

Research Paper

## Relationship between Imposter Phenomenon and Compassion Fatigue among Clinical Psychology Trainees

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### ABSTRACT

**Background:** Imposter phenomenon (IP) refers to an experience of self-doubt, feeling like a fraud despite objective evidence, and a tendency to attribute success to luck, causing inadequacy and anxiety even in highly skilled individuals. Possessing Imposter symptoms can have debilitating effects on the mental health of those working in the mental healthcare system, especially those undergoing training and can lead to compassion fatigue (CF) which refers to excessive emotional and physical exhaustion, often accompanied with reduced empathy, experienced by individuals due to prolonged exposure to others' suffering. Little is known about the causal relationship of Imposter phenomenon and compassion fatigue in individuals undergoing clinical training in mental healthcare. **Aim:** The aim of the present study was to assess the relationship between imposter phenomenon and compassion fatigue in clinical psychology trainees. **Method and Materials:** Data was gathered from 116 clinical psychology trainees enrolled in RCI (<https://rehabcouncil.nic.in/>) approved institutions across India via purposive and snowball sampling. Clance Imposter Phenomenon Scale (CIPS) and Professional Quality of Life Scale (ProQol) were employed on assess the degree of imposter feelings, compassion fatigue (burnout, secondary traumatic stress) and compassion satisfaction. Statistical analysis was done using regression and other techniques with the help of SPSS version 29.0. **Result:** The Imposter phenomenon displayed a positive correlation with Compassion Fatigue - Burnout ( $r=.453^{**}$ ) and Secondary Traumatic Stress ( $r=.414^{**}$ ). Moreover, the Imposter phenomenon emerged as a significant predictor of Burnout ( $R^2=.205$ ) and STS ( $R^2=.171$ ), that are components of compassion fatigue. **Conclusion:** The prevalence of the Imposter phenomenon and compassion fatigue was observed among trainees in clinical psychology. Notably, the Imposter phenomenon significantly predicted compassion fatigue, encompassing burnout and secondary traumatic stress.

**Keywords:** *Imposter Phenomenon, Compassion Fatigue, Burnout, Secondary Traumatic Stress, Clinical Psychology Trainees*

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Clinical psychology is a field of psychology that specializes in researching, assessing, diagnosing, evaluating, preventing, and treating emotional and behavioral disorders (American Psychological Association, 2022). A clinical psychologist is a licensed professional who has undergone education in research methodologies and strategies for diagnosing and addressing diverse psychological disorders.

To engage in their profession, clinical psychologists undergo formal education and training, including supervised clinical practice that combines scientific understanding and practical application. This training involves gaining essential scientific and clinical knowledge, developing crucial clinical competencies, and fostering a firm grounding in ethical standards for the profession. Clinical psychology trainees commonly encounter notable challenges during their training, affecting both their personal well-being and professional growth. Some of such challenges highlighted in the field are the imposter phenomenon and compassion fatigue (Clark et al., 2022).

The imposter phenomenon pertains to an enduring sense of inadequacy, even in the presence of contrary evidence. This can result in individuals questioning their capabilities and harboring apprehensions about being revealed as frauds (Clance & Imes, 1978). Conversely, compassion fatigue denotes the emotional and physical weariness that healthcare practitioners undergo from extended exposure to the distress of patients (Figley, 1995).

Imposter phenomenon and compassion fatigue can both have a debilitating effect on the well-being of clinical psychology trainees and might also impact the efficiency and quality of their clinical work, ultimately being detrimental for their patients. Hence, it becomes necessary to understand these phenomenon in this population.

### *Imposter phenomenon*

The Imposter Phenomenon (IP) involves persistent feelings of intellectual fraudulence and fear of incompetence despite contrary evidence (Clance & Imes, 1978). Individuals experiencing imposter phenomenon attribute success to such factors as luck or deception, and face difficulty recognizing their own abilities (Chrisman et al., 1995). IP is extensively studied across fields like academia, business, and healthcare. Factors contributing to IP include high achievement orientation and perfectionism (Clance & O'Toole, 1988). Individuals with stringent self-criticism and high standards often feel it. Certain traits like neuroticism and self-doubt are linked (Bussotti, 1990). Its impact goes beyond distress, affecting well-being, career growth, and functioning. It raises burnout, anxiety, and depression risks. It can lead to self-sabotaging behaviors like procrastination.

