

THE TRIAD OF IMPOSTOR SYNDROME, PERFECTIONISM AND DISTRESS: UNRAVELING THEIR INTERPLAY AND IMPACT ON MENTAL PROFESSIONALS WELL-BEING

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Abstract

Background: Mental healthcare professionals operate in highly demanding clinical settings. Emerging evidences have pointed out that imposter syndrome and maladaptive perfectionism play prominent roles among them, and these are associated with elevated levels of psychological distress, burnout, and lower professional satisfaction. There is an apparent lack of understanding of how these variables together influence overall mental well-being in current evidence-based studies. **Aim:** To describe the interplay between perfectionism, psychological distress, imposter syndrome, and mental professionals' wellbeing. **Methods:** A descriptive correlational design was employed, using structured online or in-person questionnaires to collect data from 160 mental health professionals working in mental health services in Riyadh- Saudi Arabia. Four validated instruments were used: Impostor Phenomenon, Multidimensional Perfectionism, Depression Anxiety Stress, and Mental Health Continuum-Short Form Scales, as well as an assessment of socio-demographic and professional characteristics, including age, gender, profession, and years of experience. **Results:** A significant positive correlation was found between imposter syndrome and perfectionism ($r = 0.43, p < 0.00$); a strong positive correlation of imposter syndrome with psychological distress ($r = 0.61, p < 0.00$); and a positive correlation of perfectionism with psychological distress ($r = 0.52, p < 0.00$). Besides, mental well-being was negatively correlated with imposter syndrome ($r = -0.21, p = 0.005$); negatively correlated with perfectionism ($r = -0.56, p < 0.001$), and negatively correlated with psychological distress ($r = -0.27, p < 0.001$). As well, imposter syndrome showed a statistically significant negative impact on mental well-being ($B = -0.20, SE = 0.07, t = -2.8, p = 0.005$). Perfectionism emerged as the strongest predictor among the studied variables ($B = -0.38, SE = 0.05, t = -8.6, p < 0.000$). Similarly, psychological distress was found to have a significant negative impact on mental well-being ($B = -0.20, SE = 0.05, t = -3.5, p < 0.000$). **Conclusion:** Impostor syndrome and perfectionism are prevalent among mental health professionals, reflecting common psychological challenges. As well as imposter syndrome, perfectionism, and psychological distress were significantly interrelated and acted as significant negative predictors of mental well-being. The study recommended implementation of targeted psychological-based programs aimed at reducing imposter syndrome and maladaptive perfectionism among mental health professionals.

Keywords: Impostor Syndrome, Perfectionism, Psychological Distress, Mental Well-Being, Mental Health Professionals.

INTRODUCTION:

Mental health professionals, though considered to be the flag bearers of mental health, are no exceptions and are vulnerable to mental health problems. However, their own mental well-being is generally believed to be good, due to which their mental health needs are often neglected (Kar, Shankar, and Singh, 2022). Moreover, due to the stressful nature of their job, the prevalence and presentation of mental health problems might be an alarming sign among those target populations. Burnout and stress-related problems, anxiety, depression, substance use disorders, and suicide risk have been reported to be common among mental healthcare professionals (Kar, Shankar. and Singh, 2022).

The psychiatric health field is mentally exhausting work, including prolonged exposure to patients' trauma, abuse from patients, disturbed behaviors of patients, complex clinical decision-

making, and high expectations for emotional regulation (Bany-Mohammed et al., 2025; Abo Shereda et al., 2025), as well as limited resources, crowded hospital wards, incoordination between the mental health team (psychiatrist, psychologist, psychiatric nurse, and social workers), high job demands, poorly specified consultant job roles, accountability without authority, and loneliness (Fernandes, Barros & Baylina, 2025). These demands increase vulnerability to burnout, impostor syndrome, maladaptive perfectionism, and psychological distress, all of which have been shown to negatively affect mental well-being and professional functioning (Türkel et al., 2025; Sharma et al., 2025).

The impostor phenomenon was first described by Clance and Imes (1978) as a psychological experience in which competent individuals persistently doubt their abilities and fear being exposed as frauds despite objective success. This phenomenon is prevalent among healthcare professionals due to frequent performance appraisal, responsibility for patient outcomes, and hierarchical training structures (LaDonna, Ginsburg & Watling, 2018). While according to the cognitive-behavioral framework, impostor syndrome is occurred by dysfunctional beliefs and cognitive distortions, such as minimizing achievements and catastrophizing mistakes (Sakulku & Alexander, 2011).

In addition, impostor individuals identify the causes for success to be external (luck or hard work), but take responsibility for failure, thus causing consistent self-doubts (Clance, 1985). In this case, the social comparison hypothesis (Festinger, 1954) adds to the idea of feeling impostor among mental health specialists, who compare themselves to contemporaries and to superiors. Working constantly in a success-driven professional setting may increase the sense of feeling inadequate and may have a negative impact on performance, causing obstacles to vicarious learning, to the management of impressions, and to self-analysis, thus raising the risk level to feel stressed and to have reduced well-being (Bravata et al., 2020).

Perfectionism is one of the factors that contribute significantly to the development of impostor syndrome. This is defined by an obsession with excellence and a unhealthy fixation on one's own deficiencies. There are three types of perfectionism: self-oriented, socially prescribed, and other-oriented. It can be of a healthy and unhealthy manner (Koshy et al., 2022). The relationship between perfectionism and its outcomes in regard to achieving goals and depression has been investigated in a number of studies. Overpreparation and focusing on mistakes are just some of the unhealthy perfectionistic behaviors in which people with impostor feelings usually engage. This behavior in addition to increasing one's feelings of inadequacy can also lead to one's self-doubt (Fang & Liu, 2022 & Bravata et al., 2020).

Perfectionism has been described as a multidimensional personality construct that entails the setting of unrealistically high standards and self-critical evaluations (Frost et al., 1990; Hewitt & Flett, 1991). Modern conceptualizations have made a distinction between healthy perfectionistic striving and unhealthy perfectionistic concerns that are continually linked to psychological distress (Stoeber and Otto, 2006). In terms of error, lack of clarity concerning activities, and extreme self-criticism, unhealthy perfectionism has been linked to myriad deleterious effects ranging from anxiety and depression to eating disorders (Hyde-Smith et al., 2024 cit. Williams & Levinson 2020). This type of perfectionism was rife in the healthcare field because of the impossible standards that healthcare providers are held against. This has led to a culture of constant personal criticisms and a terror of personal failure (Thomas & Bigatti 2020).

In psychiatry, for example, individuals with perfectionistic tendencies are encouraged by professional standards which cover accurate diagnosis, sound ethical responsibility, and

commitment to avoiding errors (Nazari, 2022). On the self-discrepancy theory, distress is generated based on perceived discrepancies between real self-performance and one's "ideal self," with "ought self," which is a typical condition among professionals with significant perfectionistic beliefs, such as psychiatrists (Higgins, 1987). In addition, the Diathesis-Stress theory views maladaptive perfectionism as a "vulnerability factor," increasing the risk for anxiety, depression, or burnout with occupational "stressors," particularly as pertinent to psychiatrists (Koutra et al., 2023).

Psychological distress encompasses various emotional manifestations, for instance, anxiety, depression, emotional exhaustion, and poor psychological functioning. According to the Job Demands-Resources (JD-R) model, the combination of job demands, for example, emotional workload and time pressure, and poor use of resources will lead to work strain and poor psychological well-being (Demerouti and Bakker, 2022).

Accordingly, there is a two-way process between impostor syndrome and perfectionism. Similarly, impostor syndrome thoughts stimulate an individual's perfectionistic behavior to engage in over-preparation and avoidance, therefore exacerbating the cycle of emotional suffering (AbuDujain et al., 2025). The cognitive-affective model of impostor syndrome hypothesizes that the perfectionistic mentality initiates the impersonator thoughts which in turn result in the feeling of the negative emotions such as fear, shame, and getting embarrassed up to the point of resorting to maladaptive ways of tackling the issue which, finally, results in psychological distress. The pattern thus formed leads to emotional exhaustion and poor mental health (Thomas et al., 2020).

Mental well-being is defined as a person's capacity to deal with and win over difficulties. The concept of mental well-being is increasingly being regarded as part of the positive mental health frameworks like the Mental Health Continuum (MHC) model introduced by Keyes in 2002 that sees mental health as a multidimensional concept including emotional well-being (positive feelings and life satisfaction), psychological well-being (self-acceptance, independence, having a goal in life, and personal development), and social well-being (having social connections, contributing to society, and feeling at one with the world). From such a viewpoint, mental health is not only the lack of mental illness; rather, people can have different levels of well-being that can be anywhere from flourishing to languishing, irrespective of whether they are suffering from psychological distress or not.

