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## Hold a Grudge and its Relation with Grandiose Narcissism

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### Abstract

*The present study aimed to examine the correlational relationship between holding a grudge and grandiose narcissism among nurses working in the Wasit Health Directorate. Additionally, the study explored the statistical significance of differences based on various demographic variables, including gender (male, female), educational attainment (middle school, diploma, bachelor's degree), marital status (married, unmarried), age groups (19–29, 30–39, 40–49, 50 and above), and years of work experience (less than 10, 10–20, 20–30 years). A randomly selected sample of 400 nurses participated in the study. Following data collection and statistical analysis, the results revealed that the participants exhibited high levels of both holding a grudge and grandiose narcissism. Furthermore, a statistically significant positive correlation was found between holding a grudge and grandiose narcissism. No significant differences were observed in the levels of holding a grudge across the demographic variables. In contrast, grandiose narcissism showed statistically significant differences based on gender, with higher levels observed among males, while the remaining demographic variables did not exhibit significant differences.*

**Keywords:** *Harboring resentment, grandiose narcissism.*

### Introduction

The nursing profession requires personal abilities, as the work environment is built on professionalism, cooperation, and communication among staff. Holding a grudge and grandiose narcissism threaten the diverse tasks performed by nurses, which negatively impacts both patients and the healthcare institution (Baumeister, & Leary, 1995, 497). It is evident that mistreatment and transgressions harm the individual and disrupt their social bonds (Niehuis, et al, 2019, 467). Such experiences can lead an individual to live in a cycle of psychological stress and difficult circumstances, potentially giving rise to negative emotions such as holding a grudge (Fincham, 2020, 142).

Holding a grudge is a blend of negative emotions that causes an individual to view life or work situations with pessimism; consequently, they tend to avoid interactions or communication with those who have wronged them. Avoiding the offender is considered a defensive mechanism to preserve self-respect, as transgressions diminish an individual's worth (Monsjou, 2018, 2). This avoidance leads to a continuous cycle of negative feelings toward the offender through constant rumination over the transgression (Monsjou, et al, 2017, 2).

Furthermore, the persistent rumination on the negative burdens associated with holding a grudge makes individuals with grandiose narcissism less forgiving towards those who have wronged them (Exline, et al, 2004, 894) and more prone to aggression in order to protect their inflated self-image (Monsjou, et al, 2021, 8). Grandiose narcissism is also associated with increased

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arrogance and reduced empathy toward colleagues (Williams, & Williams, 2017, 198), as well as attributing work achievements solely to one's own efforts while disregarding the contributions of others, which may further lead to holding a grudge against coworkers (Rhodewalt, et al, 1998, 76).

## Objectives

- To assess grudge-holding among nurses.
- To assess grudge-holding among nurses according to gender (male, female), age (20–29, 30–39, 40–49, 50 and above), educational attainment (middle school, diploma, bachelor's degree), marital status (married, unmarried), and years of work experience (less than 10, less than 20, less than 30).
- To assess grandiose narcissism among nurses.
- To assess grandiose narcissism among nurses according to gender (male, female), age (20–29, 30–39, 40–49, 50 and above), educational attainment (middle school, diploma, bachelor's degree), marital status (married, unmarried), and years of work experience (less than 10, less than 20, less than 30).
- To determine the correlational relationship between grudge-holding and grandiose narcissism among nurses.

## Methodology

The methodology of the current study can be summarized in the following points:

- 1) Variables and instruments were identified through a review of the literature and previous studies. A random sample of 400 nurses from the Wasit Health Directorate was selected.
- 2) The grudge-holding scale developed by Monsjou et al. (2022), consisting of 18 items, was used. The study also adopted Monsjou et al.'s (2022) grudge-holding theory, which defines grudge-holding as negative emotions caused by the individual's feelings of insult and injustice, manifested through retaining negative feelings toward the offender.
- 3) The grandiose narcissism scale by Foster et al. (2014) was utilized, based on the Extended Agency Model of Campbell and Foster (2007). According to Campbell and Foster (2007), grandiose narcissism is defined as a negative trait that affects thinking, feeling, and behavior. It is exhibited through exaggerated self-views, a sense of entitlement, a lack of respect for others, and an emphasis on self-aggrandizement.

## Monsjou's Grudge-Holding Theory (Monsjou et al., 2021)

Monsjou concluded that individuals possess mechanisms to cope with mistreatment. One such mechanism is revenge, which imposes costs on the offender and discourages them from committing further transgressions (Kubrin & Weitzer, 2003, 160). However, if the victim has a relationship with the offender, forgiveness may be employed, indicating the individual's ability to reduce negative thinking and broaden positive perspectives (McNulty, 2011, 770). Another mechanism is manifested through holding a grudge against the offender, which reflects a sense of injustice when harmed, along with increasing feelings of annoyance and anger that intensify

with the continual rumination of past negative experiences (Monsjou et al., 2021, 1). According to Monsjou (2018, 57), grudge-holding comprises components such as a sense of superiority, severing relationships, future expectations, the need for honesty, the ability to overcome, and the time required to “get over” the offense.

