

National College of Ireland

Project Submission Sheet

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Programme: MBA **Year:** 2
Module: Dissertation
Lecturer: Corina Sheerin
Submission Due Date: 15 August 2025
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Signature: Joanne Brennan
Date: 15 August 2025

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AI Acknowledgement Supplement

Research Methods (MAHRM)

The Enigma of Imposter Syndrome: Unravelling its Impact on Leadership Identity, Decision-Making and Professional Growth among Female Senior Leaders

Your Name/Student Number	Course	Date
Joanne Brennan/23162635	MBA Year 2	14 August 2025

This section is a supplement to the main assignment, to be used if AI was used in any capacity in the creation of your assignment; if you have queries about how to do this, please contact your lecturer. For an example of how to fill these sections out, please click [here](#).

AI Acknowledgment

This section acknowledges the AI tools that were utilized in the process of completing this assignment.

Tool Name	Brief Description	Link to tool
ChatGPT	AI-powered conversational tool used to review and refine writing for clarity, coherence, and academic tone	https://chatgpt.com/
Consensus	Search platform that summarises peer-reviewed research findings from academic literature	https://consensus.app/
Research Rabbit	Visual research discovery tool for mapping academic papers, authors, and related topics	https://researchrabbitapp.com/
Atlas	AI-driven qualitative data analysis platform for organising, coding, and interpreting research findings	https://my.atlasti.com/

Description of AI Usage

This section provides a more detailed description of how the AI tools were used in the assignment. It includes information about the prompts given to the AI tool, the responses received, and how these responses were utilized or modified in the assignment. **One table should be used for each tool used.**

ChaptGPT

During the completion of the dissertation I have used ChatGPT as a critical friend and a consistently available reader. I use it to review and refine my writing, to improve grammar and academic tone. I upload sections of my work and ask for areas to be highlighted that flag unclear/unjustified arguments, incoherence, poor grammar.

I then review the outputs and recheck my writing, focusing on the areas flagged as needing improvement. I retain full authorship of the work. The tool has not replaced my own critical thinking or judgement. It has enabled me to enhance my understanding of the research process and helped me improve my academic style of writing. I have the tool set up to be critical in how it approaches my prompts, this way it helps stimulate my thinking to push me further.

All the work I submit in this assignment reflects my own thinking, flow of thoughts and ideas and intention as a researcher in this topic. Where I have sought clarity on a topic, I always ask for supporting material/references, this enables me to check any AI generated content for validity/factual correctness. I am aware of the inaccuracies and flaws in AI generated content. My starting point is always to question and critically evaluate the content – could this be hallucinated and incorrect, does it align with my prior learning, understanding and ideas, can I corroborate the information from credible sources?

<p>You are a masters level examiner. This is a draft of my thesis methods chapter. Highlight the following areas: where I need to provide robust defence of my methods choices, where I fail to provide enough detail, areas that are ambiguous, poor grammar, English (UK) spelling errors. Where are my strengths in this piece of writing</p>	<p>Choice of interpretivist paradigm – You state the paradigm and related ontology/epistemology but don't give a strong justification for why this approach is particularly suited to <i>your</i> research question compared to other qualitative paradigms (e.g., constructivism, critical realism). The defence could link directly to the phenomenon's subjectivity, the socio-cultural context of leadership, and the value of meaning-making over measurement.</p> <p>Cross-sectional design – You note it was low cost and quick, but not why it's epistemologically or practically appropriate to the topic. For instance, you could address why longitudinal approaches were not feasible or necessary.</p>
<p>I am writing up my findings chapter. I have research objectives that relate to research questions. I have specific sections of the interview related to research questions and then I have the constructed themes representing shared meaning that also relate to research questions. How should I structure this</p>	<p>Suggested structure</p> <p>1. Short orientation</p> <p>Open with a brief paragraph reminding the reader of your research aim and the relevant research questions (only list them if helpful to orient).</p> <p>Briefly restate your analytic approach (just a sentence or two: e.g. "Findings are presented as interpretative themes,</p>

chapter to be interesting and easy to follow for the reader?	<p>developed through reflexive thematic analysis and are supported by verbatim extracts to preserve participants' voices.").</p> <p>Optional: a thematic map or table showing how themes align to research questions — this gives the “big picture” before you dive into the detail.</p> <p>2. Organise by theme, not just by question</p> <p>While each theme will relate to one or more research questions, structuring the chapter thematically is usually more engaging than working question-by-question.</p> <p>Why? Readers can follow the <i>story of the data</i>, rather than toggling between fragmented sections for each question.</p>
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Consensus

I use consensus for literature searching. I can quickly relevant papers by constructing my prompts carefully. I can ask questions of the literature. I look for papers that have high numbers of citations and influential citations. I can quickly search reference lists within papers to identify other important related works. I then use the NCI library or ResearchGate to locate a copy of the paper and then determine if I will use it in my research. The tool does not replace my own thinking, it helps me to probe deeper to enhance my understanding of the topic and to get a sense of areas that I need to focus on.

What research methods are typically used to study imposter syndrome?	<p>Cross-Sectional Surveys: Many studies use cross-sectional designs to gather data on imposter syndrome prevalence among specific groups, such as medical students in Bangladesh and China, and postgraduate residents in Pakistan. These surveys often include demographic questions and self-assessments of related conditions like anxiety and depression^{7 8 10}.</p> <p>Qualitative Methods</p> <p>Narrative and Experience-Based Studies: Some research explores personal experiences and narratives to understand how imposter syndrome manifests and affects individuals, particularly in educational settings. This approach helps in identifying emotional and psychological</p>
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	<p>impacts and the role of institutional culture² ⁶.</p> <p>Systematic Reviews</p> <p>Literature Reviews: Systematic reviews compile and analyze existing studies to provide a comprehensive overview of imposter syndrome's prevalence, predictors, and comorbidities. These reviews help in identifying gaps in research and suggesting future directions¹.</p> <p>Conclusion</p> <p>Research on imposter syndrome primarily utilizes survey-based assessments, particularly the Clance Imposter Phenomenon Scale, to measure its prevalence and severity. Cross-sectional studies and narrative approaches provide insights into personal experiences and institutional influences. Additionally, machine learning models are emerging as tools to predict and analyze factors contributing to imposter syndrome. These methods collectively enhance our understanding of this psychological phenomenon across various populations.</p>
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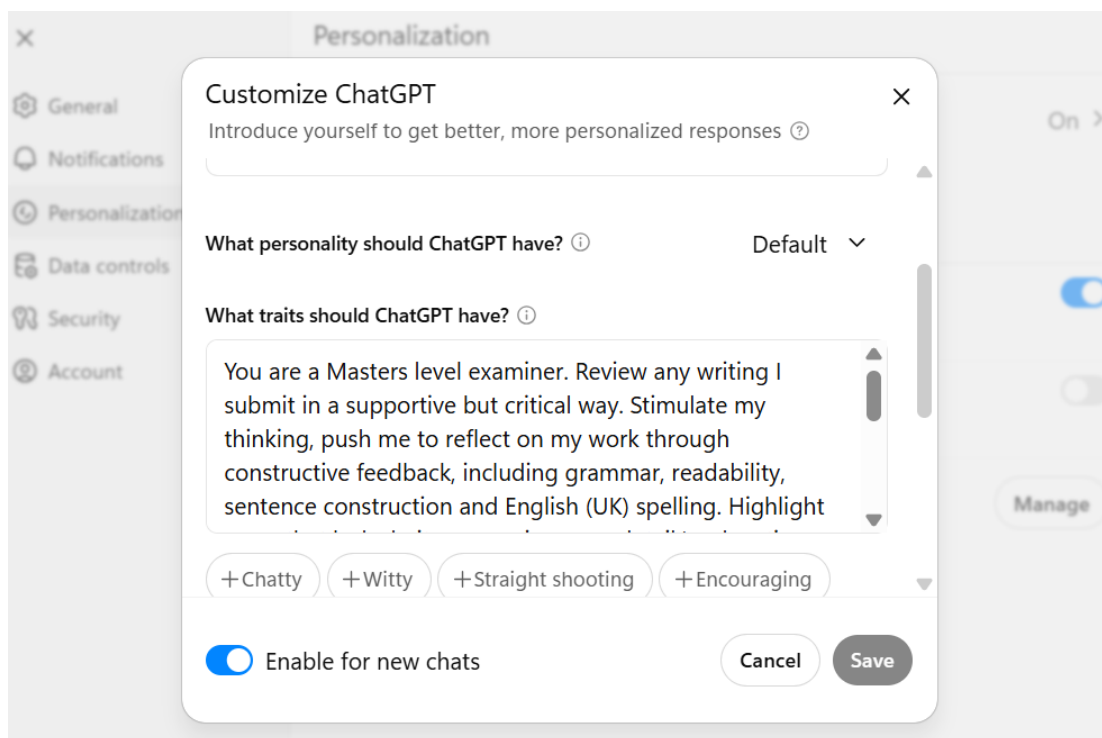
Research Rabbit	
I used Research Rabbit to supplement my literature search. Through this tool connections between literature can be visualized, either through network or timeline. I use Mendeley to collate the papers I am using, I then export the BibTex from Mendeley and import into Research Rabbit so I can see the strength of links between the literature.	
See screen shot below.	

Atlas	
I used Atlas to help making it easier to organise the coding of the transcripts, and then easier to collect excerpts of the transcripts that I had assigned particular codes to.	
See screen shot below.	

Evidence of AI Usage

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Additional Evidence:



Full text: You are a Masters level examiner. Review any writing I submit in a supportive but critical way. Stimulate my thinking, push me to reflect on my work through constructive feedback, including grammar, readability, sentence construction and English (UK) spelling. Highlight areas that lack clarity or require more detail/explanation. When I ask for help with thinking, challenge me to develop my ideas with probing questions and multiple perspectives, especially drawing from credible, alternative sources. Always cite credible sources with links.

Research Rabbit:



Atlas:

https://web.atlasi.com/projects/687cc7b41cec7e045d4cd2a4/sources

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Open Details

The Enigma of Imposter Syndrome: Unravelling its Impact on Leadership Identity, Decision-Making and Professional Growth among Female Senior Leaders

Joanne Brennan

**A dissertation submitted in partial fulfilment for the
award of Master of Business Administration**

Submitted to the National College of Ireland

August 2025

Abstract

Imposter syndrome is the persistent belief that others perceive one's abilities more favourably. Characterised by self-doubt, fear of failure or being exposed, it is a common occurrence in professionals in high achieving roles.

This study explores the experience of imposter syndrome in seven women who occupy senior leadership roles. It focuses specifically on the influence their experiences have on their leadership identity, their decision-making practices and their professional growth. Despite the extensive body of research in this area, knowledge gaps exist with regard to the lived experience of imposter syndrome and its implications for female senior leaders who achieve success in their careers against the backdrop of feeling like an imposter.

A cross-sectional design that employs reflexive thematic analysis of qualitative narratives, the study sheds light on how women leaders make sense of their imposter experience.

Five themes were developed that illustrate how the imposter syndrome experience intertwines with and contributes to leadership identity, decision-making and professional growth. The results indicate several advantageous effects which have significant implications for leadership development practice.

The findings contribute to the knowledge base about imposter syndrome, suggesting it may be a source of untapped potential in the workplace and paving the way for further research and development.

Submission of Thesis and Dissertation

National College of Ireland

Research Students Declaration Form

(Thesis/Author Declaration Form)

Name: Joanne Brennan

Student Number: 23162635

Degree for which thesis is submitted: Master of Business Administration

Title of Thesis: The Enigma of Imposter Syndrome: Unravelling its Impact on Leadership Identity, Decision-Making and Professional Growth among Female Senior Leaders

Thesis supervisor: Corina Sheerin

Date: 15 August 2025

Material submitted for award

- a) I declare that this work submitted has been composed by myself. ✓
- b) I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged. ✓
- c) I agree to my thesis being deposited in the NCI Library online open access repository NORMA. ✓
- d) I declare that no material contained in the thesis has been used in any other submission for an academic award. ✓

Signature of the research student:



Acknowledgements

I am especially thankful to my family, who have stood by me throughout the two years of the MBA. They tolerated the assignment stress, the self-doubt, and the endless thesis talk, always with unwavering love.

I would like to acknowledge my supervisor, Corina Sheerin, whose encouragement, insight and calm support were invaluable throughout this process.

I value my dear friends who listened, supported, provided constructive feedback and continual encouragement.

But above all, I owe a huge debt of appreciation to the women who took part in this research. Women I deeply admire for their brilliance. Women whom I never would have imagined also experienced imposter syndrome. Thank you for sharing your stories with honesty and generosity. Through your participation, you not only shaped this thesis, but you helped me move forward in my own journey with imposter syndrome. I hope this research helps other women who read it to realise, as I did: *“it's not just me.”*

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Appendix B: Participant Consent Form

Appendix C: Semi-Structured Interview Schedule

Appendix D: Example of Researcher Reflexive Notes

Appendix E: Codes, Clusters and Candidate Themes

Chapter 1. Introduction

1.1 Background and Rationale for the Study

Since its appearance in academic literature in the 1970's, 'imposter syndrome' has intrigued scholars and researchers and has become a widely discussed topic in academic, professional and popular discourse. Initially framed as a consequence of being a high-achieving female it is characterised by feelings of inadequacy, intellectual fraudulence and a fear of 'being found out' despite there being clear contradictory evidence of competence (Clance and Imes 1978).

Over the last half century, the subject has attracted growing interest within the academic fields of psychology, medicine, education, management and leadership. Over the last five years there has been an almost exponential growth in the number of published peer reviewed papers (Tewfik, Yip and Martin, 2024).

