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THE FLIGHT OF ICARUS: A PRELIMINARY STUDY OF THE EMOTIONAL CORRELATES OF HUBRIS IN GERONTOLOGICAL NURSES DURING THE SARS-COV-2 PANDEMIC

Vaitsa Giannouli[1] & Nikolaos Syrmos[2]
[1]Institute of Neurobiology, Bulgarian Academy of Sciences, Sofia, Bulgaria
[2]Aristotle University of Thessaloniki, Thessaloniki, Greece

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SUMMARY

Persons in leadership positions are more likely to manifest hubristic symptomatology, the longer the person exercises power and the greater the power they exercise. No data exists for healthcare staff, such as nurses and more specifically for gerontological nurses who exercise power on their colleagues as well as older persons. This study aims to examine whether there are emotional correlates of gerontological nurses' experienced hubris when serving in a leadership position, and to investigate possible gender differences during SARS-CoV-2 pandemic, a little investigated period regarding its emotional aspects on healthcare professionals. Gerontological nurses in leadership positions completed Job Affect Scale, Emotional Labour Scale, Emotion Regulation Questionnaire, Generalized Immediacy Scale, General Index of Job Satisfaction, Maslach Burnout Inventory, Wong-Law Emotional Intelligence Scale, State-Anxiety-Inventory, Perceived Cohesion Scale, and a 5-point Likert scale measuring hubristic attributes. No statistically significant differences were found between male and female nurses regarding the abovementioned classic administered emotional scales and hubris. The analyses yielded only a negative correlation between negative affect and hubris. This research provides for the first time data regarding gerontological nurses in leadership positions, suggesting that various negative and positive emotional variables do no directly relate to hubristic symptoms for this group of healthcare professionals. As hubristic behaviors and their dangerous consequences are found not to be related to abovementioned emotional variables, researchers and hospital managers should consider and focus on other indices in their attempt to prevent such phenomena.

Key words: *emotions - gerontology – nurses – hubris - SARS-CoV-2 pandemic*

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INTRODUCTION

Health workers have not only to cope with problems expressed by patients in healthcare settings, but they also have to cope with qualities of personality expressed by their colleagues. The notion of hubris is one such a personality characteristic, that in recent years has taken the form of a syndrome, and it includes 'exaggerated pride, over-whelming self-confidence, and contempt exhibited to others (Owen 2006). More specifically, hubris syndrome can be diagnosed if three and/or more of the 14 defining symptoms are present, and at least one of these symptoms should be among the five unique components (5, 6, 10, 12 and 13), that is «1. a narcissistic propensity to see their world primarily as an arena in which to exercise power and seek glory, 2. a predisposition to take actions which seem likely to cast the individual in a good light - i.e. in order to enhance image, 3. A disproportionate concern with image and presentation, 4. a messianic manner of talking about current activities and a tendency to exaltation, 5. an identification with the nation, or organization to the extent that the individual regards his/her outlook and interests as identical, 6. A tendency to speak in the third person or use the royal 'we', 7. excessive confidence in the individual's own judgement and contempt for the advice or criticism of others, 8. exaggerated self-belief, bordering on a sense of omnipotence, in what they personally can achieve, 9. a belief that rather than being accountable to the mundane court of colleagues or public opinion, the court to which they answer is: History or God, 10. an unshakable belief that in that court they will be vindicated, 11. loss of contact with reality; often associated with progressive isolation, 12. Restlessness, recklessness and impulsiveness, 13. a tendency to allow their 'broad vision', about the moral rectitude of a proposed course, to obviate the need to consider practicality, cost or outcomes, and 14. hubristic incompetence, where things go wrong because too much self-confidence has led the leader not to worry about the nuts and bolts of policy» (Owen & Davidson 2009). Thus, although hubristic behavior may be associated with not so serious or desirable traits (e.g., neuroticism, anxiety) at individual-level, the implications of those traits on other people at the same working place, are important, but not so far investigated (Owen & Davidson 2009).

