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AN INVESTIGATION OF BURNOUT IN NEW JERSEY STAFF NURSES:
THE EFFECTS OF FEAR OF SUCCESS IN NURSING
AND NARCISSISM

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Kathleen M. Burke

Date
In memory of my mother

Kathleen Joseph Carew Burke
ACKNOWLEDGMENTS

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CHAPTER I
THE RESEARCH PROBLEM

Introduction

Burnout has been identified as a significant issue since the 1970's. It is a syndrome of emotional exhaustion, depersonalization, and decreased personal accomplishment (Maslach, 1976, 1981, 1982; Maslach & Jackson, 1981) which is associated with stress (Harris, 1989). It occurs among nurses when coping mechanisms are ineffective in dealing with the stress of professional work (Harris, 1989). Burnout involves the development of negative job attitudes and perceptions, a poor professional self-concept, and the loss of empathic concern for the client served (Maslach, 1976, 1978, 1982; Maslach & Pines, 1977; Pines & Maslach, 1978). Researchers continue to discuss burnout in the nursing literature because of its reported association with a decline in quality care, interstaff conflicts, absenteeism, and job turnover (Gray-Toft & Anderson, 1981; Oehler & Davidson, 1992).

People differ in their vulnerability to stress and their effectiveness in coping with it. Researchers on stress and coping suggest that some personality traits...
moderate the occurrence of burnout (Cherniss, 1980) and may be significant predictors of burnout (Oehler, Davidson, Starr & Lee, 1991; Yasko, 1981, 1983). The success-fearing personality in nursing has been shown to be negatively related to feelings of accomplishment and attitude about nursing (Buscherhof, 1982, 1988; Buscherhof & Seymour, 1990; Wilson, 1985). Clinical traits associated with a success-fearing personality: a lack of self-confidence, depression, and frustration (Clance & Imes, 1978) are traits which have been associated with burnout (Gann, 1979; Heckman, 1980).

Narcissism has been suggested as a personality trait related to the protection of personal self-esteem (Raskin, Novacek & Hogan, 1991; Storolow, 1975). In narcissistic self-esteem management, grandiosity is used to protect the self from self-doubt and depression (Raskin, Novacek & Hogan, 1991), traits associated with burnout (Gann, 1979; Heckman, 1980). Grandiose self-images are reinforced by interpersonal strategies based on dominance, exhibitionism, self-sufficiency, authoritarianism, exploitativeness, entitlement, superiority, and vanity (Raskin, Novacek & Hogan, 1991). Such interpersonal strategies are related to a decrease in empathy (Biscardi & Schill, 1985) and negative correlations with tolerance and
considerateness (Biscardi, 1984), all of which match the characteristics of burnout (Maslach, 1978).

This researcher studied the relationship between success-fearing personality in nursing and burnout, and the relationship between narcissism and burnout in staff nurses.

The Problem

This researcher examined the relationship between success-fearing personality in nursing and burnout, and the relationships between narcissistic personality traits and burnout among staff nurses.

Definitions

Burnout is a syndrome of exhaustion, depersonalization and reduced personal accomplishment. It involves the development of negative job attitudes and perceptions, a poor professional self-concept, and the loss of empathetic concern for the client served (Maslach, 1976, 1978, 1982; Maslach & Pines, 1977; Pines & Maslach, 1978). It is defined by three aspects: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. It was measured by subscale scores on the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1986) which measures Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The
items in the Emotional Exhaustion subscale describe feelings of being emotionally overextended and exhausted by work. The items in the Depersonalization subscale describe an unfeeling and impersonal response toward recipients of care or service. The subscale of Personal Accomplishment contains items that describe feelings of competence and successful achievement in work with people.

Narcissism is a domain of self-development that describes diverse behavioral phenomena related to interpersonal relations, personal physical appearance, exhibitionism, and general feelings about the self (Raskin & Terry, 1988). The following dimensions of narcissistic personality traits are the seven subscales of the Narcissistic Personality Inventory. Authority is associated with a capacity for leadership, criticality in thinking, self-confidence, and a dominant and assertive personal presence. Self-sufficiency is related to the individual’s sense of independence, self-confidence, and need for achievement. Superiority is associated with the capacity for status and esteem. Vanity is defined by an emphasis on one’s regarding of herself or himself as physically attractive. These four dimensions relate to adaptive functioning (Raskin & Novacek, 1989) and the authentic narcissism defined by Ziffer (1990). The
remaining three dimensions relate to less adaptive functioning (Raskin & Novacek, 1989) or as Ziffer (1990) defines compensatory narcissism. Exhibitionism is characterized as sensation-seeking and lack of impulse control. Exploitativeness is associated with a lack of consideration and tolerance for others, rebelliousness, nonconformity, and hostility. Entitlement relates to the need for power, ambitiousness, dominance, hostility, and toughness.

Narcissism was defined by scores of the seven dimensions on the Narcissistic Personality Inventory (NPI) (Raskin & Terry, 1988). Staff Nurse is defined as a registered professional nurse working in the clinical area of an acute care hospital. Success-fearing Personality in Nursing is defined by those feelings and behaviors of an individual that indicate conflict about striving for achievement in nursing (Buscherhof, 1982). It consists of two aspects: the Imposter Syndrome and Reluctance to Assert Nursing Competence. It was measured by subscale scores on the Fear of Success in Nursing Scale (Buscherhof, 1982, 1988, 1990). Items on the Imposter Syndrome subscale describe feelings of being a fraud, as well as lack of confidence in professional competence. The subscale of Reluctance to Assert Competence is made up
of items that deal with willingness to be assertive, competent, competitive, and comfortable with leadership in nursing contexts.

Delimitations

The staff nurse participants in this study worked in the patient care setting with no middle or upper level management responsibilities. This condition minimized differences in practice related to organizational responsibilities (Schultz & Johnson, 1983).

The basic education of the staff nurse occurred in the United States, which served to minimize cultural differences in both the practice of nursing and styles of coping (Pines, Etzion & Kafry, 1981).

Theoretical Rationale

The rationale for linking the personality traits of success-fearing personality in nursing and narcissism to burnout among nurses is based on previous research and theories explaining individual career dissatisfaction. Burnout, a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 1976), is a particular way of coping with job-related stress which
emphasizes withdrawal, detachment, avoidance and lowering of goals (Cherniss, 1980).

People differ in their vulnerability to stress and in their coping effectiveness. Cherniss (1980), in investigating stress and coping, suggested that personality traits influence occurrence of burnout and others have found that these traits may be significant predictors of burnout, (Oehler et al., 1991; Yasko, 1983).

A particular source of stress is limited insight into unresolved, unconscious conflicts (Carroll & White, 1982). Individuals with a success-fearing personality have a strong desire for success which conflicts with an equally strong fear of competition and need for approval (Canavan-Gumpert, Garner, & Gumpert, 1978). Buscherhof (1982), in a study of 200 clinical nurse specialists, suggested that there may be unique aspects of the clinical environment which may arouse success fears among nurses. She found that success-fearing personality in nursing related significantly to the perceived professional accomplishments of nurses. The participants in her study had decreased feelings of professional accomplishment, made less money, were more reluctant to assert themselves, and had a more negative attitude about nursing than their nonsuccess-fearing colleagues.
These characteristics are significant in Buscherhof's population because clinical nurse specialists are those nurses who have completed advanced education, and they are considered by other nurses to be "professionally accomplished." Wilson (1985), in a study of 404 clinical nurse specialists, found an inverse relationship between success-fearing personality in nursing and self-perceived professional performance. These nurses demonstrated a lack of confidence in their professional competence despite their advanced education and position of accomplishment. These findings support the research of Clance and Imes (1978) in which the authors defined the imposter syndrome as the traits associated with the success fearing personality: a lack of self-confidence, depression, and frustration, which are also associated with burnout (Gann, 1979; Heckman, 1980).

Narcissism has been described as a trait related to the protection and regulation of self-esteem (Raskin, Novacek & Hogan, 1991; Storolow, 1975). When an individual's narcissistic personality traits are functioning appropriately, people feel better about themselves (Ziffer, 1990). In a study of 120 college students, Ziffer (1990) found that self-esteem related positively to four dimensions of narcissism: authority, self-sufficiency, superiority, and vanity.
Ziffer (1990) defined these four dimensions as authentic narcissism, which is an outgrowth of self-cohesion and buttresses positive feelings about the self. She found that these four measures of authentic narcissism related positively to global achievement motivation. This global achievement motivation may relate to the feeling of achievement expressed in the personal accomplishment subscale of burnout. In women, total narcissism scores correlated positively with self-confidence measures (Biscardi, 1984). This buttressing of positive feelings may moderate a nurse's perception of the stress within the work environment. Independent of self-esteem, total narcissism scores are also positively related to feelings of mastery (Ziffer, 1990) and feelings of social self-confidence (Biscardi & Schill, 1985), suggesting possibilities of a relationship between narcissism and personal accomplishment.

Another type of narcissism, maladaptive/compensatory narcissism, emerges for those individuals for whom the development of the narcissistic traits are not the result of positively based self-functioning but can be thought of as defensive narcissism (Raskin, Novacek & Hogan, 1991; Ziffer, 1990). This maladaptive/compensatory narcissism also plays a role in self-esteem management and is comprised of three
dimensions: entitlement, exhibitionism, and exploitativeness. In a study of college students, Ziffer (1990) found weak relationships between these three dimensions of narcissism and self-esteem, offering further empirical evidence of the different role played by these dimensions in self-esteem management. These three dimensions were also shown to be inversely correlated with mastery, suggesting the maladaptive potential of these dimensions.

Total narcissism scores have also been negatively related to empathy in a population of undergraduate men, specifically the tolerance and considerateness subscales of the Hogan Empathy Scale (Biscardi & Schill, 1985). Based on this result, the researchers suggest a relationship between narcissism and the depersonalization aspect of burnout which is defined as impersonal and unfeeling response toward recipients of care.

**Hypothesis**

There is a positive relationship between success fearing personality and burnout.

**Research Question**

How are the dimensions of narcissism related to burnout?
Need for the Study

In 1993, the American Association of Critical Care Nurses listed burnout as one of its top 25 priorities for Nursing Research (Lindquist, Banasik, Barnsteiner, Beecroft, Provost, Riegel, Sechrist, Strezelecki & Titler, 1993). This issue has become even more critical in the present health care environment, where nurses are experiencing the additional stresses of job insecurity, increased patient loads, salary decreases, and job cutbacks (Meissner & Carey, 1994). The burnout trend was confirmed by a study of middle and upper level health care managers, 73% of whom stated that the threat of burnout is greater today than it was 20 years ago (Nordhaus-Bike, 1995). Pines and Aronson (1981) described burnout as a syndrome of physical and emotional exhaustion involving the development of negative job attitudes and loss of concern and feelings for patients. It occurs as the result of the stressful demands of the health care environment (Cherniss, 1980; Maslach, 1976, 1982). Personality variables influence individual responses to stress (Johnson & Sarason, 1979). Many investigators of burnout have suggested that personality traits, such as anxiety, may be significant predictors of burnout (Cherniss, 1980; Oehler, et al., 1991; Yasko, 1983), yet there is little
empirical research on the relationship of personality variables and burnout.

A success-fearing personality in nursing has been shown to relate to a decrement in reported achievements and attitudes toward nursing (Buscherhof, 1982, 1988; Wilson, 1985). This reported decrement in achievement may relate to the lowered professional achievement of burnout. The imposter syndrome, a factor in fear of success in nursing, has been associated with depression and frustration, which are also associated with burnout (Gann, 1979; Heckman, 1980). Torres (1981) found that nurses with a success-fearing personality had an increased rate of job turnover, but that they tended to remain in the profession. In today's health care environment, there is less opportunity for job turnover. Stressed success-fearing nurses may be remaining at the "bedside" while demonstrating the behaviors of burnout. There is no reported research on the relationship of success-fearing personality in nursing and burnout.

Narcissism has been shown to be negatively related to empathy (Biscardi & Schill, 1985), social interest (Joubert, 1986), and tolerance (Biscardi & Schill, 1985). The relationships between these characteristics are suggestive of burnout. It has been suggested that narcissism is a strategy for the regulation of self-
esteem (Raskin, Novacek & Hogan, 1991; Ziffer, 1990), which may buttress stressors. A relationship between narcissism and burnout has not been reported.

This study adds to the burnout literature by examining personality factors that may be related to the development of burnout in nurses. It also adds to the literature about narcissism and its role in burnout.

The tool developed by Buscherhof (1982) to measure Fear of Success in Nursing has not been used in many reported nursing studies, and it needs further analysis, which this researcher provided. Data about the reliability of the NPI are also reported in this investigation.
CHAPTER II
REVIEW OF RELATED LITERATURE

The literature on burnout in nursing is reviewed. The relevant literature on success fearing personality in nursing is presented with an emphasis on the possible relationship to burnout. Then, the research on narcissism is presented with potential relationships to burnout described.

**Burnout**

Burnout is a response to the chronic strain of working with other human beings with physical, emotional, and psychological problems (Maslach, 1976). It is a manifestation of job stress which emphasizes withdrawal, detachment and lowering of personal goals (Cherniss, 1980; Maslach, 1982).

Pines and Aronson (1981) describe burnout relative to work as a syndrome of physical and emotional exhaustion involving the development of negative job attitudes and loss of concern and feeling for patients. They state that the basic components of burnout are physical, emotional and mental exhaustion. Low energy, chronic fatigue, weakness, and weariness are
characteristics of physical exhaustion. Emotional exhaustion encompasses feelings of depression, helplessness, hopelessness and entrapment. Negative attitudes toward oneself, work and life characterize mental exhaustion. Characteristics of mental exhaustion are detached concern for patients, intellectualization of stressful situations, compartmentalization, withdrawal from patients, and reliance on other staff members for advice, comfort, and a sense of diffusion of responsibility (Maslach & Pines, 1977; Pines & Aronson, 1981).

Das (1981), in a study of 424 registered nurses, found a relationship between the time worked and burnout as measured by the Maslach Burnout Inventory (MBI). Correlations were found among the numbers of hours worked in direct patient contact per week and burnout ($r = .09, p < .001$), in that the more hours worked, the higher the burnout. Correlations among the number of years worked and burnout ($r = -.32, p < .001$) showed that those nurses with fewer years in the profession experienced higher burnout.

In a study of 32 nurses (Pines, Etzion & Kafry, 1981), burnout as measured by the MBI was negatively associated with satisfaction with oneself ($r = -.48, p < .01$), satisfaction with life in general ($r = -.35, p < .01$), and satisfaction from work ($r = -.71, p <$

In a comparison of 352 American nurses and 169 Israeli nurses (Pines, Etzion & Kafry, 1981; Pines, Kafry & Etzion, 1980), Americans consistently showed more burnout. They attributed the higher burnout rates among Americans to cultural differences which were the result of different styles of coping. The Israelis were more active and direct, and the Americans more inactive and indirect. The investigators suggested that cultural norms in Israel encourage externalization of blame for personal failure whereas in the United States personal responsibility and accountability are emphasized (Pines & Kanner, 1982).

