Information Impact

Perceived Superiority Complex and Interpersonal Relationships in Medical Libraries in Nigeria: Contributory Factor Analysis Approach

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Abstract

This study examined the extent of library personnel's understanding of the concept 'superiority complex', its existence in medical libraries in Nigeria and how it influences their interpersonal relationships. The study adopted a quantitative method using a survey as the research design. Total enumeration sampling technique was used to select all library personnel in 300 medical libraries in Nigeria. An online questionnaire was used to collect data. Data were analyzed using descriptive statistics (frequency counts, mean and standard deviation) and inferential statistics using structural equation modeling. Seventy-eight library personnel participated in the study. The Confirmatory Factor Analysis showed that the measurement model produced an acceptable fit: x^2= 476.090, df= 328, CFI= 0.898, TLI= 0.882, RMSEA= 0.077(0.061-0.091), RMR=0.098 SRMR= 0.072. Further empirical evidence showed that even at moderate level, perceived superiority complex had negative relationship with interpersonal relationships among library personnel in medical libraries in Nigeria. The results suggest that a decrease in perceived superiority complex is highly beneficial to increasing positive interpersonal relationships among the participants. Wherefore, the significance of the findings of this study lies in the fact that it will create awareness on the need to identify the affected library personnel for appropriate counselling or psychotherapy recommendation. Self-assessment and seeking help are also crucial to reducing the level of superiority complex and checking attitudes that are detrimental to positive interpersonal relationships and professionalism.

Keywords

Introduction

Medical libraries- repositories of information and knowledge established to serve the information needs of people in hospital settings, just like any other libraries may not be able to actualise their goals of effective provision of library and information services without a significant level of workers' dedication and commitment (Babalola, Alegbeleye & Adegbaye, 2020). Moreover, it should be understood that a significant level of workers' dedication and commitment is a function of positive interpersonal relationships (Nwinyokpugi & Omunakwe, 2019). Positive interpersonal relationships refer to healthy relationships foster by effective communication, climate of openness, team building efforts, initiation of social support/social interactions and relational justice (Nwinyokpugi & Omunakwe, 2019).

Libraries are not exempted from employee interpersonal relationships (Bankole, 2023; Oyovwe-Tinuoye, 2020). According to Agba (2018), activities in the Nigerian public sector are embodiments of interpersonal relationships and communications. Yet, one of the major factors that affect interpersonal relationships is superiority complex (Adekanye, 2020). Superiority complex is a behaviour that suggests a person believes he or she is somehow superior to others, often has exaggerated opinions of himself or herself and may believe his or her abilities and achievements surpass those of others (Adekanye, 2020; Fellizer, 2019; Holland, 2019). However, a superiority complex may actually be hiding low self-esteem or a sense of inferiority (Fellizer, 2019).

According to Fellizer (2019), persons with superiority complex constantly seek validation. He further explained that it's hard for them to own up to their mistakes, they compare themselves to others a lot, they're prone to mood swings, they have a tendency to make things all about them, they have a sense of entitlement, and they like things to be under their control. Just like in any organization, medical libraries may have library personnel who exhibit superiority complex, which may be affecting their interpersonal relationships and work performance. Evidences from research have shown that there is a significant relationship between interpersonal relationships and work performance (Agba, 2018; Nwinyokpugi & Omunakwe, 2019) but the relationship between superiority complex and interpersonal relationships has not been well examined and empirically evident.

Problem statement

There is need to examine the level of the existence of superiority complex in medical libraries in Nigeria because its existence among library personnel could lead to poor communication, as well as poor interaction and unproductive collaboration. Investigating the effect of perceived superiority complex on interpersonal relationships will provide the library personnel with vital information needed to

overcome superiority complex in order to promote positive interpersonal relationships. It is also envisaged that the findings of this study will trigger self-reflection(s) necessary to produce positive internal changes. According to Krishnan (2021), ''as we go through life, we are sure to meet people who have feelings of grandeur. We need to recognise that this is a disorder (which has its roots elsewhere), and accordingly orient ourselves to help them.''

Research objectives

This study aimed to examine the extent of library personnel's understanding of the concept 'superiority complex', its existence in medical libraries in Nigeria and how it influences their interpersonal relationships. The specific objectives include:

(1) To determine the level of library personnel's understanding of superiority complex.