Although from the abovementioned it seems that hubris and narcissism overlap, there is a distinction between these two concepts as research has shown that 'hubrists are intoxicated with positional power/prior success, but for narcissists, power facilitates self-

intoxication and represents a means of maintaining a grandiose self-view' (Asad & Sadler-Smith 2020).

Researchers have pointed to the importance of examining leaders' hubristic behavior in various business organizations as it influences decisions made or the capacity to re-examine and change already taken decisions (Owen & Davidson 2009), but still there is scarce research examining hubris in medical settings, and more specifically in healthcare workers such as physicians and nurses working in leadership positions (who represent the main body of persons in leading positions in Greek healthcare facilities, public and private, such as hospitals and healthcare centers) (Giannouli 2018, Giannouli, 2021).

Given that in noncrisis periods, it has been found that nurses, and more specifically nurses in geriatric care, are exposed to various burdens in the workplace that result to emotional changes that may cause a lack of professional caring for their unprotected older patients and burnout and other negative emotional states to themselves (Wollesen et al. 2019) and because of lack of previous research that could assist in forming specific directions in the hypotheses, three general research questions are investigated. The aim of this is research is (a) to examine hubris with the use of a self-report questionnaire focusing on Greek nurses, and more specifically in gerontological nurses in leadership positions during a period characterized as a 'crisis', (b) to examine the influence of diverse emotional factors that reveal how the individual perceives outside emotional influences at workplace and in everyday life as measured by a number of questionnaires, and (c) to compare the levels of hubris between men and women nurses.

SUBJECTS AND METHODS

In total 162 nurses (78 males, 84 females) who worked at the time of the administration in Greece participated voluntarily in this research. The average age for men was 48.87 (SD=7.32) years, and for women was 49.23 (SD=7.37), the average working experience was for men 20.65 (SD=8.44) and for women 21.45 (SD=7.85) years, The two groups did not differentiate in their demographics, regarding age [t(160)=0.317, p=0.752] and working time [t(160)=0.623, p=0.534]. Overall, all of the participants had a bachelor's degree in nursing from a Greek accredited higher-education institution, and additionally n=29 from the total sample had a master's degree in nursing. All of the participants were married and/or had a partner living with. Of the 15 nonrespondents, 14 denied completing at least half of the questions of the questionnaire battery because of time reasons, and 1 was non–Greek-speaking.

Study inclusion criteria were similar to other studies (Fradelos et al. 2014). Participants should be registered nurses in formal leadership positions having prior working experience (as is requested in the selection system of Greek leader nurses especially with older adults in relevant settings), being a native Greek speaker, and being free of a formal diagnosis of psychiatric disorder (e. g. major depression, anxiety etc.).

Data collection

The data collection period was between March 2020 and end of May 2020. Participants completed a number of questionnaires, anonymously. The questionnaires examined different aspects of emotions and were mailed out and completed by the participants in their own place (not necessary in their working place), without a time limitation. The administered questionnaires met the requirements of brevity, ease of administration-completion, sensitivity, and validity for the Greek population, and were the following: 1) Job Affect Scale -17 questions (Brief et al. 1988) (α=0.88 for positive and α=0.77 for negative subscales), 2) Emotional Labour Scale - 6 questions (Brotheridge & Lee 2003) (α=0.88 for surface acting and α=0.80 for deep acting), 3) Emotion Regulation Questionnaire - 10 questions (Gross & John 2003) (α=0.92 for reappraisal and α=0.84 for suppression subscales), 4) Generalized Immediacy Scale - 4 questions (Andersen & Andersen 2005) (α=0.85), 5) General Index of Job Satisfaction - 12 questions (Kafetsios & Loumakou 2007) (α=0.91), 6) Maslach Burnout Inventory - 22 questions (Maslach et al. 1986) (α=0.88), 7) Wong-Law Emotional Intelligence Scale - 16 questions (Kafetsios & Zampetakis 2008) (α Self-Emotion Appraisal =0.90, α Others' Emotion Appraisal =0.92, α Use of Emotion = 0.86, α Regulation of Emotion =0.86), 8) State Anxiety Inventory form X - 20 questions (Spielberger 1983) (α=0.92), 9) and Perceived Cohesion Scale - 6 questions (Chin et al. 1999) (α=0.95).

