an outline for each training session, the instructional handbook, and paper and pencil tasks, can be found in Appendix A.

Data Collection

One week prior to the commencement of the interpersonal skills training program, the subjects met as a group to complete the written pretest requirements. These materials included the consent form, the Nurse Educator Background Information questionnaire and Carkhuff's Index of Communication (1969a). These forms are found in Appendix B. The subjects completed the pretest forms by following the printed instructions.

Although the researcher remained with the group throughout the pretest session, no assistance was given. Each subject required approximately sixty minutes to complete the written pretest materials.

During the initial pretest session, all subjects were requested to tape record a five-minute interaction with a student nurse or group of student nurses on a topic likely to generate a discussion of feelings. Subjects who had no direct contact with student nurses were asked to tape an interaction with another individual or group in their work or home setting. Subjects submitted the audiotape recordings prior to the commencement of the training program.

One subject in Group I, the experimental group, and five subjects in Group II, the control group, were unable to attend the scheduled pretest session. As a result, alternate, supervised sessions were arranged so that these subjects could complete the pretest materials. The alternate sessions were conducted immediately before and after the scheduled session.

One week after the conclusion of the interpersonal skills training program, the subjects met again as a group for the posttesting session. The procedures for collecting the posttest data were similar to those used during the pretesting session. Subjects completed a supplement to the Nurse Educator Background Information questionnaire and the posttest, Carkhuff's Index of Communication (1969a).

In addition, all subjects were asked to tape record another five-minute interaction of themselves in the helper's role. Instructions for preparing the posttest audiotape were similar to those given for recording

the pretest audiotape. Subjects completed the audiotape recordings in the week immediately following the completion of the training program and submitted them during the posttesting session.

Two subjects in Group I, the experimental group, and five subjects in Group II, the control group, could not attend the scheduled posttest session. Alternate, supervised sessions for the completion of the posttest materials were held for two subjects--one subject in Group I, the second in Group II. The remaining subjects were given the posttest materials for home completion and later submitted them to the researcher. All post-data had been collected within the five-day period immediately following the scheduled posttesting session.

Instrumentation

A number of instruments were used to assess the effectiveness of the training program in facilitative functioning. Specifically, Carkhuff's Index of Communication (1969a), Carkhuff's Global Rating Scale (1969a), Carkhuff's individual scales for Empathy, Respect and Genuineness (1969a) and the Nurse Educator Background Information questionnaires were used in the study. Each instrument is discussed in this section.

Index of Communication. Carkhuff's Index of Communication (1969a) was the primary instrument used to assess the level of facilitative functioning of subjects in the sample group (Appendix B). Although the index can be administered in a verbal, recorded or written form, the written presentation was used in this study.

Carkhuff's index provides sixteen standardized and representative helpee statements that suggest feelings and content often revealed in a counseling relationship. The statements were designed so that different feeling expressions cut across different problem areas. Table 2 illustrates the design of the helpee statements.

Each helpee statement represents a segment of an interaction in which a woman expresses some of her thoughts and feelings. Subjects are asked to read each excerpt as if the material had been expressed to them. They are then instructed to respond in a helpful way to each statement. Trained raters assign ratings to each response according to a given scale.

Carkhuff's Index of Communication has been used with a large number of subjects representing different populations. Table 3 illustrates the comparisons of over-all levels of communication of different populations.

Carkhuff (1969a, p. 100) documented findings regarding the internal reliability of the index. His investigations substantiated that the index discriminated between high and low level communicators, regardless of the feelings and content expressed in the sixteen helpee statements. Therefore, subjects communicating at low levels did not provide high level responses to any particular item. Likewise, high level communicators did not give low level responses to any item.

TABLE 2

COMMUNICATION: DESIGN OF HELPEE STIMULUS
EXPRESSIONS INDEX

Problem Areas	Affect		
	Depression- Distress	Anger- Hostility	Elation- Excitement
Social-interpersonal	Excerpt 1	Excerpt 5	Excerpt 9
Educational-vocational	Excerpt 2	Excerpt 6	Excerpt 10
Child-rearing	Excerpt 3	Excerpt 7	Excerpt 11
Sexual-marital	Excerpt 4	Excerpt 8	Excerpt 12
Confrontation of helper	Excerpt 15	Excerpt 16	Excerpt 13
Silence		Excerpt 14	

(Carkhuff, 1969a, p. 99)

TABLE 3

COMMUNICATION: RATINGS OF FACILITATIVE CONDITIONS
AND RESPONSE REPERTOIRE OF HELPER RESPONSES
TO HELPEE STIMULUS EXPRESSIONS

Population (Levels)	N (No. of subjects)	Level of Communication (Ratings of helper responses on 5- point scales)	
		Mean	Standard Deviation
General population			
Outpatients	10	1.5	0.4
Parents	20	1.5	0.5
Military	10	1.6	0.5
College students			
Freshman	330	1.6	0.5
Upperclass philosophy	30	1.5	0.5
Student leaders	30	1.5	0.5
Volunteer helpers	30	1.5	0.2
Senior psychology	30	1.6	0.5
Lay personnel			
Lay teachers	50	1.6	0.5
Lay counselors	50	1.6	0.4
Professionals			
Teachers	20	1.8	0.6
Beginning psychology graduate students	10	1.9	0.5
Experienced counselors (not systematically trained)	20	2.2	0.5
Experienced counselors (systematically trained)	10	3.0	0.4

(Carkhuff, 1969a, p. 101)

The validity of Carkhuff's Index of Communication was investigated by Greenberg (1968). He established the close relationship between responding in writing to helpee stimulus expressions, with verbally responding to helpee stimulus expressions, and responding in a helping role. He documented that written and verbal responses to helpee statements are valid indexes of a prospective helper's level of functioning in a helping role.

The scales. Carkhuff's Global Rating Scale (Carkhuff, 1969a; Gazda et al, 1975, 1977) was used as the basis for rating the written responses of subjects to the Communication Index. Modification of Carkhuff's original scale was made in order to provide a combined rating for Empathy, Respect and Genuineness (Appendix C).

Carkhuff's individual scales for Empathy, Respect and Genuineness (1969a) were used to rate the audiotaped responses of subjects (Appendix C). Separate ratings for Empathy, Respect and Genuineness were obtained by assessing the subjects' recorded interaction in the helper's role.

The Global Rating Scale and the individual scales for Empathy, Respect and Genuineness are five-point equal interval scales. Each scale ranges from a rating of 1.0 (low or subtractive) to 5.0 (high or additive). The level 3.0 is considered the minimal level of facilitative functioning on each scale.

The questionnaires. The Nurse Educator Background Information questionnaires (Appendix B) were developed by the researcher to identify individual differences within the sample group.

Rating Procedures

This section will outline the rating procedures used in the study. This includes the selection and training of raters, the rating of the indexes and audiotapes, and the reliability of the ratings.

Selection and training of raters. Independent raters were required to evaluate both the subjects' written responses to Carkhuff's Index of Communication and their recorded interactions in the helper's role. The responses were rated according to scales developed by Carkhuff in order to produce numerical scores. A high degree of agreement between the raters was an essential component of the rating process.

Two raters were selected for this project on the basis of their previous experience with rating and training. Prior to the rating of subjects' indexes and audiotapes, five sessions were held involving ten hours of discussion and rating practice. The raters' understanding of the modified Carkhuff scales was clarified. Written and recorded responses were rated in order to attain a very high level of discrimination between both raters. At the conclusion of the training process, the raters completed a Discrimination Index to establish the degree of consistency between their assessments (Appendix C).

Rating of the indexes and audiotapes. Prior to the rating, the subjects' written responses on the forty-six Communication Indexes were coded with randomized numbers. Excerpts were individually separated from the response sheets and compiled into sixteen different bundles. Each

bundle comprised all of the responses to one of the sixteen excerpts on the Communication Indexes. The pre- and posttest data was purposefully distributed throughout each bundle. Thus, raters judged each response without knowing if the response was pre- or posttest data.

Each rater independently rated all the responses on each Communication Index. The modified Global Rating Scale (Appendix C) was used for rating purposes. A communication score for each index was obtained by totaling the item scores and dividing by sixteen, the number of items. The raters' communication scores for each index were averaged and the resulting mean scores were used to evaluate the responses of the subjects statistically.

A number of subjects did not formulate responses to all excerpts. Eleven of the indexes had fifteen responses while one index had fourteen responses. In these situations, the communication scores were derived by dividing the totaled scores on each index by the number of completed excerpts.

The audiotape recordings were also coded with randomized numbers and purposefully mixed so that raters judged each tape without knowledge of its pre- or posttest designation.

The audiotapes were rated independently by each rater. Separate ratings for Empathy, Respect and Genuineness were assigned to each of three, forty-five second, randomly selected segments on each audiotape. The individual scales for Empathy, Respect and Genuineness (Appendix C) were used for rating each segment. Individual scores for each skill were

obtained by totaling the segment scores and dividing by three, the number of rated segments. The raters' scores for Empathy, Respect and Genuineness were averaged and the resulting mean scores were used statistically in the study.

The pre- and post-audiotape recordings submitted by one subject in the experimental group were blank. Therefore, only twenty-two sets of pre- and post-audiotape data were rated and analyzed in the study.

Reliability of the ratings. All Indexes of Communication were assessed by each rater. The interrater reliability was calculated using the Pearson product-moment coefficient of correlation (Tuckman, 1978, pp.259-261). The raters' communication scores for each index were correlated. The coefficients of reliability for mean communication scores were .98 on the pretest indexes and .99 on the posttest indexes.

Each rater rated all the audiotapes. The Pearson product-moment coefficient of correlation was again used to determine the reliability of the raters' assessments. The raters' individual scores for Empathy, Respect and Genuineness were correlated. The coefficients of reliability on the pretest audiotapes were .98 for Empathy, .98 for Respect and .93 for Genuineness. The coefficients of reliability on the posttest audiotapes were .99 for Empathy, .99 for Respect and .99 for Genuineness.

Data Analyses

The t-test of a difference between means was used to assess the data when comparing Group I, the experimental group, and Group II, the control group (Guilford and Fruchter, 1973, pp. 160-161).

The analysis of covariance was identified as a method for controlling the potential selection bias in this study because the experimental and control groups were intact groups (McNemar, 1962, p. 362). A comparison of the difference between means in Group I and Group II on the pretest levels of the dependent variables did not substantiate the use of this statistical procedure.

Stepwise multiple-regression analyses (Guilford and Fruchter, 1973, pp. 375-376) were conducted to determine how much variance in the posttest scores was due to the influence of independent and control variables in the sample group. These analyses assisted in the more accurate interpretation of the results of the study.

In summary, the sample, exclusions from the study, the training program, methods of collection of data, instrumentation, rating procedures and the statistical procedures used for data analyses have been described in this chapter. This information was intended to serve as a basis for understanding the results and analysis of the study in the following chapter.

CHAPTER IV

RESULTS AND DISCUSSION

The purpose of the study was to design and implement an interpersonal skills training program for nurse educators in Empathy, Respect and Genuineness to improve their facilitative functioning with student nurses. Four null hypotheses were tested to evaluate the effect of training versus no training upon the levels of facilitative functioning of the experimental and control groups. The results regarding these hypotheses are presented in the first section of this chapter.

Additional sections of the chapter present the qualitative data, a discussion of the results of the data analyses, and the conclusions and implications of the results. A final section discusses specific suggestions for further research.

Results

Hypothesis I: There will be no significant difference of mean scores on Carkhuff's Index of Communication between nurse educators pretested in Group I, the experimental group, and Group II, the control group.

As previously stated in Chapter III, Carkhuff's Index of Communication was administered as a written pretest to all subjects in the sample group prior to the commencement of the training program.

The Communication Index was used to assess each subject's level of facilitative functioning. Trained raters assigned ratings to each response according to a five-point, modified Global Rating Scale (Appendix C). A rating designated the facilitative level of each response. A rating of 1.0 indicated a "not helpful: hurtful" response whereas a rating of 5.0 identified a "helpful: increasingly additive" response. A rating of 3.0 designated a minimally helpful or facilitative response. A communication score was computed by totaling the item scores and dividing by sixteen, the number of separate items contained in the Index of Communication. The mean communication score for each subject was derived by averaging the two raters' communication scores for each index.

The t-test of uncorrelated means was used to determine the significance of differences in mean scores. Differences were accepted as significant if the probability that they arose from chance was less than .05 for a two-tailed test.

As presented in Table 4, the pretest mean communication score was 2.28 for Group I, the experimental group, and 2.20 for Group II, the control group. The difference of .08 pointed out that the responses of Group I were slightly more facilitative than those of Group II. The t-value of

TABLE 4

A COMPARISON OF EXPERIMENTAL AND CONTROL GROUP PRETEST
MEAN SCORES ON INDEX OF COMMUNICATION

Index of Communication	N	Mean	Standard Deviation	t-value
Experimental	12	2.28	0.33	-0.46 ¹
Control	11	2.20	0.50	

¹ Not significant at or beyond the .05 level.

-0.46 was not significant at or beyond the .05 level of confidence. This established that Group I and Group II had been drawn from the same population.

Based on the data presented in Table 4, Hypothesis I was accepted. Although differences in the pretest mean communication scores slightly favoured the experimental group, the t -test showed that these differences were not significant.

Hypothesis II: There will be no significant difference of mean scores on Carkhuff's Index of Communication between nurse educators posttested in Group I, the experimental group, and Group II, the control group.

A second set of Communication Indexes was administered as a written posttest to all subjects one week after the final session of the training program. The procedures used to determine the posttest mean communication scores were similar to those described for the pretest Indexes of Communication.

The t -test of uncorrelated means was used to establish whether the differences between the posttest mean communication scores in Group I and Group II were real population differences or merely chance variations. The rejection level for the hypothesis was at the .05 level of significance.

Table 5 shows a posttest mean communication score of 3.15 for Group I, the experimental group, and 2.30 for Group II, the control group. The difference of .85 between the means indicated that the responses of Group I were rated as more facilitative than those of Group II. The t -value of -4.60 was significant beyond the .001 level of confidence. Therefore, the difference in posttest mean scores on the Communication Index between Group I and Group II was statistically significant.

With respect to Hypothesis II, the difference in the posttest mean communication scores favoured the experimental group. The results of the t -test were statistically significant beyond the .001 level. Consequently, Hypothesis II was rejected in favour of Hypothesis II¹: There will be a significant difference of mean scores on Carkhuff's Index of Communication between nurse educators posttested in Group I, the experimental group, and Group II, the control group.

Hypothesis III: There will be no significant difference of mean scores in Empathy, Respect and Genuineness on audiotape recordings between nurse educators pretested in Group I, the experimental group, and Group II, the control group.

As discussed in Chapter III, all subjects in the sample group submitted pretest audiotape recordings of themselves in the helper's role prior to the first session of the training program.

TABLE 5

A COMPARISON OF EXPERIMENTAL AND CONTROL GROUP POSTTEST
MEAN SCORES ON INDEX OF COMMUNICATION

Index of Communication	N	Mean	Standard Deviation	t-value
Experimental	12	3.15	0.36	-4.60***
Control	11	2.30	0.53	

*** Indicates a statistic significant at or beyond the .001 level.

The audiotape recordings were used to determine each subject's ability to respond with Empathy, Respect and Genuineness within an interaction. Trained raters judged three randomly selected segments on each audiotape according to individual five-point scales in Empathy, Respect and Genuineness (Appendix C). The raters' scores for each skill were obtained by totaling the segment scores and dividing by three, the number of rated segments. Scores in Empathy, Respect and Genuineness for each subject were then computed by averaging the raters' scores for each skill.

The significance of differences between pretest mean scores in Empathy, Respect and Genuineness were determined by using t-tests for uncorrelated means. The hypothesis is supported when the probability of differences arising from chance was greater than .05 for a two-tailed test.

Table 6 presents the pretest mean scores in Empathy, Respect and Genuineness for Group I and Group II along with the t-values for the differences in means. The differences in means were .31 for Empathy, .28 for Respect and .29 for Genuineness, indicating that the responses of Group II, the control group, were rated somewhat higher in Empathy, Respect and Genuineness than those of Group I, the experimental group. The corresponding t-values were: Empathy, t = 1.83; Respect, t = 1.75; Genuineness, t = 1.69. The t-values for Empathy, Respect and Genuineness were not significant at or beyond the .05 level of confidence.

TABLE 6

A COMPARISON OF EXPERIMENTAL AND CONTROL GROUP PRETEST
MEAN SCORES FOR THE FACILITATIVE SKILLS OF
EMPATHY, RESPECT AND GENUINENESS

Skill	N.	Mean	Standard Deviation	t-value
EMPATHY				
Experimental	11	1.79	0.45	1.83 ¹
Control	11	2.10	0.34	
RESPECT				
Experimental	11	1.79	0.44	1.75 ²
Control	11	2.07	0.29	
GENUINENESS				
Experimental	11	1.86	0.46	1.69 ³
Control	11	2.15	0.32	

¹ ² ³, , , Not significant at or beyond the .05 level

In considering Hypothesis III, Table 6 shows differences in pretest mean scores in Empathy, Respect and Genuineness which somewhat favour the control group. However, results of the t-tests indicated that no real differences between these means existed at the designated .05 level of significance. Hypothesis III was therefore supported.

Hypothesis IV: There will be no significant difference of mean scores in Empathy, Respect and Genuineness on audiotape recordings between nurse educators posttested in Group I, the experimental group, and Group II, the control group.

All subjects submitted posttest audiotape recordings of themselves interacting with a helpee within the twelve day period immediately following completion of the training program. Procedures employed to determine the posttest mean scores in Empathy, Respect and Genuineness were identical to those described for the pretest audiotape recordings.

The significance of differences between posttest mean scores in Empathy, Respect and Genuineness were assessed by using t-tests for uncorrelated means. Differences significant at or beyond the .05 level of confidence were necessary to reject the hypothesis.

The posttest mean scores in Empathy, Respect and Genuineness for Group I and Group II, together with the t-values for the differences in means are shown in Table 7. The differences in means of 1.01 in Empathy, .96 in Respect and .71 in Genuineness pointed out that the audiotaped responses of Group I, the experimental group, were rated at

TABLE 7

A COMPARISON OF EXPERIMENTAL AND CONTROL GROUP POSTTEST
 MEAN SCORES FOR THE FACILITATIVE SKILLS OF
 EMPATHY, RESPECT AND GENUINENESS

Skill	N	Mean	Standard Deviation	t-value
EMPATHY				
Experimental	11	3.00	0.72	-4.01***
Control	11	1.99	0.43	
RESPECT				
Experimental	11	2.95	0.58	-4.36***
Control	11	1.99	0.45	
GENUINENESS				
Experimental	11	2.83	0.43	-3.85***
Control	11	2.12	0.43	

*** Indicates a statistic significant at or beyond the .001 level

higher levels of Empathy, Respect and Genuineness than those of Group II, the control group. The t -values of -4.01 for Empathy, -4.36 for Respect and -3.85 for Genuineness were all statistically significant at or beyond the .001 level of confidence.

In regard to Hypothesis IV, significant population differences of mean scores in Empathy, Respect and Genuineness favoured the experimental group at or beyond the .001 level. Therefore Hypothesis IV was rejected in favour of Hypothesis IV¹: There will be a significant difference of mean scores in Empathy, Respect and Genuineness on audiotape recordings between nurse educators posttested in Group I, the experimental group, and Group II, the control group.

Regression Analyses

Stepwise multiple-regression analyses were conducted to determine how much variance in the posttest measurements of the dependent variables was due to the influence of independent and control variables. This section will summarize the analysis for each of the four dependent variables: facilitative functioning, Empathy, Respect and Genuineness.

Each summary refers to a table which illustrates the coefficient of multiple determination (R^2) and accumulating percentages of the proportion of variance in the dependent variable accounted for by eight independent and control variables. The variables entered into each

analysis were: group designation, age, pretest scores, previous knowledge of the Carkhuff model, additional courses in interpersonal skills, years of nursing experience, years of teaching experience and current teaching assignment. Each table also shows the influence of every variable beyond the influence of the variables already entered into the regression equation. The influence of each variable is expressed initially as the change in the value of the coefficient of multiple determination (R^2 change) and then as the additional percentage of the variance accounted for by the variable entered at that step in the equation. The values listed for the F-level represent the significance of the variable beyond the effects of all other variables.

Regression analysis for facilitative functioning. With regard to the regression analysis for the dependent variable, facilitative functioning, the posttest levels of facilitative functioning were represented by the communication scores derived from the written test, the Index of Communication.

Table 8 shows that seven of the eight variables entered into the analysis accounted for 78.77% of the variance in the posttest levels of facilitative functioning. The variable of group designation contributed to the greatest proportion of the variance at 48.05%. Collectively, the three variables, group designation, previous knowledge of the Carkhuff model, and additional courses in interpersonal skills

TABLE 8

STEPWISE MULTIPLE-REGRESSION ANALYSIS SHOWING THE RELATIONSHIP
OF VARIABLES TO THE VARIANCE IN POSTTEST
LEVELS OF FACILITATIVE FUNCTIONING

Variables	R ²	Accumulating Variance (%)	R ² change	Additional Variance (%)	F-level
Group, experimental or control	0.48046	48.05	0.48046	48.05	23.870**
Previous knowledge of Carkhuff model	0.67812	67.81	0.19766	19.77	5.403*
Additional courses in interpersonal skills	0.73463	73.46	0.05651	5.65	3.455
Current teaching assignment	0.76883	76.88	0.03420	3.42	3.210
Years of nursing experience	0.77660	77.66	0.00777	.78	1.065
Pretest	0.78515	78.52	0.00855	.86	0.232
Years of teaching experience	0.78769	78.77	0.00254	.25	0.168
Age	F-level insufficient for further computation				0.006

** Indicates a statistic significant at or beyond the .01 level

* Indicates a statistic significant at or beyond the .05 level

accounted for 73.46% of the variance. The variance accounted for by the four variables, current teaching assignment, years of nursing experience, pretest levels of facilitative functioning and years of teaching experience increased the total variance by 5.31%. The remaining 21.23% of the variance was not accounted for by the variables and remained, therefore, unknown. The eighth variable, age, failed to contribute to the variance in the posttest levels of facilitative functioning.

Regression analysis for Empathy. The posttest scores for the dependent variable, Empathy, were derived from the ratings of the audiotape recordings of the subjects' interaction in the helper's role.

As shown in Table 9, seven of the eight variables entered into the regression analysis explained 84.50% of the variance in the posttest scores in Empathy. The variable contributing to the largest proportion of the variance was group designation at 44.56%. The combined variables of group designation, the pretest scores in Empathy, and age accounted for 79.12% of the total variance. The additional percentage of the variance accounted for by the four variables, years of nursing experience, current teaching assignment, years of teaching experience, and previous knowledge of the Carkhuff model was 5.37%. The variables which were entered into the analysis did not contribute to the remaining variance of 15.50%. The variable, additional courses in interpersonal skills,

TABLE 9

STEPWISE MULTIPLE-REGRESSION ANALYSIS SHOWING THE RELATIONSHIP
OF VARIABLES TO THE VARIANCE IN POSTTEST SCORES IN EMPATHY

Variables	R ²	Accumulating Variance (%)	R ² change	Additional Variance (%)	F-level
Group, experimental or control	0.44564	44.58	0.44564	44.56	37.639**
Pretest	0.65752	65.75	0.21188	21.19	6.935*
Age	0.79124	79.12	0.13372	13.37	2.874
Years of nursing experience	0.81617	81.62	0.02492	2.49	1.418
Current teaching assignment	0.83302	83.30	0.01686	1.69	1.444
Years of teaching experience	0.84284	84.28	0.00982	.98	0.416
Previous knowledge of Carkhuff model	0.84497	84.50	0.00213	.21	0.192
Additional courses in interpersonal skills					0.002

F-level insufficient for further computation

** Indicates a statistic significant at or beyond the .01 level

* Indicates a statistic significant at or beyond the .05 level

did not account for any of the variance in the posttest levels for Empathy.

