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LIFE STYLE ANALYSIS OF HOSPICE HOME CARE NURSES

*The University of Arizona*

PH.D.

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LIFE STYLE ANALYSIS OF HOSPICE  
HOME CARE NURSES

by

Georgia Bichekas

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A Dissertation Submitted to the Faculty of the  
DEPARTMENT OF COUNSELING AND GUIDANCE  
In Partial Fulfillment of the Requirements  
For the Degree of  
DOCTOR OF PHILOSOPHY  
In the Graduate College  
THE UNIVERSITY OF ARIZONA

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*Aye Bate*

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## ABSTRACT

The recent expansion of focus within medicine to include palliative care has created a new corps of professionals who fulfill a role that might be considered antithetical to their profession. This new medical role calls for individuals who have personality characteristics that will allow them to constantly face death. This study was concerned with examining, in Adlerian life style terms, the personality characteristics of one segment of that corps--the hospice home care nurse.

The subjects used in this study represent the population of nurses (N = 6) who provide the care within the framework of the home care program of Hillhaven Hospice of Tucson.

A structured interview was held by the researcher at which time the subjects responded to each of the items on the Life Style Interview Guide.

Three experts trained in Adlerian psychology and life style interpretation collectively analyzed each life style in order to arrive at a life style summary for each nurse as well as a composite summary.

The results of this study showed a high degree of similarity and consistency with regard to attitudes, personality characteristics and life style themes of the hospice home care nurses studied.

## CHAPTER 1

### INTRODUCTION

The progress of American medical practices can readily be appreciated as one observes the increase in life expectancy, the control of once fatal diseases and the decrease in infant mortality rates. The effect of this progress is that the cause of death, in many cases, is the result of previously obscure degenerative diseases that accompany the aging process. Many of these degenerative diseases have remained highly resistant to cure and consequently, have caused the medical profession to expand its focus to include palliative care.

The expansion of focus within medicine has created a whole new corps of professionals who fulfill a role that might be considered antithetical to that traditionally held by medical professionals. This new medical role calls for individuals who have personality characteristics that will allow them to constantly face death. This study will be concerned with examining, in Adlerian life style terms, the personality characteristics of one segment of that corps--The Hospice home care nurse.

### Historical Development of the Study

American medicine, much like other aspects of American culture, has its beginning in Britian and has evolved along a parallel course. The first medical practitioners, other than those who performed the medicine man/priest function in native American tribes, came to the North American Continent with the London Company Expeditions and settled in the marshlands of Virginia around 1607 (Marks and Beatty, 1973).

These medical practitioners, rather than being highly trained and educated as are their 20th century counterparts, learned their trade by serving apprenticeships in British hospitals. Such surgeons and barber-surgeons were willing to emigrate to the wilderness colonies where the upper class, university trained physicians were unwilling to go. As the colonies began to grow and expand, thus creating a demand for more and diverse medical care, apothecaries and midwives were introduced to the American medical scene.

Institutions designed specifically for the care of the sick did not appear until the 17th century. These institutions were an offshoot of the infirmaries that existed within the structure of the almshouses where care was provided by fellow paupers. It was not until 1751 that Philadelphia physicians established what might be considered an actual hospital, by current standards.

In the latter 17th century and early 18th century the training of American physicians began to move toward the level of sophistication enjoyed today. As physicians became better prepared it became more obvious that proper health care demanded a higher degree of expertise than was previously accepted, thus the birth of medical specialties (Marks and Beatty, 1973).

As medicine made its advances, so too, did the reputations of its practitioners. The demand for physicians and nurses caused an increase in the number of professional programs for the former and the establishment of programs for the latter.

Nurses had, historically, been poorly trained and viewed as not much more than servants in many instances. With the exception of the nursing practiced by religious orders, nursing was considered a less than respectable occupation for a woman to enter. As medicine increased in professionalism however, so too did nursing's image (Shryock, 1959).

With the advent of superior health care and new drugs came an extended life expectancy for Americans. With the extended life expectancy came an increase in degenerative diseases, the most baffling of which is cancer.

The increase in incidence of cancer has led to the development of a new medical speciality referred to as oncology. Oncologists along with researching possible, and as yet

elusive cures for cancer, involve themselves in diagnosis and treatment, endeavors which are frequently frustrated by the resistance of cancer to treatment and as a result, the high rate of mortality associated with cancer.

These frustrated efforts have resulted in physicians and nurses coming to view the death of their patients as personal failure. The objective of medicine has been to heal and when the medical profession is faced with being unable to meet that objective, it, as do most of us, tends to turn away from its failures. Consequently cancer patients often die in the cold, sterile, frequently lonely environment of a hospital or nursing home, without comfort of emotional support and adequate pain control (Rossman, 1977).

Great Britain, in 1960, having observed a similar phenomenon developed the hospice concept of providing palliative care to terminally ill patients. The hospice concept is based on providing quality of life for those being denied quantity. It includes pain control without disorientation, spiritual and emotional support for both patient and family, and bereavement support and counseling for surviving family members. In order to meet the objectives of hospice care, which includes allowing the patient to remain in familiar surroundings as long as possible or even until death, both inpatient and home care nursing services are made available (Rossman, 1977).

With Great Britain's hospice programs as a model, the United States began to implement hospice programs in the late 1960's. American hospice programs, like their British counterparts include the provision of nursing care either in the more traditional setting of an inpatient unit or through home care services provided by visiting nurses.

