

**MEDIATING ROLE OF PERSONALITY ON RELATIONSHIP
BETWEEN FEAR OF FAILURE AND IMPOSTER PHENOMENA IN
MENTAL HEALTH PROFESSIONAL - TRAINEES**

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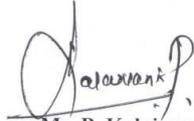
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ABSTRACT

Mental health is crucial for all at every stages of life. Trainees in mental health professions have long been disregarded as individuals. Due to their fear about the future and dread of failing to complete their assignments, trainees in the healthcare industry often find themselves in stressful situations. Researchers have urged further research into how personality affects imposter phenomena, how fear manifest in education and how to have a comprehensive understanding of imposter feelings in education. The present study aimed at exploring the relationship between Personality dimensions, fear of failure factors and imposter phenomena and how personality mediates between imposter phenomena and fear of failure among mental health professional-trainees. The study comprised of 126 mental health professional-trainees from various government and private hospital cum college settings. Purposive sampling was used to collect the data through online questionnaire. Personality dimensions, Fear of Failure factors and Imposter phenomena was assessed using The Big Five Inventory, The Performance Failure Appraisal Inventory and The Clance IP Scale respectively. The result was analysed using Pearson correlation coefficient, multiple regression and Haye's Process Macro model. The results revealed that there is a significant relationship between Personality and Imposter phenomena, & between Fear of failure and Imposter phenomena. Neuroticism dimension mediates the relationship between General fear of failure and Imposter phenomena. This research is expected to have implications in understanding the importance of provision of training interventions and dyadic coaching sessions which aims to increase self-enhancing attributions and self-efficacy as well as decreasing imposter feelings and fear of failure.

Keywords : Personality, Fear of failure, Imposter phenomena.

CHAPTER I
INTRODUCTION

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INTRODUCTION

1.1 Mental Health

The World Health Organization (WHO) conceptualizes mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Mental health is very important at every stage of life, from childhood and adolescence through adulthood. It also helps to determine how we handle stress, relate to others, and make healthy choices. Although mental health is a personal issue, what affects one person may or may not affect another. Yet, several key elements lead to mental health issues. When the demands placed on a person exceed their resources and coping abilities, their mental health could be impacted.

Every individual are facing challenges that can be stressful and overwhelming. Mental health professionals exist to improve the mental health of individuals, couples, families and the community-at-large. The personal and professional lives of the mental health professionals were closely interwoven and have a variety of negative effects of well-being. The management of time, work, cognition, behavior, and affect were protective elements of well-being, as were certain temperamental traits, personal insight from the field and supporting interpersonal relationships. Threats to well-being included increased workload, negative client experiences, stigma and myths connected with the job, biases from other professionals, a lack of possibilities for personal growth and development, and a lack of adequate infrastructure and human resources.

It is critical for supervisors to recognize what stress looks like, and to change organizational policies and practices to reduce job-related stress. It is also helpful for the professionals and trainees alike to learn how to cope with stress. Providing care and services to the public can be demanding and stressful. Work-related stress can affect well-being, the care and services the professionals give to others while doing their job, and the well-being of the people they care about outside of work.

The person of the mental health professional-trainees has long been ignored. Feelings of self-doubt and insecurity about one's effectiveness are frequently reported by mental health professional-trainees. For the helping professionals who work continuously with people, the chronic stress can be emotionally draining and makes them to develop self-doubt despite appreciation and success. Researchers have called for investigating how personality influences imposter phenomena, how fear operates in education and for developing a broader understanding of imposter feelings in education.

1.2 Mental Health Professionals

According to Mental Healthcare Act, 2017, mental health professionals means:

- “**A Psychiatrist**”, recognized by the Medical Council of India.
- “**A Clinical psychologist**”, recognized, by the Rehabilitation Council of India.
- “**A Psychiatric social worker**”, recognized by the University Grants Commission.
- “**A Mental health nurse**”, recognized by the Nursing Council of India.
- A Professional having a Post-graduate degree (**Ayurveda**).
- A Professional having a Post-graduate degree (**Homoeopathy**) in Psychiatry.
- A Professional having a Post-graduate degree (**Unani**) in Moalijat (Nafasiyatt).

- A Professional having a Post-graduate degree (**Siddha**) in Sirappu Maruthuvam.

1.3 Mental Health Professional-Trainees

Mental health Professional-Trainees means a person who is receiving supervised training to qualify as a mental health professional and is registered with the board. Today, there may be more pressure on University students than there has ever been in the past 25 years. Students are taking their education more seriously, which leads to heightened feelings of academic pressure. The rapidly increasing number of M.Phil and Ph.D trainees, which is currently surpassing the growth rate of the academic employment market, reflects this heightened cultural focus on academia. Graduate students are competing harder as a growing number of employments, funding opportunities, and mentorships become available. These higher stakes highlight the existing pressures and intense competitiveness that are part of academic culture, creating extremely stressful circumstances.

Mental health professional-trainees must balance a variety of obligations, including attending classes, managing their projects, and writing papers, which add to the academic demands they already experience. Many trainees worry that they won't land a permanent post in academia and feel uncertain about their future career prospects. Work-life balance, financial security, job security and success, and overall professional path ambiguity are trainee's top concerns.

1.4 Personality

The distinctive sets of actions, ideas, and emotional patterns that make up a person's personality are shaped by their biology and their environment. Personalities define who a person is and have an impact on every part of the lives, including how one interacts with

others and how one handles pressure. The American Psychological Association (APA) defines personality as “individual differences in characteristic patterns of thinking, feeling, and behaving” (2017).

The Big Five dimensions provide a model of personality structure that represents the co-variation among personality traits across individuals. Personality is also complex and varied. So, a person may display behaviors across several of these personality traits. Situational factors and an individual's underlying personality combine to produce behavior. Someone's potential response depends on the circumstances in which they find themselves. People typically, give answers that are in line with their underlying personality features.

Students studying healthcare have a propensity for extreme degrees of perfectionism. Trainees are chosen for professional degree programmes based on a history of exemplary academic performance and strong ethical standards, both of which must be upheld throughout University. It is therefore conceivable to propose that the very characteristics that allow them to enrol in the degree programme may also be those that create a predisposition towards perfectionism. Healthcare students as a group could differ from other student populations owing to the increased emotional and empathy demands of their degree course.

Associations between conscientiousness and academic success have been consistently identified in various studies involving medical students. Conscientiousness has been associated with more positive mental health and adaptive coping skills (Afshar, H et al., 2015). A study in Norway identified that a combination of high neuroticism, high conscientiousness and low extraversion predicted medical school stress (Tyssen, R et al, 2007). These studies point to a complex relationship between conscientiousness and psychological distress, which may be mediated by other personality traits and particular contexts.

The Big Five Personality can be helpful in understanding theoretically, socially and developmentally significant life outcomes. The Big Five - Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience are a set of five broad, bipolar trait dimensions that constitute the most widely used model of personality structure. A considerable body of research has examined personality stability and change across the life span, as well as the influence of personality traits on important life outcomes, in terms of the Big Five. Each of the Big Five represents a broad set of related behavioural characteristics.

- **Extraversion Vs Introversion:**

Individual differences in social involvement, aggressiveness, and energy level are represented by extraversion. In contrast to introverted people, who are typically socially and emotionally reticent, highly extraverted people love interacting with others, feel comfortable expressing themselves in front of others. People who are highly extraverted frequently have more friends and romantic partners and are regarded as having higher social status by their peers. They are more inclined to take on leadership positions in their communities and, in general, prefer and perform better in socially and entrepreneurial activities. In terms of the frequency and strength of happy feelings, extraverts typically have better subjective well-being than introverts (Soto, 2018).

- **Agreeableness Vs Antagonism:**

Differences in empathy, deference, and acceptance of others are captured by agreeableness. Individuals who are agreeable show emotional concern for other's well-being, respect other's individual rights and preferences, and typically hold favourable views of other people. Disagreeable people, on the other hand, frequently show less consideration for others and for socially acceptable manners. Numerous affiliative and pro-social outcomes are connected to agreeableness (Soto, 2018).

- **Conscientiousness Vs Lack of Direction:**

Different levels of organization, productivity, and responsibility are represented by conscientiousness. People with lack of direction are more at ease with chaos and less motivated to finish activities. Highly conscientious people prefer order and structure, work tirelessly to accomplish their objectives, and are committed to meeting their duties and obligations (Soto, 2018).

- **Neuroticism Vs Emotional stability:**

Neuroticism (sometimes referred to by its socially desirable pole, Emotional Stability) captures differences in the frequency and intensity of negative emotions. Emotionally stable individuals tend to remain calm and resilient, even in difficult circumstances. Negative correlations exist between neuroticism and psychological and subjective well-being. People with Neuroticism traits have a higher risk of developing other psychopathologies, such as anxiety and mood disorders (Soto, 2018).

- **Openness Vs Closedness to Experience:**

Openness to Experience represents differences in intellectual curiosity, aesthetic sensitivity, and imagination. Highly open individuals enjoy thinking and learning, are sensitive to art and beauty, and generate original ideas, whereas close-minded individuals tend to have a narrow range of intellectual and creative interests. They are also more likely to hold liberal political and social attitudes and to describe themselves as spiritual (but not necessarily religious).

Thus, the study of personality is important as they provide an idea of why people behave as they do. Understanding one's personality can help trainees modify behaviour at work, play to strengths, improve on weaknesses, interact with others more effectively and ultimately lead to career success.

1.5 Fear of Failure

High stress and traumatic experiences are linked to a variety of mental health conditions, and fear of failure is no different. Fear of failure (FF) is a multidimensional construct encompassing anticipated negative consequences deriving from potential failures in evaluative achievement contexts, such as education or sports. Fear of Failure (Conroy et al., 2002) was defined as a factor that can motivate successful performers “to reach a high level of performance or prevent them from actualizing their potential”.

Fear of Failure (FF) results from an underlying fear of being unable to meet one's own personal goals or effectively display competence in arenas of achievement, where one's performance is measured against predetermined criteria (Atkinson, 1957; De Castella et al., 2013). It involves cognitive appraisals about the negative consequences of failing, the emotions that accompany these appraisals, and behavioral and motivational aspects aiming to reduce anticipated negative consequences through failure avoidance strategies (Sagar et al., 2011). The Performance Failure Appraisal Inventory (PFAI; Conroy et al., 2002) assesses five threat appraisals associated with Fear of Failure and has been validated in various cultures, languages, and contexts.

The PFAI includes a set of five failure appraisals assessing (a) the fear of experiencing shame and embarrassment (FSE) regarding the belief that failure will bring shame and humiliation, (b) fear of devaluing one's self-estimate (FDS) regarding the belief that failure indicates the need to revise one's apparently overestimated self-appraisal, (c) fear of having an uncertain future (FUF) regarding the belief that failure upsets future plans, (d) fear of important others losing interest (FOL) regarding the belief that failure leads to negative relational consequences, such as decreasing social value, status, popularity and influence, and (e) fear

of upsetting important others (FUO) regarding the belief that failure will disappoint significant others (Conroy et al., 2002).

Fear of failure is a major contributor to anxiety, and performance related stress that is known to negatively affect academic performance. The negative influence of stress on academic performance is enhanced when combined with high academic expectations. Many trainees feel unsure about their future career paths and are afraid that they will not find a permanent position in academia. Feelings of failure may be elicited in the trainees when clients reject treatment, negotiations fail, or when they no longer respond to treatment/ therapy.

In the literature on psychodynamics, the idea of fear of failure has been looked at from a variety of angles, including inhibitions, underachievement, and intellectual interests. According to McClelland, motivation for failure avoidance often begins to emerge between the ages of 5 and 9. Contrary to the early concept of distinct motivational entities, the modern concept is of a multidimensional construct that is hierarchical in nature, motivating failure avoidance due to fear of its many unfavorable consequences, claim Conroy et al. Studies by Lazarus showed that fear and anxiety were elicited by the expectation of threatening consequences. The threat situation is created by confrontation with a provocation that will compromise personal values and aspirations. Personal perception and definition of an academic failure relate directly to individual fear of failure, which emerges not only from an individual's self-evaluation but also from the evaluation of the opinion of others as a result of the failure (Heckhausen, 1997). The level or strength of belief concerning the probability of failure-related aversive consequences differs between individuals, as does the fear level.

1.6 Cognitive Motivational Relational Theory of Emotion:

According to Lazarus, who uses the Cognitive motivational relational theory of emotion, the perception of a dangerous indicator of failure requires an evaluation (primary appraisal

process) of the degree to which their capacity to fulfill their goals will be impacted. As a result, the perceived threat's intensity and impact will be determined, and the relative importance of accomplishing those objectives will be assessed. Fear of failure and the subsequent performance failure demand an evaluation of the resultant threat to the achievement of personally significant goals. This act of appraisal instigates the aversive cognitive beliefs and schemas related to the consequences of failure or lack of the desired level of success, thus activating fear.

The finding of various studies highlights the role of fear of failure in student's self-efficacy and academic achievement that have implications for faculties and mental health professionals. In order to help vulnerable students overcome these fears, implementing a plan of intervention could be productive. Such a plan would be structured on a strategy of both individual and group counseling, focusing on the multidimensional aspects of Fear of Failure.

Emotion-focused coping strategies such as positive self-talk, positive reinterpretation, lowering goals, seeking emotional support, and problem focused strategies, such as increasing effort and education to prevent failure, and confronting salient fears have also been found to be effective strategies. Further, reducing stigma and the perception of failure may also generate a more open discussion about mistakes, thereby facilitating a more honest and open environment in healthcare and medical education settings.