Regression analysis for Respect. In considering the regression analysis for Respect, the posttest levels of this dependent variable were obtained from the ratings of the audiotape recordings of subjects in the helper's role.

Table 10 illustrates that seven of the eight variables obtained sufficient F-levels for inclusion in the regression analysis and thus explained 86.23% of the variance in the posttest scores for Respect. The group designation at 48.70% was the variable which contributed to the greatest proportion of the known variance. The aggregate of the variables, group designation, pretest scores in Respect, and age accounted for 80.18% of the total variance. Collectively, the variables, years of nursing experience, additional courses in interpersonal skills, current teaching assignment, and years of teaching experience increased the overall variance by 6.06%. The remainder of the variance, 13.77%, was not determined by the variables designated in the analysis. The variable, previous knowledge of Carkhuff's model, did not contribute to the variance in the posttest levels for Respect.

TABLE 10

STEPWISE MULTIPLE-REGRESSION ANALYSIS SHOWING THE RELATIONSHIP OF VARIABLES TO THE VARIANCE IN POSTTEST SCORES IN RESPECT

Variables	R ²	Accumulating Variance (%)	R ² change	Additional Variance (%)	F-level
Group, experimental or control	0.48697	48.70	0.48697	48.70	50.151**
Pretest	0.70176	70.18	0.21480	21.48	9.153**
Age	0.80178	80.18	0.10001	10.00	1.092
Years of nursing experience	0.82991	82.99	0.02814	2.81	2.506
Additional courses in interpersonal skills	0.85508	85.51	0.02517	2.52	0.622
Current teaching assignment	0.86044	86.04	0.00536	.54	0.734
Years of teaching experience	0.86233	86.23	0.00190	.19	0.193
Previous knowledge of Carkhuff model	F-level insufficient for further computation				0.000

** Indicates a statistic significant at or beyond the .01 level

Regression analysis for Genuineness. The posttest scores for the dependent variable, Genuineness, were also acquired from the audiotape recordings of subjects interacting with helpees.

As presented in Table 11, the eight variables accounted for 75.06% of the variance in the posttest scores in Genuineness. The variable, group designation, exerted the most influence upon the dependent variable by accounting for 42.62% of the variance. The four variables, group designation, pretest scores in Genuineness, years of nursing experience, and additional courses in interpersonal skills collectively contributed 72.77% toward the known variance. The combined variables of previous knowledge of the Carkhuff model, years of teaching experience, age, and current teaching assignment increased the total variance in the posttest scores for Genuineness by a much smaller amount, 2.29%. The remainder of the variance, 24.94%, was unaccounted for by the variables included in the regression analysis.

Qualitative Data

The data presented in this section is based on the researcher's observations of the trainees' behaviour over the course of their training. Although highly qualitative in nature, this data adds another perspective to the development of the trainees' facilitative functioning.

TABLE 11

STEPWISE MULTIPLE-REGRESSION ANALYSIS SHOWING THE RELATIONSHIP OF VARIABLES TO THE VARIANCE IN POSTTEST SCORES IN GENUINENESS

Variables	R ²	Accumulating Variance (%)	R ² change	Additional Variance (%)	F-level
Group, experimental or control	0.42618	42.62	0.42618	42.62	24.214**
Pretest	0.56874	56.87	0.14256	14.26	4.805*
Years of nursing experience	0.66973	66.97	0.10100	10.10	2.250
Additional courses in interpersonal skills	0.72773	72.77	0.05800	5.80	2.075
Previous knowledge of Carkhuff model	0.74545	74.55	0.01772	1.77	1.011
Years of teaching experience	0.74676	74.68	0.00131	.13	0.265
Age	0.74814	74.81	0.00139	.14	0.165
Current teaching assignment	0.75060	75.06	0.00245	.25	0.128

** Indicates a statistic significant at or beyond the .01 level

* Indicates a statistic significant at or beyond the .05 level

The trainees were a group of helping professionals who had collectively accumulated many years of experience in the helper's role within teaching and nursing contexts. Trainees had a vested interest in their usual mode of interacting with helpees. Therefore, although trainees approached the program willingly and with interest, the program generated feelings of apprehension which were evident during the first phase of the training process.

The initial phase of training revealed an element of competitiveness as trainees shared their ratings with one another. Trainees were also somewhat critical of the training and the program materials, especially the videotape presentation of the "high" functioning helper and the "phoniness" of some of the examples of facilitative responses in the instructional handbook. It was often necessary for the trainer to provide reassurance that the facilitative response was one mode of responding and, therefore, not the only way of responding to students. Trainees required considerable time to express their concerns. As a result, the schedules for the training sessions were frequently altered to provide the extra discussion time.

As the trainees entered the second phase of the training program, their earlier concerns appeared to have been resolved to a considerable extent. A definite shift in the trainees' behaviour was noted. Their energies were now focused on the acquisition of skills in the practice sessions between helper and helpee. These sessions also provided an

opportunity for trainees in the helpee's role to express themselves and discover the benefits of "feeling understood" by a facilitative helper. In addition, personally relevant material was shared in the large group setting. Trainees supported one another and provided pertinent feedback to each other during the rating sessions of their audiotaped interactions. Trainees commented frequently about an increasing use of the facilitative response in situations outside the training sessions.

During the final session, evaluative comments of the training program were very positive. Trainees expressed concerns about the untrained half of the faculty, the subjects in the control group. The trainees believed it was important for this group to participate in a similar training program.

Discussion of the Results

The studies in Chapter II clearly suggested that the facilitative level of the nurse educator was positively related to the development of a student nurse's ability to become a truly effective helper. Other studies indicated that training in the facilitative conditions of Empathy, Respect and Genuineness was both feasible and appropriate for increasing the ability of the nurse educator to respond at higher facilitative levels.

Based on the studies presented in Chapter II, the purpose of this study focused on designing an interpersonal skills training program for nurse educators in the skills of Empathy, Respect and Genuineness to improve their facilitative functioning with student nurses. The training program presented in Appendix A was developed and implemented with twelve nurse educators. Didactic, experiential and modeling components were included in the program. The program involved twenty hours of training over a ten-week period and focused on Empathy as the key interpersonal skill.

The effectiveness of the training program was tested by comparing the effects of training versus no training on the ability of nurse educators to respond facilitatively. To this end, Carkhuff's Index of Communication (1969a) was used to provide measures of the subjects' ability to formulate written facilitative responses. The subjects' audiotape recordings provided measures of their ability to respond with Empathy, Respect and Genuineness in an interaction. The pre- and posttraining data was statistically analyzed by t-tests for uncorrelated means.

The comparisons of the levels of functioning of Group I, the experimental group, with Group II, the control group, revealed four major results.

- 1) The experimental and control groups were not significantly different on the written pretest measures in facilitative functioning.

2) There was a significant difference favouring the experimental group on the written posttest measures in facilitative functioning.

3) The experimental and control groups were not significantly different on pretest ratings of audiotaped responses in Empathy, Respect and Genuineness.

4) There was a significant difference favouring the experimental group on posttest ratings of audiotaped responses in Empathy, Respect and Genuineness.

These findings substantiated that there were significant improvements in the ability of nurse educators in the experimental group to formulate facilitative responses in comparison with the nurse educators in the control group. These improvements occurred for both written and audiotaped responses.

The results of the data analyses will now be examined in further detail and compared to those in the literature.

The mean score of 2.28 for Group I, the experimental group, on the pretest Index of Communication is somewhat higher than the 2.20 level for Group II, the control group (see Table 4): A possible explanation of Group I's higher score may be the greater number of subjects in the experimental group with previous knowledge of the Carkhuff model. Prior to the commencement of the training program, seven subjects in Group I had either formal or informal instruction in the Carkhuff model as opposed

to three subjects in the control group (see Table 1). The variable, previous knowledge of the Carkhuff model, accounts for 19.77% of the variance in the posttest scores for facilitative functioning (see Table 8). The same relationship may also exist for the pretest scores. The mean scores for both groups, though, are close to the 2.2 level for experienced counselors who are not systematically trained (Carkhuff, 1969a). Considering the academic preparation and work experiences of the nurse educators in the sample group, this comparison appears reasonable.

The mean score of 2.30 for the control group on the posttest Index of Communication (see Table 12) represents a gain of .10 between the pre- and post-means for this group. The large gain of 1.16 by one subject, identified as number 10 on Table 12, provides one probable reason for the higher post-mean score in facilitative functioning. It is likely that this subject's exposure to the Carkhuff model in the interim between the pre- and posttesting sessions is related to the increase (see Table 1).

The mean score of 3.15 on the posttest Index of Communication for the experimental group (see Table 6) surpasses the 3.0 level for experienced, systematically trained counselors (Carkhuff, 1969a).

The pretest mean scores in Empathy, Respect and Genuineness of Group II, the control group, are all somewhat better than those of Group I, the experimental group (see Table 6). The mean scores for Group II, 2.10 for Empathy, 2.07 for Respect, and 2.15 for Genuineness are comparable to the 2.2 level of functioning for experienced counselors

TABLE 12

A COMPARISON OF CONTROL GROUP MEAN PRETEST AND POSTTEST
SCORES FOR FACILITATIVE FUNCTIONING

Subject	Pretest	Posttest	Change
1	1.92	1.82	-.10
2	2.99	2.11	-.88
3	2.55	2.56	.01
4	1.84	2.19	.35
5	2.19	2.52	.33
6	2.17	2.05	-.12
7	2.09	2.04	-.05
8	2.03	2.44	.41
9	1.38	1.33	-.05
10	1.97	3.13	1.16
11	3.06	3.06	0
Mean	2.20	2.30	.10

who have not been systematically trained (Carkhuff, 1969a). The mean scores of 1.79 for Empathy, 1.79 for Respect, and 1.86 for Genuineness in Group I are close to the 1.8 level for teachers (Carkhuff, 1969a).

The differences between the pre-audiotape mean scores are .31 for Empathy, .28 for Respect, and .29 for Genuineness in favour of Group II, the control group (see Table 6). One feasible explanation for some of the difference in the scores may relate to the influence of the variable, previous experience with the Carkhuff model, to the variance in the posttest scores of Empathy, Respect and Genuineness (see Table 9, 10 and 11). The corresponding values are Empathy, .21%; Respect, nil contribution; and Genuineness, 1.77%. The variable contributes very little to the variance in the posttest scores for audiotaped interactions. The same lack of influence may have occurred with respect to the pretest scores for Empathy, Respect and Genuineness. In this event, the impact would be greater upon the experimental group, the group comprised of a larger number of subjects familiar with the Carkhuff model prior to the training program (see Table 1).

The control group's post-mean scores of 1.99 for Empathy, 1.99 for Respect, and 2.12 for Genuineness on the audiotape recordings are somewhat lower than their pre-audiotape mean scores (see Table 13). These levels are in between the 1.8 level for teachers and the 2.2 level for experienced counselors who have not been systematically trained (Carkhuff, 1969a).

TABLE 13

A COMPARISON OF CONTROL GROUP MEAN PRETEST AND POSTTEST SCORES FOR EMPATHY, RESPECT AND GENUINENESS

Subject	EMPATHY			RESPECT			GENUINENESS		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
1	2.00	1.17	-.83	2.00	1.17	-.83	2.00	1.17	-.83
2	2.17	2.00	-.17	2.17	2.00	-.17	2.17	2.00	-.17
3	2.67	2.50	-.17	2.33	2.67	.34	2.50	2.67	.17
4	2.42	2.67	.25	2.42	2.67	.25	2.59	2.83	.24
5	2.33	2.00	-.33	2.33	2.00	-.33	2.59	2.00	-.59
6	2.00	2.00	0	2.00	2.00	0	2.00	2.17	.17
7	1.50	1.34	-.16	1.50	1.42	-.08	1.59	2.00	.41
8	1.67	2.00	.33	1.67	2.00	.33	1.84	2.33	.49
9	2.00	2.00	0	2.00	1.83	-.17	2.00	2.00	0
10	2.33	2.17	-.16	2.33	2.17	-.16	2.33	2.17	-.16
11	2.00	2.00	0	2.00	2.00	0	2.00	2.00	0
	2.10	1.99	-.11	2.07	1.99	-.08	2.15	2.12	-.03

The audiotape gains of 1.21 for Empathy, 1.16 for Respect, and .97 for Genuineness in the experimental group are higher than the comparable gain of .87 for written facilitative responses (see Tables 14 and 15). The reason for the differences in the gains may possibly relate to initial differences in the pretest mean scores for written and audiotape data. The mean pretest score of 2.28 for written measures is higher to some degree than the mean pretest scores of 1.79 for Empathy, 1.79 for Respect and 1.86 for Genuineness. Given that the emphasis of the training program focused on the subject's ability to formulate responses at level 3.0, the minimal facilitative response level, the lower pretest scores may have offered more latitude for growth. Participation in the training program had the effect of narrowing the gap between the scores on written and audiotape data. The post-mean scores are 3.15 for facilitative functioning, 3.00 for Empathy, 2.95 for Respect and 2.83 for Genuineness. All of the post-mean scores compare quite favourably with the 3.0 level for experienced, systematically trained counselors (Carkhuff, 1969a).

The experimental group's changes in facilitative functioning will now be discussed in relation to the literature concerning minimum facilitative functioning.

According to Carkhuff's training model, the 3.0 level was deemed "minimally facilitative" for helpers (Carkhuff, 1969a, 1969b). Whereas the mean level of trainee functioning of 3.00 for Empathy attains the

TABLE 14

A COMPARISON OF EXPERIMENTAL GROUP MEAN PRETEST AND
POSTTEST SCORES FOR FACILITATIVE FUNCTIONING

Subject	Pretest	Posttest	Change
1	2.35	3.88	1.53
2	2.81	3.31	.50
3	2.20	2.82	.62
4	2.16	2.97	.81
5	2.53	3.03	.50
6	2.19	3.08	.89
7	2.50	3.35	.85
8	2.30	3.22	.92
9	1.91	2.64	.73
10	1.66	2.88	1.22
11	2.72	2.94	.22
12	2.02	3.65	1.63
Mean	2.28	3.15	.87

TABLE 15

A COMPARISON OF EXPERIMENTAL GROUP MEAN PRETEST AND POSTTEST SCORES FOR EMPATHY, RESPECT AND GENUINENESS

Subject	EMPATHY			RESPECT			GENUINENESS		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
1	2.09	4.00	1.91	2.09	3.67	1.58	2.17	3.33	1.16
2	2.00	4.00	2.00	2.00	3.67	1.67	2.00	3.00	1.00
3	1.33	2.00	.67	1.33	2.00	.67	1.33	2.00	.67
4	1.17	3.33	2.16	1.33	3.25	1.92	1.50	3.00	1.50
5	2.00	3.50	1.50	2.00	3.17	1.17	1.92	3.00	1.08
6	1.67	2.83	1.16	1.67	3.00	1.33	1.67	3.00	1.33
7	1.42	2.00	.58	1.33	2.00	.67	1.42	2.00	.58
8	1.83	2.83	1.00	1.83	3.00	1.17	2.00	3.00	1.00
9	1.67	2.50	.83	1.67	2.75	1.08	1.84	2.75	.91
10	1.67	2.50	.83	1.59	2.59	1.00	1.59	3.00	1.41
11	2.83	3.50	.67	2.83	3.33	.50	3.00	3.00	0
Mean	1.79	3.00	1.21	1.79	2.95	1.16	1.86	2.83	.97

minimal level of facilitative functioning, the final mean level of 3.15 on the Index of Communication surpasses this level to some extent. The 2.95 mean level for Respect is close to the 3.0 level (See Table 14 and 15).

Seven of the twelve subjects are seen to be functioning at or beyond the 3.0 level on the Communication Index (see Table 16). A similar comparison of the eleven subjects completing the audiotape data reveals that the levels of functioning of five subjects on the Empathy scale, seven subjects on the Respect scale, and eight subjects on the Genuineness scale are seen to be at or beyond the 3.0 level. Furthermore, three of the eleven subjects scored at or beyond the minimally facilitative level on all of the four dependent variables --- facilitative functioning, Empathy, Respect and Genuineness. Four of the eleven subjects score at or beyond the 3.0 level on three of the four dependent variables. These subjects, identified as numbers 4, 6, 8 and 11 on Table 16, attain relatively high scores ranging from 2.83 to 2.97 on the fourth dependent variable. Therefore, the level of trainee functioning for seven of the eleven subjects is close to, at, or beyond the minimal level of facilitative functioning on all post-measures for written and audiotaped helper responses.

The control group's changes in facilitative functioning are presented in Table 17. Two of the eleven subjects are seen to be functioning at or beyond the 3.0 level on the Communication Index. A similar comparison of

TABLE 16

EXPERIMENTAL GROUP DATA

Subject	WRITTEN DATA			AUDIOTAPE DATA								
	<u>Communication Index</u>			<u>Empathy</u>		<u>Respect</u>		<u>Genuineness</u>				
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change			
1	2.35	3.88	1.53	2.09	4.00	1.91	2.09	3.67	1.58	2.17	3.33	1.16
2	2.81	3.31	.50	2.00	4.00	2.00	2.00	3.67	1.67	2.00	3.00	1.00
3	2.20	2.82	.62	1.33	2.00	.67	1.33	2.00	.67	1.33	2.00	.67
4	2.16	2.97	.81	1.17	3.33	2.16	1.33	3.25	1.92	1.50	3.00	1.50
5	2.53	3.03	.50	2.00	3.50	1.50	2.00	3.17	1.17	1.92	3.00	1.08
6	2.19	3.08	.89	1.67	2.83	1.16	1.67	3.00	1.33	1.67	3.00	1.33
7	2.50	3.35	.85	1.42	2.00	.58	1.33	2.00	.67	1.42	2.00	.58
8	2.30	3.22	.92	1.83	2.83	1.00	1.83	3.00	1.17	2.00	3.00	1.00
9	1.91	2.64	.73	1.67	2.50	.83	1.67	2.75	1.08	1.84	2.75	.91
10	1.66	2.88	1.22	1.67	2.50	.83	1.59	2.59	1.00	1.59	3.00	1.41
11	2.72	2.94	.22	2.83	3.50	.67	2.83	3.33	.50	3.00	3.00	0
12	2.02	3.65	1.63									

TABLE 17

CONTROL GROUP DATA

Subject	WRITTEN DATA			AUDIOTAPE DATA								
	<u>Communication Index</u>			<u>Empathy</u>			<u>Respect</u>			<u>Genuineness</u>		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
1	1.92	1.82	-.10	2.00	1.17	-.83	2.00	1.17	-.83	2.00	1.17	-.83
2	2.99	2.11	-.88	2.17	2.00	-.17	2.17	2.00	-.17	2.17	2.00	-.17
3	2.55	2.56	.01	2.67	2.50	-.17	2.33	2.67	.34	2.50	2.67	.17
4	1.84	2.19	.35	2.42	2.67	.25	2.42	2.67	.25	2.59	2.83	.24
5	2.19	2.52	.33	2.33	2.00	-.33	2.33	2.00	-.33	2.59	2.00	-.59
6	2.17	2.05	-.12	2.00	2.00	0	2.00	2.00	0	2.00	2.17	.17
7	2.09	2.04	-.05	1.50	1.34	-.16	1.50	1.42	-.08	1.59	2.00	.41
8	2.03	2.44	.41	1.67	2.00	.33	1.67	2.00	.33	1.84	2.33	.49
9	1.38	1.33	-.05	2.00	2.00	0	2.00	1.83	-.17	2.00	2.00	0
10	1.97	3.13	1.16	2.33	2.17	-.16	2.33	2.17	-.16	2.33	2.17	-.16
11	3.06	3.06	0	2.00	2.00	0	2.00	2.00	0	2.00	2.00	0

the audiotape data shows that all control subjects scored below the 3.0 level of functioning in Empathy, Respect and Genuineness.

The regression analyses (Tables 8, 9, 10 and 11) illustrate the relationship of a number of independent and control variables to the variance in the posttest scores of the dependent variables, namely, facilitative functioning, Empathy, Respect and Genuineness. Some of the more pertinent findings will be discussed.

A subject's designation to either the experimental or control group contributed to the greatest proportion of the variance in the posttest scores for all dependent variables. This finding suggests that the training program had considerable effect upon the facilitative levels of subjects in the experimental group.

The variables, previous knowledge of the Carkhuff model and additional courses in interpersonal skills, accounted for 25.42% of the variance in the written post-measures for facilitative functioning. The same variables contributed relatively little to the variance in audiotaped post-measures of Empathy, Respect and Genuineness. This analysis suggests that acquired knowledge and courses relating to the development of interpersonal skills may assist helpers to write helpful responses but have a minimal effect on the live responses offered by helpers.

Some of the variables consistently contributed little to the variance in the posttest scores of all the dependent variables. These

variables are the years of nursing experience, years of teaching experience, and current teaching assignment. This finding suggests that the nurse educator's ability to respond facilitatively seems to be altered minimally by the amount of nursing and teaching experience and the type of course content taught in the nursing program.

Conclusions

The conclusions drawn from this study were:

1. The interpersonal skills training program designed in the study was effective in training nurse educators to formulate written helper responses at significantly improved levels of facilitative functioning.
2. The interpersonal skills training program designed in the study was effective in training nurse educators to communicate audiotaped helper responses at significantly improved levels of Empathy, Respect and Genuineness.

Implications of the Study

This section provides a discussion of the implications of the study based on the results.

The study identified a need for nurse educators in the whole sample group to increase their levels of facilitative functioning. The study also indicated that nurse educators may be trained within the context of relatively short, in-service programs to improve their level of facilitative functioning. Insofar as increases in the facilitative functioning for nurse educators may relate to increases in facilitative levels for student nurses, it would appear appropriate for nurse educators to participate in training programs designed specifically to increase facilitative functioning. In addition to in-service programs for nurse educators, it would appear important for university nursing programs preparing nurse educators to offer training programs in facilitative functioning.

With reference to the training program tested in this study, the program seemed to increase the nurse educators' abilities to respond facilitatively. However, not all nurse educators reached the minimal facilitative level. This may indicate a need for a longer training program altered to accommodate the learning needs of these trainees.

During the training program, the nurse educators seemed to establish closer, more trusting relationships. They became more accepting and supportive of one another. With reference to the qualitative data presented earlier, their recommendation that the other half of the faculty participate in a similar program is worth consideration. It may be reasonable to assume that an improvement in the quality of the interpersonal relationships within the faculty could ensue.