This view represents two continua and has important ramifications for health professionals: the reduction of symptoms of distress itself may be insufficient to guarantee optimal functioning and professional satisfaction. The empirical literature has previously indicated that higher levels of emotional, psychological, and social well-being are related to better work performance, resilience, and lower risk of burnout, even among high-stress professions (Yang et al., 2024).

Mental health professionals who are constantly plagued by the feelings of impostor and perfectionism might lose their resilience in withstanding the stresses of their profession and eventually negatively affect their mental health and professional relationship with patients (LaDonna et al., 2018; Bravata et al., 2020). There is a growing interest in research on the triad of perfectionism, suffering, and impostor syndrome but, the researches that explore the connection between these three traits and the resulting impact on the mental well-being of the professionals in Riyadh- Saudi Arabia health services are still lacking. This research might disclose the complete extent of the mental well-being issue of health care professionals if it succeeds to disentangle the difficult interrelationship of suffering, impostor syndrome, and perfectionism.

Problem Statement:

Clinical environments that mental health professionals are doing the job in, are very tough, requiring to have a very high emotional engagement, making complex decisions and being in constant professional accountability. These practitioners' roles are very crucial for patient care, but as a result, they are subjected to a lot of psychological stressors which may affect their mental health negatively. New studies suggest that psychological factors from within, especially impostor syndrome and maladaptive perfectionism, are quite common in the healthcare sector and have a connection with increased levels of psychological distress, burnout, and lower professional satisfaction. But even though there is more and more acknowledgment of these problems, the total effect they have on the mental health of professionals has not yet been fully clarified.

Theorists have mainly considered impostor syndrome, perfectionism, and psychological distress as separate issues and the studies have center mostly around medical students, trainees, or simply the physician population. Therefore, there is little empirical data showing how these constructs affect each other simultaneously in the context of psychiatric practice, where the emotional labor, trauma exposure, and high expectations of clinical competence are always the case. Additionally, a lot of research has defined mental health in a very narrow way as the absence of distress, ignoring the positive aspects of well-being like emotional, psychological, and social functioning.

There is no doubt that the absence of an integrated, theory-based research study on mental health professionals particularly impacts the understanding of the psychological distress caused and the mental well-being affected by impostor syndrome and perfectionism. This knowledge gap robs mental health agencies and training institutes of their right to evidence-based recommendations for developing powerful interventions that tackle distress along with the enrichment of positive mental health. This is the reason why the need for a well-thought-out study that analyses the relationship between impostor syndrome, perfectionism, and psychological distress in mental professionals using positive mental health frameworks is so urgent.

Significance of the study:

A global meta-analysis has shown that impostor syndrome (IS), which among the doctors and high-performing individuals, is highly evident with the total rates of some 62% being the global average through diverse samples of healthcare workers and medical students (Salari et al., 2025); thus confirming that (IS) is a highly rampant phenomenon. Studies have also found that impostor feelings are strongly associated with burnout, compassion fatigue, and maladaptive perfectionism among psychiatrists, indicating similar situations in this group (Türkel et al., 2025).

In addition to that, psychological distress is a phenomenon that has been frequently reported among healthcare practitioners and mental health specialists (Gökçe, 2024).

A number of studies have indicated that the level of distress in mental health practitioners is very high; for instance, the prevalence of emotional distress among nurses in psychiatric units has been reported to be over 70%, which is an indicator of a considerable emotional burden (Wang et al., 2022). Further, it has been revealed that therapists working in community settings undergo distress which is very likely to be present in their clients as clinically significant anxiety and depression are reported in more than 40% and 35% of the therapists respectively, thus indicating that this distress is both widespread and multifaceted (Bonsu et al., 2025). The high distress rates mentioned above resonate with the findings from current occupational health literature that demonstrates healthcare workers as a whole to consistently suffer from psychological morbidity,

including but not limited to stress, depression, and anxiety symptoms which are experienced by the general population at much lower rates (Ismail et al., 2020).

Perfectionism, especially the maladaptive type, has been continually related to adverse psychological outcomes in a medical and health-related setting. The previous research has implied that perfectionism could represent an important personality vulnerability factor, which can add to distress/strain in a profession requiring an intensive level of effort in clinical settings (Martin et al., 2022). The co-prevalence of impostor syndrome and psychological distress emphasizes the relevance of the current research in terms of a mental health care professional's well-being and quality care.

Previous studies have suggested that gender, occupational type, and years of experience for health care providers remain significant predictors of mental well-being, impostor experience, perfectionistic strivings, and distress for health care and mental health professionals (Muhammad et al., 2025). The examination of these variables is thus critical in comprehending the interactive aspects of psychological variables in subgroups. Gender discrepancies have been shown in existing literature to depict female professionals exhibiting higher predispositions towards psychological distress, feelings of an imposter, and maladaptive perfectionism than their male counterparts. Research among health professionals and students has indicated women to have higher proclivities towards anxiety, depression, and self-doubt issues that can be assumed to have been a product of socialization procedures among females (Bravata et al., 2020).

Research shows that people who start their careers and work under lower-ranking positions experience more intense impostor syndrome and mental distress than their senior colleagues because they face more performance assessments and work with unclear duties, and restricted decision-making power (Neureiter & Traut-Mattausch, 2016; Villwock et al., 2016). Research shows that experienced professionals develop lower impostor syndrome feelings while they learn to handle workplace situations better, but young professionals who start their careers face higher risks of developing perfectionism and stress symptoms (Thomas et al., 2020; LaDonna et al., 2018).

The research shows that personal life experiences help individuals build their resilience while they maintain their mental health through various life phases. The current research needs to fill specific voids which previous studies about impostor syndrome and perfectionism and psychological distress have left unaddressed. Research shows that healthcare professionals experience high rates of impostor syndrome and distress. Yet studies focus mainly on medical students and residents, and new physicians instead of experienced mental health professionals who deal with emotional work and clinical duties for extended periods (Bravata et al., 2020). Previous studies have focused on studying impostor syndrome and perfectionism separately, but only a few researchers have studied how these two conditions affect psychological distress and overall well-being when they occur together (Alderton et al., 2024).

Researchers have focused on mental well-being through limited perspectives which measure burnout and anxiety and depression symptoms but only a handful of studies use positive mental health models like the Mental Health Continuum to assess emotional and psychological and social wellness (Gautam et al., 2024). Most research studies have focused on Western countries and wealthy nations together with medical students but scientists have not studied mental health professionals enough to apply these results across different cultures and medical fields and workplace settings which includes, Riyadh- Saudi Arabia (Thomas & Bigatti, 2020; AbuDujain et al., 2025; Alammari et al., 2025).

The research shows maladaptive perfectionism creates conditions which lead to distress but scientists have not yet figured out its exact function when it comes to linking impostor syndrome with psychological distress among mental health professionals who differ in their gender and experience levels and job positions. The research team conducted this study to fill existing research gaps through a combined theoretical analysis which examined how impostor syndrome and perfectionism and distress affected mental health of mental health professionals.

The research project brings valuable practical solutions which make it an important study. Mental health professionals need assistance to handle their present challenges because they must understand how psychological components combine together. The training for resilience should support people who want to develop adaptive perfectionism while learning effective coping techniques and we need to address employment-related challenges which affect their workplace positions and their positions as well as their gender status. Managers and counselors can use mindfulness training together with organizational support programs and cognitive-behavioral therapies to help practitioners overcome their impostor syndrome and perfectionist tendencies according to Ruiz-Fernández et al. (2020) and Bin Abdulrahman, Hefny & Alghamdi (2026).

The research project will create new healthcare policies which will direct medical facilities to develop their operational systems for treating patients who experience impostor syndrome and perfectionism and psychological distress. By doing so, mental health professionals can be better equipped to face career changes with self-assurance, resilience, and a heightened emphasis on their mental well-being if interventions based on the results are developed.

The Primary Aim:

The overarching goal of this study is to better understand the interplay between perfectionism, psychological distress, impostor syndrome, and mental professionals' mental well-being to draw conclusions that can inform the development of more effective interventions to promote health professionals' emotional and psychological wellness in their work.

Research Questions:

1. How does the interaction of impostor syndrome, perfectionism, and psychological distress affect the mental wellbeing of mental health professionals?
2. What role do perfectionist tendencies, psychological distress, and impostor syndrome have in making mental professionals' psychological suffering worse?
3. Do gender, work position, or work experience play a role in shaping the interactions among these factors?
4. Considering these obstacles, how can we best assist mental health professionals so that they can put their psychological, social, and emotional health first?

