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IMPOSTER SYNDROME AND ITS RELATIONSHIP WITH SELF EFFICACY AMONG COLLEGE STUDENTS – ACROSS SECTIONAL ANALYTICAL STUDY AT SELECTED COLLEGES IN ERNAKULAM DISTRICT, KERALA

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ABSTRACT
Imposter syndrome has a widespread impact on individual's mental health and overall wellbeing. It is increasingly relevant among college students who are particularly vulnerable to self-doubt and feelings of inadequacy. The study was undertaken to assess the relationship between Imposter syndrome and self-efficacy among college students, to determine the association between Imposter syndrome and self-efficacy, and to identify the association of Imposter syndrome and self-efficacy with selected socio-demographic variables. A quantitative cross-sectional analytical design was adopted. Using convenience sampling, 132 college students were selected for the study. Socio-demographic proforma, Self-structured Imposter Syndrome Assessment Scale, and the General Self-Efficacy (GSE) Scale were used to collect the data. Findings of the study revealed a weak negative correlation between Imposter syndrome and self-efficacy ($\rho = -0.048$). A significant association was found between Imposter syndrome and family size ($p = 0.022$), year of study ($p = 0.033$), extracurricular activities ($p = 0.023$), and experience of anxiety ($p = 0.017$). Self-efficacy was also found to have a significant association with extracurricular activities ($p = 0.040$). None of the other socio-demographic variables showed a significant association with Imposter syndrome and self-efficacy. The study concluded that Imposter syndrome has a weak negative relationship with self-efficacy. Early identification and management through routine screening, counselling, and academic support services are essential to reduce feelings of inadequacy, enhance student's confidence, and promote academic success and wellbeing.

Keywords: Imposter syndrome, Self efficacy, College students, Mental health, Academic wellbeing.

INTRODUCTION

College students are currently experiencing a surge in academic pressures due to the increasingly competitive nature of higher education. As a result, they are presented with numerous hurdles that can potentially impact their self-esteem and confidence. The advancement of educational systems often results in increased emphasis on high achievement and comparative performance, significantly affecting high achieving students. Based on current estimates 62 % of global population suffer from imposter phenomenon [1]. In India 90% college students experienced moderate to intense imposter syndrome [2].

In Kerala around 21crore people suffer from imposter phenomenon. Imposter phenomenon is a psychological condition where individuals doubt their accomplishments and feel like they are pretending to be something they are not, often accompanied by feelings of inadequacy, self-doubt,

and fear of being exposed as a "fraud". This condition manifests in symptoms of self-doubt, fear of being exposed, and feelings of inadequacy. The widespread pressure to succeed and the fear of failure have significantly contributed to this growing concern, particularly among high achieving individuals [3]

Studies have established a strong link between imposter phenomenon and decreased mental wellbeing, including increased stress and anxiety. Research conducted in various professional settings revealed that a significant percentage of individuals experience imposter feelings. Consequently, imposter phenomenon is increasingly recognized as a psychological issue requiring timely intervention and management. College students who experience imposter phenomenon often report lower levels of self-efficacy, which can lead to decreased motivation, anxiety, and depression [4]

Furthermore, the constant fear of being discovered as an imposter can create a sense of hyper vigilance, making it difficult for students to relax and enjoy their academic accomplishments. On the other hand, students with high self-efficacy are more likely to be resilient and persistent in the face of challenges, and are less likely to experience imposter phenomenon. Therefore, it is essential for educators and mental health professionals to recognize the signs of imposter phenomenon and provide support and resources to help students develop a more positive and realistic self-image. By doing so, students can break free from the cycle of self-doubt and achieve their full academic potential. Additionally, interventions aimed at enhancing self-efficacy, such as goal setting and positive self-talk, can also help mitigate the negative effects of the imposter phenomenon [5].

STATEMENT OF THE PROBLEM

A cross sectional analytical study to assess Imposter syndrome and its relationship with self-efficacy among college students in selected settings at Ernakulum district, Kerala

Objectives

- To estimate the Imposter syndrome and self-efficacy among college students.
- To identify relationship between

Imposter syndrome and self-efficacy among college students.

- To determine the association of

Imposter syndrome and self-efficacy among college students in selected Socio demographic variables.