1.7 Imposter Phenomena

Stress, burnout, and professional impairment are prevalent among mental health professional-trainees and can have a negative impact on their clinical work. Mental health practitioners (e.g., counselors; psychotherapists) and trainees getting trained under them work in a culture

of one-way caring (Guy, 2000) in which they are required to demonstrate empathy, compassion and patience, without the expectation of receiving such care in return from their clients (Skovholt et al. 2001).

Psychologists experience stressors in relation to the heavy emotional demands associated with client's presentations including client's lack of improvement, symptom relapse, suicide ideation and attempts, aggressive or violent behaviours, as well as the practical demands related to paperwork, ethical practice, licensing, malpractice complaints, and professional isolation (Barnett et al. 2007). Given the presence of such multiple stressors, it is no wonder that practitioners, including graduate trainees, report a high level of stress and distress (El-Ghoroury et al. 2012; McKinzie et al. 2006; Myers et al. 2012).

Mental health professional - trainees has to carry out a lot of coursework such as research works, case studies along with meeting the needs of the client. The trainees also have to hold realistic expectations about the nature of the work they do and an understanding of how to assess the effectiveness of such work. The work-related issues of large caseloads and negative team environments as being additional stressors would make the trainees feel doubt of his abilities in order to reach career success.

Clance defined Imposter phenomena as "an internal experience of intellectual phonies than those who feel like fraud despite achieving great heights in academic or professional". Despite objective success, these individuals find it difficult to internalize their achievements and accomplishments, feel unworthy and worry that they may be uncovered as frauds.

Although imposter phenomena have been noted in several populations, literature is sparse that focuses on mental health professionals. Since there are many numbers of psychological and environmental factors that can impact the mental and emotional capacity of mental health professional - trainees, it is essential for them to remain aware and informed of potential

risks. One such risk could be imposter phenomena (IP). Imposter phenomenon, also known as imposter syndrome, or imposterism, was first thought to be primarily related to high-functioning, high-achieving professional women who had achieved great success in their fields but found it difficult to internalise or credit their accomplishments to their own skills (Clance & Imes, 1978). They focused on negative rather than positive feedback and saw mistakes as embarrassing failures (Clance, 1985b).

Villwock et al. (2016) found that imposter phenomenon was associated with women, burnout, exhaustion, emotional exhaustion, cynicism, and depersonalization for a sample of medical students. For medical residents, higher rates of IP were positively associated with low self-esteem and institutional culture (Gottlieb et al., 2020) as well as burnout (Gottlieb et al., 2020; Legassie et al., 2008), depression, and anxiety (Oriel et al., 2004).

Several factors have been found to be predictive of imposter phenomenon. For example, parental overprotection or a lack of care in the paternal parenting style (Want & Kleitman, 2006) and a greater degree of perceived parental control were strong predictors of IP (Sonnack & Towell, 2001). Finally, higher scores on workaholism and mistrust and lower scores on self-esteem predicted higher IP scores (Ross & Krukowski, 2003). Factors found to act as buffers against the development of IP included social support, validation of success, positive affirmation, and both personal and shared reflections among physicians-in-training (Gottlieb et al., 2020).

In summary, there is a dearth of literature that explores the construct of imposter phenomena within the mental health field, despite evidence of its prevalence and negative impact in other health care professions. Due to the sensitive population that mental health professional - trainees work with, it is crucial to care to their psychological needs and develop them in order to offer better services to the community.

1.8 Need and Significance of The Study

People seem to be more prone to feeling like an imposter, with the personality types singled out which can develop the syndrome. Fear of failure has been identified as one of the numerous antecedent variables to orient student's academic motivation. It prevents an individual from getting into any task as they are more bothered about the consequences of the task. While considering the mental health professional – trainee's population, fear of failure might play a significant role in preventing the individual from information accumulation and reduced learning rates. An imposter phenomena is a phenomena where people have a lot of self-doubt about the skills and achievements. It can have a lot of detrimental effects on the professional who is working in any field irrespective of their nature of work. Therefore imposter phenomena can impact the outcome and the quality of work done by the mental health professional - trainees and consistent impact from imposter phenomena can push them to have a negative perception about their own self. The person of the mental health professional - trainees has long been ignored. Trainees in the healthcare field are in situations that could be the source of stress because of their fear of failure to tackle with their course work and fear of future.

The study aims to survey the prevalence of imposter phenomena and fear of failure factors among mental health professional-trainees and also the relationship of personality with these two variables.

Since mental health professional- trainees work with very delicate population, it is important to attend to their psychological requirements and enhance them to provide better services to the community.

The results of the study can be instrumental in redesigning the teaching learning approaches to the mental health professional-trainees and add to the insights of their facilitators.

CHAPTER II
REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

A collective body of works done by earlier scientists is technically called the literature. Any scientific investigation starts with a review of literature. The main objective of review of literature are identifying relevant variables, avoidance of repetition, and synthesis of prior works and determining meaningful relationship among variables. Reviews are short articles that give brief information regarding the work done in a particular area over a period of time. It is commonly published in journals, yearbooks, hand books and encyclopedias.

2.1 Studies related to Personality Variable

A study was conducted by Iftikhar & Schwaiger in 2023 to determine the extent to which family functioning and personality traits predict psychological health in clinical psychology trainees. The study comprised of 135 clinical psychology trainees seven major cities of Pakistan (30 males, 105 females). Snowball sampling was used to collect the data through online questionnaire. The predictive correlational research design was used for the research. Hierarchical Linear Model was used to analyze the data. The results showed that neuroticism was found to be significantly correlated with phobia, anxiety, and depression. Agreeableness, openness, conscientiousness and extraversion did not predict psychological health. Family functioning did not play significant role in predicting psychological health of clinical psychology trainees. However, the study was significant as the psychological health of the clinical psychology trainees is important because they treat people with psychological illnesses. It was concluded that, in the field of clinical psychology, the

clinical psychologists would be able to understand that someone with elevated scores on neuroticism would be vulnerable to have psychological issues.

Fukuzaki, T & Iwata, N in 2022 conducted a study titled “Association between the five-factor model of personality and work engagement: a meta-analysis”. The purposes of this meta-analysis were (1) to examine the associations between work engagement (WE) and the personality dimensions of five-factor model and (2) to determine how much variance in WE is explained by these five factors. Database search for studies related to personality traits and WE were done and 36 papers that reported correlation coefficients were selected for the meta-analysis. The results showed that conscientiousness had the strongest association with WE, followed by extraversion and openness to experience, neuroticism, and agreeableness. Moreover, 30% of the WE variance could be explained by the five-factor model according to a path analysis using the weighted average correlation for unreliability. Thus, it was concluded that, to enhance Work engagement, it is necessary to evaluate both the personality and the psychosocial work environment in detail.

Zell, E & Lesick, T. L in 2022 conducted a study titled “Big five personality traits and performance: A quantitative synthesis of 50+ meta-analyses”. The present research synthesizes results from 54 meta-analyses to examine the association of Big Five traits with overall performance. Quantitative aggregation procedures were used to assess the association of Big Five traits with performance, both overall and in specific performance categories. Conscientiousness was more strongly associated with academic than job performance. Extraversion and neuroticism were less strongly associated with academic performance. It was concluded that associations of personality with specific performance outcomes largely replicated across independent meta-analyses.

2.2 Studies related to Fear of Failure variable

Abduljabbar, A et al., in 2022 conducted a study on “Assessment of Fear of Failure Among Medical Students at Kind Saud University”. The study measures Fear of Failure among medical students at King Saud University, Fear of Failure between men and women, academic levels, grade point average (GPA), and other factors among medical students were compared. A cross-sectional observational study was carried out using a stratified random sampling method. A total of 455 medical students participated in the study. Results showed that higher levels of fear of devaluing one’s self-estimate were seen in women, and higher levels of fear of important others losing interest were seen in men. A significant relation was seen between different academic levels and fear of shame and embarrassment, fear of upsetting important others, as well as Fear of Failure. Higher levels of Fear of Failure were seen in those who had a GPA below 3.5 and a GPA greater than 4.9. Also, it was high in students who were not interested in studying medicine. The overall level of Fear of Failure was low among medical students at King Saud University. However, the domains and levels of Fear of Failure differed significantly according to gender, academic level, GPA, and interest in studying medicine.

Elison, J., & Partridge, J. A in 2012 studied the Relationships among shame-coping, perfectionism, and fear of failure in a sample of 285 college athletes. Correlations among the variables indicated that differences in one's proneness to the four shame-coping styles significantly predict individual differences in tendencies toward fear of failure and perfectionism and supported the hypothesized order. Results revealed differences in shame-coping based on sport type and sex. Thus, Nathanson's compass of shame model may have important implications for athletes who suffer from maladaptive forms of perfectionism and fear of failure.

Bartels, H. M., & Herman, W. E in 2011 conducted a study that examined negative emotional responses to scenarios involving academic failure. Additionally, among those high in fear of failure, we examined differences in emotional responses involving the self-conscious negative emotions of shame and embarrassment to scenarios involving failure with and without self-handicapping. The participants (N = 48) were University of Minnesota Rochester undergraduates, who completed the 25-item Performance Failure Appraisal Inventory. One-way ANOVA results indicated that participants high in fear of failure (FF) reported stronger negative emotional responses to failure than those low in Fear of Failure. Additionally, among those high in Fear of Failure, self-conscious negative emotions were less intense in the presence of self-handicapping relative to failure without prior self-handicapping.

2.3 Studies related to Imposter Variable

Clark et al., in 2021 conducted a study on “Imposter Phenomenon in Mental Health Professionals: Relationships among Compassion Fatigue, burnout and compassion satisfaction”. Using a survey design with a convenience sample of 158 mental health workers, the study found that imposter phenomenon was positively associated with compassion fatigue as well as negatively associated with compassion satisfaction. Further, the combination of lower levels of compassion satisfaction and higher levels of burnout predicted higher levels of imposter phenomenon.

Schubert & Bowker (2019) conducted a study on “Examining the Imposter Phenomenon in Relation to Self-esteem Level and Self-esteem Instability”. The total sample consists of 304 students. A multiple regression analysis was conducted to test for the unique and combined effects of self-esteem level and self-rated instability on the imposter phenomenon. The results revealed that a negative main effect of self-esteem level and a significant 2-way interaction.

Simple slopes analysis revealed that the negative effect of self-esteem level was weaker among participants with unstable self-esteem, compared to those with stable self-esteem. Results showed that people with low self-esteem are especially vulnerable to imposter feelings, and that people with unstable high self-esteem are more vulnerable to such feelings than are those with stable high self-esteem.

A study was conducted by Henning, K et al., in 1998 on “Perfectionism, the imposter phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students”. The sample comprises a total of 477 medical, dental, nursing and pharmacy students. Correlation and simultaneous multiple regression analyses were used for the study. Results showed that there was a strong associations between current psychological distress, perfectionism and imposter feelings within each programme and these characteristics traits were strong predictors of psychological adjustment than most of the demographic variables associated previously with distress in health professional students.

2. 4 Studies on Personality and Imposter Variables

Sawant et al., in 2023 conducted “A study on Imposter Phenomenon, personality, self-esteem of medical undergraduates and interns”. The study consists of 416 participants who completed the survey through Google forms. JASP 0.16 software was used for statistical analysis. Kruskal-Wallis test was used to test the group differences of various years of medical school. For gender differences, t-test was used and Spearman correlation test was used to study the correlation between the variables. The results showed that Interns and first year MBBS students scored higher on Imposter Phenomena and low on Self-esteem among all then groups. Significant gender differences were seen in females on agreeableness, conscientiousness and neuroticism as compared to the males. Imposter Phenomena was

negatively correlated with self-esteem, extraversion, agreeableness and conscientiousness and positively correlated with neuroticism.

Bernard, S et al., in 2002 conducted a study titled “Applying the Big Five Personality Factors to the Imposter Phenomenon”. The purpose of this study was to relate the impostor phenomenon (IP) to the Five-factor model of personality. A sample was collected from 190 college students (79 men, 111 women) Results of correlational and regression analyses supported the predicted relations of imposter measures with high Neuroticism and low Conscientiousness. Facet-level correlations showed that depression and anxiety were particularly important characteristics of those with imposter feelings as well as low self-discipline and perceived competence.

Ross et al., (2001) conducted a study on “The Imposter Phenomenon, achievement dispositions and five factor model”. A sample of 129 college students participated in the study. To determine the collective contribution of Five-factor model to predict Imposter phenomenon standing, multiple regression with simultaneous entry of domain scores to predict imposter phenomenon scores was used. Stepwise multiple regression was also used to determine the most important facet scale predictors under neuroticism. The results showed that, for Neuroticism, depression and self-consciousness were significant predictors of Imposter phenomenon scores. The results showed that there was a positive relationship between Imposter phenomenon and Neuroticism and negative relationship between conscientiousness and extraversion. There were no significant relationship between Imposter phenomenon and Agreeableness. Imposter Phenomenon scores were related to all achievement constructs, but were best predicted by fear of failure and self-handicapping. The findings speaks favorably of Five factor model and comprehensive models of personality in the description and potential information of relatively specifically defined constructs that motivate and color behavior.

2. 5 Studies on Fear of Failure and Imposter Phenomena variables

Koshy, H. A et al., in 2022 conducted a study that tries to find the relationship of the Imposter Phenomenon with Perfectionism and Fear of Failure. Using the convenience sampling technique, 166 emerging adults were chosen and given the questionnaire. The correlational research methodology was used to analyse the acquired data. Results indicated that Competence Doubt, Frugality and Need for Sympathy were significantly correlated with Self-oriented Perfectionism, Other-oriented Perfectionism and Socially-oriented Perfectionism. Alienation and Other-Self Divergence were significantly and positively correlated with socially-oriented perfectionism. Fear of Failure was also found to have a significant relationship with all sub factors of Imposter Phenomenon.

