

Prevalence Of Cinderella Complex Among Nurses Working In Selected Hospitals Of Western Maharashtra: A Cross-Sectional Descriptive Study

Dixeena OA, P Reshma, Mercy Jacob, Prerana Dixit

First Year Msc Nursing, College Of Nursing AFMC, Pune,
Assistant Professor Department Of Mental Health Nursing, College Of Nursing AFMC, Pune

Abstract

Background: The Cinderella Complex is a psychologically rooted phenomenon first described by Colette Dowling, characterizing women's unconscious fear of independence and a deep-seated desire to be protected and supported by others. It manifests as dependency in decision-making, avoidance of professional responsibility, and low self-confidence. In nursing a profession inherently demanding autonomy, leadership, and independent clinical judgement the presence of such dependency tendencies poses significant implications for professional functioning and patient safety.

Objectives: (1) To assess the prevalence of Cinderella Complex among nurses working in selected hospitals of Western Maharashtra. (2) To determine the association between Cinderella Complex and selected sociodemographic variables.

Methods: A quantitative descriptive cross-sectional design was employed. One hundred Nursing Officers from Command Hospital (SC), Pune were recruited through purposive sampling during March–April 2026. Data were collected using a validated structured questionnaire comprising a sociodemographic section and the Cinderella Complex Scale. Descriptive statistics and inferential tests (Fisher's Exact Test, Chi-square) were applied.

Results: 68% of nurses demonstrated a low level of Cinderella Complex, while 32% exhibited a moderate level. No participant scored in the high dependency category. The mean dependency score was 8.81 (SD = 4.62). No statistically significant association was found between Cinderella Complex and any of the selected demographic variables ($p > 0.05$).

Conclusion: A considerable proportion of nurses exhibit moderate dependency tendencies consistent with the Cinderella Complex, which may affect professional autonomy and clinical decision-making. Targeted psychological empowerment interventions should be integrated into nursing education and hospital practice.

Keywords: Cinderella Complex, psychological dependency, nursing autonomy, professional independence, women nurses, Western Maharashtra.

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I. Introduction

Dowling described the complex as a network of largely repressed attitudes and fears that keep women in a state of psychological half-aliveness, characterized by an unconscious wish to be taken care of by others and a consequent fear of independence. The term is a cultural metaphor drawn from the fairy tale character Cinderella passive, waiting to be rescued and reflects patterns that Dowling argued were deeply embedded in the socialization of women across cultures.¹

Three core dimensions are associated with the Cinderella Complex: society-stimulated dependency (reliance on social norms and gender expectations), psychological dependency (emotional reliance on others for self-worth and validation), and men-oriented dependency (the expectation that male figures will provide direction, security, and support).² Women experiencing this complex may display hesitancy in making independent decisions, avoidance of leadership responsibilities, over-reliance on supervisors or male colleagues, and diminished professional self-confidence.

In the context of nursing, these manifestations are particularly concerning. Nurses are expected to manage patient care independently, participate actively in multidisciplinary teams, and assume leadership roles within ward settings. Dependency tendencies can lead to delayed clinical decisions, reduced advocacy for patients, reluctance to challenge medical authority even when patient safety is at risk, and limited career progression.³ Despite the documented relevance of psychological empowerment to nursing outcomes, research examining the Cinderella Complex specifically within the Indian nursing workforce remains sparse. This study was therefore designed to assess the prevalence of Cinderella Complex among hospital nurses in Western Maharashtra and determine whether demographic characteristics are associated with dependency levels.

II. Materials And Methods

Research Design and Setting

A quantitative, non-experimental, descriptive cross-sectional design was adopted for this study. The study was conducted at Command Hospital (SC), Pune a selected tertiary care military hospital in Western Maharashtra. This setting was chosen for its diverse nursing workforce representing a range of age groups, educational backgrounds, and years of professional experience.

Sample and Sampling Technique

Purposive sampling was used to recruit 100 registered Nursing Officers from Command Hospital (SC), Pune, during March–April 2026. The sample size was calculated using the formula $n = Z^2 \times p \times (1-p) / e^2$, where $Z = 1.96$ (95% confidence level), $p = 0.885$ (estimated prevalence from prior literature), and $e = 0.10$ (margin of error), yielding a minimum sample size of 89. The final sample was rounded to 100 to improve representativeness.

