University of Southampton

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An Interpretative Phenomenological Analysis of Impostor Syndrome in Medical Students from Low Socio-Economic Backgrounds

Volume 1 of 2: Thesis

DOI:

by

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Abstract

Faculty of Medicine
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An Interpretative Phenomenological Analysis of Impostor Syndrome in Medical Students from Low Socio-Economic Backgrounds

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Impostor Syndrome is generally considered to be the feeling one gets when they believe themselves to be inadequate for the position that they are in, considering themselves to have attained that position through luck or administrative error. While its colloquial use is most often in reference to intelligence or ability, anecdotal evidence suggested that students from low socio-economic or ethnically diverse backgrounds often felt like impostors because of these characteristics instead. Due to recruitment and retention issues within the NHS, UK medical schools are being encouraged to expand, meaning that Widening Participation programmes to encourage applications from underrepresented populations are becoming ever more popular. While an increase in the diversity of medical professionals is a positive step forward, it necessitates a better understanding of the psychological experiences of these groups to maximise well-being and improve the medical school and medical career experiences of all future doctors.

In this study, semi-structured interviews were held with six medical students who met the eligibility criteria for a Widening Participation to Medicine programme, meaning that they all come from low socio-economic backgrounds. Interpretative Phenomenological Analysis was used to first explore the interviews idiographically, and then all six interviews to develop cross-case findings.

Concordant themes across all participants were 'The Impact of Others', 'Attitudes' and 'Challenges', while the themes of 'Feelings' and 'Extra-Curriculars' were only present in a subset of participants. Key findings indicated that Impostor Syndrome manifested differently across participants: while some were concerned that they were not intelligent enough to succeed at medical school, others were confident in their academic abilities but exhibited concerns about how their ethnicity or socio-economic background meant that they didn't fit the stereotype of a medical professional.

Participants' discussions of experiences that 'triggered' Impostor Syndrome demonstrated the ongoing impact of seemingly innocuous events or interactions with others. Some participants also described ways in which they tackled feelings of Impostor Syndrome through taking active steps to improve their attainment. While these were effective at reducing Impostor Syndrome in terms of academic ability, when Impostor Syndrome was experienced due to having a certain background, suggested measures to mitigate it all required external, systemic change.

These findings highlight the need for both institutional and individual responsibility to be taken in order for Impostor Syndrome to be adequately addressed, and to ensure that students of all backgrounds are made to feel welcomed and valued.

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Research Thesis: Declaration of Authorship

Print name: Chloe Langford

Title of thesis: An Interpretative Phenomenological Analysis of Impostor Syndrome in Medical Students from Low Socio-Economic Backgrounds

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;

Signature: Date: 01/03/24

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Thanks also to my second supervisor, Dr Sarah Rule, who often had the arduous task of keeping Sally and I grounded and focused throughout the last four and a half years. Your knowledge, insight, and linguistic perspectives have been invaluable in shaping the research and allowing me to embrace a multi-disciplinary approach.

I have been lucky enough to be a part of the Medical Education Widening Participation Research Group since I started my PhD. Each and every member of this group has offered vital insight, motivation and support, for which I am very grateful. I always look forward to our weekly meetings, where you inspire me with your own research, reassure me when I am struggling and never fail to make me smile (not always an easy task on a Monday morning!). I look forward to continuing to work alongside you all and seeing what you do next.

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If I were to list everyone (and every animal!) who has helped me in some way on this journey, these acknowledgments would run longer than the thesis. To the rest of my family, friends, and colleagues, please know how deeply grateful I am for all your support; I hope to soon regain my evenings, weekends, and lunchbreaks and look forward to reconnecting with you all.

Conference Presentations and Publications

Whilst undertaking this PhD, I have been fortunate to have been involved in a number of other projects, all of which have shared themes with this research. Those which have been presented at conferences are listed below, with the presenting author in bold.

Conference Presentations

DNC4 2021

Online Presentation: *Reverse Mentoring in Medical School: Challenging the Deficit Discourse*

Heather Mozley, Chloe Langford, Sally Curtis, Joseph Hartland, Jacquie Kelly

ASME 2022

Oral Presentation: *An Interpretative Phenomenological Analysis of Impostor Syndrome in Medical Students*

Chloe Langford, Sally Curtis, Sarah Rule

ASME 2023

Oral Presentation: *Representations Of Impostor Syndrome Through I-Poems: 'What Am I Doing Here?*

Chloe Langford, Sally Curtis, Sarah Rule

E-poster: *Investigating the Understanding and Impact of the NHS Bursary on Gateway Medical Students*

Christianah Obembe, Sally Curtis, Chloe Langford

E-poster: *Evaluation of the Impact of Medical Schools Council's Summer Schools 2022 on the Students that Attended*

Daniel Jackson, Sally Curtis, Chloe Langford

Oral Presentation: *An Exploration of the Impact of Being a Student Reverse Mentor*

Harry Chapman, Sally Curtis, Chloe Langford

AMEE 2023

Short Comms on Demand: *Representations of Impostor Syndrome Through I-Poems: 'What Am I Doing Here?*
Chloe Langford, Sally Curtis, Sarah Rule

Oral Presentation: *Evaluation of the Impact of Medical Schools Council's Summer Schools 2022 on the Students that Attended*
Daniel Jackson, Sally Curtis, Chloe Langford

ASME 2024

Oral Presentation: *From Social Relationships to Social Support: Facilitating Workshops to Enhance Widening Participation Students' Sense of Belonging at Medical School*
Chloe Langford, Heather Mozley, Sally Curtis, Josette Crispin, Rebecca Bartlett

Oral Presentation: *Addressing the Undergraduate Awarding Gap Through Participatory Action Research*
Sally Curtis, Linda Turner, Chloe Langford, Josette Crispin, Kathleen Kendall, Jacquie Kelly, Peta Coulson-Smith, Dahye Yoon, Oseahumen Momodu

Oral Presentation: *An Exploration of The Long-Term Impact of Being a Staff Mentee on a Reverse Mentoring Scheme*
Daniel Mohammadian, Chloe Langford, Sally Curtis

AMEE 2024

Oral Presentation: *Participatory Action Research, Student Workshops and Staff Training: Methods to Address the Awarding Gap*
Sally Curtis, Linda Turner, **Chloe Langford**, Josette Crispin, Kathleen Kendall, Jacquie Kelly, Peta Coulson-Smith, Dahye Yoon, Oseahumen Momodu

Publications

Curtis, S., Mozley, H., Langford, C., Hartland, J. and Kelly, J., 2021. Challenging the deficit discourse in medical schools through reverse mentoring—using discourse analysis to explore staff perceptions of under-represented medical students. *BMJ open*, *11*(12).

Estabrook, E., Langford, C. and Curtis, S., 2024. Programme evaluation of the general internal medicine training programme. *Future Healthcare Journal*, *11*(2).

Curtis, S., Kelly, J. and Langford, C., 2024. Supporting (early) professional development for students from widening participation backgrounds. In *Pedagogies of Widening Participation in Medical Settings* (pp. 115-127). Routledge.

Langford C., Mozley H., Curtis S., Crispin J. and Bartlett R., forthcoming. From Social Relationships to Social Support: enhancing Widening Participation students' sense of belonging at medical school. *Widening Participation and Lifelong Learning*.

List of Definitions

Impostor Phenomenon....Synonymous with Impostor Syndrome

Impostor Syndrome.....Feelings of self-doubt, inadequacy, and fraudulence, generally among high-achieving individuals

Monostich.....A line in a poem, presented as a stanza on its own to emphasise meaning

Stanza.....A unit of poetry, akin to a verse in song, or a paragraph in prose

Traditional Entry.....The 'typical' route to a degree or programme. In this context, the 5-year medical school course

Volta.....A turning point in the structure, meaning or tone of a poem

Widening Access.....In Higher Education, the access of underrepresented groups to university, often used synonymously with Widening Participation

Widening Participation....In Higher Education, the participation of underrepresented groups, with the aim of removing barriers to, and succeeding at, university

Abbreviations

AI.....Artificial Intelligence

BM5 .....The traditional entry Medicine course at UoS

BM6 .....The widening participation to Medicine course at UoS

EI .....Emotional Intelligence

FSM.....Free School Meals

FSME.....Free School Meal Entitlement

GEM .....Graduate Entry to Medicine

GET .....Group Experiential Theme

GMC.....General Medical Council

HE .....Higher Education

HP .....Hermeneutic Phenomenology

IMD .....Index of Multiple Deprivation

IPA .....Interpretative Phenomenological Analysis

IS .....Impostor Syndrome

KS5 .....Key Stage 5 (the final stage of secondary school in the UK

L1/L2/L3/etc .....First language, second language, third language, etc

LLM .....Large Language Model

MedSoc.....Medicine Society

MMedSci .....Masters in Medical Sciences

MSS.....Minority Status Stress

NHS .....National Health Service

NS-SEC .....National Statistic Socio-Economic Classification

NTS.....National Training Survey

OfS .....Office for Students

Abbreviations

OSCE .....Objective Structured Clinical Examination

PAT.....Personal Academic Tutor

PET.....Personal Experiential Theme

SES .....Socio-Economic Status

TE .....Traditional Entry

TP.....Transcendental Phenomenology

UoS .....The University of Southampton

WA.....Widening Access

WAMSoc.....Widening Access to Medicine Society

WP .....Widening Participation

COVID Impact Statement

My PhD started in October 2019, and so was drastically impacted by Covid both in terms of practicalities, and personally.

Practical Impact:

As explained further in Section 1.1, the initial plan for my project involved data collection during either the Summer 2020 OSCEs or January 2021 OSCEs. The Summer 2020 OSCEs coincided with the first lockdown and so did not take place, and so we instead hoped to collect data during the January 2021 OSCEs. Understandably, there was a lot of uncertainty around whether and how these would take place, and the added pressures on the assessment team meant that organizing recording of these was not feasible, and so my supervisors and I decided to review the project plan and research questions. While there were other factors influencing the change in project, the loss of data collection due to Covid was the most impactful, and this change meant that a new project was designed and started 15 months into the PhD. Due to the blanket extension granted to all PhD students as a result of lockdown, this decision came later than it would have, as it was the first progression review which served as a catalyst for the change. This ordinarily would have taken place 9 months into the PhD, but instead was initially held at 12 months; the reviewer had a number of concerns about the feasibility of the project, and it was at the re-viva that was held 14 months into the PhD that it was decided that the project should be drastically changed. While there was some overlap between the original project and the final one, the timeframe for completing the final project was far shorter than was ideal, with just over 3 years from project inception to final hand-in date, with a 6-month extension included. Funding was also only granted up until September 2022, so during the last 18 months I had to undertake a large amount of paid work alongside the PhD.

Personal Impact:

As was the case for so many people, lockdown was a difficult time for me. At the start of the PhD, I moved into a student house with 6 strangers, and when lockdown was announced 4 of them moved home. Due to my mother being immuno-compromised this was not an option for me, and so I spent the first lockdown with 2 male housemates who I did not know well, which had many social challenges. I had not been in Southampton long enough to

develop a friendship network, so even when we were permitted to meet with friends outside, I still felt incredibly isolated. I was also the only PhD student who started in October 2019 within the department (Medical Education), or even the school (Primary Care, Population Sciences and Medical Education), and so there was little support available from peers. I was very fortunate to develop a good virtual relationship with a PhD student who had started the year before, and without our daily Teams meetings I'm certain I would not have been able to continue with the PhD.

In Summer 2020 I was diagnosed with depression and anxiety, and began taking medication to mitigate this, as well as having weekly phone counselling. While at the time I felt like I was coping, looking back I can see what a huge emotional impact this period of time had on me, and how much this must have affected my ability to work effectively.

Chapter 1 Introduction

1.1 The Research Journey

This PhD originally started as an investigation into assessor bias against students with non-standard English use in their Objective Structured Clinical Examinations (OSCEs), following concerns voiced by Widening Participation (WP) medicine students at University of Southampton (UoS). One of the primary aims of the study was to identify ways in which to support and guide students in their language use, but this was soon realised to be reinforcing the student deficit model. The focus was then altered to identify misalignment between student and staff perceptions of what is expected from students in the assessments, with a view to updating or clarifying the curriculum to ensure all parties fully understood the brief.

An exploratory study was conducted, in which I interviewed students on the UoS WP Medicine course (BM6) and OSCE assessors about their experiences of OSCEs and thematically analysed the results. However, following my 9-month progression review it became clear that for a number of reasons, not least the disruption to exams caused by Covid-19, this project was not viable as a PhD. The write-up of this work can be found in Volume 2: Supporting Documents.

I returned to my original exploratory study results to identify a new area of enquiry with sufficient scope and novelty for a PhD study, while remaining aligned to a Widening Participation focus. When revisiting the student interview data, the theme that held the most potential was that of '*Student confidence and self-belief*', which I described as 'short- or long-term anxieties and their potential triggers'. Comments made within this theme included reference to the student participants' belief that they only got into medical school by luck: "*I came through BM6* [UoS Medicine Gateway Programme] *and I got lucky to be given this opportunity";* that they are less able because of their background: "Y*ou see yourself automatically not as smart as a BM5* [UoS Medicine Traditional Entry (TE) Programme] *because of where you're from*"; and that their race and/or social status means that they are less desirable as clinicians: "*the white middle class male is what medicine looks like"*, "*I don't look like what you want me to look like"*. Despite OSCEs being the focal point of

the interviews, all student participants made comments within this theme, which did not specifically pertain to OSCEs.

There was also a lack of consistency in students' experiences and assessor's perceptions of students' experiences. This dissociation led me to query what other elements of the medical student experience go unnoticed or misconstrued by staff members.

With this in mind, I decided that an exploration of student understanding of Impostor Syndrome (IS), frequently associated with low confidence and self-belief[1], would be a worthy topic for this re-focused research study. Impostor Syndrome can also be referred to as Impostor Phenomenon (IP), or simply Impostorism. Within this thesis I have chosen to adhere to the former; IP can too easily become confused with IPA, and to me Impostorism is a feeling one gets, but it doesn't necessarily entail one having Impostor Syndrome. The word *impostorism* is therefore used at times in this thesis, but as something one feels which may be perceived as a symptom of IS.

Interpretative Phenomenological Analysis (IPA) was chosen as a method well-suited to exploring an existential subject matter such as Impostor Syndrome (IS). IS impacts on each person's identity, self of sense, and lifeworld in a different way, and therefore applying IPA allows for these different experiences to be investigated in sufficient depth to build a coherent picture of the phenomenon. IPA also encourages researcher reflexivity; I already have my own views and experiences of Impostor Syndrome and drawing upon these is inevitable, and IPA allows me to acknowledge and embrace this.

IPA research requires a homogenous group, which in this case is medical students from WP backgrounds. I have, however, included medical students on both traditional entry and WP programmes, as I believed it would be interesting to explore what impact, if any, being on these different pathways has on students' experiences.

1.2 Thesis Organisation

The overall structure of this document is presented here. Chapter 1 has introduced the topic and guided the reader through the research journey which has culminated in this project and thesis. Chapter 2 is an initial literature review. There is some debate among IPA researchers as to the role and appropriate position of a literature review within IPA. On the

one hand, it is traditional, and often prudent, to prepare for research by exploring current relevant literature and seeking out a 'gap in the literature'. On the other hand, this is most applicable when undertaking research with a clear theoretical framework, which IPA is not. Reviewing literature for related studies and potentially relevant theories goes against the inductive nature of IPA and may well provide the researcher with pre-conceived notions of what they will find in the data. I have therefore presented a brief literature review in Chapter 2 which provides some background information on Impostor Syndrome and some of the methods through which it has been previously researched, but it does not include a review of findings or results for the work conducted. This chapter also includes literature pertaining to the context of Widening Participation. Chapter 3 outlines the study's methodology and presents the methods used for data collection and analysis. Overviews of the individual participant analyses are found in Chapter 4; the way this has been presented is explained further in Chapter 3. The Group Experiential Themes (GETs) are presented in Chapter 5, which comprises the cross-case analysis. Chapter 6 comprises the discussion and conclusion; due to the necessary brevity of Chapter 2, much of the literature discussed within this chapter is material which has not been reviewed previously. Relating findings to relevant literature therefore requires more detail than might normally be found within a discussion, as it also functions as a secondary literature review. Finally, implications and limitations of the study are presented.

1.3 Institutional Context

This study took place at the University of Southampton (UoS) medical school, UK. The UoS medical school was founded in 1971[2], and offers five undergraduate programmes:

- BM5: a 5-year traditional entry (TE) programme lasting
- BM4: a 4-year graduate entry programme
- BM6: a 6-year widening participation (WP) programme
- BM(EU): a 5-year programme delivered across two countries. Years 1–3 are undertaken in the medical school at UoS, while Years 4 and 5 take place at the Kassel School of Medicine, Germany.
- BM(IT): an International Transfer programme. Students from International Medical University, Malaysia and University of Brunei Darussalam, Brunei complete Years 4 and 5 at UoS.

Within the UoS Medical Education department there is a research group for those whose research is intended to support students from widening participation backgrounds, referred to as WPRG (Widening Participation Research Group). This group primarily comprises students undertaking PhDs, MMedScis and 3rd Year medical projects, and so membership is dynamic, though students who are no longer undertaking their research are welcome to continue to attend the weekly meetings. These meetings are often used for members to present data and share their work with the group, ensuring that analytic processes are robust, and findings are explored in sufficient depth. The diversity of the group also helps to ensure that any unconscious biases are challenged, and research validity is maintained. This research group is referenced throughout this thesis, particularly where analytical methods are being explained.

Chapter 2 Initial Literature Review

2.1 Introduction

As explained in Chapter 1, this literature review is not intended to be comprehensive. It is an initial review of the origins of the term *Impostor Syndrome* and explores relevant literature in enough depth to present a rationale for this study without allowing prior findings to impact the analyses. Key literature surrounding Widening Participation is also presented to provide context to the study.

2.2 Impostor Syndrome

2.2.1 Origins

The term *Impostor Syndrome* (IS) was coined by Clance & Imes[3] in response to a recurrent theme in psychotherapy sessions in which high-achieving women felt that they were not deserving of their accolades. These women often explained away their academic achievements as 'luck', 'poor judgement' by assessors, or even as administrative errors. While most research focuses primarily on IS in women, some studies indicate that men may experience IS just as much[4], if not more[5], than women. It has been posited that men are not as willing to openly discuss their feelings of IS[6], and that this may contribute to a relative scarcity of literature on the impact of IS on men.

2.2.2 Measuring Impostor Syndrome

The most common method of measuring Impostor Syndrome[7] is the Clance Impostor Phenomenon Scale[8], a 20-statement list from which respondents select how true each statement is of them, from 1 (not at all true), to 5 (very true). These numbers are added together, with the final score indicating the extent of the respondent's Impostor Syndrome characteristics. Other measures include the Harvey Impostor Phenomenon Scale[9], the Perceived Fraudulence Scale[10] and the Leary Impostor Scale[11]. While these all demonstrate moderate to high internal consistency[7], the validity of scales such as these to measure Impostor Syndrome has been questioned due to discrepancies in self- vs reflected appraisals, with suggestions that these discrepancies could be self-presentation strategies on the parts

of the participants[11,12]. McElwee and Yurak [13(p.184)] suggest that scales such as these are appropriate for measuring stable personality traits, but that Impostor Syndrome is rather a "true psychological experience" and can therefore not be measured in this way. They argue that feelings of impostorism will fluctuate as a result of different circumstances, and therefore a quantitative scale completed at a given point in time will not provide a valid result. The lack of longitudinal data in studies using these scales meant that in their systematic review of Impostor Phenomenon measurement scales, Mak et al.[7] were unable to provide insight into the scales' Reproducibility (Agreement and Reliability) or Responsiveness properties, further calling into question the usefulness of these methods.

2.2.3 Overview of Literature

With the increase in awareness of Impostor Syndrome comes the potential issue of a growing acceptance of IS as the norm. In 2016, an article was published in the Harvard Business Review entitled '*Everyone Suffers from Imposter Syndrome – Here's How to Handle It*'[13]; while an improved awareness and a decrease in stigma around mental health issues is certainly a positive step forward, by normalising the experience of IS, its potential impact is at risk of being disregarded. What follows is an extract from my reflexive journal; extracts such as this will be used throughout the thesis, the rationale for which is explained in Section 3.2.9.

> *When I first started considering Impostor Syndrome as a potential research avenue, I was met with some incredulity from friends and peers due to the apparent ubiquity of IS. Particularly among fellow PhD students (outside of the field of MedEd), the general sense was that IS is something that 'every' student experiences, so a) why is it worth looking at? And b) why should there be a specific focus on medical students?*
> *My response to these is that the fact that every student experiences some level of impostorism means that there is more need to research it, not less. And in my opinion, the supposition that 'everyone experiences it' may be damaging. Feelings of impostorism exist on a sliding scale, and by assuming or implying that everybody's experience is the same, the experience of some is bound to be belittled and trivialised.*

Reflexivity 1: Deciding on a Research Topic (February 2021)

2.2.4 Impostor Syndrome in Medical Students

Impostor Syndrome is experienced by those unable to internalise their own success, leading to feelings of fraudulence[14]. Due to the competitive nature of medical school, IS affects a

disproportionate number of medical students[16], with one study indicating that almost half of female and almost a quarter of male students at a medical school in the US experience IS[15]. This study, conducted by Villwock et al.[15], used student responses to an online survey to compare experiences of IS and burnout, and found that there was a significant correlation between IS and aspects of student burnout such as emotional exhaustion (p=0.018) and cynicism (p=0.004). Similar studies have shown clear correlations between IS, anxiety and depression[16], and have identified IS as a more reliable indicator of psychological distress among medical students than any other demographic features or personality traits[17]. These studies were conducted over a 20-year period, and findings have remained largely consistent, suggesting that there has been insufficient progress made in addressing the issue of Impostor Syndrome in medical students.

While IS is known to affect people in all professions and from all walks of life[18], its disproportionate impact on medical professionals is particularly concerning, especially when considered with regard to emotional distress; Fahrenkopf et al.[19] found that residents exhibiting signs of depression were significantly more likely to make medical errors. This indicates that research into IS in medical students could have implications not only for the mental well-being of future medical professionals, but also for the well-being of their patients. As well as this link between emotional distress and clinical errors, it has also been proven that there is a correlation between the emotions experienced by clinicians and their clinical reasoning[20], but this is not widely acknowledged, nor incorporated into training of future medics.

In 2020, Gottlieb et al.[14] undertook a scoping review of literature on Impostor Syndrome in 'physicians and physicians in training' and identified 18 studies conducted since 1998. Eight of these used medical students as their participants[15,17,21–26], but all utilised a scale such as those discussed in Section 2.2.2 above, and thus yielded quantitative data. As a subjective phenomenon, Impostor Syndrome is, arguably, impossible to quantify, and therefore a qualitative methodology is necessary for a comprehensive investigation.

2.2.5 Summary

Literature on this topic indicates that IS is a reliable indicator of psychological distress among medical students[17], which in turn correlates to a higher likelihood of making clinical errors[19]. It is therefore imperative that medical students are supported as much as possible to

minimise the negative effects of this sense of impostorism. Much research into this area has been quantitative in nature, showing the prevalence of IS and its link to demographic markers, but they do not provide the details needed to fully understand the students' experience. Without this more holistic element to the research, it is unclear how the results can be used to effectively enact change. By interviewing medical students about their experiences of Impostor Syndrome in the medical school and the wider university, it is hoped that a greater understanding can be gained of the reasons students have these experiences. This will enable measures to be identified and put in place to mitigate students feeling this way, thus increasing their appreciation of their own value to the medical school, and ultimately leading to a greater sense of belonging and potentially reducing clinical errors and improving patient care.

2.3 Widening Participation

In this section, I will introduce the concept of Widening Participation and its role within Higher Education and Medical programmes.

Widening Access and Widening Participation are frequently used interchangeably, though by definition they have different focuses and priorities. Widening Access is about increasing recruitment of employees or students from underrepresented backgrounds to enter into a certain career or further education, whereas Widening Participation recognises the need to ensure that progression of individuals from underrepresented backgrounds are supported throughout the career or educational environment in question[27]. In this thesis I will be using Widening Participation (WP) throughout, though some quotes may refer to Widening Access (WA).

The globalisation of Higher Education, along with the introduction of widening participation initiatives, has led to increasing numbers of both international students and students from backgrounds which would not traditionally have yielded academically-inclined individuals. Most contemporary WP initiatives in the UK are borne out of the recommendations of The Dearing Report[28], which determined that Higher Education (HE) establishments have a responsibility to expand their recruitment aims in order to increase diversity in their student cohorts and recommended that institutions which have demonstrated a commitment to widening participation should be prioritised when funds are being allocated.

WP initiatives aim to provide a more diverse learning or working environment and promote the inclusion of society members who may not fit into the traditional stereotype associated with that particular environment. While such schemes are generally judged to be successful[29], there remain some concerns that those who benefit from them are still being treated differently to their more 'traditional' peers, either by their superiors, members of the public, or the traditional peers themselves[30].

The criteria for a WP background are dependent on its context; it will change according to the demographics and policies of the particular country, region or institution in question. For example, in countries such as Canada, New Zealand and Australia, WP initiatives primarily focus on their indigenous and rural populations[31–33], although low socio-economic status (SES) is also considered a WP criterion. In the UK, however, low SES is generally the main focus for WP initiatives, although this will differ in certain regions of Scotland, for example, where the priority may be the recruitment of students from rural areas[34]. The focus of this study is a UK-based WP programme, and therefore only the UK's WP initiatives will be explored in greater detail.

As seen here, WP priorities differ on a geographical basis, but they also change and evolve in line with society, and societal expectations. For example, in 1986, women made up only 42% of university students, and therefore widening women's participation in Higher Education was a key government focus[35], but by 1992 women's participation matched that of men[36], and by 2017 had surpassed it, with 57% of university students being women[37]. As stated in the previous paragraph, the UK's main objective of WP initiatives is to increase the number of students attending university from low SES backgrounds. While the percentage of students entering Higher Education who are eligible for Free School Meals (FSM) increased from 17.4% in 2008 to 25.6% in 2016, the percentage of students *not* eligible for FSM entering HE also increased (from 34.9% to 43.3%), meaning that the percentage point difference between the two has remained largely the same[38]. While it is not an infallible method[39], Free School Meal Entitlement (FSME) is commonly used as a measure of deprivation in the UK[40] and is sufficiently robust enough to demonstrate the intended point here: that generally speaking, students from more deprived backgrounds remain far less likely to enter HE than their more privileged peers. This disparity is amplified in certain programmes such as Medicine, in which 84.9% of students did not receive FSM, and only 8.3% did, with the remainder unsure or preferring not to disclose[41].

2.3.1 Widening Participation in Medicine

Within the field of Medicine, WP is seen as key to creating an empathetic, diverse medical workforce in order to provide the best patient experience and to better represent the societies served. Evidence suggests that doctors from WP backgrounds are more likely to opt to work in communities and areas similar to those in which they grew up[42]. As well as this improving numbers of doctors in these areas, patients also tend to report better healthcare from racially concordant doctors[43], suggesting that WP initiatives may have a positive impact on healthcare outcomes for those populations who typically exhibit higher mortality rates[44]. It is hoped that an increase in medical professionals from less advantaged areas will also mean that younger generations from these areas will then have relatable role models to whom they can look up and aspire to, thus perpetuating a much-needed cycle of inspiration. Traditionally, medicine in the UK was seen as a profession for middle-class white males, however in recent years the representation of ethnic minorities and women has increased drastically[45]. Despite this progress, the socio-economic barrier continues to exist; in 2014, 80% of medical school applicants were from just 20% of schools[46], and 44% were from selective schools, compared to just 11% of the general population[47]. In order to extend the diversification progress being made with gender and ethnicity to still-underrepresented low SES groups, a number of gateway programmes have been created[48]. These programmes typically endeavour to recruit students based on academic potential, rather than prior academic attainment, and to support these students to ensure that they are not academically disadvantaged moving forward[49]. For the academic year 2023/24, 19 UK medical schools have gateway programmes available for students from WP backgrounds[50], although the eligibility criteria will differ by institution. While this is a hugely positive step forward, retention[51] and attainment[52] figures are still lower among students on gateway to medicine programmes than among their traditional traditional-entry (TE) counterparts. However, while A-Level grades are often accurate indicators of undergraduate success[53], the majority of students on medical gateway programmes do succeed, despite having achieved A-Level grades often significantly below those of their TE peers[51]. Nevertheless, academic success does not equate to well-being, and WP students can struggle to accept their place in medical school and require reassurance and pastoral support in order to thrive.

2.3.2 Support Measures

While pre-matriculation summer schools and programmes, and associated investigations into their effectiveness, are increasingly common[54], there is currently little research into specific interventions implemented to support WP medical students during their degrees. However, one study[55] which investigated the benefits of 'Life Skills' workshops aimed at increasing self-efficacy in WP medical students preparing to start their placement years commented on the frequency of students reporting feelings of Impostor Syndrome. The article recommends promoting awareness and further discussion of Impostor Syndrome among this student group, with the hope of removing some of the stigma around the topic.

Research into support mechanisms for non-medical WP students is more readily available, and the findings can arguably pertain to medical students. Interventions to support these students may be of a financial, academic, or pastoral nature, depending on institutional or national priorities, and the needs of the student group[56]. Harrison and Hatt[57] found that while there is some evidence of financial support increasing retention in students from low-income backgrounds, this was less impactful than students feeling comfortable within the institution[58]. This puts the onus on the institutions themselves to adapt to better suit their students, and to move away from the increasingly unpopular student deficit model, which tends to centre responsibility for poor student attainment on the students themselves, rather than the institutions to which they belong.

2.3.3 Student Deficit Model

The student deficit model is based on a parochial expectation of normative development and preparation for school[59], which many students with disabilities, minority ethnicities or low-income families may not be able to meet. Instead of seeing variation as an asset to society, the student deficit model perceives variety as a deficiency, to be fixed. Often, this is not done deliberately, and the perpetrators are often intending only to be helpful and supportive. For example, upon enrolment, WP students may be provided with resources to help them to acclimatise to university culture and fit in with their more 'traditional' peers. While this sort of initiative is well-intended, it subtly perpetuates the notion that these students are required to change in some way to make them successful at university. Poorly chosen, pervasive vocabulary used in discussion of WP students often reinforces this model; in literature, WP students are frequently described[60] as 'lacking', whether that be in

reference to cultural capital[61], familiarity with university life[62], or qualifications[63]. This phrasing immediately implies that these students are deficient in some way, creating a deficit discourse which presents them as 'other'[64].

2.3.4 Institutional Habitus and Student Retention

Thomas[58] uses Reay's[65] concept of institutional habitus to explore student retention in HE, with a particular focus on students from low SES groups. When applied to an individual, habitus refers to a person's perception of their environment, influenced by both social context and their own subjective experiences[66]. While no two individuals can share the exact same habitus, collective habitus can be experienced by a group who share similar backgrounds[67] and are part of a defined group[68] or community of practice[69]. Collective habitus can, for example, be categorised as *familial* or *institutional*; institutional habituses, as explained by Reay et al.[70], develop over time in the same way as individual habituses, but are slower to evolve.

Thomas argues that minority social groups are disadvantaged in educational environments because of the prioritisation of knowledge and culture valued by dominant social groups; educational success is therefore determined through demonstration of these, and dominant social groups will always have the upper hand. This dichotomy is firmly embedded in the culture of education and therefore forms part of the institutional habitus across higher education establishments. This results in a "sociocultural incongruity"[64(p.350)] between HE institutions and the low SES student groups they are trying to attract and retain. The persistence of the student deficit model means that the responsibility for bridging this gap continues to be laid at the feet of the students[71], rather than the institutions whose habitus is proving slow to evolve.

Thomas postulates that lower retention among students from low SES backgrounds may be as a result of this institutional habitus. She argues that if students feel culturally, socially, or educationally undervalued they may be more inclined to abandon their studies and return to a habitus in which they feel more comfortable and accepted. Therefore, if retention rates are to improve among this demographic, efforts must be made to adapt institutional habituses not only to welcome diversity, but to celebrate it. Thomas suggests that developing and nurturing relationships between staff and students is fundamental to making

students feel accepted, and therefore a step in the right direction for reshaping institutional habitus.

2.3.5 Reverse Mentoring

One method of bridging the sociocultural gap and fostering improved staff–student relationships is through reverse mentoring schemes; these are increasingly common in workplaces and large institutions to propagate awareness and understanding of a range of experiences, with the ultimate aim of ending systemic inequality. One such reverse mentoring scheme has been conducted at the University of Southampton medical school and involves medical students from minority backgrounds mentoring members of the senior faculty board. An analysis of the impact of this initiative yielded promising results[72], with staff displaying an increased depth of understanding of the student journey, a more nuanced perception of students as capable agents and demonstrating an increased sense of institutional responsibility for the students after the scheme was completed. Engaging in open conversation with students also enlightened staff to some practical changes which the university could implement to make students' lives easier, further developing the notion of institutional responsibility and supporting Thomas' opinions on the importance of positive staff–student relationships.

2.3.6 More Recent WP Research

Wider research into Widening Participation is beginning to alter focus to consider the attributes which WP students bring to their courses and universities, and how these can be nurtured and developed to improve the student experience[73]. Marshall & Case[74] conducted a narrative interview case study on a student at university in South Africa, finding that he managed to mobilise the lessons he had learnt throughout a life spent in deprivation and channel these experiences into personal growth and, ultimately, success. This ability to convert disadvantage into advantage provides a counter to the student deficit model; one which celebrates variation and appreciates its value. McKay & Devlin's 2016[64] 'success-focused' study on students from low SES backgrounds in Australian HE corroborates this, with their findings indicating that these students demonstrate laudable independence and resourcefulness in their studies, often to a greater extent than their more affluent peers.

2.3.7 Impostor Syndrome in Underrepresented Student Groups

In an investigation[75] conducted at an American University at which around one third of the student population belonged to an ethnic minority, results corroborated Villwock et al.'s findings that psychological distress is not only a correlate of Impostor Syndrome, but also of minority status stress (MSS)[15]. MSS is a state which may be triggered by racist comments or experiences such as being asked to justify one's presence on campus[76]. While a Widening Participation background comprises more than just ethnic diversity, there are undisputed intersections between ethnicity and socio-economic status[77], thus supporting the assumption that more WP students are also likely to experience MSS than their traditional entry counterparts. It is important at this stage to note the relevance of intersectionality. Broadly, intersectionality refers to the way in which a person's race, gender, class, and other demographic characterisations impact their lived experience[78,79]. For example, according to the UK 2001 census, 20% of White British households have an income below the national poverty level, compared to 45% of Black African households and 65% of Bangladeshi households[80]. This intersection is seen in the United States as well, where the median income for Black families is over $20,000 less than the national median income[81]. This intersectionality explains why widening participation literature often references ethnicity and race, despite the UK's WP focus being those from socio-economically disadvantaged backgrounds, rather than students from minority ethnic groups. Within Medical Education, intersectional research seeks to explore "the hidden acts of multiple discrimination bringing to the fore the impact that the cumulative aspects of ethnicity, gender and culture, for example, has on who we are and how we experience the world."[82(p.21)] Key to this is the acknowledgment that these demographic characteristics cannot be explored in isolation[83], and their intersectionality must therefore be considered.

Intersectionality is a key focus of fourth wave feminism[84]; earlier feminist movements have been criticized for their lack of acknowledgement of the "double-discrimination"[85(p.149)] of, for example, Black women, and the term 'intersectionality' was coined within this critique. From these roots, intersectional feminism has broadened, becoming a method of exploring the relationship between systemic oppression and one's position within those systems[86]. Within the context of this study, the primary focus is the socio-economic background of participants, however, this can be considered simply an "analytic starting point"[87(p.5)] from

which to explore participant's intersecting identities and their relationship to the structure of the medical school.

Hudson et al.[88] claim that insecurities relating to academic ability are particularly widespread among students from underrepresented groups; in their study they are referring to mature students who were enrolled at the time, or had previously been enrolled on an access programme similar to the BM6 Programme at Southampton and, as mature students are more likely to be from low SES backgrounds[89], their findings can arguably be applied to our definition of WP. In their exploratory case study, semi-structured interviews were conducted with eight mature students (most of whom are being identified as being working-class) and analysed using inductive thematic analysis. One of the three themes identified was that of '*confidence*' and was centred on the Impostor Syndrome experienced by one participant who felt that she did not belong in Higher Education, a feeling which Reay[65] asserts is woefully common in university students from low SES backgrounds.

Unfortunately, the prevalence of this experience is not unexplained; poor educational attainment is typically perceived as endemic among those of a low socio-economic status, leading to the prejudices which make students feel as if they don't belong. While students from minority backgrounds are increasingly opting to pursue higher education[90], working-class students still tend to not apply to more elite institutions as they are "not for the likes of us" [91(p.120)]. This deeply ingrained classism is referred to by Bourdieu[92(p.76)] as "real inequality within formal equality" and allows for the continued "valorization of the middle classes"[65(p.335)].

2.4 Summary

While WP students' progression and retention are relatively easy to quantify through analysis of university statistics, the more nuanced aspects of their experience are harder to investigate. A few studies have been undertaken which explore the WP medical student experience[93–95] and numerous studies investigate Impostor Syndrome in medics[96–100] and in students[75,101–103], but relatively few focus specifically on Impostor Syndrome among WP medical students.

Chapter 3 Methodology

3.1 Introduction

Within this chapter I explain Interpretative Phenomenological Analysis (IPA) in more detail and introduce the philosophical approaches which underpin it. I then outline the research aims and objectives and provide rationales for these before going on to explain the study design and the ways in which data were collected and analysed. Why Interpretative Phenomenological Analysis?

For an investigation into Impostor Syndrome (IS), a phenomenon so deeply rooted in human emotion, objective research methods are insufficient. The constantly changing, evolving nature of emotions means that they cannot be measured or generalised in the way that quantitative data can[104], and therefore a more idiographic approach is required for meaningful analyses. Unlike natural science, which requires objective facts and concrete answers to contribute to the wider knowledge base, Palmer[105] argues that human sciences must instead strive for a more inclusive *understanding* of phenomena for knowledge to advance. Each participant's past experiences will cause them to experience the phenomenon of IS differently but will also impact the meaning they attribute to the phenomenon and their response to it.

While a number of different approaches were considered for this research, such as narrative analysis and grounded theory, phenomenology was ultimately chosen as it allows for a broader, more subjective interpretation of phenomena as a variety of perspectives, without the necessity to constantly quantify data and reach objective conclusions.

3.1.1 Phenomenology

Phenomenology is a research approach borne out of philosophy; it was originally founded by Husserl in the early 20th century following his criticisms of psychologists' attempts to study what he considered human issues solely through objective scientific methods. He felt that a holistic approach to these issues was more appropriate, rather than attempting to maintain separation between an experience, and the person experiencing it[106]. He endorsed consideration of a person's lifeworld, a concept which Shaw et al.[107(p.3)] claim "constitutes our relationship with the world, our cultural situation, our sensations, and our meaning-

making". Husserl's phenomenology has since developed into three distinct varieties: transcendental phenomenology, phenomenography, and hermeneutic phenomenology.

3.1.2 Transcendental Phenomenology

Transcendental Phenomenology (TP) maintains the most similarity with Husserl's original approach in that the intention is to study the phenomenon in question itself, compiling multiple participants' experiences of said phenomenon to determine its essence and create a composite definition[106]. In order to ensure that participants' experiences are represented faithfully, the notion of 'bracketing' is encouraged when undertaking TP, whereby the researcher acknowledges their own personal thoughts, opinions and biases, and sets them to one side so as to not influence the analysis[108]. One of the key criticisms of TP, and phenomenology in its purest form, is that it is not reasonable to expect researchers to completely detach themselves from their preconceived ideas and expectations, nor the experiences from which these are derived [106,109,110].

3.1.3 Phenomenography

Phenomenography is a similar approach which focuses on the different ways in which people understand the same thing, with the assumption that this is a finite number. This approach is mostly used in pedagogical research, due to its applicability to teaching and learning[106].

3.1.4 Hermeneutic Phenomenology

Hermeneutics is the study of interpretation, which Heidegger felt was vital to phenomenological inquiry in that a person's past experiences are inextricably linked to their perception and experience of a phenomenon. Hermeneutic Phenomenology (HP), therefore encourages the acknowledgment and acceptance of these past experiences as influential and aims to explore them as a part of the phenomenon itself.

3.1.4.1 The Hermeneutic Circle

Central to this is the notion of a hermeneutic circle which, in its simplest form, depicts the relationship between understanding the whole and the parts[111], in that understanding the parts of something will increase understanding of the whole, which will then increase understanding of the parts, *ad infinitem.* In terms of phenomenology, the hermeneutic circle

can be applied to a person's lifeworld (i.e., the whole) and the experiences which formulate this lifeworld (i.e., the parts). A person's lifeworld will affect the way they experience phenomena, and each experience will influence their lifeworld. Therefore, their experience of a phenomenon cannot be explored in a vacuum; it can only be investigated with reference to their lifeworld[111].

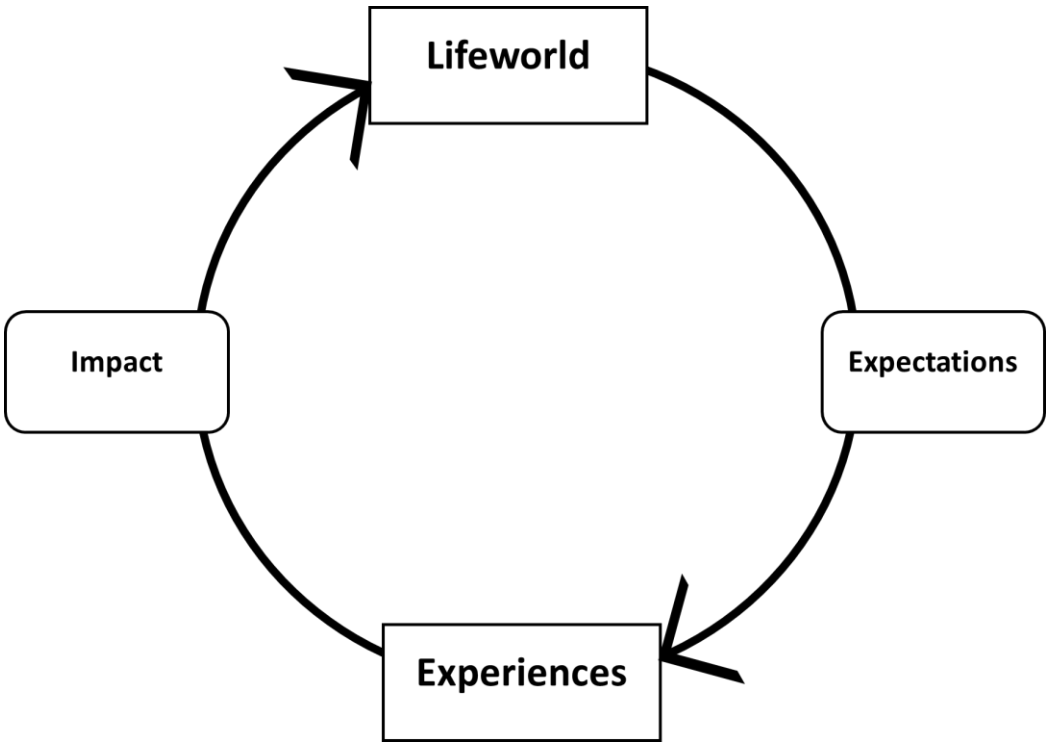

Figure 1: The Hermeneutic Circle

3.1.5 Development of Interpretative Phenomenological Analysis

It is from HP that Smith developed Interpretative Phenomenological Analysis (IPA)[112]. Smith's initial description of Interpretative Phenomenological Analysis was with reference to its application to health psychology; while its use has broadened somewhat, it has still retained a primary focus on psychological experiences of phenomena. It is therefore used when the subject of analysis is particularly personal to the participant and involves the in-depth exploration of their individual experiences[113]; due to the uniqueness of each individual's experiences, generalisation cannot be achieved, regardless of how many participants are involved. Therefore, it is deemed more valuable to conduct highly detailed analysis on a smaller data set[114] in order to fully investigate each participant's lifeworld. A detailed explanation of this process is provided in Section 3.5.