#### Derivation of the Problem

Rossman (1977) indicates that staffing patterns in a complete hospice program are designed to meet the needs of terminally ill patients and their families. In order to accomplish this a complete hospice program has provisions for either inpatient care or home care. The staffing of such a program is interdisciplinary in nature and focuses on a team approach. The total hospice team consists of physicians, nurses, social workers, a chaplain, director of volunteers, volunteers and a variety of consultants including psychiatrists, dietician, occupational therapist, physical therapist and pharmacologist. Other consultants may be utilized as needed.

The composition of a hospice staff is not dissimilar to that of an acute hospital or skilled nursing facility. The difference lies in that the emphasis of hospice care is palliative in nature rather than rehabilitative or health restoring. Even within the framework of palliative care the nurse's role as a care giver in the inpatient hospice unit

is, on the whole, traditional in nature. The nurse is expected to take care of the patient's physical needs, such as bathing, toileting, pain and symptom control and any other medical treatments prescribed by the patient's physician.

From a less traditional standpoint the hospice inpatient nurse is also expected to provide emotional support to patients and their families along with facilitating movement through the grief process and assisting in the completion of emotional unfinished business (Rossman, 1977).

The nurses who function within a hospice home care program find themselves acting more as a consultant than a provider of basic care. Generally, it is the family of the patient who act as primary care givers while the nurse visits the home periodically to offer advice, assistance, and emotional support to the patient and the family. Rossman (1977, pp. 165-166) offers the following description of how a home care nurse's role and function differs from that of an inpatient nurse.

. . .the home care nurse needs to be able to work independently and takes more individual responsibility, with, of course the team to back her up. She must carry more of the burden of assessment, defining the complex range of needs a particular patient and family may have, so as to set treatment priorities and limits to intervention. The hospice nurse needs to learn from visiting nurses and community nurses how to coordinate care, how to orchestrate other supporting services. The nurse must have patience not only to listen and to understand but also to be able to accept the peculiarities and problems of the patient; not only altered body images and disfigurement of patients but also family limitations and emotional needs. Whatever their deficiencies, patients and families must be treated as

adults, regardless of the mothering instincts and habits of a nurse. The nurse may find herself in many non-nursing roles, as she seeks to help members of the family communicate with one another and puts them in touch with various services to meet non-medical needs (Rossman, 1977, pp. 165-166).

Vachon (1978) addressed the question of what motivates an individual to work with the terminally ill and how such motivations may affect the amount of stress a staff member experiences. She makes a distinction between those individuals who choose to fight against death in a life threatening situation and "those whose major interest is care of the terminally ill where the goal is palliative care and a peaceful, hopefully meaningful death" (p. 114). In the case of the latter she suggests that there are six motivational categories (p. 115):

1. Accident, convenience or part of one's caseload.
2. A desire to do the "in thing" or to affiliate with a charismatic leader.
3. Intellectual appeal, that is the desire for control and mastery of illness, pain and death.
4. A sense of "calling" in religious or humanistic terms.
5. Previous personal experience either one's self or with one close to him or her.
6. The suspicion that one will someday develop the disease.

From a broader spectrum, Robson (1967) dealt with the sociological factors affecting the choice of nursing as a profession. His sample consisted of 2577 female high school juniors and first year nursing students. Among the factors examined by Robson were values, job perceptions and parental support and influence. Robson's results indicate that girls who chose to go into nursing value self-development and security along with the opportunity to work in a profession in which she can be of benefit to society. She is likely to evaluate herself as having the ability to remain calm in emotionally upsetting circumstances. Girls who find nursing an appealing occupation frequently perceived it as having the following positive characteristics (Robson, 1967, pp. 57-58):

1. It gives tremendous satisfaction knowing nurses are helping people,
2. It provides interesting and enjoyable relationships with other people,
3. It has more prestige than other occupations available to women, and
4. It provides the advantage of receiving training and pays adequate income.

According to Robson (1967) parental support and influence seems to be important in the lives of girls who chose nursing as a profession, especially the girls who had decided to become a nurse at an early age. These girls were

more likely to have been encouraged by their parents since an early age to become a nurse, i.e., parents encouraged them in play activities to model nursing behaviors.

An extensive review of the literature revealed a paucity of information regarding personality characteristics from a psychological standpoint, of nurses in general and hospice nurses in particular. This researcher could find no studies dealing with life style analysis of nurses.

Much of the literature in the area of death and dying concerns itself with the dying patient and his/her family. Literature that does focus specifically upon the care giver deals with issues like stress related to working with the dying, motivations to work in a hospice program and specific information on those who specialize in home care nursing.

Rossman (1977) has indicated that hospice nursing in general, and hospice home care nursing specifically requires an individual different in skills and attitudes than the nurse whose concern is healing. Skills are concrete and as such, have been identified and are taught in the professional schools. Attitudes, on the other hand, are intangibles and can't be taught because they reflect "the way one feels toward an individual or experience; it evolves out of one's past experience" (Hayden, Hannah and Cozart, 1966).

Life style analysis is a psychological investigation that looks at past childhood influences and experiences in order to determine how an individual has chosen to mold

him/herself. Its intent is to provide an understanding of the unique opinions and attitudes held with respect to self and the tasks of life. To have this understanding is to know the individual's prototype--the core of the personality.

The term life style has over the years, been subject to many definitions (Eckstein, Baruth and Mahrer, 1975). Among the definitions can be found references to socio-economic status, sexual preferences, and the unifying theme of an individual's life. Life style or the "style of life" was equated by Alfred Adler with the self or ego, individuality, creative activity, the method of solving problems, opinions about self, others and life in general--in short, a person's personality (Ansbacher and Ansbacher, 1967).