(2) To examine the existence of superiority complex among library personnel in medical libraries in Nigeria.

(3) To examine the relationship between perceived superiority complex and interpersonal relationships (relational justice, communication, conflict management, interaction, social support, and teamwork).

Research questions

(1) What is the level of library personnel's understanding of superiority complex?

(2) Does superiority complex exist among library personnel in medical libraries in   Nigeria?

(3) Is there relationship between perceived superiority complex and interpersonal relationships (relational justice, communication, conflict management, interaction, social support, and teamwork)?

Research hypotheses

(H_{01}) There is no significant relationship between perceived superiority complex and relational justice

(H_{02})There is no significant relationship between perceived superiority complex and communication

(H_{03})There is no significant relationship between perceived superiority complex and conflict management

(H_{04})There is no significant relationship between perceived superiority complex and interaction

(H_{05})There is no significant relationship between perceived superiority complex and social support

(H_{06})There is no significant relationship between perceived superiority complex and teamwork

Literature review

The literature review focuses on (i) superiority complex (ii) superiority complex and interpersonal relationships.

Superiority complex

Holland (2019) defined superiority complex as an exaggerated sense of self-worth which hides real feelings of mediocrity; an abnormal psychological defence mechanism in which a person's feelings of superiority counter or conceal his or her feelings of inferiority. He further explained that superiority complex differs from genuine confidence, in that confidence is a result of having an actual skill, success, or talent in a specific area but a superiority complex is a false confidence when little or no success, achievement or talent is actually achieved. Though superiority complex is not out rightly narcissism, Yet, Krishnan(2021) noted that a person with superiority complex become narcissistic after a while because he or she starts to admire himself/herself and the excessive admiration of oneself becomes a problem, and that being narcissistic and having feelings of superiority exist everywhere.

Izu (2020) in her study on Knowledge Sharing among Staff at Delta State University Library, Abraka observed that there was a visible significant level of superiority complex among librarians towards one another, and this consequently constituted one of the greatest barriers to knowledge sharing for improved service provision in the library.

Superiority complex has been seen to come into play as a result of some factors such as choice of occupation, status, expertise, and so on (Kolisnyk, Cekrlija & Kalagurka, 2020; Krishnan, 2021).In a study of the Peculiarities of Superiority and Inferiority Complexes among Ukrainians, Kolisnyk et al, (2020) found that the occupation or status of the participants correlated positively with their level of superiority complex. Wherefore, people who occupy higher positions in medical libraries may likely exhibit a higher level of superiority complex than others, probably because they see colleagues at the lower levels sometimes as less experienced, and hence less important at their respective work place. This has implications on interpersonal relationships among co-workers.

Superiority complex and interpersonal relationships

Interpersonal relationships are important aspects in every professional organization, as they are one of the vital components in human relationship (Agba, 2018). According to Agba (2018), in today's competitive information world, it is very difficult to hire people and retain them for a long period of time. Hence, organizations including the libraries are trying to maintain the workforce and to get the best out of them through healthy employees' interpersonal relationships. Workplace interpersonal relationships are the social association, connection or affiliation between two or more people in an organization, and developing

interpersonal relationships is a serious business that yields dividends to those committed to it (Nwinyokpugi & Omunakwe, 2019).

However, it has been established that superiority complex among colleagues affects healthy workplace interpersonal relationships (Adekanye, 2020). According to Krishnan (2021), a feeling of superiority complex makes one intolerant to accepting one's mistakes or corrections; jettison expert's opinion; and stop engaging with others. Often, such person(s) "tend to adopt an aggressive stance when interacting with others.'' These are usually detrimental to positive interpersonal relationships (Adekanye, 2020; Holland, 2019). This is because a person with superiority complex often engages in behaviours or activities that are hurtful to others (Fellizar, 2019).

In a study of knowledge sharing among staff at Delta State University Library Abraka for improved service provision, Izu (2020) found that majority of the respondents of the study strongly agreed that lack of trust and lack of interpersonal and communication skills militated against knowledge sharing among librarians; and that the visible lack of interpersonal and communication skills could have resulted from superiority complex among the librarians.

