

Correlation between Perfectionism and Imposter Syndrome among Nursing Educators at Zagazig University

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Abstract

Background: Perfectionism and imposter syndrome are two complicated features that are usually linked to a variety of psychological issues or difficulties that have a negative impact on people's lives. **Aim:** This study aimed to assess the correlation between perfectionism and imposter syndrome among nursing educators at Zagazig University. **Design:** A descriptive correlational design was conducted between April and July 2021. **Setting:** This study was conducted online from nursing educators at the Faculty of Nursing, Zagazig University. **Subjects:** A convenience sample of 120 institutionalized nursing educators by using online forum. **Tools:** Three types of scales were surveyed: Socio-demographic data sheet, Multidimensional Perfectionism Scale and Clance Imposter Phenomenon Scale. **Results:** This study revealed that about half of the nursing educators had high perfectionism and more than half had moderate imposter syndrome. There was significant positive correlation between perfectionism and imposter syndrome. Perfectionism was higher among female, aged from thirty to less than forty, married, lecturer and great degree of perfectionism influenced person's life. Imposter syndrome was higher among female, aged from forty to less than fifty, widow, three to five years of experience. **Conclusions:** The current study deduced that half of the nursing educators were perfectionists and more than half had moderate imposter syndrome. Perfectionism was positively correlated with imposter syndrome among nursing educators. Age, gender, grade of education, years of experience, marital status and degree of perfectionism impact in person's life were predictors of perfectionism and imposter syndrome. **Recommendations:** The current study recommended a training program to be developed for nursing educators to reduce imposter syndrome and perfectionism. Further qualitative research should be conducted to gain narrative on why people feel like an imposter and how it impacts the careers.

Keywords: Perfectionism, Imposter Syndrome, Nursing Educators

Introduction

Perfectionism is the inability to delegate work to others, the constant desire to avoid failure, excessive ruminating and overthinking when something goes wrong, the focus on other people's flaws and mistakes, a strong association between one's self-worth and one's professional accomplishments, and

an obsession with other people's status and appearance (Martin, 2019).

The term "impostor syndrome" refers to a widespread psychological experience of self-perceived intellectual fraud in areas of success and achievement and is defined by the following three characteristics: (1) the conviction that one has deceived others, (2) the anxiety of

being exposed as a fraud, and (3) the inability to internalise one's own success (Pratt, 2020).

Nurse educators are in capable of teaching and guiding nurses in places such as colleges, universities, and clinical settings such as doctors' offices and hospitals. They have advanced nursing degrees and are skilled with nursing's workload, policies, and requirements (Western Governors University, 2022).

In the face of success, imposter syndrome is defined as acute feelings of fraudulence and self-doubt. It is common, especially in circumstances where intelligence is valued highly, and it thrives in academic settings. Imposter syndrome is common among nurses transitioning from school to practice, as well as newly trained nurses and those who advance in the careers. It has a negative impact on one's mental health and professional development (Tiffany, 2020).

Nursing is a hard profession that is always confronted with new obstacles. Perfectionism has been found to be a stress mediator. Perfectionism lead to self-destructive behaviors that can potentially ruin education and well-being (Kelly & Clark, 2017).

Perfectionism might lead to imposter syndrome in another. The cycle is difficult to interrupt since each state, perfectionism and imposter syndrome, feeds off of one another. Imposter syndrome, or the belief that being not good or others formerly thought, sets up for a poisonous loop. The perfectionist is both frustrated and doubtful. The perfectionist may whine

about, blame, or criticize another person in order to feel better. The blamed party then suffers from self-doubt and an inability to perform (Skolnick, 2020).

The impostors were more anxious about making mistakes, were less satisfied with the own accomplishments, and had a greater inclination to exaggerate the amount of errors made and to undervalue the own performance. The imposter phenomenon has been linked to the perfectionistic self-presentation technique (perfectionistic self-promotion, non-display of flaw, non-disclosure of imperfection), which is a common interpersonal style among perfectionists (Leary et al., 2020).