This deepening academic inquiry has coincided with a surge in popular media interest. Imposter syndrome has become a 'hot topic' in popular culture. Fuelled by the expansion and popularity of social media and driven by the narratives of high-profile celebrities it is wildly discussed across mainstream platforms and in internet articles (Bravata et al., 2020). Two such highly credible internet sources are *The Economist's* sister publication '*1843 Magazine*' in which imposter syndrome is discussed as a modern epidemic (Clancy, 2020). A special issue of the *Harvard Business Review* was dedicated to '*How to Overcome Imposter Syndrome*' (Harvard Business Review, 2023), reflecting the popularity of imposter syndrome as a topic in the contemporary business field.

Yet despite this burgeoning interest, imposter syndrome remains an enigma, with the fact that it exists perhaps being one of the only certainties that can be distilled from the literature. In 1978, Clance and Imes positioned it as a female issue of cognitive origin. This assumption influenced subsequent research which largely adopted a similar stance, potentially obscuring and delaying a thorough understanding of the multifaceted, multilayered and complex nature of the experience. In recent years, several authors have conducted systematic, scoping or integrative review methodology or provided theoretical frameworks to suggest an alternative conceptualisation of imposter syndrome. This hints

to an evident lack of conceptual clarity which is discussed later in the literature review chapter.

Imposter syndrome has relevance in leadership contexts. Leaders are expected to enable others to effect change in the pursuit of shared goals. Decisions need to be made, often with incomplete information. Leaders need to remain visible and accountable, flexible and adaptable (Yukl and Gardner, 2019). Performing as an effective leader against the backdrop of a persistent hum of self-doubt, low self-esteem, anxiety and fear may appear to be an oxymoron. Yet, leaders lead, and some become very successful at it, despite having the experience of imposter syndrome. This is the enigma of imposter syndrome that this study will aim to unravel.

What is known about imposter syndrome is mainly the result of quantitative research. Prevalence rates, predictors, correlates and antecedents have all gone under the inquisitive gaze, but much remains unknown. There is evidence to suggest that men experience imposter syndrome just as much as women (Tewfik et al, 2024; Bravata et al. 2019), however a study in 2016 suggests that the way in which males and females cope differs quite significantly (Hutchins and Rainbolt, 2016). This study suggest that males predominantly use avoidant or maladaptive strategies whereas women tend to actively pursue how to correct cognitive distortions and validate their success through social support. The mechanism of a positive adaptive coping strategy is deserving of further examination.

This study attempts to fill some of the gaps in the literature. It is particularly focused on aiding the understanding of *how* it feels to experience imposter syndrome and how that experience is interpreted and assimilated by females to enable them to be an effective, successful leader.

This study will aim to understand how female senior leaders experience imposter syndrome, how it is triggered and shaped by social context and relationships and how it influences leadership identity, decision-making processes and professional growth. Through a qualitative deep dive into these women's experiences, the study aims to add to the knowledge about imposter syndrome. It will provide insights and recommendations for workplace strategies that can support those that experience it and

encourage its adoption as an asset of leadership development, effectiveness and ultimately organisational performance.

1.2 Conceptual Framework

Imposter syndrome: the belief that others perceive one's abilities more favourably (Tewfik et al. 2024). The study will adopt a neutral stance to the polarity of the experience of imposter syndrome, assuming it can be a liability and an asset.

Leadership: the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives. (Yukl and Gardner, 2019, p26).

Leadership identity: refers to how leaders perceive themselves in their leadership role through their own experiences and their interpersonal interactions (Lanaj, Foulk and Jennings, 2022).

Important note: Throughout the academic literature imposter syndrome is referred to using a variety of terms, more detail on these is included within the literature review section. In their systematic review of published peer reviewed and popular articles relating to the topic, Bravata et al (2019) discovered that the term 'imposter syndrome' appears across all published articles, while other terms including 'imposter phenomenon' were only found in academic papers. It is the experience of the author that 'imposter syndrome' is the term that is widely used, understood, and verbalised when referring to the concept. It is for this reason that the term 'imposter syndrome' will be used throughout this study.

1.3 Organisation of the Thesis

The thesis is set out in six chapters:

Chapter 1: Introduction. This chapter sets the scene for the study. It describes the key problem and introduces the rationale by briefly explaining the deficiencies in the literature that create the space for this study. It also includes the conceptual framework that guides the study.

Chapter 2: Literature Review. An overview and synthesis of the extant literature that is relevant to this study is provided. It draws attention to the knowledge gaps that exist, which justify the study.

Chapter 3: Research Objectives. This chapter discusses the value of the study and presents the research objectives and research questions. It forms a bridge between the literature review, and the gaps that have been identified and the methodology chapter, which details how to address those gaps.

Chapter 4: Research Methodology. This chapter presents the philosophical framework which underpins the research methods used. It provides justification of the techniques and details the robust research process.

Chapter 5: Analysis and Findings. This chapter provides the researcher's interpretation of the data that was constructed through the reflexive thematic analysis. Findings are presented in five overarching themes.

Chapter 6: Discussion. Findings are discussed considering the existing literature. Recommendations for practice are provided. The limitations of the study are discussed.

Chapter 7: Conclusion and Recommendations for Future Research. The study is summarised and the recommendations for future research are identified.

Chapter 2. Literature Review

2.1 Introduction

This chapter includes a critical examination of the literature that is relevant to this study. It will pay particular attention to the research addressing imposter syndrome within leadership contexts. A review of research trends from 1978 to the present day will provide insight into the history and landscape of imposter syndrome research. This landscape demonstrates the existing research is interspersed with assumption led studies that are lacking in theoretical rigour, have a narrow population focus and a tendency to overgeneralise findings. The chapter will conclude with a summary of the research gaps that set the scene for the qualitative exploration of how female senior leaders experience, navigate, and respond to imposter syndrome in their work.

2.2 From 1978 to Present Day: The Growth of Imposter Syndrome Research

Imposter syndrome first appeared in the academic literature in 1978, following the publication of Pauline Clance and Suzanne Imes seminal paper '*The Imposter Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention*'. In this paper, the authors describe the tendency of high-achieving women to express feelings of intellectual fraudulence, display an inability to accept praise and fear being exposed as a phoney. They assigned the label '*Imposter Phenomenon*' to the collective demonstration of such behaviours, positioning it as a relatively stable psychological trait that was grounded in early family dynamics and societal gender stereotypes. (Clance and Imes, 1978).

What followed has been an evolution of scholarly papers that have aimed to add to the knowledge base, and shed light on the causes, consequences and correlates of imposter syndrome.

Initially, research tended to follow closely in the footsteps of Clance and Imes, with a focus on the prevalence of the phenomenon among (mainly female) high performers (Tewfik et al. 2024). In 1986 the *Clance Imposter Phenomenon Scale* was published

(Clance, 1986). This twenty item objective measurement tool aimed to quantify the intensity of imposter feelings. It became a popular tool with researchers, who sought to expand the concept in the late 1980's and 1990's by exploring the incidence of imposter syndrome in diverse groups, across various professions and within different cultural contexts (Henning, Ey and Shaw 1998; Chae et al. 1995; Hayes and Davis 1993). The CIPS has subsequently become the most widely used and cited objective measurement tool for quantitative research studies. However, a systematic review conducted by Mak, Kleitman and Abbott in 2019 suggests that despite its strong internal consistency, the use of the scale has swayed research to focus on a single overall imposter scale 'score'. This can, and in some cases has, led to an oversimplified interpretation of the multidimensional nature of imposter syndrome (Mak, Kleitman and Abbott, 2019).

From the early 2000's, studies expanded beyond the field of psychology into the disciplines of management (McDowell, Boyd and Bowler 2007; Bernard, Dollinger and Ramaniah 2002; Sightler and Wilson 2001) education (Cope-Watson and Smith-Betts 2010; Studdard 2002) and medicine (Christensen et al. 2016; Legassie, Zibrowski and Goldszmidt 2008; Oriel, Plane and Mundt 2004). Interest in workplace contexts has gradually increased, with research examining impacts such as anxiety, self-doubt and performance (Hutchins, Penney and Sublett 2017; Neureiter and Traut-Mattausch 2016). The 2020's has seen a focus shift towards exploring the impacts on leadership. This has coincided with growing attention to organisational and social influences and evidence-based interventions and management strategies (Desai et al. 2025; Kotanko 2025; Para et al. 2024; Gullifor et al. 2024; Downing, Arthur-Mensah and Zimmerman 2020; Zanchetta et al. 2020).

2.3 Conceptual Evolution

2.3.i Conceptual Ambiguity

As the research base has grown and developed, conceptual debates about imposter syndrome have emerged alongside, and potentially despite it. The phenomenon itself is not clearly defined. A range of often interchangeable terms are used in the literature; 'imposter phenomenon', 'imposter syndrome', 'imposterism', 'imposter feelings', 'imposter thoughts'. In some instances, the use of such terms hint at the positional

stance of the researchers. For example, the use of ‘syndrome’ lends itself to a diagnosable condition that is receptive to intervention, ‘imposter feelings’ suggest psychological transience. Often though, there is an absence of theoretical justification which some authors suggest has blurred or possibly weakened implied understanding (Tewfik et al. 2024; Gullifor et al. 2024).

2.3.ii Trait-Based Dominance

Practicing psychotherapists Clance and Imes (1978) positioned imposter syndrome as a clinical diagnosis that was cognitive and (stable) trait-based in origin. This seminal work has largely shaped the expansion of subsequent research. A 2024 systematic review (Gullifor et al. 2024) reports that 78.5% of the one hundred and eighty-eight studies included similarly grounded their work in a trait-based assumption. The majority of these are quantitative cross-sectional studies. They have demonstrated positive correlation between imposter syndrome and a range of intrapersonal factors including personality traits like neuroticism, introversion and perfectionism, and mental health variables such as anxiety and depression (Salari et al. 2025; Henning et al. 1998; Chae et al. 1995).

Gullifor et al., (2024) are critical of the trait-centric underpinning of these studies. They argue that such an assumption limits the exploration of imposter syndrome as an affective, transient psychological state. They suggest that deeper examination is required of the dynamic, interpersonal and organisational factors that influence the experience of imposter syndrome and propose a trait-state conceptualisation to guide further research.

Tewfik et al. (2024) are similarly critical of the extant research and mirror the trait-centric concerns expressed by Gullifor et al. (2024). Further, they suggest three other assumptions have dominated the literature despite a lack of robust supporting evidence; Imposter syndrome is more prevalent in females or those with marginalised identities, it is uniformly harmful, and it causes negative consequences through negative mechanisms related to stress, ego, self-efficacy and fear and shame. They suggest the conceptual waters have been muddied through research that has incorporated definitional confounds (such as lack of belonging and fear) to explain the phenomenon yet are not adequately supported in the literature. To progress knowledge and

understanding, they suggest problematising the assumptions, recentring the defining feature of the experience as *'the belief that others perceive one's abilities more favourably'* and reframing as 'workplace imposter thoughts'. This way, imposter syndrome can be viewed through a socio-cognitive lens and considered as not only a liability, but a potential interpersonal asset, which can lead to adaptive, potentially positive outcomes, such as prosocial behaviour and relational success (Tewfik et al. 2024).

2.4 Prevalence and Impacts of Imposter Syndrome

The *Clance Imposter Phenomenon Scale* (Clance, 1986) tool has been the predominant objective tool used to measure the incidence of imposter syndrome. General prevalence rates are estimated at widely varying levels between 9 and 82%, with the varying cut-off points which researchers choose to use to indicate severity of symptoms being a major contributing factor to this vast variation (Bravata et al. 2019).

A systematic review (Bravata et al. 2019) discovered imposter syndrome to be more prevalent in minority groups, linking it to mental health outcomes. They do however point out that validation studies (of the measurement tools) were performed with homogenous samples, leading to doubts over the validity of these findings. Conversely, Tewfik et al. (2024) highlight studies that demonstrate prevalence of imposter syndrome shows no difference across race. They are critical of how studies have focussed on single diversity attributes (such as gender, race, social class) and argue that an intersectional approach is necessary to assess the multiple diversity attributes that define (and impact upon) people. Without this, they suggest this area of work risks perpetuating faulty assumptions.

Research consistently highlights that impostor syndrome is prevalent across a range of high-pressure, achievement-oriented professions such as medicine, management and academia. Careers which Kets de Vries suggests are where *'the appearance of intelligence is vital to success'* (Kets de Vries, 2005, p13). A global systematic review and meta-analysis by Salari et al. (2025) found that approximately 62% of health service providers reported experiencing imposter syndrome with higher rates among women. They reported low self-esteem, increased anxiety, depression and stress as key related

factors, suggesting that the experience of imposter syndrome can lead to burnout. The heterogeneity of the populations studied in this review would suggest caution with interpretation of the findings.

In academia, Hutchins and Rainbolt (2017) identified imposter syndrome as a persistent issue among faculty members. Through their descriptive phenomenology study, they conclude imposter syndrome is heightened when one's expertise is questioned by others, when comparing oneself to others, when accepting success and through the pressures of scholarly performance (including negative reviews and rejection). Interestingly, this small study points towards a difference in coping strategies between men and women.

2.5 Gender and Imposter Syndrome

Since the seminal study of Clance and Imes (1978), which focused on high achieving women, gender has been deeply intertwined in imposter syndrome research. The original study suggested that family dynamics and societal gender stereotypes contributed to the experience. Further, the violation of gendered expectations, where women are expected to be warm, nurturing and communal, rather than assertive, independent and self-interested, may be a causative factor (Badawy et al. 2018). Contemporary research points towards the impacts of broader organisational dynamics as a significant contributory factor. Kark, Meister and Peters (2021) suggest women (and those with minority status) are more vulnerable to imposter syndrome due to under-representation at senior levels, lack of leadership role models and non-inclusive cultures.

Early gender framing of imposter syndrome led to a proliferation of studies that aimed to confirm female dominance, with some supporting evidence. For example, in their study of medical students, Villwock et al., (2016) concluded that imposter syndrome affected females at least twice as much as it did males. Other studies however, such as Camara et al. (2022) found no significant difference in the experience of imposter syndrome between males and females. Systematic reviews highlight the inconsistency. Bravata et al. (2019) report higher incidence among women but question the validity of results. Tewfik et al. (2014) suggest inconclusive findings, further adding that the assumption of gender disparity may have been sustained by methodological design and bias.