3.1.6 Research Aims and Objectives

The overall aim of this study is to explore experiences of Impostor Syndrome among medical students who come from low socio-economic backgrounds. The primary research question is therefore:

1. *'How do medical students from low socio-economic backgrounds experience Impostor Syndrome?'*

Once interviews were conducted, it became clear that this question needed to be broken down, with an introductory, yet secondary, research question added:

2. '*What do medical students from low socioeconomic backgrounds understand Impostor Syndrome to be?*'

Including this allows each participant's experiences to be appropriately framed by their own understanding of Impostor Syndrome and aligns with the ontological stance explained further in Section 3.2.7.

3.1.7 Ontology

When deciding appropriate methodologies for this research, first the researcher's stance must be considered. This can be achieved with reference to the research questions, and deciding whether a singular answer is being sought, suggesting a realist approach, or whether the aim is to explore a range of experiences, indicating a relativist stance.

The research question for this study is 'How do medical students from low socio-economic backgrounds experience Impostor Syndrome?'; this question is not seeking an objective truth about the phenomenon, nor asking whether this student group experiences it. If this were the case, then a critical realist perspective could be assumed. This would mean that the interpretations of IS to be gleaned from my participant interviews would each provide an individual's view of IS, and I could assimilate and combine these various facets to contribute to one overall definition or explanation of the phenomenon. A complete picture or definition could never truly be reached however, as there are infinite variations in experiences, opinions, interpretations, and ideas, all in a constant state of flux, and so while this universal truth may exist, it is inherently unknowable.

Instead, the research question is seeking an answer to how the students each experience the phenomenon. Each individual will experience phenomena differently depending on their own understanding, experiences and perceptions, and therefore a singular universal truth cannot be confirmed. Recognising the subjective nature of these experiences aligns with a relativist stance[106], acknowledging that the participant's experiences are socially constructed and not definable. The intention of the research, therefore, is to discover individual interpretations with a view to comparing them, not to decipher which is 'right', but rather to provide a more detailed understanding of Impostor Syndrome as it is experienced.

This does not mean that I overtly refute that there may exist an objective definition or experience of Impostor Syndrome, rather that I am choosing to conduct my research under the assumption that there isn't one. Practically, this means that when I come to discuss my findings, I will not be doing so with the intent to assimilate them, but rather to seek patterns which could contribute to a greater understanding of the phenomenon. I hope that by doing this, I will avoid any manipulation of the data (conscious or unconscious) to fit a preconceived or emergent definition of IS.

3.1.8 Epistemology

Assuming a relativist ontology entails a subjectivist epistemological position; if the phenomenon is understood relative to those who experience it, and we assume that everyone has their own lifeworld, then experience of the phenomenon must in turn be subjective.

Epistemological considerations of phenomenology must, however, must go a little deeper than this due to the inherent inclusion of the double hermeneutic. IPA acknowledges that we cannot *know* a participant's lifeworld[111]; two phases of interpretation are necessary before the researcher can begin to explore participants' experiences of a phenomenon:

1) the participant must first try to interpret their own experiences and verbalise these, then
2) the researcher must receive the information from the participant and interpret what they mean by it.

Each of these phases can be considered hermeneutic, and therefore the completion of them both is termed 'double hermeneutic', suggesting that the experience in question has gone

through a double layer of interpretation before being presented. This reliance on interpretation means that a subjectivist epistemology, while appropriate, is not specific enough. Instead, the epistemological position must be assumed to be interpretivist, to ensure that the influence of the researcher's experiences on their interpretation of the phenomenon as experienced by the participant is accounted for. This approach also denotes a strong focus on the unique experience described by participants[115]. In order for this to be achieved, the researcher must be willing to include their personal reflections on the topic and the data in the study.

3.1.9 Reflexivity

With this interpretative epistemology comes an acknowledgment of researcher bias, which is another cornerstone of IPA research[114]. Whilst the norm for scientific research is for complete impartiality, this is rarely a viable option in human science, and so phenomenological research requires that the subjectivity of the researcher is openly recognised and factored into the research. This is achieved through reflexivity which supports the double hermeneutic approach as it is by this process that the researcher can make sense of their own interpretations of the participant's interpretations of the phenomenon in question. If this were quantitative research, this process would render the results invalid, but as a phenomenological study, the hermeneutic process is embraced as a method of analysis which takes into account the very real, and therefore relevant, experiences of all those involved in the research. Traditionally, part of this process has involved 'bracketing', whereby the researcher openly acknowledges their own personal thoughts, opinions, and biases, and sets them to one side so as to not influence the analysis[108]. More recently, however, bracketing has received some criticism for its assumption that once acknowledged, the researcher's views can be essentially ignored[109]. Instead, Dahlberg & Dahlberg[109] propose 'bridling', a process similar to bracketing, but which requires the researcher to refer back to the information they have bracketed and acknowledge its influence on their interpretations. For this study, a 'bridling interview' was conducted, whereby the researcher responds to the interview questions posed to the study participants as a method of identifying any existing assumptions or biases[116]; this interview can be found in Appendix C.1.

Reflexive journaling is another key component of the bridling process, and it is assumed that through the researcher's data collection and analysis, their own lifeworld will change, and thus the information which has been bracketed will adapt to fit their new experiences. As long as these changes are documented, the researcher's own lifeworld will inevitably become a part of the research and they will become, unofficially, an additional participant in their own study.

Throughout this thesis, 'Reflexivity boxes' will be included at relevant points, in which extracts from my reflexive journal will be included. This should allow the reader insight into the interpretative processes undergone not only with the analysis, but with other key elements of the research too. Additional extracts from my reflexive journal can be found in Appendix C.

3.2 Study Design

3.2.1 Institutional Context

This research project took place at the University of Southampton (UoS) medical school. Within the medical school there are five different medical programmes to which potential students can apply depending on their particular circumstances and preferences. The two which are relevant to this study are BM5 and BM6.

BM5 is the 'traditional' medical programme, which comprises five years of study; Years 1 and 2 are primarily lecture-based, Year 3 is project-based with placements, and Years 4 and 5 are mostly practice-based. Applicants for BM5 are usually students who are currently completing A-Levels.

BM6 is the 'Widening Participation' programme at UoS; this course begins with a Year 0 in which students will attend placements and cover topics including professional development and a general grounding in medical concepts and their real-world application. After Year 0, BM6 students integrate with BM5 for the remaining five years of study. The academic requirements for this course are lower than for the BM5, but there are also a number of non-academic criteria, at least three of which must be met by applicants for them to be eligible for the course. These criteria are:

- First generation applicant to Higher Education

- Parents, guardian, or self in receipt of a means-tested benefit
- Young people looked after by a Local Authority
- In receipt of 16-19 bursary or similar grant
- Resident in an area with a postcode which falls within the lowest 20% of the IMD (Index of Multiple Deprivation), or a member of a travelling family.
- In receipt of free school meals at any time during Years 10-13 (normally for a minimum period of at least one school term / 2 months).

3.2.2 Sample

Medical students in Years 4 or 5 and enrolled on the BM5 or BM6 programmes were eligible for the study. These year groups and cohorts were chosen to ensure that students had experienced both lecture-based and placement-based components of their course outside of any restrictions necessitated by the Covid-19 pandemic. Students who were interested in the study were asked to complete a demographic questionnaire, and students who met the medical school criteria for the BM6 programme were interviewed, regardless of whether they were enrolled on BM6 or BM5. This was to ensure that the sample was homogeneous: all participants are University of Southampton medical students from low-socioeconomic backgrounds; these were the only inclusion criteria.

Consideration was given to having understanding or experience of Impostor Syndrome as an additional inclusion criterion, but this was ultimately decided against. It was felt that students were unlikely to sign up to a study on Impostor Syndrome without having some knowledge of it, but to explicitly request that participants did may result in them questioning their own eligibility, thus having a negative impact on recruitment. If students did participate without knowledge of Impostor Syndrome, this would be recognised by asking them to explain their understanding of it early on in the interview; if at this point participants admitted to not knowing what it was, a brief discussion would have been held in which the definition was discussed before continuing with the interview as per the framework.

3.2.2.1 Sample size

Six student interviews were analysed as part of this study, three (2m, 1f) from BM5 and three (2m, 1f) from BM6. Sample sizes for phenomenological research tend to be small, with single case studies becoming more and more frequent as the method gains repute. Guidance

as to exact numbers of suggested participants is varied, although recently advice tends to recommend five or six participants[114].

3.2.2.2 Recruitment strategy

Recruitment for this study was achieved through use of social media and word of mouth; a poster (Appendix A.2) was created and posted by relevant Twitter accounts. This poster contained a QR code which, when scanned, would take potential participants to a Microsoft Form (Appendix A.3) in which they could register their interest in participating and provide their email address so that they could be sent further information in the form of a Participant Information Sheet (Appendix A.6). The first two participants who registered their interest did so via this form, while the remaining students contacted me directly by email, having been informed about the study by their peers. Students who were still interested completed a screening questionnaire to determine to which participant group they belong (Appendix A.4) and a demographic questionnaire (Appendix A.5) for additional context. Once these were completed, participants returned their signed consent form (Appendix A.7) and a convenient date and time for the interview was agreed. Participants were offered a £20 gift voucher as a token of appreciation which was sent to them after the interview was completed.

3.2.3 Collecting Demographic Information

Demographic data were collected in the form of a Microsoft Forms questionnaire. Participants were asked to provide their ethnicity, age, what gender they identify as, what religion they follow, their first language and how long they have lived in the UK if they were born elsewhere. All of these data were collected with free-text responses, and none required answers, and so participants were free to leave these fields blank if they did not wish to provide these data. In order to preserve participant anonymity, these data are not presented. However, they are referred to in the analysis where relevant and not at risk of breaching confidentiality.

3.2.4 Semi-Structured Interviews

Semi-structured interviews were chosen to allow the discussion to be sufficiently led, but with scope to further probe and clarify points made if necessary[117]. An interview schedule

was devised (Appendix A.8) which elicited some background information about the participants' motivations for studying medicine and their journey to medical school before asking them to provide their own interpretation of what they understand 'Impostor Syndrome' to mean. The definition they provided was then used to frame the phenomenological analysis of 'Impostor Syndrome' throughout their interview. Questions were also asked about their sense of belonging to the medical school and to the university to elicit further relevant information about their lived experiences at medical school.

A pilot interview was conducted with a medical student who would have been eligible for the study, but with whom I had worked closely on a previous project. She provided feedback on the interview schedule and amendments were made accordingly.

Of the participants interviewed, I knew two (Zaman and Richard) from a module I had taught on the previous year (although Zaman did not remember this). While I do not think this impacted the content of the interviews, there is a possibility that there were aspects they did not feel comfortable sharing with me due to my connection to the faculty.

3.3 Interview Process

Due to ongoing lockdown and social distancing measures, interviews were conducted virtually, using the Microsoft Teams platform, and audio was recorded. At the beginning of each interview, participants were asked to verbally consent to the interview and confirm that they had submitted their completed consent form. All interviews took place between May and November 2021 and lasted between 60 and 90 minutes.

3.4 Data Analysis

Data analysis was conducted in two phases. Phase 1 involved analysing individual participants' data, with findings presented in three parts: a summary, an I-Poem and a conceptual schematic. This phase is explained further in Section 3.6. Phase 2 consisted of a cross-case analysis of the findings from Phase 1, conducted to identify links and disparities in the participants' experiences; this phase is explored further in Sections 3.7. The relationship between these phases is represented in Figure 2.

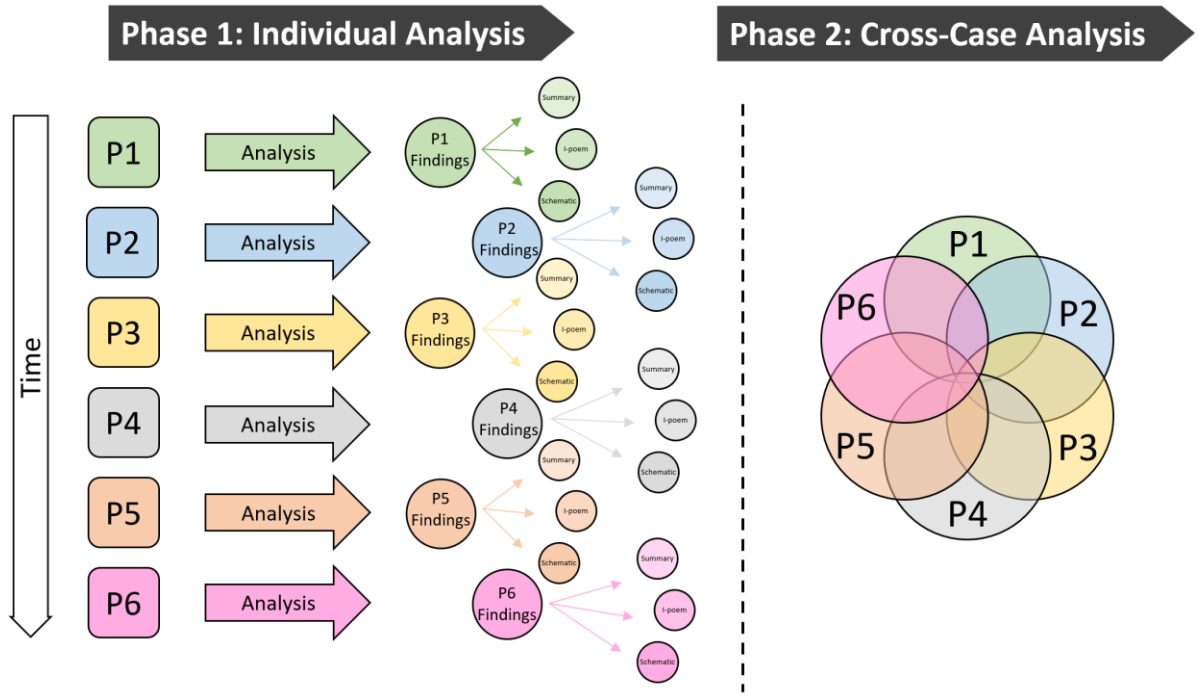

Figure 2: Relationship between the phases of analysis

3.5 Data Analysis: Individual Participants

3.5.1 Transcription

The interview for Participant 1 was transcribed orthographically by the researcher, with non-verbal information[104], fillers, false starts, emphasis and pauses (to the nearest 0.5 seconds) included; this level of detail ensured that paralinguistic features relevant to the speaker's meaning were captured[114]. Due to time constraints, the remaining interviews were transcribed using a professional transcription service, with Participant 1's completed transcript provided as a guide to the level of detail required.

3.5.2 Analytical Process: Individual Transcripts

Guidelines for analysis were developed based on suggestions made in a number of seminal texts on IPA[104,111,114,118]; while it may have been easier to just take the guidelines provided in any one of these, flexibility is also encouraged in the analytical process[119]. Due to the publication of the second edition of Smith et al.'s seminal textbook[111,118] 'Interpretative Phenomenological Analysis: Theory, Method and Research' partway through this study,

much of the terminology has changed. The terminology used throughout this thesis has been updated to reflect this, however some documents in the appendices may still show the original nomenclature. The main steps are Reflexivity, Familiarity, Summary, Annotation, Coding, Digitising, Themes and Writing Up. The analytical process followed for Participant 1 can be found in Appendix B.1.

After completing analysis for Participant 1, the process was updated somewhat; this was following advice given by Michael Larkin (co-author of Smith et al.'s textbooks[111,118]) on an IPA forum where he posited that the way in which NVivo conceptualises 'codes' can easily lead to a deductive process which does not fit with IPA. I therefore created a template in Microsoft Word for the transcript with a column on the right-hand side for exploratory notes and on the left-hand side for PETs (Personal Experiential Themes), and a template for Microsoft Excel in which to cluster my exploratory notes and categorise the PETs and sub-PETs. After completion of analysis for the remaining participants, I then transferred all of Participant 1's NVivo encoding to the Microsoft Excel spreadsheet to maintain consistency. The methods used for Participants 2 – 6 are expanded upon here; the steps in italics are those which were only completed for certain participants.

1. **Reflexivity**[118] (See examples in Appendix C)**:**
   - 1.1. **Reflexivity #1:** Immediately after each interview, a few brief notes of particularly poignant or relevant aspects of the interview were written up. The purpose of this was to read back after the initial analysis was complete to determine if there was anything that had initially been striking but which had been overlooked during analysis.
   - *1.2.* ***Further Reflexivity:*** *Any considerations about the interview following the initial reflection were added; this may have been following a meeting, a discussion, or just further reflection.*

2. **Familiarity**[114]**:**
   - 2.1. **Familiarity #1:** Transcript was printed out and an initial read-through was conducted without highlighting/annotations. Upon completion, separate notes were made about any sections which stood out.
   - 2.2. **Familiarity #2:** Transcript was read through a second time (still without highlighting/annotations). Upon completion, separate notes were made about any sections which stood out.
   - 2.3. **Familiarity #3:** Transcript was read through a third time (still without highlighting/annotations). Upon completion, separate notes were made about any sections which stood out.
   - 2.4. ***Familiarity #*x****:** The familiarisation process was repeated *x* times until summary stage felt achievable.

3. **Reflexive Summary**[104]**:**
   A summary of the interview was written without consulting the transcript. Each participant's summary can be found in Chapter 4.

4. **Annotation:**
   4.1. **Highlighting:** Transcript was read through again, this time using a highlighter to identify sections of note.
   4.2. **Annotating and continued highlighting:** Transcript was read through again; brief descriptive, linguistic, or conceptual exploratory notes were made for each highlighted section, and more were added as and when they occurred (See Appendix B.2.1).
   4.3. **Digitisation of exploratory notes:** Exploratory notes were transferred to digital transcript (See Appendix B.2.2).

5. **Developing Personal Experiential Themes (PETs):**
   5.1. ***Validity:*** *The transcript for Participant 1 was read and annotated separately by supervisor; these notes were discussed and incorporated into the existing ones, where appropriate.*
   5.2. **Categorising exploratory notes:** These notes were written out and sorted into PETs. For example, 'negative experiences', 'isolation', 'practical issues', 'assuming the worst' and 'vulnerability' were all clustered together and categorised as sub-PETs of a PET labelled 'Negativity'.
   5.3. **Assigning and redistributing codes:** A fresh copy of the transcript was read through, and PETs were noted where appropriate. This was then compared with the original transcript to ensure nothing was missed.

6. **Finalising PETs:**
   6.1. **Transfer to Excel:** PETs and sub-PETs were then added to the Microsoft Excel template
   6.2. **Attributing key quotes:** For each sub-PET, key quotes were chosen based on their richness. These were then annotated with descriptive, interpretative, and linguistic comments *(and presented to the Research Group for discussion)* before being added to each participant's spreadsheet, meaning I had complete spreadsheets for each participant with their PETs, sub-PETs, and key quotes (See Appendix B.2.3).

7. **Writing up:** For each participant, PETs and sub-PETs were explored with reference to relevant quotes; this write-up can be found in Volume 2: Supporting Document B.

3.5.3 Refined Thesis Structure: Presentation of Analyses

Originally, it was intended that the write-up of each individual participant's results would form Chapter 4, with a section for each participant's results. It quickly became apparent that due to the depth of analysis conducted, the inclusion of these would cause the thesis to far exceed the maximum word count. The write-up of these individual results is therefore available in Volume 2: Supporting Documents, but do not form a part of the main thesis. In order to ensure that each participant's data are still represented, a different approach has

been taken for Chapter 4. Instead of including a complete written analysis of each participant's interview, I have instead presented the key results from descriptive, linguistic, and conceptual analyses for each. These three categories were chosen as they are the categories of annotation that Smith et al.[120] propose using during the initial annotation phase. The next three sections provide overviews of how each of these have been explored and presented; more specific explanations of each will be included for each when they are presented in Chapter 4.

3.5.4 Descriptive Analysis: Reflexive Summaries

Descriptive comments focus on the content of what it said in a transcript, tending to take what is said at "face value"[111(p.83)], leaving the more interpretative analysis to the linguistic and conceptual analyses. Despite their relative simplicity, descriptive annotations evolved through repeated readings of a transcript, as their importance to the participant's story and lifeworld became clearer.

In stage 3 of the analytical process, a summary was written for each participant. This was undertaken after repeated read-throughs, the number of which depended on the relative familiarity with the content. These were intended to verify familiarity with the transcript and to use as a reference point throughout the rest of the analysis to ensure that nothing which had seemed important initially had been missed in later, more comprehensive analysis. Initially, these were not intended as part of the formal analysis, and so were written somewhat colloquially, with reflexive comments included. The purpose of these comments was to highlight ways in which the researcher initially interpreted the data, in line with the double hermeneutic approach of IPA. Once the annotations were complete for each participant, the summary was reviewed to check whether anything had been missed, and it was found that they closely aligned with the descriptive comments made throughout the transcripts. The decision was therefore made to include these summaries, in their original form, as the representation of the descriptive analysis.

3.5.5 Linguistic Analysis: I-Poems

Smith et al.[111] explain that when conducting IPA, focusing on linguistic features allows the researcher to draw out the meaning behind the words spoken in order to further develop their understanding of the participant's lifeworld. Elements of note may include, but are not

limited to, use of pronouns, repetition, tone, and other paralinguistic features[111,120]. During the initial annotation phase of analysis, pronoun use was something which was highlighted, particularly whether different participants chose to use 'I', 'you' or 'they' when asked to define Impostor Syndrome. This led to the use of I-Poems, a particular method of poetic inquiry.

Poetic inquiry is becoming increasingly common in qualitative research[121,122], with researchers having a growing understanding of the benefits of using poetry to both explore and represent participant data. As Ricci[123(p.590)] explains, "Poetry and qualitative research share in their goals of providing meaning, density, aestheticism, and reflexivity". These common goals apply even more so to interpretative methods of analysis, for which reflexivity is key, and for IPA more specifically in that poems allow the participants' voices to be captured in ways which cannot be recreated through more traditional methods of analysis. Brown et al.[124] collate some of the rationales for using poetic inquiry within qualitative research:

1) preservation of participant voice
2) exploration of the relationship between language and meaning
3) increased researcher reflexivity
4) strengthening of the emotive impact and
5) improved accessibility of academic research

The preservation of the participant voice is vital to this stage of analysis and write-up. Without including the complete analysis for each participant, it was important to ensure that each participant's experiences were valued, and their individual data represented. Exploring the relationship between language and meaning aligns with Smith et al.'s guidance on including analysis of linguistic features within IPA, and the deepening of researcher reflexivity also aligns with the tenets associated with the interpretative nature of IPA.

I-poems allow for further preservation of participant voice, with a focus on their use of first-person pronouns. Edwards and Weller[125] used I-poems in longitudinal research to explore their participant's evolving sense of self, and within their article explain the method by which the poem is formed. Typically, to create an I-poem, all uses of 'I' in a transcript are highlighted, along with the accompanying verb or relevant phrase. These are then lifted

from the text, kept in order, and each becomes the line of a poem. This can then be split into stanzas by theme, tone, or whatever category the researcher deems appropriate. Despite this relatively formulaic approach, the researcher's intuition plays a key part of the process, both in deciding how much of each 'I' statement to lift from the text, and in the way that stanzas are defined. This requires researcher insight, reflexivity, and familiarity with the transcripts in question, all of which are in keeping with an IPA methodology.

This method has evolved from Brown and Gilligan's 'Listening Guide' [126(p.15)], a framework rooted in feminist theory which supports the user to acknowledge and appreciate the "non-linear, recursive, non-transparent play, interplay and orchestration of feelings and thoughts" of the language being used by a participant. The Listening Guide proposes four read-throughs of each transcript:

- the first with a focus on overall plot to get a general sense of what is happening,
- the second with a focus on the voice of the speaker, i.e. uses of 'I' and other instances of the participant talking about herself,
- and the third and fourth with a focus on the relationships with others explored in the transcript.

While originally designed with the intention of exploring the experiences of girls, the Listening Guide has since been used to engage with a variety of different participant groups with multiple demographic characteristics. Koelsch[122(p.171)] claims that "the Listening Guide is appropriate to use when the researcher expects to hear nuanced tales and works particularly well when the subject matter is taboo […] and complex". Not only does this align with the subject matter of this thesis, the comprehensive nature of the Listening Guide shares similarities with the approach to IPA laid out in Section 3.5.2 in that both condone multiple read-throughs of the same transcript and focus on distinct elements of the transcript at a time.

It is the second aspect of the Listening Guide, that which focuses on the participant's own voice through identification of 'I' statements, which leads to the creation of I-poems[122(p.171)], allowing the researcher to "understand participants as beings with complex subjectivities". Again, the synergy with IPA is clear; the I-poem's use of the individual's voice "resists simple categorization", thereby eschewing generalisation and ensuring the idiographic nature of the inquiry is maintained.

In this study, it would not have been practical to include poems made from the entirety of each participant's transcript, and so poignant extracts were chosen to develop into poems. After completing this for several participants, it became clear that the richest sections to which to apply this method were often those in which participants were asked to provide their understanding of the term 'Impostor Syndrome', and so it is the poems created from these sections which will be presented in Chapter 4. Using the same section from each transcript facilitates comparison between them and highlights the ways in which each participant's understanding and experience of Impostor Syndrome contrast with one another. This also allowed the variance in pronoun use within participant definitions, highlighted in early parses of the data, to be explored in greater depth. However, it did require some adaptation of the guidance provided by Edwards and Weller[125]; as stated, one of the things which made these sections of the transcript interesting was the way in which participants used different pronouns to explore their understanding. If I-poems were created using only their uses of 'I', this feature would be overlooked. It was therefore decided that all pronouns would be included in the development of the poems where appropriate. This included other first-person singular pronouns such as 'me', relevant occurrence of third-person pronouns such as 'they', and participants' use of "generic-you"; this can be seen when someone uses their own experiences to generalise an outcome[127], such as 'Impostor Syndrome is when you feel …'. These were all included as they provide insight into the participant's own experiences, even if they are not framed as such.

After discussion of each I-poem, the poem was input into ChatGPT, an Artificial Intelligence (AI) large language model (LLM). AI combines the disciplines of computer science and linguistics to analyse patterns and structures of data, then uses what it has learnt to create new data, making it a particularly useful tool for tasks such as summarisation[128,129]. While it is recommended that programmes such as ChatGPT not be used to analyse data without validating the results[130], using ChatGPT to cross-reference results already generated may be a useful tool in qualitative research.

Each poem was input into ChatGPT alongside the request to 'please analyse this poem'. This was initially done out of researcher curiosity, but the response was insightful and added additional depth to the analysis. This was therefore completed for all participants, and the summary generated has been included at the end of each I-Poem section, along with a short reflective comment about potential implications. ChatGPT gives a name to each

'conversation' it has based on the content, and I have also included this as it often provides a pithy impression of the poem.

3.5.6 Conceptual Analysis: Schematics

The third type of comment to be made on transcripts in the early stages of analysis tend to be more conceptual in nature, requiring the researcher to reflect and embrace the interpretative nature of the analysis[111]. These comments may take the form of questions which the researcher will return to after further exposure to the data, and ultimately may or may not be answered. Essentially, the conceptual analysis is where the researcher "move[s] away from the explicit claims of the participant […] towards the participant's overarching understanding of the matters that they are discussing"[111(p.84)]. As a part of this research, figures have been created and included in Chapter 4 to represent the broad concepts emerging from each participant's interview.

Images can be used to support all phases of research, from photo-elicitation as an interview technique[131] to methods of dissemination aimed at improving audience understanding of complex results[132]. Crucially, they can be used as part of the analytical process, enabling the researcher to explore and portray concepts present within the data[133]. They can also take a range of forms which appear on a spectrum from "the linear flow of language [to] the open-endedness of a photograph or picture", with tables appearing somewhere in the middle[134(sec.2.3.)]. As described by Scagnoli and Verdinelli[135(p.1951)], "these visuals involve analysis and actual creation of a visual that epitomizes the [participant's] story as the author sees it". They support the creation of visualisations as part of the analytical process, particularly with qualitative research methods including phenomenology, as a way of presenting the findings holistically.

As part of the conceptual analysis process, "researcher interpreted visuals"[135(p.1951)] were therefore created for each participant in this study. Visual representations of each participant's data were drafted and presented to the research group, in the form of schematics or diagrams, and refined based on group feedback. Each figure, an explanation of how it was reached, and how it represents the conceptual analysis for each participant is presented in Chapter 4.

3.6 Data Analysis: All Participants

Once individual transcripts have been analysed and PETs developed for each participant, the next stage of the analysis can begin, which entails creating Group Experiential Themes (GETs) across the cases[111]. The purpose of GETs is to identify where participants' experiences converge or diverge – it is not intended that any similarities be used to suggest a "group norm" as this would not be in keeping with the idiographic philosophy which underpins IPA[111(p.100)].

The first stage of creating GETs was to create a table showing each participant and their Personal Experiential Themes (PETs); from this each PET was colour-coded and assigned to a GET using knowledge of each participant's data and the sub-codes and quotes within their PETs.

Table 1: Colour-coding PETs to create GETs

Rosa	Noah	Jaishun	Kari	Zaman	Richard
Impostor Syndrome	Impostor Syndrome	Impostor syndrome	Impostor syndrome	Impostor syndrome	Impostor syndrome
Support	Acceptance	Placement	Disadvantage	Pragmatism/ outlook	Attitudes and Beliefs
Comparisons	Football	Mature Student	Relating and Relationships	Empowerment	Confidence and Doubt
Perceived failure and rationalised success	Overcoming adversity	Support	Belonging	Community and Background	Networks and Social Relationships
Logic Luck and Fate		Sense of Responsibility	Assertiveness	Relationships	Belonging and Value
Confidence		Networks	Fears and Anxieties		
Stress, burnout, and depression		Extra-curriculars			
		*Comparison to Others			
		*Rationalisation			
		*Sense of Belonging			

GET 1: Understanding and Experiences of Impostor Syndrome ('Impostor Syndrome')

GET 2: The Impact of Others on Feelings of Impostor Syndrome ('Impact of Others')

GET 3: Feelings and Emotional Responses relating to Impostor Syndrome (Feelings and Emotional Responses')

GET 4: Attitudes towards Experiences of Impostor Syndrome ('Attitudes')

GET 5: Challenges faced in Journey to and through Medical School ('Challenges')

GET 6: The Value of Engaging in Extra-Curricular Activities ('Extra-Curriculars')

At this stage, all individual participant spreadsheets were merged, and an additional column added for GETs. Each participant and each of their PETs were then reviewed to confirm to which GET it belonged. For most PETs, this was relatively simple, however there were a few ambiguous areas which required going through a PET quote-by-quote in order to ensure it was correctly assigned, which Smith et al.[111(p.100)] decree is part of the "dynamic process". For example, Noah's PET of 'Acceptance' included some elements of 'Attitudes' and some of 'Impact of Others', so I investigated the sub-PETs within these and re-categorised them. The relevant entry in my reflexive journal, 'Reflexivity 2', and table of reassigned PETs, 'Table 2', are shown here:

> *In consolidating my GETs, I have realised that Noah's theme of 'acceptance' is split across GETs 'Impact of Others' and 'attitudes'. E.g., He talks about feeling accepted by certain groups (Impact of Others) and having to work hard to build rapport to generate acceptance for himself, and working on WP initiatives to generate acceptance for others (Attitudes). I have therefore gone through and refined this theme slightly for the cross-case analysis.*

Reflexivity 2: Reorganising PETs when assigning GETs (March 2023)

Table 2: Noah's 'Acceptance' PET breakdown

Original PET	**sub-PET**	**New PET**	**GET**
Acceptance	Feeling accepted as a counter to impostor Syndrome	Relationships	Others
Acceptance	Legacy Acceptance	Relationships	Others
Acceptance	Generating Acceptance for self	Generating Acceptance	Attitudes
Acceptance	Superiority	Generating Acceptance	Attitudes
Acceptance	Not feeling accepted	Relationships	Others

Using the spreadsheet and the write-up of the individual analyses as guides, analyses of the GETs were written up, and this can be found in Chapter 5.

3.7 Ethical Considerations

In designing and implementing this study, a variety of ethical considerations had to be reviewed. While there is no "exhaustive list" of ethical issues to consider when undertaking qualitative research, two key areas relate to gaining informed consent and avoiding harm. [111]

Potential participants were provided with a Participant Information Sheet before being asked for any data, and were required to sign a consent form confirming that they had read this and were happy to participate before the interview could commence. Participants were asked to provide some demographic information, but this was done using an open-text questionnaire, and participants could leave any of the fields blank if they preferred not to declare any information.

While no physical harm could come to the participants in this study, due to the potentially sensitive nature of the questions, there was a risk that they could become upset as a result of the questions or the discussion which followed. This was explored with the student who undertook the pilot interview, who confirmed that she felt that the questions and interview style allowed for sufficient detail to be gathered without causing undue distress to the participant.

In order to ensure participant anonymity, all participants were provided with a pseudonym; these were chosen at random from lists of names congruent with each participant's ethnicity. Any names used in participant transcripts have been deleted and replaced with their role as described by the participant and enclosed in square brackets to indicate that this is not verbatim.

Ethical approval for this project was granted by the University of Southampton Faculty of Medicine Ethics Committee (ERGO 63151) on April 20th, 2021 (Appendix A.1).

3.7.1 Use of ChatGPT

As alluded to in Section 3.5.5, use of Generative Artificial Intelligence (GenAI) such as ChatGPT in research can be considered contentious, and therefore warrants discussion.

Primarily, there are ethical concerns in terms of the security and privacy of data inputted into GenAI systems.[129] For this study, raw data was not inputted into ChatGPT; while amalgamated from participants' own words, the I-Poems which ChatGPT was asked to analyse are already pre-analysed. Further to this, once this thesis is completed and submitted, it will be available in the University of Southampton repository, to which any internet user (and therefore any GenAI) has access. Therefore to not input these poems into ChatGPT for data protection reasons is redundant. Nevertheless, advice was sought from the Faculty Ethics Committee, who confirmed that inclusion of ChatGPT analysis of the I-Poems did not require additional ethical approval and would not constitute a breach.

Chapter 4 Findings: Individual Analyses

4.1 Introduction

Six participants were interviewed between May and November 2021, and all interviews lasted between 60 and 90 minutes. All participants provided basic demographic information in their screening survey; to protect participants' anonymity, these data have not been presented, however some information has been referred to in the analysis where relevant.

As explained in Section 3.5.3, this chapter presents an overview of the descriptive, linguistic, and conceptual analyses for each participant. These are presented in the form of reflexive summaries (representing the descriptive analysis), I-Poems (representing the linguistic analysis) and conceptual schematics (representing the conceptual analysis). References to participants' Personal Experiential Themes (PETs) are made when relevant to contextualise the analysis alongside other data.

Definitions of poetry-specific terminology can be found in the Definitions and Abbreviations section.

4.2 Rosa

4.2.1 Reflexive Summary

Participant 1 (Rosa) is a 23-year-old Muslim female from Belgium. Her first language is Kurdish, and her second is French; she learnt English after moving here at the age of 11. Her family lives in North London (mother + grandparents) and she goes to visit when she can.

Rosa decided to apply to medicine relatively late, during Easter of Y12 following attendance at 2 medicine-based Easter schools. Her school had not sent anybody to medical school for several years and so she did not have much support with the application process, relying instead on Google. As she had made the decision fairly late, she had also missed most of the medicine open days and therefore couldn't get much guidance there either. Her work experience was minimal (clinical experience in a care home and some lab experience), but she felt that she had learned enough from these to be able to explain her reasons for studying medicine, and therefore would be offered a place as long as she could get to the interview stage. She was interviewed by 2 medical schools, and was initially offered a place by one, but did not achieve the grades. She therefore decided to take a gap year and reapply to BM6, which she hadn't realised was an option when she originally applied to Southampton. However, 2 weeks before the start of term she was contacted by Southampton medical school to say she had been placed on the reserve list and was being offered a place, which she accepted. Obviously, she was very happy with this, but it did lead to some feelings of inadequacy and impostorism as she felt she had only been given a place because somebody better than her had dropped out. Despite this, she does go on later to say that she feels it doesn't matter how you get in, or how many retakes you do, as long as you make it in the end it doesn't mean you're a better or worse doctor.

This feeling of inadequacy did have some impact on her medical school journey; Rosa admits that throughout years 1-3 she would not state that she was studying medicine unless explicitly asked. She claims that she was worried about the stigma of being a failed medical student if she ended up dropping out or getting kicked off the course. Similarly, when the no-detriment policy was enacted at the end of her 4th year due to Covid, allowing her to continue 5th year without technically having passed, she refused to refer to herself as a 'final year medical student' because she felt she had not earned that title, nor the responsibility that came with it.

She refers regularly to personal issues throughout her 1st and 2nd year, and how these impacted her studies, with her being granted special considerations for her retakes in these years. However, when in 3rd year she did not qualify for special considerations, she still needed to retake her exams, which was a huge hit to her confidence. She had led herself to believe that the only reason she wasn't passing first time was her personal struggles, and that without these she would be able to thrive at medical school. Having this disproven was a very unpleasant shock for her. Despite referring to her personal issues a number of times throughout the interview, she never goes into detail. While I never outright asked her to elaborate, she had ample opportunity to do so, and so I believe that her reluctance to disclose further information is indicative of her continued sense of vulnerability and defensiveness.

Her university social networks seem relatively strong, with 2 primary circles comprising housemates and medics. She does not seem to have used these groups much for support when struggling personally though, instead choosing to talk to friends from home. She has since opened up to one medic friend about her issues at the start of her degree programme. Similarly, she doesn't seem to have utilised any institutional support; she has only seen her PAT (personal academic tutor) once outside of the scheduled annual meetings, and didn't find this helpful. She appears fairly disparaging of the PPD (personal and professional development) meetings and form, claiming that they take place too late in the year to really be of value. She mentions the BM4 and BM6 support and seems almost wistful of the relationship

these students have with their tutors, and the small group sizes. When I asked her if she wishes she has applied to BM6 she gave a mixed response, claiming that while she wouldn't go back and change her application because of her positive experiences and the people she's met, she does believe she would have had an easier time and been better supported had she enrolled onto the BM6 programme instead.

This summary of Rosa's interview highlights her lack of self-esteem and some of the reasons behind this. Rosa's journey through education has been difficult, but she exhibits little sense of pride in all that she's accomplished despite this. Instead, she focuses on what she perceives as evidence of her inadequacy, disregarding her achievements. For example, instead of being pleased that she got into medical school, she focuses on the fact that she got in through the reserve list. It was only once she passed her final year exams that she re-evaluated this attitude and conceded that method of entry is not as relevant as she initially believed and does not impact one's ability to be a good doctor.

Her disappointment at needing retakes in Year 3 despite not qualifying for special considerations demonstrates the pressures she puts on herself; while she does not provide details of what necessitated her special considerations in Years 1 and 2, it seems unlikely that it would not have continued to impact her beyond those years. The logic she applies to the situation seems to be that if the university didn't see it as impactful enough to warrant special consideration, then it wasn't impactful enough to justify her lack of success. This again highlights the importance Rosa places on systemic processes, causing her to undermine other factors. This focus on retakes originally formed the basis of Rosa's conceptual diagram presented in Section 4.2.3 and is also a recurring theme in the I-Poem.

4.2.2 I-Poem

I understand it
(you don't belong)
(you got in)
(you don't belong)
(you don't fit in)
(you shouldn't be there).

How did I get in?
I'm not meant to be here.
I'm not meant to be here.
I'm actually an idiot.
That's how I understand it.

I wouldn't even tell people
I was a medical student
I thought
I wouldn't pass
I would actually just drop out
I wouldn't pass.

I would just tell people
I was a student.
They would ask what I was studying,
I would tell them
I didn't feel like I was a medical student.

I was like
I've made it.
I feel a bit better.

But I also had a lot of resits.
I just always thought
I wasn't as good as everyone else.
I was having those extra difficulties.

I think
I don't know what other people feel.
I can't really talk for them.

I was the one struggling.
I was the only one who ever had retakes.
I think
I always felt
I was the only one struggling.

For this poem, I decided to include instances where Rosa had used the general 'you' when explaining her understanding of Impostor Syndrome, but to use parentheses to show that these lines differed from the main flow of the poem. While not the initial intention, this resulted in the effect of these lines appearing as a second voice, talking directly to Rosa. These can either be perceived as her own inner monologue reinforcing her insecurities, or comments from others than she interprets as judgments. This second voice only appears in the first stanza; after this, all lines centre on Rosa's use of 'I', which represents her use of pronouns in this section. This demonstrates the shift in Rosa's explanation, from a more general explanation of Impostor Syndrome to a clear description of her own experiences and perspective on it.

The second stanza begins with her questioning "`How did I get in?`", which represents her fundamental insecurity that she's not good enough to be a medical student. This is further reinforced by the repetition of "`I'm not meant to be here`" in the following lines; this is a clear example of how creating I-poems facilitates linguistic analysis as this repetition had gone unnoticed prior to the poem's creation. The third and fourth stanzas demonstrate the practical implications of her insecurity, that she did not feel confident in admitting that she was a medical student due to her conviction that she would not pass and thus be forced to drop out. Only when pushed and explicitly asked what she studied would she admit that she was studying medicine; while not explicitly stated in the poem, this is represented in the final line of the fourth stanza where she reiterates that she didn't feel like a medical student.

The volta in the fifth stanza represents the period of time after Rosa started fourth year and reflects a shift in her attitude. Her lack of confidence came primarily from her struggles with exams; fourth year onwards is predominantly placement based, and Rosa had previously explained that she is much more confident when dealing with face-to-face interactions, such as her medical school interview. It therefore stands to reason that passing third year and embarking on the clinical years would be a key milestone for her. However, this confidence is relatively short lived as she refocuses on her resits in the sixth stanza, which led her to believe that she wasn't "`as good as everyone else`", although she does then acknowledge the additional difficulties that she faced which contributed to her needing retakes.

The penultimate stanza shows Rosa's acknowledgement that while she can't know what her peers are experiencing, it felt like they weren't experiencing the same difficulties as her. The repetition of "`I was the one struggling`" at the beginning and end of the final stanza then reiterate that others' experiences don't necessarily detract from Rosa's, while the addition of "`only`" in the final line highlights her sense of isolation.

Throughout the poem, there is also a shift from present tense in the first two stanzas to past tense in the remainder. This hopefully reflects a shift in Rosa's perception of herself; her concerns that she *isn't* meant to be at medical school were prevalent in the earlier years, but now she is able to use past tense when reflecting on her experiences.

Overall, and despite only being written from phrases based around Rosa's use of personal pronouns in a specific extract of her transcript, this poem successfully captures the essence of Rosa's perspective on, and experiences of, Impostor Syndrome. The primary themes found throughout the poem also align with the key elements acknowledged in the participant summary.

4.2.2.1 ChatGPT Analysis

Struggling with Impostor Syndrome

Overall, this poem delves into the emotional turmoil of self-doubt, imposter syndrome, and the internal conflict of feeling inadequate despite external achievements. It's a powerful portrayal of the internal struggles many individuals face when grappling with their sense of self-worth and belonging.

Figure 3: ChatGPT Summary of Rosa's I-Poem

It is interesting to note that ChatGPT recognises the sense of Impostor Syndrome present in the poem, even without being informed of the prompt. This suggests that Rosa's depiction of Impostor Syndrome, even when pared down and presented in this way, is representative of the commonly understood description of the phenomenon.