Significance of the study:

Perfectionism and the imposter syndrome are two complex characteristics that are frequently linked to a wide range of psychological issues that adversely influence people's lives. As a result, studying the correlation between these two variables becoming critical as a first step in gaining a better understanding of how people with these tendencies think, feel, and behave, as well as identifying the most effective methods for preventing or alleviating the corresponding undesirable symptoms. Less than two-thirds of the nursing students had moderate perfectionism (Abd- Elpaseer & Said, 2021). Furthermore, an estimated seventy percent of the US residents has experienced imposter syndrome (Danielle, 2017). By using psychometric tools and scientifically validated data, the correlation between perfectionism and the imposter phenomenon

has been investigated less. So, this study used to assess the correlation between perfectionism and imposter syndrome among nursing educators at Zagazig University.

Operational definitions:

Perfectionism: A person's preoccupation with pursuing excellence and perfection is identified. This issue is associated by self – assessment and worries about other's opinions determined by using the Multidimensional Perfectionism Scale (MPS) by **Hewitt & Flett (1990)**.

Imposter syndrome (IS): Afraid from not meeting expectations, exceeding expectations, trying to sabotage measured by using Clance Imposter Phenomenon Scale (CIP) by **(Clance,1978)** .

Nursing educators: all nursing teaching staff working at the faculty of nursing.

Aim of the study:

The study aimed to assess the correlation between perfectionism and imposter syndrome among nursing educators at Zagazig University.

Subjects and Methods

Research questions:

- What are the level of perfectionism and imposter syndrome among nursing educators at Zagazig University?
- Is there a relation between perfectionism and socio-demographic characteristics?
- Is there a relation between the imposter syndrome and socio-demographic characteristics?
- Is there a correlation between perfectionism and imposter syndrome ?

Research design:

A descriptive correlational design was utilized from April and July 2021

Study setting:

A research was held at the faculty of nursing, Zagazig University.

The faculty consists of 5 floors. The first floor contains one main entrance and two-sided entrance, the dean office, the office of the secretary of dean, the general manager office, the secretary of the general manager office, the stock, the students' affairs office, the youth's welfare office, the office of purchases and stock, the staff's affairs office, the prayer area and a room for control and exams. The second floor contains the faculty members' and assistant's offices, the continuing learning unit and the quality unit The third floor contains two lecture halls for the students in the first and second academic years, five labs (one for medical surgical nursing, another for community health nursing, a third for pediatric nursing, a fourth for maternal and gynecological nursing and a computer lab), many sections for practical parts, a hall for celebrations and discussions. The fourth floor contains two lecture halls for the students in the third and fourth academic years, many sections for the practical part, two libraries (one for the undergraduates and another for the postgraduates) and the crisis and disaster unit. The fifth floor contains lecture halls for specialized programs (technical and intensive).

Subjects:

A convenience sample of 120 nursing educators was used based on the inclusion

requirements: both sexes, in the age range of 25- & more than 50 years .Nursing educators (nursing faculty members and their assistants). Nursing faculty members (emeritus professors, professors, assistant professors and lecturers). As well as faculty assistants (assistant lecturers and demonstrators).

Sample size

According to using Stephen Thompson's equation in the following

$$n = \frac{N \times p(1-p)}{\left[N-1 \times \left(d^2 \div z^2 \right) + p(1-p) \right]}$$

Total number of nursing educators size was 220. At confidence level is 95% which is equal to 1.96% , sample size was 120 nursing educators.

Tools of data collection:

An online survey-based was conducted by using social networks such as WhatsApp and Facebook have been the main platforms for distribution of the questionnaire.

Tools I: Socio- demographic characteristics:

An interview schedule developed by the researcher and includes questions about age, gender, years of experience, marital status, degree of education and presence of physical diseases and degree of perfectionism impact person's life.