Operational Definitions

- Imposter syndrome: refers to a psychological condition characterized by persistent self- doubt, fear of failure, discounting positive feedback and inability to internalize achievements which is measured using Self Structured Imposter Syndrome Assessment Scale.
- Self efficacy: refers to an

individual's confidence in their capacity to achieve goals, managing various tasks and overcoming difficulties which are measured by using General Self Efficacy Scale (GSES) among college students.

- College students: refers to an

individual aged between 18-23 years who are undertaking an undergraduate degree course on a regular basis from St. Peter's College, Kolenchery.

Assumptions

Imposter syndrome may have significant negative effect on the self-efficacy of college students.

Hypothesis

1. HA1: There is a significant relationship between Imposter syndrome and self-efficacy among college students
2. H01: There is no significant
3. relationship between Imposter syndrome and self-efficacy among college students
4. HA2: There is a significant
5. association of Imposter syndrome and self-efficacy among college students with their selected Socio demographic variables
6. H02: There is no significant association of Imposter syndrome and self-efficacy among college students with their selected Socio demographic variables

MATERIALS AND METHODS

Research Design

The research design used was Cross Sectional Analytical study

Variables

➢ Outcome Variables

Imposter syndrome and self-efficacy

➢ Socio Demographic Variable

Age, gender, year of study, field of study, academic performance, type of family, education of father and mother, occupation of father and mother, family income, hours spent on academic work, extracurricular activities, anxiety related to academic performance, stress due to academic work load, living arrangement.

Setting of Study

The study was conducted in St Peter's college Kolenchery at Ernakulum District, Kerala

Population

Target Population:

Undergraduate students who are studying in Ernakulum District, Kerala.

Accessible Population:
Undergraduate students who are studying in selected colleges in Ernakulum District, Kerala.

Sample and Sampling Technique Sample:
Undergraduate students who are studying in St Peter's college, Kolenchery at Ernakulum district, Kerala, who had met the inclusion criteria

Sampling Technique:
The sampling technique used for the study was NonProbability Convenience Sampling Technique

Sample Size Calculation:
Sample size calculated using the formula:

$$n = d2p$$

Were,

The expected prevalence of the event in the study group, p = 59.25%
Relative allowable error, d =15%

Value of the normal deviate at considered level of confidence= Z 1-α/2 =1.96
Sample size, n = 117
132 samples were included in the study

Inclusion criteria
Participants were included in the study based on the following criteria:

- College students who are aged between 18-23 years.
- College students who are currently enrolled in an undergraduate degree as regular basis.
- College students who are doing undergraduate degree.

Exclusion criteria
Participants were excluded from the study based on the following criteria.

- College students who are absent on the day of data collection.
- College students who are enrolled for distinct education.

Description Of the Tool
Tool 1: Socio demographic proforma

The tool consists of 16 items such as: Age, gender, year of study, field of study, academic performance, type of family, education of father and mother, occupation of father and mother, family income, hours spent on academic work, extracurricular activities, anxiety related to academic performance, stress due to academic work load, living arrangement.

Tool 2: Structured Questionnaire on Imposter Syndrome

Structured tool was prepared by researcher and it was consisted 20 questions, score was categorized as strongly disagree [1], disagree [2], neutral [3], agree [4], strongly agree [5]. The minimum score=20 and maximum score =100.The higher score indicates having imposter syndrome.

Tool 3: General Self Efficacy Scale (GSES)

The general self-efficacy scale (GSES) was a standardized self-report Likert scale, which was developed by Schwarzer.R and Jerusalem M in1981. This scale was suitable for measuring self-efficacy among college students. This scale consists of 10 items, which was rated positively from 1 to 4 as 1=not at all true, 2=Hardly true, 3= moderately true, 4=exactly true. The minimum score was 10 and maximum score was 40. The higher score indicating more self-efficacy.

Pilot Study
The pilot study was conducted among 30 undergraduate students. The study was found to be feasible in terms of resources available.