4.2.3 Conceptual Schematic

As explained in Chapter 3, Rosa's transcript was the only one for which NVivo was used for initial analysis. While the decision was made not to use it for subsequent participants, there are benefits to using analytical software, such as the ability to generate charts, graphs, and other data-visualisation tools with ease. When analysing the data through NVivo, word frequency was reviewed, and it was not surprising to find that words including the 'retak*' root were highly prevalent throughout Rosa's transcript, with 'retakes' having the highest frequency (n=18, 0.15%). This could then be used to create a 'word tree' which I initially thought to use as a visual representation of Rosa's interview:

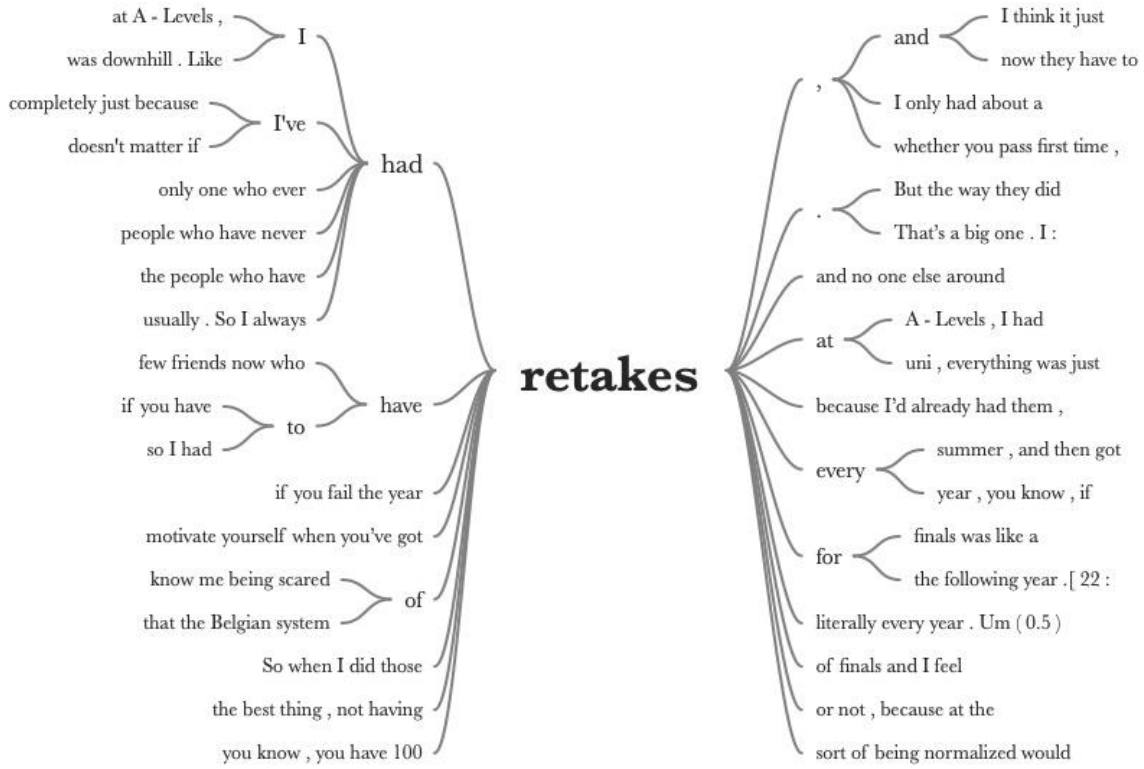

Figure 4: Word Tree showing Rosa's use of the word 'retakes'

However, upon reflection I felt that this did not adequately demonstrate Rosa's overall experience. While there is undoubtedly a strong focus on retakes in her interview, it is not always discussed in a negative way (as seen in the next quote), which does not come through when presented in this way. This led to the realisation that one of the key features of Rosa's interview was the shift in her perspective across her years in medical school, such as how in the early years she perceived her retakes as being tied to her ability to be a good

doctor, only to realise later that it doesn't actually matter whether "you have a hundred retakes [or] whether you pass first time".

This pattern is found in a number of Rosa's experiences, such as her self-worth. She claims that she "never had confidence" and that she "would always feel like [she] would probably […] fail", but after learning that she had passed her finals exams, she was able to acknowledge that "actually, I'm good at this". This shift in perspective felt like a more important finding than Rosa's emphasis on retakes, and so was chosen as the focal point for the schematic.

Figure 5: Rosa's Conceptual Schematic *(Image courtesy of Rhys Donovan)*

In this image, Rosa, having recently found out that she has passed, reflects on her experience as a medical student. While as a student she felt that the 'mountain of medical school' was huge and at times insurmountable; now that she has passed, it seems a much more manageable size. The same analogy can be applied to the other experiences about which her perspective changed: the fact that she attained a place at medical school through the reserve list caused her to believe that "the only reason [she] got in was because other people […] dropped out", but upon passing, she reasoned that it

didn't matter as "`at the end of the day, [she's] still here`". The small size of the mountain 'outside' of the mirror represents Rosa's trivialisation of her accomplishments, which is explored further in Section 5.4.1. The creation of this schematic was outsourced, with a multi-stage process of feedback and revisions, both from myself and the WPRG.

4.3 Noah

4.3.1 Reflexive Summary

Noah is a 24-year-old 4th Year medical student who grew up in South London. His parents did not attend university, but his older sister attended medical school, so it is unclear whether Noah classifies as First-in-Family (FiF); he can, however, be considered 'first-generation'. He talks relatively little about his motivation for studying medicine and seems to have had a relatively positive application experience, despite being the only person in his school year to attend a Russell Group University, 'let alone study medicine'. He attended a Harris Academy school which, while state funded, is renowned for delivering a high-quality education and achieving good results. He mentions a particular member of staff a few times throughout the transcript, who was responsible for forming a network of students across the federation who intended on applying to university. It sounds as if she took a particular interest in Noah and helped him greatly with his application – they still keep in touch now.

He acknowledges knowing little about IS, but describes it as feeling inadequate, or that you don't belong in certain environments. He believes 'on reflection' that he has experienced it, but almost solely in academic and professional situations rather than social. The 2 two examples he's able to provide are related to being a male med student on OB/GYN (Obstetrics and Gynaecology) placement and being a med student in the Emergency Department. Both of these feel like very rational situations in which someone may feel out of place, because frankly, they probably are. Male students often report spending whole days sat in OB/GYN corridors unable to observe any appointments, and it stands to reason that in emergency scenarios, doctors are going to have less time and inclination to include medical students.

Part of my own definition of IS seems to relate to it being irrational, and therefore I seem to have reached the conclusion that Noah is not describing experiences of IS as such, more just times when he's felt out of place.

He talks about feeling comfortable in social situations, attributing this to 2 two primary causes: 1st being raised in London and therefore being very accepting of diversity, and 2nd having positive role models. The first of these definitely needs further exploration – is he suggesting that by being accepting one is more likely to feel accepted? The 2nd has obvious links to the Social Support paper* (not least the fact that one of the people he explicitly mentions as a role model is one of the returning graduates in the Social Support study).

Noah comes across as very 'together' and having an exceptionally good work–-life balance. He plays for the university football team, has multiple groups of friends, enjoys nights out, works hard, maintains a relationship, and manages other hobbies too. When asked about the stereotype of med students having little time to do anything but work, he calls this 'nonsense'. While I have come across multiple students who admit that medical school isn't as hard as people think, this is the most derisive I have heard someone be about this.

His friend groups seem fairly intertwined – when he initially listed all of the groups he didn't mention other medics at all, but when I raised this with him he said that he had lumped them in with the football group, and that he actually has a really strong relationship with 3 three other medics with whom he lived for 3 three years. I am sure that this oversight (?) gives an interesting insight into his priorities and outlook.

He only mentions failing only one set of exams, in 2nd year following a bereavement. From this I assume that he has not failed any others.

*The 'Social Support paper' is one I have been working on with colleagues which explores the importance of facilitating Social Support between students in workshops designed to increase their self-efficacy.

Reading back through this summary, it seems as though there is at least some measure of participant bias evident in this interview. It was only after taking time to reflect that he was able to come up with examples of Impostor Syndrome, suggesting that he felt the need to include something in the interview that was relevant to the research question. However,

there are other elements of the discussion which took some time to delve into, such as Noah having medic friends, so it may be that he legitimately hadn't given the topic of the interview any forethought.

Noah's interview was one which really raised the question of whether there is a difference between *being an impostor* and *having Impostor Syndrome,* and this is reflected in the summary presented here. Noah's experiences of being on OB/GYN placement and feeling like he doesn't belong are wholly justified given that his gender and status as a student likely result in few patients feeling comfortable with his presence. So then, is what he is experiencing Impostor Syndrome, or simply being out of place? His definition of Impostor Syndrome pertains to inadequacy, which does not seem to be the case in the examples provided, and not belonging in certain environments, which arguably does apply. As well as the O&G ward and the emergency department example given in the reflexive summary, he talks about feeling out of place when on placement in the New Forest, due to there not being many other "`brown`" people there. While again this doesn't particularly resonate with the notion of inadequacy, it does align with the idea of environment and context influencing a sense of belonging.

The description of Noah seeming very 'together' is one which has rung true throughout analysis of his transcript; his ability to maintain multiple hobbies and friendship groups alongside his studies is remarkable. It is interesting to consider whether the balance he finds between work and life are mirrored in the emotional stability he demonstrates in regard to Impostor Syndrome and experiences which may easily have caused distress.

It is curious that looking back, the descriptive summary has no mention of Noah's comments around ethnicity, especially when these form a substantial part of his definition.

4.3.2 I-Poem

I always thought
If I was practicing as a medical student back in Morocco
(Where my parents are from),
if I was treating people and looking after people who looked like my parents,
I think it would be easier.

I do think, sometimes, students from different backgrounds can kind of struggle.

You can just inherently tell,
They don't want your help.
They need your help,
You can feel like they would prefer it wasn't you.

I guess it's like a bit of insecurity.
When you're put in these situations,
you think of previous experiences.
If you've had like a bad experience
You might carry that with you
You're not able to, you know, get over it.
I think ethnicity and race can amplify a feeling of being an impostor.

Creating an I-Poem for Noah was quite difficult; his response to the initial prompt of question "*What do you understand by the term Impostor Syndrome*" lacked depth and insight, and so it was decided that his response to the follow-up question "*Is this something that you think all medical students experience?*", which included some particularly interesting comments, would be used for the poem's creation instead. Instances of 'I' were limited in both extracts, and so it was necessary to include instances of generic-you to create

a meaningful piece. This also extended to his use of 'your' to ensure that all relevant comments were included.

In this poem, where the utterances are pared down, Noah's confidence is not nearly as prominent as it appears in the transcript as a whole. The impression given from the first stanza is that he would find it easier treating patients who share an ethnic or cultural background with him, due to his own familiarity and comfort levels with them. The short second stanza then reiterates the struggles experienced by students from "`different backgrounds`", and this is expanded on in the third stanza. In this stanza, the "`they`" he is referring to is certain patients who appear disinclined to accept help from students who have different cultural and ethnic backgrounds to them. Lines two and three of this stanza highlight the frustration felt in these situations, when patients *need* your help but don't *want* it, while the last line focuses on the reality of the situation for the student. This then provides additional context to the first stanza; when read in isolation it appears to be *Noah's* preference to treat people from a similar background, however with the information gleaned from the third stanza, it is unsurprising that Noah would find it easier to treat patients who wanted to be treated by him.

In the final stanza, he then discusses the potential ongoing impact of experiences like this, that "`you might carry it with you`"; this reads as an acknowledgment that perhaps these microaggressions from patients are not as prevalent as it may seem, but that just one bad experience can taint future interactions and heighten your sensitivity to future negative encounters. He then relates this back to Impostor Syndrome in the final line, where he posits that ethnic and racial differences may "`amplify`" feelings of impostorism, implying that feelings of impostorism would be there regardless of demographic. The key themes which emerge from this poem are of the impact of race and ethnicity, which are explored further in the conceptual analysis of Noah's interview, and homophily, which is discussed further in Section 6.5.1 as it is relevant to a number of participants.

4.3.2.1 ChatGPT Analysis

Medicine and Ethnic Identity

Overall, this poem sheds light on the challenges faced by medical professionals from diverse backgrounds, exploring the nuances of patient–-provider relationships influenced by ethnicity, past experiences, and the internal struggles of feeling like an outsider in a field where one's background might not always align with the patients they serve.

Figure 6 ChatGPT Summary of Noah's I-Poem

It is interesting that there is no mention of Impostor Syndrome in either the title or analysis, especially when contrasted with the analysis of Rosa's poem, which had a strong focus on IS, to the point where this was in the name given to the conversation. The reference to the misalignment of doctors' backgrounds and their patients' prompts consideration of the impact of this from a doctor's perspective; as discussed in Section 2.3.1, there are perceived benefits to patients of being treated by doctors to whom they can relate, and the point introduced by ChatGPT raises questions about the potential impact a patient demographic can have on the doctor themselves.

4.3.3 Conceptual Schematic

The schematic for Noah's interview is a relatively simple one, created using only Microsoft Word icons and shapes. The simplicity of this is reflective of the data; Noah's interview was relatively straightforward in that he was quite candid about his experiences and their impact on him. As evidenced in the poem in Section 4.3.2, he made explicit comments regarding the impact of race on impostorism, requiring little coaxing from the interviewer, and doesn't necessitate much interpretation from the researcher.

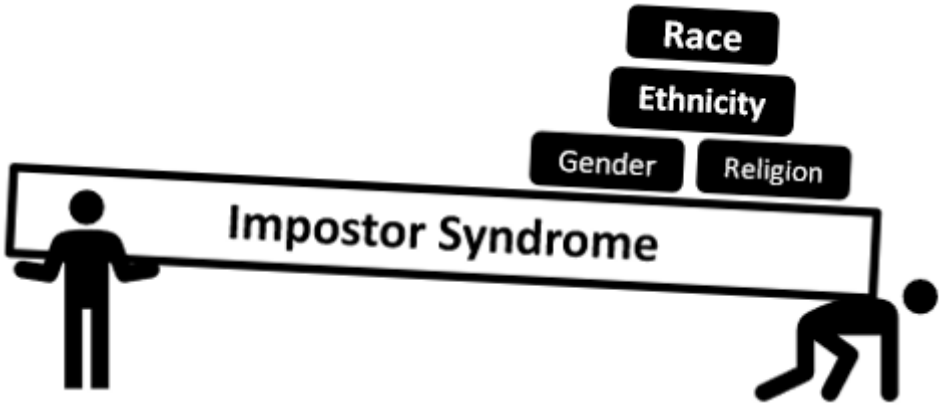

Figure 7: Noah's Conceptual Schematic

In this image, two figures are both weighed down by Impostor Syndrome; however, one is also carrying the additional weight of race, ethnicity, gender, and religion. This symbolises the concepts mentioned in the I-Poem and elsewhere in Noah's interview: that while all students are impacted by feelings of being an impostor, these feelings are exacerbated by demographic characteristics such as race. This depiction was inspired partly by the quote seen in the final stanza of the poem, where Noah describes "`carry[ing]`" bad experiences. The 'bricks' adding weight to the right-hand figure were chosen based on the quote in the poem's final line: "`I think ethnicity and race can amplify a feeling of being an impostor`", and another quote from Noah relating to this:

> `Regardless of anything like race-wise, gender, religion, I think, (1.0) fundamentally, medical students experience impostor syndrome. Um, but then I do also think that it's, it's more er (1.0), er the experience is more enhanced, and felt stronger, from people from certain demographic.`

Noah Extract

Race and ethnicity are presented in larger text, due to their relative prevalence in the interview as a whole, while religion and gender are in a smaller font; this is not to minimise their importance, but merely to represent the data from this interview. Religion is only mentioned once, in the quote shown, and so we cannot know in what way Noah believes this would exacerbate IS, and gender is only discussed in reference to being a male student on gynaecology placement. Given the context, it is fair to assume that Noah is talking about minority races and ethnicities, and therefore also people who follow minority religions. The only example provided of IS being specific to gender is from gynaecology placement, and it stands to reason that within that context, male medical students are in the minority. This

image captures the essence of the sentiment echoed throughout Noah's interview, that while Impostor Syndrome can and does impact all medical students in some form, being from a minority background can add to this impact and make it more difficult to bear.

4.4 Jaishun

4.4.1 Reflexive Summary

Jaishun's family is from India, but he was born in Singapore and moved to England around age 3. His dad remains in India for work, but visits regularly (pre-Covid), and he lived with his mum and elder brother growing up. His mum has health problems related to her knees and spine and has limited mobility, so Jaishun was essentially her carer growing up; his brother is autistic and attended a special needs school, only reaching a place where he was able to assist with the care of his mother when Jaishun was at university. This care experience is what motivated Jaishun to apply to medicine. He attended a grammar school with a solid record of sending pupils to medical school (he thinks 8 applied in his year, and 6 were awarded places), so he was well supported with the application process. His only work experience was a single day with one of his mum's consultants, but I presume his caring responsibilities also counted for a lot. His original application in Y13 was withdrawn when he was required to do two years of national service in Singapore. After this, he worked for a few years before reapplying as a mature non-graduate and gaining a place at Southampton. He speaks very positively of his experience of an Open Day at Southampton; he was particularly complimentary of the student ambassadors who guided the tour, and he received lots of information and advice about the interview and medical programme from a medical school ambassador.

At the Open Day, he happened to get chatting to 3 BM6 students about to go into Y1 who were in private accommodation with an extra room, which he ended up taking. He then lived with this same group for 3 years, becoming good friends with them and a number of other BM6 students. Due to placements and many students intercalating this group has drifted apart socially, though they still share resources and support each other with revision, etc.

His definition of IS related to not feeling 'good enough' and comparing oneself to those around you. When asked if this is something he experiences, his response is somewhat hesitant. He says that he was raised in a culture where humility is highly regarded, and therefore he finds it quite difficult to separate this from actually feeling like an impostor.

We discussed the potential relationship between low self-esteem and humility, and how one could be used to mask the other.

Most of the ways in which Jaishun feels out of place relate to being a mature student; he worried a lot about struggling with the workload after 5 years out of education, accepting that he might have to put in far more hours to keep up with his peers. He also struggled somewhat socially, referring to the language that some of his peers used in social situations and how it sometimes felt that they were of a completely different generation. In the corridors outside of lectures he didn't know who to speak to as everyone already seemed to be in their groups, so he would stand alone and then go straight home after the lecture. When a group invite was sent out for a house party he made himself go as he knew he wouldn't be able to get through med school without friends. However, he ended up leaving early as he didn't like having the same conversation about why he'd taken a gap between secondary and tertiary education. He briefly worried that he would create a bad impression by leaving early, but reasoned that with all the people there, nobody would notice or remember him going. This rationalisation seems to occur fairly regularly.

The other example he provides is of his second placement, where the consultant wasn't especially welcoming or nurturing, making demoralising comments and making Jaishun concerned as to whether he was doing the right thing. However, he stuck with him and learned a lot, later finding out that he was one of the only students to ever stick with this consultant for an entire day.

He also talks about being on acute care wards and feeling overwhelmed and not knowing what to do. It was difficult for him to find the balance of not just standing around doing nothing, making a bad impression and getting in the way, but also not performing tasks you're not supposed to do, or making a mistake and creating problems for the 'paid staff'. He uses the phrases 'taking up space' and 'wasting space' in this context, giving some indication about his perception of himself in those situations.

He speaks particularly fondly of his 'Med Family'. This is a structure put in place by the university to help integrate first year students – they are assigned 'siblings' from their year and 'parents' from Years 2 and 3. Jaishun is still in regular contact with his 'family', though both 'parents' have graduated. They even set up a society together, which seems

to have been successful. He also took on a lot of work as a student ambassador, partly to earn some money, but also due to the experience he had at the open day. He says that this sort of took the place of attending clubs and societies, but that it helped him gain (and sustain) a sense of belonging to the university, even beyond the first 3 years, after which medical students often feel fairly distanced from the university itself.

Family is obviously incredibly important to him. The only lectures he missed in his first 3 years were due to taking his mother to appointments, and he managed to arrange (with the help of his Personal Academic Tutor (PAT)) to be on placement close to home so that he could continue to care for his mother and brother easily.

Jaishun's overall attitude is very positive and rational; he doesn't complain about anything, merely stating negative occurrences as fact, without ascribing or assuming any blame. He does seem to experience some examples of impostorism, but doesn't seem to let these have a detrimental impact.

Jaishun's situation is particularly unique; not only is he a mature student, but his deferral of medical school was also due to conscription by a country in which he only spent the first few weeks of his life. His home life is also irregular, with his father living on a different continent while still with his mother, and both mother and brother having disabilities. These are most likely all contributing factors to the high level of emotional maturity and intelligence which Jaishun demonstrates throughout his interview. This is evidenced by his ability to draw comparisons and make links between multiple facets of his life, which is represented by the complexity of the conceptual schematic shown later. Interestingly, ethnicity was not something which came up at all the interview, despite Jaishun being Indian, while being a mature student was brought up frequently. This could indicate that Jaishun feels more of an impostor due to his age than his ethnicity, and therefore didn't mention it, or that he is more comfortable with his ethnic minority status and doesn't perceive it as a barrier to belonging at all.

4.4.2 I-Poem

I guess
I always thought it was quite normal.
I'm brought up in like an Asian culture.
My parents, my mum raised me.

You learn humility.
Not trying to doubt yourself.
You know what, people may know more than you.
That will teach you how to be humble in life,
I guess.
That's how I've been raised.

I guess
I realised
You can still feel that way and learn a lot.

You can also not have to feel
That you're not worth enough
You've done a lot of work.

I can see how it can affect a lot of people:
You are kind of thrusted into this world,
You think you may be expected to perform,
But you're just starting out.

As with Noah's interview, Jaishun didn't often use first person 'I' when defining and explaining Impostor Syndrome, meaning that the resultant poem contains a high frequency of 'generic-you'. Having said that, the first stanza is primarily based around uses of 'I' and first-person possessive 'my'; this is when he is explaining why he struggles to define Impostor Syndrome due to it being 'normal' in his culture, and a part of how his mother raised him. He goes on in stanza two to label this as "`humility`", suggesting that he perceives this as being synonymous with feeling Impostor Syndrome. However, when he goes on to define humility, he explains it as accepting that there will be people who know

more than you, which seems more to be a way of responding to feelings of IS than experiencing IS itself. This remains true throughout stanzas two and three; Jaishun states that "you can still feel that way and learn a lot", reinforcing the idea that he is talking about a response to negative feelings, rather than the feelings themselves.

In stanza four he then reverts to talking about those impostorism feelings themselves, as well as how to respond to them, pointing out that "you've done a lot of work", and therefore shouldn't feel unworthy. The final stanza shows a general understanding of why medical students in particular may feel like impostors, acknowledging that they are 'thrusted' into world of medicine, at which point many students may feel that they are expected from the outset to fit into that world. His shift here from using "you" to using "they" suggests that this is very much relating to others' experiences, which impacts the way his use of "you" is interpreted in the lines which follow. His phrasing of "you think you may be expected" emphasises the idea that this is a feeling which comes from the students themselves. It implies that they are not actually expected to perform to a high level at this stage, but that students place undue pressures on themselves, and it may be from this that those feelings of impostorism arise. His final line of "but you're just starting out" reads as an attempt to reassure his peers, and potentially himself, that it's ok to not know everything.

It is also interesting to note Jaishun's use of phrasing that suggests hesitancy; repetition of "I guess", modal verbs such as "can" and "may", and fillers such as "like" and "kind of" are all indicative of some level of mitigation. This may imply that he is not overly confident in what he is saying, or it could be part of his idiolect, reminiscent of the cultural humility he refers to.

Overall, this poem is representative of Jaishun's attitude; he is able to apply logic to his and his peers' situations and thereby rationalise the feelings of impostorism that they feel, while also demonstrating the means to cope with this. Despite this, his language use does suggest some level of uncertainty, hinting that perhaps he is not as confident in what he is saying as he would have you believe.

4.4.2.1 ChatGPT Analysis

Cultural Upbringing and Self-Reflection

The poem seems to encapsulate a journey of self-discovery, cultural influence, and the internal conflict between humility and acknowledging one's worth. It touches upon the complexities of navigating societal expectations while staying true to oneself. The repetition of "I guess" reflects a sense of contemplation and uncertainty, adding a personal tone to the poem.

Figure 8: ChatGPT Summary of Jaishun's I-Poem

I really like the phrasing ‘internal conflict between humility and acknowledging one’s worth’, and I think that this conflict is true for many participants, particularly those for whom Impostor Syndrome is particularly prominent. ChatGPT also noted the repetition of ‘I guess’, and proposes this as potentially an indicator of contemplation, which I had not previously considered.

4.4.3 Conceptual Schematic

As mentioned previously, Jaishun’s eloquence and emotional intelligence meant he formed links between many of the elements discussed in the interview during the interview itself. While this meant that the interview flowed very well and included a lot of rich data, it also made creating distinct PETs particularly problematic. Seven clear PETs emerged, but many of these shared sub-PETs, making it difficult to analyse in any logical order. To facilitate the analysis process, I utilised an online mind-mapping tool to create a visual representation of Jaishun’s data. While this was originally intended solely as a step towards analysis, I decided to use it as the conceptual schematic, as both the content and the complexity are representative of Jaishun’s interview.

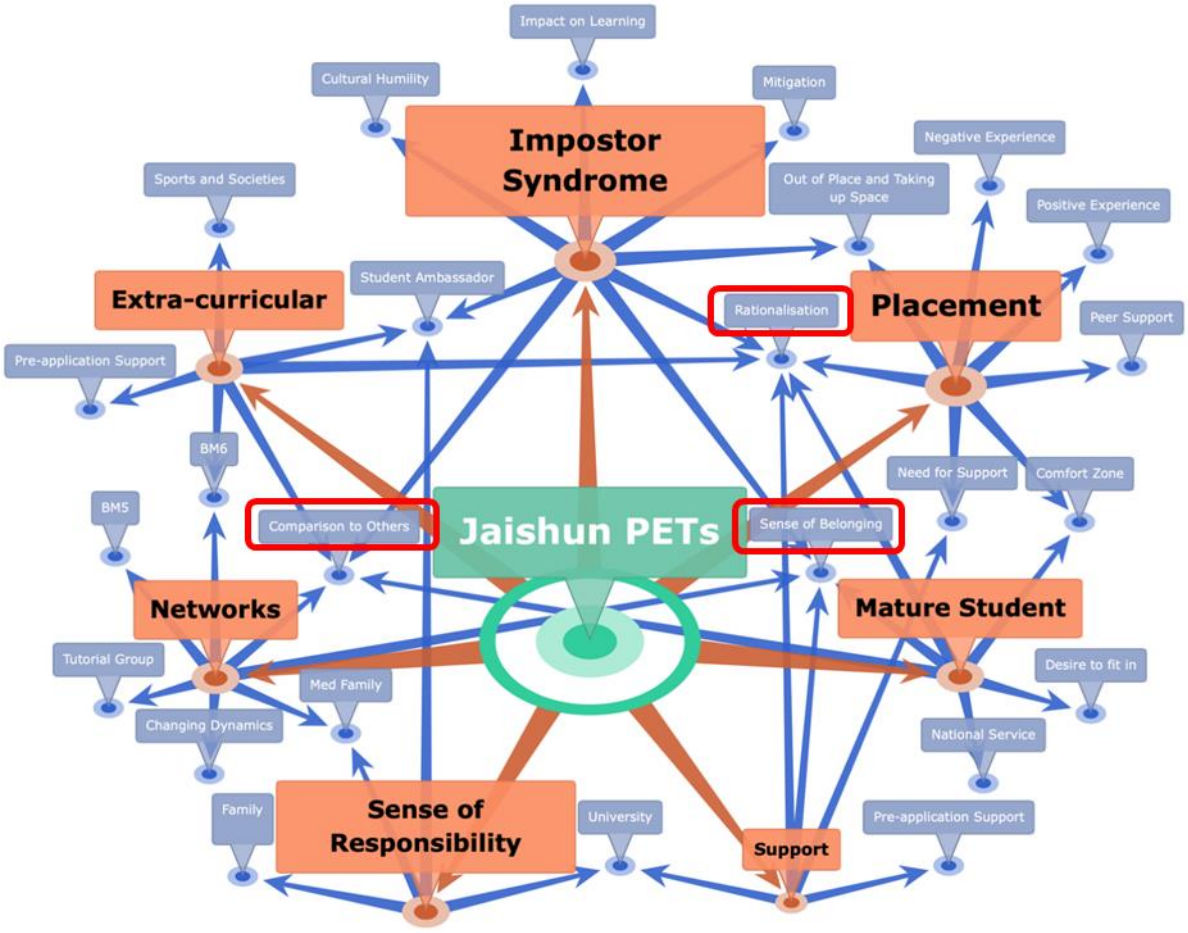

Figure 9: Jaishun's Conceptual Schematic

The orange boxes are the PETs, with each blue box representing a sub-PET. The three sub-PETs outlines in red are those which appeared within four or more PETs, and therefore made following a logical order in the written analysis problematic; I therefore decided to label these sub-PETs as 'super sub-PETs' and write them up as their own theme after the write-up of the PETs. When writing up each PET which contained one of these 'super sub-PETs', I signposted to their section in which I explored how it related to each PET it was a part of. While this was not an elegant solution by any means, it allowed for all relevant PETs and sub-PETs to be explored in sufficient detail, and the links between them made clear.

4.5 Kari

4.5.1 Reflexive Summary

Kari grew up in North London with her mother and elder brother; her mother doesn't speak English. She went to a school with 'no white people' and did very well; she claims the teachers were all very supportive, but that there was little talk of career paths, etc. When she went to college (a very large college in London), she struggled to engage, preferring to work independently in the library rather than attend lessons. This affected her attendance record, and led her tutor to question her predicted grades of A*A*A, going so far as to email her teachers to check whether they had made an error. Students were given one session with an advisor to get help with their personal statements, which Kari says was helpful.

Kari applied for medicine because she knew she was academically capable of achieving the grades, and also she wanted a 'good' job to help her family. Her first application was rejected (including a UoS BM5 application), and she was offered a clearing place to study Economics, but turned it down thanks to her brother's advice to take a gap year and re-apply to do something she actually wanted to do. She then reapplied for medicine, this time for BM6. She says that the BM5 and BM6 interviews were vastly different, with BM5 being far more science- and experience-based and seemed to want her to sell herself as something she wasn't. By contrast, the BM6 interview was far more about getting to know her as a person, which she appreciated.

It seems as though Y0 was a bit of an odd time for Kari, socially. She wanted to go out and live the uni lifestyle, but her BM6 peers weren't into that, resulting in something of a culture clash, and she didn't know the BM5s. She was worried about being stuck in 'the BM6 cage' and so tried to join the [medics' sports team] but was the only BM6 who joined and she felt left out by the other members who couldn't even bother to learn how to pronounce her name, and so eventually she ended up quitting. She made friends with her housemates though, and lived with them again for Y1. The first few years seemed to go well academically; Kari is very confident about her own ability and was never concerned about not passing.

She said that placement was a bit different; while she still didn't question whether she was smart enough, she did worry that she wasn't white enough, or rich enough to be there. She gave the example of her peers often having rowed or sailed, which for her would never have been an option ("where would I row?!"), and of white clinicians tending to gravitate more to her white peers. She acknowledges, however, that she would probably gravitate towards a Turkish doctor, so this may only be natural, but that the prevalence of white doctors and students makes this very obvious. She worries about what would happen if she ever needed to report anything – a combination of the importance of 'not snitching' in London culture, and being a minority student makes her worry that any reports or whistleblowing would backfire on her and result in her getting kicked out somehow. A consultant once made a comment to her about how she'd probably been supported by her parents all her life, but that that would change now; this immediately made Kari think that she would never be able to relate to him, or him her, and so he had burned that professional bridge with just one comment. When comparing herself to her peers she also wonders how much they benefit from having medics as parents to provide advice and guidance; her mum doesn't speak English so is little help when it comes to her studies.

Kari enjoys being pushed to work with other people outside her friendship group when on placement, but struggles to build 'meaningful relationships' with anyone who isn't a BM6 or an ethnic minority; she is not sure why this is. She does admit that when she sees someone who she knew from her brief time in the [medics' sports team] she won't even bother because she already knows what they're like.

When speaking about belonging to the medical school, she is adamant that while she fully deserves her place, she does not fit in with the medical school and her peers; she doesn't feel valued by the medical school, and she believes that if she belonged she would have made more friends. She also doesn't feel as though she fits in to the NHS itself and is concerned about the lack of support provided for trainees. She is not committed to devoting her life to being a doctor, and talks about maybe working parttime, but also undertaking a Masters to move towards a career in medical tech instead.

When asked about Impostor Syndrome, she says she believes it to be when you think that others would be better off if you weren't there, and that you don't belong somewhere.

Kari's interview was particularly interesting in that she was clearly confident in certain areas, such as her academic ability, but lacked confidence in others. Those in which she lacked confidence tended to pertain to social situations, where negative experiences had had a long-term impact on her self-esteem. Many of Kari's difficulties with finding a social group can be attributed to her complex intersectionality; being from an underrepresented ethnic and low socio-economic background meant that she felt she did not fit in with BM5 peers, but her desire to engage with a more traditional university experience distanced her from the rest of her BM6 cohort. This is explored in greater depth in Chapter 6, but it is interesting to consider Kari's own role within this perceived alienation.

While certain experiences that she described were clearly unpleasant for her, her response to them does come across as somewhat extreme. For example, the swiftness with which she writes people off for their earlier behaviours could be perceived as judgmental in its own way; not to condone the actions of her peers on the [medics' sports team] but it seems unlikely that she was treated poorly by each and every one of them. For her to then categorically state that there is no point attempting to build a relationship with any of them in the future is a bold decision. This in itself may not seem unreasonable, but when coupled with her remarks about not being able to make friends with "`British people`", her propensity to make sweeping statements seems evident. When making these comments about "`British people`", she is using that phrase as a contrast to "`ethnic people`", suggesting that her true focus for this statement is 'White people'. This complicates her sentiment, as it signifies a prejudice towards a racial group; Kari's substitution of "`British people`" may have therefore been an effort to avoid appearing racist.

These examples highlight the strength of opinion demonstrated by Kari throughout her interview, which is reflected in her PET of 'assertiveness'. This was a complex theme to unpick because of the nature of prejudice, but Kari's bluntness results in rich data which provides detailed insight into her perceptions of those around her and the sociological impact of being from an underrepresented ethnic group.

4.5.2 I-Poem

I never feel I'm too dumb.
I have that.
I never feel I'm not smart enough.

I feel like
I'm not white enough
I'm not rich enough
I can't relate to anyone,
I don't understand them.

They don't understand me.

Kari's poem was one of the simplest to create in that it follows the strict definition of an I-poem due to Kari's consistent use of 'I'. The only line which doesn't begin with 'I' is the final one, where the first-person pronoun is the object of the phrase, rather than the subject.

The first stanza represents Kari's belief in her academic ability, with the repetition of "`never`" highlighting the confidence she feels in this regard. The inclusion of "`I have that`", in the second line could be perceived as somewhat dismissive, that she acknowledges what she does have, but still wishes she could have more. What she could be perceived as wishing she had is described in the second stanza, which is particularly poignant. She feels like she's not white enough or rich enough, and the dismissiveness seen in the first stanza suggests that these are the things that she believes are holding her back. In isolation, the first three lines of this stanza could be interpreted as Kari wishing she were whiter or richer, but the next two lines make it clear that it is not these attributes she desires, but rather the acceptance and relatability she believes that they would bring. As previously mentioned, Kari's strong views can make interpretation of her statements difficult, but when pared down to their simplest form in the process of creating an I-Poem, her straightforward approach to potentially difficult topics enables her sentiments to be captured in their rawest form. The final line forms a monostich; this structure was chosen to ensure that the poignancy of the line is acknowledged. The shift to Kari making herself the object, rather than the subject, of the phrase demonstrates a fundamental switch in the way

Kari perceives the issues she is facing. By phrasing it as "`I am not x enough`", she was subtly implying that she was at fault for these things, and therefore for the way she is treated as a result of them. By changing the sentence format to "`They don't understand me`", she is acknowledging the role that others play in her alienation. This highlights the impact of a deficit discourse, and how those who, in this model, are considered 'deficient' may also see themselves this way. This reinforces the importance of moving away from this model of thinking, so that students' value is not only appreciated by those in a position of power, but also by the students themselves.

The structural repetition seen throughout this poem emphasises Kari's beliefs and suggests an intense need to share these feelings, demonstrating her frustration.

Overall, Kari's I-Poem provides a clear example of the potential interpretations of Impostor Syndrome, and how its original association with ability[3] is flawed. Kari's confidence in her ability does not prevent her from feeling like an impostor; it is her background which causes her to feel as though she does not belong. This aligns with the comments made in the exploratory study found in Volume 2: Supporting Document B which provided the rationale for this research, making this poem particularly representative of the importance of this exploration.

4.5.2.1 ChatGPT Analysis

Inadequacy and Isolation

Overall, the poem delves into themes of identity, alienation, and the struggle to find a sense of belonging in a world where societal norms, such as race and wealth, can create barriers to connection and understanding. The repetition of certain phrases emphasizes the intensity of these feelings and the sense of being trapped in this emotional state.

Figure 10: ChatGPT Summary of Kari's I-Poem

These themes are all ones which came through in the analysis of Kari's PETs and are explored in Chapters 5 and 6. The suggestion that the repetition emphasises the sense that

Kari is trapped is not one I necessarily agree with, although this concept does share similarities with my interpretation of it signifying her frustration.

4.5.3 Conceptual Schematic

The schematic for Kari's data was created in Microsoft Word, using the 'SmartArt' function. While her interview included many complex issues, her demeanour and manner of articulation was straightforward and very to the point, which can be represented by a relatively simple diagram:

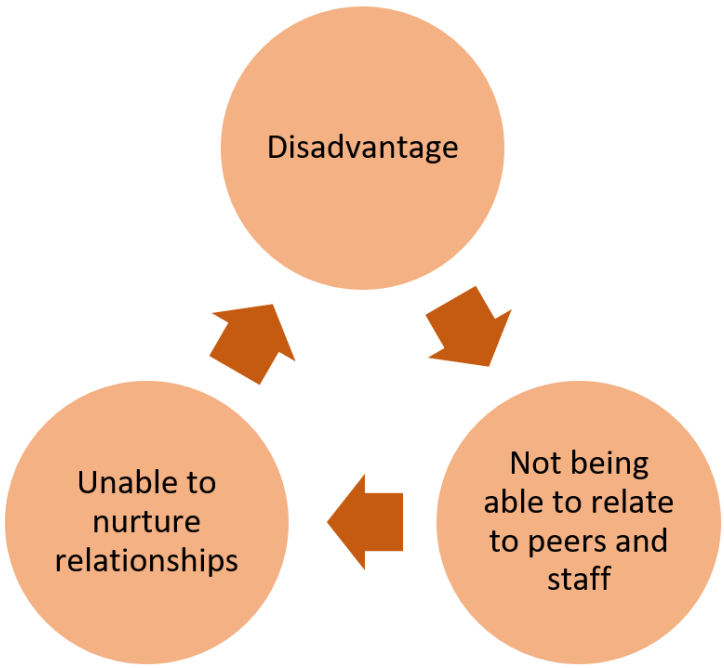

Figure 11: Kari's Conceptual Schematic

This diagram was originally created to represent the theme of 'Relating and Relationships', with the left-hand circle being 'Unable to nurture *professional* relationships', but I soon realised that it also aligned with Kari's PETs of 'disadvantage' and 'belonging', and that the cyclical structure also represents the PETs of 'assertiveness' and 'fears and anxieties', and so I decided to broaden it to include all relationships and use it as the conceptual schematic for the whole interview.

Simply put, the diagram depicts the cycle of disadvantage which Kari describes, whereby due to her disadvantaged background she is unable to relate to her peers or superiors, which impedes her ability to form meaningful relationships with them. In turn, this limits her opportunities socially and professionally, putting her at a further disadvantage, which

continues to impact her ability to relate to people. Much of the inspiration for this diagram came from one of Kari's quotes:

> I think not feeling rich enough to be able to relate to them, so, then feeling as though my opportunities, like professional opportunities are just not as existent and maybe that they won't be in the future, because I'll never be able to form meaningful relationships with people who I can't relate to.

Kari Extract

The reason I consider this as aligning with the PET of 'assertiveness' is primarily due to Kari's use of "never"; this confidence is symbolised by the cycle, and how it is ongoing, *never* to be broken out of. Similarly, her phrasing of "maybe that they won't be in the future" symbolises the anxiety she has that this is going to be how she experiences all of medical school, and her subsequent medical career. While these two appearing within the same sentence may seem contradictory, it is important to note that the quote given is not necessarily the best one to represent each but does provide some insight into how all of the themes link together.

Overall, the diagram provides an overview of the issues and experiences Kari relates in her interview, and demonstrates the ongoing barriers faced by widening participation (WP) students throughout medical school.

4.6 Zaman

4.6.1 Reflexive Summary

Zaman is an Asian Muslim who grew up in Blackburn; he was a 4th year medical student at the time of interview. His home community means a lot to him, and lot of his choices are geared towards returning home and making a contribution to his society and helping to address the health inequalities that reside there. A career in science or medicine was always his plan, but the desire to become a doctor came from being involved when his mother was diagnosed with a heart condition. He had always been interested in the scientific side of medicine, but being exposed to the more therapeutic, holistic elements of his mother's care and her interaction with clinicians is what convinced Zaman to apply to medical school. He was able to secure work experience with a GP, along with other voluntary roles in healthcare settings, but support from school was minimal; he says his personal statement was 'shocking'. This is part of the reason he became involved in WAMSoc, to support others in similar situations. He had three As at A-Level, and chose BM6 as his insurance, but is now very glad that he came via this route, as he believes Year 0 provided him with a lot of necessary skills to stop him being 'overwhelmed' by Year 1. He also essentially had 2 gap years, one in which he resat an A-Level and another in which he suffered from health problems and had to defer his university entry; he believes that BM6 was especially useful in helping him to ease back into education.

His definition of IS begins by him claiming to have never experienced it, but knowing those who do. The definition is then explained from 'their' perspective: 'they feel inadequate' etc. He credits his lack of IS largely to having the grades necessary for BM5, but does acknowledge that he fully expects to experience it at some point in the future, whether later in his studies or when he's a junior doctor. He knows a lot of people who experience IS in medical school, and cites a number of potential reasons for this, low-confidence being one, and lack of support from those around you being another. By the end of the interview, he does realise there have been two instances where he has felt this way: once during his first simulation, and after coming back to placement from lockdown and feeling unprepared for placements after months of self-learning. In both

of these instances, he took a very pragmatic approach, saying 'I've just got to deal with it' and put in additional work and learnt from his mistakes to ensure that those feelings of inadequacy retreated.

He spoke at length about relationships, and the subtleties of forming relationships with others. He sees having relatability as key, and acknowledges that the majority of his friends are Muslim medics as this means they have lots of shared experience to draw on. He clarifies that this is not something through which he decides friendships, but that shared background and experiences makes it easier for relationships to form. He also acknowledges that not drinking probably does impede this as he believes alcohol facilitates finding that relatability with others, and not being 'on that level' can make socialising harder to navigate. Despite all this, he does say that sometimes you will find someone with whom you have very little in common, but you will still click. Or you won't get on with someone with a very similar background; there is little explanation for this.

His sense of belonging is fairly strong, although he has never seen Southampton as 'home' as he has always intended to return to Blackburn. He feels like he has a role within the medical school and, to a lesser extent, within the university as a whole, and associates his sense of belonging with making a difference. His work with WAMSoc has definitely played a large part in this.

