ISSN- 0301-1216
Indian J. Prev. Soc. Med. Vol. 57, No.3, 2026

A Correlational Study on Imposter Syndrome and Self-Esteem among Nursing Students in a Selected College of New Delhi

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ABSTRACT

Background: Imposter Syndrome (IS) is a psychological phenomenon characterised by persistent self-doubt and fear of being exposed as a fraud despite evident competence. It is increasingly observed among nursing students due to the demanding academic and clinical environment, often contributing to low self-esteem, anxiety, and reduced academic performance[1]. **Objective:** This study aimed to assess the level of Imposter Syndrome and self-esteem among nursing students and to determine the relationship between these variables. **Methods:** A quantitative cross-sectional correlational research design was adopted. The study was conducted among undergraduate nursing students in a selected nursing college in New Delhi. Participants were selected using a total enumeration sampling technique. Data were collected using standardised tools, namely the Clance Imposter Phenomenon Scale (CIPS) and the Rosenberg Self-Esteem Scale (RSES). Descriptive statistics and Pearson's correlation coefficient were used for data analysis. **Results:** The findings revealed that a substantial proportion of nursing students experienced moderate to high levels of Imposter Syndrome. Additionally, many participants demonstrated low to average self-esteem. A statistically significant negative correlation was identified between imposter syndrome and self-esteem ($p<0.05$), indicating that higher imposter feelings are associated with lower self-esteem. **Conclusion:** The study concludes that Imposter Syndrome is prevalent among nursing students and significantly influences their self-esteem. Early identification and targeted interventions such as mentorship programs and psychological support are essential to enhance students' confidence, academic performance, and professional development.

Keywords: Imposter Syndrome, Self-Esteem, Nursing Students, Correlation, Mental Health

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Citation: Budhiraja A, Shaiju B, Fatima Hashmi J. A Correlational Study on Imposter Syndrome and Self-Esteem among Nursing Students in a Selected College of New Delhi. Indian J Prev Soc Med, 2026; 57 (3): **282-292**.
DOI: https://doi.org/10.67212/ijpsm.v57i3.274
Sequence of Article: **Submission: 29.06.2026** **Accepted: 10.09.2026** **Published: 30.09.2026**
Prior Publication: Nil; Source of Funding: Nil; Conflicts of Interest: None, Article # 233/314

Introduction

Imposter Syndrome (IS), also referred to as the imposter phenomenon, is a psychological construct characterised by persistent self-doubt, feelings of intellectual fraudulence, and a fear of being exposed as incompetent despite objective evidence of success. First described by Clance and Imes in 1978, this phenomenon has gained increasing attention in academic and professional contexts, particularly among high-achieving individuals[1]. Individuals experiencing IS tend to attribute their accomplishments to external factors such as luck or timing rather than their own abilities, thereby undermining their confidence and professional identity.

In recent years, Imposter Syndrome has emerged as a significant concern among students in health-related professions, especially nursing. Nursing education is inherently demanding, involving rigorous academic coursework, frequent assessments, and emotionally challenging clinical experiences. Student nurses are required to balance theoretical knowledge with practical skills while simultaneously coping with exposure to critically ill patients, end-of-life care, and high-stakes decision-making

environments[2]. These factors contribute to heightened stress levels, making nursing students particularly vulnerable to psychological challenges, including Imposter Syndrome.

Self-esteem, defined as an individual's overall evaluation of their own worth, plays a crucial role in determining how students perceive their abilities and responds to academic and clinical challenges[3]. High self-esteem is associated with confidence, resilience, and effective coping mechanisms, whereas low self-esteem is linked to anxiety, self-doubt, and reduced academic performance. The relationship between Imposter Syndrome and self-esteem is well documented in the literature, with numerous studies reporting a strong inverse correlation between the two constructs[4]. Students with low self-esteem are more likely to internalise feelings of inadequacy, thereby increasing their susceptibility to imposter experiences.

The prevalence of Imposter Syndrome among nursing and medical students has been reported across various cultural and geographical contexts. A cross-sectional study conducted among nursing students in India found that approximately 43.4% of participants experienced moderate to high levels of imposter feelings, which were significantly associated with low self-esteem and anxiety[5]. Similarly, a multicenter study in Egypt reported that 46.3% of nursing students exhibited moderate levels of Imposter Syndrome, with strong correlations to psychological distress, including depression and stress[6]. These findings highlight the widespread nature of the problem and its potential impact on student well-being.