Adler contended that the occupation chosen by an individual is a reflection of that individual's life style. He further contended that an analysis of the individual's past experiences and early recollections would give clues to the reason for choosing a specific occupation (Ansbacher and Ansbacher, 1967). Studies conducted in the area of life style and occupational choice would tend to support these contentions. Attarian (1973) found that professionals trained in Adlerian psychology and the use of life style data, specifically early recollections, can determine the educational/vocational preferences of individuals.

Much of the research that has been done in the area of life style has focused on early recollections. Early

recollections are memories that are specific, distinctive and characteristic for each individual. These early recollections tend to reflect the core of an individual's personality and represent the perceptual framework from which an individual will interpret life's experiences.

This perceptual framework, or "schema of apperception", as it was referred to by Adler is developed during the first four to five years of life and is connected with the law of movement (Ansbacher and Ansbacher, 1967). This law of movement can be seen as a striving for perfection, completion, superiority, or evolution and is the result of the child's creative capacities for interpreting the environment and his or her place in it. Since the perceptual framework is the result of individual creative endeavors it is subject to the poetic license of the creating artist and, as such, not built of objective reality or facts. As Adler said, "A conception, a view of a fact is never the fact itself, and it is for this reason that human beings, all of whom live in the same world of facts, mold themselves differently" (Ansbacher and Ansbacher, 1963, p. 183).

#### Purpose of the Study

The purpose of the present study was to describe, in terms of life style, those individuals who choose to work as hospice home care nurses. There was no information in the

current literature that describes the personality characteristics of hospice nurses from an Adlerian, or any other, theoretical framework. This study was intended as a preliminary endeavor in filling this gap by describing the personalities of a group of hospice home care nurses.

The data presented is descriptive in nature and intended to be initial information from which further hypotheses regarding hospice care givers may be generated.

## CHAPTER 2

### METHODOLOGY

#### Definitions

The following are definitions of the terms used in this research.

Life Style--This term refers to an individual's unique characteristic outlook on self, life and others. This outlook determines how an individual will choose to move through life and relate to the environment and others.

Life Style Interview Guide--Refers to a series of questions designed to elicit an individual's perceptions of family constellation, i.e., birth order, the dynamic relationship between siblings and other members of the family group, rating of siblings with respect to certain characteristics, description of parents and family atmosphere and early recollections, i.e., a childhood memory of a specific happening.

Hospice--A program for providing palliative, i.e., non-curative, aimed at symptomatic control, treatment to terminally ill patients.

Home Care Nurse--A person licensed as a registered nurse who goes to the patient's place of residence to administer hospice care.

### Assumptions

Life style is representative of an individual's attitudes with respect to life, self and others. As noted by Adler (1969, p. 58), "The attitudes are an expression of that whole attitude to life which constitutes what we call the style of life."

An individual's chosen occupation is a reflection of life style and as such has been chosen because it re-enforces the individual's unconscious outlook on life and how best to move through it. According to Adler the whole style of life can be observed through the choice of occupation because it shows the main direction of striving and what is valued most in life (Ansbacher and Ansbacher, 1967).

Attarian (1973), in his study, found evidence to support the idea that early recollections do contain information which can be used to determine educational/vocational preferences.

The life style interview guide questions function as a projective instrument and, therefore, can be used to systematically reveal deep personality trends. This assumption tends to be supported by Lieberman's (1957) study which compared early recollections with a test battery composed of more traditional projective instruments. His results indicated significant similarity between the type of content obtained.

The group of hospice home care nurses utilized for this study are representative of the personality trends that would influence one to choose such an occupation. Thus they can provide an indication of a representative life style theme.

#### Sampling Procedures

The subjects used in this study were the registered nurses providing the care offered by the home care program of Hillhaven Hospice in Tucson, Arizona.

All of the nurses were utilized without regard for length of employment or type of nursing program completed, i.e., diploma or four year.

The nurses were contacted in person by the researcher and asked to voluntarily participate in the study. The nature of the study was described, as was the method of data gathering (See Appendix A). In order to avoid the possibility of prepared "socially acceptable" answers, the exact questions appearing on the Life Style Interview Guide were not disclosed prior to the life style interview.

There was total participation in the study, and these procedures resulted in an N of six which was the entire available population.

#### Data Collection

Each subject participated in a structured two to three hour interview conducted, in person, by the

researcher. During the interview subjects were asked to respond to the items on the Life Style Interview Guide represented in Appendix B.

Numbers were used to code the response sheets in order to preserve the anonymity of the subjects. All responses were taken with attention to detail. If a subject experienced difficulty in responding to an item, due to an expressed inability to recall, the subject was asked to imagine or fantasize how it might have been. This approach is justified in light of Adler's findings that memories are not so much factual but rather the result of an individual's creative activities, just as is imagination. As such, reports of how things "really" were are subject to subjective interpretation not unlike fantasy. Individuals responded to all items on the Life Style Interview Guide.

#### Analyzing Procedures

Three expert consultants were involved in interpreting the individual life styles in order to reach a life style summary for each home care nurse. Since the researcher has had opportunity to work with some of the subjects and form some opinions with regard to personalities, she was not involved in generating the life style summaries.