Data Collection Process
After obtaining approval from Institutional Ethics Committee of Malankara Orthodox Syrian Church Medical College Hospital, formal permission was obtained from principal, college of nursing and Administrate permission was obtained from college authorities total of 132 selected from St. Peter's College, Kolenchery, Ernakulam district. The samples were selected by non- probability convenience sampling technique, based on eligibility criteria. After a brief self-introduction, the subjects were explained regarding the purpose of the study. The subjects were allowed to read the participant information and made provision to clarify the doubts. Following this, informed consent from students was obtained for participation in the study. The demographic data, imposter syndrome and self-efficacy were assessed using socio demographic proforma, Self Structured Imposter Syndrome Assessment Scale and General Self efficacy scale (GSE). The data were collected by using Google form. Approximate time for data collection from each sample participant was 30 minutes. The investigator thanked the participants for their cooperation for the study

Plan for data analysis
All the categorical variables were summarized using frequency and percentage. Quantitative variables were summarized using mean and SD as the data follows normality assumption. Pearson's correlation was used to determine the relationship between Imposter syndrome and self-efficacy based on normality. Chi-square test and Fisher exact test were used to study the statistical significance of the association of selected socio demographic with Imposter syndrome and self-efficacy. $p<0.05$ will be considered as significant. Statistical analysis was performed using EZR software.

Section 1: Description of socio demographic variable among college students

Table 1: Frequency and percentage distribution of subjects according to socio demographic variables

Sl no	Socio demographic variables		Frequency (f)	Percentage (%)
1	Age	18-19	58	44
		20-21	**61**	**46.2**
		22-29	13	9.8
2	Sex	Male	52	39.4
		Female	**80**	**60.6**
3	Year of study	1st year	14	10.6
		2nd year	40	30.3
		3rd year	**78**	**59.1**
4.	Course	Health and Medical science	0	0
		Social science and humanities	53	40.16
		STEM(Science, Technology, Engineering and Maths)	14	10.6
		Business and Management	**65**	**49.24**

Table 1 reveals that almost half of the (46.2%) study subjects fell within the agegroup of 20-21 years. Females dominate the sample, that was 60.6%. Data shows that over 59.1% of respondents were 3rd year students. The majority of the participants were from business and management shows about 49.24%.

Table 2: Frequency and percentage distribution of subjects according to socio demographic variables (N=132)

Sl no	Socio demographic variables		Frequenc y (f)	Percentage (%)
5.	Academic performance	Above 75%	52	39.4
		60-75%	**58**	**43.9**
		50-59%	13	9.8
		Less than 50%	9	6.8
6.	Family size	**Nuclear**	**102**	**77.3**
		Joint	24	18.2
		Extended	6	4.5
7.	Parental education (Father)	No formal Education	7	5.3
		Primary Education	28	21.2
		Secondary Education	48	36.4
		Higher Education	**49**	**37.1**
8.	Parental Education (Mother)	No formal Education	4	3.0
		Primary Education	27	20.5
		Secondary Education	43	32.6
		Higher Education	**58**	**43.9**

Table 2 shows that about 43.9% students have 60-75%marks in academics. Most of them were from nuclear family that was 77.3%. About 37.1% of fathers and 43.9% of mothers have higher education.

Table 3: Frequency and percentage distribution of subjects according to socio demographic variables (N=132)

Sl no	Socio demographic variables		Frequency (f)	Percentage (%)
9.	Parental Income	Below 10,000/-	42	31.8
		10000-30000/-	**49**	**37.1**
		Above 30000/-	41	31.1
10.	Average hours of study	Below 2 hours	49	37.1
		2-5 hours	**52**	**39.4**
		Above 5 hours	31	23.5
11.	Involvement in Extracurricular	Yes	47	35.6

	Activities	No	85	64.4
12.	Do you experience anxiety related to academic performance?	Yes	43	32.6
		No	**89**	**67.4**

Table 3 shows that 37.1%of students have 10000-30000/-family income. Most of the students (39.4%) spent 2-5 hours for study. About 64.4% of students are not involved in extracurricular activities. Over 67.4% students are not anxious about their academic performance.