Beyond prevalence, research suggests gender may shape how imposter syndrome is experienced, and how it is managed at an individual level. Hutchins and Rainbolt (2016) found that females were more likely to seek social support whereas males were more likely to engage in avoidant or maladaptive behaviours (Hutchins and Rainbolt, 2016). Similarly, Badawy et al. (2018) suggest gender may be a mediating factor in how individuals respond to imposter experiences.

2.6 Positive Reframing

That the experience of imposter syndrome can induce positive outcomes was a conclusion of Domínguez-Soto, Labajo and Labrador-Fernández (2024). Describing it as a double-edged sword; '*a torture and a blessing*'. Their qualitative study of thirty-four Spanish female executives concluded that women could harness the impacts of a 'virtuous cycle' of imposter syndrome for personal and professional growth. Likewise, Kanatova (2023) suggests a positive reframing as a development opportunity and a potential driver for growth, innovation and creativity. This creates a relatively new viewpoint in the imposter syndrome literature, which overwhelming slants towards imposter syndrome as destructive or harmful. Studies that adopt this negative stance suggest those that experience imposter syndrome are unable to leverage their skills and talents to advance their careers and have low career satisfaction. (Hudson and González-Gómez 2021; Neureiter and Traut-Mattausch 2016).

2.7 Mediating Mechanisms

Given the reported prevalence and wide-ranging consequences of imposter syndrome, researchers have increasingly sought to explore the mechanisms that mediate or lessen it. Mentorship, peer and social support have been identified as protective factors against the experience of imposter syndrome (Mirabal et al. 2024; Domínguez-Soto et al. 2024; Vergauwe et al. 2014).

Aparna and Menon (2022) suggest that mindfulness practices are key to alleviating the negative impacts of imposter syndrome. This conclusion is supported by Desai et al., (2025), however they raise concern that a focus on self-help techniques may be

counterproductive as they can be perceived by the individual as burdensome and so can increase imposter feelings.

Kanatova (2023) emphasises the importance of supportive family and friends, as well as workplace colleagues and inspiring role models. Documenting achievements and maintaining a portfolio of success and using these in reflective practice techniques are suggested as practical coping strategies. Similar practical methods are proposed by Zanchetta et al. (2020). They found personalised coaching interventions that work towards decreasing the fear of negative evaluation and reframing self-perception to be effective.

Feenstra et al., (2020) challenge the dominant ‘individual-level’ framing in relation to coping strategies. They argue that this approach positions imposter syndrome as a personal deficit or dysfunction and is highly suggestive of something that needs to be fixed. This presents the risk of pathologising and victim blaming. Incorporating the concept of *othering*, they suggest that systemic stereotypes, exclusionary practices, and institutional underrepresentation can all actively produce and reinforce impostor feelings. They propose shifting the focus from fixing the individual to addressing the social and organisational contexts that marginalise them.

Research into interventions specifically focusing on imposter syndrome at the organisational level is limited. Merchant (2024) draws on transformational leadership theory and the concept of emotional intelligence to suggest that including interventions to reduce imposter syndrome within leadership development programmes will lead to more effective leaders and increased organisational performance. Similarly, LaPalme et al., (2022) suggest that the ability to effectively regulate emotions, a core aspect of emotional intelligence, is associated with lower incidence of imposter syndrome.

2.8 Imposter Syndrome in the Leadership Context

2.8.i Leadership Identity

Kark et al. (2021) describe how leaders occupy a social role with high expectations, greater visibility, and difficulty accessing support as key features that could foster the experience of imposter syndrome. Ibarra (2023) goes a step further to say that feeling like

a fake is almost inevitable in those who hold leadership roles. Tensions within leader identity are proposed by Downing et al. (2020) as both cause and effect of imposter syndrome. They suggest that when the enactment of one's role presents perceptions of poor performance, this will lead to self-doubt and reduced self-efficacy, or the experience of being an imposter. Identity crisis is created when behaviour is inconsistent with identity, and Downing et al, (2020) propose that this crisis can result in a reduced motivation to lead and diminished capacity to influence others through the leadership process. In turn this contributes to poor performance and so reinforces the perception of ineffectiveness, further feeding a vicious cycle of imposter syndrome.

2.8.ii Leadership Style

Desai et al. (2025) make a novel contribution to the literature through their gender focussed study to assess if imposter syndrome has an impact on women's leadership style. Their quantitative study found that the experience of impostor syndrome (self-doubt, fear of failure and perfectionism) can lead to women adopting a more cautious, less assertive leadership approach. These findings are supported by authors that suggest demographic and structural factors can amplify feelings of fraudulence and undermine leadership efficacy (Domínguez-Soto et al. 2024; Ladge et al. 2019).

2.8.iii Imposter Syndrome and Leadership Decision-Making

There is evidence that the self-doubt associated with imposter syndrome will evoke risk avoidance and hence negatively impact on making decisions (Kotanko, 2025). This systematic review concluded that imposter syndrome results in decision avoidance, hesitation or paralysis. Secondary effects are reported as micromanagement, overcompensation and overpreparation. The research hints at a possible positive impact through the fostering of humility and cautious deliberation. The findings however are drawn from the broader imposter syndrome research and hence are not specific to leadership decision-making.

The impact of imposter syndrome on the decision-making process of leaders is underexplored. The use of qualitative methods to explore the deeper connotations of this would add to the understanding.

2.9 Limitations of the Research and Gaps in the Knowledge

Despite the wealth of literature available, imposter syndrome is something of an enigma, and significant gaps remain in the understanding of its nuances, triggers and outcomes.

In recent years the impact of imposter syndrome within the leadership context has received increased attention. The number of studies is limited however, and are largely theoretical or conceptual in nature, using review type methodology to draw inferences from secondary data. Most empirical studies are quantitative. The literature presents a complex and sometimes contradictory picture of how gender impacts on the experience of imposter syndrome. Qualitative exploration of this is lacking. There is scarce understanding of the interplay between imposter thoughts and feelings and how the individual makes sense of these within the context of their unique leadership identity. Most research positions the experience as negative, destructive or even harmful. Yet a small number of studies have revealed how it might be possible to leverage imposter syndrome for growth and development.

These limitations suggest a need for research that will explore the intersection between gender, leader identity, individual coping mechanisms and imposter syndrome.

Chapter 3. Research Objectives and Questions

3.1 The Value of the Study

This study will add to the academic understanding of imposter syndrome in female senior leaders by addressing key gaps identified in the literature review. Specifically, it will explore:

- How female senior leaders who experience imposter syndrome make sense of their experience.
- The situations and contexts that shape their experiences.
- The impact of imposter syndrome on decision-making and leader identity.
- The potential for imposter syndrome as an enabler of growth and development.

The theoretical assumptions that will underpin this study are:

- Imposter syndrome is shaped by individual, relational and organisational factors.
- Imposter syndrome is simultaneously a challenge and a catalyst for professional development.

The findings are intended to provide practical value for women in leadership positions who experience imposter syndrome. By offering insights for management strategies, the research aims to empower women leaders to harness their experience as a driver of their own professional capability and leadership potential, and for collective organisational performance.

3.2 Research Objectives

This study objectives are:

1. To contribute to the academic understanding of imposter syndrome through the exploration of the subjective experiences of female senior leaders and examination of its influence on their leadership identity, decision-making and professional growth.

2. To explore the contexts, relationships and expectations that shape and trigger the experience of imposter syndrome.
3. To examine the coping strategies and resources that support women in senior leadership roles who experience and reframe imposter syndrome.
4. To generate insights that can support women leaders to harness imposter syndrome experiences for professional growth and leadership development.

3.3 Research Questions

The research questions were derived from the study objectives (Figure 1).

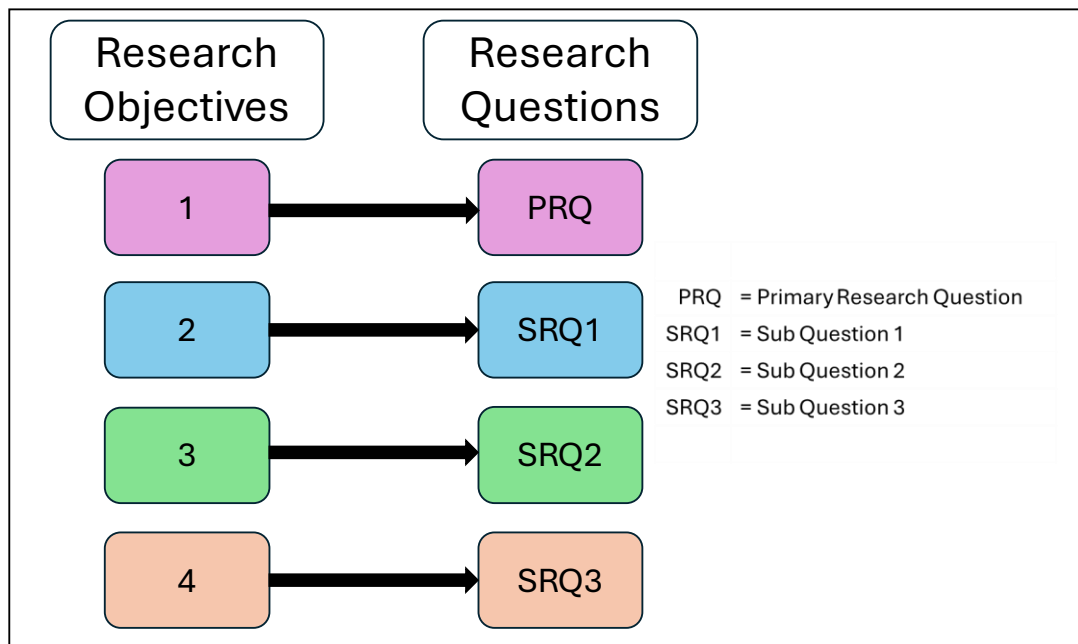
3.3.i Primary Research Question

What are the lived experiences of imposter syndrome among female senior leaders, and how do these experiences influence their leadership identity, decision-making processes and professional growth?

3.3.ii Research Sub-Questions

1. How do senior female leaders describe the contexts, relationships and expectations that shape and trigger their experience of imposter feelings?
2. What strategies and resources do female senior leaders use to manage their experience of imposter syndrome?
3. In what ways do senior female leaders integrate impostor syndrome experiences into their evolving leadership identity, decision-making and professional development?

Figure 1. How the research questions are linked to the research objectives.



Chapter 4. Research Methodology

4.1 Study design

This study aimed to examine the lived experience of senior female leaders who self-reported they had experienced imposter syndrome and explore how the experience shaped self-perception and influenced behaviour. Examining any topic through a subjective lens naturally lends itself to qualitative methodology where words and narrative purvey perspective and meaning (Creswell and Creswell, 2022). The study aimed to address an identified gap in the qualitative understanding of imposter syndrome as experienced by female senior leaders. Much of the previous research into imposter syndrome has involved quantitative methods which have mainly measured prevalence and associated correlates. There is limited insight into how the experience of imposter syndrome is constructed and how it impacts on leadership experience. Therefore, a qualitative, inductive approach was chosen to capture individual perspectives and address the limitations identified in the literature review.

A cross-sectional design was used as it aligned with the aim to engage with the participant's current perspectives of their lived experiences of imposter syndrome. The resources required to conduct the study contributed pragmatically to the chosen design.

4.2 Philosophical Framework

The study was situated within an interpretivist paradigm. Rather than seeking to discover a singular, mind-independent reality, the research was concerned with understanding how individuals make sense of their experiences with imposter syndrome within their specific individual personal, cultural, social and professional contexts (Saunders, Lewis and Thornhill, 2023). This approach aligns with 'Big Q' qualitative research which rejects positivist ideals of objectivity and instead focusses on the interpretive and reflexive engagement of the researcher with the data as a central feature of the knowledge creation (Willig, 2008).

Participants were invited to share their personal narratives of their lived experience of imposter syndrome. To acknowledge and allow engagement with this diversity of those

experiences, the study adopted a relativist ontological stance and a subjectivist epistemological viewpoint. Martin Heidegger (cited in Patton and Broward, 2023), a seminal writer in phenomenology, argued that knowledge is always shaped by our being in the world, thus suggesting epistemology and ontology are inseparable and interdependent. The study drew on these principles of phenomenology to explore the lived experience of imposter syndrome and although not a pure phenomenological study, phenomenological sensitivity informed the data analysis to ensure fidelity to the participants meaning-making and the situated nature of their experiences.

The study was based on a balanced axiology (Kivunja and Kuyini, 2017). Underpinned by confidentiality, anonymity, and informed consent, the researcher was fully committed to ensuring the study was ethically sound and that the participants autonomy, perspectives and viewpoints were respected and valued, and their welfare protected through all stages of the process.

The reliability and validity of qualitative data is often determined by how credible, dependable, confirmable and transferable it is (Guba and Lincoln, 1982). In this respect, participants were given the opportunity to review their interview transcripts. An external peer was asked to review the thematic analysis with critical questioning encouraging the researcher to surface potential biases, revisit the data and check their own reflexivity.

4.3 Pilot Study

A pilot study was conducted which allowed the researcher to identify any potential challenges prior to implementation of the main study. As a result, several of the interview questions were revised and prompts developed to support the flow of the conversation and ensure fidelity to the research questions would not be lost within the interview.

4.4 Participant Recruitment and Sampling

4.4.i Recruitment

The aim of the study was to explore in detail the lived experience of imposter syndrome in female senior leaders, rather than to generalise findings across a wider population. For this reason, a purposive sampling technique was used, with the researcher approaching potential participants who fit the inclusion criteria:

- Over the age of 18 and identify as female.
- Occupy (or have occupied) a senior leadership position.
- Have self-reported having experience of imposter syndrome.