Inclusion Criteria: Registered nurses employed at selected hospitals; nurses willing to participate in the study; nurses with a minimum of six months of clinical work experience.

Exclusion Criteria: Student nurses and interns; nurses on extended leave during the data collection period; nurses exclusively in administrative or non-clinical roles; nurses unwilling to provide consent.

Research Tool

The structured questionnaire comprised two sections. **Section A** collected socio demographic data including age, religion, type of family, education of head of family, occupation of head of family, decision-maker in the family, marital status, spouse/partner employment status, number of siblings, and place of residence. **Section B** comprised the validated Cinderella Complex Scale, with higher cumulative scores indicating greater psychological dependency. The tool was developed by the researcher following an extensive review of related literature and validated by a panel of six subject matter experts drawn from nursing, psychology, and related disciplines. Content validity was established prior to data collection.

Scores and Statistical Analysis

Data were entered and analyzed using appropriate statistical software. Descriptive statistics including frequencies, percentages, mean, and standard deviation were computed to summarize sociodemographic characteristics and Cinderella Complex scores. Inferential statistics were applied to test association between dependency level and demographic variables: *Fisher's Exact Test* was used for cells with expected frequencies below five, and the *Chi-square test* was applied where assumptions were met. The level of significance was set at $\alpha = 0.05$.

III. Results

Sociodemographic Characteristics

Table 1 presents the distribution of the 100 nurses across selected sociodemographic variables. The majority of participants (46%) were in the 32–42 year age group, with 45% in the 42–52 year range, indicating a predominantly mid-career nursing workforce. Most nurses (98%) belonged to nuclear families, and all 100 participants resided in urban areas. Eighty percent identified themselves as the primary decision-maker within their family unit a notable indicator of personal autonomy in the domestic sphere. The majority (97%) were married, with 84% reporting their spouse was employed in a sector categorized as "other" (e.g., defence services). Sixty-three percent reported their family head's occupation as homemaker. Regarding education of the head of family, 81% had attained only up to high school level.

Table 1: Sociodemographic Profile of Nurses (N=100)

Variable	Category	n (%)
Age (years)	22–32	8 (8%)
	32–42	46 (46%)
	42–52	45 (45%)
	52–62	1 (1%)
Religion	Hindu	45 (45%)
	Christian	6 (6%)
	Muslim	2 (2%)

	Others	47 (47%)
Family Type	Nuclear	98 (98%)
	Joint	1 (1%)
	Extended	1 (1%)
Education of Head of Family	Up to High School	81 (81%)
	Intermediate	16 (16%)
	Graduation	3 (3%)
Occupation of Head of Family	Homemaker	63 (63%)
	Skilled Worker	17 (17%)
	Unemployed	16 (16%)
	Professional	4 (4%)
Decision Maker in Family	Self	80 (80%)
	Father	19 (19%)
	Mother	1 (1%)
Marital Status	Married	97 (97%)
	Separated	3 (3%)
No. of Siblings	None	68 (68%)
	One	30 (30%)
	Two	2 (2%)
Place of Residence	Urban	100 (100%)

Prevalence of Cinderella Complex

Table 2 presents the distribution of Cinderella Complex dependency levels. The majority of nurses — 68 (68%) — demonstrated a low level of dependency, while 32 (32%) exhibited a moderate level. Notably, none of the participants scored in the high dependency category, suggesting that the nursing workforce at this institution demonstrates reasonably maintained psychological independence overall. However, the presence of moderate dependency in nearly one-third of the sample is clinically and professionally significant. The mean dependency score was 8.81 (SD = 4.62), indicating moderate variability across the sample and overall low-to-moderate dependency tendency.