Table 4: Frequency and percentage distribution of subjects according to socio demographic variables (N=132)

Sl no	Socio demographic variables		Frequency (f)	Percentage (%)
13.	Stress related to Academic workload	Never	25	18.9
		Rarely	34	25.8
		Sometimes	**59**	**44.7**
		Often	8	6.1
		Always	6	4.5
14.	Have you heard of Imposter Syndrome?	Yes	29	22
		No	**103**	**78**
15.	Do you seek support from friends/family?	**Yes**	**93**	**70.5**
		No	39	29.5
16.	Living Arrangement	Hosteller	5	3.8
		Day scholar	**127**	**96.2**

Table 4 shows that about half (44.7%) of the students experience stress related to work load sometimes, while almost 78% of students are unaware about imposter syndrome. When seeking help, 70.5% of the students turn to family/friends. Notably, living arrangement of the student population is predominantly day scholars, making up 96.2% of the respondents.

Section 2: The distribution of imposter syndrome among college students N=132.

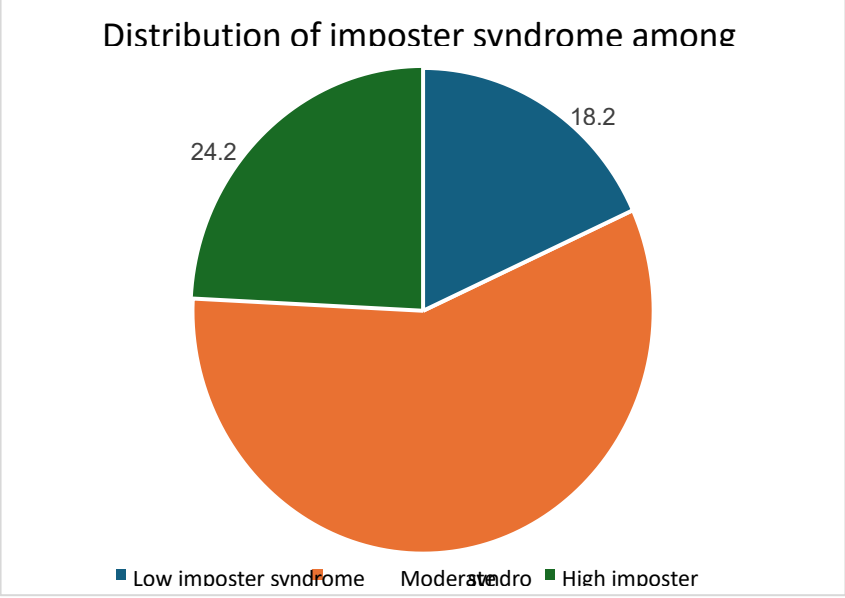

Figure 1: Pie diagram showing distribution of imposter syndrome among college students

Table 5: Mean and standard deviation of imposter syndrome among college students

Mean	Median	Standard deviation
51.11	52.00	12.314

Section 3: The distribution of self-efficacy among college students. N=132.