Paredes (1982) studied the relationship of psychological resources to stress and burnout in 98 hospital nurses. Psychological resources was defined as ego strength which consists of those personality assets which enable an individual to adapt to life's stresses and profit from support and psychological insight. Significant interactions among stress and psychological resources were found in the reduced personal accomplishment component of burnout ($R^2 = .03$, $p < .01$), suggesting that nurses under stress with a low ego strength reported less feelings of competence and successful achievement than nurses with higher ego.
strength. Nurses who reported higher levels of psychological resources also reported fewer negative feelings about their jobs.

Yasko (1981, 1983) studied burnout in 185 Master's prepared clinical nurse specialists. Burnout was measured using the Staff Burnout Scale for Health Professionals (Jones, 1980). The best predictors of burnout, as determined by a stepwise regression analysis, were dissatisfaction with the role, experiencing a high level of stress at work, feelings of apathy and withdrawal, and receiving inadequate support at work. These four variables accounted for 46.3% of the variance in burnout scores.

Hardiness was studied by Rich and Rich (1987) as a personality resource that could have a burnout moderating effect. Hardiness was defined as a personality disposition that functions as a moderator variable to mitigate the effects of stressful events. The results were that burnout and hardiness were inversely related ($r = -.39, p < .001$) in a sample of 100 staff nurses. Forty-one percent of the variation in burnout scores could be accounted for by low hardiness and younger age. A 2x2 analysis of variance demonstrated that the effects of personality and age in burnout appear to be independent and additive rather than interactive.
Oehler, Davidson, Starr and Lee (1991) surveyed 49 neonatal intensive care nurses using measures of job stress, burnout, anxiety, and social support. Job stress, trait anxiety and experience on the unit were significant predictors of emotional exhaustion and accounted for 51% of the total variance of the burnout scores. State anxiety was defined as the present level of anxiety, and trait anxiety was defined as the usual level of anxiety. Trait anxiety was positively related ($r = .49, p < .001$) to the emotional exhaustion subscale of burnout, whereas state anxiety was also related ($r = .48, p < .05$) to emotional exhaustion. Trait anxiety was negatively related to personal accomplishment ($r = -.21, p < .01$), and state anxiety was negatively related to personal accomplishment ($r = -.32, p < .01$).

Success-fearing Personality

Personality traits influence an individual’s response to stress. Many investigators have suggested that such personality traits as anxiety may be significant predictors of burnout (Cherniss, 1980; Oehler et al., 1991; Yasko, 1983). Cherniss (1980) defined neurotic anxiety, a constellation of traits that tend to occur together, as a potential predictor of burnout. Neurotically anxious individuals set
extremely high goals for themselves and punish themselves if they fail to achieve their goals. They also suffer because their goals and aspirations conflict with one another, and they are unable to resolve these conflicts (Cherniss, 1980). A strong desire for success conflicts with an equally strong fear of competition and need for approval.

In her germinal study of female fear of success, Horner (1968) initiated contemporary interest in the topic of success-fearing personalities. She stated that fear of success is "an internal representation of the dominant social stereotype which views competence, independence, competition, and intellectual achievement as incompatible with femininity even though positively related to masculinity and mental health" (p. 157). She tested her fear of success construct in relationship to achievement motivation and performance in competitive and noncompetitive situations. In the study of 178 undergraduate students, 62.2% of females wrote fear of success stories in response to the achievement cue, whereas only 9.1% of the male students wrote such stories.

In much of the research which followed Horner's work, investigators failed to replicate her findings (Alper, 1974; Tresemer, 1976; Zuckerman & Wheeler, 1975). Research in which Horner's construct was
employed has been questioned because of the low reliability of the TAT methods (.30 to .40) (Zuckerman & Wheeler, 1975). Horner also viewed fear of success as a unitary, stable personality characteristic which develops in response to internalized sex-role expectations about success. Later investigators define fear of success as a multidimensional motivational disposition, subject to modification by the situation (Condry & Dyer, 1976).

A broader definition of the fear of success can be found in the psychodynamic literature regarding the success-fearing personality. Canavan-Gumpert, Garner and Gumpert (1978) posited that fear of success is one motive within a constellation aroused in achievement situations. Pappo (1972) developed a scale to measure fear of success in an academic setting and defined six factors representative of the fear of success motive: a) negative affect directed toward success, b) repudiation of competence, c) sabotage of success, d) preoccupation with evaluation and competence, e) self-doubt and negative self-evaluation, and f) distractibility. Pappo found no differences on the mean scores on this fear of success scale between 115 men (38.5) and 170 (36.8) women college students. In this study, success-fearers were found to have higher anxiety interferences in a performance situation (F =
8.12, \( p < .05 \), to have more difficulty concentrating (\( F = 12.21, p < .001 \)), to have less self-assurance (\( F = 24.62, p < .001 \)), to have less attribution of their ability as responsible for performance (\( F = 17.99, p < .001 \)), to have higher concern with others' performances (\( F = 7.08, p < .01 \)), and to give less importance to doing well (\( F = 7.56, p < .01 \)).

Cohen (1974) expanded upon Pappo's (1972) work to theorize that fear of success was a generalized neurotic conflict about the expression of any achievement-striving and self-assertion. Cohen identified nine factors that were regarded as representative of fear of success: a) anxiety over expression of needs and preferences, b) reluctance to acknowledge personal competence, c) impaired concentration/distractibility, d) indecisiveness, e) fear of loss of control, f) illegitimacy of self-promoting behavior, g) anxiety over being the focus of attention, h) preoccupation with competition and evaluation, and i) preoccupation with the underplaying of effectiveness. There were no significant differences between 80 males (35.7) and 150 females (38.1) in mean scores. Under experimental conditions, 90 high school students were given several memory tasks under success feedback and no-success feedback conditions. High success-fearers had more difficulty
concentrating on the second task after success feedback ($f = 72.9$, $p < .001$), and they had a higher apprehension level after the success feedback ($f = 60.66$, $p < .001$). The high success-fearers also thought that they would be less likely to win the contest than their low fear of success peers ($f = 25.10$, $p < .001$). Cohen interpreted this last finding as a reflection of the tendency for success-fearers to avoid anxiety by exhibiting a lack of self-assurance.

Canavan-Gumpert et al. (1978) tested the assumptions of both Pappo's (1972) and Cohen's (1974) work with 1300 fourth, fifth, and sixth grade children and found results similar to Cohen. Subjects high in fear of success expressed more worry ($f = 11.74$, $p < .01$), less confidence in improvement ($f = 5.11$, $p < .05$), more competition anxiety ($f = 9.14$, $p < .001$), and less self-assurance ($f = 5.41$, $p < .05$). In a sample ($N = 419$) of college students, Canavan-Gumpert et al. (1978) collected a variety of demographic and descriptive data to clarify the characteristics of success-fearing behavior. The data showed distinct differences in behavior correlated with success fearers which were: a) significantly more self-sabotage, including procrastination, more variability in performance, and undermining honor point acquisition; b) more thoughts of dropping out or had switched
majors; c) fewer self-reported competencies; and d) success fearers listed more derogatory activities when asked to list their skills (Canavan-Gumpert et al., 1978).

A test of this psychodynamic interpretation of the success-fearing personality was carried out with 250 female nurses (Torres, 1981). In a path analysis, with fear of success, four variables were significant: intrapsychic conflicts in nursing (0.64, $p = .000$); level of nursing performance ($-0.50, p = .001$); management behaviors (0.53, $p = .000$), and mentoring ($-0.28, p = .05$). These success-fearing nurses reported more conflicts about their commitment to nursing, a poor overall performance on the job, management behaviors that are high in structure, and few mentors.

Buscherhof (1982) investigated specific Fear of Success in Nursing behaviors in her study of 200 female Master’s prepared nurses. Using a scale that measured Fear of Success in Nursing, she found a strong relationship between professional achievements and fear of success. The first factor in her Fear of Success in Nursing Scale, Reluctance to Assert Nursing Competence, demonstrated a highly significant ($p < .001$) relationship to all three outcome measures of
achievement. Nurses who had difficulty asserting their competence in nursing situations earned less money (-.38), saw their achievements as lower (-.26), and had less scholarly productivity (-.33) than colleagues who were more comfortable with their competence. The second factor, Concern over Evaluation by Authority, was significantly and negatively related to salary level (-.16, p < .05). The presence of a success-fearing personality was negatively related to salary (-.21, p < .01) and self-perceived achievement (-.15, p < .01) and positively related to a Reluctance to Assert Nursing Competence (.20, p < .01), to an increase in Concern over Evaluation by Authority (.47, p < .001), to Self-consciousness over Commendation (.44, p < .001) and to Feelings of Being an "Imposter" (.24, p < .001).

Wilson (1985), in a study of 404 female Clinical Nurse Specialists, found an inverse relationship of fear of success in nursing and professional performance (r = -.46, p < .001). Fear of success in nursing accounted for 21% of the variance (p < .001) in professional performance. Need for achievement, in combination with fear of success in nursing, explained 25.6% of the variance in professional performance (r = .51, p < .001). Fear of success in nursing was also related to role conflict among the Clinical Nurse Specialists (r = .12, p < .01).
Buscherhof (1988), in a study of predictors of success in nursing, questioned 722 nurses. Fear of success in nursing, as measured by her Fear of Success in Nursing scale, was negatively correlated (-.21, p < .001) with the self-perceived success of the sample. The presence of a success-fearing personality, as measured by Cohen's (1974) scale, also contributed negatively (-.07, p < .001) to the self perceived success. The fear of success in nursing was also negatively related to such externally measured success factors as publications and salary (-.22, p < .001), as was the presence of a success fearing personality (-.10, p < .001). It is interesting that both fear of success as a personality construct and fear of success as manifested by attitudes and behaviors in the professional nursing setting negatively influence both self perceived and external success in nursing in significant ways.

Narcissism

According to mythology, Narcissus was a beautiful boy loved by many nymphs. Narcissus rejected their love and was subsequently punished by the gods for his treatment of the nymphs. This punishment resulted in his falling in love but being denied its consummation. He then fell in love with his own reflection in a
spring. Each time he reached out to touch his reflection, the image would shatter. He ultimately killed himself, leaving in his place at the spring a flowering plant. From this myth one might infer that a narcissistic individual would have a host of negative qualities, including vanity, pre-occupation, and careless indifference to others. As a consequence of this myth, narcissism is often used as a negative word, and to this day a debate regarding the negative and positive terminology of narcissism flourishes (Kernberg, 1975, 1980; Kohut, 1971; 1977; 1984).

Narcissism refers to a part of self development that is seen as both pathological (Kernberg, 1975) and normal (Kohut, 1977). Kernberg (1975) sees it as a defense against a view of the world that is frightening and cold, whereas Kohut (1971, 1977) believes it is a part of normal development. There is a growing opinion that narcissism exists on a continuum from a non-pathological personality style or trait (Emmons, 1987; Raskin & Hall, 1979; Watson, Taylor & Morris, 1987) to a pathological psychiatric diagnosis (DSM IV, American Psychiatric Association, 1994). Stolorow (1975) defines narcissism as a “mental activity [whose] function [it] is to maintain the structural cohesiveness, temporal stability and positive affective colouring of the self representation” (p. 179). This
definition does not claim that narcissism is unhealthy. It has been defined by Raskin and Terry (1988) as a construct that describes diverse yet interdependent mental and behavioral phenomena related to interpersonal relations, personal physical appearance, exhibitionism, and general feelings about the self.

In recent empirical investigations, specific dimensions of narcissistic personality traits have been identified (Emmons, 1984; Raskin & Terry, 1988) and incorporated in the development of The Narcissistic Personality Inventory (NPI) (Raskin & Terry, 1988). Raskin and Novacek (1989) summarize studies conducted with nonclinical samples of 230 college students, and they outline the profile of an individual with the following characteristics: highly competitive, assertive, unempathic, aggressive, exhibitionistic, achievement-oriented, self-focused, manipulative, highly energetic, extroverted, experience-seeking, prone to boredom, self-confident, and having high self-esteem. They add to this list other traits, such as infantile qualities, a demand for attention, fickleness, unreliability in self-appraisal, and grandiose boastfulness.

In the development of the NPI, Raskin and Terry (1988) identify seven components of the narcissistic personality: entitlement, exploitativeness,
exhibitionism, authority, self-sufficiency, superiority, and vanity. A correlational analysis of the seven factor components of the NPI and the Minnesota Multiphasic Inventory suggested that the seven NPI components reflect different levels of psychological adjustment. The seven components were correlated with the MMPI scale for General Maladjustment, and the NPI Exploitativeness ($r = .20$, $p < .01$), Entitlement ($r = .19$, $p < .01$), and Exhibitionism ($r = .16$, $p < .05$) were positively related to General Maladjustment. A further measure of support for the different levels of maladjustment reflected by components of the NPI was obtained by calculating the ratio of significant correlations with MMPI indicators for each of the seven components. The calculations produced the following maladjustment index: Entitlement (89%), Exhibitionism (81%), Exploitativeness (77%), Superiority (50%), Vanity (40%), Self-sufficiency (38%), and Authority (29%). To validate this index, 11 psychologists were asked to rank order the seven NPI components on a continuum of maladjustment. The following rank ordering from greatest to least maladjustment was produced: Exploitativeness, Entitlement, Exhibitionism, Superiority, Vanity, Self-sufficiency, and Authority. The interjudge reliability for the NPI component
maladjustment rankings was alpha = .95. The Spearman rank order correlation between the judged rank ordering for the NPI component maladjustment and the empirically derived rank ordering for the NPI component maladjustment was .89. According to Raskin and Novacek (1989), these data show that the NPI Authority, Self-sufficiency, Superiority and Vanity components reflect narcissistic themes that have less potential for psychological maladjustment than do the Exploitativeness, Entitlement, and Exhibitionism components.