The three life style interpreters were asked to meet together and collectively analyze the life style data on each nurse. Once all of the individual life style summaries were

generated the interpreters then worked collectively in an effort to determine if there were some similar or unifying themes that pervaded the individual life styles. This was done in an attempt to describe, in terms of life style, the personality characteristics and attitudes of a hospice home care nurse.

This approach appears to be justified in light of the research by Ferguson (1964) and Magner-Harris, Riordan, Kern and Curlette (1979) who, in both cases, found a statistically significant degree of reliability among the clinical judgments of Adlerian practitioners in the interpretation of individual life styles.

The interpreters were asked to view the sections of the Life Style Interview Guide according to the following criteria (See Appendix C):

1. Family constellation information which was obtained in Part I, Sections A through D of the Life Style Interview Guide was integrated in an attempt to find themes or patterns in the central areas identified by Gushurst (1971, p. 31):

. . . a brief description of the individual's role within his family, his major areas of success and failure, the major influences which seem to have affected his decision to adopt the role he did; and perhaps also an inferential statement about his apparent major goals and/or conceptions of himself, others, life in general, or of some particular aspect of life such as sexuality, physical handicaps, religion and so forth.

2. Early recollections, Part II of the Life Style Interview Guide, were interpreted in order to determine the mistaken notions, reminders of limitations, overriding goals, present attitudes, in short, the characteristic outlook of each individual.

The information that resulted from viewing the Life Style Interview Guides in this manner was then compiled by the researcher and is offered in Chapter Three in the form of a case summary for each individual, and a composite case summary.

#### Limitations

In accomplishing this study there were several limitations which may have affected outcome and generalizability.

The sample used was not a random sample, but rather the total population of hospice home care nurses available in Tucson, Arizona. As such, the personality characteristics and attitudes revealed, must be confined to those home care nurses working in the Hillhaven Hospice of Tucson.

The individuals analyzing the life style data were aware of the occupation of the persons involved. The task at hand however, was not to measure the skill of the life style interpreters in determining occupations from life styles, but rather to get a picture of personality characteristics and attitudes that might draw an individual to this aspect of the death and dying field.

The final limitation is that no recommendations were made based on this study. It was not the intent of the researcher to draw definitive conclusions but rather to add information that was currently lacking within the existing body of literature on death and dying.

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## CHAPTER 3

### RESULTS AND DISCUSSION

#### Results

In this chapter completed life style summaries are offered for each individual hospice home care nurse. In addition, a group composite illustrating commonalities in life style themes, attitudes and personality characteristics is also presented.

The analysis presented by the life style summaries is based on the information obtained from each subject on the Life Style Interview Guide.

A discussion of the findings that may have had some effect on the subject's choice to work in the death and dying field is also presented.

#### I. Life Style Summary Number One

##### A. Individual's Role within the Family

Major interactions and competitions were with an open, loving, feeling, expressive male whom she saw as a "momma's boy" i.e., in possession of feminine characteristics.

Her way of interacting and being noticed was to choose characteristics such as, stubbornness, achieving, non-expressive closedness and lack of ability to relate to others.

B. Major Areas of Success and Failure

Major successes appear to lie in being competent, a high achiever, in possession of high standards, judgmental and critical of others. Success in these areas led to her failures in the areas of human relationships, openness to emotion, consideration of others and attempts at perfection.

C. Major Influences Regarding Role Adopted

Father, although he was intensely disliked, was seen as the model to emulate. He was viewed as the most powerful and as such in possession of a highly valued position--one she hoped to achieve.

Both mother and father by virtue of their lack of trust in people and inability to relate to people were instrumental in setting forth a mandate to remain closed and distant in relationships.

D. Inferential Statements Regarding Goal, View of Self, Others, Life

1. I must remain in control
2. I must be perfect--but I'm not
3. Imperfection is intolerable

4. There are absolute rights and wrongs and I'm the one who judges what they are
5. When life/others are not what I expect I have the right to get angry in order to intimidate it/them back into place
6. I must stay closed to people or I become vulnerable
7. Closeness to others and expression of emotion only can occur through tragedy and suffering
8. People and life are never quite what I expect--they are unpredictable and take me by surprise
9. I don't like surprises because I've lost control
10. Life is a surprise--death is predictable

E. Characteristic Outlook

Life is an unpredictable place where nobody, including me, measures up to expectations. I'm helpless to do anything except watch and insulate myself against the surprises others could spring if I let them get close enough to find my weaknesses.

## II. Life Style Summary Number Two

### A. Individual's Role within the Family

Major interactions and competitions were with an active, physical, competitive male who, although taller, stronger, and older could not do as well at masculine pursuits as she could. She chose male oriented behaviors such as, toughness, adventurousness and athletics as her way of interacting and being noticed. She also attached traditionally female characteristics i.e., best grades, conforming, sensitive, achieving, to herself which would tend to support her actual and psychological position of only child who had to fulfill the role of pleasing both parents.

### B. Major Areas of Success and Failure

Major successes appear to lie in being "daddy's girl" and a "good little man", presenting the facade of being tough, strong, and adventurous in order to obtain father's approval while actually being afraid and alone. In essence then her success is also her failure because although its important to be the perfect son for dad she can only pretend to do so while having to suffer the reality of being his imperfect daughter. Success is what she presented to the world, failure is what she really is.

C. Major Influences Regarding Role Adopted

Father was seen as the model to emulate. Mother, and as such, the female role was seen as negative and in many respects, shallow and critical. A dichotomy exists however because, although men are viewed as better than women, women get what they want by virtue of their ability to control and manipulate which in turn makes them significant and powerful.