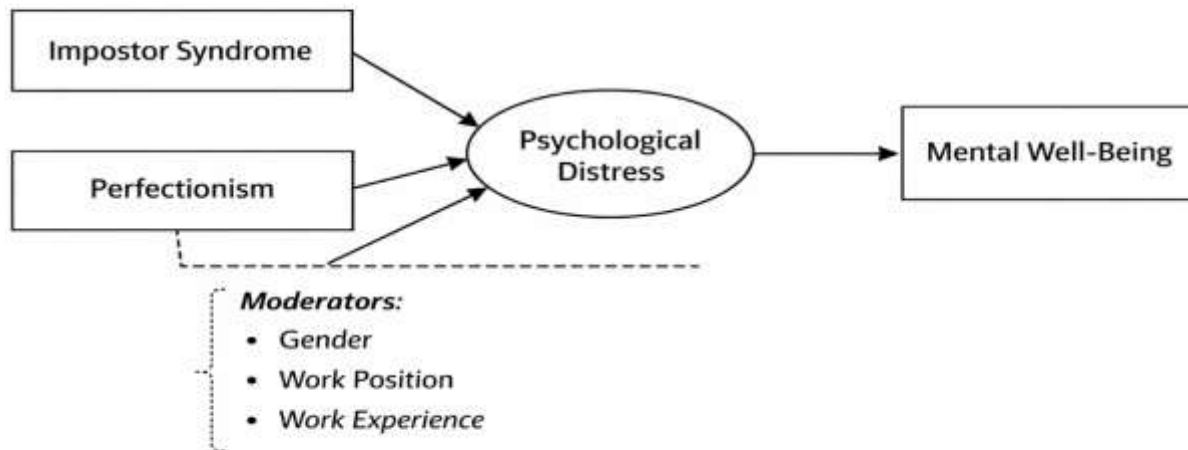
The Conceptual Framework

The conceptual model of this study proposes that the mental well-being of mental health professionals is influenced by key psychological risk factors, namely impostor syndrome, perfectionism, and psychological distress. In the model, impostor syndrome and perfectionism are viewed as closely related psychological traits that contribute directly to psychological distress (manifested as symptoms of depression, anxiety, and stress). Psychological distress, in turn, exerts a direct negative effect on mental well-being. Additionally, impostor syndrome and perfectionism may also have direct negative effects on mental well-being independent of psychological distress. Gender, work position, and work experience are incorporated as moderating variables, influencing the strength and direction of the relationships between the psychological factors and mental well-being. The differences in gender, professional hierarchy, and work experience may shape the vulnerability to impostor feelings, perfectionistic tendencies, and distress. This conceptual model provides a structured framework for examining both direct and indirect relationships among the study variables and guides the statistical analysis and interpretation of findings.

Methodology

Research Design:

The research study conducted a descriptive correlational design to investigate how mental health professional well-being connects with their psychological characteristics which include impostor



syndrome and perfectionism and psychological distress. The assessment system enables scientists to analyze natural variables which they cannot manipulate while they identify the connection strength and direction between these variables. The research design allows scientists to study how mental health conditions and psychological elements which they study develop mutual patterns which they can use to understand professional mental health worker mental health.

The Study Population and Settings

The research sample included mental health professionals who joined the study from different mental health organizations which consisted of public hospitals and private medical centers and primary medical facilities and dedicated mental health institutions that operated throughout Riyadh- Saudi Arabia. The research sample included professionals from various fields because it brought together psychologists and psychiatrists and social workers who represented different mental health service positions.

Sample Size Calculation

- $p = 0.5$
- $N = 275$
- $e = 0.05$
- $z = 1.96$

$$n = \frac{z^2 p(1-p)}{1 + \frac{z^2 p p (1-p)}{e^2 N}}$$

$$n = \frac{1 + \frac{1.96^2 \cdot 0.5 (1-0.5)}{0.05^2}}{1 + 1.37^2 \frac{1.96^2 \cdot 0.5 (1-0.5)}{0.05^2 \cdot 275}}$$

$$n = \frac{384.16}{1+1.397} =$$

$$n = \mathbf{160}$$

Assuming the following is true considering Stephen Thompson's equation:

Stephen Thompson's equation stands as a well-known method which helps researchers find their sample sizes for descriptive studies when they already know the number of people in their target population. The standard normal value for Z stands at 1.96 because it represents the 95% confidence level. The research team chose a 5% error threshold ($e = 0.05$) by selecting 0.5 as the population estimate which produced the highest possible data range. $N =$ population size = 275. The total sample size in this study was found to be 160.

Inclusion Criteria:

1. Occupational Status:

Participants must be mental health professionals with at least one year of professional experience in the mental health field. Both male and female professionals were included to capture potential gender-related differences in psychological well-being and related variables, including variations in age, years of experience, workplace setting, and professional specialty. This diversity was intended to enhance the generalizability of the findings within the context of mental health professionals in Riyadh-Saudi Arabia.

2. Age Range:

The ideal age range for participants is 20–40 years old. Mental health professionals in this age bracket are smack dab in the middle of the occupational transition phase and are under the greatest amount of pressure to succeed professionally.

3. Experiencing Psychological Distress:

The mental health professionals are experiencing psychological distress if they report moderate to severe levels of symptoms like anxiety, depression, or stress. Methods such as self-report surveys and quick mental health evaluations (e.g., DASS-21) can help find these. Validated self-report measures (such as the Clance Impostor Phenomenon Scale (CIPS) for impostor syndrome and the Multidimensional Perfectionism Scale (MPS) for perfectionism must be used to identify participants who exhibit at least mild levels of impostor syndrome and/or perfectionistic tendencies.

Exclusion Criteria:

1. Non-mental health practitioners:

People who are not undertaking any kind of psychiatric professionals at the time of the research (such as college students, trainers, or those recently employed in the mental health field).

2. Severe Mental Health Conditions:

People who require specialized or intensive treatment due to serious or clinically recognized mental health illnesses (such as psychotic disorders or bipolar disorders) should not participate in the study since their unique needs would impact the therapies used and the overall results would be impacted.

3. Previous Diagnosis of Impostor Syndrome or Perfectionism:

It excludes those who have previously been formally diagnosed with impostor syndrome or perfectionism by a mental health professional.

Methods for gathering information:

The study was conducted using 4 validated instruments for data collection. The first section gathered from each participants was socio-demographic and professional characteristics, including age, gender, profession, and years of experience.

Tool I: the Impostor Phenomenon Scale (CIPS): It was a validated standardized tool developed by Clance (1985) to evaluate the impostor syndrome. It consisted of twenty items measuring the impostor phenomenon, a 5-point Likert scale with 1 being extremely false and 5 being completely true. By adding together everyone's answers, we were able to determine how the impostor phenomenon made participants feel. Scores between 40 and 60 indicate moderate impostor phenomenon experiences, scores between 61 and 80 show frequent feelings, and scores above 80 indicate acute sensations, according to the scale manual. Fear of failure, avoiding praise, anxiety about being judged, and worries that one's past achievements will be impossible to repeat are some of the dimensions measured by the scale. Statements such as "I often compare my ability to those around me and think they may be more intelligent than I am" and "I can give the impression that I am more competent than I really am" are examples of questions that make up the sample.

Tool II: Multidimensional Perfectionism Scale (MPS): It was a validated, standardized tool, developed by Hewitt and Flett (1991). Participants were asked to rate their level of perfectionism on a 5-point Likert scale, with 1 representing strong disagreement and 5 representing strong agreement, on the 16-item. Scores on the perfectionist beliefs subscale ranged from fifteen to one hundred and ten, with certain items being reverse coded and the totals for each subscale added together. A higher subscale score suggests a more extreme tendency towards perfection. Subscales

of the MPS consist of three groups of fifteen items each: self-oriented perfectionism (ex., "I try my hardest to do everything to perfection"), socially prescribed perfectionism (ex., "I struggle to live up to other people's expectations of me"), and other-oriented perfectionism (ex., "I can't stand being around people who don't try to improve themselves"). Using this scale, we may learn all about the effects of perfectionism on several aspects of personality.

Tool III: Psychological Distress:

The Depression Anxiety Stress Scales (DASS-21), it a validated, standardized self-report instrument for gauging depressive, anxious, and stressed emotional states, were utilized for the purpose of assessing anxiety and distress. The depressive, anxious, and stress subscales of the DASS-21 each contain seven items, for a total of twenty-one items. For each question, participants reflect on their experiences during the last week by selecting a Likert scale from 0 (not at all applicable) to 3 (applied to me very much or most of the time). Anxiety symptoms, including physiological arousal, terror, and situational avoidance, are assessed on the anxiety subscale. To get the results that are in line with the original DASS-42 scoring methodology, we add up all the subscale responses and then multiply the total by 2. A higher score on each subscale indicates a higher degree of emotional distress. Findings from this assessment shed light on the participants' anxiety and general discomfort levels (Lovibond and Lovibond, 1995).