Noskeau, R et al., carried out a study in 2021 which aims to investigate the relationship between mindset and imposter phenomenon, via the explanatory role of fear of failure and goal orientation in the work domain. Data was collected through online from 201 working adults. Serial-parallel mediation model using structural equation modelling was used. The results suggested that people with a fixed mindset tend to experience more imposter phenomenon at work and this relationship is predominantly explained by their fear of failure. Further, when employees are also motivated by a performance avoid goal orientation, the relationship increases in strength. The results also suggested cultivating environments that promote a growth mindset and learning goal orientation, alongside the safety to fail, could lessen the negative effects of having a fixed mindset, reduce fear of failure, and alleviate imposter phenomenon's negative impact on employee career development and wellbeing.

Nelson et al., in 2019 studied the variables of fear of failing, imposter phenomenon, and self-efficacy with students majoring in STEM disciplines. Participants (N = 142) were student volunteers enrolled in undergraduate STEM classes at a mid-size southern university. Results indicated that fear of failure can be considered as a contributor in the decision to major in a

STEM discipline. In addition, this study identified a positive correlation between fear of failure and the imposter phenomenon.

Wilke., & Meghan, R in 2018 conducted a study titled “Imposter Phenomenon: Distinct Construct Or Achievement-Related Affective Experience?”. The study examined whether Imposter Phenomenon, fear of failure, fear of negative evaluation, and perfectionism are highly correlated with and predictive of one another, in high achieving individuals. A sample of 142 participants took part in this study. A series of correlations and moderated regression analyses were conducted to test the hypothesis that imposter phenomenon, fear of failure, fear of negative evaluation, and perfectionism are highly correlated with one another, in high achieving individuals. Results indicated that high scores on measures of imposter phenomenon are associated with high scores on measures of fear of failure, fear of negative evaluation, and perfectionism; however, the relationship between variables is not significantly moderated by achievement.

2. 6 Studies on Personality and Fear of Failure Variables

Fathima, S et al., in 2022 conducted a study that attempts to analyse the relationship between procrastination and fear of failure with the big five personality traits. A sample of 176 was selected using the convenience sampling technique. The data collected using Google forms were analysed based on a correlational research design. Results showed that fear of failure is negatively and significantly correlated with emotional stability, extraversion and openness to experience of the Big Five personality traits. From the big five personality traits, agreeableness, conscientiousness and emotional stability are negatively and significantly correlated with procrastination. Thus, the results of the study have improved understanding of procrastination and fear of failure based on specific personality traits. This study provided a

fresh perspective on how each person's personality affects how they approach procrastination and fear of failure.

Piedmont, R. L., in 1995 conducted a study titled “Another look at fear of success, fear of failure, and test anxiety: A motivational analysis using the five-factor model”. A sample of 263 predominantly Caucasian college women completed measures of fear of success, test anxiety, achievement motivation, and fear of failure. Scores on each variable were correlated with markers of the five-factor model of personality that revealed that these scales were factorially complex. A regression analysis demonstrated that the five-factor model can account for significant amount of variance in the Fear of Success, Fear of Failure, Test Anxiety and achievement variables although it was clear that these variables were not entirely redundant with the five-factor model. It was the personality domains of neuroticism and conscientiousness that were most relevant to these performance-related variables.

CHAPTER III

METHOD

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METHOD

“Research Methodology in a way is to systematically solve the research problems and may be understood as a science of studying how done research is done systematically” (Kothari C. R, 1993). This chapter will cover the research methodology employed in the study and will explain the steps that have been conducted in the field which includes: aim, objectives, hypotheses, research design, study population the identification of participants and the demographic characteristics of the sample: an elaboration of the measuring instruments; a description of the procedures for data collection and finally, the methods of analysis.

3.1 Aim

To study the mediating role of Personality dimensions on relationship between General Fear of failure and Imposter phenomena among mental health professional-trainees.

3.2 Objective of the study

- To study the relationship between Personality dimensions and Imposter phenomena among mental health professional-trainees.
- To study the relationship between various factors of Fear of failure and Imposter phenomena among mental health professional-trainees.
- To study the relationship between Personality dimensions and General Fear of failure among mental health professional-trainees.

- To study the mediating role of Personality dimensions on relationship between General Fear of failure and Imposter phenomena among mental health professional-trainees.

3.3 Hypotheses

1. There will be a significant relationship between Personality dimensions and Imposter phenomena among mental health professional-trainees.
2. There will be a significant relationship between Fear of failure factors and Imposter phenomena among mental health professional-trainees.
3. There will be a significant relationship between Extraversion dimension of personality and General Fear of failure among mental health professional-trainees.
4. There will be a significant relationship between Agreeableness dimension of personality and General Fear of failure among mental health professional-trainees.
5. There will be a significant relationship between Conscientiousness dimension of personality and General Fear of failure among mental health professional-trainees.
6. There will be a significant relationship between Neuroticism dimension of personality and General Fear of failure among mental health professional-trainees.
7. There will be a significant relationship between Openness to experience dimension of personality and General Fear of failure among mental health professional-trainees.
8. Extraversion dimension of personality significantly mediates between General Fear of failure and Imposter phenomena among mental health professional-trainees.
9. Agreeableness dimension of personality significantly mediates between General Fear of failure and Imposter phenomena among mental health professional-trainees.
10. Conscientiousness dimension of personality significantly mediates between General Fear of failure and Imposter phenomena among mental health professional-trainees.

11. Neuroticism dimension of personality significantly mediates between General Fear of failure and Imposter phenomena among mental health professional-trainees.
12. Openness to experience dimension of personality significantly mediates between General Fear of failure and Imposter phenomena among mental health professional-trainees.

3.4 Research Design

The research design was correlational study which is “a type of non-experimental research in which the researcher measures two variables and assesses the correlation between them with little or no effort to control extraneous variables” (Price Jhangiani & Chiang, 2015).

Research design - Correlational research design.

3.5 Study Variables

Mediating variable - Personality dimensions

Independent variable - Fear of failure factors

Dependent variable - Imposter phenomena

3.6 Method

A Quantitative method of study has been adapted in this study. In this method, the researcher primarily uses post-positivist claims for knowledge development, employs strategies of

inquiry like experiments and surveys, and gathers data on predetermined instruments that produce statistical data (Creswell et al, 2003).

3.7 Sampling procedure

The sample for the study was selected from target population from various states such as Tamil Nadu, Kerala, Karnataka and Haryana. The method of sampling used for the study was purposive sampling (Non-random sampling). The sample size consists of 126 mental health professional-trainees from Government and private hospital cum college settings.

The following were the sampling criteria which were adopted for the present study.

3.7.1 Inclusion Criteria

- Mental health professional-trainees who are currently pursuing MD in Psychiatry, Recognized by Medical Council of India (MCI).
- Mental health professional-trainees who are currently pursuing M. Phil in Clinical Psychology, Recognized by Rehabilitation Council of India (RCI).
- Mental health professional - trainees who are currently pursuing M. Sc in Psychiatric Nursing, Recognized by Indian Nursing Council (INC).
- Mental health professional-trainees who are currently pursuing M. Phil in Clinical Psychiatric Social Work, Recognized by University Grants Commission (UGC).
- Trainees who are aged between 21-35 years of age.
- Both male and female mental health professional-trainees.

3.7.2 Exclusion Criteria

- Those who did not give consent to participate in the study.
- Those with known history of any chronic physical or mental illness.

- Mental health professional-trainees from Homeopathy, Ayurveda, Siddha and Unani.

3.8 Tools used in the study

The study used following tools to measure the personality dimensions, fear of failure factors and imposter phenomena of the mental health professional-trainees. Socio-demographic profiles as well as consent forms were also included.

3.8.1 Consent Form

A consent form explaining the research procedure was provided to the participants. It had information on purpose of the research, the participant's role in the research process, ethics of confidentiality and rights of the subject as a participant during the data collection and anonymity in coding the data.

3.8.2 Socio-demographic details

A profile constructed by the researcher to collect the demographic information of the participants was used. It includes name, age, gender, education, name of the institution, year of studies, marital status, religion, domicile and socio-economic status.

3.8.3 The Big Five Personality Inventory (BFI - 44 items)

Personality traits were measured through The Big Five Inventory. It consists of 44 items with a 5-point Likert rating that assesses an individual on the big five dimensions of personality: extraversion, agreeableness, conscientiousness, neuroticism, and openness. The scale started with the rating as 1 meant disagree strongly, 2 meant disagree a little, 3 meant neither agree nor disagree, 4 meant agree a little and 5 meant agree strongly. The final scores of each factor lie between 0-40, with the higher scores indicating higher presence of that particular personality trait. It had a good reliability (0.83) and validity was 0.81 (Pervin & John, 1999).

3.8.4 The Performance Failure Appraisal Inventory (PFAI - 25 items)

Fear of failure is assessed using the Performance Failure Appraisal Inventory (PFAI; Conroy, 2001; Conroy, Metzler, & Hofer, 2003; Conroy, Willow, & Metzler, 2002) which consists of 25 items intended to measure beliefs associated with consequences of failure. According to Conroy and colleagues (2002), the PFAI was developed based on the Lazarus' (1991) cognitive-motivational-relational theory of emotion to examine the strength to which an individual believes that failure is related to unpleasant or negative outcomes. The PFAI uses a 5-point Likert scale with 18 scores ranging from -2 to +2. As suggested by Sagar and Jowett (2010), this study will use a modified scale with a range of 0 ("do not believe it at all" to 4 ("believe it 100% of the time"). All of the items begin with one of two statements: "when I am failing" or "when I am not succeeding" and fall into five subscales: fear of experiencing shame and embarrassment, fear of devaluing one's self-estimate, fear of having an uncertain future, fear of important others losing interest, and fear of upsetting important others. Examples of questions on the PFAI include: When I am failing, it is embarrassing if others are there to see it; When I am not succeeding, people are less interested in me; And, when I am failing, important others are disappointed. The coefficient alpha for the five-subscale average is 0.82 and the alpha for all 25 items is 0.91 (Conroy et al., 2002). According to Conroy and Metzler (2003), estimates of internal consistency range from 0.69 to 0.90.

3.8.5 Clance Imposter Phenomenon Scale (CIPS - 20 items)

Imposter fears are assessed using the Clance Imposter Phenomenon Scale (CIPS; Clance, 1985). The CIPS consists of 20 self-report items that utilize a 5-point Likert scale for responses (1=not at all true, 2 = rarely, 3 = sometimes, 4 = often, 5 = very true). Total scores on the CIPS range from 20 to 100, with increasing scores being representative of increasing severity. The CIPS assesses for the presence of thoughts related to IP including fear of

evaluation, fear of being unable to repeat a success, and feeling less capable than peers. Items include “I’m afraid people important to me may find out that I’m not as capable as they think I am”, “I often compare my ability to those around me and think they may be more intelligent than I am”, and “Sometimes I’m afraid others will discover how much knowledge or ability I really lack”. A score of 40 and below indicates few imposter characteristics, score of 41-60 indicates moderate imposter experiences, a score of 61-80 indicates frequent imposter feelings and a score of 81 and above indicates intense imposter experiences. Research has found high levels of internal consistency for the CIPS with reported alpha values ranging from 0.84 (Prince, 1989) to 0.96 (Holmes et al., 1993).

3.9 Procedure

The participants of the study were identified using the method of purposive sampling. The questionnaire were created using Google forms. Various colleges were approached and after seeking appropriate permissions, the participants were identified based on inclusion and exclusion criteria. After explaining the purpose and procedure of the study, the Google form link was sent to the participants. The form contains necessary socio-demographic details such along with an informed consent sheet that delineated all the ethical guidelines that have been considered in this study. This was followed by the questionnaires that measures personality dimensions, fear of failure factors and imposter phenomena. No reimbursement was provided for completing the study. Any negative feelings if arose were provided proper closure. The Google forms took approximately 10-15 minutes to complete and all the instructions were explicitly mentioned along with the scales.

3.10 Statistical Analysis

The data collected will be subjected to Statistical Analysis using SPSS 25.0. The following tests will be used:

- Descriptive statistics to describe demographic variables.
- Pearson's Correlation test, to quantify the degree to which two variables are related.
- Multiple Regression Analysis to examine the strength of the relationship between variables.
- The Haye's Process Macro Plugin was added to SAS version 9.4 to find the mediating effects of the independent variables and the outcome variables in the study.

3. 11 Ethical consideration and Informed consent

- Permission for conducting the study was taken from the concerned authorities of various institutions and hospitals.
- The collected data was kept confidential and anonymous and used only for research purposes.
- All participants were explained about the purpose, objectives and procedure of the study while taking their informed consent for voluntary participation.
- The study results will be shared with the participants if intimated for their reference and understanding.
- Participants were informed about their right to withdraw from the study at any time.
- The proposal of the dissertation was presented to the Institute Ethical Review Board and was approved by them.

CHAPTER IV
RESULTS AND DISCUSSION

CHAPTER IV

RESULTS AND DISCUSSION

Analysis and interpretation are a crucial step in any research program. Analysis of the data means studying in tabulated material in order to determine inherent facts or meaning. This chapter presents the outcome of the statistical analysis of the collected data with statistical techniques, results and discussion. Statistical analysis is done with the assistance of SPSS Version 25. To test the hypotheses, correlation, multiple regression and mediation analysis were carried. The results were presented with the help of tables and figure.

Results

Data were collected from mental health professional-trainees who also qualified the inclusion and exclusion criteria for the respective groups.