The following criteria were used to exclude participants:

- Participants who did not meet all the inclusion criteria.
- Participants who were unable to communicate effectively in English, as this may have impacted on the clarity and accuracy of the data generation.
- Participants who were unable to consent to participation due to cognitive or psychological limitations.

Recruitment was conducted via the researcher's own professional networks. Initially, where possible information about the study was shared verbally. In all cases emails were sent with a dual purpose of providing information about the study (see Appendix A) and asking if the person was interested in participating. Those that responded positively were then asked to sign and return a participant consent form (see Appendix B). Mutually agreeable times were determined for the interviews to take place.

4.4.ii Participant Demographics

Recruitment through the researcher's professional networks risked compromising anonymity of the participants. Several participants welcomed a space to discuss imposter syndrome. Informal conversations occurred within the networks. As a result, some became aware of others' participation. To protect confidentiality, individual demographic details are withheld. All participants met the inclusion criteria. They occupied senior leadership positions in the fields of healthcare, academia and non-profit management. They were between the ages of fifty and sixty-five years old. They lived and worked in several European countries.

4.4.iii Sample size

Qualitative research prioritises rich, in-depth exploration of lived experience over generalisability. A small sample size would allow the researcher to take a deep dive into the dataset, engage with it and perform the thorough analysis that would enable recursive theme creation (Braun and Clarke, 2022).

The researcher set a target sample of between six and ten participants. This is considered to be sufficient for qualitative studies with narrow objectives (Hennink and Kaiser, 2022). In total twelve potential participants were approached. All twelve expressed an interest in participating in the study, however time constraints resulted in recruitment of seven participants.

4.5 Data Generation

A semi-structured interview was used as the data collection tool. This enabled the researcher and the participant to explore predetermined concepts while offering the opportunity for new perspectives to be introduced. Open-ended questions were used to probe the participants to gain a deeper understanding of the meanings they assigned to their experience of imposter syndrome. An interview schedule was used to guide the discussion between the researcher and participant. This ensured consistency across interviews, ensured the research question was embedded in the interview questions (Figure 2) and allowed the participants to explore the issues that were important to them (Saunders et al. 2023). There were five sections within the interview:

Section 1: Leadership Context and Identity

Section 2: Understanding the Experience of Imposter Syndrome

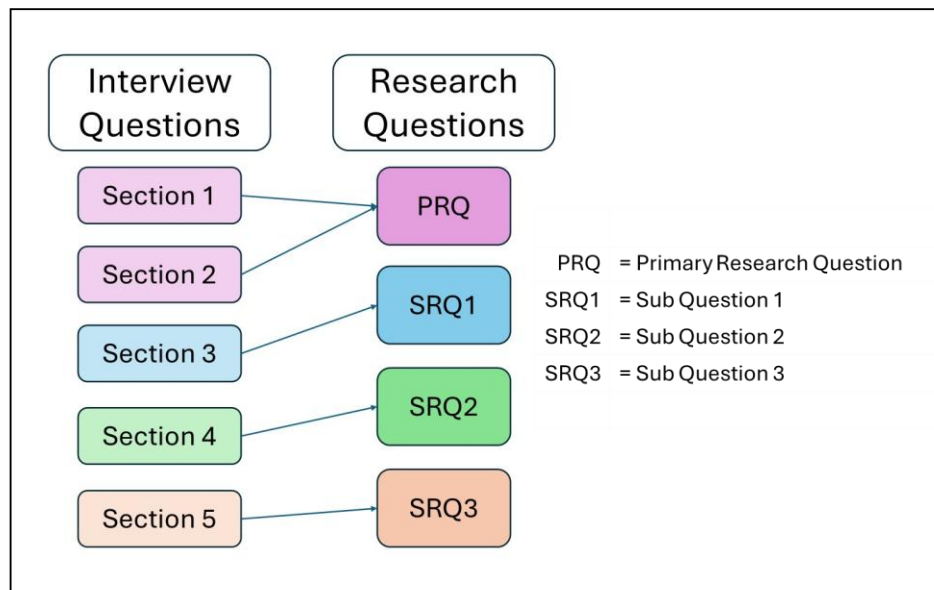
Section 3: Triggers associated with imposter syndrome

Section 4: Coping strategies

Section 5: Harnessing imposter syndrome for growth and development

The semi-structured interview schedule can be found in Appendix C.

Figure 2. How the interview sections related to the research questions.



In addition to questions directly aligned with the research objectives, participants were also asked: *‘What advice would you give to women navigating leadership who might be struggling with similar experiences?’* This question was designed to capture applied, experience-based insights. The responses were not central to the thematic analysis for the study, however they could provide practical relevance and inspiration for women leaders. The inclusion of this question reflected the interpretivist commitment to valuing participants lived expertise and ensured that their voices could directly inform potential strategies for supporting women in senior leadership roles. These responses have been collated in full and are available [at this link](#)

Due to the international nature of the participants, interviews were conducted online using Microsoft Teams. Interviews ranged in duration from forty to sixty minutes and were recorded with the participants prior written and verbal (during the interview) consent. The interviews were transcribed using the built-in Microsoft Teams transcription tool. Each transcript was reviewed and checked for accuracy and completeness alongside the video recording. The researcher annotated within the transcript where non-verbal cues occurred, such as pauses, facial expression, tone changes and emotional responses. When the researcher was satisfied that the transcript was a true and accurate reflection of the interview the file of the recording was digitally shredded. Any identifying information in the transcripts was redacted or anonymised.

4.6 Data Analysis

The interview transcripts were analysed using reflexive thematic analysis (Braun and Clarke, 2022). This technique was chosen because it is aligned with the interpretivist stance and provides a flexible way of analysing qualitative data whilst maintaining fidelity to the participant's voice. It facilitates the creation of shared patterns across accounts and supports the researcher to place the relational and contextual dynamics that are central to this study to the fore. Through this method, knowledge is derived through a co-construction process, with the researcher being an active partner in the process (Buys and Oberholzer, 2023).

4.6.i Reflexive Thematic Analysis: Approach and Process

Reflexive thematic analysis is a 'Big Q' qualitative approach (Willig, 2008). It intrinsically honours and upholds the principles and values of the qualitative paradigm. Knowledge is understood as being socially constructed, context dependent and partial, and the subjectivity of the researcher is considered a resource rather than a potential threat to the quality of the research (Braun and Clarke, 2024).

The researcher engaged in a recursive, inductive process which aligned with the six-step process outlined by Braun and Clarke (2022). Starting with familiarisation with the data, then initial coding and identification of patterns. This is followed by construction of themes and then further development and naming of the themes that relate to the research objectives and questions (University of Auckland, 2022). Through this technique the researcher was able to observe and study the divergent and convergent perspectives raised whilst preserving the sanctity of each participants individual narrative (Saunders et al. 2023).

Coding of Transcripts

An online platform (ATLAS.ti, 2024) was used to facilitate the labelling of the excerpts in the transcripts. An inductive, semantic and critically realist approach was applied to coding. This was to ensure the coding stayed close to the participants language and that the coding and theme development were driven by the data and accurately and explicitly reflected the data. The analysis therefore will report on an assumed reality that is evident from the data (Braun and Clarke, 2025). This approach was appropriate as the study

aimed to explore experiences of imposter syndrome, with a focus on meaning-making in relation to professional identity and decision-making. Codes were primarily descriptive, capturing key actions, beliefs, and emotions (for example, ‘authenticity’, ‘indecisiveness’, ‘emotional challenge’). The interview transcripts were coded in two rounds. The first round served to generate codes that occurred on first reading. The second round served to re-read the transcripts, checking for coding consistency and that all relevant data segments had been coded.

Theme construction

One hundred and sixty codes were developed (similar codes were merged). These were grouped, aiming to create linked concepts and shared meaning into twenty-one preliminary clusters. These clusters were then reviewed and revised through repeated engagement with the data and reflection on how they contributed to the developing analysis to generate candidate themes. These were further revised, refined and defined to ensure that they demonstrated a ‘pattern of shared meaning underpinned by a central concept or idea’ (University of Auckland, 2022). As the candidate themes began to take shape, the researcher considered their relevance and resonance in relation to the research objectives and questions. This was not performed as a rigid test, rather as part of the ongoing reflexive process to ensure the analysis was coherent and meaningful in line with the study aims. Full details of the code clusters and candidate themes can be found in Appendix E.

Five themes were constructed.

4.7 Researcher Positionality and Reflexivity

The researcher identifies as a female senior leader who at the time of the study occupied an organisational management role. The researcher is a woman who has lived experience of imposter syndrome. This information was shared with all the participants at the start of the online interview call. Coming from this position, a shared context with the study participants was created, which supported trust and rapport during the interviews. Participants often reflected on their sense of being understood, and the importance of having a safe space to share their stories. This may have encouraged them to speak more openly about some of the vulnerabilities they encountered as part of their experience.

However, it must also be acknowledged that such an ‘insider view’ of the researcher carried with it the potential for over-identification with participants experiences and for personal perspectives and assumptions to influence data analysis and interpretation. By following the Braun and Clarke (2022) process for reflexive thematic analysis, the researcher was able to demonstrate their active participation in the identification of the themes as they spoke to the researcher.

A reflexive journal was kept throughout the study. The researcher documented their own thoughts and emotional reactions during and after the interviews and whilst engaging with the data in the analysis phase. This supported the interrogation of assumptions and positionalities, particularly given the researcher's own professional background in leadership and gendered organisational contexts. As a female in a position of senior leadership, and a person who is often stifled by the feelings of imposter syndrome it is important to acknowledge that the data analysis process has been influenced by the researcher's own social context, experiences and theoretical position.

Appendix D contains examples of the reflexive journal notes. Through critical reflective questioning the researcher was able to understand how their own assumptions might influence the interpretation of data. This facilitated the researcher to step back, check their own preconceptions and thus maintain fidelity to the participants stories, ensuring the integrity of the study and safeguarding transparency.

4.8 Ethical Considerations

Ethical research is concerned with the safety and wellbeing of and respect for the participants (Cresswell and Creswell, 2022). Ethical approval was sought from the National College of Ireland Ethics Committee. Key ethical issues were addressed in this study:

- Informed consent was obtained prior to participation.
- Confidentiality and anonymity were assured through pseudonymisation and data storage.
- Participants were allowed to withdraw from the study at any time without consequence.

- Secure data management using encrypted device and password protected folders which are restricted to researcher access only. Recordings were destroyed following transcription verification, anonymised transcripts will be kept for five years before digital shredding.

Chapter 5. Analysis and Findings

5.1 Introduction

This chapter presents the findings generated from the reflexive thematic analysis of the interview data.

Five overarching themes were constructed that illustrate the nuanced ways the participants made sense of their imposter experiences. Each theme reflects a shared pattern of meaning. In this chapter, the themes are presented, supported with transcript extracts and analytic commentary. The use of extracts preserves the individuality of each participant whilst also demonstrating the shared patterns of meaning that were interpreted through the data analysis process.

5.2 Overview of the Themes

The reflexive thematic analysis resulted in the construction of five themes that illuminate the complex and multifaceted dimensions of imposter syndrome as it has been experienced by the participants. Collectively, these themes address the research questions and therefore the study objectives (Figure 3). The themes also highlight how participants have navigated imposter experiences throughout their leadership journeys, sometimes needing to resist them, often reframing them and in many cases transforming them into opportunities for professional development.

The five overarching themes that were created through engagement with the data are:

Theme 1: Earning and owning leadership legitimacy

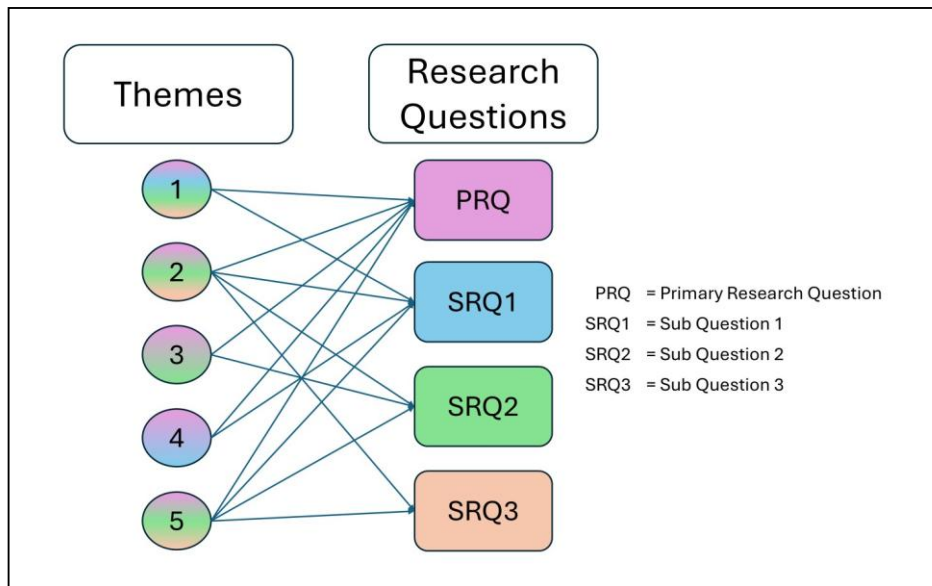
Theme 2: Carrying the emotional load of imposter syndrome

Theme 3: Decision-making under the shadow of doubt

Theme 4: Navigating the social landscape of imposter syndrome

Theme 5: Embracing the imposter as a lifelong companion

Figure 3. How the five themes relate to the research questions.



5.3 Theme 1: Earning and Owning Leadership Legitimacy

“It’s helped me get where I am now.” (P1)

This theme captures how participants interpret their experience of imposter syndrome and how it shapes and defines them as a leader. It reflects the literature’s emphasis on the interplay between self-perception, the perception of others and leadership identity development. It is directly related to the primary research question and sub-question 1.