Tool IV: Mental Well-Being:

Mental Health Continuum-Short Form "MHC-SF" is an efficient standardized tool for evaluating goodness of mental health and understanding the levels of mental wellness. There are a total of fourteen questions that can be found within the MHC-SF, which explore the individual's emotional, psychological, as well as social, wellness. Issues related to pleasant emotions such as "happiness and satisfaction" are categorized as "Emotional wellness." Autonomy, growth, or purpose of life are just few of "Psychological wellness," which explores "issues of social contribution, integration, or acceptance" as "Social wellness." All of these are to be answered by using the 6-point Likert Scale, which comprises of answers ranging from "0 = never" to "5 = every day." All of the answers provided by the participants are based on the "frequency of experiences of these feelings" as "identified by the researchers," which are, on an average, the feelings felt by the participants "within the past month." By combining "the thing" within the wellness measures, we can compute our "mental health" score too! Acquire vast knowledge about the entire "participants' mental wellness" by using this "comprehensive" "MHC-SF" "test" to measure "thriving, mediocre, or languishing" "states of their mental wellness" according to "Robitschek, & Keyes, 2009."

Data Collection Process:

This study employed a mixed-mode survey design where both electronic and face-to-face self-administered surveys were employed. This was to ensure wide access for participants. While the electronic survey was conducted via secured online platforms, others that needed to be conducted face-to-face took place at selected mental health organizations after seeking permission from the relevant authorities. Before the participants could take part in the study, they were availed of an information sheet that contained the study aims and objectives as well as the ethical undertones. Consent was sought through electronic emails or writing depending on the participant. All participants underwent evaluation for distress, feelings of being an imposter, and perfectionism.

For participants to have at least a mild manifestation of the involved variables, the current study applied the previously mentioned tools. Each tool employed in this study has previously established acceptable psychometric properties in other studies. Data sought in this study was collected over a period of three months, and the collected questionnaires were scrutinized before undergoing any analysis. The data collected is safely stored and can only be accessed by the researchers.

Ethical Consideration

Ethical approval for the study was obtained from the Research Ethics Committee at King Faisal University with Ref. No. (ETHICS 3098) prior to data collection. Participation in the study was entirely voluntary, and informed consent was obtained from all participants prior to data collection. Ethical principles regarding confidentiality, anonymity, and the right to withdraw at any time were strictly observed. Participants must give their informed consent for agreement of participation. They were informed of the study's purpose, as well as any risks and advantages associated with it.

Data analysis

All the analysis was run through the SPSS version 26 statistical package to examine the three metrics by the descriptive and inferential statistical methods. The descriptive statistics involved the use of means, standard deviations, and percentages used in the analysis of the demographic variables and score results. The analysis also involved the use of the Pearson’s correlation in the test of the relationship between the study variables, the linear regression in the test of the predictive impact of impostor syndrome, perfectionism, and psychological distress on the mental health professionals’ mental health, ANOVA test, and t-test for the differences regarding the gender, work position, and work experience. The missing data was treated in the study by ensuring the reliability and validity of the data through the processes of imputation and the elimination of the data.

Results and Data Analysis

The results in the current study were presented in two main sections; the first section involved the frequency distribution of the personal characteristics of the studied sample regarding to the gender, work position, and work experience; the levels of perfectionism, impostor syndrome, psychological distress, and psychological well-being among the studied sample; and the frequency distribution of the total scores of the four studied variables. The results in section 1 were presented in tables 1, 2, and 3, as well as figure 1. Section two involved the correlations among studied variables and the differences in studied variables regarding gender, work position, and work experience. The results in section 2 were presented in tables 4, 5, 6, 7, and 8.

Section 1: The results in table (1) show that the majority of the studied sample (70%) was female, (76.2%) were psychologists, while only (15%) were social workers. Regarding the work experience, the results show that nearly half (46.2%) of participants had 1-5 years of experience, (31.2%) of theme had more than 10 years of experience.

Table (1): Personal Characteristics of Studied Sample (N=160)

Personal characteristics	No.	%
Gender		

Female	112	70.0
Male	48	30.0
Work Position		
Social workers	24	15.0
Psychologist	122	76.2
Psychiatrist	14	8.8
Work Experience (years)		
1-5	74	46.2
6-10	36	22.5
More than 10	50	31.2

The results in table (2) show that more than half of participants (57.5%) were with mild perfectionism, while about one-third (33.8%) were with moderate perfectionism, and only (8.8%) were with severe perfectionism. Regarding the impostor syndrome, about two-thirds of participants (61.2%) were with had frequent feelings of impostor syndrome, and nearly one-quarter of them (21.2%) had acute sensations of impostor syndrome. The results of the current study illustrate that the majority of the studied participants (83.8%) had mild distress, while only (11.2%) suffered from moderate distress. As regard the mental well-being among the studied sample, more than half of participants (55%) have good mental well-being, while (44%) have middling mental well-being, but only (0.5%) suffer bad mental well-being, as presented in Figure 1.

Table (2): Level of Perfectionism, Impostor Syndrome, and Psychological Distress of studied sample (n=160)

Level of Perfectionism	No.	%
Mild	92	57.5
Moderate	54	33.8
Severe	14	8.8
Level of Impostor Syndrome		
Moderate impostor phenomenon	34	21.2
Frequent feelings	98	61.2
Acute sensations	28	17.5
Level of Psychological distress		
Mild	134	83.8
Moderate	18	11.2
Severe	8	5.0

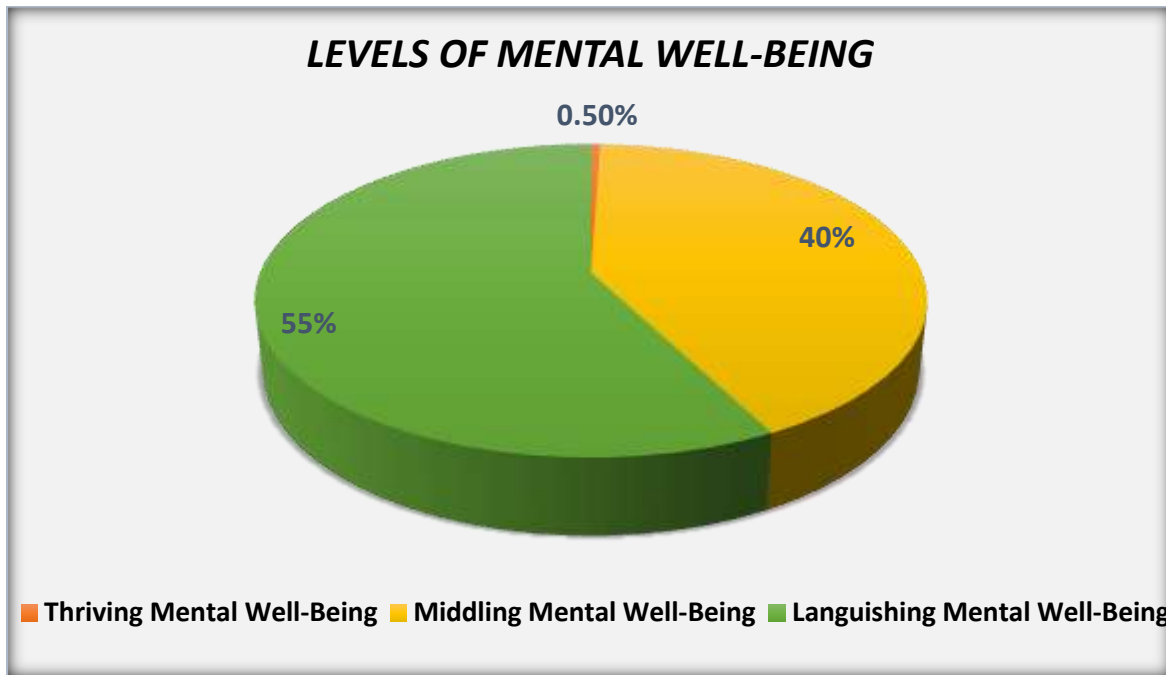


Figure (1): Level of Mental Well-Being of Studied Sample (n=160)

The results in table (3) present the descriptive statistics of impostor syndrome, perfectionism, psychological distress, and mental well-being among the study participants. Notably, participants demonstrated a high mean percent of mental well-being (71.9%), reflecting generally positive emotional, psychological, and social functioning. The average score for impostor syndrome was considerably high (Mean = 49.46, SD = 11.83), reflecting a average percentage of (64.2%), signifying the presence of impostor sentiments in a considerable manner among the studied sample. On a second note, perfectionism also had a moderate-to-high average score (Mean = 49.64, SD = 15.88), reflecting a higher average percent of (49.6%), signifying that there was more variability in perfectionistic aspects among the participants.