Further evidence from European studies indicates that nearly half of medical students demonstrate significant imposter traits, with a strong negative correlation between Imposter Syndrome and self-esteem ($r = -0.71$)[7]. Such findings suggest that imposter feelings are not confined to a specific region but are global phenomenons affecting students in demanding academic environments. The implications of these findings are particularly concerning in the context of nursing education, where confidence, decision-making ability, and emotional stability are essential for effective patient care.

The academic and clinical demands placed on nursing students often create an environment of constant evaluation and comparison. Students are frequently assessed through examinations, clinical performance, and peer comparison, which can foster feelings of inadequacy and fear of failure. In such environments, even high-achieving students may develop a distorted self-perception, believing that they are less competent than their peers. This cognitive distortion is a hallmark of Imposter Syndrome and can significantly hinder learning and professional development[8].

Moreover, the transition from student to professional nurse represents a critical period of identity formation. During this phase, students are expected to develop clinical competence, professional confidence, and emotional resilience. However, the presence of Imposter Syndrome can disrupt this developmental process by limiting students' willingness to take on challenges, seek help, or engage in leadership opportunities[9]. Consequently, students may experience reduced academic engagement, lower motivation, and impaired clinical performance.

The relationship between Imposter Syndrome and self-esteem is often cyclical in nature. Low self-esteem predisposes individuals to imposter feelings, while persistent imposter experiences further erode self-esteem. This cycle can lead to chronic psychological distress, including anxiety, depression, and burnout[10]. Additionally, students experiencing IS may adopt maladaptive coping strategies such as perfectionism, procrastination, and avoidance behaviours, which further exacerbate their academic and emotional difficulties[11].

Despite the growing recognition of Imposter Syndrome as a significant psychological issue, it often remains underreported and inadequately addressed within educational institutions. Many students hesitate to seek support due to fear of stigma or being perceived as incompetent. This lack of intervention can have long-term consequences, not only for students' mental health but also for their professional competence and patient care outcomes[12]. In the context of nursing education in India, particularly in metropolitan areas such as New Delhi, the competitive academic environment and high expectations further intensify these challenges. Students are often required to meet stringent academic standards while adapting to complex clinical settings. The combination of academic pressure, clinical responsibility, and social expectations creates an environment conducive to the development of imposter feelings and low self-esteem[13].

Addressing these psychological challenges is essential for promoting the overall well-being and professional development of nursing students. Educational institutions play a pivotal role in fostering supportive learning environments that encourage self-confidence, resilience, and open communication. Interventions such as mentorship programs, peer support groups, counselling services, and stress management workshops are effective in reducing imposter feelings and enhancing self-esteem[14]. Furthermore, incorporating psychological well-being into nursing curricula can help students develop coping strategies and emotional intelligence, which are critical for both academic success and clinical practice. Encouraging reflective practices, such as journaling and debriefing sessions, can also promote self-awareness and self-compassion among students[15]. Given the significant impact of Imposter Syndrome and self-esteem on academic performance, mental health, and professional identity, it is imperative to investigate these variables among nursing students. Understanding the prevalence and relationship between these constructs can provide valuable insights for designing targeted interventions aimed at improving student outcomes.

Aim: The present study aims to assess the level of Imposter Syndrome and self-esteem among nursing students in a selected college in New Delhi and to examine the correlation between these variables.

Objectives: The objectives of the research were:

1. To assess the level of Imposter Syndrome & Self-Esteem among student nurses in a selected nursing college of New Delhi.
2. To determine the correlation between Imposter Syndrome and Self-Esteem of student nurses in a selected nursing college of New Delhi.
3. To determine the association of levels of Imposter Syndrome and Self-Esteem with selected demographic variables.

Methodology

***Research Approach and Design*:** The present study adopted a **quantitative research approach**, as it aimed to measure and analyse the levels of Imposter Syndrome and self-esteem among nursing students using standardized instruments. A **correlational research design** was employed to examine the relationship between these two psychological variables at a single point in time.

***Study Setting*:** The study was conducted at Rufaida College of Nursing, Jamia Hamdard, New Delhi. The institution offers undergraduate nursing education and provides both academic and clinical training to students. The setting was chosen due to accessibility and the presence of a diverse population of student nurses exposed to academic and clinical stressors.

Population and Sample

Target Population: The target population consisted of all undergraduate nursing students enrolled in the Bachelor of Science in Nursing (B.Sc. Nursing) program.

Accessible Population: The accessible population included student nurses who were available during the period of data collection and met the inclusion criteria.