Zaman is highly articulate and able to frame his responses clearly and with reference to earlier context, making his interview a very insightful one to analyse. His ability to rationalise experiences and perspectives was particularly impressive, causing me to re-evaluate some of the ways I myself perceive things. For example, he spoke at some length about health inequalities, and how members of his community in his hometown struggled to manage their medication or maintain a healthy lifestyle. I assumed that as a medical student this would be frustrating for him, but when asked, Zaman disagreed, explaining that their actions are a result of their education and life experiences, and it's not their fault that they understand the world a different way. This accepting attitude humbled me, and on reflection I realised that my assumption that he would be frustrated by their behaviour showed my own prejudices, both about disadvantaged communities and the way that medical students would view them.

Instead, Zaman chooses to focus on the societal root of these issues, enrolling in medical school so that he can become a doctor and return to his hometown to make a difference and improve the lives of those in his community. This attitude also resulted in him engaging with WAMSoc (Widening Access to Medicine Society), to help support other young people from disadvantaged backgrounds to access medical programmes.

His rationality also applies to the way he considers Impostor Syndrome, initially arguing that he does not experience it, and crediting this largely to the fact that he achieved the requisite grades for BM5. Impostor Syndrome is usually considered as a lack of belief in oneself despite evidence to the contrary; Zaman's reason for not experiencing it doesn't align with this, arguably proving that it is not something which affects him. Even when he retrospectively considers times when he may have felt an impostor, these were both times when he had reason to believe he was not capable, such as performing poorly in an activity, and he quickly took steps to remedy the issue and "`deal with it`". This is not to dismiss his belief that these were examples of impostorism, but the concept of there being 'evidence' to support someone's feelings of Impostor Syndrome is a complex one and is explored in depth in Chapter 6. Somewhat ironically, his rationality also causes him to believe that one day, he *will* experience Impostor Syndrome. This is partly due to his observation of those around him who experience it, and his analysis of its potential causes. He is able to recognise that many triggers are external and outside of the person's control, therefore understanding that he may one day be in that same situation. His explanation of how these external influences can impact a student's journey and self-perception is what inspired his conceptual schematic, which will be presented after the I-Poem is discussed.

4.6.2 I-Poem

I've earned my right to be here,
I've got grades,
I've done all the work,
I've reflected,
I've put in the work.

I've earned my right to be here,
I don't think I've ever felt inadequacy,
I've reached medical school.
I've got here.

When asked to define Impostor Syndrome, Zaman immediately stated that it was not something he believes he's felt and went on to describe others' accounts of it; because of this, I have not used this section for an I-Poem as it does not represent Zaman's own experiences. Instead, his I-Poem was generated from the section of his interview after I asked whether or not he experienced Impostor Syndrome and explores the reasons why he feels he doesn't. As the prompt was specifically about his experiences, this poem therefore follows a very traditional I-Poem structure, with each line beginning with 'I'. However, it is interesting that all but one line begins with the contraction 'I've'; the use of this phrase highlights Zaman's confidence in his own achievements being the reason he has not succumbed to Impostor Syndrome, as *he has completed/achieved x*. In the first line of both stanzas, "`I've earned my right to be here`" shows his confidence that he was, through the various accomplishments listed, deserving of his place at medical school. He asserts that the fact that he has achieved the requisite grades and has done the work needed proves that he is academically capable, and his slight rephrase stating that he has also "`put in the work`" signals the effort and hard work he has put into getting to this stage. Throughout his interview, Zaman speaks a few times about the importance of reflection, and he believes that it was an inability to do this well which prevented a number of his schoolfriends from achieving places at medical school. Reflection is often an overlooked skill which students don't see the benefits of until later in their careers; it is

reassuring to see that Zaman considers it as one of the skills necessary to be a successful medical student.

In the second stanza, Zaman clarifies that he doesn't think he's ever felt inadequacy. When defining IS, he stated that to him it is when someone doesn't feel adequate, so this could be viewed as synonymous with him not having felt Impostor Syndrome. Later in the interview, he does redress this as he realises through our discussion that he has felt this way on a few occasions, but it took guided reflection and direct discussion about this topic for him to realise this. The final two lines show his rationalisation once again; the reason he doesn't feel inadequate is because he's reached medical school. He trusts the process and therefore is confident that he wouldn't have got a place if he were not deserving of it. This goes against one of the central tenets of the original description of IS, which was that those experiencing it believed that any evidence proving their adequacy was incorrect or fraudulent. While the original description is not being adhered to within this research, for reasons which are discussed in Chapter 6, Zaman's deserved confidence here does imply a distinct lack of impostorism. Whether this is as a result of his rational nature, or whether he is able to have such a rational outlook because of his lack of impostorism, is unclear.

4.6.2.1 ChatGPT Analysis

Earned Confidence in Achievement

The overall tone of the poem is one of confidence and self-assuredness. It portrays a person who has worked diligently to achieve their goals, overcome any doubts or insecurities, and successfully reached a significant milestone in their academic journey.

Figure 12: ChatGPT Summary of Zaman's I-Poem (part 1)

This seems to be an accurate interpretation based on the limited amount of information provided in the poem, however, ChatGPT does then add the following:

However, it's worth noting that while the poem exudes confidence, it may also come across as somewhat assertive or self-assured to the point of overlooking the challenges, self-doubt, or struggles that others might face in similar circumstances. The emphasis solely on personal effort and success might not fully acknowledge external factors or the support one might have received along the way.

Figure 13: ChatGPT Summary of Zaman's I-Poem (part 2)

This is a really interesting observation, as these elements are addressed by Zaman elsewhere in the interview, just not in the section used for the poem. In fact, many are covered in the conceptual schematic, which is discussed next.

4.6.3 Conceptual Schematic

Zaman's schematic came about through discussion with the Widening Participation Research Group, when I was sharing some extracts from the transcript with them for feedback. A number of the group at the time were medical students, and it was useful to gain their insight into the data. One quote that garnered particular interest was:

So, especially if you applied with let's say two Bs and a C, you're gonna feel a bit overwhelmed when you hear someone else had got three A*s, and they're doing the same Programme as you. And I think that's maybe, where impostor syndrome comes from, where it like grows from, because you already start feeling inadequate.

Zaman Extract

The concept of Impostor Syndrome 'growing' sparked much discussion, and the idea to use this as the basis for a schematic arose. Sketches were shared and I presented additional quotes to support or contradict ideas; once an idea was formulated which we all agreed represented the data, I commissioned the piece to be created professionally, as I lack the artistic skills to do it justice (Draft sketches from this process can be found in Appendices B.4 and B.5). I then added labels to clarify the meaning. A version with associated quotes to support the labelling can be found in Appendix B.3.

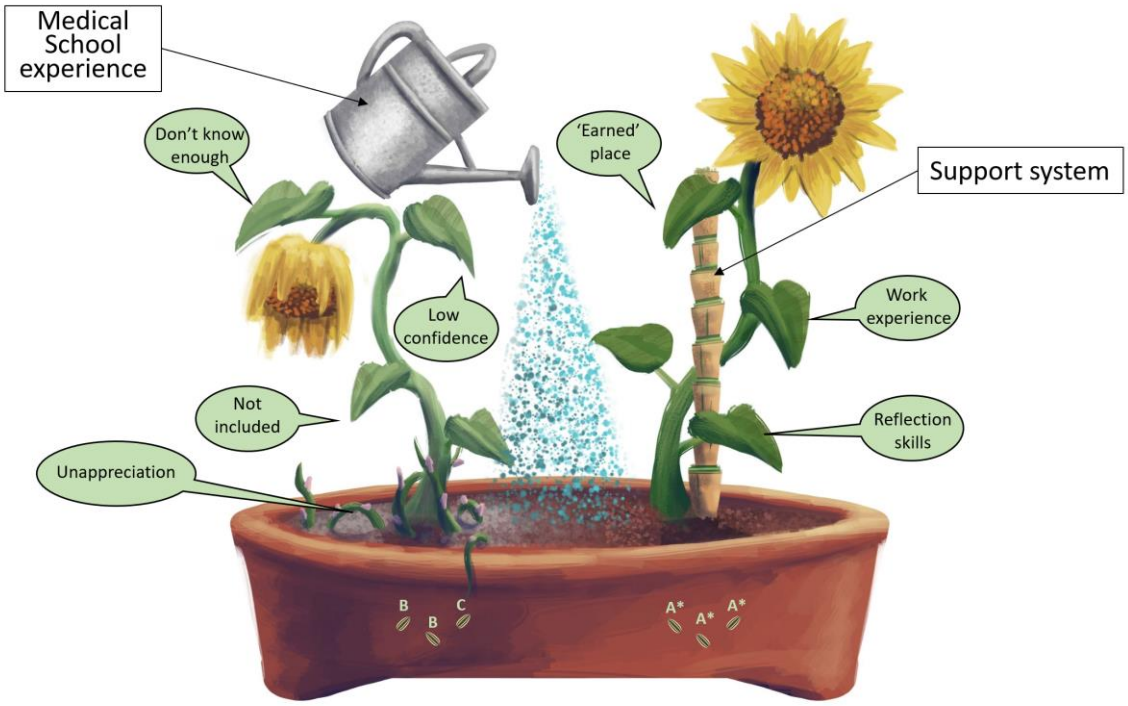

Figure 14: Zaman's Conceptual Schematic *(Image courtesy of Rhys Donovan)*

In this image, the seeds represent the grades that students get into medical school with, from which (according to Zaman) their Impostor Syndrome grows. On the right is a typical BM5 student, who achieved 3A*s, and on the left a BM6 student, who achieved BBC. Both receive the same experience from the medical school, symbolised by the watering can. However, the left-hand plant has to grow through weeds, representing disadvantage and "`unappreciation`", while the right-hand plant is provided with a support stick, symbolising the benefits afforded to them by coming from an affluent background and having resources which WP students are not typically able to access. The left-hand plant, due to its 'worse' seeds and background, doesn't feel included, has low confidence, and feels as though it doesn't know enough, meaning that it cannot flourish. In contrast, the right-hand plant with the 'good' seeds and a solid support system is able to gain reflection skills and work experience and, through its success, feels as though it has earned its place.

Of all the schematics created, this is definitely the most abstract. It felt appropriate, however, that the schematic representing Zaman's data would be aesthetically pleasing, to reflect the eloquence with which he explained his experiences. With this level of abstraction, it is important that the schematic is not taken too literally. While direct quotes from Zaman

were used in its creation, it is still a symbolic representation of what he has said, and due to ethical constraints, I have not been able to contact Zaman to ask for his opinion.

One concern that I have with this depiction is that, if taken at face value, it may feed into the deficit discourse model: that students from WP backgrounds (and therefore potentially with lower grades) need extra support to get them to the same level as their traditional entry peers. This is not the intention; while I do think that a 'support stick' from the faculty would help to nurture these students, it is primarily the weeds that need to be removed to allow them to flourish. In order to be true to Zaman's data, these weeds are labelled as "`unappreciation`", but this could be broadened to 'prejudice' or even 'microaggressions', and it is the removal of these that will truly allow students to meet their full potential.

4.7 Richard

4.7.1 Reflexive Summary

At the time of interview, Richard was an intercalating BM5 (i.e., had completed the first 3 years of medicine and was completing his Masters year). He is of Ghanaian heritage, was born in Germany and moved to England aged 10, with L1 German, L2 Ghanaian and L3 English.

Richard has always been ambitious; when growing up he wanted to be a doctor, astronaut, writer AND football player. While he still enjoys writing, he has given up on astronaut and football player to focus on medicine. He referenced a quote from his father “do something which makes you happy and proud, and you will make the whole family happy and proud”. His pursuit of medicine was further influenced by friends’ psychological issues, which nurtured a further interest in psychiatry and psychology. He took his A-Levels during the KS5 restructure and because of this was discouraged from pursuing medicine as he didn’t believe himself capable of achieving the requisite grades. However, upon abandoning a chemistry taster talk to attend the medicine talk instead, his desire to study medicine was further strengthened and he was able to convince his teachers to predict him the grades he needed. His final A-Level results were what he needed, due partly to his hard work, and partly a reassessment of the grade boundaries.

His understanding of impostor syndrome is that it’s like ‘you’re sitting in a chair that somebody else should be sitting in’. This mostly relates to academic abilities, but can be prompted by anything that makes you different. He acknowledges feeling this in first year, but despite repeatedly stating that it was primarily due to concerns about academic ability, most of the comments and examples given relate to race or other cultural attributes which apply to underrepresented students.

Having grown up in Luton, Richard acknowledges that he had little understanding of the demographic makeup of the UK, and was surprised at how few Black people were in his cohort (he is one of three). However, he quickly adds that he now knows that this is in fact representative of the UK’s 3% Black population, unlike his

hometown. The implication here is that once he realised this, his own sense of impostorism was mitigated; he says that since this first year, he has 'never felt out of place'. He uses the phrase 'knowledge is power' in his explanation of this.

It is important to note Richard's multiple extra-curricular activities. He has worked as a student ambassador throughout most of his first 4 years, is part of Medics' Football, the Medics Revue, WAMSoc and MedSoc. He also has a number of roles as Faculty representative. He did initially also engage in non-medic activities such as Film Club and Surge Radio, but wasn't able to fit these in alongside the medicine course beyond Semester 1. He has differing levels of friendship with members of all of these organisations, but his closest friend is a housemate who is a fellow medic from a similar background.

When asked about support networks, Richard mentioned having good relationships with his PAT and supervisor, but that if he really needed support he tended to speak to other faculty members with whom he also has a good relationship as a result of his various roles. In this section of the interview he realised that he should have mentioned his girlfriend earlier, who is the person he feels closest to. She is also from Luton and they have maintained a long-distance relationship throughout the course.

He doesn't mention religion at all, but does refer to his 'charismatic' church back home and the support he can get from there. He also refers to a group of friends who remind him of his church, with whom he feels comfortable discussing more culturally specific topics, e.g., Jollof rice or plantain, although he doesn't clarify how he knows this group.

One thing Richard refers to as a 'combatant' against Impostor Syndrome is professional dress. He feels very comfortable in formal wear (shirt and trousers) and he says that on placement this helps him to feel like he belongs. He acknowledges that this works as a combatant as it is a combination of how he feels about himself, and how others perceive him. He says that it's almost like a uniform, and allows you to avoid being mistaken for someone in a different role and that this helps to feel in place.

Richard's engagement with widening participation initiative means that his interview had a clear focus on issues pertaining to this, without much prompting. This engagement came

about as a way for Richard to understand his initial feelings of impostorism upon realising that, as a Black student, he was in the minority in his cohort. His response to this was to do additional research, which provides insight into his personality; he is naturally curious and likes to understand the reasons behind things. Upon discovering that the number of Black students was in fact representative, Richard was no longer troubled by his minority status. This suggests that Richard is primarily driven by logic, rather than emotion, as it would still be completely understandable for him to still feel out of place as one of only three Black students.

Throughout the interview, he clarifies that, to him, IS pertains to academic ability, yet does not give many examples to support this, instead prioritising examples around race and background. Because of Richard's various roles, particularly those relating to WAMSoc and being a student ambassador, I wonder whether he is using this interview as an opportunity to advocate for other underrepresented students. If so, this would indicate that he realises that impostorism as related to *academic ability* is something which impacts individuals in different ways, and may not be so easily addressed en masse, while feelings of impostorism as a result of *background* are more likely a result of societal issues which can and should be addressed more widely.

Richard's interview gave two overwhelming impressions, one was that he is a 'people-person'; he mentions a few times how much he loves talking to people – whether they be peers, customers, or patients, he takes a genuine interest in them and their lives. This inherent curiosity is paired with a passion for helping people, and the impression given is that part of the reason he engages with them so intently is to be able to support them in whatever way necessary.

The second impression is that Richard has a phenomenal work–life balance. He holds multiple voluntary and paid roles, engages with various societies, and maintains good relationships with family and friends at home, all while at medical school. Despite this, he still finds time to relax and engage with his own hobbies, such as playing video games. This ability to cope with myriad stressors and competing interests may well also be the reasons he is able to avoid detrimental impostor feelings with apparent ease.

4.7.2 I-Poem

I just don't understand
what I did differently.
Maybe I don't deserve it.
Am I really meant to be here?
Am I really meant to be in this position?
I did struggle with it at the beginning.

But then.

You kinda get used to it.
You get used to your ability.
You start to think

Yes.

I can do this.
I do belong here.
I do deserve to do this.

The structure of Richard's poem is representative of his experience of Impostor Syndrome. He starts with some self-doubt, questioning whether he deserves to be here. I have then broken the 'rules' of I-Poem creation by including a phrase which does not include any pronouns: "`But then`". This was done to highlight the clear volta in the poem and draw the reader's attention to the obvious shift in tone, from lacking confidence to demonstrating it. The third stanza moves away from the first-person 'I' in stanza one, instead using 'generic-you'; this could have been Richard's way of avoiding appearing arrogant, instead making it seem as though this stage happens to everybody. He then grows in confidence, symbolised by the secondary volta in the fourth stanza. As with stanza two, this does not meet the criteria for an I-Poem line or verse, but again, it helps to emphasise the secondary volta and

subsequent tonal shift. Following this burst of confidence, Richard reverts to using first-person 'I' and repeats the verb "do" to demonstrate his certainty about his status.

4.7.2.1 ChatGPT Analysis

Self-doubt Overcome Gradually

The poem seems to narrate a personal journey of grappling with self-doubt and uncertainty, followed by a gradual transformation towards self-assurance and belief in one's abilities. It captures the universal experience of struggling with imposter syndrome or feelings of inadequacy initially but ultimately gaining confidence through perseverance and adaptation.

Figure 15: ChatGPT Summary of Richard's I-Poem

Once again, it is interesting that the AI has acknowledged Impostor Syndrome as being evident within this poem; the comment about Richard gaining confidence through perseverance and adaptation feels like a remarkably accurate yet concise description of his journey.

4.7.3 Conceptual Schematic

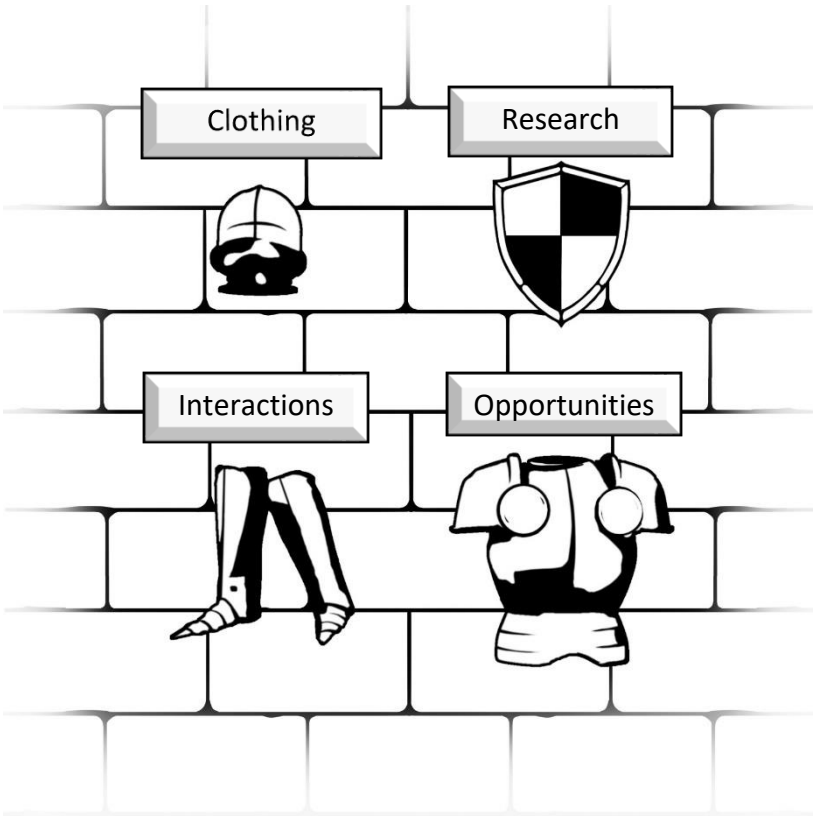

Figure 16: Richard's Conceptual Schematic *(Image courtesy of Rhys Donovan)*

Richard makes several references throughout his interview to Impostor Syndrome being something you "`deal with`" or "`come to terms with`", without going into much detail as to how this is achieved. He does, however, later discuss how clothing can be a "`combatant against Impostor Syndrome`" and how increased knowledge of demographic representation through research "`makes it a lot easier`" to feel a sense of belonging. Richard's use of the word "`combatant`" in particular elicited a notion of these strategies acting as a sort of 'armour' against feelings of IS, and this prompted the idea for this schematic and consideration of other elements in Richard's interview which could also be viewed in the same way. Another way in which Richard 'arms' himself is through taking opportunities when they present themselves; this is particularly seen through his commitment to extra-curricular activities and taking active steps to improve areas in which he feels weaker. Both throughout school and at university he has been involved in an array of activities which he claims "`really, really helped […] getting my speaking ability up, my communication skills, my confidence, etc`". This attitude can also be seen in his frequent use of the phrasal verb "`get to`", which is explored further

in Section 5.4.1. Related to this is his desire to interact with anyone and everyone, regardless of relationship, role, or background. For people he doesn't know so well he particularly enjoys "hearing different perspectives", whereas interacting with people who share his background allows him to "feel like [he's] home still", not to mention numerous other "random interactions" and "nice little catch-ups".

Whether or not it is a conscious choice, Richard seems to use each of these strategies to arm himself against the negative feelings of Impostor Syndrome, to increase his confidence, and make him feel that he belongs. The creation of this schematic was outsourced, with a multi-stage process of feedback and revisions, both from myself and the WPRG.

4.8 Summary of Individual Findings

While I would have liked to include the full analysis of each participant and their PETs, this was not feasible in the word count (although these complete analyses can be found in Volume 2: Supporting Document B). Presenting the individual participant data in this manner has allowed an overview of each to be provided, as well as an explanation of the most fundamental concepts explored by each participant, and a linguistic analysis of a key extract from each participant.

The descriptive summaries provide necessary background information and context which then support the linguistic analyses and conceptual analyses presented here and inform the cross-case comparisons presented in Chapter 5. Despite each interview following the same framework, the poems and schematics are vastly different for each participant, representing their different journeys, experiences, and perspectives.

Chapter 5 Findings: Cross-Case Analysis

Within this chapter, I explore the Group Experiential Themes (GETs). According to Smith et al.[111(p.100)], the process of creating and exploring GETs is "to highlight the shared and unique features of the experience across the contributing participants". Each GET is explored in turn, using appropriate quotes which best represent the GET in question.

5.1 GET 1: Understanding and Experiences of Impostor Syndrome

5.1.1 'Impostor Syndrome' sub-GET 1: Definitions

Much of the analysis of participants' definitions of IS has been presented within the I-Poems in the previous chapter, however the participants' complete definitions and an overview of them will be provided here. These definitions were provided as responses to the question "*What do you understand by the term 'Impostor Syndrome'?*"; the question was phrased in this way rather than the more direct "*What is Impostor Syndrome?*" to ensure participants felt comfortable sharing their own interpretations, rather than worrying about giving a 'correct' answer. Despite this, a number of participants used mitigative language, and explorations of this will be discussed where appropriate.

5.1.1.1 Rosa

> But I understand it as, um (2.0) sort of feeling like you don't belong somewhere because (1.0) you know, maybe you got in (1.0) and (1.0) feel like you don't belong there, you don't quite fit in and that you shouldn't be there. (1.0) And for medicine (0.5) that's very much, you know, sort of getting in and realizing wow, everyone's smarter than me. How did I get in? And actually, maybe I'm not meant to be here and they'll know that I'm not meant to be here. (1.0) And that I'm actually an idiot. That's how I understand it.

Extract 1: Rosa

Despite the interviewer's assurances that not knowing the definition is fine, Rosa still feels the need to clarify that what she is about to explain is what *she* understands Impostor Syndrome as. This could be construed as a defence mechanism employed to avoid the possibility of giving the wrong answer; also stating this at the end of her explanation further

reinforces this view and adds further evidence to her fear of failure, regardless of setting or reassurance.

The way in which Rosa's definition progresses is particularly interesting. She begins by characterising Impostor Syndrome in the abstract, using 2nd person pronouns to explain and exemplify the phenomenon. She uses hedging adverbs such as "maybe", "sort of" and "quite" to describe the 'feelings' that sufferers experience, and there is a notable number of pauses throughout this relatively short utterance. Halfway through, however, there is a clear shift in the tone and perspective of the definition. She begins talking in 1st person, questioning "how did I get in?", indicating that this part of the definition stems more from personal experience of Impostor Syndrome than conceptual understanding. The use of mitigative language is also minimised in this section; the verb "feel" is replaced with the more assertive "know", and the hedging adverbs are exchanged for their more decisive counterpart "actually". She also comes across much more confident in this utterance, with far fewer notable pauses.

This tonal shift is indicative of the participant's personal experiences of Impostor Syndrome. She knows how Impostor Syndrome is generally defined but lacks confidence in her own understanding of it as a broader concept. It is only when she begins to relate it to her own experiences that she exhibits some confidence, evidenced both through her use of vocabulary and the fluency with which she speaks.

5.1.1.2 Noah

> From what I understand, it's something along the lines of, er feeling inadequate, within (1.0) an environment due to maybe your, like, intellect, or in a professional environment, if you don't think you belong, you're sort of like an impostor, so, that's really what I understand from it.

Extract 2: Noah

This definition is split into two parts, the first relating to feeling intellectually inadequate, and the second specifically to feeling as though you don't belong in a professional environment. Arguably, concerns around intellectual capacity are also more likely to impact you in a professional environment, so it is not clear to which environments he is referring in the first part of this definition.

He admits to having "never looked into it in as much detail as [he] probably should" and so it stands to reason that his definition is not particularly comprehensive. It is unclear whether he feels that he 'should have' looked into it more from a professional or personal point of view, though his admissions later in the transcript that he's "really bad with the talking about stuff like this" implies that he means it personally. He claims that he's only really heard other people using the term, but that it's "coming up" quite a lot at the moment, especially in the wake of the Covid-19 pandemic, and that he often sees it "pop up" on the sidebar of YouTube, or in well-being related communications from the Students' Union. The use of these phrasal verbs suggests that he is not actively seeking out this information, nor is he particularly inclined to, despite its ready availability. His repetition that this is 'his understanding' of it aligns with his acknowledgment that he doesn't have any verified knowledge or understanding of the phenomenon.

5.1.1.3 Jaishun

> It's kind of like um (1.0) the sense of feeling um not good enough in a certain situation, probably through comparing yourself to either what's being done in a situation or like the people around you that are working in a similar environment to you.

Extract 3: Jaishun

Jaishun's phrasing here, that Impostor Syndrome is a "sense of feeling not good enough" demonstrates his acceptance of IS as something which is something one feels which may well not be accurate; it's very much an interpretation of what is perceived. The notion of "comparing yourself" is one which is prevalent throughout the interview, and fits within Jaishun's sub-GET of 'comparing yourself to others'. Interestingly, both examples in his response denote the situational nature of IS as he sees it; it relates to what's being done "in a certain situation" or by those "in a similar environment", rather than something which is always present. He also implies that IS can relate to either the actions one takes ("comparing yourself to […] what's being done") or one's more general ability or position ("comparing yourself to […] the people around you").

5.1.1.4 Kari

> The feeling of being somewhere where you feel like you're not supposed to be there, or like you're not good enough to be there, and that you would be better off not being there.

Extract 4 Kari

This definition can be split into three distinct sections; the first relates to a lack of sense of belonging, and the second concerns perceived aptitude. The third is not so easily summarised due to its ambiguity. When asked to elaborate further on this point, Kari explained:

> Maybe not me better off, but everyone else might be better off if I'm not there, sort of thing. Or that they would prefer someone different, to me, near them.

Extract 5: Kari

The ambiguity of the phrase "better off" remains, but Kari clarifies that she meant that it was other people who would be better off, indicating that this element of the definition is similarly self-deprecating to the notion of not being good enough. However, she goes on to say that this may be due to the other person's preference rather than necessity; this could imply that IS in this instance could be more due to others' bias than her own ability.

Another thing to note in this quote is Kari's shift to first person; when defining IS she used 'generic-you', but then moves to 'me' and 'I' when talking specifically about this element. This could be coincidental, but it could also suggest that this is an element of Impostor Syndrome which she specifically can relate to.

5.1.1.5 Zaman

> Impostor syndrome I think for me is when someone doesn't feel adequate for the role that they're in, if that makes sense. So, I hear a lot from other students. Personally, I don't ever say that I've had to deal with this, but I've just heard it a lot from other students, saying that they've had to deal with impostor syndrome, and when they explain it to me, it's like they don't feel that they're good enough, or that they're in the right place. They don't feel like they know enough to be in the position that they are in. So, for example, when they're on the wards they feel like 'I'm just a medical student, but I don't know enough', or 'am I even good enough to be a medical student?'. So, that's what my understanding of impostor syndrome is, and yeah, it's quite a weird one, 'cause when I look at them, I'm like you're absolutely fine to be a medical student, like you've got all the qualifications, you've obviously shown you're competent enough to be here, so, why do you feel like that? But I guess for them, it's like inside they feel something's not right, like they feel they don't know enough, or maybe their confidence levels aren't high enough, or maybe it's just that people around them aren't appreciating them enough and making them feel included, maybe, I don't know, but there's all these reasons that they have that they feel like they're inadequate then. So, that's for me, what impostor syndrome is.

Extract 6: Zaman

Zaman's consistent use of third person in his definition says a lot about his perspective on the phenomenon. His initial comment relates to what IS is 'for him', but he then immediately establishes that he hears about it a lot from his peers, suggesting that most of his knowledge and understanding of the phenomenon comes second hand. His statement "I don't ever say that I've had to deal with [IS]" is interesting; taken at face value it implies that IS isn't something which he experiences, but the additional phrasing of "I don't say" could suggest that this is something which he *does* experience but doesn't talk about. However, from comments and realisations later in the interview, it does seem as though the former interpretation is more accurate. Pronoun use throughout the rest of the section is almost entirely 'they' when explaining the effects of IS, again distancing himself from the phenomenon.

His definition is also split into three clear sections: manifestations of impostor syndrome, his own rational approach to it, and triggers. The manifestations Zaman suggest closely relate to his definition, incorporating feelings of inadequacy and being out of place. The rationality expressed and triggers mentioned will be discussed later in their own subheading within this theme. His closing remark in this section, "there's all these reasons that they have that they feel like they're inadequate […] that's for me, what impostor syndrome is" is a good summary of Zaman's understanding of IS. Throughout the interview he refers to there never just being one possible cause of something, whether it be a student's feeling of inadequacy or a patient's presentation of an illness; he believes that it is a combination of reasons which builds into Impostor Syndrome. Interestingly, the reasons he gives all pertain to a student's self-perception except for one: "maybe it's just that people around them aren't appreciating them enough". While participants have referred to staff making them feel a certain way throughout their transcripts, this is the only example taken from the Impostor Syndrome definition which implies the potential for an external trigger.

5.1.1.6 Richard

> So, what I understand of impostor syndrome, it's the experience of, I always sum it up as, you are sitting in, you are sitting somewhere, and you feel like someone else should be sitting where you are, because you don't have the abilities or the know-how to be in that position, so you are the impostor in that scenario.

Extract 7: Richard

Richard uses a simile to articulate his understanding of Impostor Syndrome: the idea of sitting in a chair which somebody else should be in. The reasons he provides for why someone else should be there are "you don't have the abilities or the know-how". It is interesting that his go-to response to the question relates to competence; as seen throughout this analysis, most of his discussion of Impostor Syndrome relates instead to identity factors rather than ability. His use of the phrase "I always sum it up as" implies that this is something he has talked about previously, and therefore it could be that when discussing the topic of Impostor Syndrome more casually, he adheres to the simpler, more 'typical' causes. However, when given the opportunity to discuss this at greater length,

he begins to consider more nuanced and less-discussed aspects of Impostor Syndrome relating to characteristics such as race and background, rather than knowledge or ability.

5.1.2 'Impostor Syndrome' sub-GET 2: Triggers

When asked about the nature of Impostor Syndrome, Richard proposed that:

> I think different things just kinda trigger it, and then spur it on, to get to the point where it is, but I think most people do get to come to terms and grips with it.

Extract 8: Richard

This notion of 'triggers' and 'spurs' occurred in a number of interviews; the word 'trigger' has been kept as a term in its own right in this section, while something which 'spurs' IS on has generally been referred to as an exacerbator, such as in the explanation of Noah's schematic in Section 4.3.3. While many participants do discuss various triggers of IS, Rosa speaks of IS as something more omnipresent, claiming that:

> I've always had some level of Impostor Syndrome […] I never had confidence in me at any point in my life, so anything that I applied for, anything else that I would do, I would always feel like I would probably not get it or fail, and then even if I did get it, I would probably think I didn't belong there.

Extract 9: Rosa

Rosa's use of extreme case formulations[136] such as "never" and "always" suggests that her experiences of Impostor Syndrome cannot be considered temporary or isolated incidents. In fact, when asked about particular times when she had experienced Impostor Syndrome, she struggled to give a specific example, instead giving a more general overview of the sort of situations in which she felt like she didn't belong.

> I think anytime, you know, there's maybe a session like small group teaching or something and I'm lost and I don't know what's happening and everyone else around me knows what's happening […] Or if I would ask a question and everyone would look at me like don't you know? Why don't you understand this?

Extract 10: Rosa

One element of this extract which stands out is her use of "everyone". This hyperbole is representative of her definition of Impostor Syndrome, that "everyone is smarter than me" and "they'll know I'm not meant to be here". Despite acknowledging this as a symptom of Impostor Syndrome, she still struggles to actually accept it, instead continuing to perceive herself as an isolated, undeserving case surrounded by peers far more worthy than herself. She goes on to acknowledge her inability to define a clear example, and in doing so provides additional insight into the lived experience of Impostor Syndrome:

It's in a lot of moments. (1.5) Yeah, a lot of moments like that I would say.

Extract 11: Rosa

In writing up the analysis of my 'favourite' quote from this interview ('it's in a lot of little moments') I have come to question where these reflections fit into my actual thesis. Objectively, this quote means that imposter syndrome is an ongoing experience, not something which 'happens'. This can be included in my analysis, but it also calls into question my own presuppositions which led to me phrasing the question as such ('can you tell me about any particular moments where you've felt like an imposter?'). As someone who also professes to experience imposter syndrome, I myself know that this is the case. I cannot tell you any specific moments, so why did I phrase the question thus? Was I just overly influenced by the use of narrative analysis by other members of the research group, in which this phrasing would be the norm? Should all of these thoughts be included somewhere in my thesis or not…?

Reflexivity 3: Analysis of Rosa's Interview (August 2021)

Unlike Rosa, Noah seems to find that Impostor Syndrome is something that only occurs at certain points, and for him these all seem to be in the clinical environment. He reports feeling "like a burden" when on wards due to having "inferior knowledge". He acknowledges that this is particularly prevalent in environments such as the emergency department where there's "so much going on" that Impostor Syndrome "kicks in". The use of the phrasal verb "kicks in" is comparable to an earlier reference to IS "popping up", indicating that for him, IS is not a constant feeling, rather something that only occurs in specific circumstances.

Jaishun's personal experiences of Impostor Syndrome tend to relate to his status as a mature student, and he refers to a specific time where he attended a party which triggered his IS.

> Everyone was nice, don't get me wrong, everyone was really nice, and they were all like you know just um, there were different levels of um partying, shall we say, so, you kind of like, you kind of like, er find your ground and so on, but I just felt so out of place at the time, and I was like, what am I doing here?! Like I don't get half the things they're saying, I feel like I've missed a whole generation ((laughs)) […] so, um, yeah, um, er, so I did kind of feel out of place – I just walked off.

Extract 12: Jaishun

This is another example which came about as a result of the student comparing themselves to their peers; Jaishun is the only mature student participant, and therefore give a unique perspective into the social isolation felt as a result of being just a few years older. Jaishun's experience is relatively low-stake, in that he was able to take the decision to leave the party without any major repercussions; the equivalent decision for Rosa and Noah would have involved withdrawing from medicine altogether.

Similarly to Noah, Kari's feelings of Impostor Syndrome seemed to manifest primarily when she started placements:

> When I entered the clinical, the clinical years, I started to, so, you start to meet doctors and um you realise that the demographic of doctors is one, usually one sort of thing, they're usually White males. […] I never feel like I'm too dumb, luckily I have that, I never feel like I'm not smart enough, but sometimes I feel like I'm not White enough or I'm (1.0) not rich enough or I can't relate to anyone because they don't, I don't understand them or they don't understand me. Um, like sometimes even hearing little anecdotes about other medical students having really good conversations with their supervisors and stuff, and I'm just like, that has never happened to me.

Extract 13: Kari

This quote shows the confidence Kari has in her own ability; she does not doubt that she is more than capable of succeeding at medical school, showing that, unlike Rosa, her sense of IS is not rooted in concerns about her aptitude. She does, however, feel that the colour of her skin and her perceived lack of wealth have a negative impact on her experiences, leading her to feel like an impostor.

Richard suggests that the competitive nature of medical school applications exacerbates feelings of Impostor Syndrome, as:

> They always tell you how many people applied for your place, so, you know that there's nine other people that could be sitting where you are, because the application ratio is one to ten. So, you're constantly like, oh gosh, you know like, why did I get chosen and they didn't get chosen.

Extract 14: Richard

While the purpose of these statements is presumably to encourage students to make the most of their place at medical school, students lacking in confidence may well interpret it as further evidence of their inadequacy.

Zaman's experience of feeling like an impostor was strongly tied to Covid-19 and the associated disruption to his education. When entering 4th year, he felt that he and his cohort were at a disadvantage having not completed 3rd year placements, especially compared to their peers who had intercalated (i.e., had completed 3rd year 'normally' before undertaking their Masters year) and were rejoining them in 4th year. He spends very little time discussing the impact this had on him, instead immediately focusing on the measures he took to mitigate these feelings.

5.1.3 'Impostor Syndrome' sub-GET 3: Responses

Participants exhibit a variety of responses to their experiences of Impostor Syndrome, including avoidance and mitigation. All of these responses indicate participants' acceptance of Impostor Syndrome as an inevitable part of their experience; no participant attempts to deny IS or its impact, showing how embedded it is within their culture. Zaman's response to feeling "lesser" in comparison to his peers who had intercalated was to figure out how to "deal with it". He did this by working "as hard as he possibly [could]":

> I just put in extra effort every night, just working as hard as I can, that kinda thing, having a good, structured routine, making sure I have obviously time to look after myself, looking after my health, but as well as that, putting in that extra work so that I can catch up and be at the stage that I need to be at. Yeah, so, that's the way I dealt with it.

Extract 15: Zaman

The specific nature of Zaman's IS 'trigger' lends itself to this concerted effort to rectify the situation, but it is still interesting how Zaman downplays this task as being something he simply 'dealt with'. In contrast to Zaman facing his impostorism head-on, Noah references avoidance strategies, suggesting that he will act more passively in situations where he feels like more of an impostor. He says that in these situations he will:

> Just try to like get through safely, don't cause a ruckus, 'cause there's always a likelihood that if something does go wrong, then you're probably not gonna be favourite, and you're probably get, it's gonna be more reedy for you to like navigate through all of it, if there ever is an issue, if someone likes you and you know if you make a mistake, then it's like okay, well you can learn from it, instead of oh, you've made a mistake, well that's not good is it.

Extract 16: Noah

This extract exhibits elements of acceptance and avoidance; Noah accepts that there are some situations where he will feel like an impostor and is likely to have a more difficult experience than his peers as a result of this, and so he does his best to avoid drawing attention to himself in those instances. He suggests that others may take this further:

> and there's certain situations er where you know they would just rather avoid being the impostor, so, maybe not showing up, not, not being present, not, you know making themselves vulnerable and whatnot, because they're afraid.

Extract 17: Noah

The latter part of this extract mirrors his observation of not drawing attention to oneself as a way to avoid exacerbation of feelings of impostorism, but he also speculates that some students may opt to not attend sessions where they are likely to feel this way. This is shown to some extent in Kari's transcript, where she quits a University sports team due to feeling like an impostor, which will be discussed further in Sections 5.2.2.1 and 5.4.4.

Similarly to Zaman, Richard also refers to 'dealing with' or 'coming to terms with' Impostor Syndrome. He says of his own experience that:

> Yeah I did struggle with it like at the beginning. But then as you kinda get used to it and you get used to your ability and capacity to do the things […] you start to kind of lose impostor syndrome, because you start to think, you know, yes, I can do this, I do belong here, I do deserve to do this.

Extract 18: Richard

While the idea of "get[ting] used to it" does not provide great detail, it does indicate that Richard believes that there is a process to overcoming feelings of impostorism. The implication of the phrasing here is that losing IS is something which happens over time, rather than something which needs to be worked on. This suggests a lack of agency on the part of the student; this may have been his experience, but he also seems to assume that the same is true for his peers. This extract seems to relate to Impostor Syndrome felt in regard to academic ability, but Richard does also discuss IS in relation to race and ethnicity. When he first started medical school, he was surprised by the lack of racial diversity compared to his hometown, but soon realised, through research on UK demographics, that his cohort was fairly representative of the UK, and this helped him to feel less of an impostor. He claims that "as soon as you come to terms with the fact that it's just luck, you feel a lot better about yourself". He acknowledges that his interest in Widening Participation (WP) "definitely does help [with Impostor Syndrome]", implying that students who don't seek out this information may be at a disadvantage. This approach is arguably more incidental than Zaman's, as Richard doesn't seem to have sought out this information in an attempt to combat his Impostor Syndrome, instead finding it out and then realising its application to his own circumstances and feelings. Another strategy which Richard employs is to wear a shirt and trousers when on placement, as it makes him "feel professional" and doing this:

> acts as like a combatant against any impostor syndrome I might feel, because it's kinda like, we're all wearing the same uniform so we're all part of the same team, 'cause we're all kinda like have the same dress codes.

Extract 19: Richard

Having said that, Richard also claims to be "really, really comfortable" in these clothes because it's what he wore at school, and it's what he wears to church. It is therefore

unclear if this strategy would work for those for whom these clothes are not comfortable perhaps are not the norm for them.

5.1.4 Summary

Participants' definitions of Impostor Syndrome share common themes of (lack of) belonging and (in)adequacy, both of which can be attributed on some level to comparison to others. If one feels a lack of belonging, this implies that there is a group which *does* belong, and the participant in question is comparing themselves to that group. Similarly, participants' sense of adequacy is often presented as not being 'good enough', suggesting that a bar has been set which they feel they cannot reach; this bar must, however, be met by (potentially hypothetical) others, thus resulting in comparison. Despite similarities in definitions, participants share a range of triggers for their Impostor Syndrome which can relate to academic ability, race, socioeconomic status, or age. This shows the various potential facets of impostorism and highlights that confidence in one area does not necessarily entail confidence in all. Also, a sense of impostorism may result from lack of knowledge, such as that seen in Zaman's example, but it may also come from something inherent to one's identity. Zaman's approach of working hard to catch up was successful for him and may be possible for others whose IS is triggered in this way, but will not work for students who, for example, feel that their race is what makes them impostors.

5.2 GET 2: The Impact of Others on Feelings of Impostor Syndrome

This GET relates to participants' references to other people, and the impact they have had on their experiences leading up to and throughout medical school. As with most GETs, these range from positive experiences, such as a sense of belonging and support gained through relationships, to negative experiences like comparing oneself to others and encountering microaggressions. Each participant's relevant Personal Experiential Themes (PETs) are shown in Table 4.

Table 3: 'Impact of Others' PET breakdown

	Rosa	Noah	Jaishun	Kari	Zaman	Richard
Impact of Others	Comparisons Support	Relationships	Comparison to others Networks Support Sense of Belonging	Relating Relationships Belonging	Community and Background Relationships	Networks and social interactions Belonging and Value

This GET can be split into three main sub-GETs: *Drawing Comparisons*, *Relationships and Relatability* and *Sense of Belonging*.