Individuals with Impostor Phenomenon often display six distinct traits (Huecker et al., 2022): 1. Impostor Cycle: When facing tasks, individuals with this phenomenon oscillate between over-preparation and procrastination, fostering feelings of inadequacy, 2. Need for Excellence: Those affected set impractical standards, leading to perpetual hyper-competitive behavior, 3. Superman/Superwoman Traits: Individuals over-prepare excessively, aiming to appear competent, driven by unattainable self-imposed standards, despite detrimental effects on well-being, 4. Fear of Failure: Anxious about failing tasks and exposing inadequacy, causing distress and worry, 5. Competence Denial and Praise Discounting: Downplaying abilities and attributing successes to external factors, eroding self-belief, and 6. Fear and Guilt About Success: Internalizing failures and dreading higher expectations, hindering recognition of achievements.

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Imposter phenomenon is widespread, impacting diverse demographics—students, professionals, high-achievers. Common among women, minorities, and in competitive settings (Chrisman et al., 1995; Cokley et al., 2013). Yet, it can affect anyone, irrespective of background or achievements.

### *Compassion Fatigue*

Compassion fatigue (CF) emerges from prolonged exposure to others' suffering, impacting caregivers like healthcare providers and therapists (Figley, 1995). CF entails emotional exhaustion, depersonalization, and reduced personal accomplishment (Joinson, 1992). Stamm (2009) identifies practitioners' well-being linked to compassion satisfaction, secondary traumatic stress, and burnout, emphasizing a balance for optimal health. CF stems from empathy and high demands, compounded by organizational and personal factors (Figley, 1995; Adams et al., 2006). Negative effects extend to job performance, empathy, and care quality (Figley, 1995; Gleichgerrcht et al., 2013). Mental health trainees face added stressors, with research focused on their long-term well-being (Harris, 2022). Workloads, trauma exposure, and limited resources contribute to CF among trainees (Sacco et al., 2015). Addressing CF entails self-care and organizational support, fostering a culture valuing well-being (Adams et al., 2006; Sacco et al., 2015).

Understanding the well-being of clinical psychology trainees is vital, impacting their learning process and therapeutic ability (Heinonen et al., 2022). Limited exploration exists on their life satisfaction and stress, despite their role in enhancing clients' quality of life.

## **LITERATURE REVIEW**

Clinical psychology trainees receive intensive training for diagnosing and rehabilitating individuals with mental health issues. Maintaining their psychological well-being is vital for effective service provision. Intense training often leads to stress and burnout, with risk factors including imposter phenomenon and compassion fatigue (Clark et al., 2022). A high prevalence of imposter syndrome was identified among clinical and counseling psychology doctoral students, with at least 88% reporting moderate to strong feelings of imposter phenomenon (Tigranyan et al., 2021). This study also revealed significant positive correlations between imposter phenomenon and perfectionistic cognitions, depression, anxiety, and self-compassion, as well as a significant negative correlation with achievement motives. Findings of a systematic review revealed that imposter phenomenon is prevalent in psychology students at various levels, as well as medical, dental, nursing, and pharmacy students (Parkman, 2016). High standards for entry to health programs contribute to imposter feelings. Trainees in rigorous medical curricula often doubt their abilities, which can lead to psychological distress (Henning et al., 1998).

Multiple factors contribute to imposter phenomenon, including high achievement orientation and perfectionism (Clance & O'Toole, 1988). A positive link between perfectionism and imposter phenomenon has been highlighted among medical professionals in a review study (Thomas & Bigatti, 2020). Impostor phenomenon also correlated with psychological distress and procrastination among psychology students (Maftei et al., 2021). Imposter phenomenon's challenges affect trainees' well-being, professional growth, and effectiveness. Imposter feelings have been found to negatively affect counseling self-efficacy in counselors (Roskowski & Jane, 2010). Creating supportive environments and implementing coping strategies can mitigate imposter feelings' prevalence and negative impact (Bernard et al.,

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2002). Thus, Recognizing and addressing imposter phenomenon is essential for trainees' overall well-being and professional development.