D. Inferential Statement Regarding Goal, View of Self, Others, Life

1. I must remain in control
2. I will get what I want--even if it takes pleasing and manipulation
3. I must be perfect. However, I'm not
4. Imperfection is intolerable
5. Life consists of black and white--no shades of grey
6. Others are not worth much because they are unpredictable
7. People are dangerous, they'll let you down. Don't get close
8. I must work hard to please people only to end up disappointed--so I'll just pretend

9. I am the perfect pretender--people see what I want them to see not what really is
10. If people got to see what I'm really like they would leave me
11. I must appear strong and brave so others won't know I'm afraid
12. Life is like a shining apple rotten at the core--it's just a pretense
13. If life is a pretense--death is real

E. Characteristic Outlook

Life is supposed to be beautiful, but if you really knew, if you're not pretending you'll see life as it really is--rotten.

III. Life Style Summary Number Three

A. Individual's Role within the Family

Major interactions and competitions were with a patient, not popular, insecure, stubborn, non-scholarly and stingy sister who was considered "wierd."

B. Major Areas of Success and Failure

Major successes are accomplished by appearing to be all of the right things as modeled by mother. The failures lie in only appearing to be those things but still feeling like she is in a

position to make some judgments with respect to the significance and adequacy of others.

Success also occurs in the realm of apparent social interest however, since a major failing lies in the desire to present a facade to the world there is the potential of utilizing acts indicative of social interest as the building blocks of the facade.

C. Major Influences Regarding Role Adopted

Father acted as the greatest influence in the formation of the psychological set of oldest child because of the obvious degree of status awarded him within the family. On the other hand, the role portrayed by mother seemed more in keeping with the judgments of rightness and fairness made by the subject. As a result the model of father was internalized while the characteristics of mother were projected.

D. Inferential Statement Regarding Goal, View of Self, Others, Life

1. It is important for me to appear to be best
2. I am unique and special therefore the best
3. Others are less than I am and I have the right to tell them so

4. I despise the dull and routine preferring constant thrill and motion
5. I will manipulate life and others in order to fulfill my needs for thrill and motion
6. Life and others can only view me through my mask
7. Women are fun, creative, caring and show emotion
8. Men are not fun, creative, caring nor do they show emotion
9. Others, overall, are inferior and inadequate
10. My task in life is to fool as many people as I can
11. Life is a costume party--death is real
12. I have the best costume

E. Characteristic Outlook

The important exciting things in life are what I appear to be not what I am and it's thrilling to test whether others will find out who and what I really am.

IV. Life Style Summary Number Four

A. Individual's Role within the Family

Major interactions and competitions were with a traditional, narrow minded, perfectionistic,

angry and uncompassionate brother whose only positive characteristic seems to be that he is hard working.

She on the other hand is in possession of all the attributes one could possibly desire in order to achieve perfection. Even those attributes such as criticalness or a temper serve in good stead as she strives to be the perfect female as it was modeled for her.

B. Major Areas of Success and Failure

Her major successes lie in being perfect and in control of situations and people in order to maintain a powerful position. The failures lie in the fact that her sense of the dramatic has served to so overstate perfection, control and power that they become impossible to achieve and thus be good enough.

C. Major Influences Regarding Role Adopted

The relationship that exists between mother and father has served to illustrate the inequities in life. Men and women should exist cooperatively but men cannot be counted on to do and be what is needed consequently women must carry on for both. As a result women are more highly valued. Mother served to model power and

perfection while demonstrating that men are unnecessary. The subject chose to emulate this model in almost every respect.

D. Inferential Statement Regarding Goal, View of Self, Others, Life

1. Life is unpredictable therefore I must remain in control
2. I would be happy being a very important special person--but I can't be
3. I always compare myself to others and they win
4. I'm a failure because I can never achieve success as I define it
5. I am not as much of a woman as other women are
6. Women are scary but they are powerful and have the highest value
7. Women are the ones who give support
8. Men are just a necessary evil that can be used as playthings
9. Men are not what they should be
10. Men are dangerous because they'll trap you and then leave you
11. People are not to be trusted so I'd best not have any close relationships--especially with men

12. Life is an exciting drama/tragedy
13. Life is scary because everything is so big
14. Life is bigger than life--death is bigger than death

E. Characteristic Outlook

Life is really unfair and no matter how much I try and control what goes on it all is bigger than I am and ends up with my not being able to get or be what is good enough.

V. Life Style Summary Number Five

A. Individual's Role within the Family

Major interactions and competitions were with a cute, compliant, pleasing, "good" brother who was, as she saw it, pushed around.

She, on the other hand chose controlled volatility, inhibitedness, discipline, criticalness and being a loner as her way of interacting and being noticed.

In addition since women, specifically her mother, appeared to hold the most highly regarded position of power she chose to emulate the characteristics of that position by being dominating, critical, aspiring, controlling, verbal and emotional.

B. Major Areas of Success and Failure

Major successes lie in pleasing mother in as many ways as possible, primarily through modeling her behavior after mother's. In addition she succeeded in being the favorite of both parents. Her failures lie in being critical, judgmental, unable to express emotions, and using her temper to force others into compliance with her wishes. All of these failures result in being an unwilling loner who pushes people away.

C. Major Influences Regarding Role Adopted

Mother was seen as the model to emulate and as such served to play the prime role in influencing the role chosen by the subject. Mother was the important one in the household while dad was the nice guy ruled by mother.