Based on the relatively low levels of facilitative functioning of untrained populations and the negative effects of low level functioning on trainee gains, previously described in the literature review, it would appear appropriate for entire nursing faculty memberships to be trained. This would serve to enhance or consolidate nurse educators' gains in facilitative functioning. In addition, greater benefits for student nurses might result if their gains in facilitative functioning were reinforced by all faculty members.

Research was reviewed that suggested that a high level functioning trainer promoted greater trainee gains than a trainer functioning at a minimal facilitative level. It appears important that only nurse educators who demonstrate high level skills become the trainers responsible for the interpersonal skills training programs in nursing education.

The failure of previous knowledge and training in interpersonal skills to contribute to the posttest ratings for audiotaped helper responses has implied a need for retraining programs. Retraining would allow nurse educators to maintain their peak posttraining levels of facilitative functioning.

Suggestions for Further Research

As a result of this study, several suggestions can be made concerning further research.

Cross-validation studies are necessary before generalizations can be confidently made about the levels of facilitative functioning of nurse educators in other settings. Replications of the study would assist in exploring these connections.

Research can be done to accurately assess the retraining needs of trainees. To this end, longitudinal studies would determine the trainees' levels of facilitative functioning at specified periods following their participation in a training program. The results of the research would assist trainers to provide supplementary programs which enable trainees to maintain peak levels of facilitative functioning.

Research reviewed pointed to a relationship between the nurse educators' level of functioning and the level attained by student nurses. Research can determine the strength of this relationship by concomitantly studying the facilitative levels of nurse educators and their students. A study of this nature may indicate that nurse educators need additional training. The results may also indicate deficiencies in the course content and experiences designed to facilitate the growth of the student nurses' helping skills.

Further studies can investigate the relationship between the trainees' initial and final levels of functioning. In this study, the trainees' individual changes in levels of facilitative functioning

varied considerably and no clear relationship between initial and final level of functioning was apparent. In addition, studies could determine the relationship of other variables to the final level of functioning. As an example, the variable of age in this study accounted for a respectable proportion of the variance in the audiotaped posttest scores in Empathy and Respect. It is possible that further study would provide more data about how this variable influences the potential for trainee growth.

APPENDIX A

INTRODUCTION

This section contains a complete description of the training program in Empathy, Respect, and Genuineness implemented and evaluated in this study. An outline for each of the ten, two-hour training sessions, the instructional handbook, and the pencil and paper training exercises are included.

It is hoped that this material may prove useful to others interested in developing similar training programs.

Appreciation is expressed to United Feature Syndicate, Inc., New York, N.Y. for permission to reprint the cartoons created by Charles M. Schulz.

SESSION I Introduction and Discussion of Two Interaction Styles

Objectives

- Trainees will gain an understanding of teaching and nursing as helping professions.
- Trainees will gain an understanding of the complexity of the nurse educator's responsibilities toward two client groups, patients and student nurses.
- Trainees will gain an understanding of the appropriateness of interpersonal skills training for nurse educators.
- Trainees will increase their understanding of helpful interactions.

Training

- Trainees read and discuss Part I of the instructional handbook, "Introduction to Interpersonal Skills Training".
- Trainees observe two, ten-minute videotape recordings of two different helpers working with a helpee. The first helper responds with low levels of Empathy, Respect and Genuineness followed by a second helper who responds at high levels.
- Trainees discuss their observations and reactions toward the two styles of interaction. The trainer focuses upon the similarities and differences between the two styles. The trainer responds facilitatively to the trainees' reactions toward the videotape recordings.
- Trainees observe and discuss a third, ten-minute videotape recording in which the helpee discusses her reaction to the two different styles of interaction.

Remarks

- It is important for the trainer to share her point of view about ideas expressed in the introductory handbook.
- The trainer models high levels of Empathy, Respect and Genuineness during group discussions. Different perspectives are heard and accepted. A safe environment which allows trainees to express and explore their reactions is essential.

PART I

INTRODUCTION TO INTERPERSONAL SKILLS TRAINING

Responding with Accurate Empathy,
Respect and Genuineness

MINI HANDBOOK

I. INTRODUCTION TO INTERPERSONAL SKILLS
TRAINING FOR NURSE EDUCATORS

Nurse Educators: Two Kinds of Helpers

There is little argument that nursing is considered a "helping" profession. Like counselling, social work and clinical psychology, nursing involves trying to do something to be helpful to other people. On the other hand, teaching is also considered to be a "helping" profession - one in which teachers are engaged in tasks which help others to learn. Therefore, nurse educators find themselves in the rather unique position of simultaneously working as members of two helping professions. As a consequence the nurse educator, unlike other helpers, must be concerned with two different client groups: patients and student nurses. Patients need effective helpers who provide them with health-facilitating support and assistance. Student nurses need enriching educational experiences to assist them in becoming effective helpers. Nurse educators need to keep the needs of both of these client groups in mind as they operate in a helping capacity.

What is Helping?

Helping is a word that is much used and much misunderstood. However, it is clear that helping requires at least two persons engaged in a give and take relationship. The helper is seen as the "giver" and the helpee as the "receiver". In a helping relationship, it is the helper that undertakes to act in a way which provides for a servicing of the helpee's needs.

Mother "helps" Susie to tie her shoelace. Fred, the Boy Scout, "helps" elderly Mrs. Zabar to cross the street.

Dad "helps" Billy with his homework. In each of these examples, there is evidence that one person, serving as a helping person, undertakes the tangible servicing of the needs of another. Many of us play these kinds of helping roles throughout the normal course of the day.

However, in a more professional context, the word "helping" has come to assume a more sophisticated definition - in which the help provided is not as overt and as tangible, but in which, nevertheless, the helpee is serviced in a profound and a life-enriching way. In the professional contexts of nursing, teaching, social work, et al, the concept of helping involves behaving in a way that contributes to the personal growth of the client. That immediately disallows the parenting - type of behavior described above, in which the helper is seen as "doing for" the helpee. While such offers of assistance are also humanly prized and interpersonally valued, the art of helping which is the focus of this paper, will be that concerned with the more professional concept of the act.

Nurses as Helpers

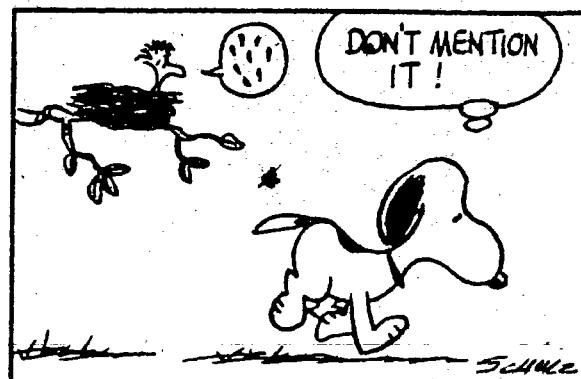
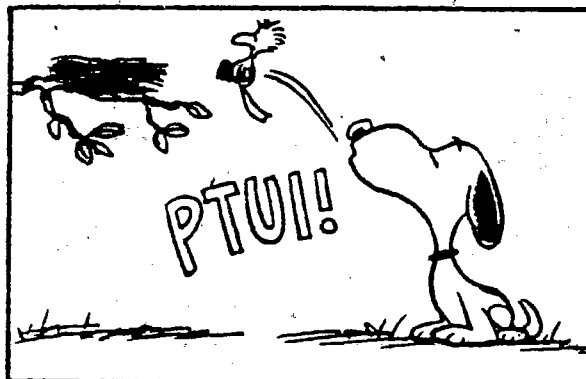
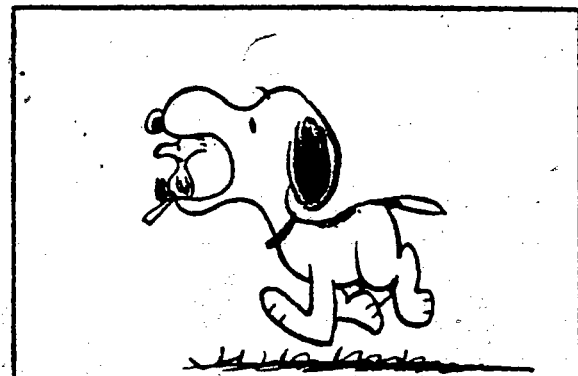
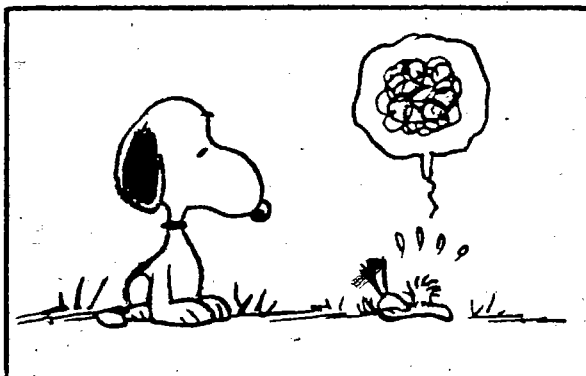
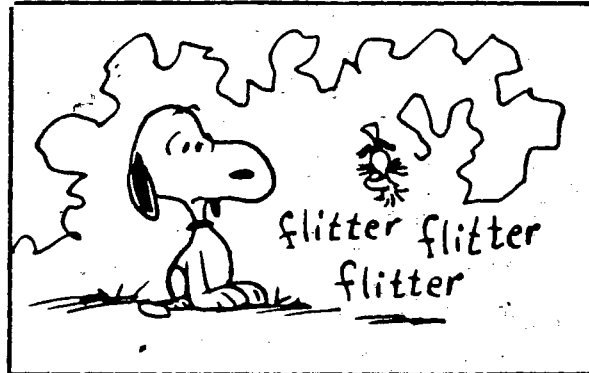
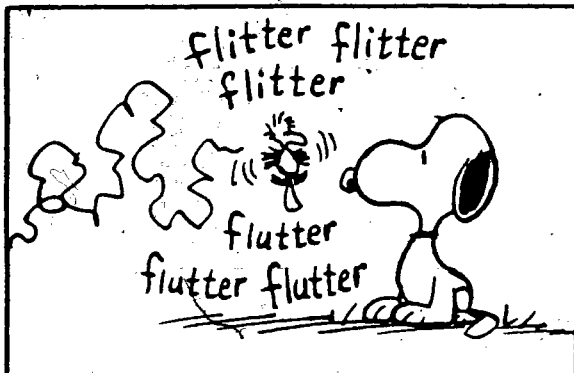
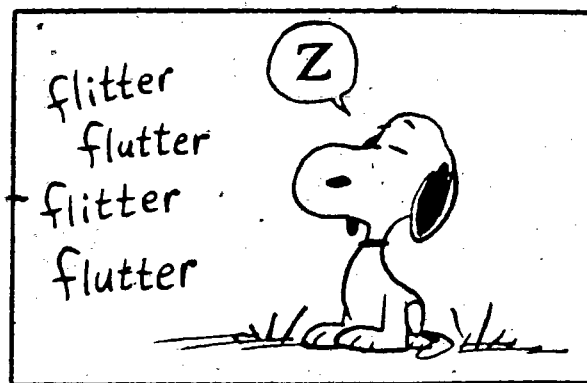
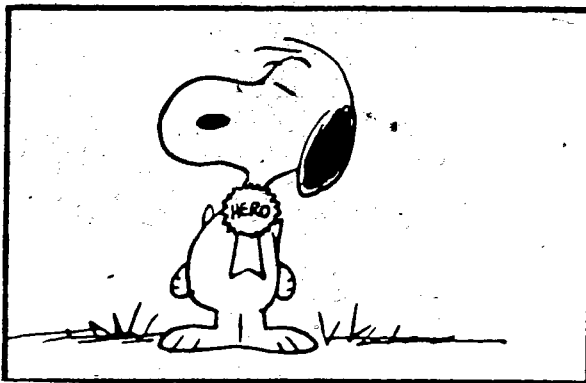
One of the primary functions of the nurse is that of helper. The nurse is called upon to provide help in a variety of different contexts. However, it is in the context of the nurse's interpersonal relationship with the patient upon which the concept of "helping" is to be focused in this training program.

Nurses learn how to offer and provide help to patients in countless ways. For example, the nurse learns how to provide the patient with safe, basic physical care. The nurse also learns a number of specific skills - such as the administration of medication or how to care for a patient with a life-threatening illness.

All of these helping skills are developed within the basic programs preparing nurses. However, the nurse is also expected to function in an interpersonal context and while this is a clear expectation of nursing performance, actual training for this skill has frequently been absent from many programs. Only within the most recent past have some nursing programs incorporated precise training in interpersonal skills. More commonly, vague and stereotyped phrases such as "meet the patients' needs" and "helping is to care" are offered as guidelines to nurses. The actual skills are apparently expected to develop magically through the educational experiences.

What is it that nurses do, in their interpersonal functioning with patients which effects a "healing process"? What is it about a nurse that enables a patient to say with a depth of conviction, "she really understands how I feel". What is it that some nurses do that make patients feel better - both in the sense of physical as well as psychological health?

Studies of helper characteristics in a number of health care settings have shown that certain attitudes and behaviors are ultimately more critical to helping than others. Carl Rogers' identification of three behaviors critical to the helping process has many important implications for nurses. Rogers has long professed that unless a high degree of positive regard (respect), congruence (genuineness), and empathic understanding exist between the helper and the helpee, effective helping will not occur. How facilitatively the helper responds to the helpee is an indication of the extent to which these three core conditions exist within the relationship.



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"Helping involves attending and responding attentively to the helpee's needs."

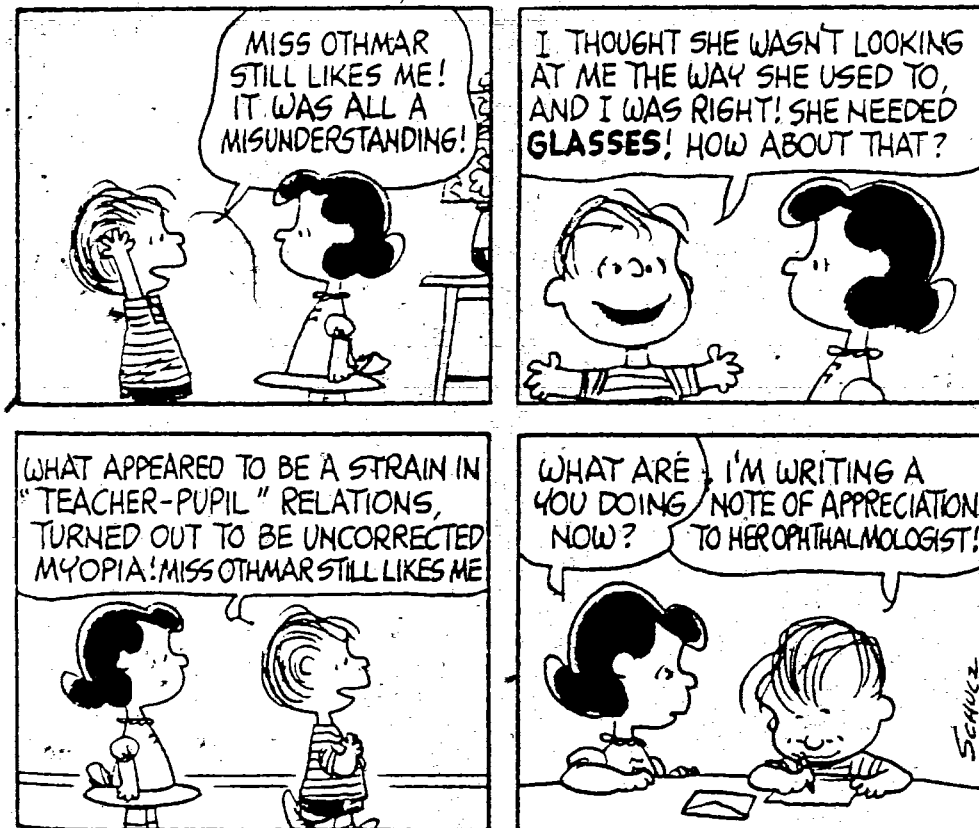
Nurses as Teachers

We have said earlier in this training manual that nurse educators are in the unique position of having to fulfill two major types of helping roles. In the previous section, we briefly examined the role of the nurse as helper. In this section, we will examine the role of the nurse as a teacher - not only as "helper" to a totally different client group - that of student nurses, but also as a trainer of student nurses as effective helpers. It is in both of these complex roles that the nurse educator must effectively function - sensitively tuned to the needs of this particular client group, as well as providing the training and the role-modeling required to promote student skill in the art of helping the patient.

As the nurse educator examines a class of student nurses, he/she will discover that how the student experiences the nursing program has a lot to do with how the student views himself/herself as a person and a learner. The student has chosen a profession, an expression of an important life goal. It follows that the student's self-concept is linked closely to his/her ability to accomplish and succeed in the nursing program. The experiences that the student nurse has during the program will not be taken lightly.

As much as we do not like to admit it, some experiences are hurtful for students. When students are hurt, the consequences are great in terms of how they see themselves as people (lowered self-esteem) and how they function as learners (decreased academic and clinical achievement). Conversely, some experiences are rich and constructive for students. As a consequence, students learn that they can, that they are able, that they are

persons deserving of respect, that they have rights, that they are valued as people. What do teachers do that help students to feel better about themselves as people and as learners? Research, summarized in Gazda, reveals substantial evidence that the teacher's level of interpersonal functioning has significant effects upon the student and the learning process. How the teacher interacts with students has a great deal to do with helping and hurting. How the teacher interacts with the students contributes greatly to positive and negative attitudes toward learning.



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"Students are HUMAN beings."

Sometimes the interaction between student and teacher "goes very well". This is not just the teacher's viewpoint, but also the student's perception. "Hey, she really heard what I was saying."

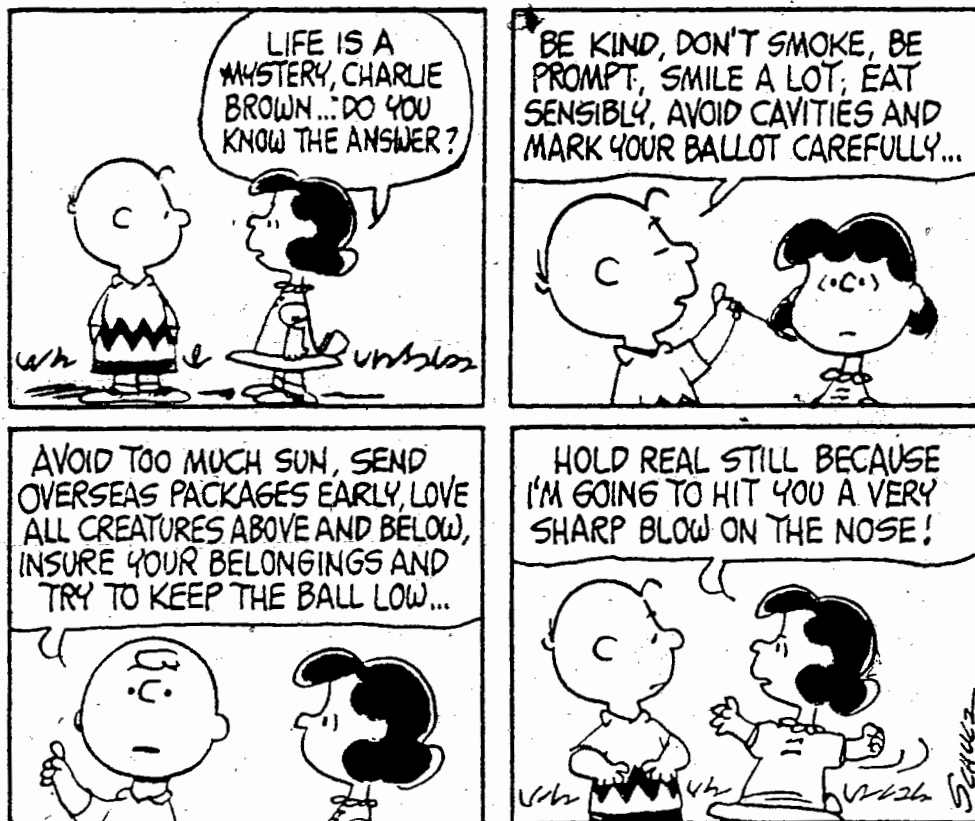
However, teachers do not always have a clear or realistic idea of what they are actually saying to students. While most of us tend to see ourselves through 'rose-colored glasses', these teachers operate out of a base of 'distorted perceptions of self'. This discrepancy results in a great gap between the actuality and the teacher's belief of what he is saying and doing. When teachers hear or view their teaching on videotape/audiotape for the first time, this gap is demonstrated quite clearly.

"I was so anxious when the student contested the answer to the exam question, I cut off the discussion."

"I seem to take over the group discussion rather than waiting for the students to initiate the interaction."

"I'm telling him what to do rather than allowing him the space to work it out for himself."

Confronted with actual teaching behavior, these teachers begin to realize that what they are actually saying is vastly different from what they thought they were saying. For most, this awareness is extremely distressing.



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"Advising ... inhibits the learning process".

On the other hand, some teachers wish to be helpful to students but lack skill or know-how. Their interaction strategies are inconsistent with their goals. As a result, in spite of attempts to interact facilitatively, their interaction skills reveal a majority of directing and advising and questioning behaviors, rather than facilitative behaviors. In other words, in the absence of specific training in facilitative functioning, many teachers do not have the understanding or the skills to interact facilitatively.

Potential Benefits of Interpersonal Skills Training

Interpersonal skill training will assist nurse educators to grow in their ability to identify more accurately just how they are actually interacting with their students. Training will also assist nurse educators to increase their interpersonal effectiveness during interactions with student nurses.

However, the potential benefits of training for nursing faculty are more expansive. The nurse educator's ability to function facilitatively will increase the student nurse's self-esteem and promote specific learning outcomes. In addition, the students' acquisition of interpersonal skills will be enhanced significantly. Modeling (providing the student with an example for imitation) plus experiential effects (the student experiences the constructive personal effects of facilitative functioning first hand) will increase dramatically the student's development of interpersonal skills which will really make a difference when student nurses interact with patients.

Interpersonal skill training for nursing educators has important benefits for patients and student nurses plus the more personal benefits - learning skills that facilitate living effectively with one's self and others.

An Overview of the Interpersonal Skills Training Program

The training program will focus on the acquisition of the interpersonal skills of Empathy, Respect and Genuineness. Within a group setting, the ten training sessions will follow a series of step-by-step reinforcement exercises. A brief outline of the training program follows:

- SESSION I Introduction and discussion of two interaction styles.
- SESSION II Perceiving the affective component in helpee statements.
- SESSION III Perceiving the content component in helpee statements.
- SESSION IV Rating responses for Empathy.
- SESSION V Practice in empathic sharing and responding.
- SESSION VI Formulating empathic responses and identifying appropriate themes for self-disclosure.
- SESSION VII Practice in empathic interactions.
- SESSION VIII Practice in empathic interactions.
- SESSION IX Rating responses for Respect and Genuineness.
- SESSION X Practice in responding with Empathy, Respect, and Genuineness.


BIBLIOGRAPHY

Chapman, J. & Chapman, H. Behavior and Health Care. Saint Louis: C.V. Mosby Co., 1975.