A 5-point Likert scale questionnaire based on the proposed symptoms of hubris syndrome (Owen & Davidson 2009, Giannouli 2017) was administered. It contained 14 questions (α=0.805) with responses ranging from 1=strongly disagree to 5=strongly agree (see Table 1).

Data was analyzed using SPSS Version 22.0 for Windows. Independent samples t-tests were performed for the two groups of men and women nurses, with dependent variables their demographics (age and working experience), as well as the total score in the hubris questionnaire and in all other administered emotion questionnaires. Pearson correlations were performed between hubris total score, demographics (such as age, education years, and working experience), and the total scores on the 'emotion' scales and their subscales.

Table 1. Hubris on a 5-point Likert scale

Questions	Minimum score	Maximum score	Mean	SD
1) Do you believe that you see the world primarily as an arena in which to exercise power and seek glory?	1	4	1.96	0.72
2) Do you believe that you have a predisposition to take actions which seem likely to cast the individual in a good light - i.e. in order to enhance image?	1	3	1.24	0.44
3) Do you believe that you have a disproportionate concern with image and presentation?	1	3	1.87	0.52
4) Do you believe that you have a messianic manner of talking about current activities and a tendency to exaltation?	1	3	1.64	0.68
5) Do you believe that you have an identification with the nation, or organization to the extent that you regards your outlook and interests as identical?	1	5	1.72	0.70
6) Do you believe that you have a tendency to speak in the third person or use the royal 'we'?	1	2	1.72	0.44
7) Do you believe that you have an excessive confidence in your own judgement and contempt for the advice or criticism of others?	1	3	1.87	0.64
8) Do you believe that you have an exaggerated self-belief, bordering on a sense of omnipotence, in what you personally can achieve?	1	4	1.64	0.69
9) Do you believe that you have a belief that rather than being accountable to the mundane court of colleagues or public opinion, the court to which you answer is: History or God?	1	3	1.49	0.58
10) Do you believe that you have an unshakable belief that in that court you will be vindicated?	1	3	1.89	0.61
11) Do you believe that you have loss of contact with reality; often associated with progressive isolation?	1	5	1.92	0.83
12) Do you believe that you have restlessness, recklessness and impulsiveness?	1	5	1.60	0.68
13) Do you believe that you have a tendency to allow your 'broad vision', about the moral rectitude of a proposed course, to obviate the need to consider practicality, cost or outcomes?	1	5	1.93	0.77
14. Do you believe that things go wrong because too much self-confidence has led you not to worry about the nuts and bolts of policy?	1	3	1.51	0.58

Ethical considerations

The study was authorized in the respective committees of the departments in which the research took place. The participants were informed about the study objective, and their informed consent was obtained in writing. During research the confidentiality and anonymity of the participants was maintained, respecting the principles of the declaration of Helsinki.

RESULTS

Pearson correlations including the ten questionnaires, as well as years of working experience revealed that there is only one important relationship between the variables (see Table 2). More specifically, between the total score of hubris and negative affect a statistically significant negative correlation was found (r=-0.702, p=0.000).

When an independent samples t-test was performed, no statistically significant differences were found for the Job Affect Scale, positive affect [t(160)=0.915, p=0.361] and negative affect subscale [t(160)=0.983, p=0.327], the Emotional Labour Scale, surface acting [t(159)=0.274, p=0.784] and deep acting [t(158)=1.339, p=0.183], the Emotion Regulation Questionnaire, reappraisal [t(153)=0.461, p=0.645] and suppression subscale [t(153)=0.048, p=0.962], the Generalized Immediacy Scale [t(156)=1.128, p=0.261], the General Index of Job Satisfaction [t(159)=0.854, p=0.395], the Maslach Burnout Inventory [t(159)=0.620, p=0.536], the Wong-Law Emotional Intelligence Scale [t(154)=1.075, p=0.284], the State Anxiety Inventory [t(151)=0.459, p=0.647], and the Perceived Cohesion Scale [t(160)=0.267, p=0.790].