Methodology

The study adopted a quantitative method using a survey as the research design. This is to draw on a large sample to enable the generalisation of the result to the entire population of the study. Though the context of the study was the 300 medical libraries in Nigeria, the population of study included only 213 library personnel on WhatsApp Group of the Medical Library Association of Nigeria (MLA-NG). The total enumeration method was used to capture all library personnel (who hold diplomas or higher qualifications in library and information studies) from the medical libraries in Nigeria. The respondents were contacted via the official social media platform (WhatsApp) of the Medical Library Association (MLA), Nigeria to which all the library personnel belong. Data were collected through the use of a structured questionnaire. The questionnaire was self-designed on Google web form and was online administered on the MLA Nigeria WhatsApp group. All participants were invited on the MLA Nigeria WhatsApp group to click a link to begin the survey but only 78 responded to the survey. The ethical measures deployed to protect the privacy of the participants and to ensure their voluntariness included: the use of anonymised questionnaire, no participant was forced to participate in the survey, and those who participated were free to withdraw at any time.

The questionnaire consisted: Section A which focussed on demographic characteristics of the respondents: institution, gender, age range, highest educational qualification, cadre and years of professional experience. Section B addressed library personnel's understanding of the concept 'superiority complex, it contained ten items. Section C addressed the existence of superiority complex among library

personnel in medical libraries in Nigeria, it contained 12 items. Section D addressed interpersonal relationships, it contained 26 items. With the exception of Section A, the rest Sections (Section B, Section C and Section D) were measured on a 5-point Likert scale: strongly agree =5, agree =4, neutral= 3, disagree =2 and strongly disagree =1.

The overall Cronbach's alpha value for the whole scale was 0.86, which was above the 0.70 recommended. Cronbach's alpha value for the scales in the pre-test ranged from 0.80 to 0.86. This showed that the scales were good and acceptable for deployment in the main study. Statistical Package for Social Sciences (SPSS) version 22 for Windows was deployed for the analysis. Data were analyzed using descriptive statistics (frequency counts, mean and standard deviation) and inferential statistics using structural equation modeling. Specifically for inferential analysis, Exploratory Factor Analysis (EFA) was used to confirm if the measurement items converge to directly related constructs. Principal Component Analysis (PCA) was used to extract the most parsimonious variables. Thereafter, the measurement model was assessed using Confirmatory Factor Analysis (CFA). AMOS 23 was used for the CFA and to address the hypotheses. Maximum Likelihood method was applied to calculate estimates for variances, covariance and correlations.

Results

Demographic data of the respondents

Table 1. Demographic data of the respondents.

Variables		Frequency	Percent
Gender	Male	29	37.2
	Female	49	62.8
	Total	**78**	**100**
Age	20 – 29	5	6.4
	30-39	21	26.9
	40-49	32	41.0
	50- 59	18	23.1
	Above 59	2	2.6
	Total	**78**	**100**
Highest Educational Qualification	Diploma	6	7.7
	Bachelor	29	37.2
	Master	29	37.2
	PhD	13	16.7
	Others	1	1.3
	Total	**78**	**100**
Cadre	Librarian	67	85.9
	Library Officer	11	14.1
	Total	**78**	**100**

Years of Professional Experience	0-5	28	35.9
	6-10	18	23.1
	11–15	9	11.5
	16-20	9	11.5
	21-25	6	7.7
	26–30	3	3.8
	31- 35	2	2.6
	>35	28	35.9
	Total	**78**	**100**

The demographic profile of the respondents (Table 1) shows that 78 library personnel from medical libraries in Nigeria participated in the survey. Just more than half of the respondents, 49(62.8%) were females, while 29(37.2%) were males. The majority, 32(41.0%) of the respondents were in the age group of 40-49 years, while just, 2(2.6%) of them were in the age group of 59 years and above. The mean age of the respondents is 47.38 years (Std Deviation = 0.926). As regards the highest educational qualification, the majority of the respondents, 29 (37.2%) had bachelor's degree and same with those who had a Master's degree, 13 (16.7%) had a PhD, while just 6 (7.7%) had a diploma. Majority 67 (85.9%) were librarians, while 11 (14.1%) were library officers. On years of professional experience, a majority (35.9%) of the library personnel had 0–5 years or > 35 years of professional experience, Just two (2.6%) had between 31-35 years of professional experience.