5.2.1 'Impact of Others' sub-GET 1: Drawing Comparisons

This sub-GET comprises two types of comparisons: comparisons to hypothetical others, and comparisons to visible others. The former is used where the participant draws comparisons between themselves and an interpretation of a student from a different cohort, who is labelled the 'hypothetical other'. For example, Rosa talks about how if she had been on BM6 instead of BM5 "`it would have made my life a lot easier and I would have just had a lot more support`". While this quote doesn't directly reference other people, the implication is that Rosa's BM6 peers had more support than she did, and this will have made their medical school experience easier.

Similarly, Jaishun makes several references to his status as a mature student and compares this to students who start university straight after school: "`at twenty-three […] at the time I thought I'm not going to be as sort of fresh off of school, like ready to learn`". Despite this reservation, he also questions whether: "`if I went in at eighteen, would I have passed my exams, because I felt like I would have easily just said yet to everything and gone our every night`". These three quotes don't include concrete examples of the 'others' to whom the participants are comparing themselves but are instead more speculative in nature. These are as important to consider as those with more specific examples as it is the participants' interpretations of their experiences which is key to this research, and if the participants feel that they are advantaged or disadvantaged in any way, then that needs to be explored.

The simpler, yet no less important, element of this sub-GET is that of direct comparisons to peers, and the impact this has on participants' confidence and sense of belonging. Rosa in particular struggles with feeling inferior to her peers, much of which is rooted in her difficulties with passing exams the first time around: "it's really difficult to motivate yourself when you've got retakes and no one else around you does". It seems unlikely that it is true that none of Rosa's peers have retakes, but it is Rosa's perceptions which is that matters in this instance. Similarly, she says that she "just always thought that I wasn't as good as everyone else on the course just because I was always having those extra difficulties". Rosa seems to assume that just because she wasn't aware of others struggling then they weren't; she doesn't consider until much later in the interview that, like her, they may have just chosen not to share their struggles. This is a clear example of her low self-esteem, which is showcased throughout many other quotes which are based on assumptions about her peers.

> I was the one struggling and no one else around me was.
>
> I always felt like I was the only one struggling.
>
> It's quite hard to feel good about yourself when you know you get questions wrong and everyone else knows the answer or just looks at you like you should know the answer.
>
> Everyone else around me knows what's happening.

Extracts 20a-20d: Rosa

These examples show how Rosa's lack of self-esteem as a result of her struggling with the course is compounded by the fact that she believes she is alone in this. By drawing negative comparisons between herself and those around her, she is effectively convincing herself of her status as an impostor.

While not as prevalent as Rosa's examples, Jaishun also refers to similar thoughts when discussing the pass/fail assessment system. In an extract explored further in Section 5.2.2, Jaishun worries that the course "was meant for someone else who was probably going to do a lot better". This is another example of the impact of the 'hypothetical other', which is arguably a clearer indicator of low self-esteem and feelings of impostorism than comparisons to visible others. With comparisons to the visible other, there is a clear opponent against whom the participant is ranking themselves and competing; with

comparisons to the hypothetical other, participants are creating their own opponents. Because these are essentially imaginary, they will not have personal flaws, therefore placing them on an equally imaginary pedestal to which the participant can never hope to gain access.

5.2.2 'Impact of Others' sub-GET 2: Relationships and Relatability

This sub-GET relates to participants' explorations of their relationships. These are mostly relationships with peers and staff, but there are a few examples relating to patients, the public, participants' families, and the university/faculty.

5.2.2.1 Relationships with peers

As is to be expected, examples pertaining to this sub-GET range from very negative to very positive. Kari, for example, has had a number of unpleasant experiences with her peers, particularly those related to her efforts to engage in clubs and societies. As mentioned previously, there was a particular sports club she was keen to join due to a love of the sport, but couldn't integrate with her peers, leading her to quit.

> It was harder integrating when you're a BM6, and I was the only BM6 there, nobody else wanted to go. Um, so, it was hard integrating, because everyone's talking about you know the course and all the friends they saw. I dunno, like they, I just kind of, okay, so, right there, I don't even think it was impostor syndrome, I think I was actually left out […] I think I felt very left out every time I went, but I didn't wanna give up, so, I kept going, and then every time I would get more and more upset, until a point where I just stopped trying.

Extract 21: Kari

This experience was obviously very unpleasant for Kari at the time, but it also continued to impact her throughout her medical school journey. She goes on to say later about the same group:

> Those girls, there are so many of them, you see them in lesson or like on placement, and inevitably you just end up thinking yeah, I met you there, so, I know what you're like, so, I'm just not gonna try again. That's why I didn't make many BM5 friends, because of that [Club Name] experience.

Extract 22: Kari

While Kari's negative reaction and reluctance to engage with the group again is understandable, it is interesting that she uses this experience as a reason for not making any friends in BM5. Another factor at play is her use of ethnicity to generalise difficulties in bonding with others.

> I can make friends with the BM6s or anyone who's ethnic, so easily, and then um everyone who's from like a British background, I find it really hard, and I don't know why.

Extract 23: Kari

Although not explicit, this quote does imply that that she generalises BM5 students as being from British backgrounds and are therefore difficult for her to make friends with. However, despite her claims to make friends with BM6 students "easily", her relationships with this group also encountered difficulties.

> When I came to Uni I wanted to like party or whatever, and a lot of the BM6s in my Year, were like not into that, so basically there was so many like culture clashes, because I wanted to live the life that like the BM5s were living, but then I couldn't get along with them, and because I was like trying to, I don't know, fix it all, I probably, strayed away from the BM6s a bit more. And then I kinda just got stuck kind of on my own.

Extract 24: Kari

This extract fairly comprehensively demonstrates the difficulties Kari had with building friendship groups. Despite being able to befriend BM6s easily, the cultural differences between her and them meant that she drifted away from them when seeking a different social group. However, she didn't get on with BM5s and so got "stuck" on her own. Her use of the word 'stuck' is telling here: she frequently refers to 'trying' to make friends and

ingratiate herself with other social groups, and the use of these verbs confirm her portrayal of her experiences as being beyond her control.

Jaishun's experience of building relationships contrasts heavily with Kari's. Despite being on the BM5 programme, Jaishun only really talks about his Med Family and BM6 friendship groups; the 'Med Family' is a structure put in place by MedSoc to help integrate Year 1 students – they are assigned 'siblings' from their year and 'parents' from Years 2 and 3. He describes how when he came to look at accommodation, he met a group of BM6 students who were heading into Year 1 and the "conversations rolled". They showed him their accommodation and he ended up taking their spare room and living with them for Years 1–3. The language he uses to describe the initial interaction with them is very positive, saying that they "hit it off", that he "really clicked with them" and that they've become his "really good friends". He also notes that they:

> introduced me to other BM6 students […] they're really friendly and like they really have like involved me throughout medical school.

Extract 25: Jaishun

This shows the power of networking; if Jaishun hadn't happened to engage with those students by chance, his whole university experience would have been very different, down to where he lived and who comprised his primary social group. However, he did have some concerns about whether he would be fully accepted by this group, mostly due to a lack of shared interests.

> I didn't really have an interest in sports, to be honest. And that's another thing I felt like I wasn't going to fit in with the BM6 group, but they were fine about it. Like they didn't really mind.

Extract 26: Jaishun

It is evident from this extract that Jaishun had preconceived ideas about his peers' interests and resultant concerns that he would be excluded for not sharing them. While he was right about their interest in sport, his concerns were clearly misplaced as it did not seem to impact their relationship in the slightest.

Similarly to Jaishun, Zaman had a very positive experience with building relationships with his peers, which he largely ascribes to sharing common ground. Among his BM6 peers he

found "people from similar backgrounds to me, people who I can relate to, people who reminded me of my mates from back home". He says that most of the close friends he has made have been fellow Muslims, and that their bond is close, in part because of the cultural similarities they share, such as going "to the prayer room together […] sharing food with them, meeting outdoors, socialising with them". While these examples may seem trivial and every day, Zaman goes on to say that "these kinds of things helped me then make those friendships which I now have, like helped me get through the later years", showing that shared common ground as a starting point can easily lead to more meaningful relationships.

Before starting university, Zaman had concerns about what the experience would be like, which shares similarities to the difficulties Kari ended up encountering. He anticipated having to adapt to 'fit in' with his peers, saying:

> I came in with that intention, thinking oh, I'm gonna have to change, I'm gonna have to adapt, but in the end, it was, it wasn't, like I once I started Year 1, I was like I don't need to change for anybody, if that makes sense.

Extract 27: Zaman

This realisation went a long way to helping him with his confidence in his own identity, saying he is "always felt comfortable" and has "never felt like I've not been able to match anybody else, in terms of my personality, or in terms of my interests, or in terms of my religious beliefs". Feeling comfortable and confident socially will have helped Zaman a lot with his overall confidence and may well have had a significant impact on his relative lack of Impostor Syndrome. Given that he is able to find connections with "anybody", this suggests that he will not struggle to build relationships with future colleagues, or even superiors, which can often lead to feelings of incompetence.

This importance of common ground is also echoed in Richard's interview. While he "loves talking to people" of all backgrounds, he does seem to gravitate towards people with whom he shares some commonality. When speaking about his friends at university, he says:

> I've got one really good friend, who does Medicine with me. Um, so we've lived together for the last couple of years. Um so, we're from kinda like the same background, so, like I just mentioned before. So, we're really good friends, we get on really, really well.

Extract 28: Richard

Richard had already mentioned this friend and their shared background earlier in the interview, so it is interesting that he once again mentions their similar background in this context. He goes on to speak further about this friend, and so this information is one of the first comments he makes. It cannot be confirmed to what extent their similar background is a foundation of their friendship, but Richard's use of the word "so" after this comment implies that this could be the case. "Background" is also a somewhat vague term, and it is unclear which of many characteristics could be being referred to here. In an extract discussed later, he does allude to the fact that both he and his friend come from less affluent backgrounds, but many other characteristics could also be contributing.

When explicitly asked which friendship group he feels most comfortable with, Richard says:

> I think it would be tied between my house, and the people I was telling you about before, who are kinda like from my same background, um and same ethnicity and race, etcetera.

Extract 29: Richard

Again, the use of "background" here is open to interpretation, but as he also specifies that these friends are also the same ethnicity and race, it would seem that these are not of the background characteristics he refers to elsewhere. There is little else said about this friend group, such as how he knows them, and so we cannot know what other interests they may share. As these have not been mentioned, we can infer that it is this shared race and background which makes Richard feel so comfortable with them.

From the examples discussed here, it seems that shared interests and common ground are key to building meaningful relationships, but that finding these may not be as easy as hoped. Some students, like Jaishun, find a solid friend group almost by accident, whereas students like Kari struggle to build meaningful relationships despite their best efforts. Given frequent reference to demographic characteristics throughout this section by most participants, it seems likely that this plays a large part in the forming of friendships. Perhaps Kari's relative

difficulty in bonding with others comes from her rare intersectionality; as a Turkish Alevi Muslim female from a low socio-economic background with English as a 2nd language, Kari is unlikely to find peers who meet the same intersectional demographics as her. Zaman, however, as a British Pakistani Muslim male from a low socio-economic background with English as a first language is probably among many students who share those same demographic characteristics.

5.2.2.2 Relationships with staff

Participants' comments about their relationships with staff relate to three main categories of staff: their 6th Form / college teachers and the support they provided, pre-clinical years staff at university, and clinical staff on placement. Table 5 shows key quotes from each participant regarding these categories of staff; green indicates a positive relationship, red indicates a negative relationship, and orange indicates a mix of positive and negative, or a neutral relationship. These quotes have been presented in this way to easily see the spread of positive, negative, and neutral comments. Not all of the quotes can be discussed in depth, but it is interesting to see the overall patterns between participants.

Table 4: Key Participant Quotes about Staff

	Staff at 6th Form/College	**Teaching/pastoral staff at university**	**Clinical staff on placement**
Rosa	No one in my school had gone for medicine in a few years, so no one really knew what was happening.	Yeah I had some issues with my supervisor and miscommunication and I started everything over. I always thought, you know, what else can they do for me? Really, they're just going to tell me to apply for special cons.	n/a
Noah	I had this one person in particular at my er Sixth Form, who was really supportive of me, and that person, during the application process supported me, to you know make sure my interview technique was as good as it	I've never felt that element of impostor syndrome around her, because I always knew, from the beginning, that she accepted everyone for who they were.	So, there's situations where I feel like an impostor, and then there's situations where I feel actually more accepted, but based on just different elements of my character and who it is, um, who is kind of, delegating

	could be, and everything.		and the most responsible person.
Jaishun	My teachers were er quite supportive, and they were like um, er, look, come to the, you know the Society, and the end of school medicine meetings, and you know, um do this and do that, er, and um, yeah, eventually they were fine with me applying for Medicine, and I was predicted enough to get into Medicine.	And he was helpful to try and um (1.0) kind of um get me placed in Guildford, so, I can be closer to home. Um because I know um (1.0) in terms of Medicine in Southampton, you can get placed all the way in Dorchester and Poole, and then you have um the east side. And it's not like I wanted to leave Southampton, um but I kind of wanted to be closer to home, so, I could go back um every week, essentially, er and yeah, he was quite helpful with that. He was quite instrumental in that. Um so, yeah, he's um someone I rely on as well.	The first week, we're kind of like working out which consultants are the best to go and speak to, and which ones to kind of avoid. Um so, ((laughs)) so, you have kind of that buffer period to kind of work it out. Um and then that kind of like makes or breaks your placement.
Kari	When I got to college, um I had this tutor who really didn't get me at all […] my predicted grades were A*, A*, A, I think, and um she emailed each and every one of those, ((laughs)), of those teachers, and asked them if they were sure.	With the staff, I think in the pre-clinical years I just didn't know them and I had no need to know them that well, because they were just lecturing, or running tutorials, and it was fine, I didn't want, I didn't care.	I think not feeling rich enough to be able to relate to them, so, then feeling as though my opportunities, like professional opportunities are just um not as existent and they, like um and maybe that they won't be in the future, because I'll never be able to form meaningful relationships with people who I can't relate to.
Zaman	My college, it wasn't amazing the support they gave. They gave us like the basics, like a template. But then I went to like the careers adviser, and she gave advice to over a thousand students, and she just gave me the same advice that she'd give to everybody	n/a	Every time I do an assessment, a clinical assessment, and I get told by a doctor, 'you did really well', it confirms that [I'm good enough] further. Even when I get negative feedback, and they tell me how I can improve, and then like the same,

	else […] I went to my Chemistry teacher, I asked him, I was like, what do you think [of my personal statement], and he was, oh, I'm really busy at the moment, so, he gave me like a little tiny bit of feedback.		and then when I do improve, later, that again just further confirms that I'm good enough to be here.
Richard	And then did the application process, personal statements and what not, um and again, we had someone in the Sixth Form, that was like really on that – that really helped.	There's like a list of other people that, I'd say, probably would help me more than [my PAT (personal academic tutor)] would, so, I'd go through them first, and then, but if some reason, it's not resolved by that point, I would go and talk to him. At the same time I, (1.0) I had a really difficult time with my research project in 3rd Year, like the first half of the year in the 3rd Year, we do a research project for our BMed, so, Bachelors of Medical Science, so for that one, I felt like, 'cause I didn't have a supervisor that meshed so well with me, it made the whole experience so much more difficult.	n/a

Comments about 6th Form / college support are evenly split between positive and negative; both Rosa and Zaman's experiences suggest that staff had little knowledge about medical school applications, meaning that they had to prepare independently. Kari had a particularly unpleasant experience in which her tutor clearly harboured some prejudices against her and didn't believe her to be capable of pursuing medicine. Both Noah and Richard mention a specific person who offered support; for Richard this seems to be a designated member of staff, while Noah refers to a staff member who seems to have taken a particular interest in him and worked to ensure his application was as good as possible. Jaishun's positive

experience seems to be a result of institutional rather than individual support, with meetings and societies in place to support students in Jaishun's position.

Regarding pre-clinical staff, comments are a little more convoluted. Positive comments from Noah and Jaishun refer to a particular staff member who offered substantial support; support from Jaishun's PAT (personal academic tutor) was practical in nature, while Noah's support was more emotional in nature, providing him with a safe space and a sense of acceptance. Both Rosa and Richard had negative experiences with their project supervisors in Year 3 but responded very differently to these difficulties. Rosa sought help, but this only exacerbated her stress:

> I had a feedback meeting with the- with the faculty member and just to say what went wrong and how badly it affected me. And I literally got told that actually this is going to be a positive thing for when I'm a foundation doctor and I was like, no, no, not this level of stress. Not what I went through. This isn't a positive thing like I can understand trying to spin off, you know, negative experiences into, well, you know at least you know you can learn from this, so you'll be a better doctor because of it. But actually some negative experiences it just only damages you.

Extract 30: Rosa

This further reinforced Rosa's lack of faith in pastoral support, meaning she didn't see the point in seeking help or guidance, even when she needed it most. Richard, however, used his negative experience of his research project as a reason to pursue a Master's degree, saying:

> Do I not like research because I had a difficult experience from a supervisor, or is it just that I just don't like research at all? And I thought I'll just do the Masters, one year extra in the sea of five years, realistically isn't a big deal, so, I might as well.

Extract 31: Richard

Both of these responses are understandable and valid, but the disparity between them highlights the stark differences in students' lived experiences.

Another aspect of Richard's experience of pre-clinical staff relates to his various roles within the faculty. Because he has had more opportunities to get to know staff than other students, he now has a "list" of people who could provide support if need be. This is the opposite of

Kari's experience, where she "didn't know them and had no need to know them". This quote has been marked as neutral when taken at face value, but she goes on to say "it was fine, I didn't want, I didn't care"; this response mirrors the assertion which will be discussed further in Section 5.4.4.

The final category of staff relates to those encountered while on clinical placements. For Noah, his experience of placement depends on who is in charge, and this will determine whether he feels like "an impostor" or "more accepted". This correlates with Jaishun's experience; he says that when on placement you have to work out "which consultants are the best to go and speak to, and which ones to kind of avoid", and that this will "make or break" your placement experience. Both of these extracts have been marked as negative – while there are potential positive outcomes, it seems that the negative outcomes are too detrimental to the students' overall experience to be outweighed by the positives, which are really just meeting the minimum requirements.

Kari's experience of placement staff is overwhelmingly negative as a result of her not being able to relate to them, or them to her. She gives an example where a consultant said something to her along the lines of "'your parents have probably been supporting you all your life, it's gonna all change next year'". Having grown up in a very low-income household, Kari was upset by this assumption, claiming that:

> As soon as he said something like that to me, I just knew that we're never gonna relate, we're not gonna be able to talk, you've just ended our professional relationship just like that.

Extract 32: Kari

Kari clearly views the ability to be able to relate to someone as fundamental to forming a relationship with them, and she goes on to explain the lasting impact of this lack of relatability:

> I think not feeling rich enough to be able to relate to them, so, then feeling as though my opportunities, like professional opportunities are just not as existent and maybe that they won't be in the future, because I'll never be able to form meaningful relationships with people who I can't relate to.

Extract 33: Kari

In direct contrast to Kari, Zaman's description of his interactions with staff is overwhelmingly positive; he explains the positive effect of being praised, but equally welcomes "negative feedback", viewing it as an opportunity to improve his practice, rather than a disparagement of his ability as a doctor.

This exploration of participants' relationships with staff shows an interesting variety, but little discernible pattern emerged. No participants showed positive experiences across all staff relationships, but Rosa and Kari's experiences all leant towards negative. It does appear as though most overall experiences hinge on key relationships with a single member of staff, demonstrating the impact that individual staff members can have on a students' attitudes to staff in general.

Finally, three participants also referenced their relationships with patients, all of which were positive. Kari spoke about interactions with patients as a contrast to her negative experiences with peers and staff, saying:

> The patients are all nice. Yeah, I think um yeah, no, that's fine. I've never felt, I've never felt um any type of way about like me and patients, I've never felt bad about myself or anything like that.

Extract 34: Kari

This is an important quote when considering Kari's experience overall; because much of her interview is spent discussing negative relationships, it would be easy to assume that she is projecting her own negative views of herself or others. However, this quote shows that negative interactions are generally limited to staff and peers, while interactions with patients are at least neutral, although not explicitly positive. Zaman and Richard, for example, both talk about how much they enjoy working with patients; regarding placements, Richard says "I really enjoyed it. I love talking to people. I love talking to patients. So, it's a really, really great experience". Zaman also enjoyed interactions with patients, but also considers the long-term relationships he can build with them:

> I really liked the whole clinical aspect, like the talking to patients, seeing how the patients develop over time, building that therapeutic relationship with them and seeing how they change over time.

Extract 35: Zaman

This aligns with Zaman's desire to support societal change; he doesn't just want to cure patients' ailments; he wants to work with individuals and communities to promote better healthcare and positive changes on a permanent basis. It therefore stands to reason that he supports a more holistic approach to medicine.

5.2.3 'Impact of Others' sub-GET 3: Belonging

The sub-theme of 'belonging' is complex and has crossover with many other GETs and sub-GETs explored within this chapter. In fact, it was initially written as a sub-GET of 'Feelings' due to the links between a sense of belonging and well-being but was later moved to here because of the relevance of others' influence on a participant's sense of belonging. Nevertheless, many of the points discussed have clear links to mental health and confidence. In their interviews, participants were asked about their own sense of belonging with the question '*Do you feel like you belong to the medical school?*'; this was worded in an intentionally vague way to elicit their own interpretation, and then the question was repeated with more detail in order to explore the various other interpretations of the word. These were initially:

1. Do you feel like you belong to the medical school as in you fit in with the people/institution?
2. Do you feel like you belong to the medical school as in you deserve to be there?
3. Do you feel like you belong to the medical school as in you are meant to be there in terms of your own ambitions and goals/calling?

A 4th definition was later added following one participant's interpretation:

4. Do you feel like you belong to the medical school as in you are owned in some way by the institution itself?

Answers to these questions form the majority of this sub-GET, although there are extracts taken from elsewhere in the transcript. For the most part, only quotes which specifically use the word 'belong' have been included for consistency. Participants' experiences of belonging can be split into 4 categories: social, academic, institutional, and other.

5.2.3.1 Belonging Socially

Kari admits multiple times throughout the interview to not feeling that she belongs, giving a number of reasons why she feels this way, which will be explored throughout this sub-GET.

Her lack of friends is one of the key reasons she feels as though she doesn't belong, stating that:

> if [I belonged here], I would probably have more medic friends by now, and I don't, so, judging by the numbers and the, judging by the numbers, no.

Extract 36: Kari

Kari's attempt to "judg[e] by the numbers" is a highly incongruent way of looking at the subjective phenomenon of 'belonging'; this juxtaposition could suggest a desire by Kari to distance herself from the emotional impact of her words. Having few friends is something which cannot be easy to divulge, but Kari shows no overt emotional response to this statement, resorting to a more methodical articulation to express herself. This extract also emphasises the importance she places on social status in having a sense of belonging.

Zaman's experience juxtaposes greatly with Kari's, as he was pleasantly surprised by how easy it was for him to make friends.

> I feel that I belong, I did, because I obviously have found people who I'm really comfortable with, but as well as that, I also found individuals who I never thought I'd be comfortable with.

Extract 37: Zaman

This realisation went a long way to helping him with his confidence in his own identity, saying he "always felt comfortable" and has "never felt like I've not been able to match anybody else, in terms of my personality, or in terms of my interests, or in terms of my religious beliefs". Feeling comfortable and confident socially will have improved Zaman's overall confidence and may well have had a significant impact on his relative lack of Impostor Syndrome. Given that he is able to find connections with "anybody", this suggests that he will not struggle to build relationships with future colleagues, or even superiors.

Jaishun's sense of social belonging has shifted throughout his journey, and he attributes much of his earlier lack of belonging to his mature student status:

> I'd say in Year 1 and Year 2 I didn't really feel like I belonged in that university setting, in the sense that, firstly, I was a mature student, and I didn't feel like I was part of any of the, like, 'it' groups.

Extract 38: Jaishun

Here, he seems to suggest that it was because he was a mature student that he wasn't included in any of the "'it' groups", and that this exclusion led to his lack of sense of belonging. However, he does then acknowledge that this was also due to a lack of engagement on his part, both with those groups, but also in that he elected to pursue his Student Ambassador role rather than the more sociable university clubs and societies:

> But then at the same time, I didn't really put myself out there, so, I can't really blame any of that on the groups, I suppose, as well as I didn't really do much Societies as well, because I was applying to become an ambassador in the 1st Year and I just did loads of shifts in the 2nd Year.

Extract 39: Jaishun

However, this sense of socially belonging was greatly improved by Jaishun's integration with his 'Med Family'.

> The whole Med Family group that they had at the start kind of helped with [my sense of belonging], because I met other graduates, non-graduate mature students.

Extract 40: Jaishun

This quote shows the importance of his Med Family, and of meeting other mature students to whom he could relate. Jaishun had assumed that by being a mature student, he would be at a disadvantage; meeting students older than him, and seeing their achievements helped him to realise his own potential, in terms of both academic success and socialising. He summarises this, saying:

> The people that I've met, thankfully like I feel like, they give me a sense of like belonging.

Extract 41: Jaishun

It is interesting that he refers to a sense of belonging as something which has been 'given' to him, rather than something he feels. This suggests that a sense of belonging is, to him, something which comes from the outside more than an internal shift in perspective.

5.2.3.2 Belonging Academically

When discussing the lecture-based years, Kari explains:

> I felt like I was meant to be there, like wherever I was. I think it's because I never feel like I'm too stupid, ((laughs)), so, that's like in the pre-clinical years where it's just about your knowledge […] like even when I hadn't prepared and I didn't know the answers, I would always have that belief that 'oh, I'll learn then later though, so, even if I don't know it now, I'll be fine'.

Extract 42: Kari

Due to her confidence in her academic ability, Kari felt that she belonged during the earlier years, when the content of the programme was predominantly knowledge-based. This attitude shows that she associates belonging with success and confidence; both of which she had in those earlier years. This is something which she appears to have lost in the clinical years of her programme.

There is a clear incongruence between this extract from Kari and the one explored previously, where she discusses her relative lack of friends. This suggests that Kari's conviction that she does not belong does not come from a position of low confidence in her academic abilities but is instead rooted almost entirely in social factors.

5.2.3.3 Belonging Institutionally

For Noah, the only clear mentions of not feeling accepted, or not belonging, come from when he is asked whether he feels like he belongs to the institution. As alluded to previously, this question is left intentionally vague to see what students intuit the 'institution' to be. In this case, Noah interpreted the question as being about his belonging to the NHS, which prompted a number of negative views.

> I was on placement, and then I saw how little actually the NHS does in return for the work of you know medical staff, nurses, doctors, healthcare professionals, everyone. So, I don't know if I fully feel like I belong. It's not something that I am a hundred percent passionate about giving, sacrificing my own self to get very little in return.

Extract 43: Noah

It is interesting that Noah's only real example of feeling like he doesn't belong doesn't come from not feeling accepted, but rather feeling undervalued. It is not that he feels unable to cope with the pressures of the job, but instead that he recognises the negative impact those pressures would have on him and isn't prepared to accept that. He goes on to say that within the NHS:

> There's a structure for everything and sometimes it feels like everyone's designed to be the same, like a robot, like there's very little room for your own, you know personal character to shine out.

Extract 44: Noah

These two quotes showcase Noah's perception and understanding of what it means to 'feel accepted'. For most people, they feel like they don't belong because they don't fit in with their environment; for Noah, the institution doesn't fit with him, and his values.

When asked about his sense of belonging to the University, Jaishun generalises that "Us Medics, we feel like university students up until Year 2". Here, Jaishun begins to explore the changing nature of his sense of belonging within the university. He accepts that in the first two years, he and his peers do feel that they belong. Presumably these two years have been singled out as they are primarily lecture-based and take place on campus, which makes it feel like more of a 'normal' degree. The clarification of "up until Year 2" suggests that after this point, he no longer feels as much a part of the university itself, if at all. His response when asked specifically about his sense of belonging to the medical school is much more consistently positive:

> I do feel like I belong to Med School, because so far, I don't feel like I've been treated any differently to anyone else […] Even though I may have missed opportunities, I feel belonged, because we're kind of really looked after here, in medical school, like you know, in terms of placement, and like things like getting emails regularly.

Extract 45: Jaishun

In the first part of this quote, he seems to associate 'belonging' with being treated the same as everyone else; this suggests that he perceives a sense of belonging as something which is very much externally driven, aligning with his earlier perspective. He also says that this is the case "so far", showing some scepticism, and potential ongoing insecurity about how he is perceived. He does, however, go on to say that he feels well looked after by the medical school, at least in terms of practical elements like helping to arrange placements and being provided with email updates which are, arguably, expected levels of support.

When asked about her sense of belonging to the medical school, Kari is somewhat dismissive, saying:

> I think I'm just a regular student who's attending. I don't, yeah, I don't feel like I'm important to the medical school or anything like that.

Extract 46: Kari

However, when asked the same question about the University as a whole, Kari herself was surprised by her answer:

> Yeah! ((genuine surprise)) That's interesting. Yeah, I feel like I belong to the University. Because there's so many different types of people, yeah, I'd say, yeah, like I'm a Southampton student, I would accept that.

Extract 47: Kari

The implication from this extract is that Kari's lack of sense of belonging derives from her own perceived differences to her peers, and that she therefore feels more comfortable considering herself part of the wider, more diverse university community. This focus on diversity in relation to institutional belonging is not one which is considered in any of the other participants' transcripts.

When asked about whether he feels that he belongs to the university, Richard affirms, saying "I'd say I belong; I feel like I belong to the University, more so than other medical students may say". He explains that he believes this is due to his various roles and interactions with the wider university beyond the Faculty of Medicine, which not many students have.

Richard was then asked whether he feels he belongs to the medical school in terms of does he deserve to be there. Once again, he responded in the affirmative, but provided some further information which bears considering.

> I'd say I deserve to be here. I feel like the medical school would be a worse place without me, that's an interesting thought. Um (1.0) so, I feel like I provide the medical school value, definitely, is something I would say. So, I would say, I do feel like I deserve to be here.

Extract 48: Richard

His acknowledgement of how the medical school benefits from him seems to come as a surprise, with his comment "that's an interesting thought" added in a quieter tone, almost to himself. Secondly, his use of the word "so" implies that the reason he deserves to be there is *because* he adds value. He doesn't clarify the way in which he feels he adds value but, given his focus on his formal roles within the faculty and university, it could possibly be as a result of these, rather than simply his position as a medical student. Given the association he appears to make here, there is an argument to be had that the reason he engages so much with these activities is in order to feel that he belongs and is worthy of his place. This interpretation, however, is somewhat incongruent with his confident persona and positive attitude presented throughout the rest of the interview. Setting aside speculation regarding intent, this quote is a powerful representation of Richard as a medical student who has a strong sense of belonging and has conquered his feelings of impostorism.

5.2.3.4 Belonging in other ways

Kari's response to the original ambiguous question of "*Do you feel as though you've found your place here?*" is equally vague: "No. I feel so out of place. I don't feel like this is my place to be". When asked to expand on this answer, she says:

> I think I'm meant to be somewhere else. ((Laughs)). And I'm trying to find it. Like somewhere where I feel happy and confident and liked.

Extract 49: Kari

Here, Kari implies that a sense of belonging is not just about confidence, it also pertains to feeling happy and liked. However, by suggesting that she wants to be somewhere she feels "happy and confident and liked", she implies that she no longer feels the confidence of her earlier years, discussed earlier. This could relate to the general shift in clinical training to more practical skills, where students can no longer rely solely on their ability to learn, which is what gave Kari her earlier confidence. The introduction of happiness and 'feeling liked' indicates that mental well-being and the social aspect of medicine also have an impact on a sense of belonging, and Kari feels that these elements are lacking.

When asked what sort of place she envisaged when describing "somewhere else" that she might belong, Kari's response was poignant:

> Maybe a small change in just like um (2.0), like (2.0), so, a small change in peoples' perception of other people, so that they can understand that not everyone is from the same background, and that's it! […] Or somewhere where they can say my name, or at least ask me how to say my name, or if you don't understand it, ask why it's pronounced the way it's pronounced. I don't know, just small stuff like that. […] The name thing really gets me, yeah, it is. ((Laughs)). But yeah, um, yeah, I don't feel like I belong here at all.

Extract 50: Kari

Kari feels like she would belong somewhere that people's perceptions were adjusted to acknowledge differences in background, and where her own cultural background would be respected. For her, this could manifest as simply as people making the effort to pronounce her name correctly, discussed in more detail in Section 5.4.4. It is worth noting that Kari does not attribute her lack of belonging to any shortcomings of her own; she clearly believes that it is others' attitudes and behaviours which account for the way she feels. This does not fit with her definition of Impostor Syndrome, therefore highlighting the difference for her between feeling like an impostor and not belonging.

5.2.4 Summary

Drawing comparisons to peers is natural, but this GET has explored the difference between comparing to specific group or individual and comparing to a more abstract notion of a person. Comparisons to peers may be helpful, but equally one needs to bear in mind the different circumstances and experiences impacting each person's actions. Comparisons to hypothetical others can be dangerous, because the imagined peer or cohort may not be a realistic representation, and therefore by comparing oneself to them will only result in perceived failure. The sub-GET of Relationships and Relatability has shown the variety of relationships which medical students need to manage, both personally and professionally. It has also highlighted the impact a single individual, or even a single interaction, can have on a student's overall sense of belonging and their attitude towards others. A sense of belonging is not a singular concept which a participant either does or doesn't have; if a participant feels that they belong socially this does not necessarily entail that they will feel that they belong to the institution, for example. Likewise, a participant having Impostor Syndrome does not mean that they experience it in all aspects of their life, so it should not be assumed that someone who appears to 'belong' in one area of their life will belong to all areas.

5.3 GET 3: Feelings and Emotional Responses relating to Impostor Syndrome

This theme incorporates a range of feelings, emotions, and emotional responses to experiences relating to IS expressed by participants. However, it does not include reference to others and their impact on participant's confidence and mental health as this was inextricably linked with a participant's sense of belonging, which was discussed in the previous section.

Table 5: 'Feelings' PET breakdown

	Rosa	**Noah**	**Jaishun**	**Kari**	**Zaman**	**Richard**
Feelings	Confidence Stress, burnout, and depression			Fears and Anxieties		Confidence and Doubt

5.3.1 'Feelings' sub-GET 1: Confidence

While 'confidence', or a lack thereof, is frequently mentioned in participants' definitions and interpretations of Impostor Syndrome, it is only explicitly referenced in terms of participants' own feelings by Rosa. She explains that her and her friends use the phrase "'fake it 'til you make it'" in order to appear confident, saying that, particularly in situations such as OSCEs:

> If you appear confident with what you're doing then you know the examiner kind of switches off. Coz they're like 'oh they know what they're doing' and it's- it's true. I think if you fake it then you will actually end up making it. You know, if you fake confidence, people always feel like you're really confident, even if you don't feel like it.

Extract 51: Rosa

This highlights students' awareness of the important of appearing confident, both to seem competent to colleagues and assessors, but also as a mechanism to build confidence. The fact that this is something Rosa claims is commonplace among her friends also indicates that just because a student seems confident, one shouldn't assume that this is the case, and that they therefore don't require support.

Rosa very explicitly talks about her lack of confidence and the impact this has on her, saying that:

> I never had confidence in me at any point in my life, so anything that I applied for, anything else that would do, I would always feel like I would probably not get it or fail.

Extract 52: Rosa

This lack of confidence is what led to her reluctance to be upfront about her status as a medical student, and later a final year medic, as discussed in Chapter 4, and is undoubtedly a major contributor to her Impostor Syndrome, as she is always expecting to fail, so is sceptical of her successes.

A particularly pertinent example is Rosa's perception of her acceptance to medical school: initially, she did not meet her university offer, but later found out she had been put onto a reserve list and was offered a late place. Despite this objectively positive outcome, she

struggles to perceive it as such, describing it instead as "I was just kept on a list of 'we like her but there's other people who are better'". Despite her later discovery that a number of her friends also gained their places through the reserve list, Rosa still feels that, for her, getting in this way is somehow less laudable, and means she is less worthy of her position.

Richard also talks about his lack of confidence, but his experiences are much more isolated than Rosa's. His concerns about failing occurred primarily in 6th Form[a], where he felt that:

> There was even a point where I was like, argh, I don't think I can do Medicine, because I'm not going to get the grades for it.

Extract 53: Richard

Interestingly, the reason Richard felt this way was because of his poor mock results; however, due to the exams being particularly hard, the grade boundaries were much lower than expected, and he easily passed. Richard's reaction to this was "it turns out I wasn't as dumb as I thought!". This easy acceptance of his own capabilities shows a stark contrast to Rosa's chronic lack of self-belief.

5.3.2 'Feelings' sub-GET 2: Mental Well-being

This sub-GET comprises references to various elements of mental health and well-being, namely stress, depression, burnout, and anxiety. These themes emerged primarily from Rosa and Kari's interviews; while the sample size is not large enough to draw strong conclusions, it is interesting to note that themes correlating to mental well-being were so prevalent in the female participants' interviews, and not the males'.

[a] In the UK, compulsory education ends at 16, at which point one can enter either further education or training. 6th Form/6th Form colleges, where students study A Levels, are the most common choice for students looking to enrol in Higher Education.

Rosa summarises the issue of medical students' mental health, saying:

> Med school is hard enough as it is, but when you've got your own issues on top of it, it's almost impossible. You just feel like you're drowning all the time because there's just so much to do.

Extract 54: Rosa

Rosa's use of the "drowning" metaphor is one which is commonly heard in relation to stress and depression, both of which she has experienced prior to and throughout medical school. One particularly poignant example she provides is of her experiences handing in her 3rd year project, which left her "completely burnt out". Having had an extension granted, her deadline was on the day she was supposed to start placement, which added to her existing stress of having to get the project written.

> I went to the induction for the placement at 9:00 AM, at 10 it was finished then everyone was going to meet their consultants. I told the two people I was with that were going to meet the team that actually I had an appointment. My appointment was my deadline, I didn't say it was a deadline. Um (0.5) I went off to the common room, which thankfully was empty. Finished my report, submitted it. (0.5) Um (1.0) and then threw up and went home and slept. ((laughs)) My- my sleep pattern had completely changed. I was, I was awake at night and sleep during the day. So I think at that point those last few days I was barely getting any sleep at all. I had been awake for like, I don't know, 27 hours, 30 hours at that point it was horrendous.

Extract 55: Rosa

The stress levels Rosa portrays in this extract was not helped by the poor support she'd been offered throughout this period, which was mentioned in Section 5.2.2. Rosa's fear and expectation of failure will also undoubtedly have exacerbated this stress to the point where she experienced the physiological response of vomiting. Even once the deadline had long passed, the stress of undertaking the project left her "traumatised", with her explaining that:

> Whenever the words 'systematic review' and 'randomized control trials' were like uttered I literally felt my heart racing and feeling nauseous just because I just couldn't deal with it. It was horrendous.

Extract 56: Rosa

This visceral response, along with the logistical issues around missing the first day of placement, highlight the knock-on effect that can occur in modular courses, especially when time constraints are so relevant.

Rosa's description of stress goes far beyond what a student should expect, but unfortunately it seems that some students do consider burnout as something of an inevitability. When discussing her future, Kari worries about continuing with a career in the NHS due to a perceived lack of support for junior doctors.

> It makes me think, 'oh maybe I should have a back-up plan', that sort of stuff. But I always come back to Medicine, so. It would be nice to have a back-up plan […] for the day like you're burnt out and you don't want to do it anymore, and it's just depressing you or something, there should be, it would be good to have a back-up plan.

Extract 57: Kari

While a desire to have a "back-up plan" isn't particularly unusual, Kari's use of the definite article 'the' when describing "the day like you're burnt out and you don't want to do it anymore" is alarming. This implies that she sees burnout as an inevitability, rather than a possibility, and that is why she needs a back-up plan.

When asked about specific examples of feeling Impostor Syndrome, Kari gave an example related to her anxieties around reporting incidents and negative experiences:

> This one's about like being able to report, if in, like whistleblowing and stuff. I never feel like I can do that, as in, I just, I feel like me whistleblowing is so risky, and that it's just gonna come back to bite me in the arse.

Extract 58: Kari

When prompted, Kari admitted that she had no evidence to support her anxiety around whistleblowing; while she knew of positive outcomes where BM4 or BM5 students had

made a complaint, she was not aware of any negative repercussions for any students, BM6 or otherwise. She acknowledges that this fear may be based more in culture than evidence:

> It's kinda like getting the system involved is always dangerous […] I guess that comes from also growing up in London, where you're taught to don't, just don't snitch, it'll always end badly.

Extract 59: Kari

While it is positive that Kari is able to acknowledge that this is most likely the root of her anxieties, it doesn't mean that they will have any less of an impact. As she continues, her language becomes more emotive, supporting the theory that these fears come more from within herself than from any external experience:

> I'm scared of like the official processes […] like the system, I'm just scared of it, I don't wanna be anywhere near it. ((Laughs)). I'm scared that they're gonna, I don't know, somehow kick me out.

Extract 60: Kari

Kari has gone from claiming that "whistleblowing is risky", to repeating "I'm scared"; this shift could indicate her own acceptance of the source of her fears as being more internal, and her laughter may suggest her realisation of the irrationality of this. It must be reiterated that this is not intended to trivialise Kari's feeling about this: any reluctance she shows to raise systemic issues is something which must be acknowledged, regardless of the source. She worries that were she to make a complaint, she would be kicked out; whether rational or not, this fear could have a hugely damaging impact on her whole medical school experience, and potentially that of others.

5.3.3 Summary

While the links between the extracts discussed in this GET and Impostor Syndrome may not be as explicit as in other sections, the brief literature review presented in Chapter 2 confirmed the relationship between these topics. This GET has highlighted the impact of students' experiences on their mental health; while participants do not overtly state the connection between poor mental health, low confidence and IS, it is implicitly linked. For example, Rosa's sense of Impostor Syndrome is exacerbated by exam failure and retakes; it

is therefore unsurprising that last-minute deadlines for assignments she did not feel had gone well would cause her to have a negative mental (and physical) response.

5.4 GET 4: Attitudes towards Experiences of Impostor Syndrome

This theme collates participants' attitudes, both positive and negative, towards their experiences of Impostor Syndrome.

Table 6: 'Attitudes' PET breakdown

	Rosa	**Noah**	**Jaishun**	**Kari**	**Zaman**	**Richard**
Attitudes	Luck, fate, and logic	Generating Acceptance	Rationalisation Sense of Responsibility	Assertiveness	Pragmatism Empowerment	Attitudes and Beliefs

The examples of participants' attitudes explored within this GET can be considered as sitting on a continuum:

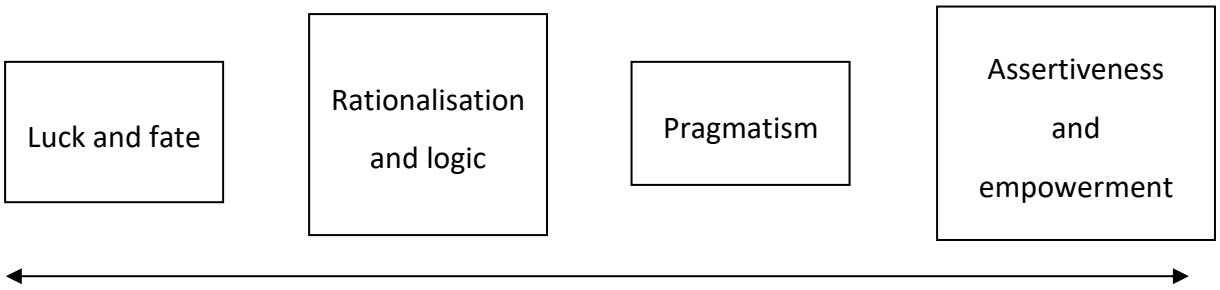

Figure 17: Attitude Continuum

At one end is '*luck and fate*', which denotes the way participants accept any outcomes as being beyond their control and "`meant to be`"; '*rationalisation and logic*' refers to examples where participants accept outcomes and experiences, but consider them and frame them in a way that makes sense to them; '*pragmatism*' is very similar to '*rationalisation and logic*', but includes examples where the participants have taken active steps to maximise their understanding of their situations. Lastly there is '*assertiveness and empowerment*', through which participants take a more active role in shaping their experiences.