Table (3): Description of Total Scores of Studied Variables

Total scores	Mean	SD	Mean %
Impostor Syndrome	49.46	11.83	64.2
Perfectionism	49.64	15.88	49.6
Psychological Distress	18.10	4.44	28.7
Mental Well-Being	50.35	10.88	71.9

Section 2: The results in table (4) illustrate the correlations between impostor syndrome, perfectionism, psychological distress, and mental well-being. A significant positive correlation was found between impostor syndrome and perfectionism ($r = 0.43, p < 0.00$), indicating that higher levels of impostor feelings are associated with increased perfectionistic tendencies. Additionally, impostor syndrome showed a strong positive correlation with psychological distress ($r = 0.61, p < 0.00$), suggesting that individuals experiencing stronger impostor feelings are more likely to report higher levels of psychological distress. As regards perfectionism, it was also

positively correlated with psychological distress ($r = 0.52, p < 0.00$) in the present study, highlighting perfectionism as a potential risk factor for elevated distress. In contrast, mental well-being demonstrated significant negative correlations with all three variables. Specifically, mental well-being was negatively correlated with impostor syndrome ($r = -0.21, p = 0.005$), negatively correlated with perfectionism ($r = -0.56, p < 0.001$), and negatively correlated with psychological distress ($r = -0.27, p < 0.001$).

Table (4): Correlation between the Studied Variables

Total scores	Impostor Syndrome		Perfectionism		Psychological Distress		Mental Well-Being	
	r	P	r	p	r	p	r	p
Impostor Syndrome	1							
Perfectionism	0.43	0.00*	1					
Psychological distress	0.61	0.00*	0.52	0.00*	1			
Mental Well-Being	-0.21	0.005*	-0.56	0.00*	-0.27	0.00*	1	

*Significant at $p\text{-value} < 0.05$

The findings in table (5) indicate that all three variables were significant negative predictors of mental well-being. Impostor syndrome showed a statistically significant negative effect on mental well-being ($B = -0.20, SE = 0.07, t = -2.8, p = 0.005$), suggesting that increases in impostor feelings are associated with a decrease in mental well-being. As well, perfectionism emerged as the strongest predictor among the studied variables ($B = -0.38, SE = 0.05, t = -8.6, p < 0.000$), indicating that higher levels of perfectionism substantially reduce mental well-being. Similarly, psychological distress was found to have a significant negative impact on mental well-being ($B = -0.20, SE = 0.05, t = -3.5, p < 0.000$), reflecting that greater distress is associated with poorer mental well-being.

Table (5): the Impact of Perfectionism, Impostor Syndrome, and Psychological Distress on Mental Well-Being (Using Regression Analysis)

Total scores	Impact on Mental Well-Being			
	B	SE	t	p
Impostor Syndrome	-0.2	.07	-2.8	0.005*
Perfectionism	-0.38	.05	-8.6	0.000*
Psychological Distress	-0.2	.05	-3.5	0.000*

*Significant at $p\text{-value} < 0.0$

The results in table (6) show the differences in mean scores of impostor syndrome, perfectionism, psychological distress, and mental well-being between female and male participants. The findings indicate no statistically significant gender differences in impostor syndrome ($t = 0.75, p = 0.452$), perfectionism ($t = 1.27, p = 0.206$), or psychological distress ($t = 0.11, p = 0.913$), suggesting that these psychological characteristics were comparable across genders. In contrast, a statistically significant difference was observed in mental well-being ($t = 2.40, p = 0.018$). As well, male participants reported a higher mean of mental well-being (Mean = 53.46, SD = 10.67) compared to female participants (Mean = 49.02, SD = 10.74). This finding indicates that gender may play a

role in mental well-being, even though impostor syndrome, perfectionism, and psychological distress did not differ significantly between males and females.

Table (6): the Differences in Studied Variables According To Gender

Total scores	Female		Male		t	p
	mean	SD	mean	SD		
Impostor Syndrome	49.00	11.54	50.54	12.54	0.75	.452
Perfectionism	50.68	16.85	47.21	13.20	1.27	.206
Psychological Distress	18.02	2.74	18.29	7.93	0.11	.913
Mental Well-Being	49.02	10.74	53.46	10.67	2.40	.018*

***Significant at p-value<0.05**

Table (7) shows the differences in impostor syndrome, perfectionism, psychological distress, and mental well-being among social workers, psychologists, and psychiatrists. A statistically significant difference was illustrated in impostor syndrome across the three health care groups ($F = 4.133$, $p = .018$). Social workers reported the highest mean score, followed by psychologists, while psychiatrists demonstrated the lowest level of impostor syndrome, and a highly significant difference was identified in psychological distress ($F = 5.618$, $p = .004$). Social workers exhibited the highest levels of distress, followed by psychologists, whereas psychiatrists reported markedly lower scores. This finding highlights potential occupational stress disparities, with social workers appearing to be the most psychologically burdened group. As regards perfectionism, no statistically significant difference was found between groups ($F = 2.810$, $p = .063$), although psychologists showed a comparatively higher mean score.

Table (7): the Differences in Studied Variables According To Work Position

Total scores	Social workers		Psychologist		Psychiatrist		F	p
	Mean	SD	mean	SD	mean	SD		
Impostor Syndrome	55.33	10.96	48.77	11.61	45.43	12.67	4.133	.018*
Perfectionism	46.08	11.05	51.20	16.43	42.14	15.86	2.810	.063
Psychological distress	23.67	7.30	18.18	3.78	7.86	2.11	5.618	.004*
Mental Well-Being	53.92	10.78	49.80	10.46	49.00	14.02	1.562	.213

***Significant at p-value<0.05**

The table (8) presents a statistical difference of impostor syndrome, perfectionism, psychological distress, and mental well-being across participants with 1–5 years, 6–10 years, and more than 10 years of experience. No statistically significant differences were found in impostor syndrome among the three experience groups ($F = 1.734$, $p = .180$). Although participants with more than 10 years of experience showed a slightly higher mean score, overall levels of impostor feelings were comparable across groups. Similarly, perfectionism did not differ significantly by years of experience ($F = 1.492$, $p = .228$), indicating that perfectionistic tendencies remain relatively stable regardless of professional experience. According to psychological distress, no significant difference was observed among the groups ($F = 1.375$, $p = .256$). Moreover, participants with 6–10 years of experience reported somewhat higher distress levels; however, this difference was not statistically meaningful. Therefore, a statistically significant difference was found in

mental well-being across experience categories ($F = 5.664, p = .004$). While, participants with more than 10 years of experience demonstrated the highest mental well-being scores, while those with 6–10 years of experience reported the lowest levels. This suggests that greater professional experience may be associated with improved mental well-being.

Table (8): the Differences in Studied Variables According To Work Experience

Total scores	1-5		6-10		More than 10		F	p
	mean	SD	mean	SD	mean	SD		
Impostor Syndrome	49.14	10.94	47.00	12.34	51.72	12.55	1.734	.180
Perfectionism	50.95	15.62	51.39	19.58	46.44	12.90	1.492	.228
Psychological distress	16.08	2.31	20.22	3.20	19.56	7.73	1.375	.256
Mental Well-Being	50.62	10.58	45.61	11.22	53.36	10.08	5.664	.004*

*Significant at $p\text{-value} < 0.05$

Discussion

In the current research, the majority of healthcare professionals reported experiencing intense and chronic feelings of impostor experience. This is consistent with current studies showing the prevalence of impostor experience to be high among healthcare professionals and trainees of psychology to range from 50% to 70% (Bravata et al., 2020). In addition, the results of the current research have confirmed significant correlations among impostor experience, perfectionism, psychological distress, and mental wellness, which are, by and large, in agreement with results of recent studies, which support earlier research. Research conducted on medical students in Saudi countries has found self-criticisms and rigid perfectionism to be strong predictors of impostor phenomenon experience, thereby pointing to the significant association of perfectionistic traits and impostor experience, notably in an achievement-oriented field, on which there is intense pressure on students to excel in their studies and careers, as indicated by AbuDujain et al. (2025). In another study of medical students conducted in Saudi countries, results indicated that perfectionism is an important factor contributing to the development of impostor traits, thereby pointing to their association, as touted by Alammam et al. (2025).