Common to all participants was the persistent presence of imposter syndrome and the ongoing work of negotiating between the internal self-doubt it created and the development of confidence, maintenance of authenticity and the building of agency as a leader:

“and you’re firm and capable in your position. But it’s always in the back of my mind. Can I really do that?” (P6)

“I genuinely am authentic and that comes across, so and I think that comes from the imposter syndrome, this is who I am warts and all. I have to accept this is who I am and recognise my limitations.” (P4)

Clance and Imes (1978) observed that imposter feelings often intensify during career transitions. This was echoed in the narratives, participants often described the

heightening of imposter feeling at pivotal career moments, such as promotion or the start of a new role. They described how the experience of imposter syndrome can bring leadership awareness to the fore and perhaps serve as a catalyst for growth:

“Suddenly I was expected to run the department...so I just had to get on with it” (P1)

“so it's more or less like, I didn't earn what I was getting and I always felt like now I will be exposed...but it never happened. So I guess something for me happened when I got [senior leader role]...going through everything I have done over the years, I think I realised that maybe I am good enough, maybe I am capable of being a leader.” (P3)

A strong sense of being acutely aware of the dissonance between how the participants were perceived by others and how they perceive themselves was present in all the narratives. Some participants described how this disconnect can undermine leadership identity, aligning with the work of Downing et al. (2020). Although there was recognition that this can also enhance the depth of reflexivity that the participants bring into their leadership practice:

“I'm finally seeing myself as some of those things [that others say about P4] but I didn't for a very long time. I think I recognise now why people see that. I probably went through a phase where I was very flattered not in an arrogant way, but I was taken aback that people would see me like that because I didn't feel that about myself...So I think I've come on a journey. I never saw myself as kind of worthy of those kind of things, but it's starting to resonate more now.” (P4)

“So I think you have to just believe in yourself and try and see what others see, but then that's easily said. And why can't I believe in myself? Why would I expect other people to if I don't? (P5)

The recognition that a perception gap existed was described by some of the participants as a key moment in their understanding of imposter syndrome. This prompted deeper reflection into why they didn't see themselves the way others did and became a catalyst to address imposter syndrome as a facet of them as a professional:

“and I distinctly remember her saying to me....you know you should think of applying for [job]....and at no point in time had I ever thought of myself in that role and I sort of just

looked at her and I said 'right'...up until that point, I genuinely would have had no countenance that that would even be possibly me.” (P2)

Through the narratives, the participants described how their leadership identity was constructed through relations with others, organisational structures and through developing agency to respond in situations of ambiguity. The weight of a title can invoke the feelings of imposter syndrome, and leadership is described as something to be earned rather than being automatically conferred through role or title:

“When I qualified as a [profession]...am I really ready for this responsibility” (P1)

“Now I'm in this job, I come with a title that means people are expecting me to know what I'm talking about... a lot of people would be in leadership roles, but it doesn't make them good leaders. It just means that they're in a position of power and that's something different.” (P5)

The participants expressed a strong preference to remain authentic, honest and true to their values as a leader. Some of the participants described how their experiences with imposter syndrome had helped them to be more authentic and self-aware:

“You have to be authentic with your own confidence, lead with integrity and stay true to your own values and find a way to navigate through feeling like an imposter, without faking. If you try and fake, it just makes it all worse.” (P1)

Closely linked to the fidelity to authenticity was the inclination to resist inauthenticity in leadership, even if this meant exposing vulnerability. This mirrors the work of Domínguez-Soto et al. (2024) who described a virtuous cycle of imposter syndrome, which can serve to maintain authenticity. This also highlighted an emotionally challenging element of the participants experiences:

“Sometimes knowing when to display your vulnerability and be yourself...you've got to learn sometimes...I'm too honest in that and then that can come back to bite you. So it's trying to see when you can do it, when you can't, but I actually think, I'm just being myself I can't be anybody different...just being content with that and really having a bit of a confidence in that.” (P2)

Through these accounts the participants describe how for them, imposter syndrome is highly integrated with their leadership identity development. It provides a lens for self-reflection and examination and has challenged participants to clarify and focus on their values and strengths. They have described how developing and growing as a leader was not about exterminating imposter syndrome but acknowledging it and learning to lead alongside it, and that the experience of imposter syndrome can support professional growth and lead to a more integrated, resilient leadership identity:

“I realised that I actually really do enjoy leadership roles...even if I sometimes doubt myself” (P2)

5.4 Theme 2: Carrying the Emotional Load of Imposter Syndrome

“These feelings of being an imposter can be overwhelming, and it's kind of energy consuming for me...and it's like instead of using that energy in a positive way and being more constructive and more creative, there are times I go to the point of exhaustion.” (P7)

This theme highlights the invasive nature of the emotional impact of imposter syndrome and is relevant to all the research questions in this study. It mirrors the literature's centrality of self-doubt and extends to enduring emotional and psychological burden (Bravata et al., 2019).

Having the experience of imposter syndrome creates a complex emotional terrain that the participants need to navigate. Feelings of anxiety and edginess were commonly described, often in relation to leadership situations, however a persistence was also alluded to:

“I always feel like I am going to make a mess of things. And I'm always, always anxious and edgy. So I would probably withdraw and hold back from putting myself forward from doing things because I don't like the feeling of being anxious.” (P1)

All the women describe how they are often engaged in an intricate internal dialogue with their ‘imposter voice’. The imposter voice amplifies their anxiety, self-doubt and fears:

“I think awareness of it spurs me on to turn down that voice so it's fine that the voice is there sometimes but the voice needs to be managed, and it needs to be turned down or turned off”. (P2)

Sometimes the voice creates emotional dissonance:

“Sometimes the imposter syndrome voice is different, talking different to what your heart says. Sometimes you want to say to that little voice ‘just go away’, but it is always there, so you have to talk to it and listen, and then say ‘OK, now I can do it.’” (P6)

Yet they also describe a counter voice. A voice that is aware of the absurdity of the imposter syndrome, will listen with a heightened sense of awareness and a determination to try and manage the imposter voice:

“So I have to try and have a louder voice, my rational voice, that’s louder than the voice that’s saying, you’re going to get found out, you’re a fraud, you shouldn’t be here. One that says you’ve got this.” (P1)

The self-doubting voice, the accompanied anticipation of failure, or the fear of exposure are described extensively in the literature. In the study it was described by many of the participants as something that was persistent in their professional life. Some of the participants talked about a positive engagement with their imposter voice, which didn’t aim to quiet or suppress it, but rather acknowledged and redirect it:

“...to try and just turn it around and realise what could be perceived as a negative and think well that actually is a strength and realise I’ve got this far and I can do it and I’ve demonstrated it in various ways so...I’ll take it, I’ll take the learning from it and try to get rid of the other stuff. That’s just noise.” (P2)

This self-affirmation, grounded in competence and experience acts to counter the imposter voice. This proactive choice demonstrates heightened emotional awareness and resilience. However, the conscious and emotional effort involved in taking this approach was also a common shared sentiment, described by the participants as ‘emotionally exhausting’, ‘angst’, ‘agony’, ‘distress’:

“there’s a cost to that and you’ve also got to be in the right space. It takes energy and takes resilience and time.” (P2)

This theme demonstrates how the experience of imposter syndrome presented the participants with a distorted self-perception and a persistent feeling of deficiency which was incongruous with their objective reality as a leader. It highlights the considerable

emotional effort required to dampen the imposter effect and that this work is embedded within leadership. The narrative accounts illustrate that the participants demonstrated high levels of emotional intelligence, with all of them describing themselves as leading with empathy (which was a perception of themselves that they did share with others). Being emotionally aware, reflective and introspective has helped to shape them as leaders and supported them to navigate their leadership journey in the presence of imposter syndrome:

“It has made me much more aware, I’m more aware of other people. I think I’m quite emotionally intelligent and I rely on that quite heavily because you can see a lot more in people if you come from that lens, rather than just treating them like people you manage. You treat them like people you lead and try and figure it out...and it’s still a work in progress but in myself I’m a little bit more confident. So I feel less haunted by the whole thing.” (P4)

5.5 Theme 3: Decision-Making Under the Shadow of Doubt

“I probably use more time taking my decisions...yeah it’s difficult to take decisions fast. Because I’m not certain of myself, I know this is the right way to go, so actually the imposter syndrome, which is not a good thing...but it could be turned around to a thing that you can use positively as well.” (P3)

This theme explores how imposter syndrome intersects with and influences decision-making in the leadership context. It is relevant to the main research question and sub-question two. Of the five themes, it is the only one that revealed quite different perspectives of the participants demonstrating mixed effects in this case on their perception of themselves as a decision-maker. Some of the participants were inclined to reflect on decision-making as a challenge and one that is unduly impacted by the experience of imposter syndrome. Offering sometimes meticulous over-preparation, hesitation and second-guessing as key aspects of their decision-making that the experience of imposter syndrome initiates within them. Some however, they felt they were good at making decisions:

“I think I’m good at making decisions. I don’t second guess myself or doubt myself with that. What I might do, if I had any doubt about something I’d said or done...I would talk to people. I’ve got a few people I would run things by and ask ‘what do you think?’ And I think

that's a little sign of that insecurity still in some things. I'm very secure in a lot of the decisions I make. But there's always a little bit of doubt about certain issues and making sure I've done the right thing.” (P5)

Interestingly, on deeper discussion about decision-making, the participants described how their experiences often prompted a more reflective, strategic intentionality about making decisions, which was grounded in self-scrutiny and thoughtfulness. This aligns with the findings of Kotanko (2025) who recognised there may be a positive consequence in decision-making through a deliberate, values driven process. This was considered a strength by the participants, even though the acknowledgment was there, that others may consider it a weakness:

“And as I say, I don't like to take decisions at once. That's not what I like. I like to read things through, go into the literature. Sometimes they force me to make decisions at once and that is what I don't like at all. So sometimes I tell them ‘listen, I will come back in 10 minutes. I just need to orientate myself and then I will come back’. But it's not easy in a situation where you have to have a quick turnaround with decisions. But I try to listen and have a sort of a conversation with that voice in my head and say, ‘OK, what is your reasoning and why and then decide. I think that's how it has influenced my decisions.” (P6)

Reflection on decision-making from this participant illustrates the discomfort felt about decision-making under pressure and reveals a level of confidence and surety in their identity as a leader:

“I thought particularly about through covid where I had no choice, I had to make decisions instantly and quickly, but in a measured way as much as I could, and I knew I could do that. It was very transactional and it's not my way...it's not who I am” (P2)

Values based decision-making is described as an important aspect of authentic leadership:

“I constantly second guess myself, but what brings me into focus is my core values and my sense of purpose. I might be hesitant about decisions, but I don't see that as a

weakness, because ultimately, I like to think my decisions are made based on my core values of integrity, honesty, inclusion. This is how I stay authentic.” (P1)

Proactivity around decision making was described as a way the participants mitigate the self-doubt and uncertainty that imposter syndrome causes when making decisions. Techniques were described that demonstrated a growth-oriented mindset. These included having structured processes in place to support decision-making and being prepared for a situation where decisions don’t go well, which focuses on constructive adjustment and learning rather than blame or self-criticism:

“If something goes wrong, I don’t dwell on it, I focus on what I can learn “ (P5)

This theme demonstrates that the experience of imposter syndrome has a significant influence on decision-making, however, it is evident that influence is not always a negative one.

5.6 Theme 4: Navigating the Social Landscape of Imposter Syndrome

“We all sit there with our imposter syndromes...we all know that feeling.” (P3)

This theme addresses the primary research question and sub-question one. The experiences of imposter syndrome are inseparable from the relational and social environments in which leadership occurs (Feenstra et al., 2020). Through this theme, the participants describe how their experiences of imposter syndrome are shaped by the relationships, organisational structures and social contexts in which they are working. Some of these trigger and intensify the experience, reinforcing self-doubt and perceived inadequacies. Others serve as a buffer, providing support, understanding and affirmation. Some of the participants linked the heightening of imposter feelings with relationships constructed through hierarchical structures. This was described from positions of being both higher and lower in a hierarchy:

“Yeah, this feeling of being an imposter is there...every one of us has a concrete role, yet in regard to the relationship with the other [position], there’s this perception...they are meant to be in charge...we are subordinated. So yeah, that will be a place of discomfort for me.” (P7)

“The junior’s look up to me of course because I’m one of the seniors...and I feel this imposter ‘am I really fit to be the senior?’” (P3)

The participants described divergent perceptions in relation to the impact of gender dynamics. Some of the participants expressed their belief during the interview that men do not experience imposter syndrome, while others suspected that they do, just as much as women:

“I have a suspicion that it is not just women who have it. Having mentored a few men and what you see is they’re every bit as vulnerable and are not sure of themselves, but they just don’t maybe call it imposter syndrome.” (P5)

Both male and female colleagues were described as being able to specifically trigger the imposter experience:

“I was working with these guys...there was a lot of you know, like sussing you out and does she know what she’s doing, all of that stuff. And I’m thinking they’ll think I’m stupid...how am I going to manage that. I need to operationalize a different way of doing it and lead, so the imposter syndrome for me is sometimes when they ‘what about this?’ or when I’m challenged a bit on it.” (P2)

“The imposter syndrome telling me you cannot do it..deep in my heart I say I cannot really do it...It influenced me in the past. My [manager] kept me quite low, as low as possible to not threaten her basically and so you should speak up for yourself, but you cannot.” (P6)

Sometimes the participants described how it wasn’t a structural hierarchy that triggered the experience, but a perceived hierarchy, positioning others who were thought to be more intelligent, described by P1 as ‘*smarter, cleverer, better, advanced*’, in a superior position. Others alluded to the increasing experience related to a critical self-comparison with peers, and the internal conflict raised by perceptions of external expectations. Linked to this was the unwillingness to appear arrogant or overconfident which resulted in a reluctance of the participants to accept credit or claim their achievements. While this may have been done for self-preservation, it also reinforced the internal narrative of not being truly deserving of their success:

“I do struggle with peers more than people I don't know at all. If I'm talking to a group of people who I've never met before I don't feel nervous. But talking in front of people who I know and who know my subject area, I find that quite intimidating, you know, people would expect that I would know a lot more. So I think that triggers it.” (P5)

“If some one says ‘well done’, my instinct is always to deflect, I usually say it was a team effort, or I was lucky. It's very hard to just say ‘thanks’ and own it.” (P1)

Some of the participants described how the recognition that others experience imposter syndrome was often emancipatory and instrumental in the development of their reserves to be able to manage their own experience. The open recognition providing mutual benefits, often bringing relief, offering an opportunity to talk about it, to receive support and to encourage an internal reframing. Participants often described the importance of having female role models, the external objective evidence of an ability to overcome the imposter serving as a source of inspiration and an antidote to the isolation and self-doubt:

“When somebody tells me they have imposter syndrome, I just feel like going, oh, thank God it's not just me. Because sometimes it feels like it is just me, but when somebody shares that they have it too, it just lifts the load, it lightens the burden, just saying it, getting it out there. And there's some women that I have met who've told me that they have imposter syndrome, and I look at them and I go, ‘you are so confident and brilliant, how can you have imposter syndrome?’ So that makes me think I can also be confident and brilliant and I can manage imposter syndrome, they make me see it's possible.” (P1)

Some however felt there was a more sinister element surfacing when others experienced it:

“I think some people, it makes them even more falsely seem as though they're very secure and that they don't have it. Like you wouldn't know that felt that way because they go the other way, you know, quiet high and mighty and speak down to people, and I sometimes think that's because they're quite insecure in themselves.” (P5)

This theme has illustrated how the experience of imposter syndrome is influenced by some of the interpersonal connections associated with leadership roles. Often these can

trigger or exacerbate the experience. However, the participants in this study have described how there is a beneficial effect brought about by the acknowledgment of shared vulnerability, enhanced validation and a strong sense of camaraderie and kinship:

5.7 Theme 5: Embracing the Imposter as a Lifelong Companion

“No matter where I go, I will go with this in me” (P7)

This theme reinforces the observation in the literature review that with reframing, imposter syndrome can have beneficial consequences (Domínguez-Soto et al. 2024; Kanatova, 2023). It captures how the participants have demonstrated adaptability and flexibility to be able to not just manage the experience of imposter syndrome, but to transform those experiences to encourage, enable and empower them as leaders. It relates to all the research questions.

A shared sentiment in the participant accounts was that the experience of imposter syndrome is persistent and enduring, although for some, the intensity of it may lessen over time. Even though it was often perceived to be a burden with negative consequences, all the participants were able to identify and articulate how it had contributed to their leadership journey, motivating them to grow and learn, supporting them to become more empathic and helping them to build resilience:

“It's two sides of the same coin, so you can be vulnerable, but at the same time it can make you a better person and make you more understanding and make you more approachable.” (P5)

“When you reveal some of this, I think it's that transparency, it's that honesty about you know, this is me, this is who I am. So I think it has given me courage in a strange way.” (P4)

In describing their strategies and resources for management of the imposter experience, some of the participants offered practical suggestions, such as keeping a file to store compliments in, intentional journalling, physical activity and wellbeing practices such as mindfulness and yoga. Owning recognition through simply saying ‘thank you’ in response to the acclaim of others was described as a challenge. Yet, in addressing the challenge, and acknowledging the discomfort it created participants were stimulated to be able to park their imposter feelings and accept the praise with grace and fortitude:

“I realize now that I do suffer terribly from imposter syndrome, and I have strategies now to address it. So when people give me feedback, I try to just take it and then try to say ‘thank you very much’. I try to not dwell on the negative...and I’m more aware...but it’s still a challenge to try to manage.” (P2)

Brought to the fore in this theme was the participants sense of strategic self-preservation. Accounts describe how the experience of imposter syndrome in exposing vulnerability, at the same time has driven their self-awareness:

“And when I’m feeling particularly vulnerable, I have to do something to reduce that because it’s not good for me. And I have learnt to do that.” (P2)

The importance of learning was a shared pattern in the participant narratives. This included the acquisition of formal education which underpinned knowledge and skills and adaptive learning through leadership experience and the deeper reflective learning of oneself. The latter being described as a significant outcome of their experience:

“We tend to look at life as a linear thing, but actually it’s more of a spiral thing and it might sound a contrast, but you get out of it [imposter syndrome] by growing out of it. So I feel I grew every time through an upwards spiral. So I grew every time, although physically, biologically, I was older, internally, I felt younger, refreshed.” (P7)

Several women described how, grounded in empathy, they had fine-tuned their ability to recognise when other women were experiencing imposter syndrome. In their role as a leader, they felt a responsibility to provide support and encouragement, facilitate open discussion and even create leadership opportunities:

“She really suffers from it and I recognized that in her and I promoted her and she has thrived. She needed that boost...She and I would talk about imposter syndrome, I suppose we had the language for it. I think it gives you the skill to recognise it in others more quickly maybe.” (P4)

The sense of being responsible for supporting other women who experience imposter syndrome was a strongly shared sentiment across all the participant accounts. All the participants described the importance of having role models and then in turn becoming a role model for others. This demonstrates a profound understanding of how their

experiences of imposter syndrome have been weaved into their leadership identity, subtly acknowledging the importance of how a leader shapes and influences others through their own behaviour and actions (Downing et al. 2020).

There was heightened awareness of the destructive isolation and loneliness the experience creates. All the participants agreed that this needed to be exposed and addressed, describing that unchecked, imposter syndrome *‘thrives in silence’*, likened to a *‘taboo’*, a *‘silent’* or *‘hidden disease’*. Few of the participants had sought or been offered opportunities to talk about their own experience. Those that had were adamant of the cathartic value of being able to talk about it in a psychologically safe setting. Meaningful relationships with others can be cultivated based on the shared understanding of the impacts of imposter syndrome. This was highlighted as a key aspect that should be incorporated into leadership development programmes:

“I think getting it talked about would be great...we're talking about it but it's probably the second or third conversation I've ever had at any length about it...people passingly refer to it and almost brush it off, I think talking openly about it and how it feels, a lot of it's about feeling rather than the doing. Usually people who have imposter syndrome are pretty good at doing, it's a compensation mechanism isn't it. So it's talking about the feeling and talking about it to women and if you're recognising it in developing leaders, and it could be men as well, it's recognising it as something that's part of leadership development. Recognising that it's a thing and giving people coping mechanisms. And if you could do that much earlier, it's like how are we going to give her the tools or him the tools to develop and overcome this.” (P4)

In embracing the imposter as a lifelong companion, the participants have presented the power of transformation that lies behind the subtle shifts from isolation to community, from internal deficit to shared human experience. This relational perspective underpins a broader representation of their experience, where one person's insecurity can become a bridge to connection and leadership that uplifts and inspires others. This marks a significant turning point, from a position of resisting the imposter experience to fully integrating it as a core characteristic of their leadership identity. Those that have done this are able to lead with empathy and a deep perspective and understanding of how other women may be experiencing leadership.

These findings reveal that the experience of imposter syndrome is fluid and dynamic. It is shaped by context, relationships and perceptions. While it presents clear challenges to leadership identity and decision-making, many participants developed strategies to reframe, manage, and even harness it. Taken together these accounts illustrate how the experience of imposter syndrome can be reinterpreted as a source of strength, wisdom and leadership evolution.

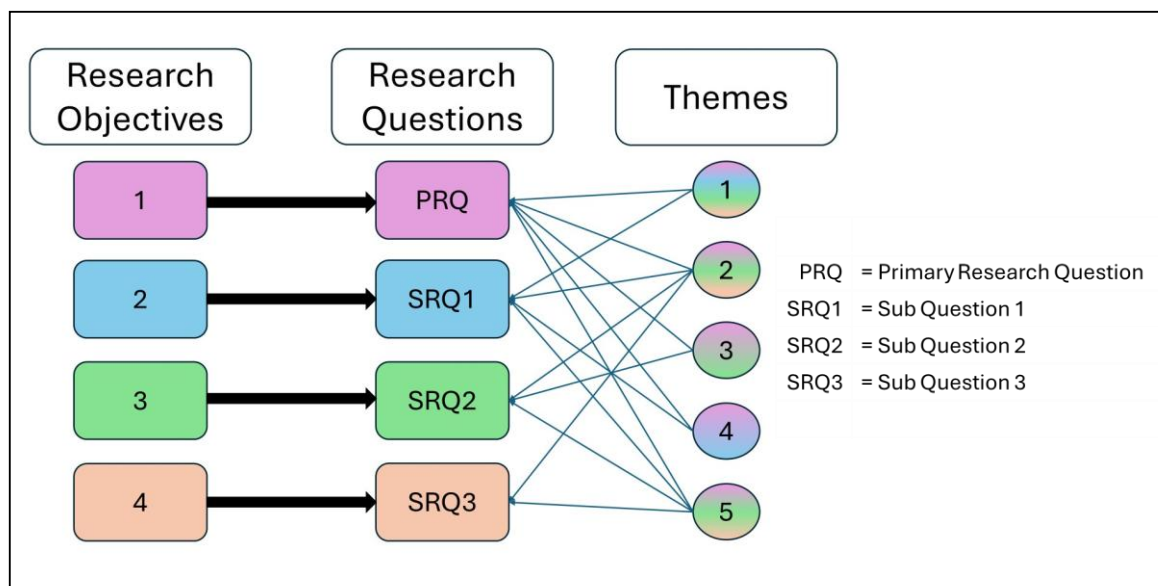
Chapter 6. Discussion

6.1 Introduction

This chapter provides an interpretation of the study's findings within the context of the current body of literature. The discussion integrates the five themes that were created through reflexive thematic analysis of the data to address gaps highlighted in the literature review and to contribute to the academic knowledge about the experience of imposter syndrome. The implications of the findings for current leadership development and organisational practice will be considered.

Each section will begin with a study objective. The objectives were the foundation stone of the research questions outlined in Chapter 3. How the themes that were created through the analytic process relate to the objective will be integrated into the discussion (Figure 4). This approach ensures there is a clear link between what the study intended to explore and what was discovered.

Figure 4. How the research objectives, research questions and analysis themes are connected.



6.2 Interpretation of the Findings

6.2.i Objective One

To contribute to the academic understanding of imposter syndrome through the exploration of the subjective experiences of female senior leaders and examination of its influence on their leadership identity, decision-making and professional growth.

The findings indicate that the experience of imposter syndrome is persistent and enduring. This aligns with the early work of Clance and Imes (1978) and particularly with the previous qualitative studies (Domínguez-Soto et al. 2024; Mirabal et al. 2024; Kanatova 2023; Hutchins and Rainbolt 2016). The theme *‘Embracing the imposter as a lifelong companion’*, demonstrates that rather than eradicating imposter feelings, participants have adapted and been able to integrate them into their leadership identity.

The emotional work involved was illustrated in *‘Carrying the emotional load of imposter syndrome’*. Aligning with the literature (Tewfik et al. 2024; Bravata et al. 2019), the participant accounts demonstrated the multifaceted nature of the experience. Echoing Tewfik et al. (2024) and aligning with Merchant (2024), the study suggests the emotional engagement with imposter syndrome leads to a deepening of resilience and empathy and more emotionally intelligent leadership. Contradictions with the literature were noted. The findings did not correspond with Hudson and González-Gómez (2021) who surmise shame as a central response to imposter syndrome with a resultant negative impact on performance. Hutchins, Penney and Sublett (2017) concluded imposter experience is directly related to negative job satisfaction. Neither shame, nor poor job satisfaction was raised by the participants in the study.

Through the theme of *‘Earning and owning leadership legitimacy’*, participants described a continual negotiation of their identity, crafted through their interactions with others, their performance and their internal perceptions. This aligns with the work of Downing et al. (2020) on how the experience of imposter syndrome can infiltrate leader identity, however, there is divergence. What the authors described as a ‘vicious cycle’ (imposter syndrome as cause and effect of poor performance) was not evident from the participant accounts. On the contrary, findings agree with those of Domínguez-Soto et al. (2024) who

describe the ‘virtuous cycle’. Participants were able to describe their heightened sense of awareness, acknowledgment and reframing of imposter syndrome as an ongoing process embedded into their leadership practice. A practice that was rooted in authenticity and congruent with core values. This challenges some of the earlier work which suggests that imposter syndrome can erode leader identity (Kark et al. 2021).

In contrast to much of the literature, this study suggests that leaders that experience imposter syndrome make careful, considered and values-based decisions as self-doubt tempers overconfidence. *‘Decision-making under the shadow of doubt’* revealed two perspectives on decision-making. Hesitance, over-preparation and deliberation were linked to the feelings of self-doubt, reinforcing the view of Kotanko (2025). However, where Kotanko leans towards framing this as a decision-making deficiency, the participants described a more thoughtful, considered reflective approach, suggesting that the experience of imposter syndrome could enhance decision-making capability (a minor observance in Kotanko’s paper). Some of the participants described themselves as confident decision-makers. They elaborated on the trusted ways they had developed to support them to take this stance. They didn’t explicitly express that imposter syndrome had underwritten this, but it would be reasonable to assume that it had contributed to their learning. This may indicate that developing confidence in decision-making is evidence of adaptive learning in response to feeling like an imposter.

It was evident through *‘Navigating the social landscape of imposter syndrome’* that participants experiences were shaped by their social environment, particularly structural or perceived hierarchies, expectations of others and gender dynamics. These findings are highly supported in the literature (Desai et al. 2025; Aparna and Menon 2022; Feenstra et al. 2020; Ladge et al. 2019).