5.4.1 'Attitudes' sub-GET 1: Luck and Fate

Rosa has a tendency to attribute positive outcomes to 'luck' or 'fate'. When initially she was not accepted to university, she defined this as a 'failure', yet when this decision was reversed, she sees it as fated:

> And then a few weeks down the line I got the call from Southampton saying we put you on a reserve list so I was like maybe it was meant to be.

Extract 61: Rosa

It seems that Rosa ascribes negative outcomes to her own failings, whereas positive outcomes are ascribed to some sort of 'fate'. Similarly, even when acknowledging her ability to get accepted into medical school (albeit belatedly), she does not give herself due credit, instead claiming that:

> I've been lucky enough that I had a really good education when I was growing up.

Extract 62: Rosa

Her discussion of her early schooling showed mixed opinions; her early education in Belgium was highly exam-focused, with students of every age required to pass each school year before progressing to the next. She described the intensity of this, but also believes, as demonstrated in this quote, that this was an overall positive experience. However, while sound schooling early on will certainly have a positive impact further down the line, it is not enough on its own to make a good doctor; success is ultimately the responsibility of the student themselves. Rosa's habit of not taking credit for her own accomplishments is continued in the next theme, where her tendency to 'minimise achievements' is discussed with regards to confidence.

Zaman uses the word 'luck' several times throughout the interview, but in a somewhat different context. For example, when discussing socio-economic diversity, he provides the following insight:

> You know, nobody chooses to live on a hill in Blackburn, in a terraced house, with three generations of family. Do you understand where I'm coming from; nobody chose that life, that's what they've been given, so you have to deal with it and that's just the way it is. Whereas you know someone's been the given the cards that place them in a nice rural estate in Guildford, that's, that's their luck isn't it, at the end of the day.

Extract 63: Zaman

The thing which stands out in this quote is Zaman's lack of resentment. Despite belonging to the group described in the first part, he doesn't refer to himself as 'unlucky'; he simply declares that "that's just the way it is" and "you have to deal with it". He doesn't use this observation to garner sympathy or make excuses, and when he goes on to compare this with someone who grew up in a more affluent area, there is no evidence of him begrudging them this. It is described as just "their luck" and his use of the phrase "at the end of the day" highlights that this is not something he will dwell on. This aligns with the pragmatism seen later; while it would be perfectly reasonable for Zaman to harbour some resentment towards those who have come from a more advantaged background, he is able to set this aside as a fact of life that cannot be changed and is not the fault of either party. It stands to reason that he is able to apply this same logic to his own circumstances and not blame himself for situations outside of his control; this could be an indicator of why he is little affected by the impacts of Impostor Syndrome.

Even when discussing things which have had a directly negative impact on him, Zaman does not show any signs of complaining:

> I took a gap year, because I didn't get the grades that I wanted to, so, I had to resit like one of my As, to get my third A, so, I took a gap year, and I didn't get any offers. Um and then during my gap year I got the offer from Southampton. But then I had some health problems, so, I had to defer then after that.

Extract 64: Zaman

This extract provides a good example of two negative experiences: one which was arguably Zaman's 'fault', and one which was definitely not. Regardless, he describes them in much the same way, as something which happened, and that then had to be dealt with. Many people

would use this run of bad luck to garner sympathy or to make excuses for subsequent negative outcomes, but this is not at all the case here.

While Richard doesn't use the word 'luck', his frequent use of the phrasal verb 'get to' serves a similar purpose in that it frames his experiences as something he is lucky to have the opportunity to do. For example, during his work experience in a hospice charity shop, many of his interactions were with people donating clothes of loved ones who had passed away. While these are inherently sad and potentially difficult encounters, Richard states that it's "really nice […] you get to see people who are donating clothes […] you get to have a lot of conversations with people". The inclusion of 'get to' in this extract, and others, is not a grammatical or semantic requirement; rather, it simply adds insight into Richard's attitude towards the experience. Framing it in this way demonstrates how he sees encounters such as this as opportunities beyond that of just gaining necessary work experience.

Similarly, he says that he enjoys being on placement because "you get to hear so many different perspectives and views, and you get to see so many different ways that doctors do things". Seeing the different ways doctors do things is one of the primary purposes of placements and is vital to a medical students' development. Once again, the way that Richard phrases this indicates his genuine enjoyment of this experience beyond simply gaining the requisite knowledge.

5.4.2 'Attitudes' sub-GET 2: Rationalisation and Logic

When talking explicitly about Impostor Syndrome, Jaishun theorises both why people experience it, but also why they shouldn't feel this way:

> But I can see how [Impostor Syndrome] can affect a lot of people, not just in Medicine, a lot of different walks of life, because, you know, you are kind of thrusted into this world where people have like worked for tens of years, and you're kind of like, not expected, but you like you think you may be expected to perform to their level, but you're just starting out.

Extract 65: Jaishun

His reasoning for why people experience Impostor Syndrome is valid; the key part of this quote is "you think you might be expected". This implies that, to him, Impostor

Syndrome comes from a misunderstanding of what's expected of you. So when a medical student is on a ward, they think that their performance is going to be judged against the established clinicians around them, and so they begin to compare themselves to those individuals and end up feeling inferior. Jaishun deals with these thoughts rationally, acknowledging the fact that they are at completely different stages, and so are not going to be compared to those around them by others, so shouldn't do it to themselves.

When asked whether he feels like he belongs in the medical school, in terms of whether he feels he deserves to be there, Jaishun responded:

> I've proven myself academically to them, I guess. Um and non-academically, as well, in the interview, I suppose. So, um, yeah, I think I do deserve to be here, yeah.

Extract 66: Jaishun

While this response showcases his ability to rationalise, i.e. 'I got in, therefore I must deserve my place', his mitigation throughout may indicate a lack of confidence in what he's saying. His use of "I guess", "I suppose" and repetition of "yeah" imply a distinct sense of discomfort. This could either be that despite his logical reasoning, he still doesn't truly believe what he's saying, or that he is just uncomfortable with saying something which would often be socially regarded as arrogance. The latter explanation would also make sense given his explanation of the importance of humility in his culture; overtly stating that he deserves something may run counter to this.

Particularly towards the end of her interview, Rosa applies similar rationalisation to many of her negative feelings and experiences. Despite her earlier reluctance to proclaim her status as a medical student, at the time of interview she was able to justify and accept her position as a final year medic:

> I've worked too hard not to be here and it (1.5) it doesn't matter if I've had retakes or not, because at the end of the day I'm still here.

Extract 67: Rosa

This shows her acceptance of her retake history as not defining her ability to be a doctor. Even regarding smaller, seemingly inconsequential events, such as other students knowing answers to things which she does not, she acknowledges that:

> Sometimes you realise that actually someone had revised that topic the night before, which is why they know the answer.

Extract 68: Rosa

Again, this probably doesn't help her self-esteem in the moment, where she feels like she alone doesn't know something, but her ability to afterwards rationalise her peers' supposed advantage to herself is still an important step.

5.4.3 'Attitudes' sub-GET 3: Pragmatism

Further to the example seen earlier, even in situations where Zaman does feel out of place, he is able to address any issues with this same pragmatic, positive attitude. When recounting a particular placement in an affluent area, he describes "definitely not" feeling comfortable there and yet he still claims that:

> It wasn't an issue though for me, like it didn't affect me, 'cause I had, that's where I'm very target-minded, like I'm like okay, what do I need to do here, what do I need to achieve, and how am I gonna reach my goal, so, as long as I can do them kinda things, it didn't affect me. So, it just became like something that I'd just deal with, but it wasn't like causing me stress or anything like that.

Extract 69: Zaman

His description of himself as "target-minded" supports his pragmatic attitude; he does what he needs to do to achieve his goal and doesn't allow himself to be dissuaded or distracted by any negative elements which occur. His ability to recognise this in himself gives him the confidence to trust in his instincts and push through hardship or disadvantage.

As mentioned in Section 5.1.3, when Richard first started medical school, he "wasn't as aware of the outlook of what the UK was like", and worried "do I belong here, should I be here – nobody here looks like me". However, through his studies he learnt more about UK demographics and realised "oh, okay, this is what it's actually like for the rest of the UK". He said that this realisation:

> kinda changes the whole conversation, because it doesn't become a matter of, um you know Black people can't do Medicine, it becomes more a question of, there's not a lot of Black people in the UK, that's why there's not a lot of Black people doing Medicine, which is a much, much better way of thinking about it, and a much more healthy way of understanding the whole idea behind it.

Extract 70: Richard

This shift motivated him to learn more about the Widening Participation agenda, as mentioned previously, saying that having a greater understanding of these areas "definitely does help, because you're so much more aware of everything around you. And at the same time, it just makes sure that you've got a more wider world view".

5.4.4 'Attitudes' sub-GET 4: Assertiveness and Empowerment

Only Kari gave examples which can be included within the 'assertiveness' part of this section, but they offer an interesting contrast to those seen previously. While all examples so far have related in some form to participants 'accepting' their circumstances, Kari shows ways in which she has taken steps to reject circumstances and experiences which she does not like. This has been labelled as 'assertiveness' and may well stem from her being raised in a non-English speaking household, necessitating her capacity to advocate for herself.

As mentioned previously, Kari had a number of very negative experiences when trying to join a women-only University sports team. One of these relates to their continued mispronunciation of her name:

> So they couldn't say my name, which really used to mess me up, as in, they couldn't pronounce it, and they wouldn't try to learn it […] So, they would read it how they used to see it on the stupid paper, and it used to piss me off so much.

Extract 71: Kari

First of all, Kari explains that the girls' inability to say her name used to 'mess her up'. She doesn't go into any further detail, but this may have been particularly upsetting because the mispronunciation was a constant reminder of her 'difference' to them. She goes on to say that they "wouldn't try to learn it"; this lack of effort must have been something

Kari felt very keenly, especially when she had made such an effort to ingratiate herself and attend the sessions. She then elaborates on how her teammates would pronounce her name based on its spelling, exhibiting for the first time clear signs of her frustration, referring to the "stupid paper" and how it used to "piss [her] off". Given the negative nature of the various experiences she's recounted thus far without expressing her emotions, it seems that this mispronunciation, which may appear trivial to many, is clearly something which deeply affects her. While their inability to pronounce her name wasn't the only issue she had with members of this team, it is certainly a large part of what led her to eventually quit, deciding that "there's no point, I'm never gonna get along with these people". Her ill-feeling continued throughout the programme, and she goes on to talk about encountering the same girls later on in placement:

> Those girls, there are so many of them, you see them in lesson or like on placement, and inevitably you just end up thinking yeah, I met you there, so, I know what you're like, so, I'm just not gonna try again. That's why I didn't make many BM5 friends, because of that [Club Name] experience.

Extract 72: Kari

Kari's negative experience with the team has influenced her relationships with those peers moving forward, even in a different context. She claims that she "knows what they're like" so she doesn't try to befriend them when she sees them in class or when on placement. This may come across as somewhat stubborn; people do have the ability to change and maybe Kari shouldn't hold earlier actions against them to the detriment of her professional relationships. However, the impact of those earlier actions of Kari cannot be underestimated; she clearly still harbours resentment, and the rejection she felt from the actions of these girls should not be trivialised. If anything, this shows the importance of demonstrating cultural sensitivity, and the damage which can be caused through microaggressions, whether intended or not. This experience had a significant impact on Kari's medical school journey and was discussed in greater depth in Section 5.2.2.1.

A more positive aspect of this sub-theme is that of 'empowerment', which Zaman enacts through engaging with the Faculty of Medicine and wider community; making a difference is something which empowers him and motivates him to continue to make a difference in any

way he can. This is shown in his realisation that medical school is not just about passing and becoming a doctor:

> Medicine is more than that, it's the impact you have on like the society around you, what work you can do with the Faculty of Medicine to improve the individuals' experiences within the Med School, that's when you realise, okay, it's more than just passing and progressing my exams.

Extract 73: Zaman

Zaman's desire to help and make a difference extends to his peer group, the faculty to which he belongs, and future cohorts, but the largest motivator seems to be making a difference to his community through his status as a medical professional, saying that "I can actually make a difference in the society I live in with the knowledge I have. And to be able to do that, I think it's quite empowering". His acknowledgment of this empowerment highlights how his reflection skills augment his motivation and desire to make a difference.

Jaishun discusses a similar sense of empowerment in relation to his role as Student Ambassador; this is a role he applied for having been inspired by the ambassadors that he spoke to when he attended open days. He says that in doing this job:

> You get that sense of, you know, what you say could have an impact on a prospective student […] you have that sense of responsibility for the university – I don't know how else to put that. Um so I do kind of feel belonged.

Extract 74: Jaishun

Jaishun's commitment to providing for others the opportunities and experiences he himself is not limited to being a Student Ambassador, he also made sure to volunteer as a 'Med Dad' as part of the faculty's 'Med Family' initiative. While taking on these roles is something he has chosen to do for the good of others, he also recognises the personal benefits which he receives, such as a heightened sense of belonging, and this is key to minimising his feelings of Impostor Syndrome.

5.4.5 Summary

The continuum shown in this GET highlights the range of attitudes towards positive and negative experiences related to Impostor Syndrome. Rosa's transcript in particular shows an interesting take in that she ascribes any negative outcomes to her own failings, but any positive outcomes to luck, showing that as with feelings of impostorism, belonging and confidence, attitude can also be contextually defined. It is tempting to correlate participants who have a more 'positive' attitude with more positive outcomes, but it cannot be determined whether this is correlation or causation. Students like Zaman and Richard may well have a strong sense of confidence and belonging because of their work with their community, however it may also be that they are able to engage with those sorts of activities because of their greater self-esteem.

5.5 GET 5: Challenges faced in Journeys to and through Medical School

This theme refers to participants' discussions of significant challenges they've faced throughout their medical school journey. While other negative experiences and challenges are referenced in their interviews, these are the ones which they discuss in relation to the impact had on their sense of Impostor Syndrome.

Table 7: 'Challenges' PET breakdown

	Rosa	**Noah**	**Jaishun**	**Kari**	**Zaman**	**Richard**
Challenges	Exams, retakes, perceived failure, and rationalised success	Overcoming adversity	Mature Student Placement	Disadvantage	Support Impostor syndrome: counters	Impostor syndrome: combatant

This GET is split into two main sub-GETs of "contextual challenges" and "course and curriculum challenges", and a small sub-GET of "Covid-19 challenges". While the challenges themselves are the main focus of this GET, participants' discussions of overcoming these challenges will also be included in this section, where relevant.

5.5.1 'Challenges' sub-GET 1: Contextual Challenges

This sub-GET refers to challenges faced by students regarding personal circumstances and characteristics such as socio-economic background or age. These challenges may impact a student's journey to university, throughout their course, or both.

5.5.1.1 Socio-economic challenges

As determined by the eligibility criteria, all participants in this study are from low socio-economic backgrounds, and this is reflected in the descriptions of their journeys to medical school. There are many reasons why socio-economic background may impact medical school application, including a lack of practical support from both school and family, difficulty obtaining the required work experience, and inability to afford resources to assist with the application process. As well as these, there are many other nuances which affect students' journeys. Noah says that his experience of applying was centred around where would accept him, rather than where he wanted to go, stating that:

> I had good grades and stuff, but just like coming from where I'm from, I didn't really have the privilege to pick and choose, er, and there wasn't um, like a long family history of doctors, or anything along the lines of that.

Extract 75: Noah

This meant that his whole application strategy was based on where would accept him, and so he only applied to WP medicine programmes, apart from to apply for the traditional entry course at the university where his sister, having transferred from a BioMed degree, was studying medicine at the time, as he was told that this would increase his chances of getting accepted.

While having a family background in medicine is not a prerequisite of any medical school, having medical contacts to provide advice and contacts for work experience is invaluable; without this background, students will find it harder to prepare for their application. Kari explains the difficulties she encountered in securing work experience:

> I managed to get charity work experience, but I couldn't get um, I couldn't get like medical work experience. I emailed everyone, just like GPs, hospitals. I couldn't, I didn't know how to get in. Like I think, yeah, I didn't know how to open the doors.

Extract 76: Kari

Her phrasing of not knowing "how to open the doors" is a good summary of this particular challenge, encapsulating the difficulties associated with not having a family background of medicine, or even of Higher Education. This is not just a problem during the application process; Kari goes on to question how much support students get throughout medical school when they have family with relevant experience:

> My mum, let alone being a doctor, she doesn't even know English, so, if I have something I want to talk about, I can't talk to her. So, then someone with a parent who is a doctor, they must be able to, I don't know, share a lot, get advice, support. If you have a bad day at placement, they tell you it's gonna be fine and they give you a solution to your problems.

Extract 77: Kari

While this may be an exaggeration of the benefits afforded to students with parents who are doctors, the potential disadvantage to students without this relevant support is likely; even if 'solutions' aren't offered, having support from someone who can genuinely relate to your issues must be hugely beneficial. Rosa was in a similar situation to Kari in terms of familial support prior to medical school, but also discusses the difficulty of going through the application process with little to no help from her school:

> No one in my school had gone for medicine in a few years, so no one really knew what was happening. No one could support me or tell me what to do. I had to kind of do it all on my own and then through my process my teachers then learnt from me. But there was no one in my year who applied to medicine and no one for a few years before me, so I didn't know anyone really. Um and there's no, I don't have any doctors in the family either, so I don't know anything about the process […] there was no one to guide me really. So I was just doing it all on my own.

Extract 78: Rosa

As well as the explicit challenges described here, Rosa's repetition of "no one" and "on my own" highlights the feelings of isolation she still attributes to this process, and the frequency of these comments implies that this is something which still feels quite raw for her, despite it having taken place four years prior. The other key practical aspect of medical school applications is the admissions tests often required by universities which require payment to take, as well as needing revision materials to prepare for. Of this, Zaman says:

> I didn't have the money to go buy expensive courses. I literally had the money just to buy like a book. […] Nowadays, there are a couple more things online programmes which cost like, twenty, thirty pounds, and they are amazing. Like they tutor you as well, through videos. Whereas back then, there was none of that when I did it.

Extract 79: Zaman

While progress has clearly been made in making these resources more accessible, they are still a barrier to entry which will have a much greater impact on students from low socio-economic barriers than others.

5.5.1.2 Age-related challenges

As a mature student, Jaishun experienced a different set of challenges relating to his age and having taken a break from education. He explains that prior to starting university, he had a lot of concerns about his ability to keep up with his peers:

> I felt you know, um, er, (2.00) like, oh, you know, at twenty-three, um you know I'm probably not going to be as um, (1.0), at the time I thought I'm not going to be as sort of fresh off of school, like ready to learn.

Extract 80: Jaishun

Luckily, Jaishun soon met other mature students to whom he could relate, and whose capabilities assuaged his fears:

> I met other um, um graduates, non-graduate mature students, like um (2.0) a person who is like thirty-seven-year-old, single mum, who is in my Med Family, and another who is, he's a graduate, but he was like um thirty-five, and they both are really smart […] I had a lot of trepidations at the start, but um, no, I think um, to be honest with you, if I didn't meet them, I would have probably felt that way until, up until Year 1, at the end of Year 1 I suppose.

Extract 81: Jaishun

His assertion that both mature students he references are "really smart" indicates that their competence reassured him that he wasn't at an academic disadvantage compared to his 'school-leaver' peers, meaning that the "trepidation" he felt upon starting medical school was lessened far more quickly than it would have been had he not met them. Jaishun takes this further by then acknowledging the potential benefits of attending medical school as a mature student:

> If I went in at eighteen, would I have passed my exams? Because I felt like I would have easily just said yes to everything and gone out every night. Um so, um, I kind of preferred coming into Medicine at this age.

Extract 82: Jaishun

This change in attitude is important as it shows that Jaishun not only came to terms with the differences in his circumstances compared to most of his peers, but he actually learnt to value them as an asset in his medical school journey. Despite this positive shift in regard to his fears about his academic capabilities, his age did also cause him to struggle with some of the social elements of university life. He gives one example of attending a house party, but despite everyone being "really nice", he still felt "out of place", wondering:

> What am I doing here?! Like I don't get half the things they're saying, I feel like I've missed a whole generation.

Extract 83: Jaishun

This feeling of dissonance was coupled with him having to answer the same questions multiple times about why he came to university late; in constantly having his own differences highlighted and discussed, Jaishun felt increasingly "out of place" until he eventually decided to leave the party. His repetition of "out of place" while relating this

incident reinforces his sense of social impostorism, which wasn't as easy to overcome as his academic impostorism.

5.5.2 'Challenges' sub-GET 2: Course and Curriculum Challenges

This sub-GET relates specifically to challenges faced as a result of the medical programme, both in terms of the academic elements such as exams, and the more practical side of the programme faced while on placement.

5.5.2.1 Exams and retakes

For Rosa, discussion of exams and retakes make up a large portion of her interview. Throughout A-Levels and medical school she had to retake exams, and this had a massively detrimental effect on her self-confidence.

> Um (1.0) and in my friendship group, I was the only one who ever had retakes, and I think it just put things in perspective quite a lot, and I always felt like I was the only one struggling.

Extract 84: Rosa

Rosa's claim that her need to retake "put things in perspective" is interesting; this suggests that she perceives her struggles as the 'reality' about which she was previously ignorant. As mentioned in Section 5.2.1, her repeated framing of herself as the "only one" highlights how she uses others' success as a further measure of her own inadequacies.

Despite her focus on exams and retakes, towards the end of the interview Rosa does go on to acknowledge that retakes are not the 'be all and end all' that she appears to portray them as earlier in the interview.

> As long as you pass the exam whether, you know, you have 100 retakes, whether you pass first time, it doesn't mean that you're going to be a good or a bad doctor.

Extract 85: Rosa

Here, she seems to accept that the journey one embarks on to become a doctor doesn't really matter, that as long as you pass eventually, the path you have taken is of little consequence, and passing exams first time doesn't necessarily correlate to being a good

doctor. This shift in perspective seems to come as a result of experience; in the lecture-based years, Rosa measured success by exam results, however, towards the end of the programme she is able to acknowledge that academic prowess isn't the most important factor in being a doctor.

> Communication is at the core of medicine. If you can't communicate you, you will not be a good medic or surgeon. (1.0) And that's actually more important than any of the knowledge.

Extract 86: Rosa

This realisation, and the resulting confidence, doesn't mitigate the negative experiences Rosa faced in her earlier years, when she correlated exam results with success, but does show the benefit of experience and reflection.

Another perspective on medical school exams is raised by Jaishun, and this relates to the fact that assessments in Years 1–3 are graded as pass/fail.

> You feel like just about a pass is enough to get through to the next year, because it's all about progression into the next year.

Extract 87: Jaishun

This system of grading means that although Jaishun never had to retake a summative exam, he still felt a lack of confidence in his abilities:

> You kind of feel like maybe um (2.0) maybe that you know you're just about scraping the minimum and maybe this course was meant for someone else who was probably going to do a lot better.

Extract 88: Jaishun

This quote highlights Jaishun's concerns that even if he's good enough to pass, somebody else may have been better, showing that academic attainment isn't necessarily enough to instil confidence in a student. This view is somewhat supported by Zaman, who says that:

> I always try my best, I've always given a hundred and one percent […] I've shown always that I'm competent enough. I've never failed an exam. So, all these reasons together, it shows like to me that I'm good enough to be here.

Extract 89: Zaman

It is particularly interesting that Zaman separates competence from exam success; this indicates that he does not see exams as the sole measure for competence, although it remains unclear how he himself would measure competence. The first two elements he includes, "try[ing] his best" and "giv[ing] a hundred and one percent" relate to personal effort rather than assessed ability, suggesting that he sees these as at least equally important.

The differences in the three participants explored here show a range of perspectives on the relevance of exams to their overall competence, with Zaman seeing them as just one part of what makes him "good enough", Rosa (at least in her earlier years) seeing them as one of the sole indicators of success, and Jaishun sharing elements of both of their perspectives.

5.5.2.2 Placement

A few participants talked about challenges related to placement; Jaishun in particular spoke at length about his experiences of this element of the curriculum. Much of his discussion of placements include lots of negative language, including concerns about being "in the way", or "a waste of space". He claims there is a fine balance to be struck between staying out of the way and therefore not learning as much, and getting involved and risk getting in the way, but ultimately having a better learning experience.

> You make this judgement where like you're not going to learn much, or you're going to be in the way of the team.

Extract 90: Jaishun

He acknowledges that by standing around, it reflects badly on him and may cause him to "feel like you know you're either a bother, or you're taking up space, and things like that". However, he is reluctant to take the initiative and get involved as "it might um affect the patient's care, or it might affect

the care plan that the doctors have for them". Sometimes, this dilemma can be solved by asking for help:

> You kinda ask people, like oh, do you want me to fill out this request form, or do you want me to do this, and some of them say, yeah, yeah, why not, and then they take you under their wing - you learn what you have to do as an F1 and so on.

Extract 91: Jaishun

But other times, this strategy is not effective:

> But then some of them would be like, oh, you're alright, it's fine, and then they take the work on themselves and you're just there, standing and thinking, well that's the least I could have done for that, but like now I can't even do anything.

Extract 92: Jaishun

He feels that the only way to successfully navigate this is to find the "right people" to offer support. This view is shared by Kari, who says that:

> Your whole experience at placement is based on these people who are, you know, like kinda looking after you.

Extract 93: Kari

While Jaishun's exploration of this was mostly centred on himself and his own feelings, Kari believes that the consultants and other staff on placement are instrumental in making certain students feel out of place.

> Let's say, okay, so, I'm on ward round with a consultant, it's me and (2.0) a White girl and a White boy, I, and then, like not that I just sit there and try and analyse it, but you inevitably can see who they're making eye contact with, or who they're asking questions to, who they're asking to go to their clinic afterwards, stuff like, that. And then um, yeah, and then I realise that they're not, it's not like that they're excluding me on purpose, but maybe they just prefer people who are like them. The same way maybe, so, I'm Turkish, if I saw a Turkish doctor I would gravitate towards them, the same way they might gravitate towards me, so, maybe it's just like that, but on a whole other scale, because everyone is White.

Extract 94: Kari

In this extract, Kari shares her belief that White students are favoured by White doctors, based on subtle cues like eye contact and questioning. Regardless of whether this interpretation is accurate or not, Kari believes that it is the case, and this feeds into her wider concern that she's not "white enough". She also raises the interesting point that in a parallel situation, as a Turkish student, she would be more inclined to gravitate towards a Turkish doctor, implying that this favouritism is somewhat natural. She goes on to reason that even if this is the case, the prevalence of white doctors and students is such that it's "on a whole other scale"; suggesting that while gravitation to people 'like you' is expected, it is more acceptable for those from minority backgrounds and should somehow be redressed among the white population.

Similarly to Jaishun, Noah describes feeling "like a burden" when on placement due to having "inferior knowledge". He acknowledges that this is particularly prevalent in environments such as the emergency department where there's "so much going on" and "Impostor Syndrome kicks in". While he doesn't go into it in the detail that Kari does, he does also say that he believes "ethnicity and race can amplify a feeling of being an impostor", stating that he particularly feels Impostor Syndrome when working in areas where "not a lot of people look like me".

While Richard doesn't discuss placements as being a 'challenge' as such, he does provide an example of what he does to make it easier, as discussed in Sections 4.7.3 and 5.1.3, implying that there has been some level of challenge there in the past.

> [Wearing a shirt and trousers] makes it a lot easier, because I feel professional when I go onto the ward or onto the GP placement, and so, that almost helps, acts as like a combatant against any impostor syndrome I might feel, because it's kinda like, we're all wearing the same uniform so we're all part of the same team.

Extract 95: Richard

Richard's comment that dressing in a certain way makes him feel "part of the same team" suggests that he may not have previously felt this way, or that he believes others maybe don't feel as included because of the way that they dress. If this is the case, then it suggests that there is still some level of bias evident which should be addressed from the top-down, rather than by all students amending their clothing choices.

5.5.3 'Challenges' sub-GET 3: Covid-19 Challenges

This sub-GET is one which is somewhat inevitable, given the timing of the participants' journey through medical school. For medical students, as with all other students, the curriculum was moved online and placements were limited or halted altogether. Exams were either cancelled or were sat with a 'no-detriment policy' employed, meaning that students would not fail as a result of assessments taken during the periods affected by the lockdowns. While seen as a generally positive thing for most students, for Rosa, this had a significant impact on her self-confidence going into her final year of medical school:

> I didn't feel like a final year because obviously I'd passed through (1.0) without doing exams because of the pandemic.

Extract 96: Rosa

This sense of impostorism was likely heightened by her own experiences of failing and having to retake exams, but it interesting to consider the potential negative emotional impact of a policy designed to reassure and support students.

While other participants did not discuss the impact of Covid-19 on exams, Zaman does discuss its impact on his sense of confidence when returning to placements:

> That's probably another point where I did feel inadequate, when I did start 4th Year, I was like I do not know anything in comparison to what intercalators know, do you know what I mean – so people who'd done 3rd Year properly. So, I did feel lesser, compared to them when I did compare myself to them.

Extract 97: Zaman

Zaman's experience here is very understandable in the context of Covid-19; having had an interrupted year of study during 3rd year, Zaman and his peers then went into the predominantly placement-based 4th year feeling very underprepared. As most of his peers were in the same boat, he instead compares himself to those who intercalated; these students would have had an uninterrupted experience of 3rd year before taking a year out to undertake their MScs. They therefore seemed, at least to Zaman, far more knowledgeable than him and his peers. He was, however, able to "deal with" this setback.

> It's about how you deal with that understanding that you're not at the stage that you need to be at, so, yeah, for me, it was just, again, go onto placement, have targets for every single time you go onto placement – what do I want to achieve from this, today. And that's how I dealt with it.

Extract 98: Zaman

This pragmatism is consistent with Zaman's outlook elsewhere, and makes it seem as though it was an easy fix. Nevertheless, it highlights the potential ongoing impact of lockdown and Covid-19 on all students.

5.5.4 Summary

As with most GETs, the challenges discussed by participants show a variety in each of their lived experiences. Pre-existing challenges relating to demographic characteristics may have a lasting impact on students and their medical school journey, and these will be further exacerbated by ongoing challenges with their studies or interactions with others, and potentially an unprecedented global event like a pandemic. No student's journey is the same as another, and it is impossible to know all the challenges that students have faced and overcome in their lives so far, but by engaging with students rather than making assumptions, understanding can begin to be gained.

5.6 GET 6: The Value of engaging in Extra-Curricular Activities

Table 8: 'Extra-Curriculars' PET breakdown

	Rosa	Noah	Jaishun	Kari	Zaman	Richard
Extra-curriculars		Football	Extra-curriculars			

This is a small theme, which only emerged from two participants' data. While it shares many similarities with the GET of 'Impact of Others', I chose to keep it separate in order to highlight the primary difference, which is that of the importance of engaging in extra-curricular activities for reasons beyond the social. While Richard talks about being part of the university football team, almost all of his experiences relate to the friends he has made through this, so this was labelled as part of the 'Impact of Others' GET. When Noah discusses football, however, he more often describes the importance of engaging in a physical activity which differs greatly from his medicine studies, and the positive influence this has on his mental health.

> It's more about, that exertion, that, you know passion, so, just all of that, and that's a way that I cope with stress. Other people can sit around and talk, in groups, and you know do other things which entertain them, but for me it's that, that emotion that it helps me release, and I think I will always play football, even when I'm a doctor, even when, (1.0) until I'm actually so I can't, really, I think.

Extract 99: Noah

Here, Noah describes playing football as a coping strategy used to manage stress. He likens it to other people's need to sit around and talk in groups, connoting an image of therapy. This comparison is reinforced when he mentions the Covid-19 lockdown, and the impact of not being able to play regularly.

> Without football it was like, that's when I felt it, for sure. Like when that happened, I said, well I was angry for no reason, and snapping at my girlfriend for nonsense, like because I'm not getting the exercise, getting the release.

Extract 100: Noah

Noah's ability to reflect on the emotional impact of not being able to play football, not only on himself, but also on his girlfriend, is a testament to his maturity in understanding his relationship with sport. While Noah originally joined the Medics' football team, he later joined the more elite University team, which represented "a new challenge". Although he does speak about the benefits of the social aspects of football, the largest impact for him is the physicality of it, and the way it allows him to manage his own negative emotions, such as stress. His assertion that he will continue playing football for as long as he is able is rooted in his understanding of his relationship with football.

The only other participant for whom 'Extra-curriculars' applied in this way was Jaishun, who claims to feel a "sense of responsibility" to the university, which has resulted in him taking on a role as student ambassador. While he acknowledges the financial benefit of this, his primary motivation was more personal. He says:

> I really like the university, so much that I wanted to um, I've been telling a lot of people that I've come, that I've met now, who either wanna do Medicine or other courses, like 'look, apply to Southampton, because this is just really good' […] I kind of felt like I wanted to become a student ambassador in Year 1, especially after the way people helped me in the interview day that I came in.

Extract 101: Jaishun

Jaishun's desire to help provide a service which he himself had benefitted from indicates the level of gratitude he feels for the opportunities he has received. This positive outlook led to him choosing to prioritise ambassador work over joining societies, as he only had time for one extra-curricular activity. Jaishun goes on to note that it is because of this work that he feels "part of the university" and theorises that other students in his cohort who do not engage with the university on this level may not share this sense of belonging. Interestingly, it is the *university* to which he claims to feel responsibility, rather than the

medical school, and he clarifies a few times that his ambassador role relates to the university as a whole, not just the medicine course.

5.6.1 Summary

While this GET of 'Extra-curriculars' may not seem immediately relevant to Impostor Syndrome, it does have clear links to other aspects of mental and emotional well-being, which certainly are relevant. Both Noah and Jaishun seem relatively unimpeded by the effects of Impostor Syndrome, and both have recreational activities outside of medicine which have positive impacts on their mental health. The potential inferences to be drawn from this are discussed in Section 6.9.

5.7 Summary of Cross-Case Findings

While this chapter cannot include all extracts relating to each GET and sub-GET, each Group Experiential Theme has been included, with sufficient extracts to provide a representative sample of the data. Although 'Impostor Syndrome' has been treated as a GET of its own, all GETs do share links to it, and these links should be evident in the write-up. There is not a clear linear relationship between the GETs and IS: feelings of belonging and impostorism are intrinsically linked, for example, while certain attitudes may be borne out of experiences of impostorism but may also trigger feelings of impostorism. Challenging circumstances may lead to a lack of confidence, but equally, overcoming those challenges may lead participants to a greater sense of self-confidence, both of which can impact Impostor Syndrome.

As mentioned throughout this chapter, responses to situations will differ greatly from person to person, and there is no 'right' or 'wrong' way to react. An individual's lived experiences must be considered when exploring their perspective; both Rosa and Zaman experienced impostorism as a direct impact of Covid-19, but while Rosa's response to this was to downplay her status, Zaman's was to throw himself into work to ensure he was where he needed to be academically. These different responses make sense when one considers the participants' lifeworlds; Rosa has a chronic fear of failure due, potentially, to her early schooling, while Zaman takes an entirely pragmatic approach. While it seems easy to assume that Zaman's approach was 'better', Rosa's mental well-being must also be taken into account, and her method of protecting herself may have been necessary for her to achieve her ultimate goal of passing final year.

It is also striking how often individual people or interactions are discussed as being pivotal in a participant's journey; Kari's negative experience with a group of female students at a sports club has impacted her perceptions of and interactions with BM5 students ever since. While one could argue that she has unfairly stereotyped a whole cohort based on a small sample, this is her perception based on her experiences, and it is not for others to judge the decisions she has made. Instead, what should be learnt is that a seemingly small negative action from one person can impact the perception of a whole group.

Despite the collation of these GETs, it is striking how different each participants' experiences, triggers and coping mechanisms relating to impostorism are. While some comparisons can be drawn, the process of creating and exploring GETs has reinforced the importance of each participant's lived experience, and that generalisations are not plausible when it comes to a phenomenon as complex and individual as Impostor Syndrome.

In the next chapter, these analyses will be discussed further with reference to relevant literature.

Chapter 6 Discussion and Conclusion

6.1 Introduction

In this chapter, I provide a summary of the findings of this research and discuss the analysis presented previously with reference to relevant literature. The initial literature review in Chapter 2 gave a brief overview of research into Impostor Syndrome and how it has been observed among certain groups. A more detailed literature review was not conducted at that point so as not to influence the analysis; now that analysis has been completed on this data set, a more in-depth review of the relevant literature can be presented and discussed in relation to the findings of this study.

Firstly, an overview of the findings is presented, followed by a review of the research questions. The concept of the 'hermeneutic spiral' is then proposed, along with a reminder of the key findings and examples of how the hermeneutic spiral can be applied to each participant. The Group Experiential Themes (GETs) are then each discussed with reference to relevant literature, providing further insight into participants' lived experiences thereby developing the overall understanding of Impostor Syndrome and its impact.

6.2 Overview

This study aimed to explore how students from low socio-economic backgrounds experience Impostor Syndrome. Crucially, it has shown the complexity of Impostor Syndrome, from disparities between when it is defined and when it is experienced, to how interpretations are influenced by each participant's own experiences, past and present. In 'Reflexivity 1', when I was deciding on a research topic, I made the assumption that impostor feelings are not absolute but will differ from person to person. While at the time I had no evidence to support this, I believe that the array of experiences demonstrated by the relatively small participant pool in this thesis corroborates this assumption.

While participants' definitions of IS shared key similarities (such as feelings of inadequacy), the experiences that they described differed both from the definitions provided and from each other's experiences. Also, while participants in this study did not all consider themselves to have experienced Impostor Syndrome, all of them went on to describe situations where they have felt like impostors, reinforcing that there is a difference between

feeling impostorism and *having* Impostor Syndrome. This can be considered with respect to the hermeneutic circle discussed in Section 3.2.4.1. Whether or not a person has Impostor Syndrome can be determined by the extent to which the experiences of feeling like an impostor impact their lifeworld; while we cannot *know* a person's lifeworld, this can be interpreted from the data we do have. Participants like Noah and Zaman have had experiences in which they have felt like impostors, but these did not seem to have had a significant negative impact on their future actions or the ways in which they perceive the world around them. In contrast, the experiences which caused Rosa and Kari to feel like impostors have had a meaningful impact on the way that they perceive the world. This can be seen through Rosa's claim that she "`would always feel like [she] would probably not get it or fail`", and Kari's insistence that she would "`never be able to form meaningful relationships with people who [she] can't relate to`". Richard's comment about Impostor Syndrome being "`trigger[ed]`" also alludes to this in that a particular experience must occur in order to trigger those feelings of impostorism. This may not necessarily lead to having Impostor Syndrome, but the more triggers one experiences, the more likely it is that one's lifeworld will be impacted, and that IS can be seen to develop. It is important to consider the impact of other experiences on participants' lifeworlds too, as positive experiences are just as likely to influence a participant's lifeworld as instances of impostorism or other negative experiences.

6.3 Research Questions

The primary research question for this study is '*How do medical students from low socio-economic backgrounds experience Impostor Syndrome?*'. After analysis of the data, it became clear that a precursory research question first needed to be addressed for students' experiences to be appropriately framed: '*What do medical students from low socioeconomic backgrounds understand Impostor Syndrome to be?*'. I have, in some instances, chosen to interpret participants' use of the term 'Impostor Syndrome' as 'impostorism' or 'feeling like an impostor', and vice-versa. In order to justify this decision, I returned to the methodological stances discussed in Chapter 3.

The fact that I have taken a relativist approach means that I do not assume that there is one 'true' definition of Impostor Syndrome, and therefore the definitions suggested by participants cannot be treated as absolute. Further to this, due to the interpretivist

epistemological approach taken, the focus of the research is on how individuals interpret and assign meaning to their experiences of a phenomenon. Because of the undefined nature of Impostor Syndrome, this interpretation is even more important, and subject to change throughout the course of the interview. If I were taking a constructivist approach, which would consider IS from a social perspective, then I may use participants' definitions and experiences to build an overall picture of the phenomenon, however this is not concordant with the ideographic nature of Interpretative Phenomenological Analysis (IPA). IPA condones the implementation of the double hermeneutic, which I have utilised to develop my own interpretation of the data. In terms of the hermeneutic circle, I have interpreted participants' interchangeable use of the terms 'Impostor Syndrome' and variations on 'feeling like an impostor' to synthesise an interpretation of these which fits the participant data, while not necessarily adhering fully to the nomenclature that they used. This attention to interpretation over participant description is what Howitt[110(p.348)] describes as a "process of critical deconstruction".

6.3.1 The Hermeneutic Spiral

With this in mind, I have conceptualised the hermeneutic circle instead as a hermeneutic spiral, where negative experiences are more likely to have a negative influence on one's lifeworld and consequently lead one to having lower expectations of the next experience, and positive experiences are more likely to yield positive influence. If we assume that spiralling inwards is a result of negative experiences, and spiralling outwards a result of positive experiences, then the closer one moves to the centre, the more impeded by Impostor Syndrome one becomes, and the harder it is to instead perceive things in a positive way. Likewise, a positive outwards spiral will make one less likely to experience Impostor Syndrome as a result of a negative experience, although a series of such occurrences may eventually result in an inwards spiral. This is shown in Figure 17.

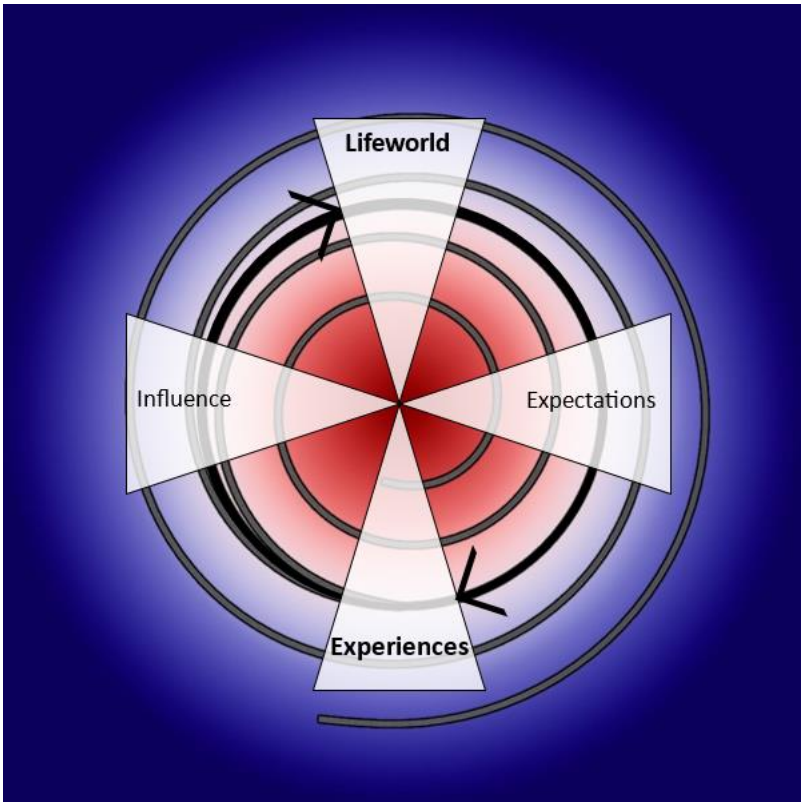

Figure 18: The Hermeneutic Spiral

This spiral can be applied to each participant's experiences; this will demonstrate how the spiral can be used, and also provide an overview of the impact of these experiences on the way participants perceive medical school and their places within it.