The fact that there was a positive relation between impostor syndrome and psychological distress in the present study was consistent with findings in recent cross-sectional research, which revealed co-occurring high imitation with both high depression and high anxiety measures by Cheema et al. (2025). Additionally, a significant study among nursing students indicated that scores for impostor syndrome were significant with scores for depression, anxiety, and Stress, highlighting increased impostorism was linked with enhanced psychological distress among health students (El-Ashry et al., 2024). This is evidence for conceptualizing impostor syndrome, not merely conceptual, that is, with relevance to perception, but with associations with meaningful psychological distresses, as already noted by Bravata et al. (2020).

Besides, the present study also unveiled that perfectionism was positively related to psychological distress, which is further corroborated by the more extensive literature that has been indicating that maladaptive perfectionistic traits are associated with high emotional distress as well as the poor mental health consequences (such as, stress, anxiety) especially for the professional groups that work under performance turmoil. A recent study has been showing that perfectionism leads to chronic stress through self-criticizing and fear of failing, therefore, the negative mood and

distress are increased (Waseem, 2025; Gil et al., 2023). Concerning mental health, it was negatively correlated with all three variables—impostor syndrome, perfectionism, and psychological distress—in this study. These negative correlations marshal the recent evidence which is still emerging that in the case of impostor among engineers. The feelings of impostor were found to be connected with significantly lower well-being, no matter the gender, indicating that impostor syndrome has a compromising effect on the overall mental health outcomes including life satisfaction and functioning (Clarke & Hartley, 2025; Bernard, Jones, Volpe, 2020).

The negative correlation that was very strong between perfectionism and mental well-being in the current research indicates that the perfectionistic standards have a major role in the psychological flourishing being diminished and also in the positive affect being reduced. In this regard, the latest studies have referred to socially prescribed perfectionism, where one's self-image is dictated by the society standards, as the main factor that turns one's mental health into a disaster and even leads to the situation when self-doubt is a precursor to a decline in well-being (Goswami & Baksi, 2025; Muhammad et al., 2025). Also, it is worth pointing that the negative correlation between psychological distress and mental well-being found in this study is in line with the dual-continuum model of mental health, which argues that people who show distress symptoms usually have lower levels of well-being at the same time. Likewise, recent studies have pointed out this inverse relationship, asserting that people reporting high distress experience significantly lower positive functioning and life satisfaction (Elsayed & Aleriani, 2024).

The present study found no statistically significant gender differences in impostor syndrome, perfectionism, or psychological distress, but it observed a significant gender difference in mental well-being, with male participants reporting higher levels of well-being than females. This finding is consistent with a growing body of recent research that questions the older narrative of impostor syndrome being predominantly a female experience, such as in investigations across diverse professional groups (e.g., technology, engineering, and health sciences) that have reported similar levels of impostor feelings across genders (Guenes et al., 2025; Bravata et al., 2020). However, there were reported gender differences in specific impostor sub dimensions, such as self-doubt under pressure or fear of evaluation, even when overall scores are not different (Dumitrescu & De Caluwé, 2024).

Similarly, the absence of gender differences in perfectionism and psychological distress in the current sample is consistent with the previous study of university students and professionals by Goswami and Baksi (2025), reported comparable levels of maladaptive perfectionism and distress in male and female student groups, emphasizing that performance expectations and internal standards may be more closely tied to role demands and personality predispositions than to biological sex differences. Likewise, recent research in healthcare students reported no significant gender effects on anxiety and burnout associated with perfectionism (Lee & Iskandar, 2024), suggesting a convergence in how perfectionistic pressures and emotional strain affect males and females in demanding academic environments. Despite these consistencies, gender and socialization—focused studies found higher perfectionism and distress among females, where social evaluative pressures may interact with gendered expectations (Sand et al., 2021).

Several contemporary studies have shown that women often report lower subjective well-being than men, even when distress and psychopathology symptoms appear equivalent. In the same line, Khan, Zeb, Fang (2025) reported that female participants have lower emotional well-being and life satisfaction compared to males, despite similar levels of stress and anxiety. Previous research focused on university students similarly found that female students reported lower

psychological well-being scores relative to male students, often linked to higher tendencies toward worry, rumination, and self-criticism—factors that negatively influence positive mood and life satisfaction independent of negative symptomatology (Elvira-Zorzo & Gandarillas & Martí, 2025; del Pino & Matud, 2024).

The finding that healthcare professionals with more than 10 years of experience report higher mental well-being compared to those with intermediate experience (6–10 years), which aligns with that accumulated experience in clinical and organizational settings, helps practitioners develop stronger coping strategies, greater confidence in decision-making, and more adapted stress management skills, which in turn facilitate better psychological well-being in the long term (Ahmed et al., 2021). In the same manner, longitudinal studies done on doctors and nurses have reported that the older the age and the more the years of practice the less the anxiety symptoms and the higher the resilience, thus, implying that experience acts as a moderator for the vulnerability to stress in the workplace, especially in the case of high-pressure clinical settings (Batholomew et al., 2025).

Conclusion

This study found impostor syndrome and perfectionism to be common among mental health care professionals despite there being mild levels of psychological distress and good levels of mental well-being. Many mental health professionals reported having impostor feelings and being perfectionistic on a regular basis, which reveals commonalities with regard to this specific type of occupation. In addition to impostor syndrome, there being a strong relationship among perfectionism and psychological distress, which impact mental well-being by being negative predictors, with it being more prominent with perfectionism. These findings state how having poor qualities of adaptability with regard to being perfectionistic and having impostor feelings can impact emotional, psychological, and social well-being despite there being low levels of distress. There was not a significant impact on impostor syndrome, being perfectionistic, or having psychological distress among genders. However, male professionals experienced better levels of mental well-being.

In addition, the level of mental well-being showed remarkable variation based on the years of experience, and mental health care professionals with more than ten years of experience showed a higher level of mental well-being, suggesting a positive impact on the ability to cope and resilience. On this foundation, the results affirm the efficacy and importance of specialized interventions to decrease the feelings of impostors and perfectionistic strivings in attempting to promote the well-being of mental health professionals.

Recommendations

Based on the results obtained from the current study, a recommendation that mental health organizations ought to begin to develop and promote psychological based interventions in an attempt to lower the presence of impostor syndrome and maladaptive perfectionism among mental health professionals has been made. These interventions may include psycho-education classes, cognitive behavioral techniques, self-compassion techniques, and stress management workshops. Special emphasis is ought to be placed on social workers and inexperienced mental health professionals. The aforementioned subgroup had higher levels of psychological burden and lower mental health well-being.

Moreover, certain organizational-level interventions are advocated for improving supportive work environments, which may include mentorship, supervision, workload management, and peer group support for normalizing occupational self-doubt and reducing work-related stress. Furthermore, efforts toward maintaining work-life balance and continuous professional development may also help improve mental well-being, especially in the case of female professionals and those in the mid-career group having 6-10 years of work experience, who have relatively lower levels of well-being.

Longitudinal study approaches should also be employed by future works to establish causal relationships between impostor syndrome, perfectionism, mental distress, and well-being. Moreover, intervention-based study works should also be conducted to determine their efficacy for reducing feelings of impostors and maladaptive perfectionism among mental health practitioners. Future works should also expand their sampling by encompassing various professional groups within both healthcare and non-healthcare settings for generalizing findings. Investigation of extra variables such as coping, resilience, or organizational support, burnout, and job satisfaction may also help gain better insights regarding well-being. Additionally, qualitative or combination study works should also be pursued for comprehensively identifying subjective, real-life phenomena related to impostor feelings and perfectionism among professionals.

Limitations of the Study

Even though this study has provided some valuable information, there still appears to be a need to identify some of its limitations. Firstly, since this study is cross-sectional, it is not possible to identify any causal relationship between impostor syndrome, perfectionism, psychological distress, and mental well-being. This might limit understanding how different variables, being related to psychology, tend to intermingle and evolve with the passage of time. The second limitation of this study would be related to it being based on self-reported questionnaires, which might have easily contributed to biased responses, including those of social desirability and recall. It might also be true that researchers tend to underestimate their psychological distress and exaggerate their mental well-being, which might affect the outcome of this study. Additionally, even if this study would utilize validated and reliable tools, it might not capture an entire perspective and might not be able to see everything within its context with sophistication related to impostor experiences and perfectionistic tendencies of mental health professionals.

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Data availability:

The data supporting the findings of this study are available from the corresponding author upon reasonable request. Access to the data is subject to ethical approval and data protection regulations.