In a study of 120 college students, Ziffer (1990) studied the relationship between narcissism and achievement motivation. She studied the relationships between the various dimensions of narcissism as defined by Raskin and Terry (1988) and four aspects of achievement motivation: global achievement motivation, work, mastery, and competitiveness. The results of her analysis were that although narcissism had significant zero order correlations with global achievement motivation, mastery and competitiveness, once self-esteem was partialled out of the relation, narcissism related significantly only to the competitiveness factor of achievement motivation. Narcissism was moderately related (.32, p < .001) to self-esteem, suggesting support for Storolow's (1975) opinion that
narcissism relates to the protection of the individual's sense of self-esteem. Ziffer (1990) argued that because self-esteem is considered an affirmative trait, its positive relation to all narcissism dimensions supports the position that narcissism is firmly based in positive self development. Based on the different pattern of correlations between narcissism and self esteem, Ziffer (1990) believed that two general dimensions of narcissism emerged: authentic narcissism and compensatory narcissism. Authentic narcissism relates to the four dimensions most strongly correlated with self-esteem: authority (.46, p < .001), self-sufficiency (.40, p < .001), superiority (.44, p < .001), and vanity (.40, p < .001). She felt that authentic narcissism "is an outgrowth of, and works to maintain self-cohesion and buttress positive feelings about the self" (p. 95). Compensatory narcissism emerged for "those individuals for whom the development of the narcissistic sector is not a result of proactive or positively-based self-functioning but can be thought of as defensive narcissism" (p. 96). These compensatory aspects of narcissism: entitlement (.25, p < .01), exhibitionism (.22, p < .01), and exploitativeness (.22, p < .01) correlated less strongly with self-esteem than the authentic aspects.
In 1991, Raskin, Novacek and Hogan investigated the relationships among narcissism, self-esteem, and defensive self-enhancement in 481 undergraduate students. They suggested a model of self-esteem management in which grandiosity is used to protect the self from self-doubt and depression. Grandiose self-images are reinforced by interpersonal strategies that are based on dominance, exhibitionism, self-sufficiency, authoritarianism, exploitativeness, entitlement, superiority, and vanity (Raskin & Terry, 1988). When successful, it was suggested that this configuration promotes self-esteem, and when unsuccessful it gives way to self-doubt. Based on their analysis, they showed that the total indirect influences between hostility and self-esteem by means of grandiosity, dominance, and narcissism are positive and substantial (.304, .465, and .314, respectively). From this conclusion, one can infer that narcissistic behaviors are defenses against, or defensive expression of threatening emotions such as anxiety and fear.

There is a relationship between occupational groups and narcissism. Miller, Smith, Wilkinson and Tobacyk (1987) studied the relationship between the NPI and social interest among counselors in training. This social category of occupational groups was chosen because they assumed that counselors would be more
empathetic and concerned with the welfare of others than other occupations; these qualities seemed to be in opposition to qualities possessed by narcissistic individuals. Based on the results, the researchers indicated a negative correlation between narcissism and social interest ($r = -.28, p < .01$). Results from a study by Joubert (1986) were similar. Joubert related narcissism as measured by the NPI to social interest as measured by the Social Interest Scale in a group of college students. There was a significant negative correlation ($r = -.431, p < .01$) indicating that those individuals high in narcissism seemed to have less social interest. This negative relation to social interest may be similar to the depersonalization component of burnout. Ziffer (1990) also found that college students with an vocational preference of dealing with groups reported lower narcissism scores than did other students, suggesting a difference in the narcissistic tendencies among occupational groups.

In a study of 97 undergraduate men, Biscardi and Schill (1985) found a significant correlation between narcissism and the Hogan Empathy Scale. Narcissism was negatively related to the Tolerance and Considerateness subscale ($r = -.29$). Higher narcissism scores were positively associated with the defensive behaviors of Turning Against Object ($r = .36$) and Projection ($r =
.27) as measured by the Defense Mechanisms Inventory (Gleser & Ihilevich, 1969), suggesting a positive relationship between the expression of aggression and narcissism. From these findings, one can infer a relationship between narcissism and the lack of empathic feelings reported for the depersonalization aspect of burnout. There was a positive correlation ($r = .21$) with female narcissism scores and self-confidence (Biscardi, 1984), suggesting a narcissistic regulation of self-esteem in females.
CHAPTER III
THE RESEARCH METHOD

Design
A descriptive correlational design was used to investigate the relationship of success-fearing personality and burnout, and narcissism and burnout. Success-fearing personality was measured by scores on two of the subscales of the Fear of Success in Nursing Tool (Buscherhof, 1982, 1988). Narcissism was measured by the seven subscale scores on the Narcissistic Personality Inventory (Raskin & Terry, 1988). Burnout was measured by the three subscale scores of the Maslach Burnout Inventory (Maslach & Jackson, 1986).

The Sample
The sample for this study was comprised of 192 staff nurses employed at three community hospitals in northern New Jersey. Each hospital was approximately the same size, composed of 350 beds. The three community hospitals were informally affiliated at the time of the study, with formal merger plans in the future. The governance of the hospitals was similar.
The sample size of 192, in a study with 12 variables, was calculated to be sufficient to detect a medium effect size with a power of .80 at the .05 level of significance (Cohen, 1988).

Data Collection

The researcher contacted the Vice President of Patient Care at the corporate level of the three hospitals to gain permission to conduct the study. Human Subjects review was not required by any of the hospitals. The proposed study was reviewed by the NYU Committee for Protection of Human Subjects. A contact person at each institution was designated by the Vice President of Patient Care. Through the contact person, meetings were arranged between the patient care managers and the researcher. The researcher met with the patient care managers responsible for the patient care units at each hospital. The purpose of the researcher was explained to the patient care managers during their scheduled weekly meeting, who then distributed the questionnaires to their staff nurses. The researcher and the patient care managers scheduled times to meet with staff nurses on all three shifts to explain the purpose of the study. The researcher met with the patient care managers one week after the distribution of the questionnaires to answer any
questions and to follow up on the return of the questionnaires. To maximize return of the completed questionnaires, a follow-up postcard (Appendix C) was sent to the patient care managers two weeks after the distribution of the questionnaires. The questionnaires were returned by the staff nurses to the patient care managers, who then returned them to the researcher. Four hundred and thirty questionnaire booklets were distributed.

Placement of the instruments in the questionnaire booklet was alternated equally to control for order effect (Borg & Gall, 1983). The demographic questionnaire (Appendix F) was placed at the end of the booklet.

The cover letter (Appendix A) addressed the purpose of the study, the importance of each individual's response, the confidentiality of the responses, and the opportunity for the participants to receive a summary of the study findings. A statement of consent (Appendix B) was placed at the beginning of the booklet. Participants indicated their consent by responding to the items and returning the booklet. Individuals who were interested in receiving a summary of the study results were instructed to write their name on the back of the return envelope. The researcher separated the envelopes from the
questionnaires to maintain confidentiality of the responses. Of the 430 questionnaire booklets distributed, 235 were returned to the researcher for a 54% response rate. Of those returned, 192, or 45% of the original population, were complete and met the criteria for inclusion in this study. Nurses with supervisory experience or experience at the leadership level were excluded from the study. Nurses who received their nursing education outside of the United States were also excluded from the study.

**Instruments**

**The Maslach Burnout Inventory**

The Maslach Burnout Inventory (MBI) (Appendix D) was designed to measure three hypothesized aspects of the burnout syndrome. The three aspects: Emotional Exhaustion, Depersonalization, and Personal Accomplishment form the three subscales of the MBI. A high degree of burnout is reflected by high scores on Emotional Exhaustion and Depersonalization and low scores on Personal Accomplishment. A moderate degree of burnout is defined as moderate scores on the three subscales. A low degree of burnout is defined as low scores on Emotional Exhaustion and Depersonalization, and high scores on Personal Accomplishment.
Initially, a preliminary form was administered to 605 people employed in human service occupations which had demonstrated to have high potential for burnout (Maslach, 1976, 1978). Data from this sample were subjected to factor analysis, and ten factors accounted for three fourths of the variance. A subsequent 21 item form was developed and administered to 420 people (Maslach, 1976, 1978). Using these two data sets (N = 1025), a factor analysis yielded the three factors that are the subscales or the MBI: Emotional Exhaustion, Depersonalization, and Personal Accomplishment.

The MBI is a self-administered test consisting of 22 Likert type items in the three subscales which comprise the three aspects of the burnout syndrome as defined by Maslach (1976, 1978). The Emotional Exhaustion subscale measures emotional overextension related to work. The Depersonalization subscale measures the impersonal response toward the recipients of one’s work. The Personal Accomplishment subscale assesses feelings of competence and achievement in work. The score for each subscale is considered separately.

Internal consistency estimates by Cronbach’s alpha for frequency scores had the following results: .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment (Maslach & Jackson,
1981). The test/retest reliability coefficients for the frequency subscales were .82 for Emotional Exhaustion, .60 for Depersonalization, and .80 for Personal Accomplishment (Maslach & Jackson, 1981). These data were obtained from a sample of graduate students in health care and health care administrators ($N = 53$).

External validation of the MBI was completed by mental health care workers who were asked to provide anonymous behavior evaluations of a co-worker who had completed the MBI ($N = 40$). Validation of the Emotional Exhaustion and Depersonalization subscales was based on the correlation of how "drained" the individual was, how the individual related to clients, and their scores on the subscale. Individuals who were rated by their colleagues as being "drained" by their work scored higher on the emotional exhaustion ($r = .41$) and on the depersonalization ($r = .57$) subscales. Colleagues who were evaluated as "appearing physically fatigued" were positively associated with greater emotional exhaustion ($r = .42$). Correlations were also found between the "frequency of complaints" about clients and the depersonalization subscale score ($r = .33$) (Maslach & Jackson, 1981).

Discriminant validity of the MBI was obtained by reviewing it in relation to psychological constructs.
that were presumed to have a relation to burnout. A comparison of scores on the MBI and the general job satisfaction measure of the Job Diagnostic Survey (Hackman & Oldman, 1975) showed that job satisfaction had a moderate negative correlation with both the emotional exhaustion ($r = -.23$) and the depersonalization ($r = -.22$) subscales and a positive correlation with the personal accomplishment subscale ($r = .17$). These correlations are not high, and less than six percent of the variance was accounted for between scales. Burnout is related to lowered feelings of job satisfaction but is considered an independent construct (Maslach & Jackson, 1981).

In this study, the internal consistency of the Maslach Burnout Inventory was assessed by examining each of the three subscales. Alpha coefficients for the subscales were as follows: emotional exhaustion, .89; depersonalization, .73; and personal accomplishment, .71. These results are similar to those reported by Maslach and Jackson (1986).

Table 1 presents the intercorrelation matrix for the subscales of burnout in this population. The intercorrelation between the depersonalization subscale to the emotional exhaustion subscale is moderate (.64), suggesting some similarities in the measures.
Table 1

Correlations among three burn-out variables
(N = 192)

<table>
<thead>
<tr>
<th></th>
<th>EE</th>
<th>DP</th>
<th>PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE</td>
<td>---</td>
<td>.64*</td>
<td>---</td>
</tr>
<tr>
<td>DP</td>
<td>.64*</td>
<td>---</td>
<td>.47*</td>
</tr>
<tr>
<td>PA</td>
<td>-.42*</td>
<td>-.47*</td>
<td>---</td>
</tr>
</tbody>
</table>

*p < .01

Fear of Success in Nursing

Individual differences in fear of success in nursing were measured by the Fear of Success in Nursing Scale (Buscherhof, 1982, 1988) (Appendix D). This is a 13-item 4-point Likert scale that identifies success fearing attitudes and behaviors which might arise in the context of nursing achievement. Items on this scale were derived from the theoretical formulations and research concerning the success fearing personality (Canavan-Gumpert et al., 1978).

Items on this scale are believed to test facets of fear of success in nursing including a willingness to openly admit nursing competence, assertion of leadership, self-sabotaging behaviors, and feelings of...
being an imposter (Buscherhof, 1982). Original factor analysis of the instrument revealed four factors inherent in the Fear of Success in Nursing Scale: reluctance to assert nursing competence, concern over evaluation by authority, self consciousness over commendation, and the imposter syndrome (Buscherhof, 1982). These factors correspond to the factors identified by Cohen (1974) and Canavan-Gumpert et al. (1978). Further factor analysis (Buscherhof, 1988; Wilson, 1985) revealed a three factor structure: self consciousness over commendation, reluctance to assert nursing competence, and the imposter syndrome.

Prior to the analysis of the hypothesis, a principal components factor analysis with varimax rotation was performed by this researcher because of the limited use of this instrument. The goal of the factor analysis was to verify the structure reported by Buscherhof (1982, 1988). The 20 item, 3 factor scale reported by Buscherhof (1988) and Wilson (1985) was first analyzed. Items 20, 18, and 1 did not load on the same factors as reported by Buscherhof (1988) and Wilson (1985). These items were eliminated and the scale was reduced to 17 items and re-analyzed. Factor three, self consciousness over commendation had a low eigenvalue (.78). Using the criterion for the rotation eigenvalue of 1.0 or better (Tabachnick & Fidell,
1989), this factor was eliminated. The 17 item scale was then re-analyzed as a two factor scale. Items 7, 8, 9, and 16 were low loading, not meeting the minimum loading of .30 (Tabachnick & Fidell, 1989), and therefore eliminated. The scale was now reduced to 13 items and 2 factors. All 13 items loaded on one of the two factors with a minimum loading of .30 or better (Table 2). The items on each subscale loaded on similar factors as reported by Buscherhof (1988). The two factors that were replicated in this study were: imposter syndrome, and the reluctance to assert nursing competence. The inability to replicate the three factor scale of Buscherhof (1988) is seen as a limitation of this study.

Scoring is based on reversing the direction of all items toward fear of success in nursing, and then determining a total score for each participant. Total scores are obtained by summing across the value of the response to each item, resulting in a score range of 13 to 52. The assumption was made that each item was weighed equally and that there was equal distance between each number in the scale (Buscherhof, 1982). Each of the factors was scored individually.

Overall reliability of the scale was tested on a sample of 209 Masters' prepared nurses and found to
Table 2

Factor loadings for two fear of success in nursing factors

(N = 192)

<table>
<thead>
<tr>
<th>Item</th>
<th>F1</th>
<th>F2</th>
<th>Item content</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>.35</td>
<td>-.21</td>
<td>I feel uptight asserting myself with physicians, even if I know I’m right</td>
</tr>
<tr>
<td>5</td>
<td>.55</td>
<td>-.03</td>
<td>When I receive a good work evaluation, I secretly feel like an &quot;imposter&quot;; if people really knew me, they wouldn’t evaluate me so highly</td>
</tr>
<tr>
<td>11</td>
<td>-.34</td>
<td>.01</td>
<td>Overall, I’m quite competent in my current nursing position</td>
</tr>
<tr>
<td>12</td>
<td>.65</td>
<td>-.04</td>
<td>When things are going exceptionally well for me at work, I inadvertently seem to sabotage my success and make more mistakes</td>
</tr>
<tr>
<td>14</td>
<td>.59</td>
<td>.26</td>
<td>When a close colleague succeeds, I usually feel that I have lost out in comparison</td>
</tr>
<tr>
<td>15</td>
<td>.58</td>
<td>-.25</td>
<td>If a nursing supervisor watches me while I’m working, I tend to get uptight that I won’t look good enough</td>
</tr>
<tr>
<td>17</td>
<td>.42</td>
<td>-.28</td>
<td>I feel awkward or embarrassed when someone calls attention to my good nursing work performance</td>
</tr>
<tr>
<td>19</td>
<td>.51</td>
<td>.06</td>
<td>I tend to feel guilty when I am promoted and a colleague is not</td>
</tr>
</tbody>
</table>

continued
Table 2 continued

<table>
<thead>
<tr>
<th>Item</th>
<th>F1</th>
<th>F2</th>
<th>Item content</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Factor II - Reluctance to Assert Competence</strong></td>
</tr>
<tr>
<td>2</td>
<td>.06</td>
<td>.33</td>
<td>I enjoy the exhilaration of competing with colleagues and &quot;coming out on top&quot;</td>
</tr>
<tr>
<td>4</td>
<td>-.20</td>
<td>.74</td>
<td>I can picture myself being comfortable in a top leadership position in nursing</td>
</tr>
<tr>
<td>6</td>
<td>.03</td>
<td>.31</td>
<td>I would prefer to be known as a &quot;nursing scholar&quot; rather than a good clinical nurse</td>
</tr>
<tr>
<td>10</td>
<td>-.13</td>
<td>.37</td>
<td>I tend to be spokesperson for my work unit in confronting persons in authority</td>
</tr>
<tr>
<td>13</td>
<td>.00</td>
<td>.67</td>
<td>If I could choose, I would prefer to hold a nursing position with direct line authority than to have a behind-the-scenes position</td>
</tr>
</tbody>
</table>

have an alpha of .76 (Buscherhof, 1982). In a sample of 240 clinical nurse specialists the reliability of the total scale was found to be .74 (Wilson, 1985). In a study of 722 registered nurses, the alpha was found to be .93 (Buscherhof, 1988), and the reported alpha coefficients for the subscales were: (.73) for self-consciousness over commendation; (.68) for reluctance.
to assert nursing competence; and (.72) for the impostor syndrome.