Sample Size and Sampling Technique: A sample of 234 student nurses was selected from first to fourth years in a selected nursing college in New Delhi. The sampling technique was Total Enumeration Sampling Technique (non-probability) whereby all the eligible students were included in the process. The sample consisted of:

B.Sc. Nursing 1st year	57 students
B.Sc. Nursing 2nd year	57 students
B.Sc. Nursing 3rd year	59 students
B.Sc. Nursing 4th year	61 students
Total	**234 students**

***Inclusion Criteria*:** This study includes student nurses who are:

- Willing to participate in the study.
- Present during the time of data collection.

***Exclusion Criteria*:** Student nurses who were under psychiatric treatment or diagnosed with any psychiatric disorder.

Variables of the Study

- **Independent Variable:** Imposter Syndrome
- **Dependent Variable :** Self-Esteem
- **Demographic Variables:** Age, gender, academic year, and other relevant socio-demographic factors

Data Collection Tools: Data were collected using standardized and validated instruments:

***Tool 1: Demographic Profile*:** The Demographic Profile is a structured questionnaire that is set by the researcher herself. It consisted of items about the personal and academic, socio-economic characteristics of the respondents. Major variables were added as follows: Age (in years), Gender, Year of study, educational status of parents, and Monthly family income (in Rs.). This demographic tool is important in describing the characteristics of the sample as well as finding patterns or correlations between demographic factors and psychological variables.

***Tool 2: Clance Imposter Phenomenon Scale (CIPS)*:** The Clance Imposter Phenomenon Scale is a standardized instrument for Imposter Syndrome assessment of common use and was developed by Pauline Rose Clance (1985). CIPS contains 20 items, each of which is designed to measure the frequency of people's experiences of feelings of inadequacy, self-doubt, and fear of being exposed as a fraud even in the face of people's success in academic or in one's own professional life.[15]

Each item in the CIPS is rated on a 5-point Likert scale, as follows:

1. Not at all true
2. Rarely true
3. Sometimes true
4. Often true
5. Very true

The total score is obtained by summing the responses of all items, resulting in a range of 20 to 100. Higher scores reflect higher levels of imposter feelings.

After filling out all the items, calculate the total score by adding up the numerical values that you selected for every one of the 20 statements.

***Tool 3: Rosenberg Self-Esteem Scale (RSES)*:** One of the most widely used instruments measuring a person's global Self-Esteem is the Rosenberg Self-Esteem Scale (Morris Rosenberg, 1965). This instrument assesses the generic Self-Esteem or respect for oneself of an individual.[16] RSES consists of 10 statements of negative and positive wordings. Respondents are on a 4-point Likert scale rating each item:

3 – Strongly Agree; 2 – Agree; 1 – Disagree; 0 – Strongly Disagree

The RSES is known for its simplicity, reliability, and ease of use across diverse age groups and populations. It is therefore appropriate for assessing the Self-Esteem of student nurses in the present study.

Data Collection Procedure: Before data collection, formal permission was obtained from the concerned institutional authorities. Ethical approval was secured from the Institutional Ethics Committee. Participants were approached in their classrooms or clinical areas and informed about the purpose of the study.

Written informed consent was obtained from each participant. The questionnaires were distributed and collected on the same day to ensure a high response rate. Participants were given adequate time (approximately 20–30 minutes) to complete the tools. Confidentiality and anonymity were strictly maintained throughout the process.

Ethical Considerations

- Ethical clearance was taken from Jamia Hamdard, Institutional Ethical Committee.
- Administrative approval was taken from the respective college before data collection.
- Consent was taken from study participants.
- Anonymity and confidentiality of the participants was maintained.

Data Analysis: The collected data were systematically coded and entered SPSS statistical software for analysis. Both descriptive and inferential statistical methods were employed to interpret the findings. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize demographic characteristics and to assess the levels of Imposter Syndrome and self-esteem among the participants. Inferential statistics were applied to examine relationships and associations between variables. Pearson's correlation coefficient (r) was used to determine the relationship between Imposter Syndrome and self-esteem, while Fisher's exact test was applied, where appropriate, to assess the association between study variables and selected demographic factors. A p-value of less than 0.05 was considered statistically significant for all analyses.