Declarations

Ethical approval for the study was obtained from the Research Ethics Committee at King Faisal University with Ref. No. (ETHICS 3098) prior to data collection. Participation in the study was

entirely voluntary, and informed consent was obtained from all participants prior to data collection. Ethical principles regarding confidentiality, anonymity, and the right to withdraw at any time were strictly observed. Participants must give their informed consent for agreement of participation.

Conflict of interest the authors declare no competing interests.

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References

1. Abo Shereda, H. M., Alqhtani, S. S., ALYami, A. H., ALGhamdi, H. M., Ahmed, M. I. O., ALSalah, N. A., & Selim, A. (2025). Exploring the relationship between compassion fatigue, stigma, and moral distress among psychiatric nurses: a structural equation modeling study. *BMC nursing*, 24(1), 163. <https://doi.org/10.1186/>
2. AbuDujain, N. M., Almebki, R. A., Alghonaim, R. M., Aldkhyyal, M. A., Alshehri, N. A., Alomar, S., Almujiil, A. S., Almutairi, J. S., Altulihee, M. A., & Almigbal, T. H. (2025). The Relation between Imposter Phenomenon and Self-Critical, Narcissistic, and Rigid Perfectionism: An Observational Study from a Women's Medical College in Saudi Arabia. *Healthcare*, 13(24), 3311. <https://doi.org/10.3390/healthcare13243311/>
3. Ahmed, A. E., Ucbasaran, D., Cacciotti, G., & Williams, T. A. (2022). Integrating Psychological Resilience, Stress, and Coping in Entrepreneurship: A Critical Review and Research Agenda. *Entrepreneurship Theory and Practice*, 46(3), 497-538. <https://doi.org/10.1177/10422587211046542/>
4. Alammar, S., Mahmoud, H. A., Metwally, S. A., Abdulla, M., Almutairi, T., Tamim, H., Alabri, H. B., Alhusseini, N., & Sajid, M. R. (2025). Success and Self-Doubt: Prevalence and Predictors of Imposter Phenomenon in a Cohort of Medical Students from Saudi Arabia. *Healthcare*, 13(23), 3172. <https://doi.org/10.3390/healthcare13233172/>
5. Alderton, D., Boyd, L., Adams, J.-L., & Vineyard, J. (2024). Associations between stress, perfectionism, and imposter phenomenon among dental hygiene students. *Journal of Dental Education*, 88. <https://doi.org/10.1002/jdd.13669/>
6. Bany-Mohammed, M., Asim, S., Elalami, M., & Agrawal, D. K. (2025). Trauma, stress, and mental health outcomes. *Journal of Psychiatry and Psychiatric Disorders*, 9, 276–288.
7. Bernard, D. L., Jones, S. C. T., & Volpe, V. V. (2020). Impostor phenomenon and psychological well-being: The moderating roles of John Henryism and school racial composition among Black college students. *Journal of Black Psychology*, 46(2–3), 195–227. <https://doi.org/10.1177/0095798420924529>
8. Bin Abdulrahman, K. A., Hefny, M., & Alghamdi, S. A. (2026). The value of stress management programs for medical students: A systematic review. *Frontiers in Public Health*, 13. <https://doi.org/10.3389/fpubh.2025.1737330/>
9. Bonsu, A. S., Salifu Yendork, J., Asante, K. O., et al. (2025). Psychological distress among community-based mental health professionals in Ghana: Prevalence and contributing factors. *Discover Mental Health*, 5, Article 44. <https://doi.org/10.1007/s44192-025-00167-9/>
10. Bravata, D. M., Watts, S. A., Keefer, A. L., Madhusudhan, D. K., Taylor, K. T., Clark, D. M., Nelson, R. S., Cokley, K. O., & Hagg, H. K. (2020). Prevalence, predictors, and treatment of

- impostor syndrome: A systematic review. *Journal of General Internal Medicine*, 35(4), 1252-1275. <https://doi.org/10.1007/s11606-019-05364-1>.
11. Cheema, Umaima & Qureshi, Fatima & Cheema, Shamikha & Khan, Ahmad & Khalid, Muhammad, H., Haris, H., & Sultana, R. (2025). A cross-sectional study evaluating the prevalence of impostor syndrome across different years of medical education (MBBS). *Research Square*. <https://doi.org/10.21203/rs.3.rs-7829497/v1/>
 12. Chireh, B., Essien, S. K., Swerhun, K., D'Arcy, C., & Acharibasam, J. W. (2025). Workplace stressors and mental health outcomes among personal support workers: A systematic review. *International Journal of Nursing Studies*, 168, 105093. <https://doi.org/10.1016/j.ijnurstu.2025.105093/>
 13. Clance, P. R. (1985). *The impostor phenomenon: Overcoming the fear that haunts your success*. Peachtree Publishers.
 14. Clance, P. R., & Imes, S. A. (1978). The imposter phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychotherapy: Theory, Research & Practice*, 15(3), 241–247. <https://doi.org/10.1037/h0086006>.
 15. Clarke, B. J., & Hartley, M. T. (2025). Exploring relationships between self-compassion, impostor phenomenon, and mental health among doctoral students. *Frontiers in Psychology*, 16, Article 1669075. <https://doi.org/10.3389/fpsyg.2025.1669075/>
 16. Del Pino, M.-J., & Matud, M. Pilar. (2024). Stress, mental symptoms and well-being in students: A gender analysis. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1492324/>
 17. Demerouti, E., & Bakker, A. B. (2022). Job demands-resources theory in times of crises: New propositions. *Organizational Psychology Review*, 13(3), 209-236. <https://doi.org/10.1177/20413866221135022/> (Original work published 2023)
 18. Dumitrescu, R., & De Caluwé, E. (2024). Individual differences in the impostor phenomenon and its relevance in higher education in terms of burnout, generalized anxiety, and fear of failure. *Acta Psychologica*, 249, 104445. <https://doi.org/10.1016/j.actpsy.2024.104445>
 19. El-Ashry, A. M., Taha, S. M., Elhay, E.S.A. et al. Prevalence of imposter syndrome and its association with depression, stress, and anxiety among nursing students: a multi-center cross-sectional study. *BMC Nurs* 23, 862 (2024). <https://doi.org/10.1186/s12912-024-02414-w/>
 20. Elsayed, H. A., & Aleriani, F. (2024). The relationship between distress tolerance and life satisfaction among young adults in Saudi Arabia. *Frontiers in Psychology*, 15, 1447466. <https://doi.org/10.3389/fpsyg.2024.1447466/>
 21. Elvira-Zorzo, M. N., Gandarillas, M. Á., & Martí-González, M. (2025). Psychosocial differences between female and male students in learning patterns and mental health-related indicators in STEM vs. non-STEM fields. *Social Sciences*, 14(2), 71. <https://doi.org/10.3390/socsci14020071/>
 22. Fang, T., & Liu, F. (2022). A review on perfectionism. *Open Journal of Social Sciences*, 10(1), 355-364. <https://doi.org/10.4236/jss.2022.101027/>
 23. Fernandes, C., Barros, C., & Baylina, P. (2025). Burnout among Healthcare Workers: Insights for Holistic Well-Being. *Healthcare*, 13(24), 3298. <https://doi.org/10.3390/healthcare13243298/>
 24. Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7(2), 117–140.

25. Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14(5), 449–468.
26. Gautam, S., Jain, A., Chaudhary, J., Gautam, M., Gaur, M., & Grover, S. (2024). Concept of mental health and mental well-being, its determinants and coping strategies. *Indian Journal of Psychiatry*, 66(Suppl 2), S231–S244.
https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_707_23/
27. Gil, T. C., Obando, D., García-Martín, M. B., & Sandoval-Reyes, J. (2023). Perfectionism, Academic Stress, Rumination and Worry: A Predictive Model for Anxiety and Depressive Symptoms in University Students From Colombia. *Emerging Adulthood*, 11(5), 1091-1105.
<https://doi.org/10.1177/21676968231188759/> (Original work published 2023)
28. Gökçe, E. (2024). Depression and Burnout Syndrome in Healthcare Workers: Psychological Health and Reflections on Patient Safety. *IntechOpen*. doi: 10.5772/intechopen.1006555
29. Goswami, A., & Baksi, R. (2025). Perfectionism as a catalyst to anxiety and burnout: A study among students. *International Journal of Psychology Sciences*, 7(1), 273–287.
<https://doi.org/10.33545/26648377.2025.v7.i1d.103/>
30. Grubb, W. L., III, & Grubb, L. (2021). Perfectionism and the impostor phenomenon. *Journal of Organizational Psychology*, 21(6). <https://doi.org/10.33423/jop.v21i6.4831/>
31. Guenes, P., Tomaz, R., Trinkenreich, B., Baldassarre, M. T., Storey, M.-A., & Kalinowski, M. (2025). Impostor Phenomenon among Software Engineers: Investigating Gender Differences and Well-Being. In *Proceedings of the Sixth IEEE/ACM Workshop on Gender Equality, Diversity, and Inclusion in Software Engineering (GE@ICSE 2025)* (pp. 33–40). IEEE.
<https://doi.org/10.1109/geicse66911.2025.00009/>
32. Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology*, 60(3), 456-470. <https://doi.org/10.1037/0022-3514.60.3.456>.
33. Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review*, 94(3), 319–340.
34. Hyde-Smith, C., Carey, H., & Steward, T. (2024). Intolerance of uncertainty and repetitive negative thinking: transdiagnostic moderators of perfectionism in eating disorders. *Journal of eating disorders*, 12(1), 173. <https://doi.org/10.1186/s40337-024-01138-1/>
35. Ismail, M., Lee, K. Y., Sutrisno Tanjung, A., Ahmad Jelani, I. A., Abdul Latiff, R., Abdul Razak, H., & Ahmad Shauki, N. I. (2021). The prevalence of psychological distress and its association with coping strategies among medical interns in Malaysia: A national-level cross-sectional study. *Asia-Pacific Psychiatry*, 13(2), e12417. <https://doi.org/10.1111/appy.12417/>
36. Kar, S. K., Shankar, A., & Singh, A. (2022). Mental health problems among mental health professionals: A neglected issue. *International Journal of Advanced Medical and Health Research*, 9(1), 13–17. https://doi.org/10.4103/ijamr.ijamr_67_22/
37. Keyes C. L. (2002). The mental health continuum: from languishing to flourishing in life. *Journal of health and social behavior*, 43(2), 207–222.
38. Khan, A., Zeb, I., & Fang, S. (2025). Gender differences in mental health experiences and perceived social support among university students: A qualitative case study. *International Journal of Qualitative Studies on Health and Well-being*, 20(1), 2576004.
<https://doi.org/10.1080/17482631.2025.2576004>.
39. Koshy, H., Wilson, P., Abraham, K., Sebastian, S., Jacob, F. G., Nair, N. B., & John, J. (2022). Imposter phenomenon, perfectionism, and fear of failure among emerging adults.

- International Journal of Research Publication and Reviews, 3, 2763-2766.
<https://doi.org/10.55248/gengpi.2022.31293/>
40. Koutra, K., Mouatsou, C., & Psoma, S. (2023). The Influence of Positive and Negative Aspects of Perfectionism on Psychological Distress in Emerging Adulthood: Exploring the Mediating Role of Self-Compassion. *Behavioral sciences (Basel, Switzerland)*, 13(11), 932. <https://doi.org/10.3390/bs13110932/>
 41. LaDonna, K. A., Ginsburg, S., & Watling, C. (2018). "Rising to the Level of Your Incompetence": What Physicians' Self-Assessment of Their Performance Reveals About the Imposter Syndrome in Medicine. *Academic medicine: journal of the Association of American Medical Colleges*, 93(5), 763–768. <https://doi.org/10.1097/ACM.0000000000002046/>
 42. Lee, A., & Iskandar, A. (2024). The effect of perfectionism and test anxiety on academic burnout in high school students. *Journal of Adolescent and Youth Psychological Studies*, 5, 165–173. <https://doi.org/10.61838/kman.jayps.5.6.18/>
 43. Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales (2nd ed.)*. Sydney, Australia: Psychology Foundation.
 44. Martin, S.R., Fortier, M.A., Heyming, T.W. et al. Perfectionism as a predictor of physician burnout. *BMC Health Serv Res* 22, 1425 (2022). <https://doi.org/10.1186/s12913-022-08785-7/>
 45. Muhammad, N. D., Rasheed, M., Shahab Din, S., Asghar, S., & Aziz, A. (2025). The cost of being perfect: Perfectionism, impostor syndrome, and mental health in women vs. men. *Dialogue Social Science Review (DSSR)*, 3(7), 698–707. <https://dialoguessr.com/index.php/2/article/view/744/>
 46. Muhammad, N., Rasheed, M., Shahab Din, S., Asghar, S., & Aziz, A. (2025). The cost of being perfect: Perfectionism, impostor syndrome, and mental health in women vs. men. <https://doi.org/10.13140/RG.2.2.11790.68167/>
 47. Nazari, N. (2022). Perfectionism and mental health problems: Limitations and directions for future research. *World Journal of Clinical Cases*, 10(14), 4709–4712. <https://doi.org/10.12998/wjcc.v10.i14.4709/>
 48. Neureiter, M., & Traut-Mattausch, E. (2016). An inner barrier to career development: Impostor phenomenon. *Frontiers in Psychology*.
 49. Robitschek, C., & Keyes, C. L. M. (2009). The structure of Keyes' model of mental health and the role of personal growth initiative as a parsimonious predictor. *Journal of Counseling Psychology*, 56, 321–329.
 50. Ruiz-Fernández, M. D., Ortíz-Amo, R., Ortega-Galán, Á. M., Ibáñez-Masero, O., Rodríguez-Salvador, M. D. M., & Ramos-Pichardo, J. D. (2020). Mindfulness therapies on health professionals. *International journal of mental health nursing*, 29(2), 127–140. <https://doi.org/10.1111/inm.12652/>
 51. Sakulku, J. (2011). The Impostor Phenomenon. *The Journal of Behavioral Science*, 6(1), 75–97. <https://doi.org/10.14456/ijbs.2011.6/>
 52. Salari, N., Hashemian, S.H., Hosseinian-Far, A. et al. Global prevalence of imposter syndrome in health service providers: a systematic review and meta-analysis. *BMC Psychol* 13, 571 (2025). <https://doi.org/10.1186/s40359-025-02898-4/>
 53. Sand, L., Bøe, T., Shafran, R., Stormark, K. M., & Hysing, M. (2021). Perfectionism in Adolescence: Associations with Gender, Age, and Socioeconomic Status in a Norwegian Sample. *Frontiers in public health*, 9, 688811. <https://doi.org/10.3389/fpubh.2021.688811/>

54. Sharma, A., & Tewari, M. (2025). Unraveling the pressure to excel: Exploring the links between perfectionism, impostor syndrome, hope, and anxiety in young adults. 13, 1–6. <https://doi.org/13.01-06/>
55. Stoeber, J., & Otto, K. (2006). Positive conceptions of perfectionism. *Personality and Social Psychology Review*, 10(4), 295–319.
56. Thomas, M., & Bigatti, S. (2020). Perfectionism, impostor phenomenon, and mental health in medicine: a literature review. *International journal of medical education*, 11, 201–213. <https://doi.org/10.5116/ijme.5f54.c8f8/>
57. Thomas, M., & Bigatti, S. (2020). Perfectionism, impostor phenomenon, and mental health in medicine: A literature review. *International Journal of Medical Education*, 11, 201-213. <https://doi.org/10.5116/ijme.5f54.c8f8/>
58. Türkel, N. N., Başaran, A. S., Gazey, H., & Ertek, İ. E. (2025). The imposter phenomenon in psychiatrists: relationships among compassion fatigue, burnout, and maladaptive perfectionism. *BMC psychiatry*, 25(1), 30. <https://doi.org/10.1186/s12888-025-06470-7/>
59. Villwock, J. A., et al. (2016). Impostor syndrome and burnout among physicians. *Journal of Graduate Medical Education*.
60. Wang J, Zheng Z, Tang Y, Zhang R, Lu Q, Wang B and Sun Q (2022). Psychological distress and its influencing factors among psychiatric nurses in China: A cross-sectional study. *Front. Psychiatry* 13:948786. doi: 10.3389/fpsy.2022.948786
61. Waseem, S. (2025). Outcomes of maladaptive perfectionism among students: Role of coping styles. *Pakistan Journal of Applied Economics and Education*, 20(2).
62. Williams, B. M., & Levinson, C. A. (2021). Intolerance of uncertainty and maladaptive perfectionism as maintenance factors for eating disorders and obsessive-compulsive disorder symptoms. *European Eating Disorders Review*, 29(1), 101–112. <https://doi.org/10.1002/erv.2807/>
63. Yang, Y., Obrenovic, B., Kamocho, D. W., Godinic, D., & Ostic, D. (2024). Enhancing job performance: The critical roles of well-being, satisfaction, and trust in supervisor. *Behavioral Sciences*, 14(8), 688. <https://doi.org/10.3390/bs14080688/>