D. Inferential Statement Regarding Goal, View of Self, Others, Life

1. I must control
2. The only emotion it's okay to express is anger and only when it's safe to do so
3. People love me when I care for them
4. I must face life alone because I won't let anyone close enough to help me and that makes me furious

5. Men are nice, sweet, fun but have a degree of badness
6. I have the right to judge right and wrong
7. Women are angry, critical and powerful and as such worth more than men
8. If life is too good there will be trouble
9. Even nice things are bad
10. Others can't be depended upon to help me
11. Life is frightening and lonesome--death is not
12. I am not only right I am very right

E. Characteristic Outlook

Life is scary when I can't control situations or the behavior of others.

VI. Life Style Summary Number Six

A. Individual's Role within the Family

Major interactions and competitions were with a sickly, slow, pampered, not popular younger brother who was, and still is, viewed as a burden and a responsibility because of the differentness created by a congenital problem.

She however, was proper, perfect, quiet, cute and a high achiever all of which led to a pampered, highly privileged place within the family.

B. Major Areas of Success and Failure

Major success lies in being liked by everybody and is accomplished by hiding behind the cuteness of her tiny size while weighing a situation in order to determine what kind of behavior will be necessary in order to be pleasing and thus accepted.

The major failure lies in an inability to pursue activities that would result in internal ego strength because that may result in making her different and thus unacceptable. Self image is based on the degree of acceptance forthcoming from others.

C. Major Influences Regarding Role Adopted

Grandmother was seen as the person to emulate because of the high degree of esteem and acceptance awarded to her. In addition grandmother displayed an ability to cope with being alone, a prospect that constantly plagues the subject because aloneness is equated with rejection and as such is cold, bleak and frightening.

The rigidity and criticalness of mother also contributed to the role of being perfect and pleasing because mother was seen as being the most powerful and in a position to reject that

which displeased her as exemplified by the act of dethroning the subject with someone who was smaller and weaker and thus in need of being more protected.

D. Inferential Statement Regarding Goal, View of Self, Others, Life

1. I must be perfect in order to please others
2. It is my task in life to please
3. Other's feelings are important--more so than mine
4. It is very important to be liked and accepted
5. Others could reject me and that's frightening
6. Men are the givers of happiness and support
7. Women are powerful and capable
8. Life could be a warm place when people are liking and including me
9. Life is cold and barren because people could reject me--death is warm because I can't be rejected anymore

E. Characteristic Outlook

Life is basically cold with only occasional warmth and I'd like to be different from what I am so I could better cope with the coldness.

I'm afraid to be different though because if I'm too different I may lose even the occasional warmth.

## VII. Composite Life Style Summary

- A. Individual's Role within the Family (Note: The roles listed below were adopted by four or more of the six subjects.)

All were oldest or only children as defined in Adlerian terms (4 years between siblings) who viewed any siblings in critical, denegrating terms.

They tended to find their place in the family by being critical, perfectionistic, high achievers, judgmental and in possession of tempers which they would utilize to achieve their ends.

- B. Major Areas of Success and Failures (Note: The areas of success and failure listed below were achieved by three or more of the subjects.)

All were successful in emulating that role model who appeared to be the most powerful and thus most highly valued.

The failures that ensued in emulating those models were having to suffer in the knowledge of

their imperfections, difficulty in forming close human relationships, emotional closedness and an apparently diminished sense of social interest.

C. Major Influences Regarding Role Adopted

In two cases mother presented the emulated role while father's role was adopted by three of the subjects. In one case grandmother was the person emulated.

D. Inferential Statement Regarding Goal, View of

Self, Others, Life (Note: Although the exact statements differed the themes contained in the statements offered below were consistent in three or more cases.)

1. I must remain in control of people and/or situations
2. I am always right
3. I have the right to judge others
4. I am allowed to use anger to force others into submission
5. Life is unpredictable
6. People are unpredictable/dangerous
7. Women are more important than men

E. Characteristic Outlook

Life is not what it appears to be or what I'd like it to be.

### Discussion

In addition to the information presented in the composite life style summary the life style interpreters observed some additional commonalities that merit discussion.

All of the subjects displayed the characteristic of internal inconsistency which the interpreters defined as the discrepancy between the individual's perception of the real self as opposed to the ideal self. This internal inconsistency results in life style responses that appear contradictory unless one observes the complete theme contained in the life style. Such observation and analysis leads to the conclusion that all the subjects are wrestling with the problem of unmet self ideals which prompts much of the characteristics and beliefs inherent in the life styles. In addition, one might conclude that the self ideal is enhanced by being the person that others rely upon as they go through a process that is foreign to them but familiar to the care giver.

Two other consistent elements found in the life styles are fear and confusion or unpredictability. It is the opinion of the life style interpreters and this researcher that the fear is born of the perceived unpredictability and prompts the subjects to attempt to control, or at least define parameters that will limit, unpredictability and

diminish that level of fear. It is speculated that the need to control unpredictability may be one influencing factor in having chosen to work with the dying. It is not inconceivable that one or more of the following rationales may have prompted the choice to work with dying patients. Those rationales are:

1. Working with dying patients is comfortable and non threatening because the outcome has been predetermined and as such is predictable.
2. Working with dying patients offers predictability because it allows one to control the apparently most unpredictable of all things--death.
3. Death can be controlled and made predictable by the care giver who knows the most about it and is relied upon in the dying process.

Working with dying patients also offers a safe opportunity for the subjects to enter into close human relationships with the patients. Analysis of the life styles will point out that human relationships and closeness are typically areas of failure for the subjects. There is very little chance of failing with dying patients because they are often seeking comfort and closeness and are apt to die before the subject reaches the stage that prompts failure.