Tool II: The Multidimensional Perfectionism Scale

The scale was designed by **Hewitt & Flett (1990)** which consisted of a 45-item divided into three subscales

(1) Self-oriented perfectionism (e.g., One of my goals is to be perfect in everything I do), consisted of 15 items (1, 6, 8, 12, 14, 15, 17, 20,23,28,32,34,36,40,42).

(2) Other-oriented perfectionism (e.g., I have high expectations for the people who are important to me), composed of 15 items (2, 3, 4, 7, 10, 16, 19, 22, 24,26,27,29,38,43,45) (3) socially prescribed perfectionism (e.g., My family expects me to be perfect) consisted of 15 items (5, 9, 11, 13, 18, 21, 25, 30, 31, 33, 35,37,39,41,44).

The scale was calculated by assigning a point value to each item ranging from 1 (disagree) to 7. (agree). A lower score indicated less perfectionism.

The scoring system:

< 60% (score < 79) low perfectionism level

60 % - < 75% (score 79 - < 99) moderate perfectionism level

≥ 75% (score ≥ 99) high perfectionism level

Tool III: Clance Imposter Phenomenon Scale (CIP).

This scale used to measure Imposter Syndrome (IS), formed by (**Clance, 1978**). The scale composed of 10-items graded on a Likert scale with a range of 1 (not at all true) to 5. (very true). Imposter syndrome increases with higher test scores..

Scoring system

20 or less - few imposter syndrome level

Between 21 and 30 - moderate imposter syndrome level

Between 31 and 40 - frequent imposter phenomenon level

Higher than 40 - intense imposter phenomenon level

Validity and reliability

Five experts in the fields of nursing and psychiatric medicine evaluated the appropriateness of tools II and III to ensure that the necessary modifications had been made and that the tools correlated with one another. The internal consistency of Tools II and III was examined using the Cronbach's alpha coefficient test to determine their reliability. They demonstrated a high level of dependability as shown below:

Multidimensional Perfectionism score ($\alpha = 0.792$) and Imposter Syndrome score ($\alpha = 0.864$). This means that the stability of the scales were acceptable if it is returned again on the same sample and in the same circumstances.

Pilot study:

A descriptive correlational design was applied on 20 nursing educators (10% of the total sample to check clarity and feasibility of the items and to estimate the time needed to fill in the scales. The pilot sample was included in the main study sample (no modification).

Field Work

Prepartory phase: To get a clear picture of all its aspects related to the research, the researcher undertook a review of existing and current literature pertinent to the problem and theoretical knowledge of the different aspects of the problem using textbooks, articles,

periodicals, and magazines. For additional face and content validation, a group of professionals in the fields of nursing and psychiatric medicine revised the tools. Also obtaining a list of the numbers and names of nursing educators from the faculty administration department.

Assessment phase: Due to the global epidemic COVID-19, it was necessary to practice safety measures like maintaining physical distance, donning a mask, keeping rooms well-ventilated, avoiding crowds, and washing hands. and using online platform like WhatsApp and Facebook. After taking list of the names of nursing educators, the researchers chatted all participants during the first session to ensure the agreement to participate in the study by using online forum sent to each one via whatsApp with a voice message about the aim of the study. The instruction given to them was to read each item carefully and then applying marking (✓) to the answer that suited them.

Filling in the personal data sheet took 5 minutes, while the perfectionism scale took 10 minutes and imposter phenomenon scale took 5 minutes. After data collection, the researcher and a specialist in statistics carried out all necessary steps for checking completeness of data and proceeded to the scoring of the members' answers. Data collection lasted from April 2021 to July 2021.

Ethical considerations:

Ethical approval was granted from Scientific Research Committee. This study was conducted online from the

nursing educators at the faculty of nursing, Zagazig University, by using online forum ensuring on the first step the confidentiality and privacy of data. Approval was received from all shared nursing educators and data were considered.