Clinical psychologists may encounter emotional exhaustion due to patient interactions. High workloads, long hours, and client distress contribute to burnout (Lee & Ashforth, 1996; Poghosyan et al., 2009). Empathy, crucial in clinical work, links to burnout and secondary traumatic stress (Laverdière et al., 2019). Burnout impacts professionals' well-being, empathy, and competence (West et al., 2009; Ahola et al., 2006). A study with 7,584 physicians found compassion satisfaction tied to empathy and altruism, while compassion fatigue correlated with personal distress (Gleichgerrcht et al., 2011). Sociodemographic factors, like age and gender, contribute to burnout; younger clinicians and women are more vulnerable to compassion fatigue; work-related factors such as workload, experience, supervision also impact burnout (Hoy et al., 2020). Personal therapy and supervision protect against burnout (Hoy et al., 2020). Working conditions influence compassion satisfaction and burnout (Bhutani et al., 2012). Students in counseling experience burnout, linked to empathy, compassion fatigue, and well-being (Beaumont et al., 2015). Burnout not only affects psychologists' well-being and career longevity but also compromises therapeutic quality (Lee & Ashforth, 1996).

Findings of a prevalence study done among allied health students revealed that 37.5% displayed impostor syndrome symptoms, and 15.3% were at risk for compassion fatigue. Combined, 57% were susceptible to either or both states (Schmulian et al., 2020). A significant link between impostor syndrome, female gender, and components of burnout were established in a study conducted on medical students (Villwock et al., 2016). Surgery residents scored higher in impostor phenomenon, while both faculty and trainees with burnout reported impostor phenomenon symptoms (Leach et al., 2019). Imposterism and burnout were found to be widespread among U.S. student affairs professionals, with a small yet significant relationship between the two (Patestas, 2020). Imposter phenomenon was positively predicted by the presence of compassion fatigue and burnout while it was found to be negatively correlated with compassion satisfaction among mental health professionals (Clark et al., 2022). Child life specialists, exposed to trauma, had correlated impostor phenomenon and burnout experiences, further linked to the pandemic (Ehinger et al., 2023). A systematic review on impostor syndrome encompassing 14,161 participants reported variable prevalence rates (9% to 82%), often co-occurring with depression, anxiety, and affecting job performance and satisfaction, including clinicians (Bravata et al., 2019).

In brief, the existing body of research has delved into the occurrence of impostor phenomenon, compassion fatigue, and burnout among mental health professionals, healthcare workers, and trainees. However, a significant gap persists in the investigation of clinical psychologists during their supervised clinical training. Thus, it becomes critically vital to uncover these aspects specific to this group. Identifying these factors within this context holds immense significance, as it not only safeguards the well-being of clinical psychologists but also ensures the optimal care and welfare of their patients. Addressing this will contribute profoundly to our understanding and management of these challenges during the training phase.

The aim of the present study was to assess the relationship between imposter phenomenon and compassion fatigue among clinical psychology trainees.

The present study seeks to evaluate the following hypothesis:

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1. Imposter phenomenon and compassion fatigue will be prevalent in clinical psychology trainees.
2. Imposter phenomenon will be significantly associated with compassion fatigue (burnout and secondary traumatic stress) among clinical psychology trainees.
3. Imposter phenomenon will significantly predict compassion fatigue (burnout, secondary traumatic stress) among clinical psychology trainees.
4. There will be an association between years of training, prior work experience, Imposter phenomenon and compassion fatigue (burnout, secondary traumatic stress) among clinical psychology trainees.

### METHOD

#### *Sample*

The study involved clinical psychology trainees currently enrolled in diverse RCI (<https://rehabcouncil.nic.in/>)-regulated programs (such as PsyD, MPhil, PDCP) and undergoing supervised clinical training across multiple institutions in India. The sample size was determined using G\*Power, considering effect size (0.3), alpha (0.05), and power (0.95), resulting in an estimated sample size of 89. However, to ensure robustness, a sample of 116 individuals was selected for this study as a more conservative approach.