This study did not set out to compare experiences across genders. The findings align with the study of Hutchins and Rainbolt (2016), which suggests females are more adaptive in their coping. Some participants described their suspicions that men coped differently, suggesting that gender does influence coping strategies.

These findings demonstrate the ongoing, fluid and dynamic influence of the experience of imposter syndrome on leader identity and decision-making. The experience, while

challenging and at times uncomfortable, is not uniformly negative. Professional growth is facilitated through the development of reflective, adaptive practices that integrate learning, build resilience and support the leader to remain authentic. Imposter syndrome is an asset of leadership that can be a catalyst for development. This is a valuable contribution to the academic understanding and challenges prevailing assumptions that frame imposter syndrome as a deficit that needs to be rectified.

6.2.ii Objective Two

To explore the contexts, relationships and expectations that shape and trigger the experience of imposter syndrome.

The findings reveal that the experience of imposter syndrome is deeply embedded in, triggered and shaped by relational and organisational contexts. This is convergent with much of the literature (Tewfik et al. 2024; Feenstra et al. 2020; Bravata et al. 2019; Hutchins and Rainbolt 2016). In section 6.2.i (above), interpersonal relations and the impact of other people's perceptions and expectations was described as a component of leadership identity formation. A change in job situation (starting a new role or promotion) signalled a time of intensified challenge to leadership identity, aligning with observations of Clance and Imes (1978). Participants placed emphasis on the importance of '*Earning and Owning Leadership Legitimacy*', viewing leadership as way of being more than a title. That said, the role of leadership is defined by a purpose and shared goals (Yukl and Gardner, 2019) and therefore the title has implicit requirement to relate to others, both as leader and as follower. This hierarchy of roles, or more specifically the demands from above and below were described as factors that specifically trigger the imposter experience. This aligns with several works (Kark et al. 2021; Downing et al. 2020) that suggest the visibility of leadership, coupled with external scrutiny can lead to intensified pressure and heightened imposter feelings. Linked to this are the perceived hierarchies that exist in the workplace. Study findings suggest these are constructed when working alongside highly competent peers and create a heightened sense of imposter syndrome.

Relationships where the presence of imposter syndrome is openly acknowledged can be beneficial, particularly if the other person is similarly affected. The findings indicate that

shared experience, having a role model(s) and mutual validation can help to reduce feelings of isolation and is supported in the literature (Domínguez-Soto et al. 2024; Mirabal et al. 2024; Kanatova 2023). A similar finding was observed in the seminal work of Clance and Imes (1978) yet it's potential for exploration went largely overlooked. This study, and others suggest that peer disclosure is an important step in the management of imposter syndrome. Exchanges with others that foster trust, a sense of belonging and psychological safety can support reframing of imposter syndrome as shared and normalised. The findings from theme five *'Embracing the imposter as a lifelong companion'*, demonstrate how such reframing can be instrumental for professional growth.

The study confirms much of what the existing literature says about the relational and contextual dimensions that trigger and shape the experience of imposter syndrome. Through capturing narrative accounts, it has created a compelling picture of how these factors can trigger, shape and buffer experiences. There can be coexistence of aggravating and alleviating factors in the same setting. This can inform organisational supports that can help women leaders to navigate these dynamics, understand their influence on imposter feelings and value them as constructive elements of leadership identity.

6.2.iii Objective Three

To examine the coping strategies and resources that support women in senior leadership roles who experience and reframe imposter syndrome.

The findings demonstrate that female senior leaders draw on a range practical, individual (personal) and relational (social) strategies and resources to manage and reframe the experience of imposter syndrome. Practical strategies included mindfulness, physical activity, consciously accepting praise and reflective journaling. The qualitative data helps to indicate how these practices are rooted in self-awareness and resilience and can support the person to 'park' or comfortably hold their imposter feelings and in some cases, transform them into a source of growth. This is reflected in the work of Domínguez-Soto et al. (2024) and Kanatova (2023). Further, through *'Carrying the emotional load of imposter syndrome'* the participants illustrated how they used reframing techniques,

self-compassion, and grounding of perspective to actively manage their experiences. These approaches echo findings in the literature that intentional cognitive reframing can reduce the negative emotional impact of imposter experiences.

Relational strategies, ranging from simply ‘talking about imposter syndrome’ to receiving mentorship or coaching were described as significant enablers in the management of the experience. Having the opportunity to receive constructive feedback and grounded validation challenges the persistent self-doubt and undermines self-limiting beliefs and self-perceptions. This is a central tenet of Cognitive Behavioural Therapy and is suggested by Langford and Clance (1993) as an effective management strategy. There are however tensions within the literature about the heavily laden inference of a ‘therapy’ intervention. As Feenstra et al. (2020) point out, this can serve to diminish the impact of organisational factors on the experience of imposter syndrome and risk further isolating the individual. Normalising the experience and adopting a virtuous cycle approach (Domínguez-Soto et al. 2024) positions the experience as something that can be integrated into leadership development, rather than something that needs to be eradicated.

The findings indicate that although imposter syndrome may persist, its impact can be moderated. Participants in the study have demonstrated how it is possible to grow alongside and because of the experience. This contributes significantly to the current literature, emphasising the intricate interplay between the experience, internal mindset shifts and external relational supports which if embedded into leadership support and development will not only sustain leaders, but also empower them to build resilience in themselves, and therefore in others.

6.2.iv Objective Four

To generate insights that can support women leaders to harness imposter syndrome experiences for professional growth and leadership development.

In ‘Embracing the imposter as a lifelong companion’, the findings demonstrate how the study participants have learned to actively integrate their experience of imposter syndrome into their leadership approach. Using proactive, positive reframing it has served to drive and maintain authenticity, develop empathy and emotional intelligence

and build resilience. LaPalme et al. (2020) suggest emotional intelligence is associated with lower incidence of imposter syndrome. This study would suggest it has a buffering effect.

This beneficial influence of imposter syndrome is under-researched and only recognised in the few existing qualitative studies (Domínguez-Soto et al. 2024; Mirabal et al. 2024; Kanatova 2023; Hutchins and Rainbolt 2016). Participants acknowledged that the imposter feelings are enduring and sometimes unrelenting, yet at the same time there was recognition of an advantage. Self-doubt, second-guessing and struggling with praise, can coexist with self-assurance, empathy, and a finely tuned ability to relate to and support others. The findings suggest that leaders who display openness about vulnerability and confidence through authenticity, are role modelling for others. Psychologically safe, inclusive and supportive spaces are created. This can enhance wellbeing, engagement and ultimately organisational performance.

In summary, this study augments the literature by showing that imposter syndrome is an integral part of leader identity that can be consciously integrated into leadership practice and development. It can lead to more careful, considered decision-making and is an instrumental catalyst for professional growth.

6.3 Implications for Practice

This study has provided evidence that imposter syndrome can be positive if managed and does not need to be ‘cured’. The findings suggest it can be a source of untapped potential. Recognition of it, and support for it can enhance leadership. This could be achieved through a multilayer organisational framework which considers the individual leader, leadership development and organisational culture and policy.

6.3.i At the Individual Level

Adopt personal reframing strategies: Use some of the tools identified in this study, such as reflective journalling, using a ‘compliments file’ and intentional acceptance of praise as ongoing rituals.

Maintain your authentic vulnerability: Regularly engage with and espouse your core values. Understand how vulnerability and confidence can coexist in leadership to create trust and encourage openness in teams. Model this for others.

Leverage emotional intelligence: Intentionally use empathy and emotional intelligence to demonstrate how they can support you as a leader and strengthen team inclusion, cohesion and engagement.

6.3.ii In Leadership Development Programmes

Acknowledge imposter syndrome as an asset and increase awareness: Recognise it as an integral part of leader identity. Normalise the experience above considering it a deficit or weakness This can then open to opportunities for constructive reframing.

Develop ‘decision-making under the shadow of doubt’ as a leadership strength: Demonstrate how self-doubt can stimulate careful, considered and values-based reflective decision-making.

Develop emotionally intelligent leaders: Support and encourage leaders to use empathy, vulnerability, and authenticity to build trust and psychological safety in the workplace.

6.3.iii Organisational Culture and Policy

Normalise open discussion of imposter experiences: Peer disclosure and mutual validation can reduce isolation and enable proactive reframing of imposter syndrome

Mentorship and coaching: Provide opportunities for mentoring or coaching. Use a strengths-based approach through feedback and affirmation. Imposter syndrome is not something that needs to be fixed.

Review performance management and promotion processes: Transparent criteria, inclusive role models, and equitable recognition systems can reduce triggers related to perceived hierarchies and external scrutiny.

Encourage and foster cultures that are psychologically safe and inclusive: Cultures that serve to buffer the negative aspects of imposter syndrome can amplify its adaptive potential.

6.4 Study Limitations

Several limitations of the study are acknowledged. Its small sample size will result in findings that reflect only the included participants, and these may not reflect the full diversity of the experience of imposter syndrome in female senior leaders. A cross-sectional design allowed only an insight to the experience of imposter syndrome at a single point in time. Several of the participants, all of whom occupied a senior leadership role, alluded to a 'journey' with imposter syndrome. To extract further learning about the nature of that journey a longitudinal design would be appropriate.

In recruiting from the researchers own personal and professional networks, potential biases had to be acknowledged and managed. These included selection, social desirability and confirmation biases. These risks were mitigated through careful communication about confidentiality and anonymity, and through ensuring the provision of a psychologically safe space for the interviews. Using snowballing sampling would be a way of reducing such biases in future studies.

Conducting interviews online impacts on the dynamics between the researcher and participant. There may be reduced observation of non-verbal cues that can provide insightful nuance for analysis, and while the researcher aimed to capture these as far as possible in the online environment, conducting the interviews in person may be more appropriate for deeply personal conversations.

A common theme identified through the analysis was the importance of sharing experience with others and having the safe space to talk about imposter syndrome, with all the participants referring to the perceived therapeutic value of the interviews. Holding a focus group with the participants might have added value. Whilst this is not strictly a limitation, it would be among the methodology recommendations for future research in this area.

Chapter 7. Conclusion and Recommendations

7.1 Conclusion

This study set out to explore the lived experience of imposter syndrome among female senior leaders. It aimed to focus on its influence on leadership identity, decision-making, and professional growth. Through an interpretivist, qualitative approach it sought to address recognised gaps in the literature.

The experience of imposter syndrome was explored from the perspectives of seven female senior leaders. Reflexive thematic analysis enabled the researcher to play an active role in the co-construction of its findings.

Five themes were developed that demonstrate shared patterns of meaning across the seven participants. These themes reveal that the experience of imposter syndrome is persistent and sometimes burdensome, yet it can be integrated into leader identity in ways that nurture and develop authenticity, empathy, resilience and reflective decision-making.

The findings of the study present a significant challenge to the deficit assumptions in much of the existing literature that depicts imposter syndrome as uniformly harmful. It adds weight to emerging perspectives that frame imposter syndrome as a dynamic, contextually shaped experience that offers much adaptive potential. This research emphasises the importance of organisational cultures and leadership practices that normalise rather than pathologise imposter experiences. Enabling leaders to use their experience as a catalyst for professional growth.

7.2 Recommendations for Future Research

This study has made a valuable contribution to the understanding of imposter syndrome. In doing so it has opened up several opportunities for further research.

Participants in this study described their ongoing journey with imposter syndrome as part of their professional career. Conducting a longitudinal examination would capture how the experience evolves over time and identify critical moments that create perception shifts which transform it from a limiting to an emancipating, adaptive experience.

Replicating the study with a mixed gender sample would allow the examination of similarities and differences between male and female leaders experiences. This could deepen insight into how gender shapes the integration of imposter syndrome into leader identity. Including leaders from varied sectors, organisational structures and cultural contexts would enhance understanding of how different environments trigger, shape or buffer the experience of imposter syndrome.

This study has demonstrated the depth of complexity of imposter syndrome. Conducting mixed-methods studies that combine qualitative depth with quantitative measures could provide a rich understanding of both the subjective experience and measurable organisational impacts. This would provide vital insights for leadership and organisational management practice.

7.3 Final Reflections

This study demonstrates that imposter syndrome in female senior leaders can be a transformative aspect of leadership. With proactive, positive reframing and in a supportive, encouraging environment it can enhance leadership abilities. This study encourages several mindset shifts about the experience of imposter syndrome; from considering it a liability to valuing it as an asset, from seeing it as problem to appreciating its potential. These subtle shifts can lead to cultures that recognise vulnerability as a strength and understand that leadership is not defined by the absence of self-doubt, but by the courage to lead alongside it.

The final words of this study belong to P7:

“No matter where I go, I will go with this in me”

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Appendix A: Study Information

Study title: The enigma of imposter syndrome: Unravelling its impact on leadership identity, decision-making, and professional growth among female senior leaders.

Researcher information

Name: Joanne Brennan

Programme of study: Masters of Business Administration (MBA)

Institution: National College of Ireland

Contact email:

Contact phone number:

Supervisor: Corina Sheerin

Purpose of the study

The purpose of this study is to explore imposter syndrome as experienced by females who are working in or have worked in senior leadership positions.

The study aims:

5. To contribute to the academic understanding of imposter syndrome through the exploration of the subjective experiences of female senior leaders and its impact on them as a professional, with particular focus on the impact on their leadership identity and decision-making behaviours.
6. To identify the common triggers of imposter syndrome and discover effective coping strategies that can inform workplace practices to create supportive environments for women in senior leadership roles.
7. To empower women leaders to harness the experience of imposter syndrome for growth and development.

It is intended that the outcomes of the study will provide value for women in leadership positions who ‘suffer’ with imposter syndrome by providing them with insights into strategies to manage it, empower them to embrace it and use it to enhance their professional and leadership potential.

Your participation in this study will provide valuable insights to enhance the understanding of imposter syndrome.

What participation in this study will involve

Participation in the study is completely voluntary. An online semi structured interview will take place using the Microsoft Teams platform. The interview will take between 30 and 45 minutes to complete. The interview will be recorded and transcribed, and the transcription will be used for analysis. You can decline to answer any questions or withdraw from the study at any time without needing to provide a reason.