Table 4.1 shows the frequency and percentage of Socio- demographic variables of mental health professional-trainees.

| Socio-demographic variables | | Frequency | Percentage |
|-----------------------------|------------------------------------|-----------|------------|
| Gender | Male | 37 | 29.4% |
| | Female | 89 | 70.6% |
| Education | MD in Psychiatry | 34 | 27% |
| | M. Phil in Clinical Psychology | 31 | 24.6% |
| | M. Phil in Psychiatric Social Work | 30 | 23.8% |

| | | | |
|-----------------------|--|-----|-------|
| | M. Sc. in Psychiatric Nursing/ Diploma in Psychiatric Nursing | 31 | 24.6% |
| Marital Status | Married | 34 | 27% |
| | Unmarried | 92 | 73% |
| Domicile | Rural | 15 | 11.9% |
| | Semi-urban | 21 | 16.7% |
| | Urban | 90 | 71.4% |
| SES | Low | 3 | 2.4% |
| | Middle | 113 | 89.7% |
| | Upper | 10 | 7.9% |

SES* - Socio-economic status

The table shows the socio-demographic profile of the sample that was studied. The majority of the mental health professional-trainees were females who accounts for 70.6% and male trainees accounts for about 29.4%. 34 of the mental health professional-trainees were MD in Psychiatry, 31 of the trainees were M. Phil in Clinical Psychology, 30 were M. Phil in Psychiatric Social Work and 31 were M. Sc. in Psychiatric Nursing/Diploma in Psychiatric Nursing, accounting for 27%, 24.6%, 23.8% and 24.6% respectively. In marital status, 92 of the trainees were unmarried and 34 were married, accounting for 73% and 27% respectively. 90 of the trainees belongs to urban domicile, 21 from semi-urban area and 15 from rural areas, which accounts for 71.4%, 16.7% and 11.9% respectively. Most of the trainees were

from middle socio-economic status (N=113), few from upper socio-economic status (N=10) and low socio-economic status (N=3) accounting for 89.7%, 7.9% and 2.4% respectively.

Table 4.2 shows the Mean value and Standard Deviation for the Personality dimensions, Fear of Failure factors and Imposter Phenomena.

| Variables | Mean | Std. Deviation |
|--|-------------|-----------------------|
| Personality dimensions | | |
| Extraversion | 27 | 5.75 |
| Agreeableness | 35 | 4.70 |
| Conscientiousness | 31 | 5.55 |
| Neuroticism | 25 | 6.25 |
| Openness to experience | 36 | 4.31 |
| Fear of Failure factors | | |
| Fear of Experiencing Shame and Embarrassment (FSE) | -.21 | .97 |
| Fear of Devaluing One's Self-Estimate (FDSE) | -.17 | .94 |
| Fear of Having an Uncertain Future (FUF) | -.29 | .87 |
| Fear of Important Others Losing Interest (FIOLI) | -.60 | 1.01 |
| Fear of Upsetting Important Others (FUIO) | -.30 | .92 |
| General Fear of Failure | -.31 | .82 |
| Imposter Phenomena | 57 | 12.59 |

The table shows the mean and standard deviation of the Personality dimensions. The mean value of extraversion is 27, agreeableness is 35, conscientiousness is 31, neuroticism is 25 and for openness to experience is 36. The finding indicates that majority of mental health professional-trainees has dominant personality traits of openness to experience.

The table show the mean value and standard deviation of the Fear of Failure factors among mental health professional-trainees. The mean value for the Fear of Experiencing Shame and Embarrassment (FSE) factor is -.21, Fear of Devaluing One's Self-Estimate (FDSE) is .17, Fear of Having an Uncertain Future (FUF) is -.29, Fear of Important Others Losing Interest (FIOLI) is -.60, Fear of Upsetting Important Others (FUIO) is -.30 and the General Fear of failure is -.31. The findings indicates that majority of the trainees has Fear of Important Others Losing Interest (FIOLI).

The table also shows the mean value of Imposter phenomena among mental health professional-trainees. The mean value of Imposter phenomena is 57. It indicates that the majority of the trainees had moderate imposter experiences.

Table 4.3 shows the Pearson Correlation between Personality dimensions and Imposter phenomena among mental health professional-trainees.

| Personality dimensions | Imposter Phenomena |
|-------------------------------|---------------------------|
| Extraversion | -.11 |
| Agreeableness | -.22* |
| Conscientiousness | -.25** |
| Neuroticism | .48** |
| Openness to experience | .04 |

** Correlation is significant at the 0.01 level (two-tailed)

* Correlation is significant at the 0.05 level (two-tailed).

The table 4.3 shows that the relationship between Personality dimensions and Imposter phenomena. It was analysed using Pearson correlation. The analysis showed that there is a significant positive relationship between Neuroticism dimension of personality ($r = .48^{**}$), significant negative relationship between Agreeableness ($r = -.22^*$) and Conscientiousness ($r = -.25^{**}$) dimensions of personality with respect to Imposter phenomena. There is no significant relationship between Extraversion ($r = -.11$) and Openness to experience dimensions of personality ($r = .04$) with respect to Imposter phenomena. Hence, the hypothesis stating “there is a significant relationship between Personality dimensions and Imposter phenomena among mental health professional-trainees” is accepted (H1).

Table 4.4 shows the Pearson Correlation between Fear of Failure factors and Imposter phenomena among mental health professional-trainees.

| Fear of Failure factors | Imposter Phenomena |
|--|---------------------------|
| Fear of Experiencing Shame and Embarrassment (FSE) | .64** |
| Fear of Devaluing One’s Self-Estimate (FDSE) | .55** |
| Fear of Having an Uncertain Future (FUF) | .55** |
| Fear of Important Others Losing Interest (FIOLI) | .49** |
| Fear of Upsetting Important Others (FUIO) | .48** |
| General Fear of Failure | .62** |

** Correlation is significant at the 0.01 level (two-tailed)

The table shows that the relationship between Fear of Failure dimensions and Imposter phenomena. The analysis showed that there is a significant positive relationship between Fear of Experiencing Shame and Embarrassment (FSE) dimensions ($r = .64^{**}$), Fear of Devaluing One's Self-Estimate (FDSE) dimensions ($r = .55^{**}$), Fear of Having an Uncertain Future (FUF) dimensions ($r = .55^{**}$), Fear of Important Others Losing Interest (FIOLI) dimensions ($r = .49^{**}$), Fear of Upsetting Important Others (FUIO) dimensions ($r = .48^{**}$) with respect to Imposter phenomena. Overall, there is a significant positive relationship between General Fear of Failure and Imposter phenomena ($r = .62^{**}$). Hence, the hypothesis stating “there is a significant relationship between Fear of Failure factors and Imposter phenomena among mental health professional-trainees” is accepted (H2).

Table 4.5 shows the Pearson Correlation between Personality dimensions and General Fear of Failure among mental health professional-trainees.

| Variables | FSE | FDSE | FUF | FIOLI | FUIO | GENERAL |
|------------------------|------------|-------------|------------|--------------|-------------|----------------|
| Extraversion | -.19* | -.11 | -.15 | -.13 | -.10 | -.16 |
| Agreeableness | -.07 | -.01 | -.05 | -.21* | -.08 | -.10 |
| Conscientiousness | -.21* | -.14 | -.22* | -.22* | -.11 | -.21* |
| Neuroticism | .48** | .44** | .46** | .33** | .23* | .45** |
| Openness to experience | -.10 | -.01 | -.02 | -.10 | -.11 | -.08 |

** Correlation is significant at the 0.01 level (two-tailed)

* Correlation is significant at the 0.05 level (two-tailed).

*FSE - Fear of Experiencing Shame and Embarrassment, *FDSE - Fear of Devaluing One's Self-Estimate, *FUF - Fear of Having an Uncertain Future
 *FIOLI - Fear of Important Others Losing Interest, * FUIO - Fear of Upsetting Important.

The table shows the relationship between Personality dimensions and General Fear of failure factors. There is no significant relationship between Extraversion ($r = -.16$), Agreeableness ($r = -.10$) and Openness to experience ($r = -.08$) dimensions with regard to General Fear of failure. There is a significant negative relationship between Conscientiousness dimension and General Fear of failure ($r = -.21$). There is also significant positive relationship between Neuroticism dimension of personality and General Fear of failure ($r = .45$).

Hence, the hypothesis stating that “there will be a significant relationship between Extraversion dimension of personality and General Fear of failure among mental health professional-trainees” is Rejected (H3).

The hypothesis stating that “there will be a significant relationship between Agreeableness dimension of personality and General Fear of failure among mental health professional – trainees” is Rejected (H4).

The hypothesis stating that “there will be a significant relationship between Conscientiousness dimension of personality and General Fear of failure among mental health professional-trainees” is accepted (H5).

The hypothesis stating that “there will be a significant relationship between Neuroticism dimension of personality and General Fear of failure among mental health professional-trainees” is accepted (H6).

The hypothesis stating that “there will be a significant relationship between Openness to experience dimension of personality and General Fear of failure among mental health professional-trainees” is Rejected (H7).

Table 4.6 A, shows Multiple Regression Model Summary for Personality dimensions and Imposter Phenomena

| Model | R Square | Adjustment R square | F | Sig |
|-------|----------|---------------------|-------|------|
| 1 | .254 | .223 | 8.209 | .000 |

Predictors: (Constant), Extraversion, Agreeableness, Conscientiousness, Neuroticism, Openness to experience.

Dependent Variable: Imposter Phenomena.

Table 4.6 B, shows Multiple Regression Coefficients Statistics of Personality dimensions and Imposter phenomena

| Model | B | Std. Error | T | Sig |
|-------------------------|--------|------------|--------|---------|
| Constant | 52.928 | 12.758 | 4.418 | .000*** |
| Extraversion | .049 | .192 | .259 | .796 |
| Agreeableness | -.324 | .220 | -1.473 | .143 |
| Conscientiousness | -.133 | .203 | -.657 | .513 |
| Neuroticism | .907 | .184 | 4.918 | .000*** |
| Openness to experience. | -.101 | .263 | -.385 | .701 |

The result of the multiple regression indicated that the model was a significant predictor of Personality dimensions $F= 8.209, p<0.001$. Multiple regression is used to test if Extraversion, Agreeableness, Conscientiousness, Neuroticism, Openness to Experience can significantly predict Imposter phenomena. The proportion of variance were estimated to be 25% which was explained by the predictors model, while Neuroticism dimension of personality was the significant predictor of Imposter Phenomena. The fitted regression model was: Imposter phenomena = $52.928 + (.049*Extraversion) + (-.324*Agreeableness) + (-.133*Conscientiousness) + (.907*Neuroticism) + (-.101*Openness\ to\ experience)$. The overall regression was statistically significant ($R^2= .254, F(1, 125) = 8.209, p<0.001$). Thus, it found that Neuroticism dimensions of personality significantly predicts Imposter phenomena ($B=.907, p <0.001$).

Table 4.7 A, shows Multiple Regression Model Summary for the Fear of Failure factors and Imposter Phenomena

| Model | R Square | Adjustment R square | F | Sig |
|-------|----------|---------------------|-------|------|
| 1 | .431 | .408 | 18.23 | .000 |

Predictors: (Constant), Fear of Experiencing Shame and Embarrassment (FSE), Fear of Devaluing One's Self-Estimate (FDSE) and Fear of Having an Uncertain Future (FUF), Fear of Important Others Losing Interest (FIOLI), Fear of Upsetting Important Others (FUIO).

Dependent Variable: Imposter Phenomena.

Table 4.7 B, shows Multiple Regression Coefficients Statistics of Fear of failure factors and Imposter phenomena

| Model | B | Std. Error | T | Sig |
|--------------|----------|-------------------|----------|------------|
| Constant | 59.206 | 1.060 | 55.809 | .000*** |
| FSE | 6.170 | 1.728 | 3.571 | .000 *** |
| FDSE | 1.613 | 1.510 | 1.068 | .287 |
| FUF | 2.182 | 1.669 | 1.308 | .193 |
| FIOLI | -.037 | 1.502 | -.025 | .980 |
| FUIO | -.559 | 1.601 | -.349 | .727 |

The result of the multiple regression indicated that the model was a significant predictor of Fear of failure factors, $F= 18.23$, $p<0.001$. Multiple regression is used to test if Fear of Experiencing Shame and Embarrassment (FSE), Fear of Devaluing One's Self-Estimate (FDSE) and Fear of Having an Uncertain Future (FUF), Fear of Important Others Losing Interest (FIOLI), Fear of Upsetting Important Others (FUIO), can significantly predict Imposter phenomena. The proportion of variance were estimated to be 43% which was explained by the predictors model, while Fear of Experiencing Shame and Embarrassment (FSE) dimensions of Fear of Failure was the significant predictor of Imposter Phenomena. The fitted regression model was: Imposter phenomena = $59.206 + (6.170 \cdot FSE) + (1.613 \cdot FDSE) + (2.182 \cdot FUF) + (-.037 \cdot FIOI) + (-.559 \cdot FUIO)$. The overall regression was statistically significant ($R^2= .431$, $F(1, 125) = 18.23$, $p<0.001$). Thus, we have found that Fear of Experiencing Shame and Embarrassment (FSE) dimension significantly predicts Imposter phenomena ($B= 6.170$, $p < 0.001$).

Table 4.8 A, shows multiple Regression Model Summary for Personality dimensions and General Fear of Failure

| Model | R Square | Adjustment R square | F | Sig |
|-------|----------|---------------------|-------|------|
| 1 | .202 | .189 | 15.61 | .000 |

Predictors: (Constant), Conscientiousness, Neuroticism.

Dependent Variable: General Fear of Failure.