### **Extended Agency Model of Campbell and Foster (2007)**

Campbell et al. (2006) demonstrated that individuals with grandiose narcissism hold exaggerated and unrealistic views about themselves and others, coupled with a sense of entitlement and self-centeredness. These individuals exhibit high levels of self-regulation, excessive self-admiration, and an air of superiority (Campbell et al., 2006, 297). The positive self-concept, as described by Rose and Campbell (2004, 2), includes elements of positivity, self-aggrandizement, agency, uniqueness, selfishness, and success. Self-reports indicate that narcissists often lack warm and strong relationships (Campbell et al., 2002, 360). Additionally, narcissists utilize self-regulation strategies that include exploitation, entitlement, superiority, arrogance, and exhibitionism, as they strive for excellence and seek closeness to authority figures (Raskin & Novacek, 1991, 912).

### **Research Instruments**

For each construct, an appropriate instrument was selected. In pursuit of the objectives of this study, the researcher adopted two scales: one for measuring grudge-holding and another for assessing grandiose narcissism. The original grudge-holding scale consisted of 18 items, while the grandiose narcissism scale comprised 35 items. After both scales were presented to expert judges, the items remained unchanged. The researcher then administered both scales to the sample, and the data collected from the respondents were statistically analyzed.

Internal consistency was evaluated for both scales by examining the correlation between each item and the total score of the respective scale. All items of the grudge-holding scale were found to be statistically significant, with their computed t-values exceeding the tabulated t-value of 1.96 at 214 degrees of freedom at the 0.05 significance level. Similarly, each item on the grandiose narcissism scale was statistically significant, as their computed t-values were greater than the tabulated t-value of 1.96 at 214 degrees of freedom and at a 0.05 significance level.

### **Reliability Coefficients**

The reliability of the grudge-holding and grandiose narcissism measures was assessed using two methods: Cronbach’s alpha and test-retest. The results are summarized in Table (1) below

Table (1): Reliability Indicators for the Grudge-Holding and Grandiose Narcissism Scales

| <b>Variable</b>             | <b>Method</b>    | <b>Sample Size</b> | <b>Reliability Coefficient</b> |
|-----------------------------|------------------|--------------------|--------------------------------|
| <b>Grudge-Holding</b>       | Test-Retest      | 40                 | 0.78                           |
|                             | Cronbach’s Alpha | 400                | 0.85                           |
| <b>Grandiose Narcissism</b> | Test-Retest      | 40                 | 0.77                           |
|                             | Cronbach’s Alpha | 400                | 0.88                           |

## **Results**

### **Objective 1: Assessing Grudge-Holding among Nurses**

To achieve the first objective, the researcher administered the final version of the grudge-holding scale to a sample of 400 nurses. The results revealed that the mean grudge-holding score among

the nurses was 84.1 with a standard deviation of 18.8. A one-sample t-test was used to compare the computed mean with the hypothesized mean of 72. The obtained t-value was 12.9, which is greater than the critical t-value of 1.96 at a 0.05 significance level ( $df = 399$ ). These findings indicate that the sample exhibits a high level of grudge-holding. This result can be interpreted in light of Monsjou et al.'s (2021) grudge-holding theory, which suggests that grudge-holding is a cyclical, multi-level process involving the interplay of perceptions, emotions, and behaviors. Although the intensity of negative emotions may diminish over time, they remain latent and can be easily reactivated.

## **Objective 2: Assessing Grudge-Holding among Nurses According to Demographic Variables**

### **1) Gender (Male – Female):**

An independent samples t-test was conducted to compare the mean grudge-holding scores between male and female nurses. The computed t-value was  $-0.05$ , which is lower than the critical t-value of 1.96 at the 0.05 significance level ( $df = 398$ ). This indicates no statistically significant differences in grudge-holding between genders.

### **2) Age:**

A one-way ANOVA was performed to compare grudge-holding scores across different age groups. The calculated F-value was 0.742, which is lower than the critical F-value of 2.62 at the 0.05 significance level ( $df = 396, 3$ ). This suggests that there are no significant differences in grudge-holding based on age.

### **3) Educational Attainment:**

A one-way ANOVA was used to compare grudge-holding scores across various levels of educational attainment. The computed F-value was 0.15, which is lower than the critical F-value of 3.02 at the 0.05 significance level ( $df = 397, 2$ ). This indicates that educational attainment does not significantly influence grudge-holding levels.

### **4) Marital Status:**

An independent samples t-test compared the mean grudge-holding scores between married and unmarried nurses. The obtained t-value was 1.16, which is less than the critical t-value of 1.96 at the 0.05 significance level ( $df = 398$ ). Thus, marital status does not significantly affect grudge-holding.