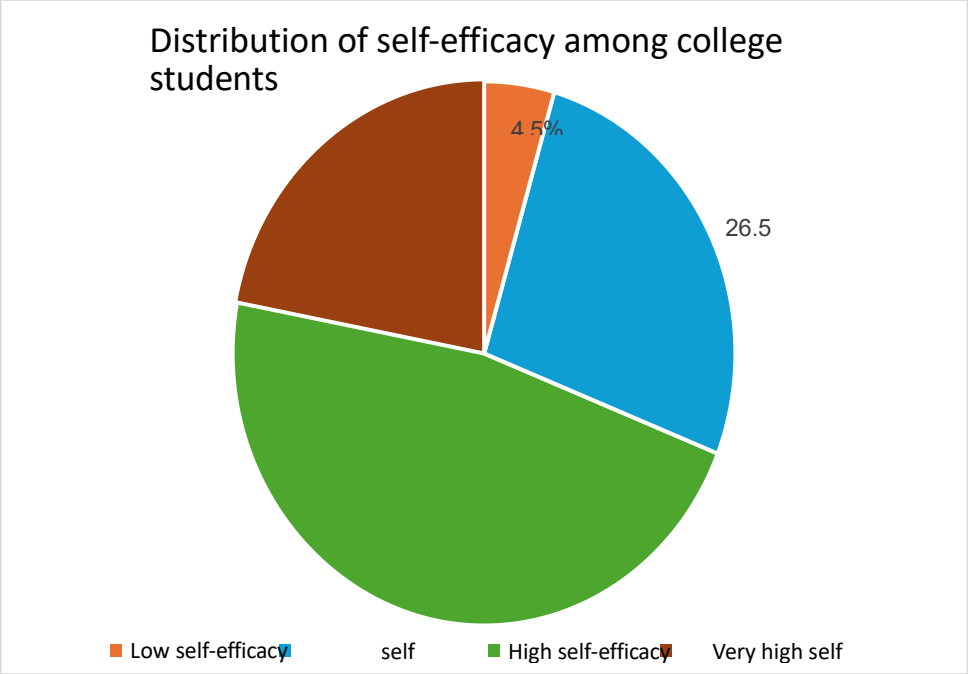

Figure 2: Pie diagram showing distribution of self-efficacy among college students

Table 6: Mean and standard deviation of self-efficacy among college students.

Mean	Median	Standard deviation
28.22	28.50	6.348

Section 4: The relationship between Imposter syndromes among college students

Table 7: Relationship between Imposter syndrome and self-efficacy among college students N=132

SI No.	Variables	Pearson Correlation coefficient	p Value
1.	Imposter syndrome among college students	-0.048	0.586
2.	Self-efficacy among college students		

Level of significance at p<0.05

Table 4 depicts that Pearson correlation coefficient to analysis imposter syndrome and self-efficacy among college students; through the analysis we revealed that there is no relationship between imposter syndrome and self-efficacy with r value -0.048 and p value 0- 586 and not statistically significant at p value <0.05.

Figure 3: shows that there is a weak negative correlation between imposter syndrome and self-efficacy with r value -0.048 and p value 0.586 and not statistically significant at p value <0.05. (n=132)

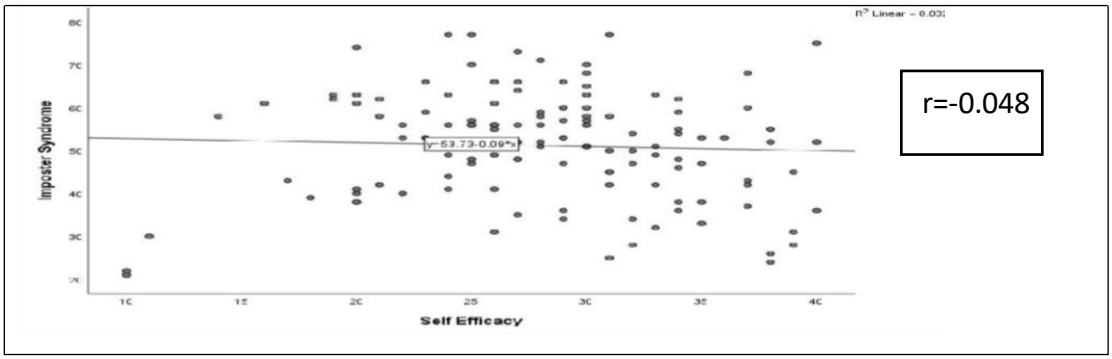

Figure 3: Scatter diagram showing relationship between imposter syndrome and self-efficacy among college students

Section 5: The association of Imposter syndrome and selected socio demographic variables

Table 8: The association of Imposter syndrome and selected socio demographic variables. (n=132)

SI No	io Demographic variables	category	Imposter syndrome			Chi square/ Fisher's exact test	p value
			Low	Moderate	High		
1.	Sex	Male	9	31	12	χ^2=0.146	0.930
		Female	15	45	20		
2.	Year of study	1st year	5	6	3	Fisher's exact test	**0.033**
		2nd year	17	40	21		
		3rd year	24	76	32		
3.	Academic performance	Above 75%	5	37	10	Fisher's exact test	0.139
		60-75%	14	26	18		
		50-59%	3	7	3		
		Less than 50%	2	6	1		
4.	Family size	Nuclear	21	60	21	Fisher's exact test	**0.022**
		Joint	3	10	11		
		Extended	0	6	0		

Level of significance at p<0.05.

Table 8 depicts that there was no significant association between imposter syndrome and selected socio demographic variables such as sex and academic performance. The results showed that there was a statistically significant association between imposter syndrome and year of study and family size at p value <0.05.