Table 4.8 B, shows Multiple Regression Coefficients Statistics of Personality dimensions and General Fear of failure

| Model | B | Std. Error | T | Sig |
|-------------------|--------|------------|--------|---------|
| Constant | -1.388 | .558 | -2.488 | .014* |
| Conscientiousness | -.009 | .012 | -.732 | .465 |
| Neuroticism | .055 | .011 | 4.958 | .000*** |

The result of the multiple regression indicated that the model was a significant predictor of Personality dimensions, $F = 15.61$, $p < 0.001$. Multiple regression is used to test if Personality dimensions can significantly predict General Fear of Failure. The proportion of variance were estimated to be 20% which was explained by the predictors model, while Neuroticism was the significant predictor of General Fear of Failure. The fitted regression model was: General Fear of Failure = $-1.388 + (-.009 * \text{Conscientiousness}) + (.055 * \text{Neuroticism})$. The overall regression was statistically significant ($R^2 = .202$, $F(1, 125) = 15.61$, $p < 0.001$). Thus, we have found that Neuroticism dimensions of personality significantly predicts General Fear of Failure ($B = .055$, $p < 0.001$).

Table 4.9 A, shows Model Summary of Mediation analysis with outcome for Extraversion

| R | R-sq | MSE | F | df1 | df2 | Sig |
|----------|-------------|------------|----------|------------|------------|------------|
| .1565 | .0245 | 32.792 | 3.1152 | 1.000 | 124.00 | .800 |

Table 4.9 B, shows Coefficient statistic of mediation analysis with outcome for Extraversion

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|-----------------|--------------|-----------|----------|------------|-------------|-------------|
| Constant | 26.3951 | .5459 | 48.3507 | .000 | 25.3146 | 27.4756 |
| General | | | | | | |
| fear of failure | -1.0984 | .6223 | -1.7650 | .0800 | -2.3301 | .1334 |

The tables derive the Model Summary of the independent variables with Mediator Extraversion. From the above table we infer that the calculated p – value is greater than the significant level 0.001. Thus, we can conclude that the independent variable General fear of failure has no significant impact on Extraversion. This is path ‘a’ which is -1.0984.

Table 4.9 C shows the Model Summary of Mediation analysis with outcome for Extraversion as IP Score

| R | R-sq | MSE | F | df1 | df2 | Sig |
|----------|-------------|------------|----------|------------|------------|------------|
| .623 | .3898 | 99.1013 | 39.2829 | 2.0000 | 123.0000 | .0000 |

Table 4.9 D Coefficient statistic of mediation analysis with outcome for Extraversion as IP Score

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|-----------------|---------|--------|---------|-------|---------|---------|
| Constant | 60.9117 | 4.2285 | 14.4049 | .0000 | 52.5415 | 69.2818 |
| General | | | | | | |
| fear of failure | 9.5572 | 1.0954 | 8.7251 | .0000 | 7.3889 | 11.7254 |
| Extraversion | -.0276 | .1561 | -.1765 | .8602 | -.3366 | .2815 |

These tables provide the information as the model summary of mediation analysis as the influencing variable of IP Scores in the independent variable fear of failure. It has a significant impact because the calculated p value is less than the level at 0.01 and the t – statistic is greater than 1.96 on IP Scores ($c = 9.5572$, $t = 8.7251$, $p < 0.001$). Here, this is Direct effect (c'). Similarly, in the mediator variable, Extraversion was also found not significant impact on IP Scores because its calculated value is greater than the level at 0.01 ($b = -.0276$, $t = -.1765$, $p > 0.001$). This is path b ($-.0276$).

Figure 4.1 shows the Proposed Model of mediation pattern of the dependent (Imposter phenomena) and independent variables (General fear of failure).

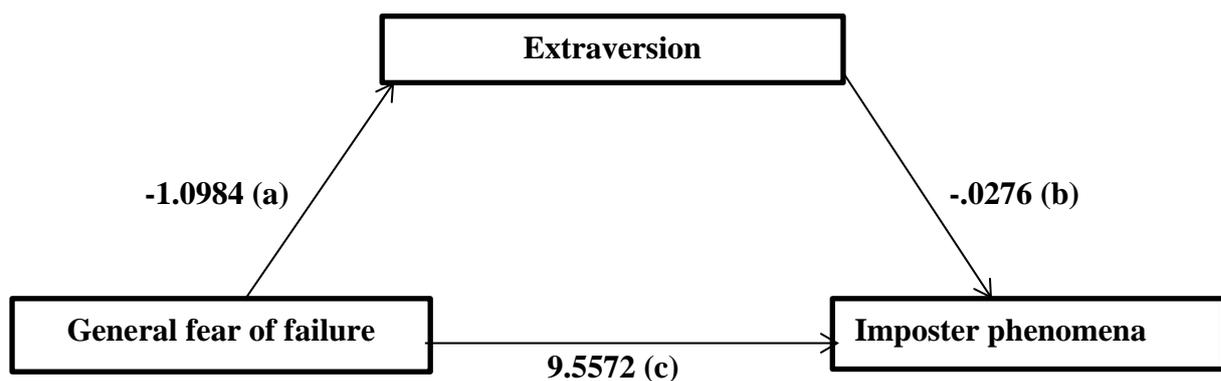


Table 4.9 E shows the Mediation analysis summary for Extraversion

| Relationships | Total Effects | Direct Effects | Indirect Effects | Confidence interval | | t - statistics | Conclusion |
|--|------------------|------------------|------------------|---------------------|-------------|-------------------|----------------------|
| | | | | Lower Bound | Upper Bound | | |
| Fear of Failure -> IP Scores -> Extraversion | 9.5874 (.000) | 9.5572 (.000) | .0303 | -.3935 | .4610 | 8.7251 (>1.96) | Partial Mediation |

The study assessed the mediating role of Extraversion on the relationship between General fear of failure and Imposter Phenomena. Indirect Effect is calculated by multiplying a and b. Indirect effect = a (-1.0984) * b (-0.0276) = 0.0303. Direct Effect = 9.5572, is the effect of General fear of failure on IP Scores in presence of the mediator (c'). Therefore, the total effect is the sum of direct and indirect effect (Total Effect = 9.5874).

The table shows that there is no significant indirect effect of General fear of failure on Imposter phenomena through extraversion. There is significant direct effect and total effect of General fear of failure on Imposter phenomena through extraversion. Extraversion partially mediated the relationship between General fear of failure and IP Scores. Hence, the hypothesis that states that **“Extraversion dimension of personality will mediate the relationship between General fear of failure and Imposter phenomena among mental health professional-trainees”** is Rejected (H8).

Table 4.10 A, shows the Model Summary of Mediation analysis with outcome for Agreeableness

| R | R-sq | MSE | F | df1 | df2 | Sig |
|-------|-------|---------|--------|--------|----------|--------|
| .0994 | .0099 | 22.2681 | 1.2385 | 1.0000 | 124.0000 | 0.2679 |

Table 4.10 B, shows the Coefficient statistic of mediation analysis with outcome for Agreeableness

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|-----------------|--------------|-----------|----------|------------|-------------|-------------|
| Constant | 35.0916 | .4499 | 78.0055 | .0000 | 34.2012 | 35.9820 |
| General | | | | | | |
| fear of failure | -.5707 | .5128 | -1.1129 | .2679 | -1.5858 | .4443 |

The tables derive the Model Summary of the independent variables with Mediator Agreeableness. From the above table we infer that the calculated p – value is greater than the significant level 0.001. Thus, we can conclude that the independent variable General fear of failure has no significant impact on Agreeableness. This is path ‘a’ which is -0.5707.

Table 4.10 C shows the Model Summary of Mediation analysis with outcome for Agreeableness as IP Score

| R | R-sq | MSE | F | df1 | df2 | Sig |
|----------|-------------|------------|----------|------------|------------|------------|
| .6447 | .4157 | 94.8994 | 43.7452 | 2.0000 | 123.0000 | .0000 |

Table 4.10 D, shows Coefficient statistic of mediation analysis with outcome for Agreeableness as IP Score

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|-----------------|--------------|-----------|----------|------------|-------------|-------------|
| Constant | 75.4114 | 6.5715 | 11.4755 | .0000 | 62.4035 | 88.4193 |
| General | | | | | | |
| fear of failure | 9.3398 | 1.0640 | 8.7784 | .0000 | 7.2337 | 11.4458 |
| Extraversion | -.4339 | .1854 | -2.3406 | .0209 | -.8009 | -.0670 |

These tables provide the information as the model summary of mediation analysis as the influencing variable of IP Scores in the independent variable fear of failure. It has a significant impact because the calculated p value is less than the level at 0.01 and the t – statistic is greater than 1.96 on IP Scores ($c' = 9.3398$, $t = 8.7784$, $p < 0.001$). Here this is Direct effect (c'). Similarly, in the mediator variable, Agreeableness was also found not significant impact on IP Scores because its calculated value is greater than the level at 0.01 ($b = -0.04339$, $t = -2.3406$, $p > 0.001$). This is path b (-.4339)

Figure 4.2 shows the Proposed Model of mediation pattern of the dependent (Imposter phenomena) and independent variables (General fear of failure).

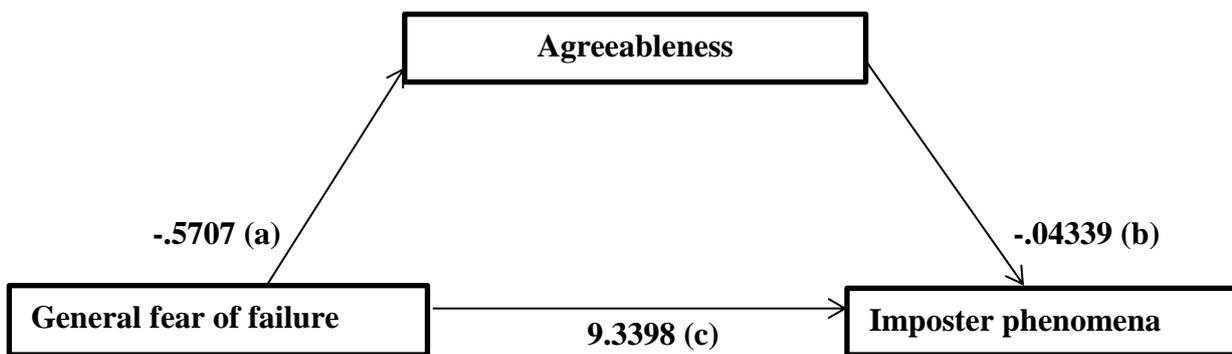


Table 4.10 E, shows the Mediation analysis summary for Agreeableness

| Relationships | Total Effects | Direct Effects | Indirect Effects | Confidence interval | | t - statistics | Conclusion |
|------------------|---------------|----------------|------------------|---------------------|-------------|----------------|------------|
| | | | | Lower Bound | Upper Bound | | |
| Fear of Failure | 9.5874 | 9.3398 | .2477 | -.2063 | .7762 | 8.7784 | Partial |
| -> IP Scores | (.000) | (.000) | | | | (>1.96) | Mediation |
| -> Agreeableness | | | | | | | |

The study assessed the mediating role of Agreeableness on the relationship between General fear of failure and Imposter Phenomena. . Indirect effect = a (-0.5707) * b (-.04339) = .0247.

Direct Effect = 9.3398, this is the effect of General fear of failure on IP Scores in presence of the mediator (c'). Therefore, the total effect is the sum of direct and indirect effect (Total Effect = 9.5874).

The table shows that there is no significant indirect effect of General fear of failure on Imposter phenomena through Agreeableness. There is significant direct effect and total effect of General fear of failure on Imposter phenomena through Agreeableness. Agreeableness partially mediated the relationship between General fear of failure and IP Scores. Hence, the hypothesis that states that **“Agreeableness dimension will mediate the relationship between General fear of failure and Imposter phenomena”** is Rejected (H9).

Table 4.11 A, shows the Model Summary of Mediation analysis with outcome for Conscientiousness

| R | R-sq | MSE | F | df1 | df2 | Sig |
|----------|-------------|------------|----------|------------|------------|------------|
| .2074 | .0430 | 30.0029 | 5.5761 | 1.0000 | 124.0000 | .0198 |

Table 4.11 B, shows the Coefficient statistic of mediation analysis with outcome for Conscientiousness

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|-----------------|--------------|-----------|----------|------------|-------------|-------------|
| Constant | 30.8865 | .5222 | 59.1493 | .0000 | 29.8529 | 31.9200 |
| General | | | | | | |
| fear of failure | -1.4056 | .5953 | -2.3614 | .0198 | -2.5839 | -.2274 |

The tables derive the Model Summary of the dependent and independent variables with Mediator Conscientiousness. From the above table we infer that the calculated p - value is

greater than the significant level 0.001. We can conclude that the variable general fear of failure has no significant impact on Conscientiousness. This is path 'a' which is -1.4056.

Table 4.11 C shows the Model Summary of Mediation analysis with outcome for Conscientiousness as IP Score

| R | R-sq | MSE | F | df1 | df2 | Sig |
|----------|-------------|------------|----------|------------|------------|------------|
| .6360 | .4045 | 96.7092 | 41.7758 | 2.0000 | 123.0000 | .0000 |

Table 4.11 D, shows Coefficient statistic of mediation analysis with outcome for Conscientiousness as IP Score

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|-----------------|--------------|-----------|----------|------------|-------------|-------------|
| Constant | 68.9157 | 5.0673 | 13.6002 | .0000 | 58.8854 | 78.9461 |
| General | | | | | | |
| fear of failure | 9.1901 | 1.0925 | 8.4120 | .0000 | 7.0275 | 11.3526 |
| Extraversion | -.2827 | .1612 | -1.7534 | .0820 | -.6018 | .0364 |

These tables provide the information as the model summary of mediation analysis as the influencing variable of Imposter Phenomena in the independent variable fear of failure. It has a significant impact because the calculated p value is less than the level at 0.01 and the t – statistic is greater than 1.96 on IP Scores ($c' = 9.1901$, $t = 8.4120$, $p < 0.001$). Here this is Direct effect (c'). Similarly, in the mediator variable, Conscientiousness was found not having significant impact on Imposter Phenomena Scores because its calculated value is greater than the level at 0.01 ($b = -0.2827$, $t = -1.7534$, $p > 0.001$). This is path b.