In this study, the reported alpha coefficients were computed for the two factors. Factor 1, the impostor syndrome, had an alpha coefficient of .72. Factor 2, reluctance to assert nursing competence, had an alpha coefficient of .59. Nunnally (1978) states that an acceptable alpha coefficient for psychological constructs is .70. One source of error may be the different types of participants used in this study, in contrast to those in the studies by Buscherhof (1982, 1988) and Wilson (1985). Buscherhof (1982) and Wilson (1985) used the instrument with samples of Clinical Nurse Specialists. In her 1988 study, Buscherhof's population was composed of nurses educated at the graduate level. This sample was composed of staff nurses. These groups would respond differently to the scale's items based on differences in education, and employment experiences.

There is a negative intercorrelation (-.20, p < .01) between the reluctance to assert competence and impostor syndrome subscales.

**Narcissistic Personality Inventory (NPI)**

The Narcissistic Personality Inventory (Appendix E) is a 40 item forced choice questionnaire designed to
measure the degree to which individuals in nonclinical situations differ on narcissistic personality traits (Raskin & Hall, 1979; Raskin & Terry, 1988). It yields a total score representing the undifferentiated construct of narcissism. The total score represents the sum of narcissistic responses. Questions in this instrument are stated as choices between two alternatives: "Modesty doesn't become me"/ "I am essentially a modest person".

Originally, the NPI was a 54 item instrument whose total score represented the undifferentiated construct of narcissism. Emmons (1987) factor analyzed the NPI with two samples (N = 472) of undergraduate men and women. Theses analyses yielded four NPI factors which he labeled: Leadership/Authority, Self-Absorption/ Self-Admiration, Superiority/Arrogance, and Exploitativeness/Entitlement. The variance accounted for by the factors was 28, 16, 16 and 11 respectively. The internal consistencies of the full scale and each factor were reported with alpha coefficients of .87, .69, .81, .70 and .68 for the total scale and factors 1 through 4.

A second effort to explore the factor structure of the NPI was made by Raskin and Terry (1988). In an analysis of the NPI protocols of 1018 college students, they found evidence for a general construct of
narcissism as well as seven factors. The seven factors identified in their factor analysis are: authority, exhibitionism, superiority, vanity, exploitativeness, entitlement, and self-sufficiency. Authority is associated with a dominant and assertive physical presence. Exhibitionism is characterized by sensation seeking and a lack of impulse control. Superiority relates to a capacity for status and esteem. Vanity is defined by an emphasis on one's physical attributes. Exploitativeness is associated with rebelliousness and a lack of consideration for others. Entitlement relates to ambitiousness, need for power, lack of self control and tolerance for others. Self-sufficiency is related to an individual's sense of self-confidence and need for achievement. These seven factors accounted for 52% of the total NPI variance. The component scale loadings were .74, .56, .66, .60, .69, .58, and .45 indicating that a general factor is reflected in the seven NPI component scale scores. The alpha estimate of internal consistency for this forty item NPI is .83, with negligible correlations with age ( -.01) and gender ( .08). The correlation between the 54 item and 40 item measure is high ($r = .98$) (Raskin & Terry, 1988).

In a study of 120 college students, Ziffer (1990) reported similar alpha coefficients. The alpha
estimate of internal consistency of the total NPI scale was .85.

Table 3

Alpha coefficients for narcissism (NPI) subscales in two studies

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Raskin &amp; Terry (N = 1018)</th>
<th>Present (N = 192)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority</td>
<td>.73</td>
<td>.77</td>
</tr>
<tr>
<td>Exhibitionism</td>
<td>.63</td>
<td>.71</td>
</tr>
<tr>
<td>Superiority</td>
<td>.54</td>
<td>.52</td>
</tr>
<tr>
<td>Entitlement</td>
<td>.50</td>
<td>.42</td>
</tr>
<tr>
<td>Exploitativeness</td>
<td>.52</td>
<td>.52</td>
</tr>
<tr>
<td>Self-sufficiency</td>
<td>.50</td>
<td>.52</td>
</tr>
<tr>
<td>Vanity</td>
<td>.64</td>
<td>.66</td>
</tr>
</tbody>
</table>

In this study, the alpha coefficients (Table 3) for the dimensions of narcissism were: authority (.77), exhibitionism (.71), superiority (.52), entitlement (.42), exploitativeness (.52), self-sufficiency (.52), and vanity (.66). These correlations are similar to those reported by Raskin and Terry (1988) with the exception of the alpha (.50) reported for the entitlement dimensions (Refer to Table...
3). The low reliability coefficients for the superiority, entitlement, exploitativeness, and self-sufficiency subscales are indicative of measurement error and raise concerns regarding the internal consistency of these subscales. Raskin and Terry (1988) suggested that the low alpha levels of are a function of relatively small number of items in each of the component scales. Nunnally (1978) states that an alpha coefficient of .70 is acceptable when measuring psychological constructs. The lower alpha coefficient reported for the entitlement dimension in this study may be the result of the different types of participants used in this investigation from those in other studies using the NPI. Previously the NPI was utilized with college students, while this study drew adult participants who were employed. It is reasonable to expect that these groups would respond differently to the scale's items based on differences such as age, employment, and life experience.

The intercorrelation matrix for the dimensions of narcissism obtained with this population are shown in Table 4. These intercorrelations are similar to those reported by Raskin & Terry (1988).
Table 4

Intercorrelations of authority, exhibitionism, superiority, entitlement, exploitativeness, self-sufficiency, and vanity

(N = 192)

<table>
<thead>
<tr>
<th></th>
<th>Auth</th>
<th>Exh</th>
<th>Sup</th>
<th>Ent</th>
<th>Expl</th>
<th>S-S</th>
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<tbody>
<tr>
<td>Exh</td>
<td>.53*</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sup</td>
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<tr>
<td>Ent</td>
<td>.40*</td>
<td>.43*</td>
<td>.32*</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Expl</td>
<td>.39*</td>
<td>.50*</td>
<td>.31*</td>
<td>.32*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-S</td>
<td>.33*</td>
<td>.43*</td>
<td>.40*</td>
<td>.42*</td>
<td>.37*</td>
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</tr>
<tr>
<td>Van</td>
<td>.25*</td>
<td>.38*</td>
<td>.49*</td>
<td>.33*</td>
<td>.18*</td>
<td>.31*</td>
</tr>
</tbody>
</table>

*p < .01

Statistical Analysis

The Statistical Package for the Social Sciences (SPSS, Version 4.0) was used to analyze the data. Descriptive statistics, including frequencies, means, standard deviations were calculated for the twelve variables, and the data derived from the demographics questionnaire.

The hypothesis, there is a positive relationship between success fearing personality and burnout was tested utilizing canonical correlation. Canonical
correlation was chosen because it allows for various combinations of the factors that predict the single variate. Burnout is composed of three factors, and success fearing personality is composed of four aspects. The predictor data set was the factors of success fearing personality, and the criterion data set was the factors of burnout. Canonical correlation allows for various combinations of all factors on both sides of the equation (Tabachnick & Fidell, 1989).

The research question dealt with the relationship of narcissism and burnout. Narcissism is composed of seven factors. Canonical correlation was also used to test this relationship. The predictor data set was the factors of narcissism, and the criterion data set was the factors of burnout.

The relationships between the demographic variables and the study variables were tested using t tests, one-way analyses of variance, Spearman correlation coefficients, and Pearson product-moment correlations.
CHAPTER IV
ANALYSIS OF THE DATA

This study was designed to investigate the relationship of success fearing personality on burnout in staff nurses using the Fear of Success in Nursing Scale (Buscherhof, 1982, 1988) and the Maslach Burnout Inventory (MBI) (Maslach and Jackson, 1986). The study also investigated the relationship of narcissism on burnout in staff nurses using the Narcissistic Personality Inventory (Raskin and Terry, 1988) and the MBI. The sample of 192 staff nurses worked in community hospitals in Northern New Jersey. Data were analyzed using the Statistical Package for the Social Sciences Release 4.0 (SPSS) (1990).

Description of the Sample

The staff nurses who participated in this study ranged from new nurses with less than 6 months of experience to nurses with over 20 years of experience. Their ages ranged from 23 years to over 65. Most (96%) were female. Most were married, and household incomes varied from a low of $20,000 to $30,000 to a high of...
above $100,000. For a summary of the demographic characteristics of the participants, refer to Table 5.

The ethnic backgrounds of the participants in the study varied, with 67% of the nurses listing themselves as Caucasian. Thirty-six percent identified themselves as African-American, with the remaining representing a variety of backgrounds. For a summary of the ethnic backgrounds, see Table 6.

The educational characteristics of the participants in the study are summarized in Table 7. The majority reported earning an associate degree in nursing as their basic nursing education. In terms of education beyond the first degree, 24% reported baccalaureate degrees in nursing, while 6% reported baccalaureate degrees in other disciplines. One percent (n = 2) reported masters' degrees in nursing with 2% holding masters' degrees in other disciplines.

A wide variety of practice disciplines were represented. The majority (31%) of the staff nurses worked in the medical-surgical setting, while another 18% worked in critical care areas. The remaining 52% worked across the various practice settings. For a summary of the clinical specialties represented by the sample, refer to Table 8.
### Table 5

Demographic characteristics of the participants

(N = 192)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Years in Nursing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 2</td>
<td>37</td>
<td>19</td>
</tr>
<tr>
<td>3 - 5</td>
<td>29</td>
<td>15</td>
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<tr>
<td>6 - 10</td>
<td>44</td>
<td>23</td>
</tr>
<tr>
<td>11 - 15</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>16 - 20</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>over 20</td>
<td>28</td>
<td>15</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - 25</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>26 - 30</td>
<td>21</td>
<td>11</td>
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<td>31 - 35</td>
<td>26</td>
<td>14</td>
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<td>36 - 40</td>
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<td>41 - 45</td>
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<td>16</td>
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<td>46 - 50</td>
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<td>13</td>
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<td>51 - 55</td>
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<td>4</td>
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<td>56 - 60</td>
<td>9</td>
<td>4</td>
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<tr>
<td>61 - 65</td>
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<tr>
<td>over 65</td>
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<td>1</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>183</td>
<td>96</td>
</tr>
<tr>
<td>male</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>single</td>
<td>57</td>
<td>30</td>
</tr>
<tr>
<td>married</td>
<td>107</td>
<td>56</td>
</tr>
<tr>
<td>divorced</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>widowed</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>with a household partner</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Approximate Household Income</strong></td>
<td></td>
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<tr>
<td>$20,000 - 39,000</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td>$40,000 - 59,000</td>
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<td>35</td>
</tr>
<tr>
<td>$60,000 - 79,000</td>
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<td>22</td>
</tr>
<tr>
<td>$80,000 - 99,000</td>
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<td>20</td>
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<tr>
<td>above $100,000</td>
<td>12</td>
<td>6</td>
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Table 6
Ethnic background of participants
(N = 192)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>36</td>
<td>19</td>
</tr>
<tr>
<td>Asian</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Caucasian</td>
<td>126</td>
<td>67</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guyanese</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Haitian</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>West Indian</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>European</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>not specified</td>
<td>2</td>
<td></td>
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Table 7

Educational characteristics of participants

(N = 192)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Nursing Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diploma in nursing</td>
<td>65</td>
<td>34</td>
</tr>
<tr>
<td>associate degree</td>
<td>97</td>
<td>51</td>
</tr>
<tr>
<td>baccalaureate degree</td>
<td>29</td>
<td>15</td>
</tr>
<tr>
<td>Highest Level of Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diploma in nursing</td>
<td>48</td>
<td>25</td>
</tr>
<tr>
<td>associate degree in nursing</td>
<td>80</td>
<td>42</td>
</tr>
<tr>
<td>baccalaureate degree in nursing</td>
<td>47</td>
<td>24</td>
</tr>
<tr>
<td>baccalaureate degree in other discipline</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>master’s degree in nursing</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>master’s degree in other discipline</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>other</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A.S. in Computer Science</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 8
Clinical specialties of participants
(N = 192)

<table>
<thead>
<tr>
<th>Clinical Specialty</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care</td>
<td>36</td>
<td>18</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>62</td>
<td>31</td>
</tr>
<tr>
<td>Surgery</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Post Anesthesia</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Oncology</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Obstetric</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Pediatric</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Emergency/Trauma</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Mental Health</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Gerontology</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

Eighty-two percent of the staff nurses did not report professional certifications in their specialty. Of the eighteen percent that were certified, one-third were certified in critical care. The remaining two-thirds represented a variety of clinical specialties. Results are summarized in Table 9.

Seventy four percent of the participants worked full time. The shift most represented among the participants was the day shift, with 60% (114) of the participants. Sixty nine percent (133) of the
respondents worked 7.5 to 8-hour shifts, with 28% working 12-hour shifts. The results are summarized in Table 9.

The mean score and standard deviation for each of the subscales of burnout, fear of success in nursing, and narcissism in this study are listed in Table 10. Corresponding data in previous studies are presented in Table 11.

Tests of the Hypothesis

It was hypothesized that there would be a positive relationship between the predictor variables of fear of success and the criterion variables of burnout. This hypothesis was partially supported.