Results

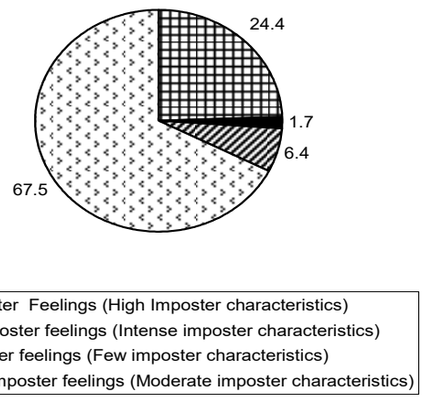
The data in table-1 show that most participants are aged 21–23 years (50%), followed by 18–20 years (36.7%), with very few below 18 (3%). The majority are female (61.1%), while males account for 38.5% and only 0.4% identify as other. Students are almost evenly distributed across all years of B.Sc. Nursing, with a slightly higher proportion in the 4th year (26.1%). In terms of family income, over half (51.7%) belong to families earning above ₹40,000, while only 5.6% fall below ₹10,000. Regarding parental education, most fathers are graduates (43.6%) and mothers are either graduates (34.2%) or have secondary education (31.2%), indicating that the majority of respondents come from relatively educated family backgrounds.

Table-1: Frequency and percentage distribution of the Study Subjects by their demographic characteristics.

Demographic Variables		No.	%
Age (in years)	Below 18	7	3.0
	18–20	86	36.7
	21–23	117	50.0
	23 and above	24	10.3
Gender	Male	90	38.5
	Female	143	61.1
	Other	1	0.4
Year of study	B.Sc. Nursing 1st Year	57	24.4
	B.Sc. Nursing 2nd Year	57	24.4
	B.Sc. Nursing 3rd Year	59	25.1
	B.Sc. Nursing 4th Year	61	26.1
Monthly Family Income	Below ₹10,000	13	5.6
	₹10,001–₹20,000	33	14.1
	₹20,001–₹40,000	67	28.6
	Above ₹40,000	121	51.7
Father's Education	Illiterate	14	6
	Primary	24	10.2
	Secondary	61	26.1
	Graduate	102	43.6
	Postgraduate & above	33	14.1
Mother's Education	Illiterate	25	10.7
	Primary	40	17.1
	Secondary	73	31.2
	Graduate	80	34.2
	Postgraduate & above	16	6.8

Figure-1 indicates that out of 234 study subjects, the majority, 158 (67.5%), experienced moderate imposter feelings, followed by 57 (24.4%) with high imposter feelings, 15 (6.4%) with low imposter feelings, and only 4 (1.7%) with intense imposter feelings. This distribution shows that while most student nurses experience moderate levels of imposter syndrome, a notable proportion report high to intense feelings, suggesting a need for increased awareness and appropriate interventions to support their mental well-being

Fig.-1: A Pie Chart depicting the Frequency Percentage Distribution of Study Subjects by the Level of Imposter Syndrome.



The pie chart 2 indicates that out of 234 study subjects, majority of participants i.e. 194 (82.9%) had normal Self-Esteem, whereas only 21 (9.0%) reported low Self-Esteem and 19 (8.1%) had high Self-Esteem.

Figure-2: Doughnut Diagram depicting Frequency Percentage Distribution of Study Subjects by their Self-Esteem

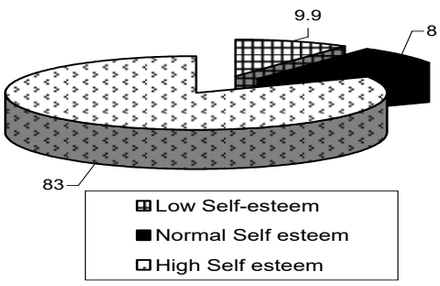


Table-2: Mean, Standard Deviation, Karl Pearson Coefficient of Correlation Between Imposter Syndrome and Self-Esteem among Student Nurses

Variables	Mean	Standard Deviation	Coefficient of correlation (r)	p value
Imposter Syndrome	55.40	10.78	- 0.380	0.001*
Self-Esteem	19.00	3.763		
Significant – p <0.05				

The data in Table 2 indicates that the coefficient of correlation (r) between Imposter Syndrome and Self-Esteem was -0.380 with a p=0.000. The absolute value of the coefficient of correlation (r) was -0.380. The data reveal a statistically significant negative correlation, as the p-value is less than the 0.05 level of significance, indicating a moderate negative

relationship between Imposter Syndrome and Self-Esteem among the student nurses. Hence, student nurses who report higher levels of Imposter Syndrome have lower levels of Self-Esteem and vice versa.