Data analysis

Utilizing SPSS 23.0 for Windows, data was examined (SPSS Inc., Chicago, IL, USA). Using percentages and frequencies for descriptive statistics The sample's attitudes toward the major scale dimensions were described using the means and standard deviations as well. Two way ANOVA was used to determine whether there was any relation between the different study variables and socio-demographic characteristics. The Pearson correlation coefficient demonstrates the correlation between the studied variables Probability (P value) considered significant at less than .05 and highly significant at less than .01.

Results:

Table (1): shows that 89.2% of the sample were female. As for the age, 40.8% of the studied sample were from 30 to less than 40. For the marital status, 63.3% of the sample were married. For the degree of education, 30.8% were lecturers. Concerning years of experience 31.7% were from 10 to less than 20 years. Considering suffering from any physical diseases, 56.7% of the sample didn't suffer from any physical diseases. As for degree of perfectionism impact person's life, 50% of them affected to a medium degree.

Figure (1): illustrates the frequency of perfectionism level among the nursing educators which reveals that 49.1% of the nursing educators had high perfectionism, while 43.3% of them had moderate perfectionism and 10.6% had low perfectionism.

Figure (2): represents frequency of impostor syndrome level among nursing educators which shows that 54.2% of nursing educators had moderate impostor syndrome, followed by 25.8% of them had few, 18.3% of them had frequent and 1.7% of them had intense impostor syndrome.

Table (2): infers the relation between perfectionism and socio-demographic characteristics among nursing educators, as there was a significant difference between perfectionism and (female gender, age ranged from 30 to 40, married, lecturer degree of education and great influence of perfectionism in a person's life.

Table (3): shows the relation between impostor syndrome and socio-demographic characteristics among nursing educators which demonstrates that there was a significant difference between impostor syndrome and (female gender, aged from 40 to less than 50, widow, degree of education, years of experience enrolled from 3 to less than 5 years and medium impact of perfectionism in a person's life.

Table (4): reveals the correlation between the impostor syndrome and perfectionism among nursing educators as there was a positive and strong correlation between impostor syndrome and

perfectionism. There was a positive correlation between imposter syndrome and perfectionism subscales (self-oriented,

other-oriented and socially prescribed perfectionism) ($p = 0.010 \& 0.015 \& 0.002$) respectively.

Table (1): Distribution of socio-demographic characteristics among nursing educators $n = (120)$

Variables	Category	No	%
Gender	Male	13	10.8
	Female	107	89.2
Age	25 to < 30	40	33.3
	30 to <40	49	40.8
	40 to <50	19	15.8
	50 and more	12	10.1
Marital status	Married	76	63.3
	Single	22	18.3
	Divorced	13	10.8
	Widow/ Widower	9	7.6
Degree of Education	Demonstrator	30	25.0
	Assistant lecturer	26	21.7
	Lecturer	37	30.8
	Assistance professor	25	20.8
	Professor	2	1.7
Years of experience	<3 years	23	19.2
	3 to 5 years	16	13.3
	5 to <10 years	28	23.3
	10 to < 20 years	38	31.7
	20 and more	15	12.5
Suffering from any physical diseases	Yes	52	43.3
	No	68	56.7
Degree of perfectionism impact in a person's life	Low degree	23	19.2
	Medium degree	60	50.0
	Great degree	37	30.8
	Total	120	100.0

