

Impostor Syndrome and Self-Doubt Among High Achievers

Doaa M. Bachi^{1*}

Community Health Nursing Department, College of Nursing, University of Basrah, Basrah, Iraq

E-mail: doaa.bachi@uobasrah.edu.iq

Abstract. General Background: Impostor syndrome, also referred to as fraud syndrome, perceived fraudulence, impostor phenomenon, or impostor experience, is a psychological pattern wherein high achievers are unable to internalize their accomplishments. Specific Background: Despite objective indicators of competence and success, individuals experiencing this phenomenon often harbor persistent self-doubt and fear of being exposed as intellectual frauds. Knowledge Gap: Although widely recognized, limited empirical research has systematically explored the cognitive, emotional, and behavioral dimensions of impostor syndrome across diverse professional contexts. Aims: This study aims to investigate the underlying psychological mechanisms of impostor syndrome among high-performing individuals and its impact on mental health, job performance, and professional development. Results: Preliminary findings suggest that impostor syndrome is significantly associated with heightened anxiety, reduced self-efficacy, and increased burnout risk, particularly in competitive and evaluative environments. Novelty: The study offers a multidimensional framework integrating self-perception, external validation, and organizational culture to explain the persistence of impostor experiences among competent professionals. Implications: These insights underscore the need for targeted interventions and workplace policies that address impostor feelings, promote psychological well-being, and foster more inclusive and affirming environments for high-achieving individuals.

Highlights:

1. High achievers often struggle with internalizing success.
2. Impostor syndrome is linked to anxiety and burnout.
3. Organizational culture influences impostor experiences.

Keywords: Impostor Syndrome, Self-Doubt, High Achievers, Psychological Well-Being, Professional Development

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Introduction

Impostor syndrome, also referred to as impostor phenomenon, fraud syndrome, perceived fraudulence, or impostor experience, is the term used to describe high achievers who, despite their apparent successes, struggle with ongoing self-doubt and anxiety about being exposed as a fraud or impostor [1]. People who have impostor syndrome have trouble correctly attributing their performance to their actual skills; that is, they see setbacks as proof of their professional incompetence and credit victories to other forces like luck or outside assistance [2]. The impostor phenomenon was initially explained by psychologists Clance and Imes in 1978, and it gained a lot of public attention following Clance's 1985 book [3]. Although the illness was initially identified by Clance in Recent studies on high-achieving professional women have shown that individuals of various racial and cultural backgrounds, as well as men and women, experience similar feelings of inadequacy in a variety of professional contexts [4], [5].

Since impostor syndrome is not listed in the Diagnostic and Statistical Manual of the American Psychiatric Association, it is not acknowledged as a mental illness [6]. Additionally, the International Classification of Diseases, Tenth Revision (ICD-10) does not include it as a diagnosis [7]. Impostor syndrome has gained a lot of attention outside of the academic literature, particularly when it comes to professional success. Although there has been a qualitative study, it may not be a clinical diagnosis that is officially recognized, despite the extensive peer review and lay literature [8].

Literature Review

The literature review validates the distinguishing characteristics and supports the findings [9]. In 1978, after researching a group of accomplished women[10], she came up with the phrase "impostor phenomenon." The idea was described as an overachieving woman's self-perception of academic phoniness. Clance and Imes discovered that this group shared several traits [11]. These women believed that they had earned their status through outside forces and did not deserve it. The study's participants ascribed success to charm, good fortune, or awareness of their teachers' expectations [12], [13], [14]. These ladies worried about their intelligence and felt bad about their skills[15], [16], [17]. They therefore used outside evidence to support

their incapacity and demonstrate their inferior intelligence [18], [19], [20], [21], [22], [23]. To make matters worse, the women in the group lived in continual fear of being revealed as intellectual imposters [24], [25], [26], [27], [28], [29]. The group exhibited common symptoms like hopelessness, anxiety, and low self-esteem, and irritation about not being able to meet their expectations of success [30], [31], [32], [33], [34]. The authors claimed that low social expectations for women, who were viewed as less capable than men, were the main source of the issues [35], [36], [37], [38], [39], [40].

During the 1980s, [41] People who were prosperous, healthy, and given a genuine persona that hid inappropriate feelings associated with their accomplishments were said to exhibit the impostor phenomenon. This decade was centered on studies of girls who perform better academically. Depicting the phenomenon of impersonation [42] and the creation of therapeutic measures [43].