This question was analyzed through canonical correlation analysis which determines the minimum number of traits needed to explain the relationship between two sets of variables (Darlington, Weinberg, & Walberg, 1973). Canonical correlation is a procedure that factor analyzes both criterion and predictor variable sets to produce clusters of items that measure similar things, then assesses the relationship between these resulting criterion and predictor variable clusters. The two sets are analyzed simultaneously with the objective of arriving at the canonical
Table 9

Professional characteristics of participants

\((N = 192)\)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Certifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>154</td>
<td>82</td>
</tr>
<tr>
<td>yes</td>
<td>33</td>
<td>18</td>
</tr>
<tr>
<td>Critical Care</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Emergency Care</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Obstetrics</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Post Anesthesia</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Operating Room</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Childbirth Educator</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>School Nurse</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Gerontology</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Employment Status</td>
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<td></td>
</tr>
<tr>
<td>Full time</td>
<td>143</td>
<td>74</td>
</tr>
<tr>
<td>Part time</td>
<td>34</td>
<td>18</td>
</tr>
<tr>
<td>Per diem</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Shift Worked</td>
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<td></td>
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<tr>
<td>Day</td>
<td>114</td>
<td>60</td>
</tr>
<tr>
<td>Evening</td>
<td>42</td>
<td>22</td>
</tr>
<tr>
<td>Night</td>
<td>29</td>
<td>15</td>
</tr>
<tr>
<td>Rotating</td>
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<td>3</td>
</tr>
<tr>
<td>Length of Shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 hours</td>
<td>133</td>
<td>69</td>
</tr>
<tr>
<td>10 hours</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>12 hours</td>
<td>53</td>
<td>27</td>
</tr>
</tbody>
</table>
Table 10

Mean, standard deviation, and range for burnout (MBI) dimensions, Fear of Success in Nursing dimensions, and narcissism (NPI) dimensions

(N = 192)

<table>
<thead>
<tr>
<th>Variable</th>
<th>N of Items</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burnout</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>9</td>
<td>23.61</td>
<td>10.50</td>
<td>0 to 54</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>5</td>
<td>7.47</td>
<td>5.44</td>
<td>0 to 30</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>8</td>
<td>34.56</td>
<td>7.72</td>
<td>0 to 48</td>
</tr>
<tr>
<td><strong>Fear of Success in Nursing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imposter Syndrome</td>
<td>8</td>
<td>15.18</td>
<td>4.23</td>
<td>1 to 32</td>
</tr>
<tr>
<td>Reluctance to Assert Competence</td>
<td>5</td>
<td>10.92</td>
<td>3.04</td>
<td>1 to 20</td>
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<tr>
<td><strong>Narcissism</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authority</td>
<td>8</td>
<td>2.80</td>
<td>2.18</td>
<td>0 to 8</td>
</tr>
<tr>
<td>Exhibitionism</td>
<td>7</td>
<td>1.16</td>
<td>1.50</td>
<td>0 to 7</td>
</tr>
<tr>
<td>Superiority</td>
<td>5</td>
<td>1.81</td>
<td>1.30</td>
<td>0 to 5</td>
</tr>
<tr>
<td>Entitlement</td>
<td>6</td>
<td>1.68</td>
<td>1.28</td>
<td>0 to 5</td>
</tr>
<tr>
<td>Exploitativeness</td>
<td>5</td>
<td>.89</td>
<td>1.23</td>
<td>0 to 5</td>
</tr>
<tr>
<td>Self-sufficiency</td>
<td>6</td>
<td>1.86</td>
<td>1.50</td>
<td>0 to 6</td>
</tr>
<tr>
<td>Vanity</td>
<td>3</td>
<td>.84</td>
<td>.98</td>
<td>0 to 3</td>
</tr>
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</table>
Table 11


<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burnout</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>22.19</td>
<td>9.53</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>7.12</td>
<td>5.22</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>36.53</td>
<td>7.34</td>
</tr>
<tr>
<td><strong>Fear of Success in Nursing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imposter syndrome</td>
<td>14.76</td>
<td>3.88</td>
</tr>
<tr>
<td>Reluctance to Assert Competence</td>
<td>16.74</td>
<td>3.74</td>
</tr>
<tr>
<td><strong>Narcissism</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authority</td>
<td>4.16</td>
<td>2.17</td>
</tr>
<tr>
<td>Exhibitionism</td>
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<td>1.74</td>
</tr>
<tr>
<td>Superiority</td>
<td>2.54</td>
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<td>Exploitativeness</td>
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</tr>
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<td>Self-sufficiency</td>
<td>2.09</td>
<td>1.50</td>
</tr>
<tr>
<td>Vanity</td>
<td>1.37</td>
<td>1.08</td>
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</tbody>
</table>

variates that share maximal variation between sets. (Waltz & Bausell, 1981).

Establishing significance in the relation between the sets is only part of the analysis and only significant relations are interpreted. If significance exists between sets, follow-up correlations are done to determine the number of linear combinations between sets which are significant. Significance is determined

Dimension reduction analysis on the data indicated that there was one statistically significant canonical correlation. The results of the canonical analysis are presented in Table 12. The first canonical correlation (root 1), was significant (Wilks' Lambda = .72, $p < .001$) and accounted for 28% of the extracted variance. This indicates that there is one independent linear composite that relates the fear of success variable set to the burnout variable set.

This significant canonical variate is composed predominantly of the imposter syndrome variable from the fear of success variables and the depersonalization, emotional exhaustion, and personal accomplishment variables of burnout.

In reviewing Table 12, it is possible to see which dimensions load most highly on the canonical variates representing the fear of success set and which ones load most highly on the variates representing the burnout set.

Table 12 indicates a pattern of relations which vary in their direction. The imposter syndrome is inversely related to the personal accomplishment variable of burnout, while being directly related to
Table 12

Canonical correlation analysis: burnout (MBI) with Fear of Success

(N = 192)

<table>
<thead>
<tr>
<th>Function</th>
<th>$R_c$</th>
<th>$R_c^2$</th>
<th>Wilks’ Lambda</th>
<th>$F$</th>
<th>df</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>.53</td>
<td>.28</td>
<td>.72</td>
<td>11.18*</td>
<td>6.00</td>
</tr>
</tbody>
</table>

*p < .001

Canonical correlations and standardized canonical coefficients:

<table>
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<th>Variable Set</th>
<th>Function 1</th>
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</thead>
<tbody>
<tr>
<td>Fear of Success</td>
<td></td>
</tr>
<tr>
<td>Imposter Syndrome</td>
<td>-1.00</td>
</tr>
<tr>
<td>Reluctance to assert</td>
<td>-.19</td>
</tr>
<tr>
<td>Competence</td>
<td>-.01</td>
</tr>
<tr>
<td>Burnout</td>
<td></td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>-.57</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>-.82</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>.89</td>
</tr>
</tbody>
</table>

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the depersonalization and emotional exhaustion variables of burnout.

Test of the Research Question

The research question dealt with the relationship between the seven dimensions of narcissism and the three variables of burnout. A single significant canonical variate was extracted. This significant (Wilks' Lambda = .77, \( p = .001 \)) canonical correlation accounted for 14% of the shared variance between the two sets. Therefore, there was one linear composite that relates the narcissism set to the burnout set.

The significant canonical variate is composed of the entitlement, exploitativeness, and self-sufficiency dimensions of narcissism and is strongly related to the emotional exhaustion, depersonalization and personal accomplishment dimensions of burnout. In reviewing Table 13, it is possible to see which dimensions load most highly on the canonical variates representing the variable set of narcissism and which ones load most highly on the burnout set of variables.

Table 13 indicates a pattern of relationships which vary in their direction. The entitlement and exploitativeness dimensions of narcissism are directly related to emotional exhaustion and depersonalization dimensions of burnout. Narcissistic self-sufficiency
Table 13
Canonical correlation analysis: burnout (MBI) with narcissism (NPI)
(N = 192)

<table>
<thead>
<tr>
<th>Function</th>
<th>$R_c$</th>
<th>$R_c^2$</th>
<th>Wilks' Lambda</th>
<th>$F$</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.38</td>
<td>.14</td>
<td>.77</td>
<td>2.32*</td>
<td>21.00</td>
</tr>
</tbody>
</table>

*p = .001

Canonical correlations and standardized canonical coefficients:

<table>
<thead>
<tr>
<th>Variable Set</th>
<th>Function 1</th>
<th>Correlation</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcissism</td>
<td>Authority</td>
<td>.02</td>
<td>-.26</td>
</tr>
<tr>
<td></td>
<td>Exhibitionism</td>
<td>.21</td>
<td>.27</td>
</tr>
<tr>
<td></td>
<td>Superiority</td>
<td>-.10</td>
<td>.01</td>
</tr>
<tr>
<td></td>
<td>Entitlement</td>
<td>.50</td>
<td>.81</td>
</tr>
<tr>
<td></td>
<td>Exploitativeness</td>
<td>.32</td>
<td>.41</td>
</tr>
<tr>
<td></td>
<td>Self-sufficiency</td>
<td>-.42</td>
<td>-.85</td>
</tr>
<tr>
<td></td>
<td>Vanity</td>
<td>-.20</td>
<td>-.32</td>
</tr>
<tr>
<td>Burnout</td>
<td>Emotional Exhaustion</td>
<td>.98</td>
<td>.81</td>
</tr>
<tr>
<td></td>
<td>Depersonalization</td>
<td>.77</td>
<td>.21</td>
</tr>
<tr>
<td></td>
<td>Personal Accomplishment</td>
<td>-.53</td>
<td>-.09</td>
</tr>
</tbody>
</table>
is directly related to personal accomplishment, and inversely related to the emotional exhaustion and depersonalization of burnout.

**Auxiliary Findings**

An additional canonical correlation was performed on the combined independent data sets of fear of success in nursing and narcissism and the dependent data set of burnout. Two significant canonical correlations emerged, indicating that there were two independent linear composites that relate the fear of success and narcissism set with the burnout variable set.

Table 14 indicates that the first canonical variate is composed of the imposter syndrome of the fear of success set, entitlement dimension of the narcissism set and the emotional exhaustion, depersonalization, personal accomplishment sets of burnout. The variables of imposter syndrome and entitlement are directly related to the emotional exhaustion and depersonalization seen in burnout. The imposter syndrome and entitlement are inversely related to the personal accomplishment aspect of burnout.

The second significant canonical variate is a composite of the exploitativeness dimension of narcissism and the emotional exhaustion,
Table 14

Canonical correlation analysis: burnout (MBI) with Fear of Success and narcissism (NPI)

(N = 192)

<table>
<thead>
<tr>
<th>Function</th>
<th>$R_c$</th>
<th>$R_c^2$</th>
<th>Wilks' Lambda</th>
<th>$F$</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.57</td>
<td>.33</td>
<td>.57</td>
<td>4.09**</td>
<td>27</td>
</tr>
<tr>
<td>2</td>
<td>.34</td>
<td>.11</td>
<td>.85</td>
<td>1.89*</td>
<td>16</td>
</tr>
</tbody>
</table>

**$p < .001$  *$p < .05$**

Canonical correlations and standardized canonical coefficients:

<table>
<thead>
<tr>
<th>Variable Set</th>
<th>Function 1</th>
<th>Function 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of success</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imposter Syndrome</td>
<td>-.92</td>
<td>-.09</td>
</tr>
<tr>
<td>Reluctance to Assert</td>
<td>.18</td>
<td>.11</td>
</tr>
<tr>
<td>Competence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narcissism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authority</td>
<td>.02</td>
<td>.04</td>
</tr>
<tr>
<td>Exhibitionism</td>
<td>-.05</td>
<td>.25</td>
</tr>
<tr>
<td>Superiority</td>
<td>.14</td>
<td>.11</td>
</tr>
<tr>
<td>Entitlement</td>
<td>-.32</td>
<td>.23</td>
</tr>
<tr>
<td>Exploitativeness</td>
<td>.08</td>
<td>.70</td>
</tr>
<tr>
<td>Self-sufficiency</td>
<td>.21</td>
<td>-.27</td>
</tr>
<tr>
<td>Vanity</td>
<td>.22</td>
<td>.09</td>
</tr>
<tr>
<td>Burnout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>-.63</td>
<td>.75</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>-.80</td>
<td>.31</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>.90</td>
<td>.28</td>
</tr>
</tbody>
</table>

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depersonalization, and personal accomplishment aspects of burnout. Exploitativeness is directly related to emotional exhaustion and to a much lesser extent, the depersonalization and personal accomplishment aspect of burnout.

Demographic Variables

Relationships between the demographic variables and the twelve variables of the study were explored using Pearson correlation coefficients, Spearman correlation coefficients, t tests, and one-way analyses of variance. For a summary of significant relationships, see Table 15.

Spearman rank order correlations were performed on the ordered categories of demographic variables, years in nursing and income (see Table 16). Years of experience in nursing was significantly related to four of the narcissism subscales. There was a negative ($r = -.15$, $p = .017$) relationship to superiority, indicating that staff nurses exhibit slightly less general self-confidence as the length of experience increases. Entitlement was also inversely ($r = -.14$, $p = .028$) related to years in nursing, showing that the longer the professional work experience of the nurse the less her feelings of ambitiousness. Another inverse ($r = -.15$, $p = .022$) relationship was shown for years in
### Table 15

**Summary of significant relationships among study variables and demographic characteristics**

<table>
<thead>
<tr>
<th>YNE</th>
<th>Eth</th>
<th>PC</th>
<th>HI</th>
<th>Age</th>
<th>LOS</th>
<th>Sex</th>
<th>SH</th>
<th>MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aut</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exp</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Van</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Demographic Characteristics:
- YNE - Years of experience in nursing
- Eth - Ethnicity
- PC - Professional certification
- HI - Household income
- LOS - Length of shift
- SH - Shift
- MS - Marital status

Fear of success in nursing:
- IMP - Impostor syndrome
- RAC - Reluctance to assert competence

Narcissism:
- Aut - Authority
- Exh - Exhibitionism
- Sup - Superiority
- Ent - Entitlement
- Exp - Exploitativeness
- S-S - Self-sufficiency
- Van - Vanity

Burnout:
- EE - Emotional exhaustion
- DP - Depersonalization
- PA - Personal accomplishment
Table 16
Spearman correlation coefficients: years in nursing, income, and dimensions of burnout (MBI), Fear of Success in Nursing, and narcissism (NPI)
(N = 192)

<table>
<thead>
<tr>
<th></th>
<th>Years in Nursing</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burnout</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>0.0108</td>
<td>-0.0003</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>0.0206</td>
<td>0.0437</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>-0.1040</td>
<td>0.1295*</td>
</tr>
<tr>
<td><strong>Fear of Success in Nursing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imposter Syndrome</td>
<td>-0.0313</td>
<td>-0.0862</td>
</tr>
<tr>
<td>Reluctance to Assert Competence</td>
<td>-0.0598</td>
<td>0.1670**</td>
</tr>
<tr>
<td><strong>Narcissism</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authority</td>
<td>-0.0268</td>
<td>0.0938</td>
</tr>
<tr>
<td>Exhibitionism</td>
<td>-0.0937</td>
<td>0.0380</td>
</tr>
<tr>
<td>Superiority</td>
<td>-0.1537*</td>
<td>0.1100</td>
</tr>
<tr>
<td>Entitlement</td>
<td>-0.1384*</td>
<td>0.1319*</td>
</tr>
<tr>
<td>Exploitativeness</td>
<td>-0.0581</td>
<td>-0.0510</td>
</tr>
<tr>
<td>Self-sufficiency</td>
<td>-0.1452*</td>
<td>0.0152</td>
</tr>
<tr>
<td>Vanity</td>
<td>-0.2474***</td>
<td>0.0896</td>
</tr>
</tbody>
</table>

*p < .05.  **p < .01.  ***p < .001.

nursing and self-sufficiency, demonstrating a lower level of independence and need for achievement in nurses with longer experience than for those with less experience. Finally, there was an inverse (r = -0.25, p < .001) relationship between vanity and years in nursing, suggesting that nurses with longer years of
experience in nursing place less importance on physical attributes than those with less experience.