Gazda, G., Asbury, F., Balzer, F., Childers, W., Walters, R. Human Relations Development: A Manual for Educators, 2nd edition, Boston: Allyn and Bacon, 1977.

Gazda, G., Walters, R., Childers, W. Human Relations Development: A Manual for Health Sciences, Boston: Allyn and Bacon, 1975.

Truax, C.B. and Carkhuff, R. Toward Effective Counseling and Psychotherapy, Chicago: Aldine Publishing Co., 1967.

Wassermann, Selma. "Introduction to Interpersonal Skills Training", Mini Handbook prepared for the Interactions Centre, Faculty of Education, Simon Fraser University.

Cartoons by Charles M. Schulz. Courtesy of United Feature Syndicate, New York: N.Y.

SESSION II Perceiving the Affective Component in
Helpee Statements

Objectives

- Trainees will gain skill in identifying the surface feeling in written communication.
- Trainees will use a "crude" coding system to rate responses.

Training

- Trainer and trainees discuss their reactions to Session I. Session II is outlined by the trainer.
- Trainees work in small groups, preferably trios, on the worksheet, "Exercise in the Discrimination of Feelings". Trainees share and discuss their choices in the large group.
- Trainees work in pairs on the exercise, "Perceiving Feelings". Their formulations are shared in the large group. Trainees use the following three-point coding system to rate the affective components identified by each other in the helpee statements.

Level 1 - Feeling identified is not close to a surface feeling for the statement.

Level 2 - Feeling identified is close to a surface feeling for the statement.

Level 3 - Feeling identified is a surface feeling for the statement.

The trainer offers ratings with explanations when appropriate.

Remarks

- It is important that the initial group sharing allow trainees ample opportunity for expressing concerns and exploring their reactions to the training. The trainer is also afforded an opportunity to model high levels of facilitative skills.
- Much of the training will occur in small groups. The small group work sets the stage for future dyad and trio practice sessions.
- The trainer models acceptance of the trainees' discriminations during the group sharing of formulations. The trainer also shares and explains her own discriminations.

EXERCISE IN THE DISCRIMINATION OF FEELINGS

Directions: Circle the two or three adjectives which best identify the speaker's most obvious feelings in the following statements:

1. Nurse educator to nurse educator:

"These workshop sessions have really been great. I enjoy my work so much more. I am talking more directly and seriously to the students now. Wow, there is just so much more meaning in my teaching."

This person probably feels:

- a) cautious b) sympathetic c) excited d) alive
e) perplexed f) good

2. Student nurse to nurse educator:

"No matter how hard I try, I just can't concentrate on my studies. I sit down with all my books and nothing happens. I just don't know what to do."

This person probably feels:

- a) worried b) strong c) uncertain
d) depressed e) uncomfortable f) enraged

3. Student nurse to nurse educator:

"This place bugs me! The instructor in the lab tells me to give an injection one way. Now that I'm in the clinical area, you tell me how to do it another way."

This person probably feels:

- a) unimportant b) agitated c) angry
d) laughed at e) hurt f) annoyed

4. Student nurse to nurse educator:

"Guess what! My evaluation this term went better than I ever expected. I always knew that I could do well in nursing. I worked hard and it really paid off."

This person probably feels:

- a) skeptical b) competent c) satisfied d) patient
e) vulnerable f) tolerant

5. Nurse educator to nurse educator:

"Poor James. I should never have assigned him to such a difficult patient. The medication error is an indication of just how overwhelmed James became in the situation. I feel sick."

This person probably feels:

- a) arrogant b) miserable c) upset d) loving
e) spiteful f) responsible

6. Staff nurse to nurse educator:

"I've been working here for four years now. It's not that I dislike it, but things go on the same from day to day, week to week."

This person probably feels:

- a) relaxed b) inadequate c) unfulfilled d) bored
e) indignant f) listless

7. Nurse educator to nurse educator:

"I've finally met a fellow who is genuine and lets me be myself. I can care about him deeply and he cares about me without making himself my protector. It's a good solid feeling. We've been thinking about getting married."

This person probably feels:

- a) forgiving b) at peace c) sympathetic
d) interested e) content f) loved

8. Student nurse to nurse educator:

"I don't know what I'm doing here. This course is just not what I hoped it would be. It's a waste of your time and mine for me to be here."

This person probably feels:

- a) unloved b) loathed c) frightened
d) unsatisfied e) neglected f) it's futile

9. Nurse educator to nurse educator:

"Why is there always so much work? I can hardly breathe. There is no time to schedule fun. My family are beginning to think that I am a boarder in my own home."

This person probably feels:

- a) empty b) resentful c) pulled to pieces
d) scoffed at e) overburdened f) underestimated

10. Student nurse to nurse educator:

"You asked me to be responsible for the group activity tomorrow with the patients, but I can't do it. I have done my planning but there is no way that I can actually do it. Please get somebody else."

- a) worried b) frightened c) impatient
d) rebellious e) perplexed f) overwhelmed

PERCEIVING FEELINGS

Directions: Work with a partner on this exercise and decide on a one-word description of the surface feeling expressed in each helpee statement.

1. Student nurse to nurse educator:

"Why do we have to take a course in English for our nursing diploma? I get the feeling that they are just trying to torture us with these unrelated courses."

Surface feeling: _____

2. Administrator to nurse educator:

"I just had a very unhappy session with one of our best students. She is withdrawing from the course. This is truly a loss for us."

Surface feeling: _____

3. Student nurse to nurse educator:

"Financially things have been pretty rough. The cost of living keeps going up and I just don't know how I can ever make ends meet."

Surface feeling: _____

4. Newly graduated nurse to nurse educator:

"I can't believe my good fortune. I just got a job one that I really wanted."

Surface feeling: _____

5. Nurse educator to nurse educator:

"I'm so mad at myself! I was so upset and tired and I blew up at one of my students for no reason at all. I know he felt hurt."

Surface feeling: _____

6. Secretary to nurse educator:

"I'm so far behind today. I don't know how I am ever going to finish all this work by 4:30. On top of everything else, our other secretary just went home sick."

Surface feeling: _____

SESSION III Perceiving the Content Component in
Helpee Statements

Objectives

- Trainees will gain skill in identifying the main content in written communication.
- Trainees will use a "crude" coding system to rate responses.

Training

- Trainer and trainees discuss their reactions to Session II. The sharing of problems, concerns and other highlights is encouraged. The trainer responds facilitatively to the trainees and shares her own reactions to the group training. Session III is outlined.
- Trainees work in trios on the paper and pencil worksheet, "Exercise in the Discrimination of Content". Their selections are shared in the large group. Trainees use the following three-point coding system to rate their selections.

Level 1 - Content identified is not close to reflecting what the person is saying.

Level 2 - Content identified is close to reflecting what the person is saying.

Level 3 - Content identified is a good reflection of what the person is saying.

- The exercise, "Perceiving Content" is distributed for home completion.

Remarks

- The initial group sharing is an important aspect of each training session. Issues and concerns are sometimes expressed which must be dealt with before formal training can continue.
- The trainer accepts the responses and analyses made by trainees and, at the same time, shares and explains her own when appropriate. In this regard, a delicate balance exists because the development of the trainees' exploration and autonomy can be inhibited by too much trainer sharing. On the other hand, training gains can be diminished if the trainer shares too little.

EXERCISE IN THE DISCRIMINATION OF CONTENT

Directions: These are the same statements as in a previous exercise, "Exercise in the Discrimination of Feelings". This time, circle the statement which best reflects what the person is saying.

1. Nurse educator to nurse educator:

"These workshop sessions have really been great. I enjoy my work so much more. I am talking more directly and seriously to the students now. Wow, there is just so much more meaning in my teaching."

You feel alive and excited:

- a) because teaching has so much to offer you now.
- b) but you also know that you have to be cautious.
- c) because you always know that there will be workshops to help you.
- d) because teaching is so much more meaningful now - for you and for the student.

2. Student nurse to nurse educator:

"No matter how hard I try, I just can't concentrate on my studies. I sit down with all my books - and nothing happens. I just don't know what to do."

Right now you're pretty worried:

- a) because your attempts to study have been unsuccessful. How you will ever manage is all so uncertain.
- b) because you just can't make yourself study hard enough.
- c) because you realize that the work is beyond your capabilities and you don't know how to cope with that realization.
- d) but you also know that you must study successfully in order to pass your course.

3. Student nurse to nurse educator:

"This place bugs me! The instructor in the lab tells me to give an injection one way. Now that I'm in the clinical area, you tell me how to do it another way."

You are very angry:

- a) that there is more than one correct method for giving an injection.
- b) because instructors are making it more difficult for you by teaching more than one method of giving an injection.
- c) that instructors can't get together and teach just one method for giving injections.
- d) because the instructors are unfair.

4. Student nurse to nurse educator:

"Guess what! My evaluation this term went better than I ever expected. I always knew that I could do well in nursing. I worked hard and it really paid off."

So now you feel competent and satisfied:

- a) because you showed yourself a thing or two.
- b) because you did better than the others and that is always a good feeling.
- c) because you really put your mind to it and made things turn out well.
- d) because you lived up to your own expectations.

5. Nurse educator to nurse educator:

"Poor James. I should never have assigned him to such a difficult patient. The medication error is an indication of just how overwhelmed James became in the situation. I feel sick."

You're feeling pretty miserable:

- a) but think positively and try to see that James and yourself learned something from this incident.
- b) thinking that misjudging James ability has led to a very unfortunate occurrence for James, the patient and yourself.
- c) but you've really learned a good lesson and that's what counts.
- d) because you goofed.

6. Staff nurse to nurse educator:

"I've been working here for four years now. It's not that I dislike it, but things go on the same from day to day, week to week.

You're bored:

- a) and you'd like to get into something new.
- b) because there doesn't seem to be much to invest yourself in.
- c) because the job is no longer perceived as challenging.
- d) because you're in a rut.

7. Nurse educator to nurse educator:

"I've finally met a fellow who is genuine and lets me be myself. I can care about him deeply and he cares about me without making himself my protector. It's a good solid feeling. We've been thinking about getting married.

You seem at peace and content:

- a) because there is a mutual caring without over-protectiveness.
- b) because you've been wanting to get married for a long time.
- c) because you've found a winner.
- d) because here is an honest non-possessive relationship.

8. Student nurse to nurse educator:

"I don't know what I'm doing here. This course is just not what I hoped it would be. It's a waste of your time and mine for me to be here."

You feel that this is futile:

- a) but maybe you should try once more.
- b) because this course doesn't meet your specifications.
- c) and question why you would continue to spend time on a course which doesn't come close to meeting your expectations.
- d) because it is certainly a complete waste for you and me to spend time on something which doesn't appear relevant to you.

9. Nurse educator to nurse educator:

"Why is there always so much work? I can hardly breathe. There is no time to schedule fun. My family are beginning to think that I am a boarder in my own home."

You feel overburdened:

- a) but you have no one to blame but yourself. You knew just what to expect when you accepted this new position.
- b) being in the middle of so many demands.
- c) being treated as a boarder in your own family.
- d) being overloaded by work to such a degree that there is no time for anything else in your life.

10. Student nurse to nurse educator:

"You asked me to be responsible for the group activity with the patients tomorrow, but I can't do it. I have done my planning but there is no way that I can actually do it. Please get somebody else."

You're sort of afraid:

- a) that the patients won't respond to your ideas positively.
- b) because you might fail.
- c) but you must realize that the course objectives require that you assume this responsibility.
- d) to accept this responsibility - it looks like more than you can handle.

PERCEIVING CONTENT

Directions: Work with a partner on this exercise and complete the responses by adding an accurate description of the content contained in the helpee statements.

1. Student nurse to nurse educator:

"Why do we have to take a course in English for our nursing diploma? I get the feeling that they are just trying to torture us with these unrelated courses."

Response: You're really indignant _____

2. Administrator to nurse educator:

"I just had a very unhappy session with one of our best students. She is withdrawing from the course. This is truly a loss for us."

Response: You're feeling sad _____

3. Student nurse to nurse educator:

"Financially things have been pretty rough. The cost of living keeps going up - and I just don't know how I can ever make ends meet."

Response: You're pretty worried _____

4. Newly graduated nurse to nurse educator:

"I can't believe my good fortune. I just got a job - one that I really wanted.

Response: You're very excited _____

5. Nurse educator to nurse educator:

"I'm so mad at myself! I was so upset and tired and I blew up at one of my students for no reason at all. I knew he felt hurt."

Response: You're very distressed _____

6. Secretary to nurse educator:

"I'm so far behind today. I don't know how I am ever going to finish all my work by 4:30 p.m. On top of everything else, our other secretary just went home sick."

Response: You're feeling overwhelmed _____

SESSION IV. Responding Facilitatively - The Implications
for Nurse Educators

Objectives

- Trainees will understand the nature and appropriateness of interpersonal skills training in the facilitative conditions of Empathy, Respect and Genuineness.
- Trainees will explore their own feelings and perceptions of the facilitative response.

Training

- Trainer and trainees discuss their reactions to Session III. Session IV is outlined.
- Trainees read and discuss Part II of the instructional handbook, "Interpersonal Skills Training Program". The trainer reiterates important points and draws the trainees' attention to specific sections in the handbook -- "Perceiving and Responding with Empathy", "Helping You to Perceive and Respond with Empathy", and "Scale 1 - A Scale for Nurse Educators, Responding with Accurate Empathy".
- Trainees are allowed sufficient time to discuss this material, especially its relevance to their present modes of responding during interactions with students.

Remarks

- The original outline for this session includes the rating of a demonstration videotape on the Empathy scale. The outline is altered because the training group requires more time to discuss the material presented in the handbook, especially as the material relates to their past interactions with students. The trainer acknowledges their concerns facilitatively and provides additional information when appropriate. This discussion is particularly significant for trainees who are already members of helping professions.

PART II

INTERPERSONAL SKILLS TRAINING PROGRAM

Responding with Accurate Empathy

Respect and Genuineness

MINI HANDBOOK

II.

INTERPERSONAL SKILLS TRAINING PROGRAM

The Interpersonal Skills Training Program will focus on the facilitative conditions identified by Rogers: accurate empathy, respect and genuineness. The major focus will be on only one of the core conditions in interpersonal relationship - that of examining and enhancing levels of empathic responses to students. Because of time constraints, two additional conditions, respect and genuineness will receive less attention.

Empathy: When the term empathy is used, it means the ability to accurately perceive what another person is saying and the ability to communicate to that person that you have heard and understood both the content and the surface feelings that are being expressed. It means "the ability to put yourself in another person's shoes", and, what's more, "to communicate to him that you have done so." Empathy is the working force of any helping relationship. It is the core condition through which the growth of self takes place. When a teacher responds with high levels of empathy, that teacher is able to communicate to the student that he/she has both heard and understood what the student has said. In effect, the teacher communicates:

"I hear what you are saying:" or

"I can understand the feelings you are expressing:" or

"I can feel how it must feel to be in your space".

A teacher responding with low levels of empathy doesn't perceive what the student is saying or feeling. Frequently, that teacher isn't fully listening. The teacher may not be getting the student's message; or he/she may be misinterpreting what the student is saying. More often than not, the low level empathic teacher will give advice, moralize, preach, or tell the student what to do. The low level empathic response communicates to the student that "nobody understands how I feel" and the impact is subtractive in the interpersonal relationship. For the nurse educator, there is another aspect to consider. An opportunity to be a 'living example' of behavior which a student is expected to learn and skillfully use is lost.

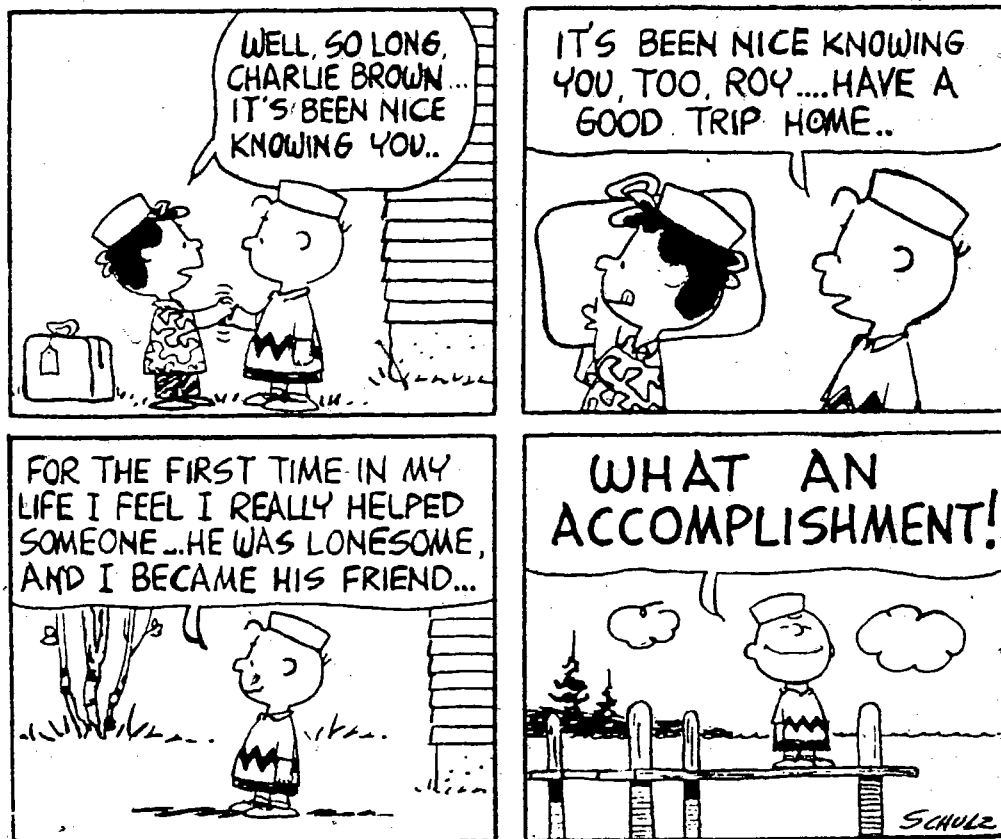
High level empathy is additive; it builds in the human relationship. Low level empathy is destructive; it subtracts from the human relationship.

The major goals of learning to respond empathically are:

- a) to help you grow in your ability to get a more realistic idea of how you actually respond to others
- b) to increase your ability to respond with accurate empathy
- c) to become a source of reinforcement for the student's development of empathic skills.

This means you will have developed your own inner ear to hear yourself more accurately. This means that when a student comes to you expressing a feeling, a concern, a difficulty, an anxiety, a fear, you will be able to respond in helpful ways; in ways that make the student

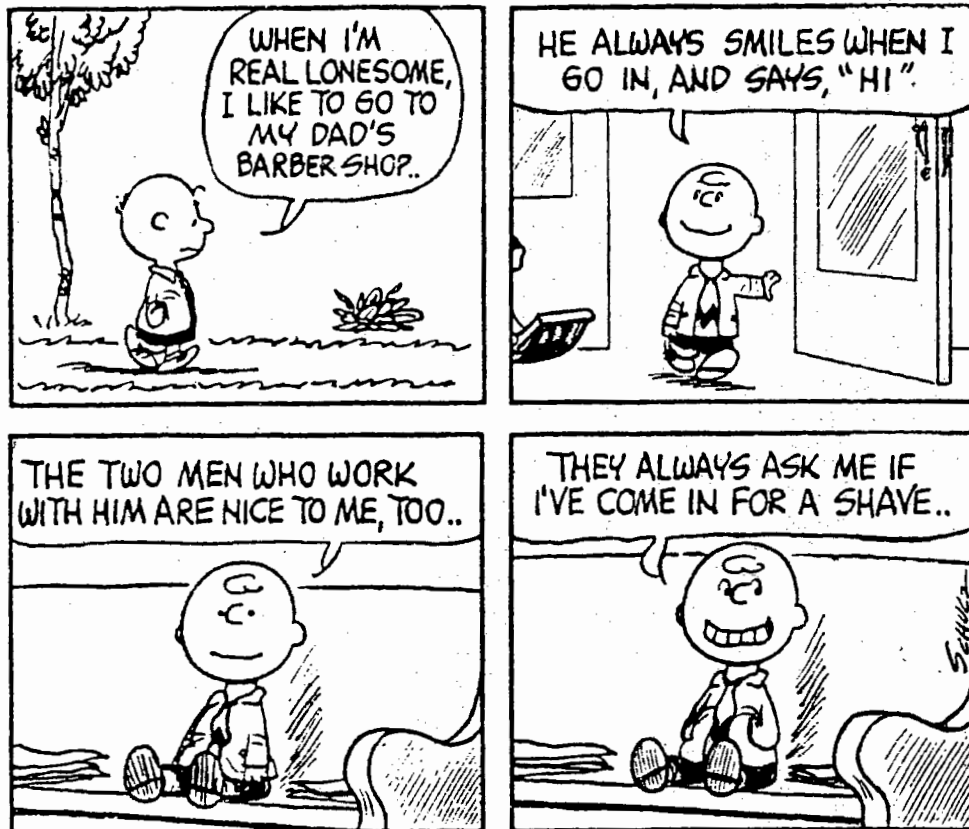
feel better about himself as a person and a learner; in ways that will tell him, "I hear you and I understand." This means the student will experience first hand how it feels to be understood and will be provided with a model who 'lives' what is taught ... increasing the credibility of the nursing program from the student's perspective.



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"Responding with empathy is very satisfying"

Respect: High levels of respect establish trust in the relationship between student and teacher. High levels of respect communicate a belief in the value and potential of the student; a 'prizing' of the student and what he/she says; a warm acceptance and caring of the student. Moreover, feelings of regard are clearly communicated to the student, "the teacher really cares about me", is the message conveyed by high levels of respect.



"It feels great to be regarded"

A teacher communicating low levels of respect is highly evaluative and highly judgmental. The teacher frequently expresses dislike and disapproval; warmth is expressed selectively and only when the student is seen as "deserving". The message conveyed to the student is, "She only likes me if" The teacher is viewed by the student as being critical, moralistic and judgmental.

Genuineness: The condition of genuineness is most basic to the relationship. The teacher communicating high levels of genuineness is seen as 'authentic'; 'congruent'; 'integrated'. This teacher is openly and honestly himself/herself and therefore, becomes a 'real person' in relationships with students. An 'authentic' teacher is aware of his/her attitudes and 'in touch' with his/her own feelings. Interactions are straightforward, uncomplicated and more fitting. There is congruence between the teacher's expressions and feelings. High levels of genuineness may require the teacher to give negative feedback to the student. When negative feedback is necessary, the teacher tries to take out the hurt. Genuineness is never used to hurt or punish the student.

The absence of genuineness communicates an artificiality. The teacher operating at low levels of genuineness responds in a 'professional' manner that has a rehearsed quality. At even lower levels of genuineness the teacher expresses feelings defensively. This, in effect, punishes the student rather than using the reaction as a basis for potentially valuable inquiry into the relationship.

The impact of low level genuineness on students is, "Wow, what a phony!" The teacher is considered 'condescending'; 'detached'; 'defensive'.



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"While genuineness is hard to define, its absence is hurtful".