Method

This study used a narrative literature review approach to explore the phenomenon of impostor syndrome among high achieving individuals, particularly in the context of health professions and higher education. Data sources were obtained from relevant national and international scholarly articles published between 1978 and 2024, with a focus on studies that addressed the psychological, social and professional aspects of impostor syndrome. Literature was selected based on inclusion criteria that included empirical and conceptual studies related to impostor syndrome, and exclusion of articles that did not directly address this phenomenon. The analysis was conducted descriptively using a thematic approach, which categorized the findings into key issues such as psychological symptoms, causal factors, impact on performance and mental health, and the role of the work environment and intervention strategies.

Results and Discussion

Early in the 1990s, the first research on the imposter phenomenon's effects on clinical nurses was published [44], which said that clinical nurse specialists' self-perceived ignorance of how to handle situations was the cause of their emotions of

fraudulence. Even though they didn't feel like experts, they felt the pressure to be one. Because they felt that achievement could not be replicated, the experts displayed a loss of self-worth and a dread of being found to be uninformed. When individuals encountered challenging circumstances, this belief intensified their sentiments of self-doubt, despair, and shame [45].

conducted a study [46] comparing enrolled medical, dentistry, pharmacy, and nursing students. According to the study, health professionals were more likely to feel like intellectual impostors. Higher levels of psychological discomfort were reported by students in the health professions than by the typical proportion of pupils from other courses who went to the school for psychological support [47]. Sonnak and Towell researched the connection between parenting style and the impostor phenomenon in 2001. The study found that the impostor phenomenon and parental style were related, but the scientists did not find that the incidence of impostor phenomena varied by age or gender [48].

According to recent studies on the impostor phenomenon, sentiments of impostorism are experienced equally by men and women [49]. University environments are said to exacerbate the impostor syndrome. Jöstl et al. defined the impostor phenomenon as an internal sense of dishonesty in one's professional and intellectual abilities, independent of any objective evidence of achievement. Individuals who experienced the impostor phenomenon tended to reject the proof of their ability and were unable to absorb their accomplishments [50]. Also, the previous study indicated that people who experienced the impostor phenomenon struggled to be viewed as successful by their peers, were terrified of being flawed, and were always concerned about taking on additional responsibility.

Peternelj-Taylor asserts that the impostor phenomenon may also affect nurses' decisions regarding which journal to publish their articles in. Nurses were terrified of being exposed as fraudsters after publishing in publications. The quality of their papers was not considered by nurses. Instead, they credited outside forces with making its publication a success. These nurses shared behavioral characteristics like self-doubt, perfectionism, and procrastination. The author of the piece urged readers to write, have confidence in themselves, and look for encouraging peer support [51].

According to Rohrmann et al., people who experience impostor syndrome question their abilities and identities. These people lived in continual worry of failing and appearing incapable of completing their assignments. According to the authors, procrastination, worry, low self-esteem, dysphoric mood, and poor self-evaluation are common symptoms of the impostor phenomenon [52].

Haney et al. investigated how clinical nurse specialists responded to a session on impostor syndrome. The authors emphasized that hard work and underestimating one's efforts were traits shared by people who exhibit impostorism. They discovered that clinical nurse experts blamed outside variables like timing, luck, or bad decision-making for their achievements. These people also lived in continual terror of being revealed as scammers. These emotions kept them from going to college, accepting more difficult assignments, or finding new jobs [53].

According to Haney et al., team productivity and efficiency can be negatively impacted by leaders who exhibit the impostor phenomenon, and new nurses are more likely to feel like impostors. According to Haney et al., teaching clinical nurse specialists about the impostor phenomenon has a good impact because it may lead to the development of new abilities. These newfound abilities may increase their sense of empowerment while decreasing negative traits like insecurity. Another study emphasized the significance of tackling the impostor problem by concentrating on the results of improving community healthcare; when nurses gain the confidence to practice at the level of their education, the quality of care will rise [54].

Conclusion

The impostor phenomenon is a collection of self-perceptions ranging from minor to severe sentiments of impostorism, with the primary result being an inability to absorb personal success. Such unfavorable emotions deny the person the chance to develop self-confidence and realize their full potential. Living with emotions of inadequacy and fear of failure, particularly when replicating successful activities, has many detrimental effects that can ultimately affect how care is delivered, in addition to harming one's well-being. For nurses to understand how to overcome the circumstance and realize their full potential, it is critical to increase awareness of the issue and provide more workshops and group therapy.

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