#### *Procedure*

The research was ethically approved by the AIBHAS ethics committee. All participants were actively engaged in supervised clinical training at the time of the study. Purposive and snowball sampling methods were used for data collection, involving trainees from various universities and institutions, following necessary permissions and approvals. Data collection was conducted using a hybrid approach, combining face-to-face interactions with trainees and online forms through Google. Upon obtaining consent, participants were presented with questionnaires to assess Imposter Phenomenon and Compassion Fatigue (Burnout and Secondary Traumatic Stress) using self-report measures. Participants were assured of their right to withdraw from the study if desired, and no incentives were provided for participation. The final sample included 116 clinical psychology trainees; the age range of participants was 23 to 48 years, with an average age of 25.82 (SD=3.24).

#### *Tools*

Participants provided informed consent containing details about the study's purpose, assessment duration, and commitment to upholding confidentiality and participant autonomy. A semi-structured socio-demographic questionnaire was designed to collect essential participant data including name, gender, age, educational background, socio-economic status, family structure, course name, training duration, and prior work experience.

**Clance Imposter Phenomenon Scale (CIPS):** The Clance Impostor Phenomenon Scale (CIPS) was created to assess the occurrence of imposter feelings in individuals aged 17 years and older. The scale consists of 20 items that use a 5-point Likert scale, ranging from 'not at all true' to 'very true', to measure the degree of imposter-like characteristics exhibited by respondents. Notably, the scale exhibited robust internal consistency reliability, as indicated by a high coefficient value of 0.92. Some of the sample items of CIPS are: "I can give the impression that I'm more competent than I really am"; "At times, I feel my success has been due to some kind of luck"; "Sometimes I'm afraid others will discover how much knowledge or ability I really lack".

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**Professional Quality of Life Scale (ProQoL):** The Professional Quality of Life (ProQOL) scale, developed by Stamm in 2009, is a measurement instrument comprising 30 items categorized into three distinct sections. These sections evaluate various dimensions of a professional's well-being: (1) Compassion satisfaction, (2) Burnout, and (3) Secondary traumatic stress. Stamm conducted validation of the scale to ascertain its reliability and validity, resulting in reliability coefficients of 0.81 for secondary traumatic stress, 0.88 for Compassion satisfaction, and 0.75 for the burnout subsections. The tool employs a Likert scale, ranging from 1 (never) to 5 (very often).

Sample items for compassion satisfaction include- "I get satisfaction from being able to [help] people"; "I feel invigorated after working with those I [help]", etc.

Sample items for burnout subscale include-"I feel worn out because of my work as a [helper]"; "I feel overwhelmed because my case [work] load seems endless".

Sample items for secondary traumatic stress include- "I am preoccupied with more than one person I [help]"; "I find it difficult to separate my personal life from my life as a [helper]".

### *Statistical analyses*

The collected data underwent analysis using IBM's Statistical Package for Social Sciences (SPSS) version 29.0. The data were subjected to appropriate descriptive methods such as mean, standard deviation, and frequency, along with inferential techniques like correlation, and regression analysis. Assumptions for inferential analysis were verified using the Kolmogorov-Smirnov test and the Shapiro-Wilk test of normality. For correlation analysis, the parametric Pearson Correlation Coefficient was computed. The significance level was set at 0.05 for a two-tailed test. Furthermore, linear regression models were employed to examine the predictive relationships among variables.

### *Ethical Consideration*

Ethical clearance was acquired from the ethics committee of Amity Institute of Behavioural Health and Allied Sciences (AIBHAS). Necessary permissions were also obtained from the creators of the tools used. Consent to gather data was obtained from the institutions where the trainees were enrolled. Participants were provided with study information and engaged after granting informed consent.

## **RESULTS**

The current research aimed to examine the link between imposter phenomenon and compassion fatigue (Burnout, Secondary Traumatic Stress) in clinical psychology trainees. The investigation involved analyzing the linear connection between these variables, followed by assessing imposter phenomenon as a predictor of compassion fatigue (Burnout, Secondary traumatic stress).