Household income was also related to three variables of the subscales. Income was directly ($r = .13, p = .036$) related to entitlement, the reluctance to assert competence ($r = .17, p < .01$), and the personal accomplishment dimension of burnout ($r = .13, p = .038$). In this sample, this suggests that a higher income relates to feelings of ambitiousness, to less comfort with leadership in nursing contexts, and to feelings of competence and successful achievement.

Pearson correlation coefficients were completed for the interval measures of age and shift hours and their relation to the study variables (Table 17). Inverse relationships were found between age and entitlement ($r = -.17, p = .05$), age and self-sufficiency ($r = -.22, p = .01$), and age and vanity ($r = -.19, p = .05$). These results are similar to the correlations between years of experience in nursing and the dimensions of narcissism. The personal accomplishment subscale of burnout was inversely ($r = -.15, p = .05$) related to hours worked, indicating that nurses who work the longer shifts experience fewer feelings of personal competence and successful achievement than the nurses working eight hour shifts.
Table 17

Pearson correlation coefficients: age, hours worked, dimensions of burnout (MBI), Fear of Success in Nursing, and narcissism (NPI)

(N = 192)

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Hours Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burnout</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>-.1016</td>
<td>.0136</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>-.1086</td>
<td>.0865</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>.0183</td>
<td>-.1461*</td>
</tr>
<tr>
<td><strong>Fear of Success in Nursing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imposter Syndrome</td>
<td>-.0977</td>
<td>-.0856</td>
</tr>
<tr>
<td>Reluctance to Assert</td>
<td>-.1333</td>
<td>-.0808</td>
</tr>
<tr>
<td>Competence</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Narcissism</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authority</td>
<td>-.0766</td>
<td>.0191</td>
</tr>
<tr>
<td>Exhibitionism</td>
<td>-.0435</td>
<td>.0121</td>
</tr>
<tr>
<td>Superiority</td>
<td>-.0838</td>
<td>-.0557</td>
</tr>
<tr>
<td>Entitlement</td>
<td>-.1669*</td>
<td>.0269</td>
</tr>
<tr>
<td>Exploitativeness</td>
<td>-.0947</td>
<td>.0075</td>
</tr>
<tr>
<td>Self-sufficiency</td>
<td>-.2160**</td>
<td>-.0820</td>
</tr>
<tr>
<td>Vanity</td>
<td>-.1855*</td>
<td>.1186</td>
</tr>
</tbody>
</table>

*P < .05. **p < .01

T tests were done to compare the group differences on the subscales of burnout, fear of success in nursing, and narcissism. A significant difference, t(64.86) = 2.24, p < .05, exists between certified nurses and non-certified nurses on vanity with non-certified nurses scoring higher (M = .91, SD = 1.03) on
the vanity dimension than did certified nurses (M = .58, SD = .71).

One-way analysis of variance was performed on the remaining demographic variables, with a post hoc adjustment of a Scheffe test testing for critical F. The relationship between the variables of narcissistic vanity and ethnicity was found to be significant (F = 5.92, p < .01), with the Scheffe test indicating that African American nurses reported more vanity than Caucasian nurses, and that nurses of other ethnic backgrounds reported more vanity than Caucasian nurses. The results are presented in Table 18.

One-way analysis of variance also resulted in a significant relationship (F = 7.01, p < .001) between entitlement and shift. Nurses working the night shift scored higher on entitlement than those working the day shift, while those who worked rotating shifts scored higher means than those working either the day or evening shift. The results are listed in Table 19.

There was a significant relationship (F = 5.34, p < .001) reported between personal accomplishment and marital status. As reported in Table 20, married staff nurses reported higher feelings of personal accomplishment than single nurses. Finally as reported in Table 21, single nurses reported higher scores on
the imposter syndrome subscale than other nurses ($F = 5.11$, $p = .006$).

Table 18

One-way analysis of variance of vanity dimension of narcissism (NPI) by ethnicity with Scheffe contrasts ($N = 189$)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>10.61</td>
<td>5.30</td>
<td>5.92*</td>
</tr>
<tr>
<td>Within Groups</td>
<td>186</td>
<td>166.63</td>
<td>.90</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>188</td>
<td>177.24</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05.

Post hoc Scheffe Contrasts

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean Caucasian</th>
<th>African/Amer</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>126</td>
<td>.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African/American</td>
<td>36</td>
<td>1.14</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>27</td>
<td>1.22</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05 for pair-wise difference
Table 19
One-way analysis of variance of entitlement dimension of narcissism (NPI) by shift worked with Scheffe contrasts

(N = 191)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>31.75</td>
<td>10.58</td>
<td>7.01***</td>
</tr>
<tr>
<td>Within Groups</td>
<td>187</td>
<td>282.13</td>
<td>1.51</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>313.87</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***p < .001.

Post hoc Scheffe Contrasts

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>Day</th>
<th>Evening</th>
<th>Night</th>
<th>Rotate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>114</td>
<td>1.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td>42</td>
<td>1.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night</td>
<td>29</td>
<td>2.28</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotating</td>
<td>6</td>
<td>3.33</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05 for pair-wise difference
Table 20

One-way analysis of variance of personal accomplishment dimension of burnout (MBI) by marital status with Scheffe contrasts

(N = 191)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>611.79</td>
<td>305.89</td>
<td>5.34**</td>
</tr>
<tr>
<td>Within Groups</td>
<td>188</td>
<td>10764.97</td>
<td>57.26</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>11376.76</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p < .01.

Post Hoc Scheffe Contrasts

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>Single</th>
<th>Divorced</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>57</td>
<td>32.26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>22</td>
<td>32.91</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>112</td>
<td>36.06</td>
<td></td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

*p < .05 for pair-wise difference
Table 21

One-way analysis of variance of imposter syndrome dimension of Fear of Success in Nursing by marital status with Scheffe contrasts

\((N = 191)\)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>176.32</td>
<td>88.16</td>
<td>5.11**</td>
</tr>
<tr>
<td>Within Groups</td>
<td>188</td>
<td>3241.13</td>
<td>17.24</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>3417.45</td>
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**\(p < .01.\)**

Post Hoc Scheffe Contrasts

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>Married</th>
<th>Divorced</th>
<th>Single</th>
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<tr>
<td>Married</td>
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<tr>
<td>Divorced</td>
<td>22</td>
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<tr>
<td>Single</td>
<td>57</td>
<td>16.60</td>
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*\(p < .05\) for pair-wise difference
CHAPTER V
SUMMARY, DISCUSSION, AND IMPLICATIONS

Summary
The purpose of this study was to determine if there was a relationship between success-fearing personality and burnout, and between narcissism and burnout. Additionally, the relationship of success-fearing personality and narcissism to burnout was investigated. In addition, factors were explored which examined the relationship of the staff nurse's work experience and various demographic variables to the variables of burnout, fear of success in nursing, and narcissism. The basis for testing these relationships was previously reported research findings.

Burnout continues to be a problem discussed in the nursing literature because of its effect on the quality of patient care, and the job satisfaction of working nurses. It is a state of physical, emotional, and mental exhaustion, and is always caused by emotional stresses (Pines & Kanner, 1982). Nursing has long been viewed as a stressful profession (Crawford, 1993; Hinshaw & Atwood, 1985; Minzies, 1960), and the additional stress of the changing health care
environment compounds that. One estimate, by the University of California at San Francisco's Center for Health Professions, predicts that 200,000 to 300,000 hospital nurses could lose their jobs by the end of the century (Lumsdon, 1995), and be forced to move out of employment in an acute care hospital setting by the shifting emphasis to outpatient and community care.

The study was conducted at three community hospitals in northern New Jersey and included 192 staff nurses representing a wide range of clinical specialties, ages, and income levels.

A review of the literature suggested a direct relationship between the success fearing personality and burnout. Since both success-fearing personality and burnout were constructs composed of multidimensional components, a canonical correlation was used to test this relationship. As the results of testing indicated a direct relationship between the imposter syndrome of fear of success in nursing and burnout the hypothesis was partially supported.

A research question was formulated investigating the relationship between narcissism and burnout in staff nurses. Canonical correlation was used to test this relationship. Relationships between three dimensions of narcissism: entitlement,
exploitativeness, and self-sufficiency; and the three subscales of burnout were found.

Additional canonical correlations were performed on the combined independent data sets of success-fearing personality, and the dependent data set of burnout. The canonical correlation yielded two variates which accounted for 44% of the extracted variance. The first canonical variate was characterized by the direct relationship between imposter syndrome, entitlement, emotional exhaustion, and depersonalization; and the inverse relationship between these variables and personal accomplishment. The second canonical variate was characterized by a direct relationship between exploitativeness, emotional exhaustion, and depersonalization.

Ancillary analyses were conducted on some of the demographic variables the literature suggested might relate to burnout. Household income was found to be positively related to the personal accomplishment aspect of burnout. The length of the shift worked by the staff nurse also indicated that the longer the shift, the less the feeling of personal accomplishment expressed by the nurse. Married nurses in this study reported higher feelings of personal accomplishment than single nurses, while single nurses reported higher imposter syndrome scores than married nurses.
Ancillary data analysis explored the relationship between demographic variables and the subscales of fear of success in nursing. Household income was positively related to reluctance to assert nursing competence. Single nurses in this population were found to score higher on the imposter syndrome scale than married or divorced nurses.

Ancillary data analyses were also performed on the demographic variables and the dimensions of narcissism. Inverse relationships were found between years of experience in nursing and the superiority, entitlement, self-sufficiency, and vanity dimensions of narcissism. Age related inversely to the entitlement, self-sufficiency, and vanity dimensions of narcissism. The shift worked by the nurse also influenced the relationship to narcissism, with night nurses and nurses working rotating shifts scoring significantly higher on the entitlement scale than day or evening shift nurses. Household income also positively related to entitlement.

The ethnic background of the staff nurse was also found to relate to narcissism, in that African-American nurses, and nurses of other ethnic backgrounds in this study reported higher mean scores in the vanity dimension of narcissism than Caucasian nurses.
Test of the Hypothesis

It was hypothesized that a success-fearing personality would be a predictor of burnout in staff nurses. The theoretical literature suggests personality traits as particular predictors of burnout (Cherniss, 1980; Oehler et al., 1991; Yasko, 1983). Success-fearing nurses have reported both conflicts regarding their commitment to nursing, and a poor overall self-evaluation of their performance on the job (Torres, 1981). This rationale led to the hypothesis which proposed a positive relationship between success fearing personality in nursing and burnout in among nurses. This hypothesis was tested using a canonical correlation analysis of scores from the Fear of Success in Nursing Scale (Buscherhof 1982, 1988) and the Maslach Burnout Inventory (Maslach & Jackson, 1986).

One statistically significant canonical variate which accounted for 28% of the extracted variance resulted from this analysis (see Table 12). The results of the analysis suggested direct relationships between the imposter syndrome aspect of the fear of success in nursing (-1.00) and the emotional exhaustion (-.57) and depersonalization (-.82) aspects of burnout. There was an inverse relationship between the imposter syndrome and the personal accomplishment (.89) aspect of burnout.
The data suggest that the presence of the imposter syndrome is predictive of burnout. Burnout, as measured by the three subscales of the MBI, consists of an increased level of emotional exhaustion and depersonalization, and a decreased level of personal accomplishment (Maslach & Jackson, 1986). The direction of the relationships of the imposter syndrome to these aspects of burnout match the direction of increased burnout, therefore the hypothesis was partially supported.

The negative relationship between the imposter syndrome and personal accomplishment is consistent with the work of Clance and Imes (1978) and Harvey (1981). These authors suggest that the imposter syndrome affects healthy individuals who hide deep feelings of inadequacy concerning their achievements. Clinical symptoms associated with the phenomenon are: generalized anxiety, lack of self-confidence, depression, and frustration. It may be possible that the lack of self-confidence which characterizes the imposter syndrome, may relate to the low feelings of competence on the personal accomplishment subscale of burnout, and that the depression aspect of the imposter syndrome may relate to the emotional exhaustion and depersonalization subscales. In one study (Harvey, 1981), there was a negative relationship between the
imposter syndrome and self-esteem ($r = -0.17$, $p = 0.05$), which, according to Harvey suggested the failure to internalize success in individuals with the imposter syndrome. This finding of the inverse relationship between the imposter syndrome and personal accomplishment confirms Harvey’s suggestion. Further research to clarify the concept of the imposter syndrome is needed.

The lack of support for the hypothesized relationship between the reluctance to assert nursing competence, and the low alpha level (.59) may be due to the population of current study. The previous studies utilizing the Buscherhof tool have investigated nurses in the academic setting (Buscherhof, 1982) or nurses with graduate degrees employed at an advanced practice level (Buscherhof, 1988; Wilson, 1985). In those environments, expectations and stimuli regarding competence, independence, and achievement are quite high. In the environment of the staff nurses in this study competence and independence may not be valued strongly. The lack of a relationship may be also attributable to the learned coping skills acquired by some nurses to deal with neurotic insecurities about success, or the stress of the workplace.

The lack of support for the reluctance to assert competence aspect of the fear of success in nursing
scale, and the low reported alpha level may also be due to the unclear definition of competence in staff nurses. The factor, reluctance to assert competence may not measure the competence expected of staff nurses. The meaning of nursing competence as it addresses staff nurse performance seems unclear. This factor is composed of questions that measure reluctance to assert nursing leadership instead of competence. Of the five questions measuring this aspect of fear of success in nursing, two questions deal with direct-line leadership activities, one deals with issues of competition, and another deals with peer leadership. Only one item deals with competence as a "good clinical nurse" (Table 2). If the measure does measure reluctance to assert nursing leadership, then it would be reasonable to suggest that it does not measure the competence of the clinical staff nurse.

The inability to replicate the factors on the Fear of Success in Nursing Scale (Buscherhof, 1982, 1988), and the lack of support for the hypothesized relationship between the reluctance to assert nursing competence and burnout suggests an inability to relate fear of success in nursing as measured by this instrument to burnout in a population of staff nurses. Clarification of the definition of success for staff nurses is necessary if this concept is to be further
studied in staff nurses. It also suggests a lack of support for the concept of fear of success. Further research is necessary differentiating between fear of success and the imposter syndrome.