Perceiving and Responding with Empathy

The two main components in empathy training are perceiving (or discriminating) and responding (communicating). Perceiving the behavior of another means that the teacher is 'tuning in' to the student's words and behavior. The teacher's ability to respond accurately depends to a considerable extent upon the ability to ~~perceive~~ accurately.

Responding with accurate empathy is assessed on a 5-point scale (Carkhuff, 1969) which moves from the communication of none of the condition (level 1) to its full communication (level 5).

- Level 1: subtractive (irrelevant, hurtful)
- Level 2: subtractive (superficial awareness)
- Level 3: minimally facilitative (interchangeable response)
- Level 4: additive (adds new dimension)
- Level 5: additive (expression of deeper, underlying feelings)

At low levels of accurate empathy, the teacher's lack of awareness and understanding is unmistakably clear. Responses are subtractive in that they do not attend to the student's ideas, expressions or feelings.

At facilitative levels of accurate empathy, the message, "I am with you", is unmistakably clear. The teacher's responses will fit perfectly or be interchangeable with the student's ideas and feelings.

At higher levels yet, the teacher's responses will be additive; they will serve to expand the student's exploration of his/her ideas, opinions or feelings.

A more detailed explanation of each level provides further illustration.

* * * * *

LEVEL I

The teacher's response ignores the student's feelings.
 The response is insensitive to the most obvious feelings.
 The response is irrelevant; critical; judgmental.
 The response is hurtful; ridiculing; devaluing; rejecting.
 The response denies the student's reality.
 The teacher dominates the conversation.
 The effect is subtractive; one of detracting significantly from the relationship.

Example:

T - Jane, why haven't you handed in your assignment?

J - I don't know. I don't seem to be able to concentrate. I've been having a really bad time.

T - Look, don't give me that. You're always full of excuses. If you just put your mind to it and stop day-dreaming you'd get it done. It's no wonder you are failing this course.

LEVEL 2

The teacher's response shows a partial awareness of obvious feelings, but denies student the right to feel that way.

- The teacher disallows student's feelings.
- The teacher moralizes, sermonizes.
- The teacher gives advice; tells the student what to do.
- The teacher tells the student how he (the teacher) feels.
- The teacher asks stupid questions.
- The teacher asks for more information.
- The teacher responds in a casual or mechanical way.
- Offers cliches.
- The teacher reflects content only, ignoring student's feelings.
- The teacher offers a rational excuse for not helping.
- The effect is subtractive.

Example:

- T - Jane, why haven't you handed in your assignment?
- J - I don't know. I don't seem to be able to concentrate. I've been having a really bad time.
- T¹ - Well, don't feel too bad about it. You can hand it in tomorrow

or

- T² - You know if you wouldn't worry about the details so much, you might have finished the assignment on time.

or

- T³ - Where do you seem to be having trouble?

LEVEL 3

The teacher's response reflects the student's surface feelings.

The content of the response is interchangeable with the obvious feelings/meaning expressed by the student

The effect is facilitative; one of sustaining the relationship.

Example:

T - Jane, why haven't you handed in your assignment?

J - I don't know. I don't seem to be able to concentrate. I've been having a really bad time.

T - Things seem to be going wrong for you and you are having a tough time concentrating on your work. You seem pretty upset about it.

LEVEL 4

The teacher's response identifies an underlying meaning not expressed by the student, but is clearly related to the student's statements.

The response identifies what the student meant but was unable to say for himself.

The response enables the student to examine a new dimension of his expression.

The effect is additive.

Example:

- T - Jane, Why haven't you handed in your assignment?
- J - I don't know. I don't seem to be able to concentrate. I've been having a really bad time.
- T - These assignments don't seem to have much meaning for you when your head is occupied with more pressing matters.

LEVEL 5

The teacher's response probes at possible underlying feelings.

The response attempts to disclose a feeling beneath the surface of what the student is saying.

The response understands and communicates the "hidden message" which the student is sending.

The effect is additive.

Example:

- T - Jane, why haven't you handed in your assignment?
- J - I don't know. I don't seem to be able to concentrate. I've been having a really bad time.
- T - It may be that you're feeling guilty about leaving your child to go to school while he has been ill these last two weeks. Maybe that's related to the troubles you have been experiencing.

Helping You to Perceive and Respond with Empathy

In this training program it is expected that you will master the ability to respond at the 'interchangeable' level -- in a genuine and natural way. That means you will be able to respond reflectively in ways which communicate accurate understanding of the student's message. 1

Here are some guidelines which may be helpful in getting you started:

A. Concentrate first on verbal behavior

- Listen to what the student is saying
- Listen for tone of voice, rapidity of speech, nuances of expression.
- Try to identify the surface feeling being expressed.
- Try to identify the obvious content of the student's message.
- Try to formulate a response which reflects back to the student the obvious feeling and meaning of his statement -- a level 3 response.
- Practice doing this many times.

"Concentrate intensely on the verbal and nonverbal behavior."

B. Concentrate next on non-verbal behavior

- Look at posture; placement of hands and feet.
- Watch facial expressions -- tightening or relaxing of muscles, mouth, eyes, forehead furrowing.
- Observe physiological reactions such as flushing or perspiring, facial tics.
- Watch body responses.
- Observe eye contact.

As you work in your practice sessions, try to remember the following:

- a) Concentrate intensely on verbal and non-verbal cues.
- b) Concentrate initially on responding at level 3 to the content and surface feeling.
- c) Practice responses which try to capture the critical meanings of the student's message. Good reflective responses used repeatedly will help in building a good relationship.
- d) Formulate responses in the student's language. Use the language that the student is most likely to understand.
- e) Use a tone of voice that is compatible with the student's tone of voice.
- f) Concentrate on the possible hidden messages the student is sending.
- g) Try to retain data from the interchange. This may be of some use in future responses.
- h) Concentrate on the student's reply to your response. This will help you to evaluate your effectiveness.
- i) Only after a relationship has been established should you attempt to increase the level of your response to 4.

Three Important Messages For Trainees

1. It is strongly advised that you not respond at level 5 until you have "earned the right" to do so. Probing at underlying feelings can be very risky for a student. Unless the teacher has built a healthy and effective relationship with the student (which comes about after many level 3 responses over a long period of time), and until the teacher has acquired a lot of data, sensitivity and skill, the teacher is advised not to try to respond at level 5. A mis-fired probe (level 5) becomes a level 2 response and is subtractive in the relationship. Moreover, if the teacher maintains the response at level 3 throughout the relationship, this can be a powerfully effective response.

2. Some trainees initially have difficulty with the concept of responding reflectively. Their concern is that a verbatim reflection of a student's message would most likely "turn the student off".

Shlien tells us that "reflection can be, in the hands of an imitating novice, a dull, wooden, machine-like response. On paper, it often looks particularly so. Yet, it can also be a profound, intimate, empathically understanding response, requiring great skill and sensitivity and intense involvement". 2

Wherein lies the difference? It is not suggested that the teacher repeat back precisely what the student is saying in a rote, mechanical manner. Rather, the teacher will:

- a) listen sensitively to the feelings and message that is being conveyed, and
- b) respond in a way that accurately reflects those feelings and that message, and
- c) do this genuinely, with an absence of stiffness and artificiality.

How does this come about? It is understood that the acquisition of a skill takes the learner through several stages of development. There is first of all the beginner, or novice stage, where the trainee tries out the skills for the first time. Naturally, like sitting behind the wheel of a car for the first driving lesson, the trainee's actions are stiff and mechanical. As the trainee increases his understanding and his skills begin to improve, he moves to an intermediate level of functioning. Again, like the beginning driver, he may show times of great performance as well as times of awkwardness. His performance is inconsistent and sometimes shaky.

As the trainee moves into the advanced stage of development, he will function more smoothly and more naturally and will perform skillfully most of the time. At this stage, he has integrated the skill so well that he begins to transcend the training and begins to live it. As you reflect on your driving behavior now, and compare it to your beginner level of performance, you will begin to understand about the progression through the learning stages of responding empathically.

3. It is very difficult for some teachers to maintain a position of facilitator in a helping relationship. There is often a great temptation to leap in and try to 'solve' the student's difficulty for him. That type of intervention is generally borne more out of the teacher's need to be perceived as effective. This can happen quite easily -- the workload for teachers is demanding; the student's concern so acute; an overwhelming feeling arises, "I've got to do something to help this poor soul, right now".

The facilitator's role is to provide the milieu in which the student learns how to deal with the problem himself. The facilitator helps -- but primarily by serving as a vehicle which increases the student's own understanding and his subsequent ability to deal with his own dilemma.

Beware then, of your own needs. When you see yourself directing, pushing, asking for more information, giving advice, interpreting and probing, try to find out why you seem to be manifesting the need to take the responsibility for getting the other person to work through his problem at your pace.

The true facilitator allows the helpee to go at his own pace.

What's more, the true facilitator allows the ball to remain in the helpee's court.

Finally, the true facilitator can maintain his feelings of acceptance and regard in the dissonant environment of the helpee's unresolved problems.

SCALES FOR ACCURATE EMPATHY, RESPECT AND GENUINENESS

On the following pages, individual scales for accurate empathy, respect and genuineness are presented to illustrate the 5 levels of responding for each condition. Originally developed by Carkhuff, these scales have been modified to make them more meaningful for nurse educators.

SCALE 1 - A SCALE FOR NURSE EDUCATORS

RESPONDING WITH ACCURATE EMPATHY

Level	Nature of Response	Examples of Response
1 SUBTRACTIVE (harmful)	<div data-bbox="565 520 1117 646" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><i>"None of the students in my clinical group will talk to me. They seem to delight in ignoring me."</i></p> </div> <p>IGNORES STUDENT'S FEELINGS:</p> <p>Insensitive to most obvious feelings.</p> <p>Shifts topic away from student's concern. Irrelevant response.</p> <p>Criticizes; is judgmental, hurtful, devaluing, ridiculing, rejecting, confronting.</p> <p>Challenges accuracy of student's perceptions, denies student's reality.</p> <p>Dominates the conversation.</p> <div data-bbox="500 1402 1091 1495" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Effect: <i>teacher's lack of understanding is so complete that relationship is damaged.</i></p> </div>	<p>"Why don't you help me carry these films back to the library?"</p> <p>"The term is almost over anyway."</p> <p>"If you wouldn't dominate the conversation, maybe the students would be more willing to talk to you."</p> <p>"Maybe you did something to provoke them."</p> <p>"Why do you always come to me with your complaints?"</p> <p>"What you need is to be a little less sensitive and a lot more assertive."</p> <p>"Are you sure you aren't making it worse than it really is?"</p>

Level		Nature of Response	Examples of Response
<p style="text-align: center; font-size: 2em;">2</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SUBTRACTIVE (ineffective)</p>		<p>SHOWS PARTIAL AWARENESS OF OBVIOUS FEELINGS:</p> <p>Denies student the right to feel that way.</p> <p>Disallows student's feelings.</p> <p>Moralizes, sermonizes.</p> <p>Gives advice; tells student what to do.</p> <p>Tells the student how he/she (teacher) feels.</p> <p>Asks stupid questions; asks for more information.</p> <p>Responds in casual or mechanical way. Offers cliches.</p> <p>Reflects content only, ignoring student's feelings.</p> <p>Offers rational excuse for not helping.</p>	<p>"Oh, don't worry so much. It's nothing to get so worked up about."</p> <p>"Don't feel bad. Lots of students have the same problem."</p> <p>"You just wait and see. One day soon the same thing will happen to one of them. Then they'll know how you feel."</p> <p>"If you would make a very special effort to seek them out at coffee time, they would talk to you."</p> <p>"I know how that feels. I had the same problem when I first started to teach here. At lunch time, no one would talk to me."</p> <p>"Where did this all happen?" "What could you do in order to get them to talk with you?"</p> <p>"Oh, I'm sorry to hear that. I hope things get better."</p> <p>"You wish someone would converse with you."</p> <p>"I'd be glad to talk to you about this when I have more time."</p>
	<p>Effect: <i>teacher's incomplete understanding impedes the relationship.</i></p>		

Level		Nature of Response	Examples of Response
3	FACILITATIVE (interchangeable)	<p>REFLECTS BACK SURFACE FEELINGS:</p> <p>Includes content of student's statements and attends to surface feelings.</p>	<p>"You're pretty angry at the way your classmates treat you."</p> <p>"It's very upsetting when your classmates are so inconsiderate of you."</p> <p>"It's infuriating when your classmates intentionally make you feel unwelcome."</p> <div data-bbox="574 722 1073 835" style="border: 1px solid black; padding: 5px;"> <p>EFFECT: <i>communicates to student that teacher has heard what student is saying. Builds the relationship.</i></p> </div>
4	ADDITIVE (new dimension)	<p>CONTAINS ALL ELEMENTS OF LEVEL 3 AND:</p> <p>Adds a new meaning (thought) which is related to student's statement.</p>	<p>"Not only do they refrain from speaking to you, they appear to enjoy excluding you from the group. It's really important for you to be included and be one of the group."</p> <div data-bbox="565 1136 1073 1226" style="border: 1px solid black; padding: 5px;"> <p>EFFECT: <i>enables student to examine a new dimension of his/her expression.</i></p> </div>
5	ADDITIVE (underlying feelings)	<p>CONTAINS ALL ELEMENTS OF LEVEL 3 AND:</p> <p>Adds a probe towards disclosing the student's <u>underlying feelings</u>.</p>	<p>"It's really humiliating to be singled out by your classmates as a person not worthy of their attention. That really hurts."</p> <div data-bbox="565 1478 1084 1589" style="border: 1px solid black; padding: 5px;"> <p>EFFECT: <i>the teacher understands and communicates the hidden message which the student is sending.</i></p> </div>

SCALE 2 - A SCALE FOR NURSE EDUCATORS

RESPONDING WITH RESPECT

Level		Nature of Response	Examples of Response
1	SUBTRACTIVE (harmful)	<p style="border: 1px solid black; padding: 5px; text-align: center;"><i>"None of the students in my clinical group will talk to me. They seem to <u>delight</u> in ignoring me."</i></p>	
		<p>OVERTLY COMMUNICATES NEGATIVE REGARD:</p> <p>Explicit evidence of rejection.</p> <p>Puts down; sarcastic, demeaning, devaluing.</p> <p>Teacher impresses his ideas (values) on the student. Tells the student what would be 'best' for him.</p> <p>Teacher challenges accuracy of student's perceptions.</p> <p>Dominates conversation.</p>	<p>"Why do you always bring your complaints to me? Figure it out for yourself."</p> <p>"If you had something positive to say, maybe they wouldn't ignore you."</p> <p>"I'm a teacher, not a counselor. I don't have time to discuss your personal problems."</p> <p>"This is what you should do the next time. You tell those students where to get off."</p> <p>"Oh, come on. It can't be that bad. They're really a very nice group of students."</p> <p>"That happened to me last Saturday at a conference. Let me tell you about it "</p>

Level		Nature of Response	Examples of Response
2	SUBTRACTIVE (ineffective)	<p>SUBTLY COMMUNICATES NEGATIVE REGARD:</p> <p>Puts student off</p> <p>Diverts from what the student is saying.</p> <p>Responses are mechanical, casual or passive; teacher withholds himself/herself from involvement.</p> <p>Declines to become involved as a helper.</p> <p>Communicates responsibility for the student.</p>	<p>"I'm really sorry but I can't talk right now. Talk to me later about it."</p> <p>"Where did all this happen?"</p> <p>"Oh, that's too bad."</p> <p>"It's really something the way students can be so cruel to one another."</p> <p>"I've had that happen to me before."</p> <p>"Please don't ask me to get mixed up in this. I'd like to help you but I just can't."</p> <p>"I want you to get along with the other students."</p>
3	FACILITATIVE (openness to involvement)	<p>COMMUNICATES UNCONDITIONAL REGARD:</p> <p>Teacher is non-evaluative, encouraging student to express self more fully. An openness to involvement is communicated:</p> <p>1) overtly: teacher tells the student.</p> <p>2) indirectly: respect is implied by listening in a non-judgmental way. A commitment to understand is demonstrated by giving the student undivided attention. Response is very similar to level 3 on Empathy Scale.</p> <p>Communicates to the student in at least minimally warm and modulated tones.</p>	<p>"That's hard to take. Would you care to say a little more about it?"</p> <p>"It's very upsetting when your classmates are so inconsiderate of you. Let's talk about it."</p> <p>"You're pretty angry at the way your classmates treated you."</p>

Level		Nature of Response	Examples of Response
4	ADDITIVE (commitment to be involved)	<p>COMMUNICATES POSITIVE REGARD:</p> <p>Teacher develops positive regard (recognizing the student as a person of worth, capable of acting constructively) by providing conditions that will allow the student to reveal self.</p> <p>A commitment to become involved is communicated:</p> <ol style="list-style-type: none"> 1) directly: teacher tells student he/she is willing to take the risk of helping. 2) indirectly: an additive response, similar to level 4 on Empathy Scale, indicates involvement as teacher has 'gone beyond' the interchangeable response. 	<p>"It upsets you very much that the students exclude you. You want to be a part of the group. I'd like to help."</p> <p>"You're really angry at your classmates for purposefully leaving you out of the group. It's important to you to be accepted by the group."</p>
5	ADDITIVE (spontaneous sharing)	<p>COMMUNICATES POSITIVE REGARD:</p> <p>Teacher communicates the highest level of respect when genuine and spontaneous. May share full range of feelings with the student.</p>	<p>"It's really humiliating to be excluded from the group. It hurts to see this happening to you."</p>
		<p>NOTE: RESPECT IS RARELY COMMUNICATED BY ITSELF. IT IS FREQUENTLY CONTAINED IN RESPONSES THAT CONTAIN EMPATHY AND GENUINENESS.</p> <p>THE RATING OF A RESPONSE ON THE RESPECT SCALE MAY RECEIVE A DIFFERENT RATING ON THE EMPATHY AND GENUINENESS SCALE.</p>	

SCALE 3 - A SCALE FOR NURSE EDUCATORS

RESPONDING WITH GENUINENESS

Level		Nature of Response	Examples of Response
1	SUBTRACTIVE (harmful)	<p data-bbox="553 583 1114 680" style="border: 1px solid black; padding: 5px;"><i>"None of the students in my clinical group will talk to me. They seem to delight in ignoring me."</i></p> <p>OVERTLY COMMUNICATES ABSENCE OF GENUINENESS:</p> <p>Teacher communicates considerable incongruence between feelings experienced and the verbal and/or non-verbal expressions.</p> <p>Defensive: teacher unaware of feelings.</p> <p>Deceitful: communicates feelings that teacher is plainly not experiencing.</p> <p>Punitive: teacher uses own feelings to punish the student.</p>	<p>"Now, now. I know that you don't mean what you're saying."</p> <p>"Well, I'm certainly interested in hearing more about it." Non-verbal behavior: teacher dials phone.</p> <p>"You never have anything to say. It's no wonder that your classmates avoid you."</p>
2	SUBTRACTIVE (ineffective)	<p>SUBTLY COMMUNICATES ABSENCE OF GENUINENESS:</p> <p>Role-played: responds according to perceived role.</p>	<p>"As a teacher in this nursing program, I assure you that I will do all I can to help you."</p> <p>"You must have had a difficult day. I'm sure that things will be better tomorrow."</p>

Level		Nature of Response	Examples of Response
3	FACILITATIVE (open to genuineness)	<p>COMMUNICATES AN OPENNESS TO EXPRESSING GENUINENESS:</p> <p>The student's concern is reflected with essential honesty. No positive cues of teacher's genuine feelings are offered.</p>	<p>"You're really angry at your classmates insensitivity to you. You're wondering how I might be able to help."</p>
4	ADDITIVE (controlled expression)	<p>COMMUNICATES CONTROLLED EXPRESSION OF GENUINENESS:</p> <p>The teacher's expressions are congruent with his/her feelings although somewhat hesitant about expressing them fully.</p>	<p>"Being excluded from the group has caused you a great deal of hardship and anger. It's important for you to be a part of the group. It makes me feel very angry to hear that you have been treated in this way."</p>
5	ADDITIVE (full expression)	<p>COMMUNICATES GENUINENESS FULLY AND COMPLETELY:</p> <p>Teacher is spontaneous and fully congruent. Verbal and non-verbal messages (positive or negative) are congruent with how teacher feels.</p>	<p>"You are very angry with your classmates. They are humiliating you and I sense that you would like to punish them. This upsets me. I would like to help you find other ways of dealing with the situation if you think this is possible."</p>
		<p>NOTE: THE RATING OF A RESPONSE ON THE GENUINENESS SCALE MAY RECEIVE A DIFFERENT RATING ON THE EMPATHY AND RESPECT SCALE.</p>	

BIBLIOGRAPHY

Carkhuff, R., Helping and Human Relations. Vol. I, New York: Holt, Rinehart and Winston, Inc. 1969.

Gazda, G., Asbury, F., Balzer, F., Childers, W., Desselle, R., and Walters, R. Human Relations Development: A Manual for Educators. Boston: Allyn and Bacon, 1973.

Gazda, G., Walters, R., Childers, W., Human Relations Development: A Manual for Health Sciences. Boston: Allyn and Bacon, 1975.

Truax, C.B. & Carkhuff, R., Toward Effective Counselling and Psychotherapy. Chicago: Aldine Publishing Co., 1967.

Wassermann, Selma. "Introduction to Interpersonal Skills Training", Mini Handbook prepared for the Interactions Centre, Faculty of Education, Simon Fraser University.

Footnotes:

¹Gazda, S. et al. Human Relations Development: A Manual for Educators. Boston: Allyn and Bacon, 1973, pp. 55-56.

²Shlien, J.M. "A client-centered approach to schizophrenia: first approximation", in Psychotherapy of the Psychoses, ed. by A. Burton, New York: Basic Books, 1961, p. 302.

Cartoons by Charles M. Schulz. Courtesy of United Feature Syndicate, New York: N.Y.

"Empathy, Respect and Genuineness are vitally important interactive skills ... to be selected and used appropriately from many types of responses."

SESSION V Rating Responses for Empathy

Objectives

- Trainees will understand the five levels of responding on the coding schedule for Empathy.
- Trainees will gain initial skill in rating responses for Empathy.

Training

- Trainer and trainees discuss their reactions to Session IV. Session V is outlined.
- The ten-minute videotape demonstrating a "high" level helper, shown previously in Session I, is viewed once again. Transcripts of this interaction are distributed. Trainees work in pairs, rating the helper's responses on the Empathy scale. Ratings are shared and discussed in the large group.

Remarks

- It is important that the trainees share and discuss their ratings of the helper's responses in the videotaped interaction. The accuracy of their discriminations will be reflected in their future formulations of empathic responses.
- At this stage of training, trainees may exert considerable resistance toward acceptance of the empathic response. The trainer's ability to respond facilitatively is a critical factor at this time.

SESSION VI Practice in Empathic Sharing and Responding

Objectives

- Trainees will gain experience in the interaction roles of helper and helpee.
- Trainees will tape-record their interactions in the roles of helper and helpee.
- Trainees will gain skill in rating written responses for the level of Empathy.