Additionally, no difference was found [t(157)=0.945, p=0.346] between men's total score in the hubris questionnaire (M=24.34, SD=4.42) and women's total score (M=23.71, SD=5.15).

DISCUSSION

Hubris in gerontological nurses working in leadership positions seems not to be related to prior years of working experience, as was found in physicians in similar leadership positions in Greek healthcare settings (Giannouli 2021), but only negative affect as measured by the Job Affect Scale seems to correlate with hubris.

Table 2. Means and SDs for measured emotional dimensions of the questionnaires

Measured dimensions of the Questionnaires	Mean	SD
Hubris Total Score	24.05	4.81
Job affect Scale		
Positive job affect	2.78	0.64
Negative job affect	3.91	1.29
Emotional Labour Scale		
Surface acting	3.04	0.87
Deep acting	3.27	0.72
Emotion Regulation Questionnaire		
Reappraisal	3.46	0.67
Suppression	4.10	1.05
Generalized Immediacy Scale		
Distant	4.25	1.06
Immediate	4.10	0.78
General Index of Job Satisfaction	3.23	0.67
Maslach Burnout Inventory	3.24	1.11
Wong-Law Emotional Intelligence Scale		
Self emotional appraisal	4.43	1.12
Others' emotional appraisal	4.44	1.19
Use of emotion	4.78	1.05
Regulation of emotion	4.39	1.01
Total EI	4.51	0.96
Perceived Cohesion Scale	4.57	1.36
State Anxiety Inventory	2.43	0.50

More specifically, the more participants report negative affective states, such as being hostile, scornfull, fearful, sleepy, placid, and sad, the less total hubristic symptomatology is reported. This may happen due to the fact that professionals who admit that they have such negative feelings, may admit more easily that they are not all-powerful. It is of interest that gender does not differentiate responses to positive job affect, emotional labour in the form of surface acting and deep acting, emotion regulation both as reappraisal and suppression, perceived immediacy, job satisfaction, burnout, emotional intelligence, state anxiety as well as perceived cohesion of the working team. For the first time, it is reported that the aforementioned emotional variables do not relate to hubris.

The principal limitation of this study is that although self-report questionnaires measuring emotional variables, such as those used in the current study, can provide crucial information, not necessarily detected by observers, this information may not be objective. Despite this limitation, this study makes a novel contribution in the field of hubris by establishing where we are today regarding hubris's relation to a variety of other emotional variables and where should the research go to the future. Thus, future research may explore hubris in a cross-cultural perspective (Giannouli 2017) and in samples of different types of healthcare professionals (e.g. social workers, psychologists etc.). Additionally, multilevel analyses regarding 'leader-subordinate' groups of employees in healthcare settings may reveal if and how self-reported tendencies are experienced at an inter-individual level (Giannouli 2017a,b, 2018).

CONCLUSION

Despite the difficulties in conducting a study on this subject, given that emotional variables may be experienced, expressed and perceived in different ways, self-reports of emotional aspects in nurses are not strongly correlated with hubris, with the exception of negative affect which was found to be negatively correlated with hubris. Hubris seems to be a serious social problem, not only in the medical settings, but also when the good judgement and decisions of our political, police, medical, nursing and other leadership(s) are needed in our everyday life (Giannouli 2017c; Jakovljević 2011), something that renders necessary the implementation of critical thinking and other cognitive and emotional control mechanisms from both the leaders' and the subordinates' sides (Giannouli & Giannoulis 2021).

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Contribution of individual authors:

Vaitsa Giannouli: design of the study, literature searches and analyses, statistical analyses, interpretation of data, manuscript writing.

Nikolaos Syrmos: assistance in data collection.

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Correspondence:

Vaitsa Giannouli, PhD
Institute of Neurobiology, Bulgarian Academy of Sciences
Acad. G. Bonchev str., bl. 23, 1113 Sofia, Bulgaria
E-mail: giannouliv@hotmail.com