Figure 4.3 shows the Proposed Model of mediation pattern of the dependent (Imposter phenomena) and independent variables (General fear of failure).

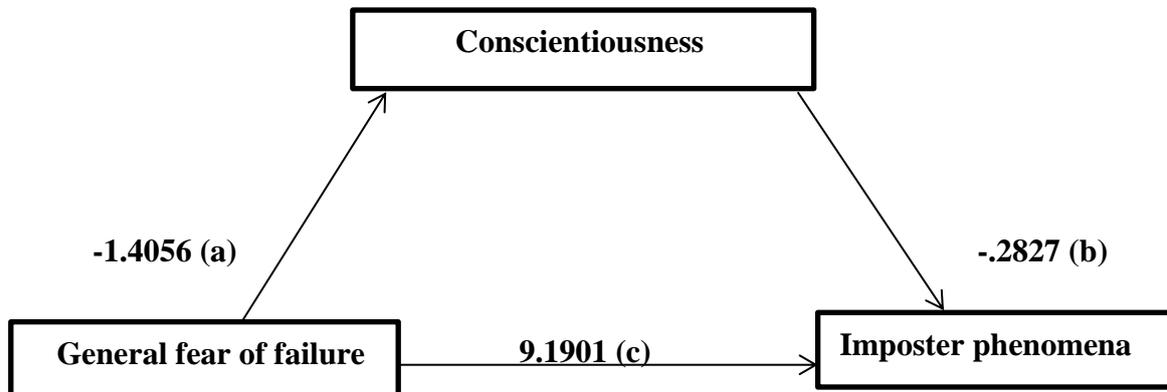


Table 4.11 E, shows the Mediation analysis summary for Conscientiousness

| Relationships | Total Effects | Direct Effects | Indirect Effects | Confidence interval | | t - statistics | Conclusion |
|---|------------------|------------------|------------------|---------------------|-------------|-------------------|----------------------|
| | | | | Lower Bound | Upper Bound | | |
| Fear of Failure -> IP Scores -> Conscientiousness | 9.5874 (.000) | 9.1901 (.000) | .3974 | -.0502 | 1.1137 | 8.7784 (>1.96) | Partial Mediation |

The study assessed the mediating role of Conscientiousness on the relationship between General fear of failure and Imposter Phenomena. Indirect effect = $a (-1.4056) * b (-0.2827) = 0.3974$. Direct Effect = 9.1901, this is the effect of General fear of failure on Imposter Phenomena Scores in presence of the mediator (c'). Therefore, the total effect is the sum of direct and indirect effect (Total Effect = 9.5874).

The table shows that there is no significant indirect effect of General fear of failure on Imposter phenomena through Conscientiousness. There is significant direct effect and total effect of General fear of failure on Imposter phenomena through Conscientiousness.

Conscientiousness partially mediated the relationship between General fear of failure and Imposter Phenomena Scores. Hence, the hypothesis that states that “**Conscientiousness dimensions of personality will mediate the relationship between General fear of failure and Imposter phenomena**” is Rejected (H10).

Table 4.12 A, shows the Model Summary of Mediation analysis with outcome for Neuroticism

| R | R-sq | MSE | F | df1 | df2 | Sig |
|----------|-------------|------------|----------|------------|------------|------------|
| .4460 | .01989 | 31.7800 | 30.7962 | 1.0000 | 124.0000 | .0000 |

Table 4.12 B, shows the Coefficient statistic of mediation analysis with outcome for Neuroticism

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|----------------------------|--------------|-----------|----------|------------|-------------|-------------|
| Constant | 25.5854 | .5374 | 47.6079 | .0000 | 24.5217 | 26.6492 |
| General fear of failure | 3.3998 | .6126 | 5.5494 | .0000 | 2.1872 | 4.6124 |

The tables derive the Model Summary of the dependent and independent variables with Mediator Neuroticism. From the above table we infer that the calculated p – value is less than the significant level 0.001. Then we can conclude that the variable general fear of failure has a significant impact on Neuroticism. This is path ‘a’ which is 3.3998.

Table 4.12 C shows the Model Summary of Mediation analysis with outcome for Neuroticism as IP Score

| R | R-sq | MSE | F | df1 | df2 | Sig |
|----------|-------------|------------|----------|------------|------------|------------|
| .6643 | .4413 | 90.7289 | 48.5831 | 2.0000 | 123.0000 | .0000 |

Table 4.12 D shows Coefficient statistic of mediation analysis with outcome for Neuroticism as IP Score

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|----------------------------|---------|--------|---------|-------|---------|---------|
| Constant | 47.0854 | 3.9870 | 11.8098 | .0000 | 39.1934 | 54.9774 |
| General fear of failure | 7.8468 | 1.1566 | 6.7845 | .0000 | 5.5575 | 10.1362 |
| Extraversion | .5120 | .1517 | 3.3741 | .0010 | .2116 | .08123 |

These tables provide the information as the model summary of mediation analysis as the influencing variable of Imposter Phenomena in the independent variable fear of failure. It has a significant impact because the calculated p value is less than the level at 0.01 and the t – statistic is greater than 1.96 on IP Scores ($c' = 7.8468$, $t = 6.7845$, $p < 0.001$). Here this is Direct effect (c'). Similarly, in the mediator variable, Neuroticism was also found that there is a significant impact on IP Scores because its calculated value is lesser than the level at 0.01 ($b = 0.5120$, $t = 3.3741$, $p < 0.001$). This is path b.

Figure 4.4 shows the Proposed Model of mediation pattern of the dependent (Imposter phenomena) and independent variables (General fear of failure).

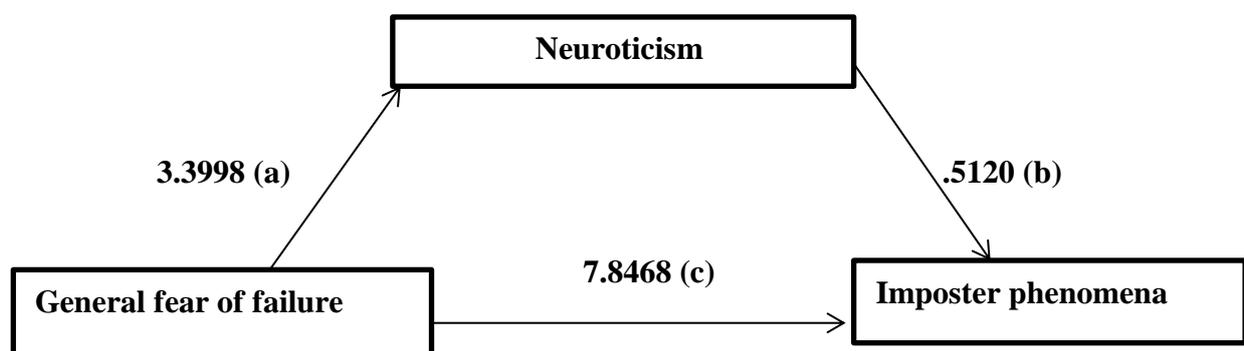


Table 4.12 E, shows the Mediation analysis summary for Neuroticism

| Relationships | Total Effects | Direct Effects | Indirect Effects | Confidence interval | | t - statistics | Conclusion |
|---|------------------|------------------|------------------|---------------------|-------------|-------------------|-------------------|
| | | | | Lower Bound | Upper Bound | | |
| Fear of Failure -> IP Scores -> Neuroticism | 9.5874 (.000) | 7.8468 (.000) | 1.7406 | .4746 | 3.2189 | 6.7845 (>1.96) | Full Mediation |

The study assessed the mediating role of Neuroticism on the relationship between General fear of failure and Imposter Phenomena. Indirect effect = $a (3.3998) * b (0.5120) = 1.7407$. Direct Effect = 7.8468, this is the effect of General fear of failure on IP Scores in presence of the mediator (c'). Therefore, the total effect is the sum of direct and indirect effect (Total Effect = 9.5874).

The table shows that there is significant indirect effect of General fear of failure on Imposter phenomena through Neuroticism. There is significant direct effect and total effect of General fear of failure on Imposter phenomena through Neuroticism. Neuroticism partially mediated the relationship between General fear of failure and Imposter Phenomena Scores. Hence, the hypothesis that states that “**Neuroticism dimension will mediate the relationship between General fear of failure and Imposter phenomena**” is accepted (H11).

Table 4.13 A, shows the Model Summary of Mediation analysis with outcome for Openness to experience

| R | R-sq | MSE | F | df1 | df2 | Sig |
|-------|-------|---------|-------|--------|----------|-------|
| .0811 | .0066 | 18.7215 | .8206 | 1.0000 | 124.0000 | .3668 |

Table 4.13 B, shows the Coefficient statistic of mediation analysis with outcome for Openness to experience

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|----------------------------|--------------|-----------|----------|------------|-------------|-------------|
| Constant | 36.0257 | .4125 | 87.3385 | .0000 | 35.2093 | 36.8421 |
| General fear of failure | -.4260 | .4702 | -.9059 | .3668 | -1.3567 | .5047 |

The tables derive the Model Summary of the dependent and independent variables with Mediator Openness to experience. From the above table we infer that the calculated p - value is greater than the significant level 0.001. We can conclude that the variable general fear of failure has no significant impact on Openness to experience. This is path 'a' which is -.4260

Table 4.13 C shows the Model Summary of Mediation analysis with outcome for Openness to experience as IP Score

| R | R-sq | MSE | F | df1 | df2 | Sig |
|----------|-------------|------------|----------|------------|------------|------------|
| .6304 | .3974 | 97.8615 | 40.5597 | 2.0000 | 123.0000 | .0000 |

Table 4.13 D Coefficient statistic of mediation analysis with outcome for Openness to experience as IP Score

| Model | Coeff | SE | t | Sig | LLCI | ULCI |
|----------------------------|--------------|-----------|----------|------------|-------------|-------------|
| Constant | 50.8580 | 7.4566 | 6.8206 | .0000 | 36.0981 | 65.6178 |
| General fear of failure | 9.6977 | 1.0786 | 8.9908 | .0000 | 7.5626 | 11.8328 |
| Extraversion | .2589 | .2053 | 1.2609 | .02097 | -.1475 | .6653 |

These tables provide the information as the model summary of mediation analysis as the influencing variable of Imposter Phenomena in the independent variable fear of failure. It has a significant impact because the calculated p value is less than the level at 0.01 and the t – statistic is greater than 1.96 on IP Scores ($c' = 9.6977$, $t = 8.9908$, $p < 0.001$). Here this is Direct effect (c'). Similarly, in the mediator variable, Openness was also found that there is no significant impact on IP Scores because its calculated value is greater than the level at 0.01 ($b = 0.2589$, $t = 1.2609$, $p > 0.001$). This is path b.

Figure 4.5 shows the Proposed Model of mediation pattern of the dependent (Imposter phenomena) and independent variables (General fear of failure).

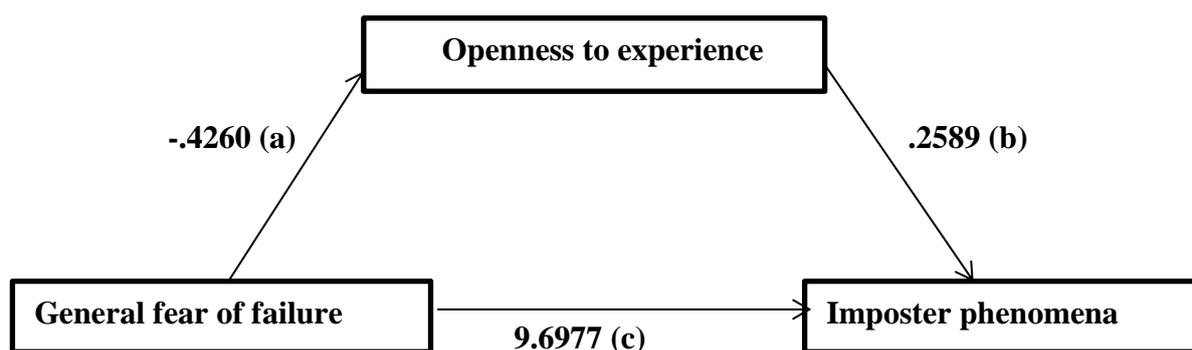


Table 4.13 E, shows the Mediation analysis summary for Openness to experience

| Relationships | Total Effects | Direct Effects | Indirect Effects | Confidence interval | | t - statistics | Conclusion |
|---------------------------|---------------|----------------|------------------|---------------------|-------------|----------------|------------|
| | | | | Lower Bound | Upper Bound | | |
| Fear of Failure | 9.5874 | 9.6977 | -.1103 | -.8091 | .1806 | 8.9908 | Partial |
| -> IP Scores | (.000) | (.000) | | | | (>1.96) | Mediation |
| -> Openness to experience | | | | | | | |

The study assessed the mediating role of Openness to experience on the relationship between General fear of failure and Imposter Phenomena. Indirect effect = $a (-0.4260) * b (0.2589) = 0.1103$. Direct Effect = 9.6977, this is the effect of General fear of failure on IP Scores in presence of the mediator (c'). Therefore, the total effect is the sum of direct and indirect effect (Total Effect = 9.5874).