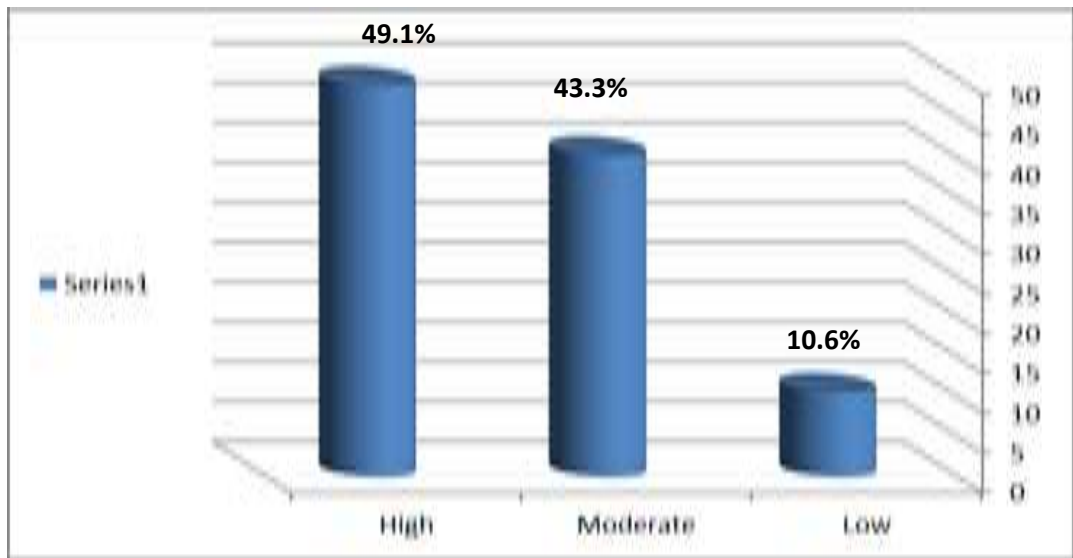


Figure (1): Frequency of perfectionism level among nursing educators (n=120)

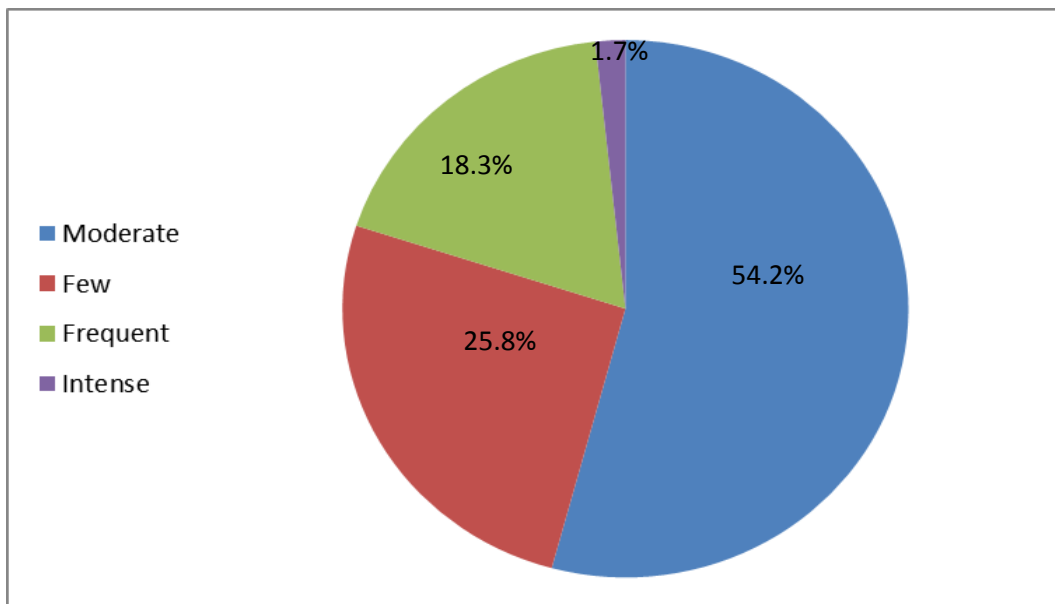


Figure (2): Frequency of impostor syndrome level among nursing educators (n=120)

Table (2): Relation between perfectionism and socio-demographic characteristics among nursing educators (n=120)