Research question 1
What is the level of library personnel's understanding of superiority complex?
Table2. Level of library personnel's understanding of superiority complex

Statements	5%	4%	3%	2%	1%	Mean	Std Dev
A superiority complex is a behaviour that suggests a person believes that he or she is somehow superior to others.	73.1	19.2	1.3	1.3	5.1	4.54	0.989
A superiority complex is a defence mechanism that develops over time to help a person cope with painful feelings of inferiority	39.7	24.4	14.1	9.0	12.8	3.69	1.408
The continuous lies and exaggerations about oneself indicate superiority complex.	33.3	25.6	12.8	14.1	14.1	3.50	1.439
Believe that one's abilities and achievements surpass those of others	56.4	30.8	3.8	2.6	6.4	4.28	1.104

Statements	5	4	3	2	1	Mean	Std Dev
Having a self-image of supremacy or authority is a symptom of superiority complex	52.6	33.3	7.7	3.8	2.6	4.29	0.955
Unwillingness to listen to others indicates superiority complex	35.9	29.5	14.1	14.1	6.4	3.74	1.263
A superiority complex is manifested as boastful claims that are not real. A sense of a false confidence.	33.3	33.3	19.2	10.3	3.8	3.82	1.125
A person who acts superior to others and holds others as less worthy is actually hiding a feeling of inferiority.	48.7	28.2	9.0	9.0	5.1	4.06	1.188
It is superiority complex when a person acts superior to another, and really feels that the other is a perceived threat.	41.0	37.2	11.5	5.1	5.1	4.04	1.098
Being a bully who uses abusive words on others	37.2	24.4	17.9	6.4	14.1	3.64	1.405
Weighted Mean =						**3.96**	

Key: **5**= strongly agree, **4**= agree, **3**= neutral, **2**=disagree, **1**= strongly disagree
Decision rule: *mean significant at 3*

Results in Table 2 show the level of library personnel's understanding of superiority complex: the weighted mean was 3.96 on a five-point scale with a threshold mean of 3.00. This confirms that the library personnel's understanding of superiority complex was high. The findings suggest that the library personnel in medical libraries in Nigeria have good understanding of superiority complex.

Research question 2

Does superiority complex exist among library personnel in medical libraries in Nigeria?

Table 3. Existence of superiority complex among library personnel in medical libraries in Nigeria

Statements	5%	4%	3%	2%	1%	Mean	Std Dev
I work with a superior colleague who perceives me as a threat.	21.8	19.2	12.8	25.6	20.5	2.96	1.472
I work with a colleague who devalues the accomplishments of others by one-upping them with his or her own accomplishments.	21.8	21.8	20.5	19.2	16.7	3.13	1.399
I work with a superior colleague who believes he or she is always right	28.2	25.6	14.1	19.2	12.8	3.37	1.406
I work with a colleague who believes he or she is always right	2.6	7.7	17.9	24.4	47.4	1.94	1.097

Some of my colleagues lack empathy	15.4	19.2	21.8	24.4	19.2	2.87	1.352
I observe a colleague whose mood swings always	24.4	23.1	29.5	16.7	6.4	3.42	1.212
I work with a superior who exhibits 'I have idea about all' attitude	23.1	20.5	24.4	17.9	14.1	3.21	1.361
I work with a superior colleague who always blame others for his or her mistakes	24.4	20.5	16.7	21.8	16.7	3.14	1.439
I work with a colleague who believes that others are beneath him or her, financially, economically, socially, even intellectually.	23.1	23.1	11.5	19.2	23.1	3.04	1.516
I work with a superior colleague who acts in ways that make others fear him/her rather than respect him/her	26.9	21.8	20.5	17.9	12.8	3.32	1.382
I work with a senior colleague who like feeling in control.	28.2	30.8	14.1	14.1	12.8	3.47	1.374
I work with a senior colleague who uses abusive and vulgar words on his or her subordinates.	16.7	11.5	17.9	20.5	33.3	2.58	1.473
Weighted Mean =						*3.04*	

Key: **5**= strongly agree, **4**= agree, **3**=neutral,**2**=disagree, **1**= strongly disagree
Decision rule: *mean significant at 3*

Results in Table 3 show the perceived superiority complex among library personnel in medical libraries in Nigeria: the weighted mean was 3.04 on a five-point scale with a threshold mean of 3.00. This confirms that the perceived superiority complex by library personnel towards one another was at a moderate level. The findings suggest that superiority complex existed among library personnel in medical libraries in Nigeria at a very moderate level.