From table 1, it can be inferred that among the 116 participants in the sample, 94% (N=109) identified as female, 4.3% (N=5) as male, and 1.8% (N=2) checked "others," including Non-binary and Transgender categories. The age range was 23 to 48 years, with a mean of 25.82 years (SD = ± 3.24; range = 25). Regarding family setup, 79.3% (N=92) came from nuclear families, 19.8% (N=23) from joint families, and 0.9% (N=1) lived with extended family. Socio-economic status distribution showed 1.7% (N=2) lower-middle, 48.3% (N=56) middle, 45.7% (N=53) upper middle, and 4.3% (N=5) high/upper SES. In terms of courses, 76.7% (N=89) were in M.Phil. in Clinical Psychology, 16.4% (N=19) in Professional Diploma in Clinical Psychology (PDCP), and 6.9% (N=8) in Psy.D. in Clinical Psychology. Clinical training duration revealed 54.3% (N=63) as 1st year with >6 months training, 42.2% (N=49)

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in 2nd year, and 1.7% (N=2) each in 3rd and 4th years. The mean work experience was 0.77 (SD= $\pm$  2.37).

**Table 1: Socio -demographic profile of the study population (N=116)**

<b>Baseline Variables</b>	<b>N</b>	<b>f (%)</b>	<b>M</b>	<b>SD</b>
<b>Gender</b>				
Male	5	4.30%		
Female	109	94.00%		
Others (Non-binary, Transgender)	2	1.80%		
<b>Age (Years)</b>			25.82	3.24
<b>Family Type</b>				
Nuclear	92	79.30%		
Joint	23	19.80%		
Extended	1	0.90%		
<b>Socio Economic Status (SES)</b>				
Lower-Middle	2	1.70%		
Middle	56	48.30%		
Upper - middle	53	45.70%		
Upper/High	5	4.30%		
<b>RCI Course currently enrolled in</b>				
MPhil	89	76.70%		
PDCP	19	16.40%		
PsyD	8	6.90%		
<b>Years of Training</b>			1.5	0.62
1 <sup>st</sup> year (>6 months of training)	63	54.30%		
2 <sup>nd</sup> year	49	42.20%		
3 <sup>rd</sup> year	2	1.70%		
4 <sup>th</sup> year	2	1.70%		
<b>Prior Work Experience (in years)</b>			0.77	2.37

Note. N: No of participants; f: Frequency of participants; %: Percentage of participants; M: Mean; SD: Standard Deviation

*Hypothesis 1: Imposter phenomenon and compassion fatigue will be prevalent in clinical psychology trainees.*

Table 2 shows that a significant majority, 89.6% (N=104), of the participants experienced Imposter feelings, indicating a high prevalence of Imposter phenomenon. Among them,

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10.3% (N=12) had low or no imposter feelings, 43.1% (N=50) moderate, 36.2% (N=42) high, and 10.3% (N=12) intense imposter feelings. In terms of Compassion Fatigue, both Burnout and Secondary Traumatic Stress were measured. High severity of burnout was reported by 48.3% (N=56), while 3.4% (N=4) had low symptoms and 48.3% (N=56) average symptoms. For Secondary Traumatic Stress, 25.9% (N=30) reported average symptoms and 74.1% (N=86) high symptoms. Regarding compassion satisfaction, 1.7% (N=2) had low satisfaction, 69.8% (N=81) average, and 28.4% (N=33) high satisfaction during clinical training.

**Table 2: Severity of Imposter feelings, Burnout, Secondary Traumatic Stress and Compassion Satisfaction in participants (N=116)**

	N	f(%)	M	SD
<b>Imposter feelings</b>				
Low	12	10.30%		
Moderate	50	43.10%		
High	42	36.20%		
Intense	12	10.30%		
<b>Severity of Burnout (Compassion Fatigue)</b>				
			25.82	3.24
Low	4	3.40%		
Average	56	48.30%		
High	56	48.30%		
<b>Severity of Secondary Traumatic Stress (Compassion Fatigue)</b>				
Low	-	-		
Average	30	25.90%		
High	86	74.10%		
<b>Severity of Compassion Satisfaction</b>				
Low	2	1.70%		
Average	81	69.80%		
High	33	28.40%		

*Note.* N: No of participants; f: Frequency of participants

*Hypothesis 2: Imposter phenomenon will be significantly associated with compassion fatigue (burnout and secondary traumatic stress) among clinical psychology trainees.*

The results presented in Table 3 illustrate noteworthy correlations between various factors. Firstly, imposter phenomenon exhibited a positive correlation with Compassion fatigue (Burnout), demonstrating a correlation coefficient of  $r=.453$  ( $p<0.01$ ). Similarly, imposter phenomenon displayed a positive correlation with Compassion fatigue (Secondary traumatic stress), showing a correlation coefficient of  $r=.414$  ( $p<0.01$ ).