Socio-demographic Characteristics	Category	N	Mean	SD	Df	F	P.Value
Gender	Male	13	3.07	0.30	118	2.413	0.017
	Female	107	3.28	0.30			
Age	25 to< 30	40	3.17	0.34	3	0.348	0.031
	30 to< 40	49	3.29	0.29			
	40 to< 50	19	3.19	0.30			
	50 and more	12	3.24	0.23			
Marital status	Married	76	3.31	0.31	3	2.467	0.036
	Single	22	3.12	0.24			
	Divorced	13	3.08	0.25			
	Widow/ Widower	9	3.21	0.36			
Degree of education	Demonstrator	30	3.09	0.30	4	0.637	0.037
	Assistant lecturer	26	3.24	0.26			
	Lecturer	37	3.32	0.36			
	Assistance professor	25	3.19	0.26			
	Professor	2	3.14	0.25			
Years of experience	<3 years	23	3.24	0.24	4	0.622	0.648
	3-<5 years	16	3.26	0.36			
	5-<10 years	28	3.28	0.33			
	10-<20 years	38	3.26	0.31			
	20 years and more	15	3.27	0.25			
Suffering from any physical diseases	Yes	52	3.28	0.26	1	2.273	0.134
	No	68	3.29	0.33			
Degree of perfectionism impact in a person's life	Low degree	23	3.15	0.28	2	1.986	0.042
	Medium degree	60	3.21	0.32			
	Great degree	37	3.30	0.28			

Two way ANOVA test

Table (3): Relation between imposter syndrome and socio-demographic characteristics among nursing educators (n=120).

Socio-demographic Characteristics	Category	N	Mean	SD	df	F	P.Value
Gender	Male	13	2.76	0.41	118	0.593	0.014
	Female	107	2.95	0.54			
Age	25 < 30	40	2.85	0.46	3	2.865	0.040
	30 < 40	49	3.01	0.56			
	40 < 50	19	3.15	0.57			
	50 years and more	12	2.68	0.37			
Marital Status	Married	76	2.97	0.56	3	1.228	0.030
	Single	22	2.79	0.48			
	Divorced	13	2.92	0.34			
	Widow	9	3.17	0.55			
Degree of Education	Demonstrator	30	2.82	0.47	4	2.328	0.051
	Assistant lecturer	26	2.96	0.48			
	Lecturer	37	3.01	0.64			
	Assistance professor	25	2.83	0.33			
	Professor	2	2.78	0.92			
Years of experience	<3 years	23	2.65	0.40	4	1.256	0.040
	3-<5 years	16	3.08	0.41			
	5-<10 years	28	2.56	0.48			
	10-<20 years	38	3.01	0.68			
	20 years and more	15	2.84	0.40			
Suffering from any physical diseases	Yes	52	2.94	0.48	1	2.393	0.245
	No	68	2.94	0.56			
Degree of perfectionism impact in a person's life?	Low degree	23	2.82	0.50	2	0.679	0.018
	Medium degree	60	2.99	0.58			
	Great degree	37	2.71	0.43			

Two way ANOVA test**Table (4):** Correlation between perfectionism and imposter syndrome among the nursing educators (n=120).

Scales		Self-oriented perfectionism	Other-oriented perfectionism	Socially prescribed perfectionism	The Multidimensional Perfectionism Scale
Impostor Syndrome	Pearson Correlation	0.745	0.624	0.456	0.648
	Sig. (2-tailed)	0.002	0.001	0.015	0.010

(r) correlation coefficient

*significant p<.05

Discussion:

A series of evidence has shown that impostor syndrome, which involves doubting one's accomplishments and fear of being exposed as a deception, frequently coexists with perfectionism (Boxe, 2020). This study aims to assess the correlation between perfectionism and impostor syndrome among nursing educators at Zagazig University.

Considering perfectionism level, According to the findings, about half of the nursing educators had high perfectionism. This might be due to nursing educators can't delegate to others and being criticized by others which make the person might suffer a major setback and unable to put the criticism into context.

On the contrary, Abd-Elpaseer & Said (2021) who studied perfectionism and eating disorder among nursing students of technical institute at Benha University revealed that less than two-thirds of the studied students had moderate perfectionism.