The Research Question

The research question investigated the relationship between the dimensions of narcissism and burnout. The dimensions of narcissism may serve as personality traits that buttress the self from burnout. This belief was based on studies indicating the adaptive and maladaptive potential of dimensions of narcissism (Raskin & Novacek, 1989; Ziffer, 1990). Scores for nurses in this study reported lower means on six of the seven dimensions of narcissism, supporting the stereotype that nurses are not narcissistic according to this instrument. This also is consistent with studies by Miller, et al., (1987) and Joubert (1986) which indicate that in professions where there is high social interest, there are lower narcissism scores. One significant canonical variable emerged accounting for 14% of the variance extracted. The low percentage of extracted variance suggests a weak, but significant relationship. Three dimensions of narcissism: entitlement (.50), exploitativeness (.32), and self-sufficiency (-.42) were related to all three
aspects of burnout: emotional exhaustion (.98),
depersonalization (.77), and personal accomplishment (- .53).

These findings suggest that entitlement and
exploitativeness are directly related to the emotional
exhaustion and depersonalization aspects of burnout.
Both entitlement and exploitativeness are considered
maladaptive (Raskin & Novacek, 1989). Entitlement
relates to ambitiousness, need for power, dominance,
hostility, toughness, and a lack of self-control and
tolerance for others. Exploitativeness is associated
with rebelliousness, nonconformity, hostility, and a
lack of consideration and tolerance for others. Since
there is direct correlation between the maladaptive
aspects of narcissism, and the negative aspects of
burnout it is appropriate to assert that entitlement
and exploitativeness are negative constructs,
supporting Raskin and Novacek's (1989) and Ziffer's
(1990) research considering entitlement and
exploitativeness to be maladaptive. It is also
consistent with the research of Watson et al. (1984)
which found exploitativeness/entitlement related
inversely to the three empathy scales r = -.20, -.24,
-.35, respectively for Tolerance/consideration, Social
Self-confidence, and Humanistic Values. Entitlement
and exploitativeness are inversely related to the
personal accomplishment subscale of burnout suggesting incompatibility among the behaviors of entitlement and exploitativeness and personal accomplishment. Entitlement and exploitativeness have been shown to be related to competitiveness (Ziffer, 1990). The features of entitlement and exploitativeness are associated with a lack of tolerance for others which may hinder the development of cooperative and collaborative relationships. Such an individual might be sensation-seeking rather than self-controlled, and ambitious, hostile and lack impulse-control. In the face of inevitable setbacks, this individual may feel more entitled to not work hard nor to master a task. In the context of staff nurse practice, personal accomplishment could be the antithesis of these behaviors. Staff nurses strive for a collaborative working relationship with colleagues.

Narcissistic self-sufficiency which relates to a person's sense of independence, self-confidence, assertiveness, and need for achievement correlates positively with personal accomplishment. This lends support to the contention that the self-sufficiency dimension of narcissism is strongly related to need achievement (Raskin & Terry, 1988). Self-sufficiency is also inversely related to the emotional exhaustion and depersonalization aspects of burnout, suggesting
its role as an adaptive form of narcissism. Self-sufficiency is thought to relate to the more adaptive aspects of narcissism (Raskin & Novacek, 1989), and these data support this contention.

Additional canonical correlations were done to examine the relationship of both fear of success in nursing and narcissism to burnout. Two significant canonical variates emerged accounting for 44% of the extracted variance. In the first canonical variate, which accounts for 33% of the variance, the variables of imposter syndrome and entitlement are directly related to the emotional exhaustion and depersonalization of burnout. They were inversely correlated with personal accomplishment. The presence of the imposter syndrome on this variate suggests the maladaptive potential of the imposter syndrome on the burnout of the staff nurse, and lends further support to the maladaptive aspects of the entitlement dimension of narcissism. It has been suggested by Raskin, Novacek et al. (1991) and Ziffer (1990) that maladaptive narcissism emerges not as a result of positively based self-functioning but as a defensive type of narcissism.

The second significant canonical variate is a composite of the exploitativeness dimension of narcissism and two aspects of burnout and accounts for
11% of the extracted variance. Exploitativeness is directly related to emotional exhaustion, and to a lesser extent depersonalization. This is consistent with the contention (Raskin & Terry, 1988) that it is a maladaptive response positively related to the General Maladjustment scale of the MMPI.

The Sample

Scores of the nurses in this study reflected higher burnout levels (Table 9) than the norms on all three burnout subscales (Table 10) reported by Maslach and Jackson (1986) in the development of the scale. Their scores are also higher than those reported by Oehler, et al. (1992) (emotional exhaustion 23.4, depersonalization 7.2, personal accomplishment 33.2) in a study of 121 pediatric nurses. Such scores confirm the contention of a group of health care managers, seventy three percent of whom say the threat of burnout is greater today than it was twenty years ago (Nordhaus-Bike, 1995). Data were collected for this study just prior to the re-organization of the three community hospitals into one merged corporation and subsequent nursing layoffs. The anticipation of these activities may have contributed to the high level of burnout reported by these nurses.
The mean scores on the Fear of Success in Nursing (Table 9) subscales varied from those reported by Buscherhof (1982, 1988) (Table 10). The mean score on the Imposter Syndrome scale was slightly higher than that of the previously studied nurses, while the Reluctance to Assert Competence score was much lower. The low scores on the Reluctance to Assert Competence may be due to the different population of this study, and to the unclear definition of nursing competence for the staff nurse.

The mean scores on the narcissism dimensions of authority, exhibitionism, superiority, exploitativeness, self-sufficiency, and vanity were all lower in this sample (Table 9) than in previously reported studies, indicating a lower level of narcissism than in the population of college students. The entitlement dimension mean was very similar to that of the college students. The low reported alpha levels for the superiority (.52), entitlement (.42), exploitativeness (.52), and self-sufficiency (.52) subscales are indicative of measurement error and raise concerns about the internal consistency of these subscales. Further research utilizing the NPI in samples of greater variability than the college population is necessary to allow for greater interpretation and generalizability of results.
Ancillary Findings

In a Spearman correlation, years of experience in nursing was significantly related to four of the narcissism subscales: superiority, entitlement, self-sufficiency, and vanity. It was negatively related to superiority ($r = -.15, p = .017$) indicating that staff with longer experience exhibit slightly less self-confidence as the length of experience increases. This weak relationship would suggest that staff nurses who remain in the staff nurse position for longer periods of time may not see themselves as having attained status within their profession. Promotion in many hospitals is associated with movement into administration, or more recently into advanced practice. Clinical promotion, which allows the nurse to remain at the bedside, is not universal. None of the three hospitals had a clinical promotion system, so there was no status given to the nurse who remained at the bedside. This suggests the need to examine the impact of clinical promotion systems on burnout and retention among staff nurses. No significant relationship was found between the number of years in nursing and the fear of success factors.

Entitlement was also negatively related ($r = -.14, p = .03$) to years of experience in nursing, suggesting
that staff nurses with longer experience had less ambitiousness than less experienced staff nurses. This may relate to a conscious decision of these nurses to remain at the bedside. Their ambition may have been met. Success for clinical practice for nurses needs to be clarified.

Self-sufficiency, which relates to the individual's sense of independence, self-confidence, assertiveness and need for achievement also negatively related to the number of years of experience. This relationship was weak but significant ($r = -.15, p = .02$). Nursing is a profession that does not reward independence in staff nurses, and community hospitals that are not major teaching centers may exhibit the paternalistic behaviors described by Ashley (1976). These nurses may have developed coping skills which allow them to deal with their insecurities about success, or the stress of the workplace. This finding warrants further study. There were no significant correlations relating the educational preparation of the nurse to any of the study variables.

There was also an inverse relationship between vanity ($r = .25, p < .001$) and years of experience in nursing. Previous research on the vanity dimension of narcissism has all been completed on college age populations, so this finding cannot be interpreted in
terms of narcissism. It can suggest that concern over physical attributes decreases with length of experience in the profession.

One-way analysis of variance suggested a positive \( F = 5.92, p = .0032 \) relationship between vanity and ethnicity. African-American nurses reported significantly more vanity than Caucasian nurses, and nurses of other ethnic background reported more vanity than Caucasian nurses. Ethnic background has often been linked to narcissism, as a popular book about American society and narcissism, The Culture of Narcissism (Lasch, 1979), reports. One research study (Ziffer, 1990) found a non-significant relationship between race and narcissism. Further study is needed in this area.

Group differences existed between those nurses who held professional certifications \((n = 33)\) and those who did not hold such credentials \((n = 156)\), in the area of vanity \( (r = -.19, p < .05) \). This suggests that nurses who apply for and earn professional certification are less concerned with their physical attributes than those nurses who do not obtain certification. This may be similar to the relationships found between age and vanity, and years of experience in nursing and vanity. Nurses who are professionally certified have at least three years of full time experience in their specialty,
and are, therefore, generally older and more experienced than their counterparts.

Household income was positively related to personal accomplishment ($r = .13, p < .05$), reluctance to assert competence ($r = .17, p < .01$) and to entitlement ($r = .13, p < .05$). Higher household income relates to feelings of competence and successful achievement. Salary and financial stability have long been considered prerequisites for achievement (Zimmerman & Yeaworth, 1986). This finding supports this contention. The positive relationship between reluctance to assert competence and household income suggests the lack of a need to be assertive in those nurses with financial security. The relationship between entitlement and household income suggests that the higher the household income, the stronger the feelings related to ambitiousness, need for power, dominance, hostility, toughness, and a lack of self-control and tolerance for others. The financial security of a staff nurse may give the nurse the freedom to demonstrate feelings of entitlement.

The inverse relationships found between age and entitlement ($r = -.17, p = .05$) suggests that as the individual ages there is a decrease in feelings of ambitiousness, need for power, dominance, hostility, toughness, and a lack of self-control and tolerance for
others. Age was also found to be inversely related to self-sufficiency ($r = -0.22, p < 0.01$) and vanity ($r = -0.19, p = 0.05$). These results are similar to those found for the same narcissism variables and length of experience in nursing. There was no significant relationship found between age and the fear of success factors.

The personal accomplishment subscale of burnout was negatively ($r = -0.15, p = 0.05$) related to the length of the shift indicating that nurses who work the longer shifts (12 hours) experience less feelings of competence. These nurses work two to three shifts per week and often do not see the outcomes of their patient care activities. With the average length of stay in hospitals decreasing, the patient is being discharged within six days. The twelve hour shift nurse often has four days off between work periods, therefore individual patient outcome is often unseen by this nurse.

T tests showed a borderline difference between men and women on the self-sufficiency aspects of the narcissism dimension, with men scoring significantly higher on the self-sufficiency scale. This is consistent with the empirical literature which has found men to be higher in total narcissism than women (Carroll, 1987; Watson et al., 1984). However, a
number of studies have found no differences based on
gender (Emmons, 1984, Raskin & Hall, 1981; Raskin &
Novacek, 1988). Since only eight men participated in
the current study, it is not appropriate to draw any
conclusions. Such a low number does not allow for
inferences to be made to the general population.

One-way analysis of variance also resulted in a
significant \((F = 7.01, p < .001)\) relationship between
entitlement and shift. Nurses working the night shift
scored higher on entitlement than those working the day
shift, whereas those nurses working rotating shifts
scored higher entitlement means than those nurses
working days or evenings. Based on this outcome, one
can infer that night nurses exhibit more ambitiousness,
need for power, dominance, hostility, toughness, and a
lack of self-control and tolerance for others. These
findings support Press-Ganey Patient Satisfaction
(1995) studies in New Jersey hospitals, which show a
lower patient satisfaction rate with night nurses. The
rotating shift nurses also exhibit more of these
feelings than those nurses who work days or evenings.
These nurses work a variety of shifts, and the lack of
control over their schedule may be reflected in their
entitlement scores.

A positive relationship \((F = 5.34, p < .001)\) was
reported between marital status and personal
accomplishment, showing that married nurses reported higher scores in personal accomplishment than did single nurses. This is consistent with previous research (Chiriboga & Bailey, 1986) where the zero order correlation of marital status ($r = -.14, p < .01$) suggested that those nurses without marital partners may be more susceptible to burnout.

Finally, there was a relationship between marital status and the imposter syndrome ($F = 5.11, p = .006$) suggesting that single nurses are more prone to the imposter syndrome. The lack of the support of a marital partner may lead to the neurotic anxiety in dealing with success.

**Recommendations for Future Study**

The following subjects are proposed for further study:

- Clarify the concept of imposter syndrome.
- Investigate the Harvey (1981) Imposter Phenomenon Scale to determine similarities between the Fear of Success in Nursing Scale.
- Refine the Fear of Success in Nursing Tool.
- Redefine the nursing competence items on the subscale of Reluctance to Assert Nursing Competence to measure clinical competence of staff nurses.
Examine the impact of a clinical promotion system on burnout and retention among staff nurses.

Refine the Narcissistic Personality Inventory. It is important to note the relatively low alpha levels for a number of the narcissism dimensions: superiority, entitlement, exploitativeness, and self-sufficiency subscales. Raskin & Terry (1988) suggested that this may be due to the relatively small number of items in the component scales and that this can be best corrected by developing more items for each of the component scales and by using the scales in samples with greater variability than college cohorts.

Continue research which utilizes the seven dimensions of narcissism to further clarify the presence of adaptive or maladaptive narcissism.

Investigate the relationship between ethnic background and narcissism.

Further investigate the continuum of narcissism as it progresses throughout the life span.

Investigate the perceived personal accomplishment of nurses participating in clinical promotion systems.

Continue research on the coping skills of nurses that enable them to deal effectively with stresses encountered in clinical practice.

Investigate the role of the workplace in the development of burnout. The changing health care
environment suggests changes in the work environment may be leading to the increased stress and burnout of nurses. This research investigates the role of personality variables in burnout. Much of the past research on the work environment focused on stressors such as noise, work distribution, staffing, and role conflict. Such perspectives pay insufficient attention to the complexity of the interrelationship between social conditions and subjective experience.

The relationship of burnout to the health care environment, which is moving away from hospital based care.

**Implications for Nursing Practice**

Burnout continues to be a concern with in the nursing profession today. With the decrease in nursing positions throughout the country, nurses will be ambivalent about leaving present jobs for new ones when the stress becomes overwhelming. The result will be "burned-out" nurses performing patient care. It has already been demonstrated that there is a relationship between burnout and a decline in patient care, interstaff-conflicts, and absenteeism (Gray-Toft & Anderson, 1981; Oehler & Anderson, 1992).

With the possibility of "burned-out" nurses remaining at the bedside delivering depersonalized
care, the importance of staff interventions is significant. It is important that supervisors be aware of the signs of burnout in their staff. Supportive interventions can be initiated at the early signs of burnout. Such interventions may alleviate the progression of burnout. Additionally, the consequences of burnout: depersonalized care being delivered by emotionally exhausted nurses, need to be prevented. The personality traits of nurses at risk for burnout need to be identified by supervisors. The success-fearing nurse may be at risk for burnout, but if the work environment is supportive of the needs of the employee, the sequelae of the stressful environment may be prevented.