6.3.1.1 Rosa

Rosa's repeated retakes throughout secondary and tertiary education could each be seen to represent one cycle of the hermeneutic spiral; by the time she got to 5th Year of medical school she had experienced so many failures that she fully expected to fail her final exams. This expectation demonstrates the negative influence that her experiences had on her lifeworld and can therefore be perceived as an inwards trajectory on the hermeneutic spiral, resulting in Impostor Syndrome.

6.3.1.2 Noah

While Noah has experienced some instances of feeling like an impostor, these have not had sufficient impact to negatively influence his lifeworld. On the contrary, Noah's positive experiences such as being singled out for support by a member of staff at his 6th Form increased his sense of self-worth and gave him confidence. This outwards trajectory on his hermeneutic spiral resulted in an overall positive influence on his lifeworld and therefore his

expectations of future experiences. He does, however, mention how "If you've had like a bad experience […] you might carry that with you"; while he is referring to others' experiences here, this understanding does align with the concept of the hermeneutic spiral.

6.3.1.3 Jaishun

Jaishun's experience as a carer contributed to his desire to help others, but his unexpected deferral of higher education caused him to question whether he would belong at medical school. Once he started, he experienced isolation from the majority of his cohort, but a number of positive experiences with BM6 friends and his Med Family meant that Impostor Syndrome was kept largely at bay. This highlights the dynamic nature of the hermeneutic spiral; a combination of positive and negative experiences has meant that their overall influence on Jaishun's lifeworld has remained relatively stable, as has his general attitude. This perception is evidenced in 'Reflexivity 4'.

> *Again, reading through this I am continually struck by Jaishun's rationalisation of everything. He never blames anyone, even himself, for misfortunes. Even when talking about not making the most of opportunities because they're not communicated via email and you need to physically look at the bulletin board in the hospital, there is no sense of resentment for this, or annoyance that they're not communication virtually. He just accepts it's a part of being on placement and not always having access to university facilities. It just comes across as a really healthy attitude to work and life.*

Reflexivity 4: Third read-through of Jaishun's interview (April 2022)

6.3.1.4 Kari

It is hard to determine whether what Kari demonstrates is Impostor Syndrome or not; due to her general attitude towards others, it could seem that she does not view herself as an impostor but believes that this is how others see her. When viewed in terms of the hermeneutic spiral, however, it is clear how Kari's negative experiences have perpetuated an inwards trajectory towards Impostor Syndrome. Kari's college tutor's lack of faith in her ability reinforced her wariness of authority, and her negative experiences with her cohort, the sports team and clinical staff have all further contributed to this inwards trajectory. Her guarded nature makes it very difficult to interpret her lifeworld (see 'Reflexivity 5' below), however, the way in which she dismisses potential relationships demonstrates the impact that her negative experiences have on her expectations. My impression of this is that she

does feel Impostor Syndrome but tries not to demonstrate this for fear of appearing vulnerable, choosing instead to project her insecurities onto others.

> *I have done many more read throughs of this transcript than others, and am still not sure that I am ready to write my summary, and I'm not sure why that is. I think partly because I didn't get as much 'backstory' on Kari, I feel like I don't 'know her' well enough to summarise?*

Reflexivity 5: Preparing to summarise Kari's interview (July 2022)

6.3.1.5 Zaman

Zaman's experience of health inequalities and deprivation provided him with motivation and a desire to help people, which he uses to frame his experiences positively, showing that a negative experience won't necessarily result in an inwards spiral. Zaman's positive attitude means that he focuses on the positive impact of each experience and uses this as motivation when going into the next. In addition to this, Zaman also creates his own experiences, such as putting in additional work following a poor assessment which then creates an additional cycle of the spiral over which he has control and can therefore maximise the potential for a positive outcome, or an outwards spiral.

6.3.1.6 Richard

Finally, Richard's family culture of seizing opportunities influenced his attitude towards engagement and interactions which has so positively impacted his medical school experience. This manifests as an optimistic attitude which frames his expectations so that he is inclined to perceive experiences in a positive light, resulting in an outwards spiral. Similarly to Zaman, he will also make practical changes to his experience to maximise the positive outcome, such as wearing clothes in which he feels professional.

6.3.1.7 Summary

Using an idiographic method such as IPA has enabled these past experiences to be explored and an understanding of each participants' lifeworld to be developed, creating a more comprehensive overview of students' experiences of feelings of impostorism and Impostor Syndrome. Applying these experiences to a model of the hermeneutic spiral allows for a more methodical breakdown of ways in which Impostor Syndrome can be seen to manifest. This better reflects the nuanced nature of IS than the use of scales, such as those discussed in Section 2.2.2. As argued by McElwee and Yurak[137], these scales may be able to identify

those reporting feelings of impostorism, but do not take into account the individual context behind those feelings. While more subjective, the hermeneutic spiral provides a model with which to explore IS that better reflects its nuanced nature and supports the notion that IS should not be treated as a stable personality trait, but as something which can arise as a result of various situations and stimuli.

6.4 GET 1: Understanding and Experiences of Impostor Syndrome

6.4.1 'What do medical students from low socio-economic backgrounds understand Impostor Syndrome to be?': Definitions

Interestingly, none of the participants' definitions refer to others perceiving them more positively than they do themselves. While there is no officially recognised definition of Impostor Syndrome, a key aspect of early descriptions is that those with Impostor Syndrome feel that they have somehow fooled or tricked others into believing they are better than they are[137]. However, Leary et al.[11] found that those who scored highly on impostor scales tended to report low reflected appraisals (i.e. how they felt others perceived them) as well as low self-appraisals, suggesting that there is little support for the assumption that those experiencing Impostor Syndrome think that they have others fooled[11]. Data from this study corroborate Leary et al.'s findings, as participants' experiences of IS do not always reference others' positive perceptions. However, it could be argued that while their definitions do not include explicit reference to undeserved positive regard by others, this is implied by participants' acceptance to medical school. This is most clearly marked in Kari and Richard's definitions, which include modal verb phrases "`supposed to be`" and "`should be`", indicating that the impostor's admission to medical school over a hypothetical other was an error.

Definitions provided by participants can be simplified and separated into two categories:

- Impostor Syndrome is feeling not good enough to be in your position
  (Noah, Kari, Zaman)
- Impostor Syndrome is feeling that someone else is / would be better
  (Rosa, Jaishun, Richard)

While both categories entail low self-esteem, the main distinction between them is whether the impostorism is driven by environment or comparison to others. For environmentally-

driven IS, someone may feel "inadequate within an environment" (Noah), inadequate "for the role that they're in" (Zaman), or "being somewhere where you feel like you're not supposed to be" (Kari). This context-dependency enables participants to separate how impostorism presents in different situations, supporting McElwee and Yurak's[137] argument that IS should not be viewed as a stable personality trait, but is instead situation-dependent. Comparison-driven IS is subtly different, as participants worry that "everyone is smarter than me. How did I get in?" (Rosa) or feel that they are "not good enough" compared to "the people around you" (Jaishun) and that "someone else should be sitting where you are" (Richard). Chandra et al.[18(p.31)] claim that comparison to others is often a "cornerstone" of IS, and Clance and O'Toole[6(p.3)] posit that "the typical female client" experiencing IS will tend to compare their own weaknesses against others' strengths, further reinforcing their own feelings of inadequacy. Despite the small sample size in this study, it is noteworthy that participants' definitions of Impostor Syndrome are split evenly between it being a context-dependent phenomenon and a comparison-driven one. Typically, definitions of IS provided in research papers on the topic do not fall neatly into either category but do tend towards being context-dependent. In their systematic review of prevalence, predictors and treatment of IS, Bravata et al.[138] identified only two papers in which participants were interviewed about their experiences,[96,139] and participants in both discussed comparison to others as a key factor in their feelings of IS. Even in these papers, the definitions of IS provided do not mention comparison to others, highlighting the dissonance between IS definitions and experiences that occurs in the broader literature as well as by participants in this study.

The fact that so few papers on IS explore the participant experience in depth through interviews and/or focus groups emphasises the importance of this research in adding to the existing literature. In their review of IS measurement scales, Mak et al.[7] found that the Clance Impostor Phenomenon Scale (CIPS)[8] is still the most frequently used method of measuring IS, despite it being devised in 1985. This shows that despite IS seeming relatively well-researched in terms of publications, there has been little progress in how that research is undertaken. One of the benefits of using IPA to explore IS is that it highlights how much richer the data are when participants are given the opportunity to discuss their experiences and provide relevant context. This is particularly important given the aforementioned disparity between the definitions provided, and the experiences shared.

6.4.2 'What do medical students from low socio-economic backgrounds understand Impostor Syndrome to be?': Experiences

Clance and Imes' seminal research[3] related to participants' feelings of impostorism regarding their intellect, however it has since been noted that this framework requires reconceptualisation[140] to account for other triggers which may not have been adequately addressed in their study, the participants for which were all women who were primarily white and middle- to upper-class. In contrast, participants in this study are mixed gender, from low socio-economic backgrounds and from ethnic minorities. Not unsurprisingly, participants in this study expressed a variety of triggers for their Impostor Syndrome; while these will be explored in turn, it is important to note that Impostor Syndrome is unlikely to stem from one specific trigger. It is for this reason, among others, that IPA was chosen, as it allows greater exploration of a participant's lived experience, thereby acknowledging the inevitable intersection of potential triggers.

6.4.2.1 Intellect

Although other triggers have been identified which prompt feelings of impostorism, the concerns about intellect which prompted Clance and Imes' seminal study[3] are still present among participants. Rosa in particular expresses her impostorism as concern about her abilities, which has been repeatedly exacerbated by her initial rejection to medical school and subsequent resits. The fact that she has 'evidence' to support her feelings of academic inadequacy contradicts the standard view of IS being present despite evidence to the contrary, however, she could have disregarded evidence which *proves* her academic ability, which would be another indicator of IS[18]. Other 'evidence' she provides is much more subjective, such as claiming that when she asked a question everyone would look at her, wondering "'Why don't you understand this?'". Even if Rosa is misinterpreting the response from her peers, she still believes that they have a low opinion of her, so either way this again contradicts the original interpretation of IS.

Zaman's concerns about his academic ability are similarly understandable, in that his education was severely disrupted by the Covid-19 pandemic, and he felt that this impacted his performance once he transitioned to placement. Due to the nature of the course structure, when Zaman entered his 4th year (which is predominantly placement-based), his cohort, who had missed the majority of teaching and placement which takes place in 3rd year, were joined by medical students who had intercalated in order to complete an

MMedSci. These students had completed 3rd year as normal, and it was their Masters year which has been most severely impacted by the pandemic. Zaman was therefore able to compare his ability to those who hadn't had their typical medical school journey interrupted, and in doing so felt that he and his non-intercalating peers were lacking.

For both of these students, they are arguably experiencing what Hawley refers to as "justified but inaccurate impostor attitudes"[141(p.218)]. This label may be applied in a variety of circumstances, but particularly relevant to these participants is the acknowledgment that while some evidence of failure may be present, this does not take into account any social disadvantage which may have been overcome. Hawley's argument in these cases is that any failings must be contextualised alongside the "luck, talent and determination that enable them to succeed alongside classmates who have much less to overcome"[141(p.215)]. Particularly pertinent to the research questions for this thesis is the discussion which Hawley goes onto from here, namely whether this should be classed as 'Impostor Syndrome'. She says that if we take a narrower definition of IS, then experiences of 'justified' impostor attitudes, such as those shared by Zaman and Rosa, would not count. This definition would entail acknowledging that instead of experiencing IS, the participants instead are simply facing "epistemic obstacles in their social environment" [141(p.219)]. A broader definition, however, would allow that these epistemic obstacles are a reason *why* these students experience Impostor Syndrome. Although there are arguments to support both definitions, Hawley ultimately approves the broader concept of including justified impostorism as Impostor Syndrome, due in part to an observer's inability to determine the level of justification of these attitudes. This aligns with the earlier point that those experiencing IS are more likely to focus on their 'justified' impostor attitudes rather than any that they feel are 'unjustified'.

This again highlights the nuanced nature of impostorism, and the importance of considering a person's lived experience as opposed to exploring their experience in isolation.

6.4.2.2 Ethnicity and Race

Although it doesn't necessarily fit with Clance and Imes' initial description of Impostor Syndrome[3], a number of participants referenced their race and/or ethnicity when describing their own sense of impostorism. Richard and Noah both acknowledge that ethnic background does affect impostorism, although they approach this in different ways. As explored in Sections 5.1.3 and 5.4.3, Richard initially struggled with being from an

underrepresented ethnic group when he started his course, before undertaking research on UK demographics and learning that the number of Black students on the course, while small, was representative of the UK population. He claims that this realisation made him feel "a lot better" about himself. This ability to rationalise and subsequently dismiss feelings of impostorism is incongruous with most interpretations of Impostor Syndrome, but shows the importance of being able to contextualise one's own experiences. In their research on the ethnicity attainment gap, Claridge et al. note that Black students report "overcompensate[ing]" by dressing more formally than their White peers[142(p.9)]. While Richard doesn't attribute his decision to wear shirt and trousers while on clinical placement to his race, he does claim that it makes him feel "part of the same team", which could be an example of his attempt to fit in with his peers and superiors, the majority of whom are White.

Noah's views differ slightly, in that he perceives that "ethnicity and race can amplify a feeling of being an impostor". This suggests that in Noah's interpretation, somebody from an ethnic minority will not feel like an impostor *because* of their background, but if they feel like an impostor because of other reasons, their minority status will exacerbate those feelings. This view is contradicted by Kari's perspective, which is that while she feels as though she belongs in terms of her ability, she sometimes feels like she's "not white enough", implying that her impostorism is not only affected by her race, but caused by it, at least in part. Kari explains that when on ward rounds, she often feels as though White consultants will engage with her White peers more than with her, which contributes to her sense of impostorism. Hawley acknowledges this as a possibility, claiming that Black students in a primarily White field may feel confident in their own abilities, but worry that their race may negatively impact others' perception of them, thus requiring them to actually be better than their peers in order to succeed[141]. While Kari is not Black, her ethnic minority status clearly impacts her in a similar way to that described by Hawley.

6.4.2.3 Age

There is much literature illustrating the impact of being a mature student on a person's feelings of impostor syndrome, however much of this treats mature students as a relatively homogenous group[143], focusing on students who chose not to attend university immediately after completing their secondary education. In these cases, impostorism may be caused or reinforced by prior academic failure[89], attending an institution based on location rather than

suitability[144], or a sense of redundancy[145] triggered by a return to education[146]. While some elements of existing research can be applied to Jaishun's situation, the context behind his mature student status is unusual. While technically classified as 'mature', Jaishun was only a few years older than his school-leaver peers when he enrolled at university, and his delayed entry wasn't a result of academic failure, nor was it a choice. This puts him in the unique position of being outside the traditional 'school-leaver' age bracket as well as outside of what is generally considered a mature student. His particular circumstances would also have provided him with a unique intersection of experiences beyond those a 23-year-old would usually have encountered, furthering distancing him from his younger peers. Despite this challenge, Jaishun was able to make friends with both age groups and, through these social groups, develop a sense of belonging. Nevertheless, Jaishun's experience raises the question of 'missed' demographics: how many students, or groups of students, are there who do not fit the 'traditional' mould, but are not considered 'different enough' to be offered additional support? Students who are from WP backgrounds but enrolled onto a standard entry course are another example of this, and there are certainly more groups who should be identified and offered support.

6.5 GET 2: Impact of Others on Feelings of Impostor Syndrome

This GET is split into three sub-GETs: 'Comparison to others', 'Sense of Belonging' and 'Relationships and Relatability'. However, 'comparison' is discussed throughout this chapter, and within the sub-GETs, and so to avoid undue repetition, it is not discussed in a section of its own.

6.5.1 Relationships and Relatability: Peer-to-Peer

In Section 5.5.2.2, Kari's feelings that her ethnicity impacted her sense of Impostor Syndrome in the clinical environment were explored, but the relevance of Kari's race to her relationships can also be seen socially, such as when she claims that she can make friends with anyone who is ethnic "so easily" compared to her peers from a "British background". This ethnic homophily[147] among the cohort is also highlighted by Zaman when he discusses his surprise at the diversity of the course when first entering a lecture theatre, claiming that "You'll have a large group of [White students], but then you also have a large group of German EU students, you'd have

the mature graduate students in their corner, you'd have Asian lads sitting in one area, at the back". Despite his passion for speaking to people of all backgrounds, Richard also corroborates this, claiming that one of the groups he is most comfortable around are from the same background as him, specifying "same ethnicity and race, etcetera".

This homophily doesn't just occur in relation to ethnicity, but background in a broader sense as well; Zaman discusses the bond he has formed with his Muslim peers due to their cultural similarities, and Jaishun references the importance of meeting other mature students in building a sense of belonging. This is explored further with reference to Clark's notion of 'common ground'[148]. Clark states that common ground is essential to everything that we do with others, thus making it a fundamental part of building relationships. However, it has to be identified and developed in order for those relationships to form. In most settings, the most efficient way to establish common ground is through interaction, but a university programme is not a normal setting, and interacting with each and every member of a cohort is not feasible. Therefore, the most efficient method of establishing common ground in this instance is to seek what Clark refers to as 'Communal Common Ground'. This is founded in the idea that members of any given community can be expected to share a certain amount of common ground which relates to that community, even if they do not know each other. All attendees at a sports event, for example, can be expected to have some knowledge of the game being played and the teams they are there to see; people not at the event may also share this knowledge, but it would not be assumed. However, for two strangers who happen to be seated next to one another at the event, there is a certain amount of assumed shared knowledge about the sport, the teams and past events, thus enabling them to develop their personal common ground from that basis. This can, arguably, explain why homophily exists. For Zaman, starting at a university where he assumed he would not fit in, he gravitated towards peers who share his religion. The Muslim community will share a vast amount of communal common ground, meaning that the initial basis for building personal common ground with members of that group is already established. This doesn't mean that Zaman couldn't develop equally strong relationships with non-Muslims over time, but building on the existing common ground of Islam is a much more efficient way of establishing those connections.

Equally, a lack of common ground will impede one's ability to build relationships, as described by Kari. When she joined a medics' sports club, she found that the rest of the members were BM5 students, so although she could assume communal common ground in terms of interest in the sport and as medical students, the rest of the group had more 'nests' of common ground relating to their course and mutual friends which she did not share, leaving her feeling "very left out". Unfortunately, the group with which she did share a course, the BM6 students, were also part of a community which didn't like to "party", which clashed with Kari's social needs. It is not made explicit, but within a university context, 'partying' is generally used to refer to an event which involves alcohol, whereas one without alcohol would usually be referred to as a 'gathering' or similar.

While Kari doesn't discuss it in her interview, it is also interesting to note her status as an Alevi Muslim. While we cannot know for certain that the BM6 students she refers to were Muslim, their opposition to partying, and the general demographic makeup of BM6 students make this a fair assumption. Alevi Islamic traditions differ from many traditions of normative Islam, with Alevi Muslims not fasting during Ramadan or praying five times a day[149], nor abstaining from alcohol[150]. Because of this relative liberalism, Alevi Muslims often experience hostility from other Islamic denominations[151,152]. It could be that the "culture clashes" and subsequent distancing that Kari experienced with her peers relate to this historical religious tension.

Kari's negative experience notwithstanding, a number of participants discuss the benefits of joining a sports team or other society. Noah primarily talks about the physical benefits of being a member of the football team, which is discussed in Section 5.6; Zaman talks about his work with WAMSoc and 'Football Without Borders' and Richard discusses the array of different extra-curricular activities he engages with. In Buckley and Lee's study[153] on the impact of extra-curriculars, they found that 63% of respondents reported that engaging in these facilitated new friendships, with 15% using the word 'family' when describing the nature of the relationships formed, highlighting the social benefits of these endeavours. Richard discusses the nature of the relationships formed at different societies, saying that in some he has made "really good friends", while others provide him with opportunities to speak to those he doesn't know as well and "get their perspective".

6.5.2 Relationships and Relatability: Staff-to-Student

In terms of support from staff at 6th Form, three participants had none, and of the three that did have support, two participants mentioned a specific staff member who helped them with their application. Students from widening participation (WP) backgrounds commonly have not grown up surrounded by a culture of Higher Education[154], and often attend schools where academic achievement is generally lower, meaning that their teachers are less experienced in supporting them in applying for university places, especially for a course as competitive as medicine[155]. This is particularly reflected in Rosa, Kari, and Zaman's experiences, where they were essentially left to navigate the application to medicine process by themselves and write their personal statements with no tailored support. Kari had a particularly negative experience where the person assigned to provide her with support didn't believe her capable of achieving a place at medical school, going so far as to query whether the grades she had been predicted were errors. Luckily, Kari's confidence in her own academic ability meant that she did not allow this negative experience to deter her, but this could easily have been a life-altering conversation for somebody less self-assured. Comparatively, Richard and Jaishun's institutions seemed to have more of a system in place for offering support to students in their positions. Noah acknowledges that due to the general demographic of his school and local area, not many students were likely to be applying to top-level universities or medical school, and so a network was created with other schools from the same federation to allow students to meet and provide peer support to one another. Despite this network, Noah mostly credits a specific member of staff with supporting his application, stating "I don't know what she saw in me, but she really liked me, and she just helped me". The contrast between Noah's and Kari's experiences really highlights the difference that a single member of staff can make to a student, either negative or positive.

Another group of staff members who are key to a medical student's experience are the pre-clinical university staff. This group may comprise lecturers, PATs (personal academic tutors) and research supervisors, among others. As with the 6th Form / College support, often a single staff member can make or break a student's perception of staff as a whole and impact all similar relationships moving forward. The only outright negative sentiment shared was by Rosa in relation to her research supervisor; as well as experiencing poor communication that impacted her project, she also had a series of personal issues at the time which affected her

ability to work efficiently. She did not disclose these to her supervisor, believing that they would not be able to help. This is seemingly not uncommon; Adams et al.'s research[156] into student perspectives on PATs indicated that only 42% of participants felt comfortable discussing personal issues with their PATs, and 'lack of faith in university staff' was a common theme emerging from the free text responses. In contrast, both Noah and Jaishun had very positive experiences with a member of staff to whom they opened up. Jaishun spoke to his PAT about his mother's and brother's health issues and the impact this had on his studies, and the PAT was able to arrange for Jaishun to have more convenient placement locations, meaning he was able to support with his family's care and therefore alleviate some of his stress. This may suggest that students are unaware of the different ways in which staff can support them; arguably if Rosa had been more willing to disclose her issues to her PAT, perhaps she would have received more support. However, responsibility should lie with the PAT to make their remit clear to their tutees, and never leave them thinking that they will be unable to help.

The final staff group discussed are those who students encounter when on clinical placement; these staff can have a huge impact on the overall placement experience. Jaishun explicitly mentions using the first week of a new placement to work out which staff members to avoid, as this decision "`makes or breaks your placement`". Noah develops this idea, claiming that whether or not you feel like an impostor when in the clinical environment is heavily influenced by who the consultant is. This aligns with research undertaken with nursing students, which found that students' sense of belonging directly correlated to whether they felt included by placement staff[157]. In this study, positive experiences occurred when students felt welcomed, involved, and included in more informal conversations. This is corroborated by Noah who talks about how engaging in conversations about football with consultants is beneficial to him, making him feel "`more accepted`".

Noah talked a little about building rapport with clinicians and benefitting from that, and referred to this as the 'opposite' of IS. I asked whether it didn't worry him that perhaps he might receive preferential treatments due to rapport rather than ability. Asking this question worried me as I was wary of either putting words in his mouth, or potentially causing IS to manifest where it hadn't previously been considered an issue. However, Noah didn't seem to mind – he acknowledged it as an interesting point and gave it some thought, but eventually concluded that he only benefits from that relationship by embracing it and making the most of the opportunity.

Reflexivity 6: Initial Reflection on Noah's interview (June 2021)

The study also outlined what can create a negative experience, such as being made to feel a nuisance; Jaishun similarly explains that he often felt "`in the way`" or "`a waste of space`", and that even offers of help are sometimes rebuffed, leaving him feeling redundant. Kari's perceptions of her clinical supervisors differ slightly in that they are largely based on whether she feels able to relate to them, and whether she feels that they can relate to her. When a consultant made incorrect assumptions about her background, she made the decision that they would never be able to maintain a professional relationship due to a complete lack of understanding between them. This assertiveness on Kari's part is discussed with further reference to literature in Section 6.7.5, but the importance of relatability is something which is of great relevance to this section.

Students whose role models share their race and gender have been shown to perform better academically[158] and for students from WP backgrounds, access to role models who have graduated from a WP programme has also been shown to improve students' self-efficacy and sense of belonging[55], highlighting the importance of relatable role models. In the example of Kari, she feels that the consultant in question can't relate to her due to the disparity in their socio-economic status. Kari's feeling of being overlooked by White consultants in favour of her White peers has also been discussed previously and is a further example of the importance of relatability in forming positive staff–student relationships.

6.5.3 Sense of Belonging

The concept of a 'sense of belonging' is intrinsically linked to Impostor Syndrome, with definitions of Impostor Syndrome often incorporating references to 'not belonging' [159], however much research in these areas consider these phenomena individually, rather than occurring in tandem[160]. This was one of the reasons why participants were explicitly asked

about belonging in their interviews, to see to what extent their responses to these questions aligned with their experiences of Impostor Syndrome. In the analysis, responses regarding belonging have been split into categories of 'socially', 'academically' and 'institutionally'; Impostor Syndrome analyses were not able to be separated so neatly, but sub-sections of 'intellect', 'ethnicity and race' and 'age' have been used.

In terms of Impostor Syndrome, Kari is fairly adamant in her view that she is *not* an impostor as a result of her intellect or academic ability, but she does feel unable to relate to her peers and staff on a more social level as a result of socio-economic status, ethnicity or lifestyle choices. She also believes that she does not belong, citing the fact that she has few friends as evidence of this. Again, the focus here is on the social aspect, rather than academic, implying that, for Kari, there is some overlap between her feelings of impostorism and her lack of sense of belonging.

Zaman, on the other hand, only relates his own experiences of impostorism to academic competence. In terms of belonging, he admits to being surprised at how easily he fit in, as he was expecting to need to adapt to fit in with a new social group, but instead "`found people who [he's] really comfortable with`". Shore et al.[161] propose an inclusion framework which suggests that experiencing a high level of belonging and having your uniqueness valued by those around you is necessary to feel *included*; I would argue that meeting these criteria would also ensure that one does not feel like an impostor. The framework (Appendix D.1) is written from the 3rd person perspective and focuses on how the person in question is *treated* and was originally designed to apply to the business sector, and so uses terminology relating to organisations and employees. In terms of aligning the framework with the data in this study, and to promote agency for the participant, I have rewritten the framework from the 1st person perspective, focusing on how the person *feels*, and making it applicable to more general situations. Given that I have found a distinct difference in belonging socially and belonging academically, I have also devised a split so that both elements can be represented within the same table. Arguably, a three-way split could have been devised to allow for institutional belonging as well, but the overlap between this and academic belonging is so large that it is simpler to combine them for the sake of this framework. The full adaptation can be seen in Table 9.

Table 9: Belongingness and Individuality

Social / Institutional	Low Belongingness	High Belongingness
Low Value in Individuality	**Feeling Excluded** I do not feel accepted by my peers, and they don't value my unique characteristics. / I do not feel like I belong at medical school and my unique characteristics are not celebrated.	**Assimilated** I feel accepted by my peers, but only when I act like them and hide my own unique characteristics. / I feel like I belong at medical school in spite of my unique characteristics.
High Value in Individuality	**Feeling Differentiated** I do not feel accepted by my peers, but they do value my unique characteristics. / I do not feel like I belong at medical school, even though my unique characteristics are celebrated.	**Feeling Included** I feel accepted by my peers for who I am. / I feel like I belong at medical school, where my unique characteristics are celebrated.

'Unique characteristics' is the phrase used in the original framework, and I have chosen to keep it as this as it is a versatile enough phrase that it can be applied to a variety of contexts. For the participants in this study, their 'unique characteristics' generally comprise demographic features, although these will change between participants. Following is an explanation of how each participant's experiences fit with this framework to demonstrate its use.

- Rosa
    - As mentioned, Rosa's attitude shifts considerably depending on whether she is talking about her previous years at medical school, or her views now that she has passed. This means that her position in this framework appears to shift, from 'Feeling Excluded' institutionally as her enrolment was a result of what she perceives as a technicality, to 'Assimilated'. While Rosa doesn't speak as openly as some of the other participants about personal issues and the impact of her background, this reservation in itself suggests that she feels the need to hide her unique characteristics.
    - It is difficult to identify Rosa's position within the social aspect of this framework, as almost all mentions of her friendships and social groups relate to academia. However, she does acknowledge not seeking support from her friends in a way that suggests this behaviour was in relation to both personal and academic issues, so 'Assimilated' feels like the most suitable fit.
- Noah
    - Noah's data suggest that institutionally he fits within the 'Assimilated' cell as although he is successful at medical school, he sometimes feels as though his patients would prefer somebody else who was not from an ethnic minority background.
    - Socially, however, he fits in the 'Feeling Included' cell as not only is he an integral part of a number of different social groups, but he is also seen as something of a figurehead for breaking down barriers and maximising representation at his football club, suggesting that his unique characteristics are celebrated.
- Jaishun
    - In contrast to Rosa, Jaishun rarely explicitly discusses his sense of belonging in relation to academia; to him, the fact that he was accepted to medical school is proof that he does belong, suggesting that he fits within the 'high belongingness' column, but his concerns about whether the course was "`meant for somebody else`" contradicts this. He also doesn't provide sufficient information to determine in which row he sits; in short, there is too little relevant data to determine Jaishun's position within the framework.
    - Socially, Jaishun's position within the framework is also difficult to determine, because it varies between social groups. When trying to engage with his year group generally, he feels excluded due to his age, however when with other mature students he feels included, but this is because they *share* his 'unique characteristics'.
- Kari
    - In terms of academic or institutional inclusion, Kari's data suggest that she fits best within the 'Assimilated' cell, as although she knows she is more than capable of being a doctor, she feels as though her ethnicity means she is not as accepted as she would be if she were White.

    - Socially she fits within the 'Feeling Excluded' cell, as she doesn't feel that she has many friends, and that a large reason for this is that her peers cannot relate to her because of her differences.
- Zaman
    - Institutionally, Zaman seems to fit within the 'Assimilated' cell, as he does feel that he belongs academically, but he credits much of this to the BM6 course, suggesting that if he had enrolled on BM5 instead, this may not be the case. Therefore, while he may feel that his individuality and 'unique characteristics' are celebrated on BM6, they are not perceived in the same way by the wider institution.
    - Similarly to Jaishun, Zaman feels included because his social group, by his own admission, tends to consist of people who are similar to him, reinforcing the interplay between homophily and belonging.
- Richard
    - Institutionally, Richard seems to fit within the 'Feeling Included' cell; when asked if he feels he belongs he not only responded that he does, but that he also adds value to the medical school. This positive outcome suggests that he does feel as though he and his unique characteristics are celebrated.
    - Despite Richard's extroversion and passion for interaction with a range of people, some of his comments suggest that he best fits within the 'Assimilated' cell; the fact that he changes his language and demeanour to fit the group he is with at the time indicates that he is not celebrated for his individuality in every social group.

This highlights the importance of differentiating between social and academic spheres and demonstrates the subtle difference between belonging and inclusion. But where does Impostor Syndrome fit?

In terms of this framework, I would suggest that the only cell which wouldn't represent Impostor Syndrome in some form or other would be that of 'Feeling Included'. As has been discussed, Impostor Syndrome may manifest in a variety of different ways, and these can to some extent be represented by the other cells. Somebody who fulfils the criteria for the 'Assimilated' cell is likely to be among those with IS who are afraid of 'being found out', who feels that they need to 'fake it' in order to fit in. Somebody who feels 'Differentiated' may have concerns that they have only been let in to meet a quota or tick a box, and that therefore they haven't earned their place. The 'Feeling Excluded' cell is representative of most definitions of Impostor Syndrome, both by the participants of this study and in literature. However, this is by no means to be considered a method of Impostor Syndrome

'diagnosis'; it is merely a tool through which the different potential aspects of a person's feelings of impostorism can be explored and framed.

What isn't explicitly covered in this framework is comparison to others, which as mentioned previously, is considered a cornerstone of Impostor Syndrome[18]. However, the framework is intended to be widely applicable, and therefore is not overly specific, avoiding overt reference to comparisons. Feeling 'accepted' is a broad, subjective concept and can therefore incorporate the notion of comparison if that is part of what makes the person in question feel (or not feel) accepted. For example, Jaishun's concerns that the course "`was meant for someone else`" is a comparison to some unknown other but is also indicative of him not feeling confident in his status, as if he *did* feel fully accepted, he wouldn't feel that somebody else was more deserving than him.

While the ways in which Impostor Syndrome, sense of belonging and inclusion interact with one another can be considered subjective, this framework provides a general overview of the connections between them and can be used to identify and simplify the complex interrelation of these concepts, while also acknowledging the interplay of assimilation and individuality.

6.6 GET 3: Feeling and Emotional Responses relating to Impostor Syndrome

Part of the rationale for this study stemmed from the relationships between Impostor Syndrome, burnout, and psychological distress[15–17], and it is therefore unsurprising that there was a distinct theme of 'confidence and well-being'. Interestingly, analysis of this GET comprised primarily of quotes from Rosa and Kari, who were the only two female participants. While the sample size is not large enough to make any generalisations about gender differences, and generalisations are not a normal output of IPA, it would be remiss not to discuss the potential implications of this.

As mentioned previously, Clance and Imes' original paper[3] labelled Impostor Syndrome as a phenomenon which only affected women; while this has since been debunked[14], the fact that issues relating to low confidence are more visible in women is not disputed[1]. Vajapey et al.[1] undertook a systematic review of research into gender differences in confidence among medics, and of the 31 studies included, 24 reported men self-assessing higher than women

while only two found women provided higher self-assessment reports than their male counterparts, with the remaining five showing no difference.[b] Of the two in which women self-assessed higher than men, one involved reporting competencies within a gynaecology and obstetrics clerkship; Pierides et al.[162], who undertook the study, suggested that this could be explained by male students' relative lack of clinical experience and exposure due to patients feeling less comfortable with their presence. This hypothesis suggests that the difference between this study and the others within the review is that male students' confidence is lower in this area, rather than female students' being higher. The other study in which women submitted higher self-assessments was in regard to empathy, but the authors did not offer suggestions as to why this might be. For both of these, higher self-reported scores correlated with formalised scores, in the form of grades or patient ratings. Participants for both of these studies were medical students, rather than medical professionals. The other nine studies focusing on medical students found that male students overestimated their skills and clinical knowledge more than female students did, even when the female students actually performed better.

Rosa's mantra of "`fake it 'til you make it'" seems to be a recurring one among medics; in a study of Canadian surgical trainees by Patel et al. [163], this was referred to as a 'well-known adage' within the program[164], and even offered as the final step in a stepwise approach to combatting Impostor Syndrome for new practitioners[164]. However, there is a slight distinction in that Rosa is proposing faking *confidence*, while the participants in Patel et al.'s study were suggesting that they fake *competence*. In practice, these will most likely look the same as faking competence would entail faking confidence in one's own competence. Either way, the ubiquity of the sentiment indicates that it is common for medical trainees to be faking, or at least exaggerating, their own abilities as a method of impression management[163,165]. Within a clinical environment, the potential repercussions of this could be highly damaging, both for trainees and for patients. Patel et al.[163] report instances where participants fabricated patients' potassium levels and falsely confirmed that a resident had corroborated their findings in an attempt to appear more competent. The authors suggest that fostering a culture in which trainees are encouraged to admit

[b] The studies included in this review use a range of terminology to refer to their participants' gender and/or sex, with some using male/female, others using men/women, and some using both. I have therefore not differentiated between these in this discussion but have used the terms as they appear in the reports.

knowledge gaps and seek support when needed should be a faculty priority in order to promote staff well-being and improve patient care. While the participants of this study were surgical trainees, and therefore these suggestions focused on the culture within the surgical training programme, they can also be applied to medical school more generally, as shown by Rosa's statements.

In addition to her confidence issues, Rosa also discusses her mental well-being at length. She admits to being "`completely burnt out`" at one point and claims that the difficulty of medical school, coupled with her own personal issues made it "`almost impossible`". Kari also references burnout, speaking about it as if it were an inevitability: "`It would be nice to have a back-up plan […] for the day like you're burnt out and you don't want to do it anymore`". This assumption that it is something that *will* affect her in the future is not necessarily unfounded; burnout among medics is an increasingly worrying issue, with the GMC's 2023 National Training Survey (NTS) indicating that 23% of trainees are at 'high risk' of burnout, an increase of 4% from 2022, and 43% being at 'moderate risk'[166]. This issue is not confined to medical students: a 2018 study into GPs' experiences of burnout, anxiety, depression, suicidal ideation, and shame[167] indicated that some participants felt burnt out to the point that they felt detached from their patients and unable to empathise with them. This same study found that 1 in 4 of the GPs interviewed had experienced suicidal thoughts, demonstrating the severity of the issue. One participant actually used very similar phrasing to Rosa, describing how he felt that he was "drowning slowly"[167(p.4)], highlighting the parallels between medics at different stages of their careers. Despite this prevalence, relatively little work is being done to address the causes of poor mental health among medics. A 2008 systematic review[168] of burnout in residents, junior doctors and medical students reviewed 129 articles pertaining to this topic, finding that only nine of these described interventions. While more recent reviews have been conducted, the inclusion and exclusion criteria for these mean that the results do not align with the remit of this thesis; for example, many have medical students in their exclusion criteria, or only review studies conducted within US medical schools. However, there is a consensus that there is a distinct lack of researched interventions in this area[169], and research that is conducted tends to focus on minimising or combatting burnout, rather than its causes or how to prevent it in the first place. While the design of interventions is not one of the aims of this research, some suggestions for ways in which institutions can

mitigate the effects of Impostor Syndrome, or prevent it occurring in the first place, have been provided in Section 6.13.

In this section, only instances where participants have specifically used the term 'burnout' or variations thereof have been included, although many of the examples provided could potentially be attributed to depression, anxiety, or other mental health conditions. According to a 2019 study[170], there are high correlations between both burnout and depression, and burnout and anxiety, and so it has not been deemed necessary to differentiate between them within this research.

Another similarity between Rosa and Kari is their relative lack of social support. Rosa admits to struggling to open up to her friends about personal issues and Kari openly discusses her alienation from her peers, describing how she "`got stuck kind of on [her] own`". It is not surprising that a lack of social support is strongly associated with poorer mental health outcomes, with one study[171] indicating that 31% of college students participants with low quality social support experience depression, while only 5% of participants with high quality social support are affected. In addition, the same study also found that students underrepresented in terms of race, ethnicity, international status, and socio-economic status were at a higher risk of social isolation than their more traditional counterparts, which could apply to both Kari and Rosa.

6.7 GET 4: Attitudes towards Experiences of Impostor Syndrome

While GET 3 has a relatively broad title, the sub-GETs do not generally describe distinct attitudes, but instead form a continuum of responses to experiencing IS (as seen in figure 16, Section 5.4), from 'luck and fate' to 'rationalisation and logic' to 'pragmatism' and finally to 'assertiveness and empowerment'. Much of the discussion of these different responses relate to the notion of Emotional Intelligence.

6.7.1 Emotional Intelligence

Goleman[172] defines Emotional Intelligence (EI) as: 'The capacity for recognizing our own feelings and those of others, for monitoring ourselves, and for managing emotions in ourselves and in our relationships'. While this definition reads as though all elements are equal contributors to the overall capacity of EI, they also can be considered as leading on

from one another. The way in which this definition aligns with the 'attitudes continuum' described in the previous paragraph will be demonstrated next.

'*Recognizing our own feelings and those of others'* relates to participants' application of 'rationalisation and logic' to situations; this is exemplified in Jaishun's statement that:

> [Impostor Syndrome] can affect a lot of people […] you are kind of thrusted into this world where people have like worked for tens of years, and you're kind of like, not expected, but you like you think you may be expected to perform to their level, but you're just starting out

Jaishun Extract

Here he is able to recognise not only the way people, including himself, feel about the expectations on them as medical students, but also the misunderstanding that has led to these.

'*Monitoring ourselves*' is represented by participants' 'pragmatism', which often comes from self-reflection. As explained in Section 5.4, the sub-GET of 'Pragmatism' is very similar to that of 'Rationalisation and Logic' but includes an element of taking action in response to the rationalisation that has occurred. An example is seen in the way Zaman reacts to being in an uncomfortable environment, where he considers "what do I need to do here, what do I need to achieve, and how am I gonna reach my goal?". This self-monitoring requires the recognition of his own feelings and the consideration for what is needed to make the next steps happen.

The last element, '*managing emotions in ourselves and in our relationships*', can also align with the final step on the continuum, in that 'assertiveness and empowerment' may be used as methods of managing emotions of oneself or others. For Kari, her assertiveness is seen in the way that she removes herself from unpleasant situations, thus protecting herself and her emotions. For Zaman and Jaishun, they acknowledge that elements of their backgrounds have caused them to be disadvantaged, but that their current situation has placed them in a position of advantage, allowing them to provide support to others in disadvantaged situations. Zaman demonstrates this through his work with the faculty and his intention to return to his hometown and "make a difference", while Jaishun takes on the roles of student ambassador and 'Med Dad', as people in these roles had a hugely positive influence on him when he joined.

This is not to say that those participants who ascribe certain experiences or outcomes to luck and fate lack emotional intelligence; there are numerous other potential reasons for this, such as a self-protection strategy as mentioned in Section 5.7. The ways that these attitudes are displayed can just be considered as a manifestation of EI.

6.7.2 Luck and Fate

The attribution of positive outcomes to 'luck' aligns with Clance and Imes' original work on Impostor Syndrome[3], where they found that women tended to attribute their successes to luck, while conversely, men tended to attribute their failures to luck. While Clance and Imes' gendered description of IS is no longer generally considered viable, it would be remiss not to highlight the way in which my participants' data align with their proposal. The two participants for whom quotes relating to 'luck and fate' have been chosen were Rosa and Zaman; Rosa for her claims that she has been "`lucky`" to receive a good education (and therefore gain excellent grades), and Zaman for his explanation that it is just "`luck`" that some people, himself included, grow up in areas of deprivation. Despite this concordance with Clance and Imes' findings that men are more likely to blame negative experiences on luck, this does not necessarily entail that Zaman does not experience Impostor Syndrome, although by his own admission he is little impacted by it, if at all.

6.7.3 Logic and Rationalisation

The relationship between Impostor Syndrome and rationalisation is an interesting one. Many definitions and descriptions of IS entail that feelings of impostorism prevail despite evidence to the contrary, i.e., they are not rational. Therefore, does the fact that participants such as Rosa are able to rationalise and dismiss those feelings mean that they do not experience Impostor Syndrome? Gadsby[173] argues that in some cases, Impostor Syndrome can be categorised as a form of self-deception, one of the criteria for which is maintenance of the belief through biased evidence. Through the process of interviewing, participants were asked to discuss their feelings of impostorism, which entailed them presenting this 'biased evidence'. While Rosa began her interview demonstrating a distinct lack of self-belief, by the end she was presenting as far more confident in her abilities and her status as a trainee medic. It may be that in being encouraged to state the evidence aloud, participants are forced to acknowledge the biases that are leading them to the conclusion that they are

inadequate in some way. In some ways, this action may be seen to facilitate 'pragmatic' steps as taken by other participants, which is explained further in the next section.