Table 2: Distribution of Cinderella Complex Dependency Levels among Nurses (N=100)

Dependency Level	Frequency (n)	Percentage (%)
Low	68	68%
Medium	32	32%
High	0	0%
Total	100	100%
Mean = 8.81; Standard Deviation = 4.62		

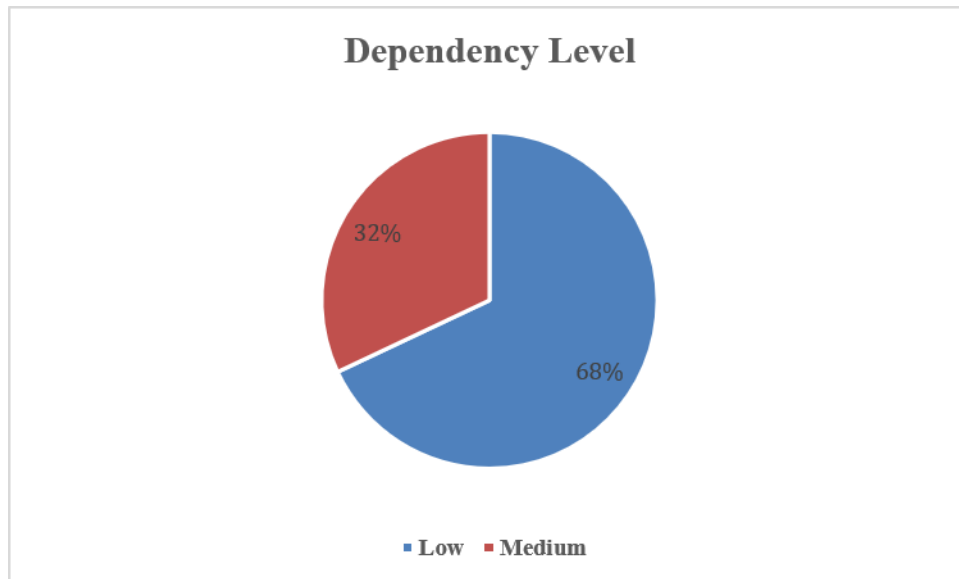


Figure 1: Prevalence of Cinderella Complex among Nurses (N=100)

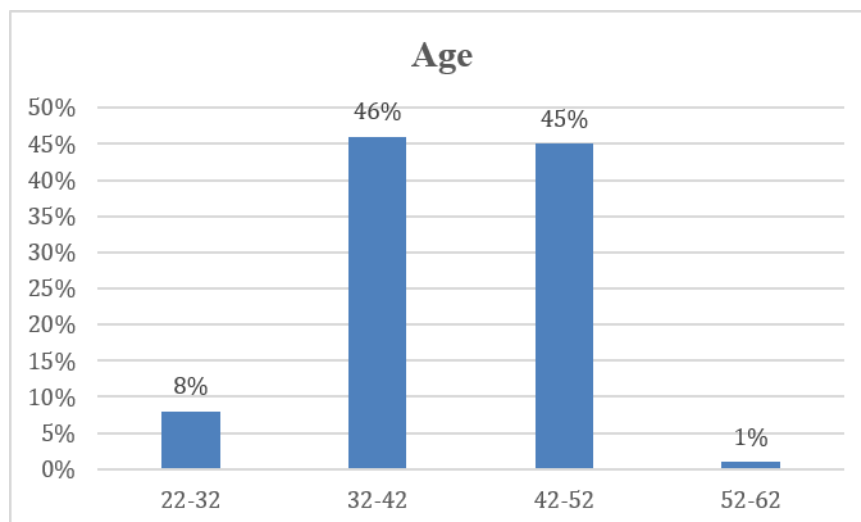


Figure 2: Age Distribution of Nurses (N=100)