Training

- After the initial group sharing of their reactions to Session V, Session VI is outlined.
- Trios are formed in which one trainee assumes the role of helpee and shares his/her feelings about the training. Two trainees respond in the helper's role, attempting to formulate empathic responses. The interaction is tape-recorded. At the end of the interaction, the trainees discuss the session and the responses, playing back the tape if they wish. Roles are switched and the sharing continues until each trainee has been in the helpee's role.
- Trainees meet and discuss the initial recording session with special emphasis on individual feelings. The tapes are not shared unless a specific request is made by a trio to do so.
- Trainees write responses to the "Perceiving Content" worksheet on the board. Trainees select responses that most accurately perceive the content in the helpee's statements. Emphasis is placed on formulating good level 3.0 responses.
- Trainees work in trios and complete the worksheet, "Perceiving Empathy". The trainer circulates among the groups to discuss and clarify concerns that trainees experience during the exercise.
- The booklet, "Self-Disclosure for Trainees: A Search for Themes" is distributed for home completion prior to the next session. Trainees also receive handouts entitled, "Vocabulary of Affective Adjectives" and "Communication Leads".

Remarks

- An opportunity is provided for trainees to practice live responding and to become familiar with the taping of their interactions in a relatively non-threatening environment.
- The responsibility of the trainer to model the facilitative skills is in conflict with her responsibility to provide evaluative feedback to trainees. The trainer reduces her evaluative function by encouraging the trainees to provide each other with feedback.

PERCEIVING EMPATHY

In this pencil and paper task, you are asked to code a number of helper responses to several different helpee statements.

Using Scale 1, Responding with Accurate Empathy as a guide, rate each response, remembering that a level 3 response normally contains elements of reflection of content and surface feeling.

Complete Helpee Situation #1 first and check your responses with the answer key on the last page of the exercises. Before going on to Situation #2, make sure you understand the reasons behind any discrepancy between your rating and the one on the answer key. Then go on to complete the exercises.

HELPEE SITUATION #1

Student nurse to nurse educator:

I've been looking forward to the grad dinner and dance ever since I was in first year, and now it looks like I won't be able to go. It boils down to a lack of money, since there is no way I can afford the admission and a half decent dress.

- _____ 1. How unfortunate. Maybe you could borrow money from somebody.
- _____ 2. You're feeling pretty downhearted because the money problem might cause you to miss the grad dinner and dance.
- _____ 3. I'm sorry. The grad dinner and dance meant a lot to you.
- _____ 4. Is there some way I could help you afford this? Are you working?
- _____ 5. I know how you feel.
- _____ 6. A part-time job would probably provide enough money for your needs.
- _____ 7. You are disappointed because you can't afford to go to the grad dinner and dance. You have always believed that somehow you would manage to get there but now the situation looks quite hopeless.
- _____ 8. What happened to all the money you made last summer?
- _____ 9. It's very humiliating to be the only person who can't attend the grad dinner and dance. You even fear that this will result in classmates ostracizing you from the group.
- _____ 10. It serves you right! Going to Hawaii at spring break wasn't such a smart idea.
- _____ 11. It is upsetting to think you might miss the grad dinner and dance because you don't have enough money to go.
- _____ 12. Don't you have a friend who could lend you enough money until you find work and earn enough to pay her back?

HELPEE SITUATION #2

Student nurse to nurse educator:

I get so angry! Each teacher wants me to spend all my time on her course. They forget that I have a whole bunch of courses, and a whole bunch of assignments, and a whole bunch of exams. I'm not a robot - I'm a person!

- _____ 13. Oh, it can't possibly be that bad. You're exaggerating.
- _____ 14. You are mad! The expectations of each teacher seems extremely unrealistic to you.
- _____ 15. Not to worry! You're getting yourself so upset. You've got to relax.
- _____ 16. You're furious! You expect yourself to obtain good grades but the overwhelming course demands are threatening your ability to meet these expectations.
- _____ 17. You have a lot of concerns. Can you possibly come back tomorrow when I have time to discuss them?
- _____ 18. You're so angry that you could explode! Only a machine could meet the unreasonable demands that teachers expect of you.
- _____ 19. Just be thankful that the course is almost over.
- _____ 20. You're feeling kind of frightened that you might not measure up to all the expectations. The possibility of failing is very real to you.
- _____ 21. You want the teachers to be more reasonable about how much they can expect from one person.
- _____ 22. You're enraged that teachers can be so unreasonable about how much they can expect from one person. In particular, I'd better hear your message very clearly because you are especially upset about the expectations in my course.
- _____ 23. Look, you decided to become a nurse. Now you have discovered that it involves a lot of hard work.
- _____ 24. You're very angry. The pressures created by all the teacher's demands are so great that your family life has begun to suffer.

HELPEE SITUATION #3

Student nurse to nurse educator:

"I just hate to go home on weekends. My parents beg me to come, but there is so much fighting, especially after my father starts to drink. It's always so uncomfortable at home."

- _____ 25. Perhaps your father should attend Alcoholic's Anonymous. It might be helpful.
- _____ 26. Oh, for heaven's sake, stop complaining. They love you. What more can you expect?
- _____ 27. It's hard to cope with the constant fighting in your home, yet you don't know what you can do about it.
- _____ 28. Why do you think there is so much fighting?
- _____ 29. You really despise going home because you feel so distressed as a result of all the fighting.
- _____ 30. Maybe you do something which provokes your father to drink.
- _____ 31. You feel obliged to go home but the constant fighting is getting increasingly difficult for you. You are caught in a conflict.
- _____ 32. It's upsetting to spend your weekends with your family where the fighting creates such uncomfortable tension for you.
- _____ 33. You are feeling angry and guilty about all the fighting in your home. You may be thinking that somehow you are responsible for what is happening.
- _____ 34. It's dissatisfying to go home to such conflict.
- _____ 35. You hate going home to an atmosphere filled with harsh words and tension. You'd just like to feel that you could go home and enjoy the weekends with your parents in peace and mutual caring for one another.
- _____ 36. I'm sure that it will be better this weekend.

ANSWER KEY

PERCEIVING EMPATHYHELPEE SITUATION #1

1. 2
2. 3
3. 2
4. 2
5. 2
6. 2
7. 4
8. 1
9. 5
10. 1
11. 3
12. 2

HELPEE SITUATION #2

13. 1
14. 3
15. 2
16. 4
17. 2
18. 3
19. 1
20. 5
21. 2
22. 5
23. 1
24. 4

HELPEE SITUATION #3

25. 2
26. 1
27. 4
28. 2
29. 3
30. 1
31. 4
32. 3
33. 5
34. 2
35. 4
36. 2

APPROPRIATE SELF-DISCLOSURE FOR TRAINEES:A SEARCH FOR THEMES

In practice sessions you, as a trainee, will act as both a helper and a helpee. When you are the helpee, what should you talk about? There are two general possibilities:

- a) you can role-play, that is, pretend to have certain problems, or
- b) you can discuss your own real problems.

Role-playing, while not easy, is still less personally demanding than discussing your own problems in practice sessions. Some role-playing might be useful at the beginning of the training process since it is less threatening and allows you to ease yourself into the role of helpee. Ultimately, it may be more helpful to use the training process to look at real problems in your life, especially problems or characteristics of interpersonal style which might interfere with your effectiveness as a teacher. For example, if you find it really difficult to assert yourself, then you may wish to examine this behavior, especially its relevance to your position as a teacher in a nursing program. By dealing with real problems, you will experience more intimately how it feels when someone empathizes with you.

However, if you do choose to deal with your own problems during practice sessions, it is important that you choose wisely what you are prepared to discuss. Without judicious choice, you might find yourself talking about superficial concerns, or talking about things you had no intention of revealing. This exercise contains a list of

17 topics which may serve as suggestions of possible problem areas. The list is not exhaustive. The list may serve as a basis for helping you to identify problems which are relevant to your own personal needs, and which are neither too superficial nor too sensitive.

As you build rapport with your fellow trainees and learn to trust one another more deeply (and trust one another's developing skill), you can move from role-playing to dealing with somewhat more personal problem areas.

Self-disclosure should always remain appropriate to the goals of training. The purpose of this exercise is not to force you into secret-dropping or dramatic self-disclosure. In fact, this exercise is designed to avoid that. While it is true that an effective helper is a person who deals directly with the problems in his/her life, still the person in training should decide which problems are appropriate to the training group and which problems should be handled in another forum.

This exercise should help you choose problem areas which are capable of some extended development so that you can avoid having to find a 'new' problem everytime you assume the role of helpee.

Below is a limited sample of the kinds of problems or characteristics of interpersonal style which might serve as the content of practice sessions.

- I am not assertive enough. Sometimes I find myself agreeing with the majority just because I am afraid to voice my opinions.
- I am intellectually lazy. I find it really hard to become enthusiastic about planning my own professional development.
- I have a great need to feel liked. As a result I will seldom do anything which will offend students or my colleagues.

- I am overly controlled. I do not let my emotions show. Sometimes I even hide them from myself.
- I am an overly critical person. Frequently I look for the negative in a situation, rather than the positive.
- I am an overly anxious person, especially in teaching situations. I do not know why I am like that.
- I am judgmental at times. Once I form an impression of a person, I find it really difficult to alter.
- I do not deal directly with conflicts, either between myself and a colleague or student. I get anxious and retreat or I discuss it with an uninvolved person. Either way, the conflict is never resolved and I harbor these feelings toward the involved person.
- I am stubborn and rigid. I am opinionated and am ready to argue. I, therefore, don't listen to other people's ideas. This puts them off.
- I get so involved with my work that sometimes, quite unintentionally, I disregard a student's emotional life. Sometimes I appear callous and unfeeling to a troubled student.
- I find it difficult to get along with those in authority. I always have to show that I am free and an individual in my own right.
- I get angry very easily and let my anger spill out in inappropriate places.
- I like to control everything that the students do, but I do it in subtle ways. I want to stay in charge at all times.
- I am shy. This means that I don't reveal myself and I prefer to work on my own, rather than in groups.
- I worry too much when I'm in the clinical area. Because I fear some great calamity, I hover over the students too much.
- I work too hard. I am becoming compulsive in this respect. I don't feel comfortable unless I take work home to complete during the evening hours or on the weekends.

- I am too demanding of others - students, colleagues and support staff. I get rather 'huffy' when my requests are not fulfilled exactly as I wish.

This list is not exhaustive. Hopefully, it will stimulate your thinking about yourself in ways related to the goals of training.

APPROPRIATE SELF-DISCLOSURE FOR TRAINEES:A SEARCH FOR THEMES

Trainees will be asked to act both as helpers and helpees during the training sessions. It is true that trainees could role-play a variety of problems. However, a more effective kind of training occurs when the trainee deals with real problems in his/her own life. If the trainee is to use personal material in the training sessions, he/she should carefully choose the issues to be discussed. Ideally, the issues should have some bearing on his/her teaching style. Furthermore, the issues chosen should not be so sensitive that the trainee finds the training sessions disruptive. Therefore, the trainee should in some way prepare what he/she is going to say. This exercise is designed to help the trainee do precisely that.

First of all, briefly list as many of your dissatisfactions, problems, unused personal resources as possible.

1. _____
2. _____
3. _____
4. _____
5. _____

- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

CHOOSING THE ISSUES YOU WISH TO DISCUSS

- X Place an X through the numbers of the issues you think are too sensitive to discuss, issues which are not appropriate for the training group (or this stage), or issues you simply do not want to discuss.
- () Place brackets around the numbers of the issues you think that you might be willing to discuss in the practice sessions.
- F Place an F in front of the numbers of the issues you think might affect your functioning as a teacher.
- T Place a T in front of the numbers of those issues which are capable of some thematic development, that is, problem areas or areas of concern which might be able to be explored at some length.

As the training program proceeds, you may wish to add other issues or change your mind with respect to the issues you want or do not want to discuss. The purpose of this exercise is to help you discover some substantial areas which you feel relatively comfortable discussing.

AN EXAMPLE

A list could look like this:

- T F (1.) I have mixed emotions about teaching. Sometimes I want to be a practitioner once again.
- F (2.) I am overly concerned about what the students think of me.
- T F (3.) I complain a lot about the way the program is run, but I don't try to negotiate changes.
- T F (4.) I am overly anxious, especially in a teaching situation.
- (5.) I need to stop smoking.
- T F X I refrain from confronting or exploring my prejudices concerning certain students.
- T F (7.) I have difficulty speaking out during staff meetings. I feel threatened.
- F X I sometimes find myself bored with the students.
- T F X I resent authority. I distrust the establishment.
- T F (10.) I do not challenge myself by taking on new and different responsibilities.

Some of the trainee's judgments may change over the course of the training period. For instance, as trust develops in the training group, he/she may include more sensitive issues. However, the trainee should be in command of his/her own self-disclosures and not be pressured by others. Each trainee's list should provide him/her with some T, F, (), areas with which to start with relative comfort.

Needless to say, it is most essential that each trainee value the self-disclosures of fellow trainees with great respect and confidentiality.

This list of adjectives was developed to help the user find the most appropriate description of perceived feelings. No attempt has been made to order these words in terms of their degree of intensity.

Note that by simply preceding many of these adjectives with appropriate adverbs, you can control the intensity of your communication. For example:

- You feel SOMEWHAT angry with your teacher for scolding you
- You feel QUITE angry with your teacher for scolding you.
- You feel VERY angry with your teacher for scolding you.
- You feel EXTREMELY angry with your teacher for scolding you.

PLEASANT AFFECTIVE STATES

(Love, Affection, Concern)

admired	courteous	humane	pleasant
adorable	dedicated	interested	polite
affectionate	devoted	just	reasonable
agreeable	easy-going	kind	receptive
altruistic	empathetic	kindly	reliable
amiable	fair	kind-hearted	respectful
benevolent	faithful	lenient	responsible
benign	forgiving	lovable	sensitive
big-hearted	friendly	loving	sympathetic
brotherly	generous	mellow	sweet
caring	genuine	mild	tender
charitable	giving	moral	thoughtful
Christian	good	neighborly	tolerant
comforting	good-humored	nice	truthful
congenial	good-natured	obliging	trustworthy
conscientious	helpful	open	understanding
considerate	honest	optimistic	unselfish
cooperative	honorable	patient	warm
cordial	hospitable	peaceful	warm-hearted
			well-meaning

(Elation, Joy)

amused	exalted	humorous	serene
at ease	excellent	inspired	splendid
blissful	excited	in high spirits	superb
brilliant	fantastic	jovial	terrific
calm	fine	joyful	thrilled
cheerful	fit	jubilant	tremendous
comical	gay	magnificent	triumphant
contented	glad	majestic	turned on
delighted	glorious	marvelous	vivacious
ecstatic	good	overjoyed	witty
elated	grand	pleased	wonderful
elevated	gratified	pleasant	
enchanted	great	proud	
enthusiastic	happy	satisfied	

(Potency)

able
adequate
assured
authoritative
bold
brave
capable
competent
confident
courageous
daring
determined

durable
dynamic
effective
energetic
fearless
firm
forceful
gallant
hardy
healthy
heroic
important

influential
intense
lion-hearted
manly
mighty
powerful
robust
secure
self-confident
self-reliant
sharp
skillful

spirited
stable
stouthearted
strong
sure
tough
virile
well equipped
well put together

UNPLEASANT AFFECTIVE STATES

(Depression)

abandoned
alien
alienated
alone
annihilated
awful
battered
below par
blue
burned
cast off
cheaped
crushed
debased
defeated
degraded
dejected
demolished
depressed
desolate
despair

despised
despondent
destroyed
discarded
discouraged
disfavored
dismal
done for
downcast
downhearted
downtrodden
dreadful
estranged
excluded
forlorn
forsaken
gloomy
glum
grim
hated
hopeless

horrible
humiliated
hurt
in the dumps
jilted
left out
loathed
lonely
lonesome
lousy
low
miserable
mishandled
mistreated
moody
mournful
obsolete
ostracised
out of sorts
overlooked

pathetic
pitiful
rebuked
regretful
rejected
reprimanded
rotten
ruined
run down
sad
stranded
tearful
terrible
unhappy
unloved
valueless
washed up
whipped
worthless
wrecked

(Distress)

afflicted
anguished
at the feet of
at the mercy of
awkward
baffled
bewildered
blameworthy
clumsy
confused
constrained
disgusted
disliked

displeased
dissatisfied
distrustful
disturbed
doubtful
foolish
futile
grief
helpless
hindered
impaired
impatient
imprisoned

lost
nauseated
offended
pained
perplexed
puzzled
ridiculous
sickened
silly
skeptical
speechless
strained
suspicious

swamped
the plaything of
the puppet of
tormented
touchy
ungainly
unlucky
unpopular
unsatisfied
unsure

(Fear, Anxiety)

afraid
agitated
alarmed
anxious
apprehensive
bashful
desperate
dread
embarrassed

fearful
fidgity
frightened
hesitant
horrified
ill at ease
insecure
intimidated
jealous

jittery
jumpy
nervous
on edge
overwhelmed
panicky
restless
scared
shaky

shy
strained
tense
terrified
terror-stricken
timid
uncomfortable
uneasy
worrying

(Belittling, Criticism, Scorn)

abused
belittled
branded
carped at
caviled at
censured
criticized
defamed
deflated
deprecated
depreciated
derided

diminished
discretited
disdained
disgraced
disparaged
humiliated
ignored
jeered
lamboned
laughed at
libeled
made light of

maligned
minimized
mocked
neglected
not taken seriously
overlooked
poked fun at
poo-hooed
pulled to pieces
put down
ridiculed
roasted

scoffed at
scorned
shamed
slammed
slandered
slighted
thought nothing of
underestimated
underrated

(Impotency, Inadequacy)

anemic
broken
broken down
chicken-hearted
cowardly
crippled
debilitated
defective
deficient
demoralized
disabled
effeminate
exhausted
exposed
feeble

flimsy
fragile
frail
harmless
helpless
impotent
inadequate
incapable
incompetent
indefensible
ineffective
inefficient
inept
inferior
infirm

insecure
insufficient
lame
maimed
meek
nerveless
paralyzed
powerless
puny
shaken
shaky
sickly
small
strengthless
trivial

unable
unarmed
uncertain
unfit
unimportant
unqualified
unsound
unsubstantial
useless
vulnerable
weak
weak-hearted

(Anger, Hostility, Cruelty)

agitated
aggravated
aggressive
anger
annoyed

antagonistic
arrogant
austere
bad tempered
beligerent

bigoted
biting
bloodthirsty
blunt
bullying

callous
cold-blooded
combative
contankerous
contrary

cool
corrosive
cranky
critical
cross
cruel
deadly
dictatorial
disagreeable
discontented
dogmatic
enraged
envious
fierce
furious
gruesome
hard

hard-hearted
harsh
hateful
heartless
hellish
hideous
hostile
hypercritical
ill-tempered
impatient
inconsiderate
inhuman
insensitive
intolerable
intolerant
irritated
mad

malicious
mean
murderous
nasty
obstinate
opposed
oppressive
outraged
perturbed
poisonous
prejudiced
pushy
rebellious
reckless
resentful
revengeful
rough

rude
ruthless
sadistic
savage
severe
spiteful
stern
stormy
unfeeling
unfriendly
unmerciful
unruly
vicious
vindictive
violent
wrathful

(Gazda et al, 1975, pp. 217-221)

COMMUNICATION LEADS

Phrases that are useful when you are having some difficulty perceiving clearly, or it seems that the helpee might not be receptive to your communications:

Could it be that...

I wonder if...

I'm not sure if I'm with you, but...

Would you buy this idea...

What I guess I'm hearing is...

Correct me if I'm wrong, but...

Is it possible that...

Does it sound reasonable that you...

Could this be what's going on, you...

From where I stand you...

This is what I hear you saying...

You appear to be feeling...

It appears to you...

Perhaps you're feeling...

I somehow sense that maybe you feel...

Is there any chance that you...

Maybe you feel...

Is it conceivable that...

Maybe I'm out to lunch, but...

Do you feel a little...

Maybe this is a longshot, but...

I'm not sure I'm with you; do you mean...

I'm not sure I understand; you're feeling...

It seems that you...

As I hear it, you...

...is that the way it is?

...is that what you mean?

...is that the way you feel?

Let me see if I understand; you...

Let me see if I'm with you; you...

I get the impression that...

I guess that you're...

SESSION VII Practice in Empathic Interactions

Objectives

- Trainees will gain skill in responding with Empathy in written and live interaction.
- Trainees will gain skill in rating responses for Empathy.

Training

- Trainees meet and review the training up to this point. The shift in the focus from "perceiving" to "responding" is acknowledged and the trainer suggests that the trainees are now ready to develop more skill in formulating written and live responses.
- Trainees work in trios on the worksheet, "Responding with Empathy". Upon completion of five responses, several trainees volunteer to write their responses on the board. Trainees assess the responses for the accuracy of feeling and content at an interchangeable level. The trainer also provides feedback when required.
- Trainees are introduced to the purposes and operations of the "Empathy Ring". Trainees sit in a circle and one trainee volunteers to share some personal material. Subject matter may be from the "Search for Themes" if the helpee is willing. The helpee shares for thirty to forty seconds and then stops. Each person in the circle attempts to respond empathically at an interchangeable level. A trainee states "pass" if he/she does not wish to respond at this time. All responses are offered without reply from the helpee. After the ring of responses is complete, the helpee shares his/her reactions. The trainer and trainees discuss ratings for some of the offerings.
- If time permits, the "Empathy Ring" is repeated. The ring of responses is tape-recorded and replayed. Trainees share their ratings for each response. Feedback from the helpee verifies the accuracy of the ratings.

Remarks

- It can be helpful to discuss the "passes" at the end of each circle of responses.
- The trainer participates as a full member of the group, sharing and responding in turn.
- The expectation for trainees to participate more actively can generate strong emotional reactions. Discussions which assist trainees to express these feelings are valuable.

RESPONDING WITH EMPATHYDirections:

This exercise will provide practice in writing responses to helpee statements. When responding, work at reflecting back to the helpee the feelings and content he/she has expressed. At this point in your training the goal is to formulate an interchangeable response. This would be rated as a level 3 response on the Accurate Empathy Scale.

Read the stimulus situation carefully, perceiving the surface and underlying feelings. Choose a word or two which best summarizes the surface feelings and a short statement which best summarizes the content. Fill in the blanks in the sentences below the situation.

When you have written the formula responses for each situation, write a natural response for each. The natural response should contain the same elements as the formula response but should express them in good conversational style.

These formula responses tend to sound mechanical. However, beginning in this way will help you to concentrate on choosing words that accurately reflect the feelings and content. With practice, it becomes easier to state the response with more spontaneity and freshness. The formula response and the natural response would technically get the same rating, but in the future you may try to strive for the more natural and stimulating way of responding.

SITUATION 1Student nurse to nurse educator:

"I've been assigned to a really sick person today. Just the thought that he might die during my shift terrifies me."

Helper Responses:

Formula: You feel _____

because _____

Natural: _____

SITUATION 2Nurse educator to nurse educator:

"Just because the patients on the ward are organically impaired, staff treat them as second class citizens. What a setting for educating student nurses!"