Inferential analysis

This entails the deployment of structural equation modeling to test the six hypotheses that guided this study.

Data reduction using principal component analysis

Kaiser-Meyer-Olkin measure of sampling adequacy test accounted for 85.3%, which was higher than the 60% threshold recommended by Hair et al., (2010). Bartlett's test was significantx^2=1584.507, df = 378, p=0.000, indicating that the items were appropriate factors.

Loadings

Twenty-eight items loaded on seven factors (constructs). All the items loadings were >0.50 ranging from 0.58 to 0.91. Hence, all the seven constructs have satisfactory

convergent validity. The extracted factors accounted for 69.3% of the total variance and their eigenvalues ranged from 1.261to 10.682.

Communalities

Table 4. Communalities

Communalities		
	Initial	Extraction
PSC17: I work with a colleague who devalues the accomplishments of others by one-upping them with his or her own accomplishments.	1.000	0.700
PSC18: I work with a colleague who believes he or she is always right	1.000	0.737
PSC23: I work with a superior colleague who always blame others for his or her mistakes	1.000	0.712
PSC24: I work with a colleague who believes that others are beneath him or her, financially, economically, socially, even intellectually.	1.000	0.776
PSC25: I work with a superior colleague who acts in ways that make others fear him/her rather than respect him/her	1.000	0.769
PSC26: I work with a senior colleague who like feeling in control.	1.000	0.702
CO29: I have contacts of all my colleagues	1.000	0.766
CO30: I enjoy freedom of expression in my work place	1.000	0.601
CM35: Misunderstandings are not left to linger in my work place	1.000	0.631
CM36: My team members follow proper conflict management strategies	1.000	0.589
CM39: Superior handles conflicts among colleagues in a fair and unbiased manner	1.000	0.610
SS46: My superior colleagues are friendly	1.000	0.554
SS47: My successes and achievements are sincerely celebrated by others	1.000	0.496
SS48: My hard work is always appreciated by my superior	1.000	0.618
SS53: My colleague takes over my task when I feel fatigued	1.000	0.607
RJ57: The supervisor considers the co-worker's view points	1.000	0.713
RJ58: The supervisors are able to suppress personal biases	1.000	0.669
RJ59: The superiors treat the co-workers with kindness and consideration	1.000	0.789
RJ60: The superiors show concern for co-workers' right	1.000	0.782
RJ61: The supervisor deals with the co-workers in a truthful manner	1.000	0.829
RJ62: The supervisors provide the co-workers with timely feedback about decisions and their implications	1.000	0.719
IN64: In my office, we meet regularly	1.000	0.559
IN65: Our meetings are always formal and informal	1.000	0.734
IN68: I have cordial relationship with all my colleagues	1.000	0.651

TW71: Leadership promote team work	1.000	0.676
TW72: My colleagues confirm that I am a good team player	1.000	0.804
TW73: I enjoy good and healthy relationship with my team members	1.000	0.801
TW74: My team members trust me and extend their full cooperation	1.000	0.808
Extraction Method: Principal Component Analysis.		

Table 4 shows the communalities for each of the 28 variables in the study. It can be seen that "RJ61: The supervisor deals with the co-workers in a truthful manner" has the highest communality, h^2=0.829. The lowest communality: "SS47: My successes and achievements are sincerely celebrated by others" (h^2=0.496) has an adequate communality acceptable for higher statistical analysis.