Table-3: Fisher's Exact Test showing Association Between Imposter Syndrome and Selected Demographic Variables

Variables		Imposter Feelings				Fisher's Exact Test	p-value
		Low	Moderate	High	Intense		
Age in years	Below 18	0	5	1	1	14.427	0.069
	18–20	4	57	24	1		
	21–23	7	85	24	1		
	23 and above	4	11	8	1		
Gender	Male	6	63	17	4	13.51	0.040*
	Female	9	95	39	0		
	Others	0	0	1	0		
Year of study	B.Sc. Nursing 1st Year	3	40	12	2	12.255	0.14
	B.Sc. Nursing 2nd Year	2	36	19	0		
	B.Sc. Nursing 3rd Year	2	41	16	0		
	B.Sc. Nursing 4th Year	8	41	10	2		
Monthly Family Income	Below 10000	1	11	0	1	15.777	0.042*
	₹10,001–₹20,000	2	25	5	1		
	₹20,001–₹40,000	2	44	19	2		
	Above ₹40,000	10	78	33	0		
Father's Educational Qualification	Illiterate	0	12	2	0	9.985	0.545
	Primary	1	16	7	0		
	Secondary	2	47	12	0		
	Graduate	8	65	26	3		
	Postgraduate & above	4	18	10	1		
Mother's Educational Qualification	Illiterate	1	17	7	0	14.998	0.242
	Primary	0	28	12	0		
	Secondary	4	50	19	0		
	Graduate	9	54	14	3		
	Postgraduate & above	1	9	5	1		

The table 3 shows the association between demographic variables and levels of imposter feelings among the study subjects. A statistically significant association was found with gender (p = 0.040) and monthly family income (p = 0.042), indicating that these factors influence the level of imposter feelings among student nurses. In terms of gender, females reported higher moderate and high imposter feelings, while males showed a small proportion experiencing intense feelings. Similarly, variations in imposter feelings were observed across different income groups, with higher income groups showing more moderate levels. However, no statistically significant association was found with age (p = 0.069), year of study (p = 0.14), father's education (p = 0.545), or mother's education (p = 0.242), suggesting that these variables do not have a significant impact on imposter feelings in this sample. Overall, gender and family income emerge as important factors associated with imposter syndrome levels.

Table-4: Fisher's Exact Test showing Association between Self-esteem and Selected Demographic variables.

Variables		Self Esteem			Fisher's Exact Test	p-value
		Low	Normal	High		
Age in years	Below 18	0	7	0	2.9	0.787
	18–20	11	67	8		
	21–23	8	100	9		
	23 and above	2	20	2		
Gender	Male	6	78	6	3.262	0.586
	Female	15	115	13		
	Others	0	1	0		
Year of study	B.Sc. Nursing 1st year	6	45	6	8.918	0.165
	B.Sc. Nursing 2nd year	7	45	5		
	B.Sc. Nursing 3rd year	6	52	1		
	B.Sc. Nursing 4th year	2	52	7		
Monthly Family Income	Below 10000	1	11	1	3.928	0.663
	₹10,001–₹20,000	3	29	1		
	₹20,001–₹40,000	5	53	9		
	Above ₹40,000	12	101	8		
Father's Educational Qualification	Illiterate	1	13	0	10.386	0.183
	Primary	0	24	0		
	Secondary	6	52	3		
	Graduate	10	78	14		
	Postgraduate & above	4	27	2		
Mother's Educational Qualification	Illiterate	2	22	1	3.428	0.916
	Primary	4	34	2		
	Secondary	6	60	7		
	Graduate	7	64	9		
	Postgraduate & above	2	14	0		

Table 4 shows the association between demographic variables and levels of self-esteem among the study subjects. Most participants across all categories had normal self-esteem, with relatively fewer reporting low or high self-esteem. Statistical analysis using Fisher's Exact Test indicates that there is no significant association between self-esteem levels and any of the selected demographic variables, including age (p =0.787), gender (p =0.586), year of study (p=0.165), monthly family income (p= 0.663), father's educational qualification (p=0.183), and mother's educational qualification (p=0.916). This suggests that self-esteem levels among student nurses are relatively consistent and do not significantly vary based on these demographic factors.

Discussion

The present study assessed the level of Imposter Syndrome and Self-Esteem and examined their correlation. It also sought to determine how both variables are associated with selected demographic variables

The present study reveals that more than half of the subjects i.e. 158 (67.5%) had moderate imposter feelings, 57 (24.4%) had high imposter feelings, 15 (6.4%) had low imposter feelings, while only 4 (1.7%) of the subjects had intense imposter feelings: suggesting that while most student nurses experience moderate feelings of Imposter Syndrome, a significant minority experience high to intense feelings, highlighting the need for awareness and potential interventions to manage these impacts on their academics and well-being.