There is ample indication that some of the effects of burnout may be moderated with supervisor support and co-worker support (Paredes, 1982). There is also support for the success of support groups in assisting stressed and burned-out employees (Rabinowitz, Kushnir, & Ribak, 1996). Personnel supervisors in hospitals must be alert to the signs of burnout, and its effect on patient care.
BIBLIOGRAPHY


Dear Staff Nurse:

You are being asked to participate in an anonymous investigation concerning some thoughts and feelings that you may have in relation to yourself and your work. I am a doctoral candidate at New York University, Division of Nursing, and this study is part of my degree requirements. It is hoped that the results will contribute toward a better understanding of various matters related to nurses and their careers.

In order to participate in this study you must be:

1. a staff nurse, with no experience as a head nurse, or supervisor;
2. educated in an American School of Nursing;
3. licensed as a Registered Professional Nurse (by exam) in the State of New Jersey.

This booklet contains some brief questions on various issues related to personality development and issues important to professionals. There are no time limits and no right or wrong answers. It should take
approximately 20 minutes to complete the questionnaire booklet. Please respond with an honest opinion.

Your responses are anonymous and confidential and will not be used individually. Responses for all participants will be combined for statistical analysis. You are free to withdraw from this study at any time, by not returning the questionnaires to the investigator. The completion and return of the questionnaires implies informed consent.

If you would like to receive a copy of the results of this study, please place your name and address on the enclosed postcard and mail it to the investigator.

If you have any questions, please write me at the below address. Thank you for your participation.

Kathleen M. Burke R.N., M.A.

Caldwell, New Jersey
APPENDIX B

STATEMENT OF CONSENT

I willingly agree to participate in the research being conducted by Kathleen Burke, a doctoral candidate at New York University.

I understand that the purpose of the study is to increase knowledge about nurses' feelings about themselves and work.

I understand that I am being asked to complete this booklet of questions which should take approximately 20 minutes.

I understand that I have the right to withdraw from this study at any time, by not returning the questionnaires to the investigator.

I am aware that my responses are anonymous and confidential and will not be used individually.

I understand that my consent to participate is indicated by my completion of the questions and returning them to the investigator.
Dear Patient Care Manager:

It has been two weeks since we met to distribute the questionnaires dealing with the nurses reactions to the work environment.

This is just a reminder to collect the questionnaires. I will be at the next meeting of the patient care managers to collect the booklets.

If you have any questions, please do not hesitate to call me at [REDACTED].

Thank you for your assistance in this study.

Kathleen Burke RN, MA

Caldwell, New Jersey
APPENDIX D

FEAR OF SUCCESS IN NURSING
(Buscherhof, 1982, 1988)

Please assign a number, 4 being "very true" and 1 signifying "not at all" which most closely reflects whether the statement is characteristic of your behavior or beliefs.

Example:
4 very true 3 sort of true 2 not very true 1 not true at all

1.____ I tend to shy away from telling people what an excellent nurse I really am.
2.____ I enjoy the exhilaration of competing with colleagues and "coming out on top".
3.____ I feel uptight asserting myself with physicians, even if I know that I am right.
4.____ I can picture myself being comfortable in a top leadership position in nursing.
5.____ When I receive a good work evaluation, I secretly feel like an "imposter"; if people really knew me, they wouldn’t evaluate me so highly.
6.____ I would prefer to be known as a "nursing scholar" rather than a "good clinical nurse".
7.____ A good nurse puts others' needs before her own.
8.____ Even when I'm sure I'm right, I tend to check difficult nursing care/administrative/curricula/decisions with someone else before acting.
9.____ I would rather my unit get credit for an innovative idea of mine, rather than my being singled out publicly.
10.____ I tend to be the spokesperson for my work unit in confronting persons in authority.
11.____ Overall, I am quite competent in my current nursing position.
12.____ When things are going exceptionally well for me at work, I inadvertently seem to sabotage my success and make more mistakes.
13.____ If I could choose, I would prefer to hold a nursing position with direct line authority than to have a behind-the-scenes position.
14. ___ When a close colleague succeeds, I usually feel
I have lost out in comparison.
15. ___ If a nursing supervisor watches me while I’m
working, I tend to get uptight that I won’t look
"good enough".
16. ___ I don’t hesitate to ask my colleagues for help
when I need it.
17. ___ I feel awkward or embarrassed when someone calls
attention to my good nursing work performance.
18. ___ I seek out opportunities to discuss nursing with
colleagues who disagree with me because I find
it intellectually stimulating.
19. ___ I tend to feel guilty when I am promoted and a
colleague is not.
20. ___ I enjoy sharing with others my excitement about
my nursing success.
APPENDIX E

NARCISSISTIC PERSONALITY INVENTORY
(Raskin & Terry, 1988)

Instructions: In each of the following pairs of attitudes, choose the one that you most agree with. Mark your answer by writing either A or B in the space provided. Only mark one answer for each attitude pair, and please do not skip any items.

1. A I have a natural talent for influencing people.
   B I am not good at influencing people.

2. A Modesty doesn't become me.
   B I am essentially a modest person.

3. A I would do almost anything on a dare.
   B I tend to be a fairly cautious person.

4. A When people compliment me I sometimes get embarrassed.
   B I know that I am good because everyone keeps telling me so.

5. A The thought of ruling the world frightens the hell out of me.
   B If I ruled the world it would be a much better place.

6. A I can usually talk my way out of anything.
   B I try to accept the consequences of my behavior.

7. A I prefer to blend in with the crowd.
   B I like to be the center of attention.

8. A I will not be a success.
   B I am not too concerned with success.

9. A I am no better or no worse than most people.
   B I think I am a special person.
10. A I am not sure if I would make a good leader.
    B I see myself as a good leader.

11. A I am assertive.
    B I wish I were more assertive.

12. A I like having authority over people.
    B I don't mind following orders.

13. A I find it easy to manipulate people.
    B I don't like it when I find myself manipulating people.

14. A I insist upon getting the respect that is due me.
    B I usually get the respect that I deserve.

15. A I don't particularly like to show off my body.
    B I like to display my body.

16. A I can read people like a book.
    B People are sometimes hard to understand.

17. A If I feel competent I am willing to take responsibility for making decisions.
    B I like to take responsibility for making decisions.

18. A I just want to be reasonably happy.
    B I want to amount to something in the eyes of the world.

19. A My body is nothing special.
    B I like to look at my body.

20. A I try not to be a show off.
    B I am apt to show off if I get the chance.

21. A I always know what I'm doing.
    B Sometimes I'm not sure of what I'm doing.

22. A I sometimes depend on people to get things done.
    B I rarely depend on anyone else to get things done.

23. A Sometimes I tell good stories.
    B Everybody likes to hear my stories.
24. A I expect a great deal from other people.  
   B I like to do things for other people.  

25. A I will never be satisfied until I get all  
   that I deserve.  
   B I take my satisfactions as they come.  

26. A Compliments embarrass me.  
   B I like to be complimented.  

27. A I have strong will power.  
   B Power for its own sake doesn't interest me.  

28. A I don't very much care about new fads and  
   fashions.  
   B I like to start new fads and fashions.  

29. A I like to look at myself in the mirror.  
   B I am not particularly interested in looking  
   at myself in the mirror.  

30. A I really like to be the center of  
   attention.  
   B It makes me uncomfortable to be the center  
   of attention.  

31. A I can live my life in any way I want to.  
   B People can't always live their lives in  
   terms of what they want.  

32. A Being an authority doesn't mean much to me.  
   B People always seem to recognize my  
   authority.  

33. A I would prefer to be a leader.  
   B It makes little difference to me whether  
   I'm a leader or not.  

34. A I am going to be a great person.  
   B I hope I am going to be successful.  

35. A People sometimes believe what I tell them.  
   B I can make anybody believe anything I want  
   them to.  

36. A I am a born leader.  
   B Leadership is a quality that takes a long  
   time to develop.
37. A I wish someone would someday write my biography.
   B I don't like people to pry into my life for any reason.

38. A I get upset when people don’t notice how I look when I go out in public.
   B I don’t mind blending into the crowd when I go out in public.

39. A I am more capable than other people.
   B There is lot that I can learn from other people.

40. A I am very much like everybody else.
   B I am an extraordinary person.
The following questions refer to you and your nursing experience. Please check the response which most closely describes you or your work situation.

1. Years in nursing
   a. 0 - 2 ___
   b. 3 - 5 ___
   c. 6 - 10 ___
   d. 11 - 15 ___
   e. 16 - 20 ___
   f. 21 - 30 ___
   g. over 30 ___

2. Are you presently employed? ___yes ___no

3. If you answered "yes" to question # 2, are you presently employed in nursing? ___yes ___no

4. If not employed in nursing, give title of present position

   ___________________________________________________________

5. Present (or last) position
   a. Staff nurse ___
   b. Assistant Head Nurse/Charge Nurse ___
   c. Head Nurse ___
   d. Clinical Nurse Specialist/Practitioner ___
   e. Supervisor ___
   f. Inservice ___
   g. Administration ___
   f. Faculty ___
6. Where are (were) you employed?
   a. Acute care inpatient hospital __
   b. Skilled Nursing Facility __
   c. Rehabilitation facility __
   d. Hospital outpatient clinic __
   e. Home Health Agency __
   f. School Health Service __
   g. Educational institution __
   h. Physician's office __
   i. Other (please specify) __________

7. What is (was) your clinical specialty?
   a. Critical Care
   b. Medical/Surgical
   c. Surgery
   d. Post Anesthesia
   e. Oncology
   f. Orthopedic
   g. Obstetric
   h. Pediatric
   i. Ambulatory Care
   j. Emergency/Trauma
   k. Mental Health
   l. Gerontology
   m. Other (please specify) __________

8. Are (were) you employed in nursing on a ___ full
time or ___ part time basis?

9. Highest level of education
   a. diploma in nursing ___
   b. associate degree in nursing ___
   c. baccalaureate degree in nursing___
   d. baccalaureate degree in other discipline
   ___
   e. masters' degree in nursing ___
   f. masters' degree in other discipline ___
   g. doctoral degree in nursing ___
   h. doctoral degree in other discipline ___

10. Basic nursing education
    a. diploma in nursing ___
    b. associate degree in nursing ___
    c. baccalaureate degree in nursing ___
    d. generic masters' degree in nursing ___
11. Approximate household income
   a. 20,000 - 29,999 ___
   b. 30,000 - 39,999 ___
   c. 40,000 - 49,999 ___
   d. 50,000 - 59,999 ___
   e. 60,000 - 69,999 ___
   f. 70,000 - 79,999 ___
   g. 80,000 - 89,999 ___
   h. 90,000 - 99,999 ___
   i. above 100,000 ___

12. Marital Status
   a. single __
   b. married __
   c. divorced __
   d. widowed __
   e. with a household partner __

13. Gender
   a. female ___
   b. male ___

14. Age
   a. 21 - 29 ___
   b. 30 - 39 ___
   c. 40 - 49 ___
   d. 50 - 59 ___
   e. 60 - 69 ___
   f. 70 or older ___
## APPENDIX G

CONSENT TO USE MBI

If this is your first order with CPP and you are ordering a test with a "B" or "C" marked after its title, please complete and sign this form. Students ordering tests for research must prepay and have their supervising faculty sign below. Certain tests published by CPP are available only to users who have appropriate training and credentials, and who adhere to the principles of proper test use, including knowledge of tests and their limitations. To purchase "B" materials, you must have satisfactorily completed a course in the interpretation of psychological tests and measurement at an accredited college or university. To purchase "C" materials, you must fulfill all qualifications required of "B" users and you must fulfill at least one of the following: 1) completion of an advanced degree in a profession that provides training in the interpretation of psychological tests; or, 2) membership in a professional association that requires ethical and competent use of psychological tests. The difference between "B" and "C" level instruments lies in the level of training needed for their interpretation. Completion of this form is not required of purchasers ordering for a regionally accredited school, college, or university only if an official purchase order is used and payment is made by institutional voucher or check. All other purchasers must sign the form below. Subagencies should include documentation of their affiliation with a qualified institution.

### 1. Which of the following describes your level of training?

- [ ] Doctorate (field/inst/yr): _________________
- [ ] Master's (field/inst/yr): _________________
- [ ] Bachelor's (field/inst/yr): _________________
- [ ] Professional certification, Area?: _________________

### 2. Please specify professional organizations of which you are a member (please do not use abbreviations)

- _________________

### 3. Please check each course or workshop you have completed:

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
<th>Under</th>
<th>Workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Interpretation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychometrics &amp; Measurement Theory</td>
<td></td>
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<tr>
<td>Objective Personality Testing</td>
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<tr>
<td>Career Interest Testing</td>
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<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

| MBTI Qualifying Workshops:       |       |       |          |
| APT                              |       |       |          |
| Kroeger                          |       |       |          |
| Prane View                       |       |       |          |
| Type Resources                   |       |       |          |
| Location                         |       |       |          |
| Date attended                    |       |       |          |
| CPP Strong Qualifying Workshop   |       |       |          |
| Location                         |       |       |          |
| Date attended                    |       |       |          |

### 4. Indicate your primary purpose for using the test:

- [ ] Therapy/Private Consulting
- [ ] Career Counseling
- [ ] Business Consulting
- [ ] Career Development
- [ ] Management Development
- [ ] Organizational Development
- [ ] Marital Counseling
- [ ] Personal Counseling
- [ ] Personnel
- [ ] Training
- [ ] Psychiatry
- [ ] Other: _________________

I understand the elements of testing essential to the appropriate use of standardized tests, and I have personal knowledge of professional testing standards (such as the APA-AERA-NCME Standards for Educational and Psychological Tests, 1985). I further warrant to CPP that I possess the appropriate training and competencies to use the testing materials and services I seek to purchase. I agree that my use of such materials will adhere to applicable local and national laws and regulations and the ethical principles of my profession. I assume full responsibility for the proper use of the testing materials I order from CPP.

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APPENDIX H

CONSENT TO USE FEAR OF SUCCESS IN NURSING

January 3, 1994

Dear Kathleen:

Thank you for your nice letter, asking to use my Fear of Success in Nursing Scale. I am sorry not to have responded before now, but I just received your letter last week. In November of 1989 I suffered a stroke and have not worked since that time. The forwarding address has expired, but one of my colleagues saw the letter and brought it to me.

You certainly have my permission to use my tool. I hope my slow response has not impeded your progress. I would appreciate any statistical data and your significant findings - to my home address. Good luck on your dissertation. What an exciting proposal!

Sincerely,

Jean R. Buscherhof, R.N., Ph.D.
APPENDIX I
CONSENT TO USE NPI

Tulsa
Institute of
Behavioral Sciences
A Division of Tulsa Psychiatric Center

November 19, 1993

Kathleen Burke, R.N., M.A.

Dear Ms. Burke:

This letter serves as written confirmation of my having granted you permission to use the Narcissistic Personality Inventory (NPI) in all aspects of your dissertation, as required towards completion of your doctorate at New York University. I also give you permission to include any and all NPI results from your dissertation study in subsequent publications.

Sincerely,

Robert Kakkuri, Ph.D.
Director