Confirmatory factor analysis (CFA) model assessment
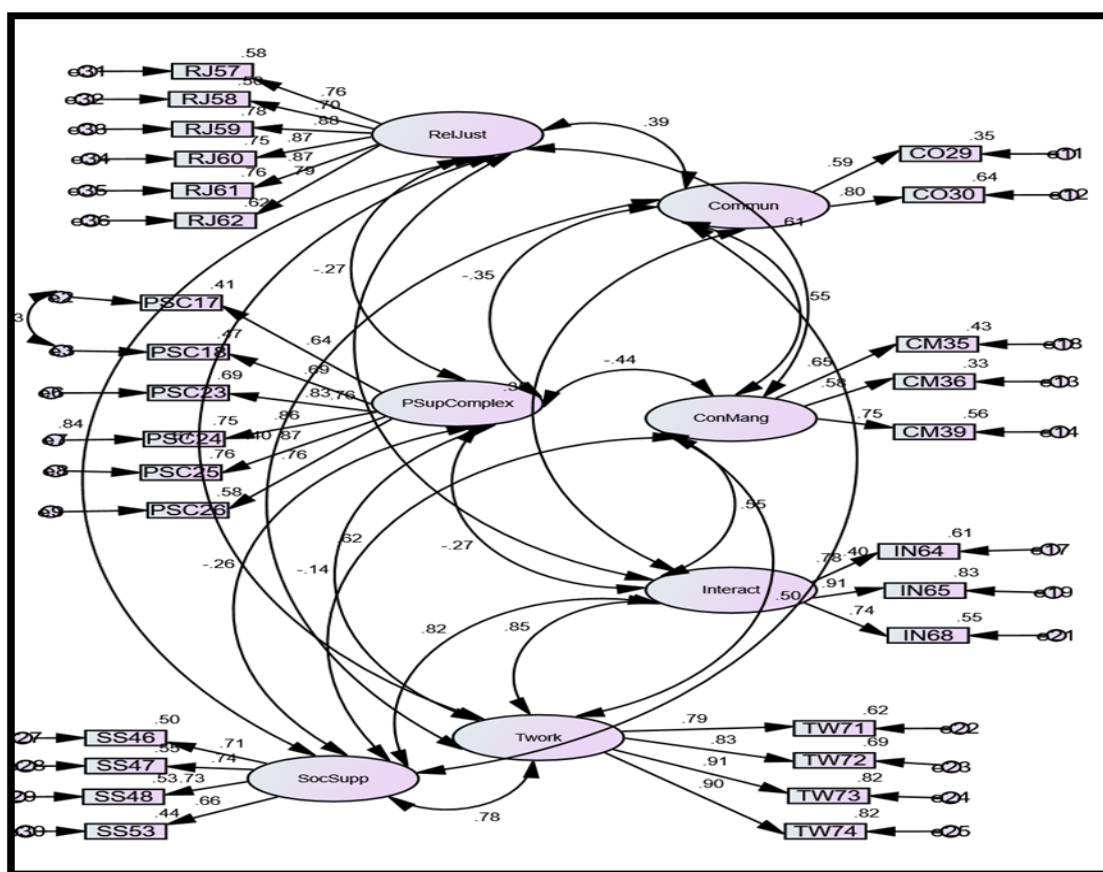**Figure 1.** CFA model

Figure 1: Pooled CFA illustrates the factor loading for all items and the hypothesized correlation between the constructs.

Model indices: x^2= 476.090, df= 328, CFI= 0 .898, TLI= 0.882, RMSEA= 0 .077(0.061-0.091), RMR=0 .098 SRMR= 0.072

Figure1 presents the result of Pooled CFA. It consists seven First-Order Constructs: (i) Perceived Superiority Complex, (ii) Relational justice, (iii) Communication, (iv) Conflict Management, (v) Interaction, (vi) Social Support, and (vii) Teamwork.

Based on Kline's (2005) recommendation, four goodness indices: chi-square (X^2) with degree of freedom, mean-square residual (SRMR), standard root mean approximation (RMSEA) with 90% confidence interval, and comparative fit index (CFI) were used to assess the model fit. According to Kline (2005), RMSEA <0.10, CFI =0.90, and SRMR < 0.10 are generally considered favourable. Thus, the model fit indices: χ^2=476.090, df= 328, RMSEA= 0 .077(0.061-0.091), CFI= 0.898, and SRMR= 0.072 show that the model is acceptable.

Table 5. Construct reliability and validity

Constructs	No of Items	Composite reliability (CR)	Croncbach's Alpha (CA)	Average Variance Extract (AVE)
Perceived Superiority Complex = PSupComplex	6	0.902	0.909	0.608
Relational Justice=RelJust	6	0.922	0.918	0.663
Communication=Commun	2	0.656	0.633	0.494
Conflict Management=ConMang	3	0.700	0.703	0.440
Interaction= Interact	3	0.853	0.844	0.661
Social Support=SocSupp	4	0.803	0.794	0.505
Team Work=TWork	4	0.918	0.917	0.738
	28			

Table 5 shows that each construct has estimate of CR >0.60 as recommended by Zainudin (2015). Five constructs have AVE value of 0.50 and above as recommended by Fornell and Larcker (1981), while two constructs have AVE value of slightly less than 0.50, but all constructs have factor loading > 0.50 as shown in figure 1. According to Hair et al (2010), standardised factor loadings of 0.50 or higher indicate convergent validity of a construct. Hence, all the constructs have acceptable reliability and validity.