Table 9: The association of Imposter syndrome and selected socio demographic variables (n=132)

SI No.	Socio demographic variables	Category	Imposter syndrome			Chi square/ Fisher's exact test	p value
			Low	Moderate	High		
5.	Parental education (Father)	No formal Education	0	5	2		
		Primary Education	5	20	3		
		Secondary Education	7	28	13		
		Higher Education	12	23	14	Fisher's exact test	0.161
6.	Parental Education (Mother)	No formal Education	0	4	0		
		Primary Education	2	18	7		
		Secondary Education	11	20	12		
		Higher Education	11	34	13	Fisher's exact test	0.147
7.	Parental Income	Below 10,000/-	5	27	10		
		10000-30000/-	9	29	11	χ^2=2.863	0.581
		Above 30000/-	10	20	11		

Level of significance at p<0.05

Table 9 depicts that there was no significant association between imposter syndrome and selected socio demographic variables such as parental education (father, mother) and parental income.

Table 10: The association of Imposter syndrome and selected socio demographic variables (n=132)

SI No.	Socio demographic variables	Category	Imposter syndrome			Chi square/ Fisher's exact test	p value
			Low	Moderate	High		
8.	Average hours of study	Below 2 hours	11	29	9		

		2-5 hours	8	28	16	χ^2=2.655	0.617
		Above 5 hours	5	19	7		
9.	Extracurricular Activities	Yes	11	31	5	χ^2=7.558	**0.023**
		No	13	45	27		
10.	Experiences Anxiety	Yes	6	20	17	χ^2=8.135	**0.017**
		No	18	56	15		

Level of significance at p<0.05

Table 10 depicts that there was no significant association between imposter syndrome and selected socio demographic variables such as average hours of study. The results showed that there was a statistically significant association between imposter syndrome and extracurricular activities and anxiety at p value <0.05.

Table 11: The association of Imposter syndrome and selected socio demographic variables (n=132)

SI No.	io demographic variables	Category	Imposter syndrome			Chi square/ Fisher's exact test	p value
			Low	Moderate	High		
11.	Stress related to Academic workload	Never	6	15	4	Fisher's exact test	0.306
		Rarely	5	23	6		
		Sometimes	10	32	17		
		Often	3	2	3		
		Always	0	4	2		
12.	Knowledge about Imposter Syndrome	Yes	4	17	8	Fisher's exact test	0.743
		No	20	59	4		
13.	Seeking support from friends/family	**Yes**	16	56	21	χ^2=0.905	0.636
		No	8	20	11		
14.	Living Arrangement	Hosteller	1	3	1	Fisher's exact test	0.973
		Day scholar	23	73	31		

Level of significance at p<0.05

Table 11 depicts that there was no significant association between imposter syndrome and selected socio demographic variables such as stress related to academic workload, knowledge about imposter syndrome, seeking support from family or friends and living arrangements.

Section 6: The association of self-efficacy and selected socio demographic variables

Table 12: The association of self-efficacy and selected socio demographic variables (n=132)

SI No	Socio demographic variables	category	Self-efficacy			Chi square/ Fisher's exact test	p value
			Low & Moderate	High	Very High		
1.	Sex	Male	13	25	14	χ^2=1.995	0.369
		Female	28	37	15		
2.	Year of study	1st year	6	7	1	Fisher's exact test	0.336
		2nd year	15	16	9		
		3rd year	20	39	19		
3.	Academic performance	Above 75%	16	26	10	Fisher's exact test	0.329
		60-75%	14	30	14		
		50-59%	7	4	2		
		ess than 50%	4	2	3		
4.	Family size	Nuclear	33	49	20	Fisher's exact test	0.210
		Joint	8	9	7		
		Extended	0	4	2		

Level of significance at p<0.05

Table 6.1 depicts that there was no significant association between self-efficacy and selected socio demographic variables such as sex, year of study, academic performance and family size

Table 13: The association of self-efficacy and selected socio demographic variables (n=132)
Level of significance at p<0.05

SI No	Socio demographic variables	Category	Self-efficacy			Chi square/ Fisher's exact test	p value
			Low & Moderat e	High	Very High		
5.	Parental education (Father)	No formal Education	4	2	1	Fisher's exact test	0.515
		Primary Education	10	14	4		
		Secondary Education	16	21	11		
		Higher Education	11	25	13		
6.	Parental Education (Mother)	No formal Education	3	0	1	Fisher's exact test	0.070
		Primary Education	11	13	3		
		Secondary Education	15	19	9		
		Higher Education	12	30	16		