Concerning impostor syndrome level, the present study clarified that more than half of nursing educators had moderate impostor syndrome. This could be due to job sources of stress (projects with high quality standards, workload pressure, transportation, and research methods) that nursing educator's face, which increase the risk of impostor syndrome and, as a result, increase

internal feelings of fraudulence in accomplishments, thinking of fooling others in skills and accomplishments which lead to experiences of inadequacy, incompetence and inferiority in relation to abilities.

In a similar way, Atif et al., (2017) who studied impostor syndrome among Pakistani medical students discovered that nearly half of the studied sample were suffered from impostor syndrome. In the contrary, Patterson, (2019) who looked into the impostor phenomenon among New Zealand librarians, found that more than three-quarters exhibited at least reasonable rates of the impostor phenomena.

Considering the relation between perfectionism and socio-demographic characteristics, the findings showed that there relation between the perfectionism and (female gender, age ranged from thirty to forty, married, lecturer degree of education and great influence of perfectionism in a person's life). This could be because perfectionism impairs close, interpersonal interactions. The term "perfectionist" has been used to characterize people who strive for perfection, who strive to be perfect in everyday domains. Moreover perfectionists selected the type of work who best liked and fitted to do and because everyone in this study group was frugal, becoming hardworking and industrious as a result of the efforts. So,

age, gender, grade of education, marital status and degree of perfectionism impact in person's life becoming predictors of perfectionism.

On the same line, **Abd-Elpaseer & Said (2021)** illustrated that, there was highly significant relation between total perfectionism and (sex, residence, family income & marital status) while found no relation between total perfectionism and age, family status.

The current findings contradicted those of **Krstic & Kevereski (2015)** who discovered a significant inverse relationship between socioeconomic status and outcomes on all three perfectionism assessment scales; suggesting that higher socioeconomic status of the families in the above-average staff results in lower performance on all three perfectionism assessment scales.

Concerning the relation between the imposter syndrome and socio-demographic characteristics, that there was a significant relation between imposter syndrome and (female gender ,aged from forty to less than fifty ,widow, degree of education , years of experience enrolled from three to less than five years and medium impact of perfectionism in a person's life). This could be owing to the fact that all of the elements that cause imposter syndrome were already present. Imposter syndrome among nursing teaching staff is influenced by the socioeconomic status of above-average

successful staff. This might be attributed that the number of females in the recruited sample is greater than males and due to the hormonal changes, amenorrhea and menopause. So, age, gender, grade of education, years of experience, marital status and degree of perfectionism impact in person's life were predictors of imposter syndrome.

In the same line, **Holly & Hilary (2017)** identified that gender, coping mechanisms used to break the cycle, perceived needs, and institutional support resources were all factors in four specific situations that resulted in faculty imposter experiences.

Regarding the correlation between imposter syndrome and perfectionism, the current study revealed that there was a positive correlation between the imposter syndrome and perfectionism. This might be due to nursing educators concern over errors, uncertainty about one's actions, parental expectations, parental reprimand, one's own standards, and organization. This could have detrimental effects on one's body, mind, personality, academic career, and professional life.

In the same line, **Kenneth et al. (2019)** who studied imposter syndrome among Russian students, revealed that impostor syndrome correlated positively with perfectionism. Furthermore, **Kalayi et al. (2020)** who examined the relationship between perfectionism and early maladaptive fantasies with imposter

syndrome in female students found that perfectionism correlated positively with imposter syndrome. Additionally in a very recent study carried out by **Holden et al. (2021)** found that imposter syndrome was significantly correlated with perfectionism.

Conclusions:

This study deduced that the nursing educators were perfectionists and had imposter syndrome. Perfectionism was positively correlated with imposter syndrome among nursing educators. Age, gender, grade of education, years of experience marital status and degree of perfectionism impact in person's life were predictors of perfectionism and imposter syndrome.

Recommendations:

The study recommended a training program to be developed for nursing educators to reduce imposter syndrome and increased perfectionism. Further qualitative research should be conducted to gain narrative on why people feel like an imposter and how it impacts the careers.

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