The table shows that there is no significant indirect effect of General fear of failure on Imposter phenomena through Openness to experience. There is significant direct effect and total effect of General fear of failure on Imposter phenomena through Openness to experience. Openness to experience partially mediated the relationship between General fear of failure and Imposter Phenomena Scores. Hence, the hypothesis that states that “**Openness to experience dimensions will mediate the relationship between General fear of failure and Imposter phenomena**” is rejected (H12).

Discussion

Countless individuals in modern society suffer from fear of failing due to the considerable significance placed upon being successful in their scholastic pursuits and careers (Shaver, 1976). Often, past research has identified that students will attempt to avoid failure in academics and other educational settings to prevent shame (Elliot & Thrash, 2002). Though several studies had been done on mental health professionals, there are no systematic studies on the mediating role of personality with respect to the relationship between fear of failure and imposter phenomena among mental health professional-trainees. Given this gap in research, the present study has been carried out. The main aim of the research was to study the Mediating role of Personality dimensions on Relationship between General fear of failure

and Imposter Phenomena among mental health professional-trainees. The discussion with regards to the results are as follows:

The analysis of the frequency of the socio-demographic data of the trainees reveals that most of the trainees were females. In education, the total numbers of trainees in each group were almost equal. Most of the trainees were unmarried, belongs to urban background and from middle socio-economic status.

When all the trainees were assessed for their personality characteristics as per The Big Five Inventory, the finding indicates that majority of mental health professional-trainees has dominant personality traits of openness to experience and extraversion. Such individuals show more social involvement, intellectually curious, open to many new things, more creative and aware of their feelings. The analysis of the mean value of the Fear of Failure factors indicates that majority of the trainees has Fear of Important Others Losing Interest (FIOLI). The trainees might believe that success is the important criterion for their parents, faculties or peers and that failure might result in the loss of their esteem. (Conroy, 2002). They might consider them to be important ones and that evaluation from them is considered valuable. The analysis of the mean value of imposter phenomena indicates that the majority of the trainees had moderate imposter experiences. This could be because most of the trainees are not confident enough to face the future challenges of career life. Having personal self-confidence about our own individual task-related capabilities, also recognized as self-efficacy, is recognized as valuable for developing academic goal responsibility. (Chemers et al. 2001). As a part of their coursework, they had to undergo a lot of evaluations, which makes them worry, anxious, eventually build up imposter feelings.

On analysing the Correlation between Personality dimensions and Imposter Phenomena, it reveals that Agreeableness is negatively correlated with Imposter phenomena with the p-value of 0.05. The personality dimension of Conscientiousness is negatively

correlated with Imposter phenomena and Neuroticism is positively correlated with Imposter phenomena with the p-value of 0.01.

Individuals with more imposter feelings have irrational beliefs of high expectations, demand for approval, anxious and over-concern, making them feel experience negative emotions and get overwhelmed by these emotions. Additionally, individuals with neuroticism traits might find it hard to follow through a task due to their anxious feelings. This, in turn makes them develop doubts of their own abilities and intelligence paving the way for emotional instability. The present study has been consistent with the previous studies that found a correlation where high neuroticism characterized Imposter phenomena scorers. (Bernard et al, 2002). Thus, it can be concluded that higher the Neuroticism personality traits, the more the chances of an individual to experience imposter phenomena or vice versa.

Conscientiousness dimension of personality is negatively correlated with Imposter phenomena. Different levels of organization, productivity, and responsibility are represented by conscientiousness. Since individuals with imposter feelings often attribute their success to external factors, they may feel uncertain in their abilities to continue succeeding and eventually, turn down the opportunities and responsibilities that require evaluations by others. Thus, the present finding has been consistent with the earlier study that found a correlation between Low conscientiousness and imposter phenomena (Bernard et al, 2002).

Agreeableness dimension of personality is negatively correlated with Imposter phenomena. Agreeable people typically get along better with their peers and have more stable interpersonal relationships. On the other hand, high imposter individuals regularly encounter fear, worry, lack of confidence, and feel awkward with their own personal successes (Sakulku & Alexander, 2011). They tend to compare their abilities with those of others, making them appear less confident, which in turn affects their relationship with others. The study has been

in agreement with the previous findings that agreeableness is negatively correlated with Imposter phenomena (Kaur et al, 2022).

Extraversion and Openness to experience dimensions had no correlation with Imposter phenomena. The findings has been in line with the earlier study which states that there is no significant relationship between Extraversion and Openness to experience with imposter phenomena (Kaur, T., et al, 2022).

On analysing the Correlation between Fear of Failure factors and Imposter Phenomena, it reveals that all the Fear of failure factors such as Fear of Experiencing Shame and Embarrassment (FSE), Fear of Devaluing One's Self-Estimate (FDSE), Fear of Having an Uncertain Future (FUF), Fear of Important Others Losing Interest (FIOLI), Fear of Upsetting Important Others (FUIO) and the General Fear of failure is positively correlated with Imposter phenomena, with the p-value of 0.01. The findings are in line with the previous research that showed a positive association between Imposter phenomena and Fear of failure (Bernard, Dollinger, & Ramaniah, 2002, Fried-Buchalter, 1997, Fear of negative evaluation (Christmas et al., 1995).

Individuals having imposter phenomenon are stricken with fear of failure which can cause procrastination and lack of success (Clance et al., 1995; Clance & O'Toole, 1988). These individuals experience high levels of anxiety when they are subjected to achievement-related-assignments because they fear possible failure (Sakulku & Alexander, 2011; Clance, 1985). They also believe that if they make a mistake, they will be humiliated, especially by those whom they consider as important ones. Fear of failure has been theorized as being the underlying motive of most individuals having impostor phenomenon (Clance & O'Toole, 1988). When trainees experience an increase in fear of being a failure, their levels of personal efficacy will disintegrate, leading to increase in imposter feelings. Thus, it can be concluded

that higher the Fear of Failure in an individual, the more the chances of an individual to experience imposter phenomena or vice versa.

On analysing the Correlation between Personality dimensions and General Fear of failure, it reveals that there is no significant negative relationship between Extraversion, Agreeableness and Openness to experience dimension and General fear of failure. People who are sociable, outgoing, organized, willing to try new things and are receptive to them might not get bothered by the feelings of fear of failure.

There is significant negative relationship between Conscientiousness dimension and General Fear of failure. Highly Conscientious individuals are well organised, demonstrates self-control and sticks to personal values. Such individuals plan their life very well leading to decreased level of fear of failure. The Fear of failure and anxiety about losing were elicited by the expectation of the threatening consequences. The threat situation is created by confrontation with a provocation that will compromise personal values and aspirations. (Lazarus, 2000).

The result also shows that there is a significant positive relationship between Neuroticism dimension and General Fear of failure. An individual's concern is striving for perfection, self-evaluation in critical situations and regarding evaluation by others. Most of the trainees think about getting evaluated for their own abilities. They also face situations where they don't feel completely successful. An emotionally unstable individual might avoid situations that involve evaluation by others, paving the way for increased fear of failure. Individuals fearing failure suffered from a general lack of confidence in their ability to succeed in any domain (Convington and Omelich, 1991). Since, both neuroticism and fear of failure involves experiencing a lot of negative emotions, there might exist a strong association between them.

Our findings has been in line with the earlier findings that states that, it was the personality domains of Neuroticism and Conscientiousness that were most relevant to Fear of failure (Piedmont, 1995).

On exploring the regression analysis between Personality dimensions and Imposter phenomena, it was found that Neuroticism dimension of personality were the significant predictor of Imposter Phenomena. The proportion of variance was estimated to be 25% which was explained by the predictor model. It was also found that other dimensions of personality such as Extraversion, Agreeableness, Conscientiousness and Openness to experience did not significantly predict Imposter phenomena. Thus, 25% of the Imposter phenomena variance could be explained by Neuroticism personality traits. The findings are consistent with the earlier studies that states that Neuroticism were the significant predictor of Imposter scores. (Ross et al, 2001).

On exploring the regression analysis between Fear of failure factors and Imposter phenomena, it was found that Fear of Experiencing Shame and Embarrassment (FSE) factor significantly predicts Imposter phenomena. The proportion of variance was estimated to be 43% which was explained by the predictor model. Other dimensions of Fear of failure such as Fear of Devaluing One's Self-Estimate (FDSE), Fear of Having an Uncertain Future (FUF), Fear of Important Others Losing Interest (FIOLI), Fear of Upsetting Important Others (FUIO) did not significantly predict Imposter phenomena. The findings are in keeping with the contention that Fear of Experiencing Shame and Embarrassment (FSE) is a salient feature for persons high in Imposter phenomena. A person with Fear of experiencing shame and embarrassment will be more concerned about not doing any mistakes. The tendency to seek external validation, have excessive concern over mistakes and stronger reactions to criticisms have been linked to imposter phenomena (Dudau, 2014). The finding has been consistent with the previous findings that states that fear of failure and imposter phenomena were highly

correlated and predictive of one another (Wilke & Meghan, 2018). Thus, Fear of Experiencing Shame and Embarrassment may be an important consideration when trying to understand the imposter experiences of the trainees.

On exploring the regression analysis between personality dimensions and General Fear of Failure, it was found that Neuroticism significantly predicts General fear of failure. The proportion of variance was estimated to be 20% which was explained by the predictor model. Extraversion, Agreeableness, Conscientiousness and Openness to experience dimensions of personality did not significantly predict Fear of failure. People who are sociable, shows self-discipline, willing to try new things and are receptive to them does not gets affected by fear of failure. An emotionally unstable individual experiences fear of failure since they are mostly anxious and vulnerable to stress. These people will typically show less confidence and are quickly angered or demoralised by failures. Thus, Neuroticism dimensions of personality were the strong markers for predicting General Fear of failure. The findings has been consistent with earlier findings that found that five-factor model can account for significant amount of variance in the fear of success, fear of failure, test anxiety and achievement variables although it was clear that these variables were not entirely redundant with the five-factor model. (Piedmont, 1995).

When multiple regression models comparing personality dimensions and fear of failure factors were employed, fear of failure factors was a relatively better predictor of Imposter phenomena than personality dimensions proximal to imposter phenomena.

Finally, in an attempt to explore the mediating role of Personality dimensions on the relationship between General Fear of failure and Imposter phenomena, we conducted mediation analysis using Haye's process macro model. Mediation analysis is done in order to explore if various dimensions of personality such as Extraversion, Agreeableness,

Conscientiousness, Neuroticism and Openness to experience mediates between General Fear of failure and Imposter phenomena.

The results revealed that Extraversion, Agreeableness, Conscientiousness and Openness to experience partially mediated the relationship between General Fear of failure and Imposter phenomena, whereas, Neuroticism fully mediated the relationship between General Fear of failure and Imposter phenomena.

Neuroticism personality dimensions can be characterized by high level of emotional distress. The level of emotional distress could be so intense that it naturally interferes with their ability to concentrate on goal-directed behaviours, thereby paving the way for fear of failure and imposter feelings. The relationship between Imposter phenomena and Fear of failure is directional in that fear of failure leads to feelings of being an imposter (Brown & Ramsey, 2015).

Neuroticism was the most important factor in predicting for the relationship between fear of failure (Piedmont, 1995) and imposter phenomena. In other words, People with fear of failure tend to experience more imposter phenomena and this relationship is predominantly explained by Neuroticism personality traits. The results of the study have improved understanding of fear of failure and imposter phenomena based on specific personality traits. This study provided a fresh perspective on how each person's personality affects how they approach fear of failure.

These results support the use of comprehensive personality models and personality dimensions in describing and maybe explaining reasonably well-defined constructs that influence and motivate behaviour.

The results also suggests that cultivating environments that promotes a healthy personality trait, could lessen the negative effects of having fear of failure and alleviate imposter phenomenon's negative impact on trainee's professional life. Thus, it was concluded that to alleviate Imposter phenomena and fear of failure, it is necessary to evaluate the personality in detail.

CHAPTER V
SUMMARY AND CONCLUSION

CHAPTER V

SUMMARY AND CONCLUSION

The previous chapter presented the results of the study and discussed the same. The present chapter summarizes the study and presents the conclusion drawn from it. It also includes the limitations and implications of the study.

5.1 Summary

The aim of the research is to study the mediating role of personality dimensions on relationship between General fear of failure and Imposter phenomena among mental health professional-trainees.

The objectives were as follows:

- To study the relationship between Personality dimensions and Imposter phenomena among mental health professional-trainees.
- To study the relationship between various factors of Fear of failure and Imposter phenomena among mental health professional-trainees.
- To study the relationship between Personality dimensions and General Fear of failure among mental health professional-trainees.
- To study the mediating role of Personality dimensions on relationship between General Fear of failure and Imposter phenomena among mental health professional-trainees.

The research design was correlational study which is “a type of non-experimental research in which the researcher measures two variables and assesses the correlation between them with little or no effort to control extraneous variables.

Sample: The sample was collected from currently pursuing mental health professional-trainees from various Government and private hospital cum college settings within various states of Tamil Nadu, Kerala, Karnataka and Haryana. The method of sampling used for study was purposive sampling and included a total of 126 currently pursuing mental health professional - trainees who met the criteria for the study.

Tools used were as follows: Consent form, Socio-demographic details, The Big Five Personality Inventory (BFI), The Performance Failure Appraisal Inventory (PFAI) and Clance Imposter Phenomenon Scale (CIPS).