Table 13 depicts that there was no significant association between self-efficacy and selected socio demographic variables such as parental education of father and mother

Table 14: The association of self-efficacy and selected socio demographic variables (n=132)

SI No	Socio demographic variables	Category	Self-efficacy			Chi square/ Fisher's exact test	p value
			Low & Moderate	High	Very High		
7.	Parental Income	Below 10,000/-	22	16	4	Fisher's exact test	**0.006**
		10000-30000/-	10	26	13		
		Above 30000/-	9	20	12		
8.	verage hours of study	Below 2 hours	15	22	12	χ^2=3.688	0.450
		2-5 hours	20	23	9		
		Above 5 hours	6	17	8		
9.	xtracurricular Activities	Yes	11	29	7	χ^2=6.414	**0.040**
		No	30	33	22		
10.	Experiences Anxiety	Yes	16	20	8	χ^2=0.632	0.729
		No	26	42	21		

Level of significance at p<0.05

Table 14 depicts that there was no significant association between self-efficacy and selected socio demographic variables such as average hours of study and anxiety. The results showed that there was a statistically significant association between self-efficacy and parental income extracurricular activities at p value <0.05.

Table 15: The association of self-efficacy and selected socio demographic variable (n=132)

SI No	Socio demographic variables	Category	Self-efficacy			Chi square/ Fisher's exact test	p value
			Low & Moderate	High	Very High		
11.	Stress related to Academic workload	Never	11	9	5	Fisher's exact test	0.367
		Rarely	7	20	7		
		Sometimes	19	28	12		
		Often	1	4	3		
		Always	3	1	2		
12.	Knowledge about Imposter Syndrome	Yes	12	10	7	χ^2=2.587	0.274
		No	29	52	22		
13.	Seeking support from friends/family	Yes	33	43	17	χ^2=3.970	0.137
		No	8	19	12		
14.	Living Arrangement	Hosteller	2	2	1	Fisher's exact test	0.910
		Day scholar	39	60	28		

Level of significance at p<0.05

Table 15 depicts that there was no significant association between self-efficacy and selected socio demographic variables such as stress related to academic workload, knowledge about Imposter syndrome, seeking support from family or friends and living arrangements.

DISCUSSION

2.19.1. Distribution of Imposter syndrome and self-efficacy among college students

2.19.2 The relationship between imposter syndrome and self-efficacy among college students

2.19.3 The association of imposter syndrome and self-efficacy among college students in selected socio demographic variables

2.19.1. Distribution of imposter syndrome and self-efficacy among college students

The present study revealed that imposter syndrome and self-efficacy were moderately distributed among the participants. Most students experienced mild to moderate levels of imposter syndrome, while the majority showed moderate to high levels of self-efficacy. These findings were in line with the results reported by Peteet BJ et al., who found that students frequently experience impostor feelings during academic challenges, while their perceived self-efficacy tends to fluctuate depending on social and academic performance. This highlights the presence of both constructs in a typical student population [6].

Controversely, a study by Parkman A found a high prevalence of severe Imposter syndrome symptoms in graduate students and early career professionals, along with significantly low selfefficacy scores. These contrasts with the moderate levels observed in the current study and may reflect differences in academic pressure or institutional support systems across student populations [7].

2.19.2 The relationship between imposter syndrome and self-efficacy among college students

The study found a weak negative correlation between imposter syndrome and self-efficacy ($\rho = -0.048$), which was not statistically significant. This suggests that as imposter syndrome increases, self-efficacy slightly decreases. This result was consistent with the study conducted by Bernard DL et al., which showed that individuals with higher imposter syndrome scores tend to report lower levels of self-efficacy and confidence in their academic and personal achievements. Although the correlation was not strong, the inverse relationship supports existing psychological theories explaining that self-doubt undermines efficacy beliefs [8]

2.19.3 The association of imposter syndrome and self-efficacy among college students in selected socio demographic variables