Hypothesis testing

Table 6. Covariance and correlation coefficients of the hypothesized relationships

Hypothesized Relationships			Unstandardised Covariance coefficients				Standardised Correlation coefficients
			cov (x,y)	SE	CR	P	r
H_{01} PSupComplex	<-->	RelJust	-0.252	0.122	-2.060	0.039	-0.273
H_{02} PSupComplex	<-->	Commun	-0.295	0.148	-1.995	0.046	-0.346
H_{03} PSupComplex	<-->	ConMang	-0.288	0.114	-2.520	0.012	-0.435
H_{04} PSupComplex	<-->	Interact	-0.248	0.122	-2.022	0.043	-0.274
H_{05} PSupComplex	<-->	SocSupp	-0.155	0.085	-1.824	0.068	-0.257
H_{06} PSupComplex	<-->	Twork	-0.134	0.122	-1.100	0.271	-0.138

Note: Perceived Superiority Complex= PSupComplex, Communication= Commu, Conflict Management= ConMang, Interaction= Interact, Social Support= SocSupp, Teamwork= Twork.

Table 6 presents the hypothesized paths of the CFA model, showing the correlations between variables. Maximum likelihood estimation was used to generate the estimates. The null hypotheses (H_0) were rejected at $p \leq 0.05$.

Research hypothesis 1

There is no significant relationship between perceived superiority complex and relational justice.

Table 6 shows a significant relationship between the exogenous variables (perceived superiority complex) and (relational justice) (r=-0.273, p =0.039). The null hypothesis was therefore rejected. This means that there was a significant negative relationship between perceived superiority complex and relational justicein medical libraries in Nigeria.

Research hypothesis 2

There is no significant relationship between perceived superiority complex and communication.

Table 6 shows a significant relationship between the exogenous variables (perceived superiority complex) and (communication) (r=-0.346, p =0.046). The null hypothesis

was therefore rejected. This means that there was a significant negative relationship between perceived superiority complex and communication in medical libraries in Nigeria.

Research hypothesis 3
There is no significant relationship between perceived superiority complex and conflict management.

Table 6 shows a significant relationship between the exogenous variables (perceived superiority complex) and (conflict management) (r = -0.435, p =0.012). The null hypothesis was therefore rejected. This means that there was a significant negative relationship between perceived superiority complex and conflict management in medical libraries in Nigeria.

Research hypothesis 4
There is no significant relationship between perceived superiority complex and interaction

Table 6 shows a significant relationship between the exogenous variables (perceived superiority complex) and (interaction) (r =-0.274, p =0.043). The null hypothesis was therefore rejected. Wherefore, it was concluded that there was a significant negative relationship between perceived superiority complex and interaction in medical libraries in Nigeria.

Research hypothesis 5
There is no significant relationship between perceived superiority complex and social support

Table 6 shows a non-significant negative relationship between the exogenous variables (perceived superiority complex) and (social support) (r =-0.257, p =0.068). The null hypothesis was therefore accepted. Hence, it was concluded that there was a non-significant negative relationship between perceived superiority complex and social support in medical libraries in Nigeria.

Research hypothesis 6
There is no significant relationship between perceived superiority complex and teamwork.

Table 6 shows a non-significant negative relationship between the exogenous variables (perceived superiority complex) and (teamwork) (r =-0.138, p =0.271). The null hypothesis was therefore accepted. It was concluded that there was a non-significant negative relationship between perceived superiority complex and teamwork in medical libraries in Nigeria.

Discussion

The demographic profile of the respondents showed that 78 library personnel from medical libraries in Nigeria participated in the survey. The majority (97.4%) of the respondents were below the age 60 years. The majority (64.1%) of the respondents had less than 36 years of professional experience. Wherefore, the respondents could be said to possess significant years of experience on the job.