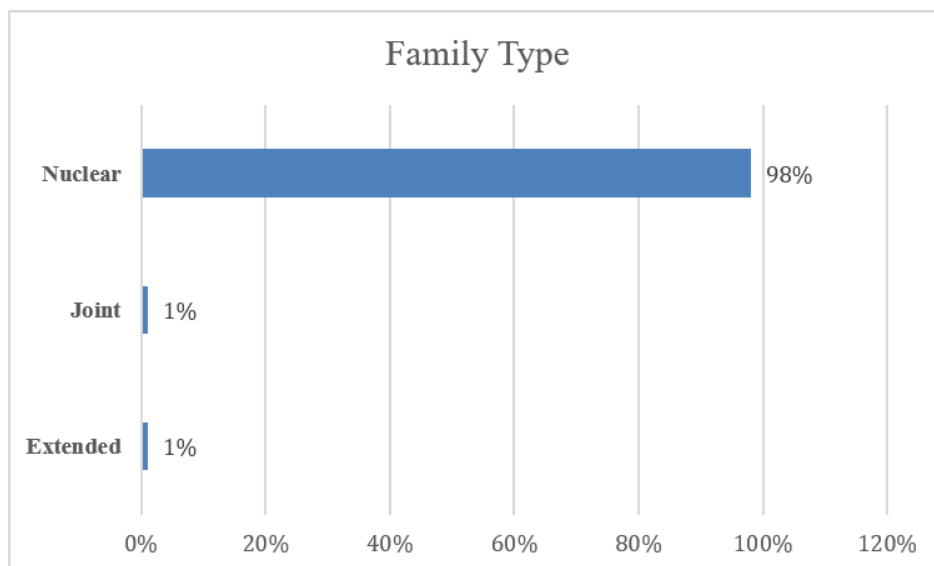


Figure 3: Distribution of Family Type among Nurses (N=100)



Figure 4: Distribution of Spouse Employment (N=100)

Association between Cinderella Complex and Demographic Variables

Table 3 presents the results of inferential statistical tests examining association between dependency level and each selected demographic variable. All p-values exceeded the set significance level of 0.05, indicating no statistically significant association between Cinderella Complex and any of the demographic variables studied. Accordingly, the null hypothesis (H_0) was accepted, and the research hypothesis (H_1) was rejected for all variables.

Table 3: Association between Cinderella Complex and Selected Demographic Variables (N=100)

Demographic Variable	Statistical Test	p-value	Result
Age	Fisher Exact	0.1349	NS
Religion	Chi-square	0.0929	NS
Education of Head of Family	Chi-square	0.8185	NS
Occupation of Head of Family	Fisher Exact	0.8437	NS
Decision Maker in Family	Fisher Exact	0.9999	NS
Marital Status	Fisher Exact	0.9999	NS
Spouse/Partner Employment	Fisher Exact	0.1395	NS
No. of Siblings	Chi-square	0.2080	NS
NS = Not Significant ($p > 0.05$); $\alpha = 0.05$			

IV. Discussion

The findings of this study indicate that 68% of nurses demonstrated a low level of Cinderella Complex, while 32% exhibited moderate dependency tendencies, with a mean score of 8.81 (SD = 4.62). These results are broadly consistent with international literature. Srikanditama (2023)⁶ reported that 89.43% of Indonesian university students showed moderate Cinderella Complex levels, while Saha and Safri (2016)⁸ found moderate-to-high dependency among Indian female college students. The comparatively lower prevalence of moderate dependency observed in the present sample may be attributable to the professional nursing context itself — nurses are consistently trained to exercise autonomous clinical judgement, and the work environment may serve as a counterbalancing force against internalized dependency tendencies.

The absence of statistically significant associations between Cinderella Complex and all selected demographic variables is an important and nuanced finding. It suggests that dependency tendencies in this sample are not explained by factors such as age, religion, family type, marital status, or the educational or occupational background of the family head. This is consistent with Batik (2024),⁵ who demonstrated that relational and psychological constructs particularly attachment style and self-differentiation are more predictive of Cinderella Complex than demographic variables. In other words, the complex is not a function of who nurses are

demographically, but rather how they have internalized relational and identity-related patterns over the course of their psychological development.

Notably, 80% of participants reported being the primary decision-maker within their own family, which might be interpreted as evidence of personal autonomy that coexists with moderate professional dependency. This apparent paradox is explicable through the distinction between domestic agency and professional self-efficacy a nurse may exercise authority within the home while simultaneously deferring to supervisors or physicians in clinical settings, particularly within the hierarchically structured environment of a military hospital. Chastine and Darmasetiawan (2019)¹⁰ similarly found that Cinderella Complex traits in working women manifested differentially across personal and professional domains.

The finding that 98% of participants belong to nuclear families and 100% reside in urban areas is also relevant. Urban, nuclear family environments are generally associated with greater individual autonomy and reduced patriarchal influence compared to joint or extended family settings. Habibe Bay Özçalık et al.¹² found that women in extended family structures scored higher on the Cinderella Complex Scale, lending further support to the protective role of nuclear family dynamics. Despite this protective context, the presence of moderate dependency in 32% of participants underscores that structural factors alone are insufficient to eliminate psychological dependency a point that has direct implications for targeted nursing empowerment initiatives.