Helper Responses:

Formula: You feel _____

because _____

Natural: _____

SITUATION 3

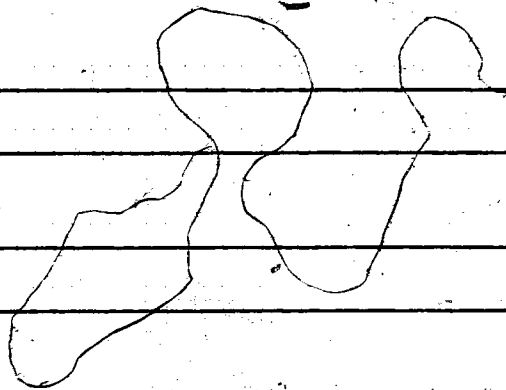
Student nurse to nurse educator:

"There are times I can't stand coming to the clinical area, but there are times I love it. If I only knew how I might like working as a nurse after I graduate."

Helper Responses:

Formula: You feel _____
because _____

Natural: _____



SITUATION 4

Student nurse to nurse educator:

"I don't understand how you can mark Sam's question right and mine wrong. As far as I'm concerned I used slightly different words to say the same thing. It's just not fair."

Helper Responses:

Formula: You feel _____

Natural: _____

SITUATION 5Student nurse to nurse educator:

"I've never had a teacher like you before. You actually seem to care about how I feel. It really does help."

Helper Responses:

Formula: You feel _____
because _____

Natural: _____

SITUATION 6Administrator to nurse educator:

"I have some distressing news. Our offices were broken into last night and some of the filing cabinets were opened. Some confidential documents on students and staff were stolen."

Helper Responses:

Formula: You feel _____
because _____

Natural: _____

SITUATION 7Student nurse to nurse educator:

"My father and I have always been very close. Now he is in the hospital and it is just a matter of time before he dies."

Helper Responses:

Formula: You feel _____
because _____

Natural: _____

SITUATION 8Nurse educator to nurse educator:

"I have a new class to teach this term. The subject area is so vast and I have so little time to get prepared for it. I just wonder how it is going to turn out."

Helper Responses:

Formula: You feel _____
because _____

Natural: _____

SITUATION 9Receptionist to nurse educator:

"There was an important phone call for you today. I tried and tried to reach you. Don't you have your beeper 'on today?"

Helper Responses:

Formula: You feel _____

because _____

Natural: _____

SITUATION 10Student nurse to nurse educator:

"I really like this subject but I'm tired of all the group discussions. Can't we do something else for a change?"

Helper Responses:

Formula: You feel _____

because _____

Natural: _____

SESSION VIII Practice in Empathic InteractionsObjectives

- Trainees practice and gain skill in responding with Empathy in live settings.
- Trainees gain skill in coding live responses for Empathy.

Training

- Trainer and trainees share their reactions to Session VII. Session VIII is outlined.
- Trios are formed in which one trainee takes the role of helpee and explores a theme area. Two trainees respond empathically in the helper's role. A five to ten-minute session is tape-recorded. The tape is replayed and coded by the trio. A coding schedule for Empathy is provided. This process is repeated until each trainee has been in the helpee's role. A segment of one of the tapes is chosen for group sharing.
- Reactions to the task are discussed in the large group. Trios play their segments for group comment and rating feedback.

Remarks

- The training group has now developed a trust and cohesiveness which allows trainees to disclose personally relevant material. The resistance encountered at earlier sessions has steadily disappeared as trainees work toward the acquisition of skills.

(Name) _____ (Date)

CODING SHEET FOR EMPATHIC RESPONSES

LEVEL 1 - Ignores student's feelings

- Insensitive to most obvious feelings _____
- Shifts topic away from student's concerns _____
- Irrelevant response _____
- Criticizes, judgmental, hurtful, devaluing, _____
ridiculing, rejecting, confronting _____
- Challenges accuracy of student's perceptions _____
- Dominates the conversation _____

Total Level 1 Responses _____

LEVEL 2 - Shows partial awareness of obvious feelings

- Denies student the right to feel that way _____
- Disallows student's feelings _____
- Moralizes, sermonizes _____
- Gives advice, tells student what to do _____
- Tells student how he/she ((teacher) feels _____
- Asks stupid questions _____
- Asks for more information _____
- Responds in casual manner, offers cliches _____
- Reflects content which ignores student's feelings _____
- Offers rationale excuse for not helping _____

Total Level 2 Responses _____

LEVEL 3 - Reflects back content and surface feelings

Accurately reflects main idea of student's message and attends to surface feelings

Accurately reflects student's surface feelings

Communicates to student that he/she has heard what student has said (full reflection of main idea and surface feelings)

Total Level 3 Responses

LEVEL 4 - Accurately reflects back feelings AND adds a new meaning

Adds a new meaning (thought) which is related to student's statement

Enables student to examine a new dimension of his expression

Total Level 4 Responses

LEVEL 5 - Accurately reflects student's statement AND probes for underlying feelings

Adds a probing statement intended to disclose the student's deeper feelings

Understands and communicates the hidden message which the student is sending

Total Level 5 Responses

SESSION IX Rating Responses for Respect and Genuineness

Objectives

- Trainees will understand the five levels of responding on the coding schedules for Respect and Genuineness.
- Trainees will gain skill in rating responses for Empathy, Respect and Genuineness.

Training

- Trainer and trainees discuss their reactions to Session VIII. Session IX is outlined.
- The rating scales for Respect and Genuineness are discussed. Coding schedules for Empathy, Respect and Genuineness are distributed.
- Audiotaped segments from Session VIII are played. In addition to the rating for Empathy, the levels of Respect and Genuineness are discussed during the rating analyses.
- Trainees are asked to prepare an audiotope with an individual or small group of student nurses prior to the next training session. They are requested to preselect a one to two-minute segment from their audiotapes for group sharing at the final training session.

Remarks

- This constitutes the first formal practice and coding session for Respect and Genuineness although reference to these skills has occurred consistently throughout the training program.
- An alternate exercise for this session is the rating of the demonstration videotape, previously shown in Session I and Session IV, for Respect and Genuineness. An "Empathy Ring" can also be conducted. The responses to the helpee are rated for Respect and Genuineness by the trainer and trainees.

(Name) _____

(Date) _____

CODING SHEET FOR RESPECT

LEVEL 1 - Overtly communicates negative regard

Explicit evidence of rejection _____
 Sarcastic, demeaning, devaluing _____
 Tells student what would be 'best' for him _____
 Challenges accuracy of student's perceptions _____
 Dominates conversation _____

Total Level 1 Responses _____

LEVEL 2 - Subtly communicates negative regard

Puts student off _____
 Diverts from what student is saying _____
 Mechanical, passive responses _____
 Declines to become involved _____
 Communicates responsibility for the student _____

Total Level 2 Responses _____

LEVEL 3 - Communicates unconditional regard

Directly: Communicates an openness to become
 involved by informing the student. Attentive
 non-verbal behaviors _____

Indirectly: Actively communicates regard by
 listening attentively. Verbal response similar
 to Level 3 on Empathy scale _____

Total Level 3 Responses _____

LEVEL 4 - Communicates positive regard

Directly: Communicates a commitment to be
 involved _____

Indirectly: Additive response similar to
 Level 4 on Empathy scale.

Total Level 4 Responses _____

LEVEL 5 - Communicates positive regard

Genuine, spontaneous response; may share
 full range of feelings with student _____

Total Level 5 Responses _____

 (Name)

 (Date)

CODING SHEET FOR GENUINENESS

LEVEL 1 - Overtly communicates absence of genuineness

Defensive _____

 Deceitful: communicates feelings that teacher
 is plainly not experiencing _____

 Punitive: teacher uses own feelings to punish
 student _____

Total Level 1 Responses _____

LEVEL 2 - Subtly communicates absence of genuineness

 Role-played: responds according to
 perceived role _____

Total Level 2 Responses _____

LEVEL 3 - Communicates an openness to expressing genuineness

 Student's concern is reflected with honesty.
 No positive cues of teacher's genuine feelings
 are offered _____

Total Level 3 Responses _____

LEVEL 4 - Communicates controlled expression of genuineness

 Teacher's expressions are congruent with feelings
 although hesitant about expressing them
 fully _____

Total Level 4 Responses _____

LEVEL 5 - Communicates genuineness fully and congruent

 Verbal and non-verbal messages (positive and
 negative) are congruent with teacher's
 feelings _____

Communicates hurtful responses constructively _____

Total Level 5 Responses _____

SESSION X Practice in Responding with Empathy, Respect
and Genuineness

Objectives

- Trainees will gain skill in coding responses for Empathy, Respect, and Genuineness.
- Trainees will gain skill in responding with Empathy, Respect and Genuineness.

Training

- Trainer and trainees discuss their reactions to Session IX. Session X is outlined.
- The coding schedules for Empathy, Respect and Genuineness are distributed and reviewed.
- Each trainee shares a one to two-minute segment of his/her audiotape. Trainees assign ratings for Empathy, Respect and Genuineness. The ratings are shared and discrepancies discussed.
- The final session concludes with a discussion of the impact of the training program upon individual trainees.

Remarks

- The trainer shares her reactions to the training experience and offers concluding remarks to the trainees.

APPENDIX B

TO _____ FROM JOAN ANDERSON

Your attendance is requested on August 29th at 1130 hrs. in Room 2N 412. This session will mark the commencement of the research project designed to study the effect of an interpersonal skills training program. At this time, consent forms will be signed and pre-testing data will be collected. The session will require approximately one hour.

As agreed upon earlier, the faculty members in Term I and Term II will comprise the experimental group. Faculty members in Term III and Term IV will be designated the control group.

Training sessions for the experimental group will be conducted on ten consecutive Wednesdays, commencing September 5 between 1430 and 1630 hrs. Prior to the first session, participants will be informed in regards to the location of the meeting place.

Following the training program, a post-testing session for all participants in the research project will be held on November 14th at 1130 hrs. in Room 2N 412.

If you wish to contact me prior to August 29th, please feel free to contact me at my home, 929-5744. Also, I would appreciate knowing if you are not able to attend the initial testing session so that an alternative arrangements could be planned.

Thank you for your interest in the project.

Joan Anderson

JA:hm

Consent Form

1. I understand that this research project is designed to study the effect of an interpersonal skills training program.
2. My participation consists of answering a questionnaire. In addition, I will complete pretests prior to the training program and posttests following its conclusion. On both occasions I will complete a written test and submit a 5 minute audiotaped segment of interaction between a student nurse and myself.
3. I understand that all data will be strictly confidential and will be used for research purposes only.
4. If I am designated as a member of the experimental group, I will attend a 10 week interpersonal skills training program designed and conducted by the researcher, Joan Anderson.
5. I am free to discontinue my participation at any time.
6. Results of the study will be made available to me following its completion. At this time the researcher will contact the Psychiatric Nursing faculty at B.C.I.T. of which I am a member.

My signature below certifies that I consent to the experimental conditions outlined in this document.

Date

Signature

PRE-DATA: NURSE EDUCATOR BACKGROUND INFORMATION

You are a participant in a research study which will examine the effect of an interpersonal skills training program. It is necessary to collect pertinent information which describes each participant in the study. The confidential nature of the completed questionnaire will be carefully maintained.

INSTRUCTIONS: Please complete the questionnaire by checking the box opposite the answer which describes data relevant to you.

Number: _____

1. Please identify your sex.

- A. Female
- B. Male

2. What is your age group? Please check the appropriate response.

- A. Under 30
- B. 30 - 39
- C. 40 - 49
- D. Over 50

3. Please check any combination of responses that describes your academic preparation.

- A. Registered Psychiatric Nurse
- B. Registered Nurse
- C. Bachelor's degree in nursing
- D. Bachelor's degree (other than nursing)
- E. Master's degree in nursing
- F. Master's degree (other than nursing)

4. On a continuing educational basis, have you participated in training programs specifically designed to develop interpersonal skills?

A. Yes

B. No

5. If you answered YES to question #4, please indicate the interpersonal skills training program(s) in which you have participated.

A. Systematic human relations model (Gazda, Carkhuff)

B. Microcounseling (Ivey)

C. Sensitivity or self-awareness groups

D. Transactional analysis

E. Interpersonal Process Recall

F. Other: please specify _____

6. How many years of clinical nursing experience have you had?

A. 1 - 3 years

B. 4 - 6 years

C. 7 - 9 years

D. 10 - 12 years

E. Over 12 years

7. How many years of teaching experience in nursing programs have you had?

A. 1 - 3 years

B. 4 - 6 years

C. 7 - 9 years

D. 10 - 12 years

E. Over 12 years

8. Please describe the overall characteristics of the course currently taught.

A. General nursing content

B. Psychiatric nursing content

CARKHUFF'S INDEX OF COMMUNICATION*INTRODUCTION AND INSTRUCTIONS*

The following excerpts represent 16 helpee stimulus expressions; that is, expressions by a helpee of feeling and content in different problem areas. "Helpee" designates a person seeking some kind of assistance. In this case the same helpee is involved in all instances.

You may conceive of this helpee not necessarily as a formal client but simply as a person who has come to you in a time of need. The helpee, for example, may be a student from one of your classes. We would like you to respond as you would if someone came to you seeking assistance in a time of distress. In formulating your responses keep in mind those that the helpee can use effectively in his own life.

The following range of helpee expressions can easily come in the first contact or first few contacts; however, do not attempt to relate any one expression to a previous expression. Simply try to formulate a meaningful response to the helpee's immediate expression. Write it on the response sheet provided.

Excerpt 1

HELPEE: I don't know if I am right or wrong feeling the way I do. But I find myself withdrawing from people. I don't seem to socialize and play their stupid little games any more. I get upset and come home depressed and have headaches. It seems all so superficial. There was a time when I used to get along with everybody. Everybody said, "Isn't she wonderful. She gets along with everybody. Everybody likes her." I used to think that was something to be really proud of, but that was who I was at that time. I had no depth. I was what the crowd wanted me to be--the particular group I was with.

Excerpt 2

HELPEE: I love my children and my husband and I like doing most household things. They get boring at times but on the whole I think it can be a very rewarding thing at times. I don't miss working, going to the office every day. Most women complain of being just a housewife and just a mother. But then, again, I wonder if there is more for me. Others say there has to be. I really don't know.

Excerpt 3

HELPEE: Sometimes I question my adequacy of raising three boys, especially the baby. I call him the baby--well, he is the last. I can't have any more. So I know I kept him a baby longer than the others. He won't let anyone else do things for him. If someone else opens the door he says he wants Mommy to do it. If he closes the door, I have to open it. I encourage this. I do it. I don't know if this is right or wrong. He insists on sleeping with me every night and I allow it. And he says when he grows up he won't do it any more. Right now he is my baby and I don't discourage this much. I don't know if this comes out of my needs or if I'm making too much out of the situation or if this will handicap him when he goes to school--breaking away from Mamma. Is it going to be a traumatic experience for him? Is it something I'm creating for him? I do worry more about my children than I think most mothers do.

Excerpt 4

HELPEE: It's not an easy thing to talk about. I guess the heart of the problem is sort of a sexual problem. I never thought I would have this sort of problem. But I find myself not getting the fulfillment I used to. It's not as enjoyable --for my husband either, although we don't discuss it. I used to enjoy and look forward to making love. I used to have an orgasm but I don't any more. I can't remember the last time I was satisfied. I find myself being attracted to other men and wondering what it would be like to go to bed with them. I don't know what this means. Is this symptomatic of our whole relationship as a marriage? Is something wrong with me or us?

Excerpt 5

HELPEE: Gee, those people! Who do they think they are? I just can't stand interacting with them any more. Just a bunch of phonies. They leave me so frustrated. They make me so anxious, I get angry at myself. I don't even want to be bothered with them any more. I just wish I could be honest with them and tell them all to go to hell! But I guess I just can't do it.

Excerpt 6

HELPEE: They wave that degree up like it's a pot of gold at the end of the rainbow. I used to think that, too, until I tried it. I'm happy being a housewife; I don't care to get a degree. But the people I associate with, the first thing they ask is where did you get your degree. I answer, "I don't have a degree." Christ, they look at you like you are some sort of a freak, some backwoodsman your husband picked up along the way. They actually believe that people with degrees are better. In fact, I think they are worse. I've found a lot of people without degrees that are a hell of a lot smarter than these people. They think that just because they have degrees they are something special. These poor kids that think they have to go to college or they are ruined. It seems that we are trying to perpetrate a fraud on these kids. If no degree, they think they will end up digging ditches the rest of their lives. They are looked down upon. That makes me sick.

Excerpt 7

HELPEE: I get so frustrated and furious with my daughter. I just don't know what to do with her. She is bright and sensitive, but damn, she has some characteristics that make me so on edge. I can't handle it sometimes. She just--I feel myself getting more and more angry! She won't do what you tell her to. She tests limits like mad. I scream and yell and lose control and think there is something wrong with me--I'm not an understanding mother or something. Damn! What potential! What she could do with what she has. There are times she doesn't need what she's got. She gets by too cheaply. I just don't know what to do with her. Then she can be so nice and then, boy she can be as ornery as she can be. And then I scream and yell and I'm about ready to slam her across the room. I don't like to feel this way. I don't know what to do with it.

Excerpt 8

HELPEE: He is ridiculous! Everything has to be done when he wants to do it. The way he wants it done. It's as if nobody else exists. It's everything he wants to do. There is a range of things I have to do. Not just be a housewife and take care of the kids. Oh no, I have to do his typing for him, errands for him. If I don't do it right away, I'm stupid--I'm not a good wife or something stupid like that. I have an identity of my own and I'm not going to have it wrapped up in him. It makes me--it infuriates me! I want to punch him right in the mouth. What am I going to do? Who does he think he is, anyway?

Excerpt 9

HELPEE: I finally found somebody I can really get along with. There is no pretentiousness about them at all. They are real and they understand me. I can be myself with them. I don't have to worry about what I say and that they might take me wrong, because I do sometimes say things that don't come out the way that I want them to. I don't have to worry that they are going to criticize me. They are just marvelous people! I just can't wait to be with them. For once I actually enjoy going out and interacting. I didn't think I could ever find people like this again. I can really be myself. It's such a wonderful feeling not to have people criticizing you for everything you say that doesn't agree with them. They are warm and understanding and I just love them! It's just marvelous.

Excerpt 10

HELPEE: I'm really excited! We are going to California. I'm going to have a second lease on life. I found a marvelous job. It's great! It's so great, I can't believe it's true--it's so great! I have a secretarial job. I can be a mother and can have a part time job which I think I will enjoy very much. I can be home when the kids get home from school. It's too good to be true. It's so exciting. New horizons are unfolding. I just can't wait to get started. It's great!

Excerpt 11

HELPEE: I'm so pleased with the kids. They are doing just marvelously. They have done so well at school and at home; they get along together. It's amazing. I never thought they would. They seem a little older. They play together better and they enjoy each other and I enjoy them. Life has become so much easier. It's really a joy to raise three boys. I didn't think it would be. I'm just so pleased and hopeful for the future. For them and for us. It's just great! I can't believe it. It's marvelous.

Excerpt 12

HELPEE: I'm really excited the way things are going at home with my husband. It's just amazing. We get along great together now. Sexually, I didn't know we could be that happy. I didn't know anyone could be that happy. It's just marvelous! I'm just so pleased, I don't know what else to say.

Excerpt 13

HELPEE: I'm so thrilled to have found a counselor like you. I didn't know any existed. You seem to understand me so well. It's just great! I feel like I'm coming alive again. I have not felt like this in so long.

Excerpt 14

HELPEE: Silence. (moving about in chair)

Excerpt 15

HELPEE: Gee, I'm so disappointed. I thought we could get along together and you could help me. We don't seem to be getting anywhere. You don't understand me. You don't know I'm here. I don't even think you care for me. You don't hear me when I talk. You seem to be somewhere else. Your responses are independent of anything I have to say. I don't know where to turn. I'm just so--doggone it--I don't know what I'm going to do, but I know you can't help me. There just is no hope.

Excerpt 16

HELPEE: Who do you think you are? You call yourself a therapist! Damn, here I am spilling my guts out and all you do is look at the clock. You don't hear what I say. Your responses are not attuned to what I'm saying. I never heard of such therapy. You are supposed to be helping me. You are so wrapped up in your world you don't hear a thing I'm saying. You don't give me the time. The minute the hour is up you push me out the door whether I have something important to say or not. I--ah--it makes me so God damn mad!

AUTHOR AND SOURCE

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TO _____ FROM JOAN ANDERSON

The research project involving the Psychiatric Nursing faculty is nearing its final phase. Upon completion of the training session on November 7th, the focus will shift to the collection of post-testing data.

On November 7th, an audiotape will be distributed to each participant. Please tape another five-minute interaction with student nurse(s) on a topic likely to generate a lot of feelings. If it is not convenient to tape record a session involving student nurses, please record an interaction with another person in your work or home setting. It is, however, very important that the audiotape be completed by November 14th.

A post-testing session for all participants will be held on November 14th at 1130 hrs. in Room 2N 412. The written post-test will be completed during this period. The session will require approximately one hour. Please submit the completed audiotape at this time.

Please inform me if you are not able to attend the final testing session so that an alternate arrangement could be planned prior to November 14th. My phone number is 929-5744.

The rating of the data will commence immediately following the post-testing session. Thus, the collection of the post-testing data must be complete by November 14th. I would truly appreciate your help in this regard.

Thank you for your participation in the research project. In fact, my 'thank you' can't be big enough.

Joan Anderson

JA:hm

POST-DATA: NURSE EDUCATOR BACKGROUND INFORMATION

Instructions: As a supplement to the questionnaire completed previously at the pretesting session, please answer the following questions. Once again, the confidentiality of the completed questionnaire will be carefully maintained.

Number: _____

1. Please identify your age in the space provided.

2. Please indicate if you had any knowledge or experience with the Gazda/Carkhuff model of systematic interpersonal skill development prior to the commencement of the Nurse Educator Research Project.
 - A. Yes
 - B. No

3. If you answered YES to question #2, please describe briefly your contact with the Gazda/Carkhuff model.

APPENDIX C

DISCRIMINATION INDEXHELPEE SITUATION #1

Student nurse to nurse educator:

I've been looking forward to the grad dinner and dance ever since I was in first year, and now it looks like I won't be able to go. It boils down to a lack of money, since there is no way I can afford the admission and a half decent dress.

- _____ 1. How unfortunate. Maybe you could borrow money from somebody.
- _____ 2. You're feeling pretty downhearted because the money problem might cause you to miss the grad dinner and dance.
- _____ 3. I'm sorry. The grad dinner and dance meant a lot to you.
- _____ 4. Is there some way I could help you afford this? Are you working?
- _____ 5. I know how you feel.
- _____ 6. A part-time job would probably provide enough money for your needs.
- _____ 7. You are disappointed because you can't afford to go to the grad dinner and dance. You have always believed that somehow you would manage to get there but now the situation looks quite hopeless.
- _____ 8. What happened to all the money you made last summer?
- _____ 9. It's very humiliating to be the only person who can't attend the grad dinner and dance. You even fear that this will result in classmates ostracizing you from the group.
- _____ 10. It serves you right! Going to Hawaii at spring break wasn't such a smart idea.
- _____ 11. It is upsetting to think you might miss the grad dinner and dance because you don't have enough money to go.
- _____ 12. Don't you have a friend who could lend you enough money until you find work and earn enough to pay her back?