Confidentiality and anonymity

Your identity will be kept confidential. Any information that could be used to identify you will not be used in the final report. Your identity as a participant will be known only to the researcher. All data will be securely stored in password protected files on an encrypted device and in a secure cloud platform. It will only be accessible to the researcher. Interview recordings will be destroyed after transcription. All study data will be digitally shredded (destroyed) 5 years after the publication date.

Potential benefits and risks

The benefits of participation include making a contribution to a deeper understanding of some of the challenges female leaders face in relation to the experience of imposter syndrome. The findings of the study may be helpful for female leaders of the future.

Discussing personal experiences may evoke emotional responses and feelings of vulnerability, discomfort or distress. This is a risk associated with participating in this type of study. Please be reassured that your wellbeing is of paramount importance to the researcher. The following safeguards have been put in place:

1. You have complete control over how much information you share. You can skip any questions that you do not wish to answer.
2. You can pause or stop the interview at any time without the need to give a reason.
3. The interview will be conducted in a safe, private and respectful manner. The researcher will be empathetic and sensitive and listen to your story with fascination and compassion.

Where to go if you have more questions or concerns

If you have any questions about the study that are not addressed in this document, please contact the researcher directly via email or telephone.

If you have any ethical concerns regarding this study, please contact the Ethics Board at the National College of Ireland.

Appendix B: Participant Consent Form

Study title: The enigma of imposter syndrome: Unravelling its impact on leadership identity, decision-making, and professional growth among female senior leaders.

Researcher information

Name: Joanne Brennan

Programme of study: Masters of Business Administration (MBA)

Institution: National College of Ireland

Contact email:

Contact phone number:

Supervisor: Corina Sheerin

By signing this form you confirm that:

1. You have read and understand the 'study information sheet' provided.
2. You agree to participate in this study voluntarily.
3. You consent to the recording of the online interview and the transcription of the interview for research purposes.
4. You understand that you can withdraw your consent to participate at any time.

Participant name:

Participant signature:

Date:

Researcher name:

Researcher signature:

Date:

Appendix C: Semi-Structured Interview Schedule

Section 1: Leadership Context and Identity

1. Can you briefly describe your current or most recent leadership role?
2. What does being a senior leader mean to you personally?
3. In your view, how do others typically perceive you in your professional environment?
4. How does this perception align with how you see yourself?

Section 2: Understanding the Experience of Imposter Syndrome

5. Can you tell me about the first time you realised you were experiencing imposter syndrome?

What words or phrases would you use to describe that feeling?

6. Could you share a specific moment in your career when imposter syndrome affected how you showed up as a leader?
7. How do these experiences impact how you view your own leadership identity today?
8. In what ways does imposter syndrome show up in your decision-making processes or behaviours?
Are there particular types of decisions (e.g. strategic, interpersonal, high-risk) where it's more noticeable?

9. Have you ever held back from promoting yourself, advocating for a role, or pursuing an opportunity because of these feelings?
What helped you move past that, if anything?

Section 3: Triggers associated with imposter syndrome

10. Are there particular contexts—such as meetings, presentations, evaluations—that tend to heighten your imposter feelings?

Are these external triggers (e.g. feedback from others) or internal (e.g. self-comparison, perfectionism)?

11. How do relationships—such as those with colleagues, mentors, or peers—shape your experience of imposter syndrome?

Have you noticed differences in this across different cultural or organisational settings?

12. Are there particular power dynamics or societal expectations that influence your experience?

Do you think your gender, age, or ethnicity has ever played a role in how you experience or respond to imposter syndrome?

Section 4: Coping strategies

13. Over time, what have you learned to help you manage or navigate these experiences?

What strategies have been most or least effective for you?

14. Do you seek support or mentorship when dealing with these feelings?

What does that support look like?

15. How do you balance the need for vulnerability with the expectations of being a confident leader?

16. What strategies have you found helpful to manage your experience of imposter syndrome?

Section 5: Harnessing imposter syndrome for growth and development

17. Can you think of any ways in which imposter syndrome has contributed to your professional growth or resilience?

18. Do you see any strengths or leadership traits that have emerged *because* of this experience, rather than despite it?

Has it made you more empathetic, reflective, or intentional in any way?

19. If you were to “reframe” imposter syndrome, how would you describe it to other aspiring women leaders?
20. What advice would you give to women navigating leadership who might be struggling with similar experiences?

Section 6: Closing

21. Is there anything important that we haven’t covered that you’d like to share about your journey with imposter syndrome?
22. Looking back over this conversation, what stood out as most important or meaningful to you?

Appendix D: Example of Researcher Reflexive Notes

“what I cannot do is fake confidence and. I can't fake stuff. I am genuinely very authentic in how I am with people. I cannot fake laughter. I cannot fake, I can't make stuff up that it's not there. Yeah. So I, um, have to know that, that also that might be a bad thing because if somebody says something and I don't particularly like it, then they can see it on my face. So I have to balance being authentic, being true, being honest and having my integrity, which is vulnerability in itself. With knowing that if I have all of that, then I can be confident because I, because they're the core values for me, integrity, honesty, heart, authenticity. So if I am doing all of those things, then I can be confident in what I'm doing. If I'm not doing all of those things, I can't be confident. So the whole thing feels even worse.”

I initially coded the above excerpt with ‘lack of confidence’, ‘vulnerability’, ‘values’, ‘authenticity’, and attached a negative sentiment label to it. I could identify with the struggle of being conflicted internally because of feeling like an imposter and felt that this paragraph pointed towards the importance of being authentic in leadership. However, on subsequent reading, and deeper reflection, the red text became much more interesting to me as I felt this revealed a triumph. The participant was describing their own reflective learning; ‘then I can’, which demonstrated the role that their imposter experience had in helping them to grow their confidence. I kept the initial coding (as they represented multiple dimensions), however whilst I initially assessed this paragraph to have negative (struggle) sentiment, I was now seeing it displayed an element of ‘self-assurance’ and ‘transformation’ (growth) and these codes were added. This challenged my previous assumptions that the experience of imposter syndrome was always negative. This was an important reflexive moment, as my own perceptions may have led me to overemphasise challenges at the risk of missing areas that spoke to growth and development.

“I've earned my stripes”

This phrase appeared in four of the participants transcripts, in answer to the question; ‘How do these experiences impact how you view your own leadership identity today?’ Initially, this was coded as ‘credibility’. My personal stance led me to assume this was a

defensive statement, an attempt to justify ones position as a leader. The military connotations of this statement also interested me in how it may for some of the participants represented how systemic hierarchical dynamics had influenced their experience. However as the phrase appeared multiple times, I went back to the excerpts to review what was being communicated. Demonstrating credibility as a leader was indeed common to all participants, but I also discovered a deeper interpretation of defiance (positive sentiment) as opposed to what I had initially assumed would be justification (negative sentiment). This again challenged me as a researcher to not let my initial assumptions go unchecked.

“and I distinctly remember her saying to me....you know you should think of applying for [job]....and at no point in time had I ever thought of myself in that role and I sort of just looked at her and I said right.... and she says well think about it.....but I sort of just looked at her and she planted a seed but I, up until that point, I would have had no, genuinely would have had no countenance that that would even be possibly me.”

“he said to me can I ask you something and I said sure and he said um why are you so driven? I didn’t think I was very driven and I never knew that about myself.”

My initial response to both excerpts (from different participants) was how they really exemplified for me the discrepancy or ‘perception gap’ that is a common experience of imposter syndrome; how the person perceives themselves is often widely out of sync with how others perceive them to be which was a common occurrence in the transcript data. However, these excerpts struck me as revealing something more though about the moment of recognition that the gap exists and how this plays out in the development of the leader with imposter syndrome. This prompted me to develop a new code ‘recognition of imposter syndrome as a catalyst’

“as I’ve gone through my career and moved up into senior positions, I’ve always been a bit. I’ve I’ve always had promotional posts...So I was always like pioneering these roles and I kind of always felt like I winged it a bit because there wasn’t anyone to follow or

anyone to teach me what I was doing. So I was always a bit surprised when people listened to me.”

Turning points in the participants careers (promotions, new roles) were common situations that triggered the experience of imposter syndrome. The above excerpt forced me as a researcher to shift my focus from what I initially understood to be an insecurity driven by the imposter experience, to instead recognise the work involved in constructing leadership roles and identity despite doubt. My revised view then enabled me to interpret this as a demonstration of resistance to imposter syndrome through action.

“they were so self-assured and they were focused and they were entitled and all of those things and I thought first of all I had to learn how to manage that and secondly I had to learn about myself in that process and to understand why I wasn't like that...I was always wrestling with it”

My own experience with imposter syndrome doesn't feature me comparing myself to others. I purely define myself as an imposter in terms of my inner beliefs that I am not good enough. The above excerpt, and those similar to it made me recognise that my reality is such a strong part of my interpretation. The comparison to others wasn't something I had anticipated would arise in conversation. It was a feature of many of the conversations with the participants, further impressing on me the requirement to continually check and address my own assumptions to ensure they did not quiet the participants voice and meaning.

Appendix E: Codes, Clusters and Candidate Themes

Theme 1: Earning and owning leadership legitimacy

Codes	Clusters	Candidate themes
Authenticity Integrity Authenticity and purpose as leadership anchors Mentorship rooted in authenticity and resilience Values driven leadership Leadership authenticity and credibility Credibility Core values	Authentic leadership	Owning leadership Legitimate leadership Authentic leadership
Confrontation Social anxiety Social awareness Social feedback Reluctance to accept credit Triggers Perceived as a threat Barrier to self-advocacy Discomfort recognising achievements Prioritising others	Social pressures and barriers	Conflict between external recognition and internal acceptance
Competence Leadership qualities Professional identity Leadership awareness Strengths awareness Role change/expansion/promotion	Leadership identity and development	Learning leadership skills
Desire for growth Growth mindset Lifelong learning Learning through teaching Age related learning Adaptive learning	Lifelong learning and adaptability	Learning leadership skills Adaptive leadership
Comparison with others (negative) Self-perception Discrepancy between internal and External perceptions Recognition as catalyst for self-perception shift Self as barrier to progression Insecurity Self-denial	Self-perception and growth	Growing as a leader

Inadequacy		
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Theme 2: Carrying the emotional load of imposter syndrome

Codes	Clusters	Candidate theme
Anger management Anxiety Emotional awareness Emotional challenges Emotional exhaustion Emotional intelligence Emotional regulation Empathy	Emotional regulation and awareness	Emotional impact of leadership
Invisibility of imposter syndrome Persistent nature of imposter syndrome Imposter syndrome as taboo Exacerbating factors - internal Undervaluing oneself Fear of exposure Prioritising Others	Imposter syndrome and internal barriers	Acknowledging the imposter voice
Resilience Withdrawal Self-care Detachment Disengagement Isolation Internalisation Energy drain Overwhelm Self-neglect Procrastination	Resilience and self-care	Managing the imposter voice

Theme 3: Decision-making under the shadow of doubt

Codes	Clusters	Candidate theme
Decision-making uncertainty Indecisiveness Overthinking Over-preparation Hesitance Second-guessing Fear of judgment Fear of failure Fear of exposure	Decision paralysis and fear	Overcoming fear-driven hesitation to enable effective decision-making

Autonomy Responsibility Trust in own decisions Self-representation Proactivity Impulsivity versus caution Proactive choices	Decision-making confidence	Confident decision making Proactive decision making
Values-driven reflective decision making Structured process for decisions Mitigation strategy	Strategic and reflective decision-making	Integrating reflection, structure, and mitigation into values-driven decisions

Theme 4: Navigating the social landscape of imposter syndrome

Codes	Clusters	Candidate theme
Gender differences Gendered power dynamics Awareness of manipulation from others Anxiety in hierarchical relationships Hierarchical dynamics Exacerbating factors - external Power imbalance Conformity Authority assertion Gender inequality High expectations by others Rigid systems	Power dynamics and systemic barriers	Recognising and responding to systemic inequalities and hierarchical challenges
Community Connection with others Interpersonal relationships Shared experience Social interactions Social relationships Social support Realisation of shared experience Belonging	Social connection and belonging	Cultivating community and connection to strengthen resilience

Theme 5: Embracing the imposter as a lifelong companion

Codes	Clusters	Candidate theme
Inexperience Leadership challenges Leadership development Personal growth Positive reframing	Leadership development as a journey	Navigating the personal and professional evolution of leadership

Adaptive learning Self-improvement Professional navigation		
Advice-giving Empowerment of others Encouragement of others Support for others Women's empowerment Recognition of Imposter syndrome in others Role modelling for others	Supporting and empowering others	Fostering growth, confidence, and resilience in others through support and role modelling
Coping tools and techniques	Practical strategies	Practical help
Coping strategies Verbalisation of imposter syndrome Proactive reframing Imposter syndrome as positive Talking about it helps Positive reframing Self-Improvement Avoiding negative thoughts Cognitive reframing	Cognitive and emotional reframing	Reframing mindsets and emotions
Self-affirmation Positive self-talk Comfortable accepting credit Validation as evidence Achievement recognition Self-acceptance Self-acknowledgment	Self-affirmation and validation	Building inner confidence through affirmation and recognition
Learning from others Peer support Seeking support Supportive advice from others Transformative role of others Others as role models Feedback seeking Trust in others	Social support and learning	Harnessing interpersonal connections for growth and resilience
Confidence Lack of confidence Self-confidence Self-esteem issues Vulnerability Perfectionism	Building confidence and resilience	Building leadership resilience Being real Protecting outward image
Reflection Self-awareness Self-criticism	Self-reflection and growth	Using the imposter voice Being real

Self-doubt Self-reflection Internal dialogue Questioning choices Fear of failure Self-compassion Courage Self-scrutiny		
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