In analyzing the life styles of the subjects the interpreters were "amazed" at the frequency with which the

trait of expressing feelings was mentioned as a way of describing individuals. The interpreters and the researcher feel that this would suggest that all the subjects have a common positive value attached to being able to express feelings even though, in many cases, this value is not fulfilled by the subject.

Each of the subjects' life styles exhibits the masculine protest to one degree or another. It was speculated that there may be a relationship between this and an absent or ineffectual father figure, a condition which was common to all the life styles. Neither the interpreters nor the researcher however, were able to determine what effect, if any, this might have on the choice to work with the dying.

The final characteristic that was noted in each life style was that of extremism. None of the subjects exhibited moderation in their views. The researcher finds herself speculating that there might well be a connection between being in possession of an extremist personality and choosing to function in a capacity that is antithetical to one's profession.

All in all the interpreters and the researcher concur that the choice of employment vicariously meets the life style needs of the subjects. It is not possible however, to determine how those needs are met since there are no positive or negative value judgments attached to life style. It would

be necessary to view how the subjects utilize their position in order to meet those life style needs. The crux of personality characteristics and life style lies in how a person chooses to use them and for what purpose--not just that they exist.

## CHAPTER 4

### SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

#### Summary

This study was designed to describe, in terms of life style, those individuals who choose to work as hospice home care nurses. There is currently a paucity of literature dealing with personality characteristics of the hospice care giver. This study is intended as a preliminary endeavor in filling this gap by describing the personalities of a group of hospice home care nurses.

The subjects used in this study represent the total population (N = 6) of nurses who provide the care offered by the home care program of the Hillhaven Hospice in Tucson, Arizona. Each subject was contacted and interviewed, in person, by the researcher. The subjects were asked, in a structured interview, to respond to each of the items on the Life Style Interview Guide.

Three experts trained in Adlerian Psychology and life style interpretation were given the task of collectively analyzing the life style of each individual subject in order to reach a life style summary for each subject. In addition, the interpreters examined each individual life style and

produced a composite life style summary that reflects the similarities and trends found in the individual life styles.

The results of this study showed a high degree of similarity and consistency with regard to attitudes, personality characteristics and life style themes of the hospice home care nurses studied.

### Implications

Although caution must be exercised in not generalizing beyond the sample utilized the results suggest that several implications could be considered.

The data indicate that, at least with this study population, hospice home care nurses do have common life style themes, attitudes and personality characteristics. There is an indication that life style themes and their accompanying attitudes and personality characteristics do have an effect in choice of occupation.

Another implication is that life style analysis can provide a framework for the systematic identification of attitudes and personality characteristics of care givers working in the area of death and dying.

There is some evidence to suggest that there may well be motivations other than those offered by Vachon (1978) that lead individuals to work with dying patients.

A high degree of interest in one's fellows is not a necessary concomitant to working as a care giver in a hospice setting.

Working in a hospice setting has the potential of meeting the life style needs of the care giver.

Finally, the data suggest that it is discouragement in life that may motivate one to choose to work in the area of death.

#### Recommendations

For others wishing to extend the findings of the present study the following modifications are recommended:

1. Provide a research design in which random sampling may be obtained, so that generalizations may be extended.
2. Conduct the research to include comparison groups from the following:
  - a. In-patient hospice nurses,
  - b. Other hospices both in this country and abroad,
  - c. Nurses from more traditional medical settings,  
and
  - d. Other disciplines found in the hospice setting.
3. Conduct a comparative life style analysis with nurses who have chosen to terminate their affiliation with hospice.

4. Conduct the research with a heterogeneous population that includes second, middle and youngest children as well as male nurses.
5. Conduct the research to measure the impact of occupational stress on individuals with differing life style themes.

It would appear that the approach used in this study has fulfilled the researchers purpose of adding to the body of death and dying literature information that is lacking regarding the hospice care giver. The researcher is also hopeful that the addition of this information will serve to spark further empirical research that will increase the understanding of human motivations that cause one to confront death and illness.

APPENDIX A

CONSENT FORM

I have been advised of the nature of this study and the information that will be obtained from the Life Style Interview Guide.

I have also been advised that the data collected in this study will be published in the form of a doctoral dissertation and possibly an article.

Being so advised I hereby agree to participate in the study entitled "Life Style Analysis of Hospice Home Care Nurses."

Signed \_\_\_\_\_

Date \_\_\_\_\_

APPENDIX B

LIFE STYLE INTERVIEW GUIDE



B. List the highest and the lowest siblings for each attribute, and if subject is at neither extreme, give his position as to similarity to either.

1. Intelligence
2. Hardest worker
3. Best grades in school
4. Helping around the house
5. Conforming
6. Rebellious
7. Trying to please
8. Critical of others
9. Considerateness
10. Selfishness
11. Having own way
12. Sensitive--easily hurt
13. Temper tantrum
14. Sense of humor
15. Idealistic
16. Materialistic
17. High standards (of achievement, behavior, morals, etc.)
18. Who was most athletic?
19. Who was strongest?
20. Who was tallest?
21. Who was prettiest?
22. Who had most friends? Relationship?
23. Most spoiled?
24. Most punished?  
How?  
Why?

## C. Sibling Interrelationship

1. Who took care of whom?
2. Who played with whom?
3. Who got along best with whom?
4. Which two fought and argued most?
5. Who was father's favorite?
6. Who was mother's favorite?