The present study described the sociodemographic profile of college students including variables such as age, gender, year of study, type of family, family size, monthly income, area of residence, participation in extracurricular activities, and experience of anxiety. The majority of the participants were from nuclear families and belonged to the age group of 18–21 years. A similar demographic trend was observed in a study by Cokley K et al., which explored imposter syndrome in ethnic minority students and reported that most participants were young adults in undergraduate programs, predominantly from nuclear families. This supports the generalizability of findings among college going populations with comparable sociodemographic characteristics [9]

The present study showed that there was a significant association between imposter syndrome and selected sociodemographic variables such as family size ($p = 0.022$), year of study ($p = 0.033$), participation in extracurricular activities ($p = 0.023$), and experiencing anxiety ($p = 0.017$). This finding was supported by research from Clance PR &Imes SA, who originally identified that academic pressures and social comparisons in peer groups, which vary with the year of study and involvement in activities, contribute to imposter syndrome [10].

The study also found a significant association between self-efficacy and extracurricular activities ($p = 0.040$), while no other sociodemographic variables showed a statistically significant link. This result was in line with the findings of Bandura A, who emphasized that mastery experiences and social modelling, often gained through extracurricular involvement, are critical to developing high levels of self-efficacy [11]. Likewise, Zuffianò A et al. found that students who actively participate in cocurricular and extracurricular events tend to exhibit better selfperception of capabilities and resilience [12].

In contrast, a study by Langford J and Clance PR revealed no significant association between imposter syndrome and sociodemographic variables such as family size or academic year. They suggested that impostor feelings were more strongly influenced by personality traits and internal belief systems than by demographic or academic factors [13]

Nursing Implications

The present study had significant implication in the field of nursing administration, nursing education, nursing practices and nursing research. The role of nurse administrator, nurse educators and nursing staff are crucial in managing and reducing imposter syndrome among college students.

Nursing Administration

Nursing administrators can support initiatives that promote mental health and wellbeing among college students. This can include providing resources and services specifically tailored to address imposter syndrome and its impact on self-efficacy. Nursing administrators can also foster a campus culture that values self-care, self-compassion, and open discussions about mental health. Nursing administrators can

encourage students to participate in extracurricular activities.

Nursing administrators can increase the extracurricular participation of students by advising to provide allocated time

Nursing Education

Nursing educators can incorporate content on imposter syndrome and its impact on self-efficacy into nursing curricula. This can help nursing students recognize the signs and symptoms of imposter syndrome and develop strategies to support their peers. Educators can also promote a growth mindset and self-compassion, encouraging students to view challenges as opportunities for growth and development. Educators can create peer support groups for supporting who are struggling with academics. Educators can provide individualized academic advices to reduce academic stress

Nursing Practice

Creating a supportive environment, nurses can help students feel comfortable discussing their feelings and concerns.

Regular screenings can help identify students who may be experiencing imposter syndrome, enabling timely interventions to promote self-efficacy and academic success. Provide workshops on time management, clinical confidence, assertive communication, and reflective practice.

Nursing Research

Nursing research can play a key role in developing strategies to prevent and mitigate imposter syndrome. Nursing researchers can investigate the prevalence and impact of imposter syndrome on self-efficacy among college students. Studies can explore the effectiveness of interventions aimed at reducing imposter syndrome and promoting self-efficacy.

Research findings can inform evidence-based practices and policies that support the mental health and wellbeing of college students.

CONCLUSION

The study explored the relationship between imposter syndrome and self- efficacy among college students, highlighting its psychological impact. Most participants (57.6%) experienced moderate imposter syndrome, while only a few (18.2%) showed low levels. A weak negative correlation (ρ = -0.048) was found between imposter syndrome and self-efficacy, indicating that higher imposter feelings slightly reduce self- belief. Significant associations were observed between imposter syndrome and factors such as family size, year of study, extracurricular participation, and anxiety. Self-efficacy was also significantly linked to participation in extracurricular activities. These results suggest that active engagement in extracurriculars may enhance self-efficacy and reduce imposter feelings. Early identification and support for affected students are essential for promoting emotional well-being.

Institutions should offer counselling, mentorship, and skill-building programs. Such interventions can strengthen students' confidence and academic success. Further comparative research across different disciplines is recommended.

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