### **5) Years of Work Experience:**

A one-way ANOVA was conducted to examine grudge-holding scores across different categories of work experience. The resulting F-value was 1.46, which is lower than the critical F-value of 3.02 at the 0.05 significance level ( $df = 397, 2$ ). This finding indicates that there are no significant differences in grudge-holding based on years of work experience.

## **Objective 3: Assessing Grandiose Narcissism among Nurses**

To address the third objective, the researcher administered the final version of the grandiose narcissism scale to the same sample of 400 nurses. The results showed that the mean grandiose narcissism score was 165.9 with a standard deviation of 27.4. A one-sample t-test comparing this mean to the hypothesized mean of 140 revealed a computed t-value of 18.8, which is greater than the critical value of 1.96 at a 0.05 significance level ( $df = 399$ ). These results indicate that

the nurses exhibit a high level of grandiose narcissism. This finding is consistent with the Extended Agency Model; according to Campbell and Foster (2007), individuals with grandiose narcissism hold exaggerated, unrealistic self-views, believe they are superior to others, and often employ self-regulation strategies (e.g., exploitation, entitlement, superiority, arrogance, and exhibitionism) to maintain their inflated self-image. When supported by a favorable social environment, these strategies are effective; however, an inadequate environment may lead to frustration, anxiety, and depression, prompting socially undesirable behaviors aimed at restoring their self-image.

**Objective 4:** Assessing Grandiose Narcissism among Nurses According to Demographic Variables

**1) Gender (Male – Female):**

An independent samples t-test was conducted to compare grandiose narcissism scores between male and female nurses. The computed t-value was 2.05, exceeding the critical t-value of 1.96 at the 0.05 significance level ( $df = 398$ ). This indicates statistically significant differences in grandiose narcissism between genders, with males scoring higher.

**2) Age:**

A one-way ANOVA was used to compare grandiose narcissism scores across different age groups. The calculated F-value was 2.147, which is less than the critical F-value of 2.62 at the 0.05 significance level ( $df = 396, 3$ ). This suggests that age does not significantly affect grandiose narcissism levels.

**3) Educational Attainment:**

A one-way ANOVA comparing grandiose narcissism scores across various levels of educational attainment yielded an F-value of 1.22, which is below the critical value of 3.02 at the 0.05 significance level ( $df = 397, 2$ ). Thus, no significant differences were observed based on educational attainment.

**4) Marital Status:**

An independent samples t-test was used to compare grandiose narcissism scores between married and unmarried nurses. The computed t-value was 0.83, which is below the critical t-value of 1.96 at the 0.05 significance level ( $df = 398$ ). This indicates no significant differences based on marital status.

**5) Years of Work Experience:**

A one-way ANOVA was performed to assess differences in grandiose narcissism scores based on years of work experience. The computed F-value was 0.70, which is lower than the critical F-value of 3.02 at the 0.05 significance level ( $df = 397, 2$ ). This result indicates that years of work experience do not significantly influence grandiose narcissism.

**Objective 5:** Assessing the Correlational Relationship between Grudge-Holding and Grandiose Narcissism among Nurses

Pearson's correlation coefficient was calculated to determine the relationship between grudge-holding and grandiose narcissism. The correlation coefficient was found to be 0.449, indicating a moderate positive relationship between the two variables. To test the significance of this

correlation, a t-test was performed. The computed t-value was 10.02, which exceeds the critical t-value of 1.96 at a 0.05 significance level ( $df = 398$ ), confirming that the correlation is statistically significant.

The results suggest that grudge-holding arises from an individual's perception of injustice, which in turn leads to persistent feelings of anger and a desire for revenge. This is particularly notable among nurses, who may feel underappreciated, overburdened, or subjected to excessive pressure. Such conditions foster grudge-holding toward colleagues or the work environment. Conversely, grandiose narcissism is characterized by a self-focused approach, with narcissists prioritizing individual goals related to power, dominance, and personal recognition over cooperative relationships.

### **Recommendations**

Enhance psychological well-being in the workplace by providing counseling and psychological services to support the mental health of nurses within healthcare institutions. In addition, design training programs aimed at developing emotional intelligence skills, managing professional relationships in a healthy manner, and effectively coping with psychological challenges and work-related stress. It is also important to promote positive leadership among nursing managers to reduce conflicts, foster a supportive environment, and increase awareness of how to address these psychological issues in a constructive and healthy way. Moreover, regular psychological and behavioral assessments should be implemented to identify nurses experiencing mental health problems, allowing for the development of targeted improvement plans that address identified weaknesses. Ensuring professional fairness by avoiding favoritism in the distribution of tasks and opportunities, and by taking into account individual differences in task allocation, is essential since an unfair distribution can lead to psychological issues among nurses.

### **Proposals**

Future research should focus on examining the correlational relationship between grudge-holding and other variables such as forgiveness, vengeful emotion, self-rumination, negative mood, emotional regulation, stress resistance, and job burnout. Additionally, further studies are needed to explore the relationship between grandiose narcissism and deviant behaviors, functional impairment, sensitivity to professional rejection, antisocial personality disorder, and histrionic personality disorder.

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