In line with the current study findings, Bhardwaj et al. demonstrated that perceived imposterism exerts a detrimental effect on Self-Esteem and contributes to elevated anxiety levels among university nursing students, thereby emphasising the necessity of structured mentorship interventions to mitigate these outcomes, with a majority of participants (67.5%) reporting moderate imposter feelings, indicating that a considerable proportion of student nurses experience clinically relevant imposter tendencies. The consonance between the two studies suggests that imposterism is a prevalent concern within nursing education and may substantially influence students' psychological well-being and academic functioning.[17]

The present study depicts that the majority of participants 194 (82.9%) had normal Self-Esteem, whereas only 21 (9.0%) reported low Self-Esteem and 19 (8.1%) had high Self-Esteem. These findings are congruent with the previous studies conducted by Peng et al. in their scoping review, which noted moderate to normal Self-Esteem among both nursing students and practising nurses, suggesting that Self-Esteem is still a central psychological factor influenced by imposter feelings[18]. Similarly, Benjamin et al. identified Self-Esteem and resilience among registered nurses, indicating that normal to lower Self-Esteem often coexists with stronger imposter tendencies and reduced psychological resilience.[19] Furthermore, the global meta-analysis by Salari et al. demonstrated that health service providers experience compromised Self-Esteem as part of a broader pattern of psychological vulnerability[20]. Most of the nurses in this sample maintained normal levels of Self-Esteem despite the notable presence of moderate to high imposter feelings.

The present study findings regarding the correlation between Imposter Syndrome and Self-Esteem reveals that there is a statistically significant moderate negative relationship between Imposter Syndrome and Self-Esteem among the student nurses. Naser et al. similarly reported a significant inverse relationship between imposter phenomenon and Self-Esteem among medical college students in the Middle East.[21] Their findings reinforce the present study's conclusion that Self-Esteem declines as imposter tendencies increase, suggesting a cross-cultural consistency in this psychological association. A study by Devkota et al. examining both medical student syndrome and imposter syndrome further highlighted that imposter experiences are often rooted in self-doubt and diminished self-perception[22], indirectly affirming the negative relationship observed in the current analysis. In addition, Qureshi et al. documented a negative correlation of imposter phenomenon among health professional students and identified Self-Esteem as a critical factor influencing the severity of imposter experiences[23]. Their findings support the current study's observation of a negative correlation, indicating that students with lower Self-Esteem were more vulnerable to experiencing imposter feelings.

Additionally, the current study found a significant association between Imposter Syndrome and selected demographic variables in gender ($p=0.040$) and monthly family income ($p = 0.042$), as the p-value was less than the 0.05 level of significance. There was no significant association between Imposter Syndrome and selected demographic variables, i.e. age, year of study, father's educational qualification, and mother's educational qualification. Badawy and Shaban explored how imposter syndrome interacts with ego integrity and gender among ageing nurses and reported that gender dynamics play a meaningful role in shaping imposter experiences.[24] This is congruent with the present study's finding by revealing that there is a significant association between imposter syndrome and monthly family income and gender ($p=0.040$), indicating that gender continues to be an important demographic determinant of imposter experiences even among nurses. Their mixed-methods findings indicated that female nurses were more likely to report elevated imposter feelings, suggesting that gender-related social expectations and professional pressures contribute significantly to the manifestation of imposter tendencies.[19]

The present study findings also depict that there was no significant association between Self-Esteem and selected demographic variables, i.e., age, gender, year of study, monthly family income, father's educational qualification, and mother's educational qualification. The study by Newar et al. found that Self-Esteem among college students, evaluating the impact of these factors, operates primarily through its effect and its association with demographic variables. About demographic variables, no significant associations were identified between Self-Esteem and selected variables such as age, gender, year of study, monthly family income, and parental educational qualifications[25]. This finding is congruent with extant literature, which similarly reports the absence of substantial relationships between Self-Esteem and these background characteristics. The results suggest that self-

esteem is shaped more by individual psychological factors and experiences rather than demographic or socio-economic determinants.

Conclusion

In conclusion, the findings describe the pervasive nature of imposter feelings among student nurses and its inverse relationship with Self-Esteem. While most student nurses maintain normal Self-Esteem, the strong negative correlation with Imposter Syndrome indicates that efforts to support mental well-being should prioritise strategies that enhance Self-Esteem.

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