HELPEE SITUATION #2

Student nurse to nurse educator:

I get so angry! Each teacher wants me to spend all my time on her course. They forget that I have a whole bunch of courses, and a whole bunch of assignments, and a whole bunch of exams. I'm not a robot - I'm a person!

- _____ 13. Oh, it can't possibly be that bad. You're exaggerating.
- _____ 14. You are mad! The expectations of each teacher seems extremely unrealistic to you.
- _____ 15. Not to worry! You're getting yourself so upset. You've got to relax.
- _____ 16. You're furious! You expect yourself to obtain good grades but the overwhelming course demands are threatening your ability to meet these expectations.
- _____ 17. You have a lot of concerns. Can you possibly come back tomorrow when I have time to discuss them?
- _____ 18. You're so angry that you could explode! Only a machine could meet the unreasonable demands that teachers expect of you.
- _____ 19. Just be thankful ~~that~~ the course is almost over.
- _____ 20. You're feeling kind of frightened that you might not measure up to all the expectations. The possibility of failing is very real to you.
- _____ 21. You want the teachers to be more reasonable about how much they can expect from one person.
- _____ 22. You're enraged that teachers can be so unreasonable about how much they can expect from one person. In particular, I'd better hear your message very clearly because you are especially upset about the expectations in my course.
- _____ 23. Look, you decided to become a nurse. Now you have discovered that it involves a lot of hard work.
- _____ 24. You're very angry. The pressures created by all the teacher's demands are so great that your family life has begun to suffer.

HELPEE SITUATION #3

Student nurse to nurse educator:

"I just hate to go home on weekends. My parents beg me to come, but there is so much fighting, especially after my father starts to drink. It's always so uncomfortable at home."

- _____ 25. Perhaps your father should attend Alcoholic's Anonymous. It might be helpful.
- _____ 26. Oh, for heaven's sake, stop complaining. They love you. What more can you expect?
- _____ 27. It's hard to cope with the constant fighting in your home, yet you don't know what you can do about it.
- _____ 28. Why do you think there is so much fighting?
- _____ 29. You really despise going home because you feel so distressed as a result of all the fighting.
- _____ 30. Maybe you do something which provokes your father to drink.
- _____ 31. You feel obliged to go home but the constant fighting is getting increasingly difficult for you. You are caught in a conflict.
- _____ 32. It's upsetting to spend your weekends with your family where the fighting creates such uncomfortable tension for you.
- _____ 33. You are feeling angry and guilty about all the fighting in your home. You may be thinking that somehow you are responsible for what is happening.
- _____ 34. It's dissatisfying to go home to such conflict.
- _____ 35. You hate going home to an atmosphere filled with harsh words and tension. You'd just like to feel that you could go home and enjoy the weekends with your parents in peace and mutual caring for one another.
- _____ 36. I'm sure that it will be better this weekend.

Rater's Modified Global Scale for Rating Helper Responses.

<p style="text-align: center;">L E V E L</p> <p style="text-align: center;">1</p>	<p>NOT HELPFUL: HURTFUL</p> <p>Attends to neither the content nor the surface feelings.</p> <p>Discredits, devalues, ridicules or scolds the helpee.</p> <p>Imposes his beliefs and values on the helpee.</p> <p>Dominates the conversation.</p> <p>Challenges the accuracy of the helpee's perceptions.</p> <p>Critical.</p> <p>Shows a lack of caring for, or belief in the helpee.</p> <p>Tries to hide his feelings or uses them to punish the helpee.</p>
<p style="text-align: center;">L E V E L</p> <p style="text-align: center;">2</p>	<p>NOT HELPFUL: INEFFECTIVE</p> <p>Partial awareness of helpee's surface feelings or distorts what helpee communicates.</p> <p>Withholds himself from involvement with the helpee by declining to help.</p> <p>Responds in a casual way.</p> <p>Gives premature or superficial advice.</p> <p>Asks questions to gather more data.</p> <p>Behaves in a manner congruent with some preconceived role he is taking.</p>

<p>L E V E L 3</p>	<p>HELPFUL: FACILITATIVE</p> <p>Reflects accurately and completely the surface feelings and does not distort the content.</p> <p>Communicates his openness to entering a helping relationship.</p> <p>Recognizes helpee as a person of worth, capable of thinking and expressing himself and acting constructively.</p> <p>Shows no sign of phoniness. No incongruence between expression and feelings.</p>
<p>L E V E L 4</p>	<p>HELPFUL: ADDITIVE</p> <p>Adds a new meaning (thought) which is related to the helpee's statement.</p> <p>Demonstrates a willingness to be a helper.</p> <p>Shows a controlled expression of feeling so as to facilitate the development of the relationship.</p>
<p>L E V E L 5</p>	<p>HELPFUL: INCREASINGLY ADDITIVE</p> <p>Accurately perceives and responds to underlying feelings and meanings.</p> <p>Shows a genuine congruence between his feelings (whether they be positive or negative) and his overt behaviour. Communicates these feelings in a way that strengthens the relationship.</p>

Rating Helper Responses on The Global Scale

Levels 1.0 and 2.0: As illustrated on the scale, there are many ways to give hurtful and ineffective responses.

Level 3.0 : There is a more specific and limited way of giving a facilitative response.

It communicates:

- a) accurate and complete reflection of surface feelings (level 3.0 Empathy),
- b) acceptance of the helpee as a person of worth (level 3.0 Respect),
- c) absence of defensiveness, phoniness or incongruence (level 3.0 Genuineness).

Levels 4.0 and 5.0: There are several ways to give additive responses. These responses go beyond what the helpee has expressed, adding to the helpee's store of information about himself.

In the context of the modified global scale, additive responses reveal higher levels of Empathy, Respect and Genuineness. Rarely are all conditions offered at higher levels in a single response. Therefore, the rates must be guided by the level(s) of the specific condition(s) offered in the helper's response.

Additive responses must be preceded by at least one facilitative response. In the case of an initial response at level 4.0, for example, the response must first contain a

good level 3.0 statement. This is followed by a statement containing a higher level of Empathy, Respect and/or Genuineness. In an extended interaction, the facilitative conditions may not be identified in each additive response. However, they should have been present in the context just prior to the additive material.

RATERS' SHORT FORM FOR RATING EMPATHY,
RESPECT AND GENUINENESS

	EMPATHY	RESPECT	GENUINENESS
L E V E L 1	<p>Ignores feelings</p> <ul style="list-style-type: none"> -critical -shifts from or denies reality 	<p>Overtly communicates negative regard</p> <ul style="list-style-type: none"> -rejects -demeans -imposes -challenges 	<p>Phony</p> <ul style="list-style-type: none"> -insincere -defensive -punitive -deceitful
L E V E L 2	<p>Partial awareness</p> <ul style="list-style-type: none"> -disallows -moralizes -advises -questions -tells how he thinks and feels 	<p>Subtle negative regard</p> <ul style="list-style-type: none"> -puts off -diverts -withholds self -communicates responsibility for helpee 	<p>Anonymous</p> <ul style="list-style-type: none"> -detached -role played
L E V E L 3	<p>Communicates that helpee has been heard</p> <ul style="list-style-type: none"> -reflects surface feeling and content -not hurtful nor helpful 	<p>Interest</p> <ul style="list-style-type: none"> -minimal warmth -no negative regard -open 	<p>Not phony or defensive</p> <ul style="list-style-type: none"> -open -no demonstrated incongruence between expressions and feelings
L E V E L 4	<p>Adds new meaning</p>	<p>Recognizes worth and/or will enter helping relationship</p>	<p>Controlled expression</p> <ul style="list-style-type: none"> -shares self but does not express feelings which could impede the relationship

	EMPATHY	RESPECT	GENUINENESS
L E V E L 5	Probes at underlying feelings Acknowledges 'hidden message'	Spontaneous sharing -helpee allowed to be himself	Full expression -spontaneous -hurtful responses communicated constructively

BIBLIOGRAPHY

BIBLIOGRAPHY

- Allerand, A. Empathy in and out of psychotherapy. Unpublished manuscript, Columbia Teachers College, 1964.
- Arnhoff, F. Some factors influencing the unreliability of clinical judgment. Journal of Clinical Psychology, 1954, 10: 272-275.
- Aspy, D.N. The effect of teacher-offered conditions of empathy, congruence and positive regard upon student achievement. Florida Journal of Educational Research, 1969, 11: 39-48.
- Aspy, D.N. Reaction to Carkhuff's articles. Counseling Psychologist, 1972, 3: 35-41.
- Aspy, D.N. and Hadlock, W. The effects of high and low functioning teachers upon student performance. In R.R. Carkhuff and B.G. Berenson (Eds.); Beyond Counseling and Psychotherapy. New York: Holt, Rinehart and Winston, 1967, p. 297.
- Austin, D.L. A study of the levels of responding of students in the Professional Development Program to Carkhuff's Indexes of Communication and Discrimination. Unpublished master's thesis, Simon Fraser University, 1975.
- Avila, D.L., Combs, A.W., Purkey, W.W. (Eds.) The Helping Relationship Sourcebook. Boston: Allyn and Bacon, Inc., 1977.
- Barnett, K.E. The development of a theoretical construct of the concepts of touch as they relate to nursing. Unpublished doctoral dissertation, North Texas State University, Denton, Texas, 1970.
- Berenson, B.G. and Carkhuff, R.R. (Eds.) Sources of Gain in Counseling and Psychotherapy: Readings and Commentary. New York: Holt, Rinehart and Winston, 1967.
- Berenson, B.G., Carkhuff, R.R. and Myrus, P. The interpersonal functioning and training of college students. Journal of Counseling Psychology, 1966, 13: 441-446.

- Berenson, D.H. The effects of systematic human relations training upon the classroom performance of elementary school teachers. Journal of Research and Development in Education, 1971, 4: 70-85.
- Bergin, A. and Soloman, S. Correlates of empathic ability in psychotherapy. American Psychologist, 1963, 18: 393. (Abstract)
- Blakeman, J.D. and Emener, W.G. (Jr.) Training in interpersonal communication: Suggested techniques and approaches. Journal of Research and Development in Education, 1971, 4: 36-46.
- Brammer, L.M. The Helping Relationship. Englewood Cliffs: Prentice Hall, 1973.
- Bruce, S. Reactions of nurses and mothers to still-births. Nursing Outlook, 1962, 10: 88-91.
- Carkhuff, R.R. An integration of practice and training. In B.G. Berenson and R.R. Carkhuff (Eds.), Sources of Gain in Counseling and Psychotherapy. New York: Holt, Rinehart and Winston, 1967, pp. 423-438.
- Carkhuff, R.R. Differential functioning of lay and professional helpers. Journal of Counseling Psychology, 1968, 15: 117-126.
- Carkhuff, R.R. Helping and Human Relations: A Primer for Lay and Professional Helpers, Vol. I. New York: Holt, Rinehart and Winston, 1969. (a)
- Carkhuff, R.R. Helping and Human Relations: A Primer for Lay and Professional Helpers, Vol. II. New York: Holt, Rinehart and Winston, 1969. (b)
- Carkhuff, R.R. and Banks, G. Training as a preferred mode of facilitating relations between races and generations. Journal of Counseling Psychology, 1970, 17: 413-418.
- Carkhuff, R.R. and Berenson, B.G. Beyond Counseling and Therapy. New York: Holt, Rinehart and Winston, 1967.
- Carkhuff, R.R. and Berenson, B.G. Beyond Counseling and Therapy, Second Edition. New York: Holt, Rinehart and Winston, 1977.

- Carkhuff, R.R. and Bierman, R. The effects of human relations training upon parents of emotionally disturbed children. Journal of Counseling Psychology, 1970, 17: 157-161.
- Carkhuff, R.R. and Truax, C.B. Training in counseling and psychotherapy: An evaluation of an integrated didactic and experiential approach. Journal of Consulting Psychology, 1965, 29: 333-336.
- Carkhuff, R.R., Collingwood, T. and Renz, L. The effects of didactic training upon trainee levels of discrimination and communication. Journal of Clinical Psychology, 1969, 25: 460-461.
- Carkhuff, R.R., Kratochvil, D. and Friel, T. Effects of professional training: Communication and discrimination of facilitative conditions. Journal of Counseling Psychology, 1968, 15: 68-74.
- Carlton, S. Counselor empathy. In R.R. Carkhuff (Ed.), The Counselor's Contribution to Facilitative Processes. Urbana, Illinois: Parkinson, 1967.
- Chance, J.E. and Meaders, W. Needs and interpersonal perception. Journal of Personality, 1960, 28: 200-210.
- Chapman, A. and Almeida, E. The Interpersonal Basis of Psychiatric Nursing. New York: G.P. Putnam's Sons, 1972.
- Chapman, J.E. and Chapman, H.E. Behavior and Health Care. Saint Louis: C.V. Mosby Co., 1975.
- Combs, A.W., Avila, D.L. and Purkey, W.W. Helping Relationships: Basic Concepts for the Helping Professions. Boston: Allyn and Bacon, 1971.
- Combs, A.W., Soper, D.W., Gooding, C.T., Benton, J.A. (Jr.), Dickman, J.F. and Usher, R.H. Florida Studies in the Helping Professions. University of Florida Social Science Monograph, No. 37, Gainesville: University of Florida Press, 1969.
- Collingwood, T.R. The effects of large group training on facilitative interpersonal communication. Journal of Clinical Psychology, 1969, 25: 461-462.

- Collingwood, T.R. Retention and retraining of interpersonal communication skills. Journal of Clinical Psychology, 1971, 27: 294-296.
- D'Augelli, A.R. et al. Interpersonal skill training for dating couples: An evaluation of an educational mental health service. Journal of Counseling Psychology, 1974, 21: 385-389.
- Dickenson, W.A. and Truax, C.B. Group counseling with college underachievers: Comparisons with a control group and relationship to empathy, warmth and genuineness. Personnel and Guidance Journal, 1966, 45: 243-247.
- Duff, R.S. and Hollingshead, A.B. Sickness and Society. New York: Harper and Row, 1968.
- Eckelberry, G.K. Administration of Comprehensive Nursing Care. New York: Appleton - Century - Crofts, 1971.
- Eisenmann, R. Creativity in student nurses. A cross-sectional and longitudinal study. Developmental Psychology, 1970, 3: 320-325.
- Eisenmann, R. Creativity in student nurses and their attitudes toward mental and physical disability. Journal of Clinical Psychology, 1972, 28: 218-219.
- Engram, B.E. and Vandergoot, D. Correlation between the Truax and Carkhuff scales for measurement of empathy. Journal of Counseling Psychology, 1978, 25: 349-351.
- Frankel, E. Effects of a program of advanced summer study on the self-perception of academically talented high school students. Exceptional Children, 1964, 30: 245-249.
- Friel, T., Kratochvil, D. and Carkhuff, R.R. The effects of training and experience upon the manipulation of client conditions. Journal of Clinical Psychology, 1968, 24: 247-249.
- Gazda, G.M. Asbury, F.R., Balzer, F.J., Childers, W.C. and Walters, R.P. Human Relations Development: A Manual for Educators, Second Edition. Boston: Allyn and Bacon, 1977.

Gazda, G.M., Walters, R.P., Childers, W.C. Human Relations Development: A Manual for Health Sciences. Boston: Allyn and Bacon, 1975.

Greenberg, B. The differential ratings of counselor responses to client expressions in a written, audio and real life form. Unpublished research, State University of New York, Buffalo, 1968. Cited in R. Carkhuff, Helping and Human Relations, Vol. I. New York: Holt, Rinehart and Winston, 1969.

Guilford, J.P. and Fruchter, B. Fundamental Statistics in Psychology and Education, Fifth edition. New York: McGraw-Hill Book Company, 1973.

Guzzetta, R.A. Acquisition and transfer of empathy by the parents of early adolescents through structured learning training. Journal of Counseling Psychology, 1976, 23: 449-453.

Hrubetz, J. Measurement of changes in nursing students' levels of empathy, self-disclosure and confrontation as outcomes of systematic human relations training. Saint Louis University, Saint Louis, Mo., 1975. Abstracted in Dissertation Abstracts International, 36: 2725-B, Dec./75.

Jourard, S.M. The Transparent Self, Second edition. New York: Van Nostrand Reinhold Co., 1971.

Kalisch, B.J. An experiment in the development of empathy in nursing students. Nursing Research, 1971, 20: 202-211. (a)

Kalisch, B.J. Strategies for developing nurse empathy. Nursing Outlook, 1971, 19: 714-718. (b)

Kalisch, B.J. What is empathy? American Journal of Nursing, 1973, 73: 1548-1552.

Karshmer, J.F. and La Monica, E.L. Effectiveness of nursing curricula on behavioral empathy. Unpublished research, University of Massachusetts, Amherst, 1976.

Kramer, M., Chamarro, I., Green, D. and Knudtson, F. Extra tactile stimulation of the premature infant. Nursing Research, 1975, 24: 324-333.

- Kratochvil, D., Carkhuff, R.R. and Berenson, B.G. Cumulative effects of parent and teacher-offered levels of facilitative conditions upon indexes of student physical, emotional and intellectual functioning. Journal of Educational Research, 1969, 63: 161-164.
- La Monica, E.L. Empathy training as a major thrust of a staff development program. Unpublished doctoral dissertation, University of Massachusetts, Amherst, 1975.
- La Monica, E.L. and Karshmer, J.F. Empathy: Educating nurses in professional practise. Journal of Nursing Education, 1978, 17: 3-11.
- Leininger, M. The phenomenon of caring. Caring: The essence and central focus of nursing, Part V. Nursing Research, Research reports, 1977, 12: 2 + 14.
- Lynch, J.J. The Broken Heart. New York: Basic Books, Inc., 1977.
- Lynch, J.J. The simple act of touching. Nursing 78, 1978, 8: 32-36.
- Martin, J.C. and Carkhuff, R.R. Changes in personality and interpersonal functioning of counselors-in-training. Journal of Clinical Psychology, 1968, 24: 109-110.
- Maslow, A.H. Motivation and Personality. New York: Harper, 1954.
- Mauksch, H.O. Introduction. In J.K. Skipper and R.C. Leonard (Eds.), Social Interaction and Patient Care. Philadelphia: J.B. Lippincott Company, 1965, pp. xi-xiv.
- McAllister, H.N. The implementation and evaluation of a training program in facilitative functioning for preservice teachers. Unpublished master's thesis, Simon Fraser University, 1978.
- McCorkle, R. Effects of touch on seriously ill patients. Nursing Research, 1974, 23: 125-132.
- McNemar, Q. Psychological Statistics, Third edition. New York: John Wiley and Sons, Inc., 1962.

- Melloh, R. Accurate empathy and counselor effectiveness. Unpublished doctoral dissertation, University of Florida, Gainesville, 1964.
- Munger, P., Myers, R. and Brown, D. Guidance institutes and the persistence of attitudes. Personnel and Guidance Journal, 1963, 41: 415-419.
- Orlando, I.J. The Dynamic Nurse-Patient Relationship. New York: G.P. Putnam's Sons, 1961.
- Payne, P.A., Weiss, D., Kapp, R.A. Didactic, experiential and modeling factors in the learning of empathy. Journal of Counseling Psychology, 1972, 19: 425-429.
- Peplau, H.E. Interpersonal Relations in Nursing. New York: G.P. Putnam's Sons, 1952.
- Perry, M.A. Modeling and instructions in training for counselor empathy. Journal of Counseling Psychology, 1975, 22: 173-179.
- Pierce, R.M. and Drasgow, J. Teaching facilitative interpersonal functioning to psychiatric patients. Journal of Counseling Psychology, 1969, 16: 295-298.
- Pierce, R., Carkhuff, R.R. and Berenson, B.G. The differential effects of high and low functioning counselors upon counselors-in-training. Journal of Clinical Psychology, 1967, 23: 212-215.
- Pullias, E.V. and Young, J.D. A Teacher is Many Things. Bloomington: Indiana University Press, 1968.
- Robinson, L. Psychiatric Nursing as a Human Experience. Philadelphia: W.B. Saunders, Co., 1972.
- Rogers, C.R. Client-Centred Therapy: Its Current Practise, Implication and Theory. Boston: Houghton Mifflin, 1951.
- Rogers, C.R. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21: 95-103.
- Rogers, C.R. On Becoming a Person. Boston: Houghton Mifflin Company, 1961.

- Rogers, C.R. The interpersonal relationship in the facilitation of learning. In D.L. Avila, A.W. Combs and W.W. Purkey (Eds.), The Helping Relationship Sourcebook. Boston: Allyn and Bacon, Inc., 1977, pp. 127-143.
- Rogers, C.R., Gendlin, E., Kiesler, D. and Truax, C. (Eds.), The Therapeutic Relationship and Its Impact: A Study of Psychotherapy with Schizophrenics. Madison, Wisconsin: University of Wisconsin Press, 1967.
- Skipper, J.K. Jr. and Leonard, R.C. Social Interaction and Patient Care. Philadelphia: J.B. Lippincott Co., 1965.
- Smith, D.M. Myth and method in nursing practise. American Journal of Nursing, 1964, 64: 68-72.
- Spaulding, R.L. Achievement, creativity and self concept correlates of teacher-pupil transactions in elementary schools. In C.B. Stendler (Ed.), Readings in Child Behavior and Development, Second edition. New York: Harcourt, Brace, 1964, pp. 313-318.
- Staines, J.W. The self-picture as a factor in the classroom. British Journal of Educational Psychology, 1958, 28: 97-111.
- Stone, G.L. and Vance, A. Instructions, modeling and rehearsal: Implications for training. Journal of Counseling Psychology, 1975, 22: 272-279.
- Taft, E. Ability to judge people. Psychological Bulletin, 1955, 52: 1-23.
- Tarasuk, M., Rhymes, J. and Leonard, R.C. An experimental test of the importance of communication skills for effective nursing. In J.K. Skipper and R.C. Leonard (Eds.), Social Interaction and Patient Care. Philadelphia: J.B. Lippincott Co., 1965, pp. 110-120.
- Truax, C.B. and Carkhuff, R.R. Toward Effective Counseling and Psychotherapy: Training and Practise. Chicago: Aldine Publishing Co., 1967.
- Truax, C.B. and Mitchell, K.M. Research on certain therapist interpersonal skills in relation to process and outcome. In A.E. Bergin and S.L. Garfield (Eds.), Handbook of Psychotherapy and Behavior Change. New York: John Wiley and Sons, Inc., 1971, pp. 299-344.

- Truax, C.B. et al. Therapeutic relationships provided by various professionals. Journal of Community Psychology, 1974, 2: 33-36.
- Tuckman, B.W. Conducting Educational Research, Second edition, New York: Harcourt, Brace, Javanovich Inc., 1978.
- Tyron, P.A. and Leonard, R.C. Giving the patient an active role. In J.K. Skipper and R.C. Leonard (Eds.), Social Interaction and Patient Care, Philadelphia: J.B. Lippincott Company, 1965, pp. 120-127.
- Van Kaam, A.L. Phenomenal analysis: Exemplified by a study of the experience of "Really feeling understood". Journal of Individual Psychology, 1959, 15: 66-72.
- Weiner, F.R. Professional consequences of the nurse's occupational status. American Journal of Nursing, 1951, 51: 614-617.
- Weiss, J. Effect of professional training and amount and accuracy of information on behavioral prediction. Journal of Consulting Psychology, 1963, 27: 257-262.