As presented in Table 3, there is a negative correlation between Imposter phenomenon and compassion satisfaction, denoted by a correlation coefficient of  $r= -.203$  ( $p<0.05$ ).



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**Table 3: Correlation coefficient of Imposter Phenomenon (IP), Compassion Fatigue (Burnout, STS), Compassion Satisfaction (CS), Supervisory-relationship (SR), Years of training, and Work Experience (N=116)**

	IP	Burnout	STS	CS	Years Training	Prior-Work Experience
IP	1					
Burnout	.453**	1				
STS	.414**	.569**	1			
CS	-.203*	-.368*	-0.175	1		
Years Training	.212*	.223*	0.164	-0.076	1	
Prior-Work Experience	-.232*	-.228*	-0.104	.207*	-0.139	1

\* Correlation is significant at the 0.05 level (2-tailed); \*\* Correlation is significant at the 0.01 level (2-tailed).

*Hypothesis 3: Imposter phenomenon will significantly predict compassion fatigue in clinical psychology trainees.*

The regression analysis was conducted to examine the relationship between Imposter phenomenon and Burnout (compassion fatigue) displayed a notable R<sup>2</sup> change of .231 (p<0.01), as outlined in Table 3. This signifies that the presence of imposter phenomenon significantly predicts the emergence of burnout symptoms within clinical psychology trainees.

Moreover, the regression analysis, also depicted in Table 3, investigating the link between imposter phenomenon and STS (compassion fatigue) exhibited an R<sup>2</sup> change of .171, which was statistically significant at the 0.01 level. This suggests that imposter phenomenon plays a significant predictive role in the manifestation of secondary traumatic stress among clinical psychology trainees.

**Table 4. Regression Analysis for Imposter Phenomenon (IP) predicting Compassion fatigue (Burnout, STS) (N=116)**

Predictor variable	B	Dependent variables	R <sup>2</sup>	b	Sig.
IP	0.231	Burnout	0.205	0.453	<.001
	0.219	STS	0.171	0.414	<.001

*Hypothesis 4: There will be an association between years of training, prior work experience, Imposter phenomenon and compassion fatigue (burnout, secondary traumatic stress) among clinical psychology trainees.*

A positive correlation emerged between years of training and burnout, with a coefficient of r=.223 (p<0.05). While there was also a positive correlation between years of training and

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secondary traumatic stress, this association, with a coefficient of  $r=.164$ , did not reach statistical significance as indicated by Table 4.

Furthermore, the analysis revealed that imposter phenomenon was significantly and positively correlated with years of training ( $r=.212^*$ ,  $p<0.05$ ). Conversely, imposter phenomenon was significantly and negatively correlated with prior work experience ( $r=-.232$ ,  $p<0.05$ ), as indicated in Table 4.

Concerning prior work experience, a noteworthy negative correlation was found with burnout, where the coefficient was  $r=-.228$  ( $p<0.05$ ). In contrast, the correlation between work experience and secondary traumatic stress, with a coefficient of  $r=-.104$ , did not demonstrate statistical significance, however, indicated a negative correlation.

The primary findings of the study reveal that there is a high prevalence of imposter phenomenon and compassion fatigue (STS, burnout) among clinical psychology trainees. Notably, a significant positive correlation between imposter phenomenon and compassion fatigue was observed, with imposter phenomenon being a predictor of compassion fatigue in trainees. The study further explored factors such as years of training, and prior work experiences in relation to imposter phenomenon and compassion fatigue. Years of training exhibited positive correlations with imposter phenomenon and compassion fatigue. In terms of prior work experience, a negative correlation was established with both imposter phenomenon and compassion fatigue.