The study has revealed that the library personnel's understanding of superiority complex was high. Majority of the respondents agreed that superiority complex is indicated by a behaviour that suggests a person believes that he or she is somehow superior to others, a defence mechanism that develops over time to help a person cope with painful feelings of inferiority. Moreover, the continuous lies and exaggerations about oneself; a belief that one's abilities and achievements surpass those of others; and having a self-image of supremacy or authority with an unwillingness to listen to others are pointers to a feeling of superiority complex. Other indicators include making boastful claims that are not real; a sense of a false confidence; and acting superior to others and holding them as less worthy. Most of the respondents indicated that when a person acts superior to another and perceives him or her as a threat; bullies and uses abusive words on others, such a person exhibits superiority complex and may as well be hiding a feeling of inferiority. Similar indicators of superiority complex were noted by Adekanye (2020); Fellizer (2019); and Holland (2019). Thus the findings suggest that the library personnel in medical libraries in Nigeria had good understanding of the concept 'superiority complex.' This probably accounts for their ability to sense or identify a colleague(s) who exhibited such a feeling.

Further findings have also revealed that the perceived superiority complex by library personnel towards one another was at a moderate level. Most of the respondents indicated to a very moderate level that they worked with a colleague who devalued the accomplishments of others by one-upping them with his or her own accomplishments; that they worked with a superior colleague who believed he or she was always right; and that they observed a colleague whose mood swung always; that they worked with a superior who exhibited 'I have idea about all' attitude; and that they worked with a superior colleague who always blamed others for his or her mistakes. Besides, most of the respondents also indicated that they worked with a colleague who believed that others were beneath him or her, financially, economically, socially, even intellectually; they worked with a superior colleague who acted in ways that made others fear him/her rather than respect him/her; and they worked with a senior colleague who liked feeling in control. These behaviours of colleague(s) they worked with are similar to what characterises persons with a feeling of superiority complex as identified by Fellizer (2019). Wherefore, the findings suggest that superiority complex existed among library

personnel in medical libraries in Nigeria at a very moderate level. This corroborates the finding of Izu (2020), who observed that there was a significant level of superiority complex among librarians at Delta State University Library, Abraka, Nigeria.

This study has also revealed that even at a moderate level, perceived superiority complex had negative effects on interpersonal relationships among library personnel in medical libraries in Nigeria. Similarly, Adekanye (2020) noted that superiority complex influences interpersonal relationships. In this present study, perceived superiority complex had significant negative relationships with relational justice, communication, conflict management, and interaction as components of interpersonal relationships. A striking finding is that there was a negative non-significant relationship with social support(r = -0.257, p =0.068) and team work(r = -0.138, p =0.271).This may be attributed to library personnel's positive disposition to both social support and team work. Therefore, the findings suggest that a decrease in perceived superiority complex is highly beneficial to increasing positive interpersonal relationships among workers generally.

Limitations

The limitations of this study include the use of only quantitative method and a limited sample size of 78 participants which makes generalisation, challenging. It is therefore recommended that a larger sample and a mixed-method approach be deployed to enhance an in-depth exploration of the topic to provide more insights needed for generalisation of the findings. One major limitation of this investigation is that there are conflating and compounding social phenomena that could explain a person's attitudes or behaviours towards others, that cannot just be tied to "superiority complex". Further studies could look into them and as well examine the moderating effects of personal factors on the relationship between perceived superiority complex and interpersonal relationships.

Conclusion and recommendations

It is quite obvious that library personnel in medical libraries in Nigeria have adequate understanding of the concept of superiority complex and this has helped them to effectively observe and identify its existence in their work environment. Furthermore, the CFA model has explained and established relationships between perceived superiority complex and interpersonal relationships (relational justice, communication, conflict management, interaction, social support and team work). This has provided empirical evidence for future research. Wherefore, the significance of the findings of this study lies in the fact that it will create awareness on the need to identify the affected library personnel for appropriate counselling or psychotherapy recommendation. Self-assessment and seeking help are also crucial to reducing the level of superiority complex and checking attitudes that are detrimental to positive interpersonal relationships and professionalism.

This study recommends that:

1. Personality assessment of library personnel be done as need arises.
2. It is imperative that library personnel learn and develop emotional intelligence skills needed to manage difficult personalities in order to foster positive interpersonal relationships.

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No potential conflict of interest was reported by the authors

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