The data were analysed using Pearson’s Correlation test, to quantify the degree to which two variables are related. Multiple Regression Analysis to examine the strength of the relationship between variables and Haye’s Process Macro model to examine the mediating effects of the independent variable and outcome variable in the study.

The test findings revealed:

- There is a significant relationship between Personality dimensions and Imposter phenomena among mental health professional-trainees.
- There is a significant relationship between all factors of Fear of Failure and Imposter phenomena among mental health professional-trainees.
- There is a significant negative relationship between Conscientiousness dimension and General fear of failure among mental health professional-trainees.

- There is a significant positive relationship between Neuroticism dimension and General fear of failure among mental health professional-trainees.
- Neuroticism dimension of personality significantly predicts Imposter phenomena among mental health professional-trainees.
- Neuroticism dimension mediate the relationship between General fear of failure and Imposter phenomena among mental health professional-trainees.

5.2 Conclusion

The study throws some light on the Imposter experiences of mental health professional-trainees which has not been extensively researched in India. Clinical and academic faculty suspecting a student experiencing imposter should take immediate measures to unmask and intervene to prevent further delay of the student's clinical experience. This will result in improvement of Imposter students and boost their self-esteem and confidence and to reduce their fear of failure. Different interventions can be used in order to lessen imposter feelings. Low imposter phenomenon characteristics and high self-esteem are favourable for efficient medical practice. Measures to increase level of confidence and self-esteem among mental health professional-trainees should be implemented.

Thus, understanding the personality profiles of the trainees along with their fear of failure and imposter feelings could help in establishing counselling cells to combat these feelings so that there could be better academic outcomes. All the parameters are deeply ingrained in making the mental health professional-trainees confident and capable professionals in the nearby future.

5.3 Limitations of the study

- The demographics of the study show an unbalanced distribution where the majority of the trainees were females, from II year of studies and belongs to middle socio-economic status.
- In self-reported questionnaires, subjective bias could have been possible.
- The sample was mostly collected through online using Google forms, which could affect the outcome of the study.
- Other confounding variables and socio-demographic data were not considered for the analysis.
- The study did not evaluate the qualitative and subjective experiences of the trainees.
- Other mental health professional-trainees has not been taken as samples for the current study.

5.4 Implications of the current study

- The study has implications for understanding the Personality traits of mental health professional-trainees, as well as for determining which personality traits can predicts imposter phenomena and fear of failure.
- The study paved the way to understand the innate differences in personality traits and a subsequent need to tailor curriculum to take into account the large proportions of learners with imposter phenomena.
- Importance of provision of training interventions and dyadic coaching sessions which aims to increase self-enhancing attributions and self-efficacy as well as decreasing imposter feelings and fear of failure.

5.5 Suggestions for further studies

Considering the limitation and design of the present study the following are suggested for future research:

- The knowledge obtained from the current study may be utilised to come up with intervention or training modules focusing on providing appropriate psychological requirements and to reduce fear of failure and imposter feelings.
- Extensive research including greater number of samples and other relevant variables could reveal refined research.
- The cross-sectional design could be employed in further studies.
- Intervention studies with the pre and post-test assessing the fear of failure, Imposter feelings and mediating effects could also be an aspect of future research.

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APPENDICES

APPENDICES
INFORMED CONSENT FORM

National Institute for Empowerment of Persons with Multiple Disability (NIEPMD)

Ministry of Social Justice and Empowerment, Govt. of India

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Ph: 9940215210, NIEPMD PHONE NO. 044-27472113, 27472046;

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NAME OF THE RESEARCHER : A. M. NAZREEN FATHIMA

NAME OF THE GUIDE : Ms. P. KALAIVANI

**MEDIATING ROLE OF PERSONALITY ON THE RELATIONSHIP BETWEEN
FEAR OF FAILURE AND IMPOSTER PHENOMENA IN MENTAL HEALTH
PROFESSIONAL-TRAINEES.**

STUDY INFORMATION SHEET

Mental health professional-trainees means a person who is receiving supervised training to qualify as a mental health professional and is registered with the board. The person of the mental health professional-trainees has long been ignored. Trainees in the healthcare field are in situations that could be the source of stress because of their fear of failure to tackle with their course work and fear of future. Feelings of self-doubt and insecurity about one's effectiveness are frequently reported by mental health professional-trainees. Researchers have called for investigating how personality influences imposter phenomena, how fear operates in

education and for developing a broader understanding of imposter feelings in education. Care must be taken in addressing the difficulties in practice that the trainees may attribute to themselves.

The study aims to understand the relationship of personality with these two variables. The results of the study can be instrumental in redesigning the teaching learning approaches to the mental health professional-trainees and add to the insights of their facilitators.

Who will be the participants?

Mental health professional-trainees who are aged between 21-35 and currently pursuing from Government and private hospital cum college settings.

What are my benefits if I participate in the study?

You would be able to understand the personality pattern, severity of imposter phenomena and level of fear of failure you are experiencing that will help you to become aware of the difficulties at work and to help cope with your difficulties in a better way.

Does this study involve any expenses?

No, it does not involve any expenses.

Is it legally enforceable?

No, this is not a legally binding document. It is a research document.

Will there be any negative consequences if I participate?

No, the participation in this study will not lead to any negative consequences.

Are there any basic requirement to participate in the study?

None.

Voluntary Participation:

Your participation in this study is completely voluntary and you can refuse to participate.

Withdraw from the study:

You are free to choose whether or not you want to be a part of this study. Saying “NO” will not affect your relationship with the researcher.

Confidentiality:

The personal information given by you will be kept confidential. Only members of the research team will know your name and details. Your name will not appear in any report or publication. However, the overall results of the study will be published in the research journals.

Mode of session & Video Recording:

All the sessions will be conducted in a room setting. The sessions will not be audio or video recorded.

Undertaking by the researcher

Your consent to participate in the above research by Ms. P. Kalaivani and Ms. A. M. Nazreen Fathima, Department of Clinical Psychology, NIEPMD, Chennai is sought. You have the right to refuse consent or withdraw the same during any part of the research without giving any reason. If you have any doubts about the research, please feel free to clarify the same.

Even during the research, you are free to contact the researcher (Ms. A. M. Nazreen Fathima, Mobile no : 9677848365). The information provided by you will be kept strictly confidential.

Consent to participate in the research study

| | YES/NO |
|--|--------|
| I confirm that I have had an adequate explanation and have clearly understood the information sheet of the study and have had the opportunity to ask questions. | |
| I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason. | |
| I understand that all personal informations I shared will be kept confidential and will not be shared with anyone other than those involved in the research study. | |
| I agree to take part in the above study voluntarily | |
| I have received a copy of the study information sheet and consent form | |

Name of the Participant:

Signature:

Date:

Name of the researcher:

Signature:

Date:

SOCIO-DEMOGRAPHIC DETAILS

NAME :

AGE :

GENDER : Male FemaleEDUCATION : MD in Psychiatry M. Phil in Clinical Psychology M. Phil in Psychiatric Social Work M. Sc in Psychiatric Nursing/Diploma in Psychiatric Nursing.

NAME OF THE COLLEGE/INSTITUTION :

YEAR OF STUDIES : I year II year III yearMARITAL STATUS : Unmarried Married

RELIGION :

DOMICILE : Rural Semi-urban Urban

PLACE :

SOCIO-ECONOMIC STATUS : Low Middle Upper

ARE YOU CURRENTLY BEEN DAIGNOSED WITH ANY CHRONIC PSYCHIATRIC ILLNESS? IF YES, SPECIFY :

BIG FIVE INVENTORY (BFI)

Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement.

1-Disagree strongly, 2-Disagree a little. 3-Neither agree nor disagree, 4-Agree a little, 5-Agree strongly

I see Myself as Someone Who...

- | | |
|--|--|
| ____ 1. Is talkative | ____ 2. Tends to find fault with others |
| ____ 3. Does a thorough job | ____ 4. Is depressed, blue |
| ____ 5. Is original, comes up with new ideas | ____ 6. Is reserved |
| ____ 7. Is helpful and unselfish with other | ____ 8. Can be somewhat careless |
| ____ 9. Is relaxed, handles stress well | ____ 10. Is curious about many different things |
| ____ 11. Is full of energy | ____ 12. Starts quarrels with others |
| ____ 13. Is a reliable worker | ____ 14. Can be tense |
| ____ 15. Is ingenious, a deep thinker | ____ 16. Generates a lot of enthusiasm |
| ____ 17. Has a forgiving nature | ____ 18. Tends to be disorganized |
| ____ 19. Worries a lot | ____ 20. Has an active imagination |
| ____ 21. Tends to be quiet | ____ 22. Is generally trusting |
| ____ 23. Tends to be lazy | ____ 24. Is emotionally stable, not easily upset |

___25. Is inventive

___26. Has an assertive personality

___27. Can be cold and aloof

___28. Perseveres until the task is finished

___29. Can be moody

___30. Values artistic, aesthetic experiences

___31. Is sometimes shy, inhibited
everyone

___32. Is considerate and kind to almost

___33. Does things efficiently

___34. Remains calm in tense situations

___35. Prefers work that is routine

___36. Is outgoing, sociable

___37. Is sometimes rude to others
them

___38. Makes plans and follows through with

___39. Gets nervous easily

___40. Likes to reflect, play with ideas

___41. Has few artistic interests

___42. Likes to cooperate with others

___43. Is easily distracted
literature

___44. Is sophisticated in art, music, or

THE PERFORMANCE FAILURE APPRAISAL INVENTORY

| Response Scale | | | | |
|------------------------------|----|--------------------------------|----|---------------------------------|
| -2 | -1 | 0 | +1 | +2 |
| Do not believe at all | | Believe 50% of the time | | Believe 100% of the time |

_____ 1. When I am failing, it is often because I am not enough to perform successfully.

_____ 2. When I am failing, my future seems uncertain.

_____ 3. When I am failing, it upsets important others

_____ 4. When I am failing, I blame my lack of talent.

_____ 5. When I am failing, I believe that my future plans will change.

_____ 6. When I am failing, I expect to be criticized by important others.

_____ 7. When I am failing, I am afraid that I might not have enough talent.

_____ 8. When I am failing, it upsets my plan for future.

_____ 9. When I am failing, I lose the trust of people who are important to me

_____ 10. When I am not succeeding, I am less valuable than when I succeed.

_____ 11. When I am not succeeding, people are less interested in me.

_____ 12. When I am failing, I am not worried about it affecting my future plans.

_____ 13. When I am not succeeding, people seem to want to help me less.

_____ 14. When I am failing, important others are not happy.

_____ 15. When I am not succeeding, I get down on myself easily.

- _____16. When I am failing, I hate the fact that I am not in control of the outcome.
- _____17. When I am not succeeding, people tend to leave me alone.
- _____18. When I am failing, it is embarrassing if others are there to see it.
- _____19. When I am failing, important others are disappointed.
- _____20. When I am failing, I believe that everybody knows I am failing.
- _____21. When I am not succeeding, some people are not interested in me anymore.
- _____22. When I am failing, I believe that my doubters feel that they were right about
me
- _____23. When I am not succeeding, my value decreases for some people.
- _____24. When I am failing, I worry about what others think about me.
- _____25. When I am failing, I worry that others may think I am not trying.

CLANCE IP SCALE

For each question, please circle the number that best indicates how true the statement is of you. It is best to give the first response that enters your mind rather than dwelling on each statement and thinking about it over and over.

1. I have often succeeded on a test or task, even though I was afraid that I would not do well before I undertook the task.

1 2 3 4 5

(Not at all true) **(Rarely)** **(Sometimes)** **(Often)** **(Very true)**

2. I can give the impression that I am more competent than I really am.

1 2 3 4 5

(Not at all true) **(Rarely)** **(Sometimes)** **(Often)** **(Very true)**

3. I avoid evaluation if possible and have a dread of others evaluating me.

1 2 3 4 5

(Not at all true) **(Rarely)** **(Sometimes)** **(Often)** **(Very true)**

4. When people praise for something I have accomplished, I am afraid I won't be able to live up to their expectation of me in the future.

1 2 3 4 5

(Not at all true) **(Rarely)** **(Sometimes)** **(Often)** **(Very true)**

5. I sometimes think I obtained my present position or gained my present success, because I happened to be in the right place, at the right time or knew the right people.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

6. I am afraid people important to me may find out that I'm not as capable as they think I'm.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

7. I tend to remember the incident in which I have not done my best more than those time I have done my best.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

8. I rarely do a project or task as well as I would like to do it.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

9. Sometimes I feel or believe that my success in my life or in job has been the results of some kind of error.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

10. It's hard for me to accept compliments or praise about my intelligence or accomplishments.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

11. At times, I feel my success has been due to some kind of luck

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

12. I am disappointed at times in my present accomplishments and think I should have accomplished much more.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

13. Sometimes I am afraid others will discover how much knowledge or ability I really lack.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

14. I am often afraid that I may fail at a new assignment or undertaking, even though I generally do well at what I attempt.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

15. When I have succeeded at something and receive recognition for my accomplishment, I have doubts that I can keep repeating the success.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

16. If I receive a great deal of praise and recognition for something I have accomplished, I tend to discount the importance of what I have done.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

17. I often compare my abilities to those around me and think they may be more intelligent than I am.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

18. I often worry about not succeeding project or examination, even though others around me have considerable confidence that I will do well.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

19. If I am going to receive a promotion or gain recognition of some kind, I hesitate to tell others until it an accomplished fact.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |

20. I feel bad and discouraged if I am not “the best” or at least “very special” in situations that involve achievement.

| | | | | |
|--------------------------|-----------------|--------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| (Not at all true) | (Rarely) | (Sometimes) | (Often) | (Very true) |