## DISCUSSION

The study's findings established significant positive correlations between the imposter phenomenon and compassion fatigue, indicating meaningful connections with both burnout and secondary traumatic stress. Regression analyses underscored the predictive role of the imposter phenomenon in burnout and secondary traumatic stress, signifying its impact on these outcomes in clinical psychology trainees. These findings align with Clark et al.'s (2021) study, revealing a positive predictive relationship between the imposter phenomenon and compassion fatigue, as well as burnout. This implies that stronger imposter feelings relate to higher compassion fatigue and burnout levels. Similarly, Villwock et al. (2016) found a significant link between the imposter phenomenon and burnout components, suggesting its association with burnout among medical students. Patestas (2020) reported similar trends, highlighting the interplay between impostorism and burnout. Overall, these results emphasize the intricate relationship between imposter phenomenon, compassion fatigue, and burnout across various studies.

The study's findings revealed a significant positive correlation between years of training and burnout ( $r = 0.223$ ,  $p < 0.05$ ). Although a positive correlation existed between years of training and secondary traumatic stress ( $r = 0.164$ ), it lacked statistical significance. Conversely, work experience (in years) exhibited a negative correlation with burnout ( $r = -0.228$ ,  $p < 0.05$ ) and secondary traumatic stress ( $r = -0.104$ ), but these were not statistically significant. These results align with Hoy et al.'s (2020) study, suggesting work-related factors' impact on psychotherapists' burnout. Several studies have reported significant associations between high workload and elevated levels of burnout and compassion fatigue. Furthermore, less experienced psychotherapists are more vulnerable to burnout, as indicated in a few studies. These outcomes underscore the significance of considering diverse work-related aspects in comprehending and tackling burnout within this professional context. Bhutani et al.

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(2012) indirectly supported these findings, revealing greater compassion satisfaction scores among those with more years of practice.

### CONCLUSION

This study examined the link between the imposter phenomenon and compassion fatigue (burnout and secondary traumatic stress) among clinical psychology trainees. The results showed a high prevalence of the imposter phenomenon, affecting approximately 89.6% of trainees. Moreover, a significant portion experienced elevated burnout and secondary traumatic stress, signifying the prevalence of compassion fatigue. The study unveiled a positive predictive connection between the imposter phenomenon and compassion fatigue (both burnout and secondary traumatic stress). This suggests that imposter feelings might contribute to heightened compassion fatigue. Overall, the imposter phenomenon and compassion fatigue (including burnout and secondary traumatic stress) are widespread among clinical psychology trainees.

The outcomes of this study hold noteworthy implications for the mental health sector. Primarily, they underscore the necessity of furnishing substantial support and guidance to clinical psychology trainees, aimed at tackling the imposter phenomenon and averting the onset of burnout and compassion fatigue. Furthermore, the study accentuates the value of cultivating a nurturing work environment that places a premium on the welfare of mental health trainees. A constructive clinical and workplace culture, transparent communication, and collaborative teamwork can collectively play a pivotal role in alleviating stressors and augmenting contentment during the training process. By addressing these aspects, the mental health field can better equip the trainees to handle challenges and maintain their own well-being, thus ultimately enhancing the quality of care they provide to their clients.

### *Limitations and Future Direction*

Several limitations should be acknowledged in the current study. Firstly, variations in exposure, training, and supervision among institutions with and without medical/psychiatric facilities may restrict the generalizability of findings across different clinical psychology trainee courses (MPhil, PsyD, PDCP). Furthermore, the study relied on self-report measures, potentially introducing response bias. To address this, future research could incorporate objective measures and semi-structured interviews to provide comprehensive insights into trainees' experiences.

Given the complexities of the imposter phenomenon and compassion fatigue relationship, several directions for future research are suggested. Larger and more representative samples across various RCI-approved training institutions could improve generalizability. Exploring moderating factors such as personality traits or coping strategies could enhance understanding. Longitudinal research designs might unveil temporal dynamics and developmental trajectories. Additionally, future investigations could introduce objective measures like physiological assessments or observational data and supplement self-reports with semi-structured interviews to mitigate potential response bias and enrich the understanding of these phenomena.

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