The theoretical work of Saha and Firdaus (2015)¹¹ is also instructive here: the negative correlation between Cinderella Complex and personal growth initiative suggests that nurses scoring in the moderate dependency range may be at risk of lower professional development motivation, reduced participation in continuing education, and diminished aspiration toward leadership roles. This has systemic implications for nursing workforce development, particularly in the context of healthcare organizations seeking to build autonomous, confident nursing professionals capable of delivering high-quality patient centred care.

Strengths and Limitations

This study carries several notable strengths that enhance the credibility and significance of its findings:

- Use of a validated, structured Cinderella Complex Scale with established content validity, reviewed by six subject matter experts from nursing, psychology, and related disciplines, ensuring psychometric rigor.
- The study is among the first to examine the Cinderella Complex specifically within the Indian military nursing workforce, addressing a significant gap in the literature on psychological dependency in professional healthcare settings.
- The inclusion of multiple demographic variables and application of appropriate inferential statistical tests (Fisher's Exact Test and Chi-square) allowed for comprehensive examination of potential associations, strengthening the analytical robustness of the study.
- A sample size of 100 nurses, exceeding the minimum calculated requirement of 89, enhances statistical power and the reliability of the findings.
- The homogeneous, well-defined setting of a tertiary care military hospital provided a controlled research environment with a consistent professional context, reducing confounding variability related to institutional culture.
- The cross-sectional design facilitated efficient data collection within a defined timeframe and enabled simultaneous assessment of prevalence and demographic associations.
- The study contributes actionable insights for nursing administration, education, and mental health policy by identifying a clinically meaningful proportion (32%) of nurses with moderate dependency tendencies, thereby justifying targeted empowerment interventions.

This study was conducted at a single tertiary care military hospital with a sample of 100 nurses, which limits generalizability to broader civilian or rural nursing populations. The cross-sectional design precludes causal inference. Data collection was restricted to a two-month period (March–April 2026), which may not capture seasonal or contextual variability. Self-report measures are also susceptible to social desirability bias, which may have led to under-reporting of dependency tendencies in a professional military healthcare context.

V. Conclusion

This study provides evidence that the Cinderella Complex, though not universally prevalent, exists to a clinically meaningful degree among hospital nurses in Western Maharashtra. While 68% of the sample demonstrated low dependency levels, the 32% with moderate dependency represent a significant proportion of the nursing workforce whose professional autonomy and decision-making confidence may be compromised by internalized psychological dependency patterns. The absence of demographic associations reinforces the understanding that Cinderella Complex is a psychologically rooted phenomenon shaped by socialization, identity formation, and relational history rather than a direct product of demographic circumstance.

These findings carry important implications across nursing practice, education, and administration. Nursing curricula should systematically incorporate psychological empowerment modules, assertiveness training,

leadership development workshops, and mentoring programs to foster independent professional identity from the earliest stages of training. At the institutional level, nurse administrators should create supportive environments that encourage autonomous clinical decision-making, participative governance, and transparent career development pathways. Regular psychological support and counselling services should be made accessible to nursing staff.

Future research should employ larger, multi-site samples across diverse hospital settings (rural vs. urban, government vs private) and explore the relationship between Cinderella Complex scores and measurable clinical outcomes such as decision-making quality, leadership behaviour, and rates of clinical error. Interventional studies evaluating the effectiveness of structured empowerment programs in reducing Cinderella Complex tendencies would be particularly valuable. Longitudinal designs tracking changes in dependency levels across nursing career stages would also deepen understanding of how professional experience interacts with psychological dependency over time.

Ethical Approval

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki (2013 revision). Ethical clearance was obtained from the Institutional Ethics Committee (IEC) of the Armed Forces Medical College (AFMC), Pune, prior to commencement of data collection (Reference No.: IEC/AFMC/2026/XX). All participants were provided with written and verbal information about the nature, purpose, and voluntary nature of the study. Written informed consent was obtained from each participant before enrolment. Confidentiality and anonymity of participant data were strictly maintained throughout all phases of the study. Participation was entirely voluntary, and participants were free to withdraw at any stage without consequence to their professional standing or employment.

Conflict of interest

The authors declare no conflict of interest, financial or otherwise, in relation to the design, conduct, data analysis, interpretation, or publication of this study. No external funding, sponsorship, or institutional incentives influenced the findings or conclusions reported herein. All authors have reviewed and approved the final manuscript and affirm that the work is original, has not been published elsewhere, and is not under consideration for publication in any other journal.

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