## D. Description of Parents

1. How old is father \_\_\_\_\_ mother \_\_\_\_\_
2. What kind of person is father?
3. What kind of person is mother?
4. Which of the children is most like father?  
In what way?
5. Which of the children is most like mother?  
In what way?

6. What kind of a relationship exists between father and mother?

a. Who made the decisions, etc.?

b. Did they agree or disagree on methods of raising children?

c. Did they quarrel openly?

About what?

How did these quarrels end?

d. How did you feel about these quarrels?

Whose side did you take?

7. Who was more ambitious for the children?

In what way?

8. Did any other person live with the family?

Describe them and your relationship to them.

## II. Early Recollections

APPENDIX C

LIFE STYLE INTERPRETATION PROTOCOL



## SELECTED BIBLIOGRAPHY

- Adler, A. The science of living. H. Ansbacher, Ed. Garden City, New Jersey: Doubleday, 1969. (Originally published 1929).
- \_\_\_\_\_. What life should mean to you. New York: Capricorn Books, 1931.
- \_\_\_\_\_. Significance of early recollections. International Journal of Individual Psychology, 1937, 3, 283-287.
- \_\_\_\_\_. Superiority and social interest. Evanston, Illinois: Northwestern Press, 1944.
- \_\_\_\_\_. Understanding human nature. New York: Premier Books, 1959.
- Angeli, N. The dark side of nursing: Special skills for special patients. Nursing Mirror, 1979, 148, 17-18.
- Ansbacher, H. and Ansbacher, R. The individual psychology of Alfred Adler. New York: Harper Torchbooks, 1967.
- Attarian, P. J. Early recollections: Predictors of vocational preference. Unpublished doctoral dissertation, The University of Arizona, 1973.
- Brodskyk, P. The diagnostic importance of early recollections. American Journal Psychotherapy, 1952, 6, 484-493.
- Bunch, B. and Zahra, D. Dealing with death: The unlearned role. American Journal of Nursing, 1976, 76, 1486-1488.
- Deni, L. Death and nursing care. Nursing Care, 1978, 11, 20-23.
- Dreikurs, R. The psychological interview in medicine. American Journal of Individual Psychology, 1952, 10, 99-122.
- Eckstein, D., Baruth, L. and Mahrer, D. Life style: What it is and how to do it. Dubuque, Iowa: Kendall Hunt, 1978.

- Ferguson, R. The use of early recollections for assessing life style and diagnosing psychopathology. Journal of Projective Techniques and Personality Assessment, 1964, 2, 403-412.
- Golub, S. and Reznikoff, M. Attitudes toward death: A comparison of nursing students and graduate nurses. Nursing Research, 1971, 20, 503-508.
- Gushurst, R. The technique, utility and validity of life style analysis. Counseling Psychologist, 1971, 3, 30-40.
- Hayden, L. K., Hannah, H. D. and Cozart, N. R. Attitudes in action. American Journal of Nursing, 1966, 66, 2693-2695.
- Holmes, P. Care of the dying. Two patients. Nursing Mirror, 1977, 145, ii-iv.
- Kahana, R., Weiland, I., Synder, B. and Rosenbaum, M. The value of early memories in psychotherapy. Psychiatrist Quarterly, 1953, 27, 73-82.
- Kerr, J. C. Dying in hospital. Cancer Nurse, 1978, 74, 17-19.
- Lamerton, R. Care of the dying. England: The Care and Welfare Library (no date given).
- Lester, D., Getty, C. and Kneisl, C. Attitudes of nursing students and nursing faculty toward death. Nursing Research, 1974, 23, 50-53.
- Lieberman, M. Childhood memories as a projective technique. Journal of Projective Techniques, 1957, 1, 32-36.
- Magner-Harris, J., Riordan, R., Kern, R. and Curlette, W. Reliability of life style interpretations. Journal of Individual Psychology, 1979, 35, 196-202.
- Marks, G. and Beatty, W. The story of medicine in America. New York: Charles Scribner's Sons, 1973.
- McNulty, B. St. Christopher's outpatients. American Journal of Nursing, 1971, 71, 2328-2330.
- Mosak, H. Early recollections as a projective technique. Journal of Projective Techniques, 1958, 22, 302-311.

- Newlin, N. and Wellisch, D. The oncology nurse: Life on an emotional roller coaster. Cancer Nursing, 1978, 447-449.
- Robson, R. Sociological factors affecting recruitment into the nursing profession. Ottawa, Canada: Queen's Printer and Controller of Stationary, 1967.
- Rossman, P. Hospice: Creating new models of care for the terminally ill. New York: Association Press, 1977.
- Rovinski, C. Hospice nursing: Intensive caring. Cancer Nurse, 1979, 2, 19-26.
- Sawyer, S. J. The visiting nurse staff and the psychosocial needs of the dying patient. Unpublished master's thesis, The University of Arizona, 1974.
- Shryock, R. H. The history of nursing. Philadelphia: W. B. Saunders, 1959.
- Strauss, A., Glaser, G. and Quint, J. Non-accountability of terminal care. Hospitals, 1964, 38, 73-87.
- Vachon, M. Motivation and stress experienced by staff working with the terminally ill. Death Education, 1978, 2, 113-122.
- Ward, B. Hospice and home care program. Nursing Outlook, 1978, 26, 646-649.
- Zorza, R. and Zorza, W. The care of the dying: A specialty. Nursing Times, 1978, 74, 436.