6.7.4 Pragmatism

Within this context, a 'pragmatic approach' is one which requires some sort of practical action to take place. For Zaman, this meant setting himself clear targets and working towards them in order to feel confident in his ability once more; for Richard this was undertaking research into UK demographic information to better understand race and ethnicity representation within the University. This process can be viewed in line with DePhillips et al.'s Stages of Competence model[174], which suggests that learning occurs in four main stages:

1. Unconscious Incompetence →

2. Conscious Incompetence →

3. Conscious Competence →

4. Unconscious Competence

This model is primarily considered a model of learning and is typically exemplified with distinct skills like 'learning to drive'; while it doesn't necessarily fit quite so neatly, we can still apply the model to Richard's experience. He grew up in Luton, where he claims the demographic split between Black and White people is around 50/50. He did not know that this was not representative of the general UK population (Unconscious Incompetence). This meant that when he first started at university, he was surprised by the extent of his own minority status and felt like something of an impostor. He then realised that his assumptions about the demographic makeup of the UK were incorrect (Conscious Incompetence) and decided to take practical steps to educate himself and gain a clearer understanding (Conscious Competence). The final stage (Unconscious Competence) isn't something which Richard has achieved, but in this instance, it is not wholly appropriate. Richard's Conscious Competence in this subject has allowed him to engage in social mobility work and become an advocate for others; if he were unconsciously competent in this topic then this work would not be possible.

Impostor Syndrome arguably occurs when somebody becomes 'stuck' in the 'Conscious Incompetence' mindset, even when they have become competent. Taking active steps to gain competence, with clear goals in mind, seems to have helped both Zaman and Richard to achieve this next stage.

This alignment of IS and the Stages of Competence Model does not seem to be acknowledged in the literature; however, in a magazine article published by the Association of Sign Language Interpreters, Best et al [175] suggest that the two concepts could be linked, but that further exploration is needed. From the example given above, it seems clear that this model can be applied to Impostor Syndrome, although not always in as neat a way as with Richard's experience. Viewing one's feelings of impostorism in this way may provide a fresh perspective on one's competence and allow for those feelings of impostorism to be reframed.

6.7.5 Assertiveness and Empowerment

The assertiveness demonstrated by Kari in her interviews is primarily a response to microaggressions such as a consultant making incorrect assumptions about her based on stereotypes or "chronic mispronunciation" of her name by her teammates, which can lead to a sense of marginalisation and feeling undervalued[176(p.1)]. It is therefore unsurprising that the persistence of this ultimately contributed to Kari's decision to quit the team altogether, demonstrating the long-term importance of showing cultural competence and sensitivity. The term 'microaggressions' was originally coined in relation to race, described as "black-white racial interactions […] characterized by white put-downs, done in automatic, preconscious or unconscious fashion"[177(p.515)]. It has since expanded to apply to any groups which may experience stigma or prejudice, such as those categorised by gender or sexuality[178], however the microaggressions which Kari describes in her interview relate to race, ethnicity, and socio-economic status. Nadal[179] proposes asking oneself three questions following experiencing a microaggression:

1) did it really occur?,
2) should I respond to it?, and
3) how should I respond to it?

He goes on to break these questions down further, but always assumes that a 'response' is verbal, while I would argue that actively choosing not to engage is also a response, and what Nadal is referring to is a *reply*. For example, within the question of 'should I respond to it?', Nadal advises considering potential repercussions of responding, with one additional question being "If I respond, how will this affect my relationship with this person?"[179(p.74)]. In doing this, Nadal is essentially warning the recipient of the microaggression against taking any action in response which may damage their relationship with the aggressor. Kari's take on this situation is that by performing a microaggression, the perpetrator has already damaged the relationship, which is why she makes the decision to remove herself from the relationship. By Nadal's phrasing, this would be Kari choosing not to respond, which Nadal posits could communicate acceptance of, or even agreement with, the statement or behaviour.

Kari's assertiveness in removing herself from situations she is uncomfortable with can be contrasted with the sense of empowerment and responsibility displayed by Jaishun and Zaman. Jaishun chooses to use his position to offer opportunities, such as those he was given when applying, to prospective students, which is discussed further in Section 6.9, and Zaman explains that his desire once he completes his training is to return to his community and hopefully make a real difference there. Dowell et al.[42] show that this is often the case for students from WP backgrounds, with GPs whose parents had jobs categorised as NS-SEC 5[c] being over 4 times more likely to work in a deprived area upon graduation as those whose parents were NS-SEC 1.

This section has shown the vast array of ways in which participants respond to experiences both negative and positive. Broadly speaking, the participants who take positive, proactive steps in the face of adversity seem to be those who are less impacted by Impostor Syndrome, but the sample size is too small to make any assumptions based on this, and even if it weren't, it is unclear whether this is a case of causation or correlation. Nevertheless, the range of experiences and responses shown demonstrates the importance of engaging with

[c] National Statistics Socio-economic Classification (NS-SEC) is the classification used by the Office for National Statistics to indicate a person's socio-economic status, based on their job characteristics. At the time of Dowell et al.'s paper[42], NS-SEC 5 referred to those in semi-routine or routine occupations, and NS-SEC 1 referred to those in high managerial or professional occupations.

lived experiences and not making assumptions based on demographic groupings, particularly regarding complex phenomena such as Impostor Syndrome.

6.8 GET 5: Challenges faced in Journeys to and through Medical School

The challenges encountered by participants can be split into three distinct categories: contextual, institutional, and those relating to Covid-19.

6.8.1 Contextual Challenges

Contextual challenges relate to participants' demographic groups such as socio-economic status and age. All participants were, as per the eligibility criteria, from low socio-economic backgrounds, but were not asked specifically about this in the interview. Despite this, challenges relating to socio-economic status (SES) were brought up by all participants, indicating the impact it has on their medical school journey and experiences of Impostor Syndrome. Having a low socio-economic status doesn't just impact finances, but also an array of factors which can influence progression to Higher Education, such as family and community expectations, limited role models and mentors, and poorer primary and secondary education[62]. This is relevant as many of the examples in this sub-GET do not explicitly mention finance but do pertain to the ways in which a low SES has impacted the participants' experiences.

Many of the challenges faced by participants relate to not having a network to provide relevant support, both prior to application and during medical school. Noah mentions not having a "long family history of doctors" to give advice, and Kari states that as well as not being a doctor, her mum "doesn't even know English", putting her at a further disadvantage compared to peers with parents who are doctors. While these examples both relate to participants' families, this lack of social capital also extends to networks beyond the family[79], meaning that students who have a low SES are less likely to have access to work experience opportunities or "insider guidance" [67(p.846)] than their peers. Kari articulates this, stating:

> I couldn't get like medical work experience. I emailed everyone, just like GPs, hospitals. I couldn't, I didn't know how to get in. Like I think, yeah, I didn't know how to open the doors.

Kari Extract

The phrase "I didn't know how to open doors" summarises the issues that students in Kari's position have when applying to medical school; even direct appeals to relevant parties may well go ignored, while applicants who have existing connections to medical professionals have an immediate advantage when approaching them for support, whether the experience they are requesting is with them or with their colleagues. Kari and Richard both undertook work experience with charities, demonstrating their commitment and motivation, but this may not be viewed as 'legitimate' experience by some medical school selectors[79], thus putting them at further disadvantage in their applications. Kari encountered this in her first medical school interview, in which she claims that the questions posed were mostly "experience-based, which I had none"; she cites this as a key reason for her not getting a place at medical school on her first application. Of the participants who discussed work experience in their interviews, only Jaishun and Zaman managed to arrange clinical work experience, and interestingly, both of these were arranged through relationships they had built with doctors while supporting family members with ill-health. The fact that some students from low SES backgrounds are only able to access medical professionals due to their family members' poor health highlights the continued impact of health inequalities.

The relative lack of experience of students from low socio-economic backgrounds prior to medical schools may also feed into their sense of Impostor Syndrome; Rakestraw[180(p.473)] posits that "Individuals who suffer from Imposter Syndrome often mistake being *inexperienced* with being *unqualified*". However, she goes on to say that this lack of familiarity and knowledge can be remedied through self-education; while this may be helpful for students in this situation, it feeds into the student deficit discourse, putting the onus on low SES students to 'catch up' to their peers. Instead, as Wright[79(p.627)] explains, "Medical schools need to be challenged to review their admissions policies to ensure that the[y] do not inadvertently favour cultural privilege rather than student potential". Wright's exploration of student support during their medical school admissions processes yielded results similar to those seen here, in that students from state schools tended to have had less support than their privately educated peers, "making it more difficult for them to identify and gain access to the activities routinely recognised by selectors as demonstrative of potential"[79(p.638)]. Wright's research also indicated that for schools which serve a diverse student population, facilitating university applications often falls outside of their remit,

which generally focuses on simply providing a secondary education. This is also mirrored in these data, with Rosa explaining that:

> No one in my school had gone for medicine in a few years, so no one really knew what was happening. No one could support me or tell me what to do. I had to kind of do it all on my own.

Rosa Extract

Support is available for prospective medical students outside of their school network in the form of guides, schemes, and even bespoke mentoring, however these are often not free and are therefore another resource which is not available to students from low SES backgrounds, which Zaman remarks on, saying "I didn't have the money to go buy expensive courses".

Once a place at medical school has been attained, socioeconomic status continues to impact students. Because the majority of their peers, according to Kari, are "well-off", low SES students may feel uncomfortable with some of the typical discussions held by others. Kari gives the example of being asked what sport she does, claiming that "they expect you to say stuff like sailing or rowing"; she goes on to laugh at this, asking "Where would I row?! Where would I sail?!". Activities such as rowing are far more commonly found at independent schools than their state counterparts[181], explaining Kari's lack of exposure to it. Richard also comments directly on the economic divide between him and many of his peers, stating:

> And that's the reality, about so many people that do Medicine with us, is that they talk about things, they experience things so differently from the way that we do.

Richard Extract

This comment was made after sharing a conversation with a fellow medical school student who mentioned "so casually" that their parents had paid £40,000 cash for a caravan which they used once a year. While this may have just been a passing comment, it is interactions like these which can trigger a real sense of Impostor Syndrome for students who cannot relate to them, with Richard going on to say:

> So, it does make you always want to kind of be like, you know am I in the right scenario here. Um, (2.0) am I in the right background, am I in the right field?

Richard Extract

The profound effect this conversation had on Richard's sense of belonging demonstrates the ongoing impact of a low SES beyond the practicalities of gaining acceptance to medical school. Other contextual challenges, such as those relating to race and ethnicity, are no less impactful, and have been covered elsewhere in this chapter.

6.8.2 Institutional and Academic Challenges

Ribeiro et al.[182] conducted a systematic review of research into university student stress and quality of life and found only 13 studies which met their inclusion criteria. Almost half of these (n=6) used medical student participants, and of the remaining seven, three could be viewed as being medicine-adjacent (nursing, pharmacy, orthopaedics). This indicates a relative dearth of research into stress levels of students who are not undertaking some form of medical training. Whether this is because these areas are underfunded, or because medical students are believed to experience higher levels of stress is unclear. Regardless of the comparison to students on other courses, high levels of stress, burnout,[183] anxiety and depression[184,185] are present in medical students.

Exams and subsequent retakes are key sources of stress and a potential Impostor Syndrome trigger for Rosa and, to a lesser extent, Jaishun. Rosa focuses on the number of retakes she has been required to sit, claiming that in her social group, she is the "only one" who had to retake. While Jaishun didn't have retakes, he does discuss the impact of what he perceives as "scraping the minimum", leading him to feel that somebody else would be more deserving of his medical school place. Franchi and Russell-Sewell[186] found that lower medical exam scores directly correlated with greater feelings of impostorism, so it is unsurprising that Rosa's exam failure has impacted her Impostor Syndrome. They also noted that due to the way in which students are compared to other students, rather than to a standard, competition among peers is rife, when instead they should be supporting each other and working collaboratively. This competitive atmosphere may mean students are less likely to share their perceived shortcomings with one another, leading to a lack of peer support. This was certainly the case for Rosa, who did not feel comfortable sharing her academic or personal issues with even her close friends. This isolation perpetuates feelings of Impostor

Syndrome, as students who are struggling assume that they are the only one experiencing that. This once again highlights the importance of social support for all students in mitigating impostorism.

The other element of medical school training which was frequently discussed in interviews was undertaking placements. At UoS, these usually start in 3rd year, with the first two years being mostly lecture-based, and mark the start of the beginning of a shift in one's professional identity from student to practitioner[187]. This 'transition' to the clinical environment is generally considered one of the most challenging times for medical students, with students in this period being more likely to exhibit suicidal ideation[188], have decreased empathy[189] and consider dropping out[183] than at other key periods throughout medical school. Part of the struggles around placement come from students not being in control of their own experiences, as was discussed in Section 6.5.2.

In the earlier years of the programme, students inevitably draw comparisons between themselves and their peers; once in the clinical environment, comparisons will instead be drawn with medical professionals and medical trainees in later years. While it is expected that a student on placement will not be as experienced as their superiors, being surrounded by those who are obviously more competent and experienced than yourself it still likely to provoke feelings of impostorism[6,18].

6.8.3 Covid-19 Challenges

Following the announcement of lockdown in 2020 as a result of Covid-19, many universities enacted 'no detriment' policies to mitigate the impact of the pandemic on student outcomes. These policies generally enable some flexibility in the way that student outcomes are decided, by evaluating how the student *would have done* had their studies not been impacted and how the student did *despite* their studies being impacted, and taking the most favourable of these as the student's final outcome[190]. Given the recency of these events, there is little literature available regarding universities' implementation of no detriment policies, and what does exist tends to focus on the maintenance of academic standards[191] and the duty of care to students being met in terms of educational delivery[192]. There is little, if any, research into the potential negative effects that this policy may have had on students, particularly in regard to their mental health. This is understandable, given that the primary aim of the policy is to ensure that no student is disadvantaged by circumstances beyond

their control; however, for some students this policy could be a substantial trigger for their sense of Impostor Syndrome.

Rosa, for example, admits that throughout her 5th year she did not introduce herself as "a final year medical student", as she didn't feel that she had earned this label having not completed exams at the end of 4th year. Particularly given Rosa's history of retakes, she had hoped that the transition to clinical practice would allay her fears in her own ability and allow her to excel at what she knew to be her greatest skill: dealing with patients. However, she was not afforded the opportunity to prove her abilities through the standard assessments, and this had a massively detrimental impact on her self-confidence and her well-being. At the time of interview, Rosa had just found out that she had passed her finals exams and was understandably relieved and feeling infinitely more confident in herself. Had the no detriment policy not allowed for all students to progress to the next year without sitting exams, Rosa would most likely have passed (as she did finals) and spent her last year feeling far more confident in her abilities.

Zaman's experience is similar, but in some ways more complex. He felt "lesser" and "inadequate" when starting placement in 4th year, having spent most of 3rd year in lockdown, not gaining clinical experience. Mann et al.[193] argue that being 'behind' is a social construct, and that following Covid-19, institutions and educators need to recalibrate how they perceive this concept to allow for students' drastically different experiences. In the case of Zaman and his cohort, however, it is not the staff who are labelling them as behind, but Zaman himself, and this is only possible through comparison to others. Because of the nature of the medical programme, when Zaman entered 4th year, he did so alongside a small group of students who had intercalated. This meant that they had undertaken 3rd year pre-pandemic, and then had their intercalation year affected, thus hadn't missed any of the standard medical programme. Zaman could therefore compare his abilities to this group and found that they were far better prepared for the clinical environment than him and the rest of his cohort. Zaman's response to this situation of 'conscious incompetence' was to "deal with it", which was discussed in Section 5.1.3.

6.9 GET 6: The Value of engaging in Extra-curricular Activities

While this GET is relatively small, it links closely to themes of mental health and belonging and is therefore relevant to the overall topic of Impostor Syndrome. As previously explained, many extracts relating to this theme were positioned within the GET of 'Impact of Others', as it was the social connections made through extra-curricular activities which were being discussed. For this GET, it is solely participants' experiences and perceptions of the activities themselves which will be explored.

Only two participants' data were included in this GET: Noah in relation to football, and Jaishun in relation to his work as a student ambassador. Despite these being very different activities, they can both be described as extra-curricular activities. Bartkus et al.[194(p.698)] conducted a literature review of 'extra-curricular' definitions, and proposed the following as a working definition:

> *Extracurricular activities are defined as academic or non-academic activities that are conducted under the auspices of the school but occur outside of normal classroom time and are not part of the curriculum. Additionally, extracurricular activities do not involve a grade or academic credit and participation is optional on the part of the student.*

While their definition generally considers extra-curricular activities to occur at primary and secondary school level, there is no reason why it cannot also be applied to tertiary education. Both attendance at a football club and assumption of a student ambassador role can therefore be categorised as extra-curricular activities.

As discussed in Section 6.5.1, links between peer-belonging resulting from engagement in extra-curricular activities and better mental health are undisputed, but evidence on the benefits of the activities themselves is harder to identify. A study by Buckley and Lee[153] asked university students who were engaged in extra-curricular activities to provide free-text answers to questions about their experiences, but the majority of results reported pertained to social benefits. 15% of respondents described how these activities helped to relieve stress, but the quote provided[153(p.43)] refers to "*always hav[ing] someone there for you […] to talk to or give you advice*". The fact that this quote focuses on how stress is relieved through social interaction does not mean that this was the only means of stress relief for all 15% of participants, but it does imply that it is the primary source. Other perceived benefits noted in this study which may or may not entail social interactions are

problem-solving skills (10% of respondents) and self-management skills (4% of respondents); these are not directly referred to by either Jaishun or Noah. A surprisingly high number of respondents (16%) claimed that engaging with extra-curricular activities improve affinity with the institution and results in feelings of pride. This aligns somewhat with Jaishun's feelings about his ambassador role, although he asserts that pride in the university was more of a motivation to *becoming* an ambassador than a result of the role. While he doesn't discuss the social aspects of the role in terms of interactions with peers, he does believe that it is because of this work that he feels a "`part of the university`", suggesting that a sense of belonging can be gained with the institution as a whole, rather than solely with its members. Also in alignment with Jaishun's sentiments were Buckley and Lee's findings that 11% of respondents felt that a key impact of their extra-curricular involvement was altruism through contributions to the community, particularly with providing "newer students the same opportunities they themselves received"[153(p.44)]. This correlates with Jaishun's reasoning that he "`wanted to become a student ambassador in Year 1, especially after the way people helped [him] in the interview day that [he] came in`". Further discussion about the direct benefits to students is not included, though the potential long-term benefits of current and alumni student engagement to the institution are explored.

The primary benefit of extra-curricular engagement which Noah discusses is the physical activity; this is mentioned in Buckley and Lee's study, but as their inclusion criteria extended beyond sports, it is difficult to know how widely this benefit is perceived. Nevertheless, the fact that physical activity can help to reduce stress is not contested, though the physiological reasons for this are undetermined[195]. A 2013 study[196] showed that students' quality of life scores improved in line with how often they engaged in physical activity, and this was true for both physical and mental components of the measurement tool. Noah primarily discusses his physical activity in relation to how his mental health suffered as a result of not being able to exercise regularly during the Covid-19 lockdown, describing how he found himself getting angry "`for no reason`", and arguing with his girlfriend over trivial matters. While he doesn't mention how this impacted his university work, it stands to reason that any negative impact on his psychological well-being would also have affected his studies. The other element of Noah's extra-curricular activities that he mentions is that initially he joined the Medics' football team, but after three years he decided to join the University team as he wanted a "`new challenge`". It says a lot about Noah's character that even while

undertaking a medicine degree, he was seeking out new and different challenges. Bandura[197] argues that one of the most effective ways of building self-efficacy is through mastery experiences, as by setting goals, working hard towards them, and achieving them, one's self-belief and resilience improve, leading to overall greater self-efficacy. When this is considered in conjunction with Noah's desire to seek out additional challenges, it does align with his general sense of confidence and relative lack of Impostor Syndrome.

Separating this GET from that of 'Impact of Others' has highlighted both the benefits of extra-curricular activities beyond merely those pertaining to social interactions and support, and the lack of acknowledgment of this difference in the literature.

6.10 Other Considerations

An aspect which emerged through analysis of the overall structure of interviews was a shift in some participants' perceptions. It is discussed in Section 4.2.3, for example, how Rosa began her interview with discussions around her low self-esteem and the issues that this had caused, but by the end she was demonstrating confidence in her abilities. This growth may well have been facilitated by reflection on her experiences. At the end of interviews, a number of participants thanked me for the opportunity, calling the experience 'cathartic' and 'therapeutic'. While it would not be practical for all students to have interviews or discussions of this nature, increased facilitation of reflective peer-discussions could be encouraged. As discussed in Section 6.8.2, the competitive nature of the medicine course may mean that students are disinclined to open up to one another, but a recent study[198] has shown that when provided with an appropriate opportunity to openly discuss potentially difficult topics, students discover that their peers often face similar challenges to them, and feel the same way about complex issues, providing much needed reassurance to each other.

6.11 Use of I-Poems and Conceptual Schematics

The use of arts-based approaches, such as the poems and images depicted in Chapter 4, are used to "explore, understand and represent human action and experience" and began to gain popularity in qualitative research in the 1990s[106(p.289)]. Methods such as these enable the complexity of the human experience to be examined in ways that cannot be achieved through more traditional approaches. Common qualitative approaches, such as Thematic

Analysis, still require the researcher to adhere to a process of 'phases'[199] or 'steps'[110], the write-up of which may overlook key aspects of the data which don't neatly fit into the themes identified. This adherence to structure reflects the ongoing expectation (whether formal or otherwise) to follow conventions rooted in 'traditional' or even quantitative research. This expectation can also be seen in the way that journal articles are submitted and published; the use of IMRAD (Introduction, Methods, Results and Discussion) as a structure is standard, particularly in medical journals[200]. However, this structure doesn't easily allow for creative or arts-based methods to be shared. Does an I-poem count as a result? Or should it be considered part of the discussion? In reality it does not meet the criteria for either of these, but should one wish to publish a piece of research using I-poems in the British Medical Journal, for example, they would have to choose in which section it best fit.

Essentially, although the benefits of creative methods are increasingly acknowledged, the existing research infrastructure does not yet fully support their integration. This can also be seen in other elements of academic culture; in their discussion of scientific presentations, Lingard and Driessen[201(p. 93)] question why we seem to associate "rhetorically weak" presentations with scientific credibility. I-poems are far from 'rhetorically weak'; they are engaging representations of the participant voice, and a far more compelling way to present data than the use of tables or even quotes. And yet, it is their compelling nature which seems to call into question issues around credibility, transferability and other key criteria for determining the quality of research[202,203]. These criteria will now be briefly explored with reference to creative methods, specifically the use of I-poems and schematics.

- Credibility of Creative Methods

  For research to be deemed 'credible' the findings must align with the participant's intentions, experiences or beliefs[204]. The most reliable method of ensuring credibility is to 'member check'[205], i.e. ask the participant in question whether they feel that the creative output aligns with their perceptions. While member checking was not possible in this study, the keeping of a reflexive journal[203], the use of participants' own words for the I-poems, and the interpretative nature of the conceptual schematics mean that this was less important, although it would still have been desirable.

- Transferability of Creative Methods

  Transferability is measured in order to determine whether or not findings are applicable to related contexts[202]. One of the many benefits of creative outcomes is that they can be emotive in a way which raw data is not; this emotional response can be felt by anyone seeing or hearing the findings, regardless of their discipline. The researcher themselves may also appreciate the impact of their findings on fields other than their own due to art's ability to blur those disciplinary boundaries.

  While the transferability of creative methods and outcomes can be argued, this is a little more complex when said methods were used as part of a study using Interpretative Phenomenological Analysis (IPA). One of the fundamental aspects of IPA is that analysis does not seek to create generalisations, instead prioritising the exploration of each individual's experience. Nevertheless, while the creative outputs from this study are each tied to an individual participant, they can still be useful in understanding the breadth of the student experience.

- Dependability of Creative Methods

  Dependability of qualitative research pertains to whether or not the methods used are able to be reliably reviewed by another[202]; the equivalent of this in quantitative research is reliability, i.e. the extent to which the same results would be achieved by another using the same methods with a similar participant sample. The distinction between the two is key: qualitative research is inherently more subjective, and the findings will be influenced by the researcher's own perceptions and experiences. This means that it is not 'reliable' in the sense of the word used to critique quantitative analysis but does not mean it is not dependable. Dependability can be assured by clearly stated methods, including the researcher's acknowledgment of their own biases through reflexivity and the use of 'sense-checking' with other researchers. This is also true for creative methods: while the I-poems or conceptual schematics presented in this study would certainly look very different if created by a different researcher, that same researcher can still view the outcomes and appreciate how and why they have been presented in that way. Ensuring dependability is a key reason to share qualitative research findings, particularly those which are arts-based,

with peers and other members of one's research group.

- Confirmability of Creative Methods
  Confirmability shares a number of similarities with dependability in that it involves a reader being able to see how conclusions or findings have been reached. However, the focus of confirmability is that when it is met, readers will be able to clearly see the relationship between the data and the findings[206], while dependability relates more to the analytical process undertaken. As the participants' raw data has been used to create I-poems in this study, the link between these should be clear. Proving the confirmability of the conceptual schematics is a little more problematic, however, keeping a reflexive journal is cited as a way to maximise confirmability[203], and this has been done throughout all stages of this study, including the design and creation of the schematics.

6.11.1 Novel Contribution of I-Poems

The primary rationales for using poetry as a method of inquiry given by Brown et al.[124] were described in Section 3.5.5 and have each been met through the poems created in this study. The participant voice has been preserved through the use of I-poems, as it is the participant's own words, in the order that they said them, which were used to create each poem. The poems provided an excellent vehicle through which to explore the relationship between language and meaning, with linguistic features which may have otherwise been overlooked being highlighted by the impact that they had on the poem, such as repetition of key words and phrases. Researcher reflexivity was certainly employed and developed through the creative process; the decisions around which pronouns to use and where to create stanzas were only able to be made due to researcher familiarisation with the data and with reference to reflexive observations. While much of the interview data was moving in its own way, the collation of first-person phrases allowed for some of the most poignant elements of the interviews to be grouped in one place, highlighting their importance and maximising their impact. It is primarily this impact which makes the poems, and therefore the research as a whole, accessible and engaging.

While the in-depth exploration of individual's lived experiences has numerous benefits, it is difficult to summarise all of the findings in a concise manner. Although I-poems do not

summarise all of the data provided by each participant, the summary which they do provide is pithy and impactful, giving an overview of each participant's experiences which could not have been achieved through traditional or even other creative methods. The successful use of I-poems in this study highlights the potential for using poetic inquiry when working with data relating to personal, emotive topics such as Impostor Syndrome.

6.12 Contribution to Literature

Where applicable, key contributions to literature have been specified at the relevant points throughout the discussion. However, it is prudent to also outline these contributions in a distinct section.

As demonstrated in Bravata et al.'s systematic review[138], much research into Impostor Syndrome utilises various scales or quantitative analysis of survey responses to quantify IS in its participants. While this can be useful in identifying prevalence of the phenomenon, research conducted using this method tends to not adequately explore participants' experience of IS, and therefore lacks the depth of exploration achieved in this study. The nuanced understanding gained through interviews with participants sheds light on various aspects of Impostor Syndrome which have not been explored previously. Even the fact that participants' IS was 'triggered' at different stages of their journey demonstrates the nature of IS as a constantly evolving state. This is also reinforced by the fact that participants feel IS in different situations, confirming that IS should not be considered a personality trait, but as something complex and in a perpetual state of flux.

This is demonstrated through the 'Hermeneutic Spiral', proposed in Figure 17. The hermeneutic circle is a concept well embedded in social science, but the consideration of this as a spiral does not appear in the literature. While the spiral has in this case been used to explore the experiences which impact a participant's sense of Impostor Syndrome, or lack of, it could be used to explore a range of responses or outcomes, particularly when conducting research into the lived experience.

To my knowledge, this is also the first study which directly researches Impostor Syndrome in medical students from low socio-economic backgrounds. Much research is conducted around this participant group, particularly in regard to Widening Participation initiatives, but not with a specific focus on IS. As the findings presented here have shown, low SES and the

experiences that come with this can have a huge impact on a person's sense of belonging at medical school, which can lead to intense feelings of impostorism. This highlights the importance of considering a range of demographic characteristics, and their intersectionality, when exploring IS generally and in specific settings like universities or medical schools.

Another key contribution made by this research is the adaptation of Shore et al.'s[161] 'Inclusion Framework'. The updated version presented in Table 10 shows the differences and relationships between belonging, inclusion and IS in a manner which is accessible and broadly applicable. This framework can be used in future research to simplify analysis by categorising a participant's experience into a distinct section. While I would not recommend this as a 'diagnostic tool' by any means, it can be of great use in early-stage analysis of the participant experience.

While other minor contributions have been made, these are the key elements which particularly add to the existing literature on Impostor Syndrome, and its impact on medical students from low SES backgrounds.

6.13 Implications

Considering that medical schools and universities have little capacity for influencing students' lives prior to receiving their application, how can they ensure that students from every possible context are adequately supported? This is the question to which widening participation practitioners are seeking the answer, and there will not be a clear, one-size-fits-all solution. However, based on participants' experiences, some suggestions can be put forward, both practical and more abstract.

In terms of practical steps which can be taken, maximising transparency regarding processes and potentially taboo topics may help students to feel less isolated. Rosa's experience of feeling that she was the "only one" who got into medical school through the reserve list was a major contributor to her feelings of Impostor Syndrome; had she known how common this was among her peers, perhaps she would have felt differently. To his credit, Richard went out and sought information about demographic data in order to combat his feelings of Impostor Syndrome and found this greater understanding of representation beneficial; while discussion of race, ethnicity and other protected characteristics can be uncomfortable,

perhaps its benefit to the underrepresented student population should be prioritised over the comfort of the majority. Openly acknowledging the topic of underrepresentation may also make students such as Kari more confident in raising concerns or even "whistleblowing" when they experience or witness microaggressions or systemic discrimination.

In isolation, however, this could potentially be acceding to the deficit discourse, in that medical schools are expecting their underrepresented students to advocate for themselves. As seen from a number of extracts throughout this thesis, the impact that a small group or even an individual can have on one person's experience can be substantial. Therefore, it is not just underrepresented students who need to gain a greater understanding of these issues, but also staff and 'traditional' students, who may have unconscious biases which are informing their microaggressions and thus perpetuating institutional discrimination. By encouraging all members of the medical school to take mutual responsibility for a safe, supportive environment, a more inclusive culture can begin to be nurtured within the faculty. One method of approaching this would be to engage in what Boler[207(p.176)] refers to as a "pedagogy of discomfort", which entails both "an invitation to inquiry as well as a call to action". This involves encouraging both staff and students to engage in critical inquiry regarding their own beliefs and how these have influenced the way in which they perceive others. Despite the risks of engaging in any pedagogical activity which may evoke and challenge controversial views, Boler maintains that these issues cannot be addressed with individuals in a vacuum, but instead require collective accountability to facilitate real growth and change.

Other examples of measures which could be enacted within universities are schemes such as reverse mentoring, as discussed in Section 2.3.5. While these schemes are smaller scale in that they engage individuals, those who are invited to take part typically have senior roles within the faculty and are therefore aptly positioned to role model, promote examples of good practice, and influence institutional change.

In the same way that individuals cannot and should not be expected to facilitate institutional change, a greater systemic shift is required to support individual universities to make the necessary adjustments to their practices. The campaign to 'decolonise the curriculum' is one way in which universities and regulatory authorities such as the Office for Students (OfS) are

showing recognition of this need for a larger culture shift than can be achieved by individual staff and students[208]. This campaign acknowledges the UK's colonial legacy and the impact this continues to have on modern curricula, such as the focus on European authors in recommended reading lists and lack of ethnic minority representation among academic staff[208].

Of course, the existence of gateway to medicine programmes for students from WP backgrounds also demonstrates that a culture shift is underway at an institutional level. However, the University of Southampton medical school was one of the first to introduce a gateway programme and BM6 had been running for 19 years by the time the interviews for this thesis took place, and yet some participants in this study still feel minoritized, demonstrating the slow progress of this shift. Students like Kari explicitly state that they don't feel "white enough", while Noah, despite his apparent confidence, is still acutely aware of his first-generation status; this despite the fact that both of these students were on the BM6 programme, which is designed to better support students from their backgrounds. All UK medical schools, regardless of whether they offer gateway programmes, are encouraged to offer contextual admissions to their traditional entry courses for students from low SES backgrounds[46]; these most commonly take the form of reduced offers lower entry requirements for students who meet certain socio-economic eligibility criteria, but these students do not typically receive the support which is provided to their gateway peers. These students, or those such as Rosa, Jaishun and Richard who would have been eligible for contextual admission to BM5 but did not apply through this route, may feel just as ostracized from their more traditional peers, if not more so, than gateway students as they do not have the same close network of peers as BM6 students, who all have spent a year in a small group together. Jaishun offers a unique perspective on this, in that he is a BM5 student who made friends with BM6 students before even starting the course. He doesn't explicitly refer to the majority of his BM5 cohort, but his conviction that he feels that he belongs with groups to whom he can relate, such as his BM6 friends and the other mature students on the BM5 programme, suggests that he does not feel this way with the rest of the cohort.

Essentially, having a gateway to medicine programme is not sufficient to alleviate the social and institutional stigmas of being from an underrepresented background, although it is still a positive step forward. Measures to enact change must therefore be applied to the medical

school more widely, both students and staff, to ensure that all students, regardless of their background or programme of entry, receive the support they need to succeed.

As acknowledged at the start of this section, medical schools generally have little opportunity to directly influence students' lives and experience prior to enrolment. Nevertheless, the findings of this research reveal that experiences in Sixth Form or college influence students' feelings of IS when at university, and so it would be remiss not to consider implications of this research for secondary education institutions. Both positive and negative experiences of Sixth Form and college have been explored in this study: Kari's teacher who did not believe her capable of achieving the grades necessary for medical school had a profoundly negative effect on her trust in authority, while Noah's teacher who ensured that he was well supported in his university applications has had a lasting positive impact on his own self-confidence. While a handful of students may keep in touch with their secondary school teachers, the majority of staff will not be aware of how their students get on once they progress to university and will almost certainly not be aware of the influence that they may have had on that experience. If teachers like Noah's knew the profoundly positive effect that their actions had, this would likely reinforce their faith in their own actions and influence, and prompt them to continue supporting students in this way. Similarly, teachers such as Kari's, had they known how consequential a seemingly throwaway comment could be, may be more mindful of the way that they interact with students in the future.

Another potential implication for schools is similar to one outlined above, which is around the benefits of facilitating more of an open discourse around Widening Participation and diversity generally. Richard's lack of awareness of the demographic breakdown of the UK could have been mitigated by his school more openly acknowledging the fact that its student population was not representative of the rest of the country. However, this again raises issues around discomfort, and many schools and their staff may feel ill-equipped to facilitate such discussions. These latter two implications could both potentially be addressed through collaboration with outreach programmes. These programmes can come in a variety of forms, but can be categorised by whether they engage with schools or with individuals. Those which engage with schools may have students (and their teachers) coming into university or a dedicated centre for a few hours or a day to learn about HE culture and to see what sort of things university students learn. These sorts of programmes which have contact with

teachers as well as students have an opportunity to share with staff the importance of the support they offer to students. At the University of Southampton, there are three types of outreach offered. One of these, LifeLab, is a programme which has a remit that aligns with the programmes described, and speaking with members of the team there about how to work with staff as well as students will be a positive step forward in enacting this change. Another outreach programme at UoS is the Ignite programme, which offers support to students in Years 12 and 13 with their university application.

In terms of outreach which engages individuals, there are two key methods. One, such as the Ignite programme at UoS, offers support to students in Years 12 and 13 with their university application through online modules, mentoring and personal development opportunities. Another widespread method is Summer Schools, through which students considering medical school, particularly those from WP backgrounds, are offered support. These may be single day, online or residential programmes often run by individual medical schools which support students who have applied, or are considering applying, to medical school. In these, students are often expected to attend lectures, seminars or practical demonstrations so that they can get a 'taster' of what medical school would be like. They are also often provided with support with writing personal statements or interview techniques in preparation for their application. These summer schools, and programmes such as Ignite, would provide an appropriate opportunity to explore with prospective students the realities of attending university as an underrepresented student. The challenge of this would be ensuring that this information was shared in a way that did not dissuade the students from applying.

To summarise, this research highlights the need for both systemic and individual action to be taken to address the impact of Impostor Syndrome in medical students, particularly those from low socio-economic backgrounds. A culture of clarity and mutual accountability should be fostered within medical schools, and existing collaborations with outreach programmes should be considered for their potential to engage individuals to enact positive change.

6.14 Limitations

As with any research, there were some limitations which may have impacted the results of this study. One of these was briefly addressed in Section 4.3.1 and relates to participant bias. Due to the fact that participants were provided with a Participant Information Sheet, they

were aware of the topic before the interview takes place; this could not be avoided due to the ethical approval process and may have influenced their interview responses in a number of ways. Firstly, participants may have decided to research Impostor Syndrome prior to the interview, which could impact the definition they provide. Secondly, their willingness to partake may have been driven by negative experiences and a desire to share their opinions on these. Thirdly, they may have felt inclined to offer responses which they felt I wanted to hear. Unfortunately, there is no way of identifying whether this was the case, nor how much impact it had on the overall interview. However, the breaking down of analyses into descriptive, linguistic, and conceptual components will hopefully have provided sufficient depth to demonstrate exploration beyond the surface of participants' comments.

Another limitation was that participants could not be contacted after the interview for clarification or validation of their comments, as ethical approval for this was not sought. Especially given the use of creative methods such as I-poems and conceptual schematics, it would have been beneficial to share these outputs with the participants to gain their thoughts and perspectives. However, the contributions of the research group towards these outputs provided a level of robustness which could not have been achieved through independent research alone and added valuable insights from a medical student perspective.

Due to the subjective and emotive topic of research, my own biases and experiences may also have impacted the findings and conclusions; as discussed in Chapter 3, IPA researchers consider this an inevitability. Reflexivity and acknowledgement of positionality are therefore encouraged when undertaking IPA and have been implemented throughout the research process and discussed at relevant points in this thesis.

6.15 Future Work

This study focused on medical students from WP backgrounds who were on BM5 and BM6 programmes, but there are a number of other groups whose perceptions and experiences of Impostor Syndrome would be interesting to explore. These include:

- **Students on BM5 or other traditional-entry programmes who are not from WP backgrounds.** While a variety of areas related to underrepresentation have been identified in this thesis as contributing to Impostor Syndrome, this does not mean

that students not from these groups do not experience it. It would be useful to gain insight into other elements which can contribute to IS for students who are not underrepresented to inform potential interventions or changes to traditional medical programmes. These students make up the majority of medical trainees and will therefore make up the majority of the medical workforce; ensuring their well-being is vital to maximising retention in the healthcare service.

- **Students on graduate entry programmes.** 16 UK medical schools currently offer graduate entry to medicine (GEM) programmes[50] and thus far, there has been little research into IS within this group as these students "are assumed to be familiar and comfortable with the higher education environment"[209(p.4)]. Research that *has* been conducted in this area has been quantitative in nature and doesn't provide sufficient insight into the nuances of participants' experiences.
- **Post-graduate medics, foundation doctors.** An exploration of the experiences of medics once they have graduated would increase understanding of factors which impact, or continue to impact, their feelings of Impostor Syndrome. This information could then be used to better support recent graduates with the transition to practice, as well as helping to prepare medical students for their careers post-medical school. Also, a recent study has shown that graduates from medical gateway programmes continue to experience an attainment gap in postgraduate education[210], so there is scope for further comparison between these post-graduate groups.

With a sufficient timeframe, a longitudinal IPA study exploring the experiences of medical students throughout their time at medical school would also provide fascinating insight into the journey from applicant to medical professional and how this is navigated by students from different backgrounds.

In the researching and writing of this thesis, some other areas in which the literature is lacking have arisen. Though these are slightly further removed from the focus of this study, they would nevertheless be interesting avenues to pursue in the future. These include:

- **A systematic review of participant demographics in studies on Impostor Syndrome.** Since Clance and Imes' original research on IS in women[3], the eligibility criteria for participants in IS studies have evolved dramatically. It would be fascinating to see how this change has manifested over the decades.

- **The impact of Covid-19 'no-detriment' policies on medical students.** This would have to be undertaken relatively soon, so as to capture students whose studies were interrupted at a range of stages, from GCSE and A-Level to throughout medical school. Anecdotally, we are also seeing 'waves' of impacts from Covid-19 in different cohorts of medical students, and it would be interesting to explore this in relation to these policies.
- **The experiences of students from 'missing' demographic groups.** This is not the correct phrasing, but it would be interesting to identify which groups of students are typically 'missed' from research into the student experience, particularly when done from an EDI perspective.

6.16 Conclusion

This research explored the understanding and experiences of Impostor Syndrome among six medical students from low socio-economic backgrounds. This was achieved through semi-structured interviews, which were then explored using Interpretative Phenomenological Analysis (IPA).

All participants considered feelings of inadequacy as a key indicator of Impostor Syndrome, with many also considering the impact of comparing oneself to others. Participants described their experiences of Impostor Syndrome in a variety of ways; for instance, some participants could identify specific instances of feeling like an impostor, while for others it was more an omnipresent feeling of incompetence. This disparity highlights the potential difference between experiencing feelings of impostorism and having Impostor Syndrome, the latter of which could be considered more of a state of mind than a discrete occurrence.

Participants' concerns about others' low opinions of them also further corroborate Leary et al.'s[11] claims that those experiencing Impostor Syndrome don't necessarily believe they have others fooled, challenging earlier assumptions in Impostor Syndrome literature[3].

Other differences in experiences of impostorism and Impostor Syndrome emerged regarding their perceived causes or triggers. Many of these concerned intellect, which is how Impostor Syndrome is typically seen to manifest, but other causes related to ethnicity and socio-economic status. While unsurprising due to the study rationale and the participant sample chosen, this provides additional evidence of the impact of underrepresented demographic

characteristics on participants' confidence and sense of belonging. This underscores the importance of moving away from the deficit discourse model and instead focusing on creating an inclusive learning and working environment so that students of all backgrounds can thrive.

While the focus of this research has been individual student experiences, the implications of the findings extend beyond these to the broader responsibilities that medical schools and the wider medical profession have to all members of the increasingly diverse medical community. Medical education practices and healthcare policies should be evaluated with a view to incorporating interventions promoting inclusivity and acceptance. This should entail actively engaging underrepresented individuals and groups in open, honest discussions about their experiences, fostering an environment that encourages dialogue rather than avoiding potentially uncomfortable conversations. The current staffing crisis within the NHS means that universities' obligations to optimise student well-being and facilitate positive medical school and medical career experiences is more vital than ever to build an inclusive, sustainable medical workforce. Further longitudinal research into interventions and support measures aimed to increase well-being and belonging will provide additional insight into how best to ensure that all students and medical professionals feel not only supported, but valued.

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Appendix A Documents relating to ethical approval

A.1 Confirmation of ethical approval

UNIVERSITY OF Southampton

20 April 2021

Chloe Langford
Faculty of Medicine

Dear Chloe

Re: ERGO 63151.R4 - Investigating how medical students from different socio-economic backgrounds experience Imposter Syndrome

Thank you for submitting your revisions relating to the above study. I am pleased to inform you that full approval has now been granted by the Faculty of Medicine Ethics Committee.

Approval is valid from today until 1 September 2022, the end date specified in your application.

Please note the following points:

- the above ethics approval number must be quoted in all correspondence relating to your research, including emails;
- if you wish to make any substantive changes to your project you must inform the Faculty of Medicine Ethics Committee as soon as possible.

Please note that this email will now constitute evidence of ethical approval. Should you require a paper signed copy of this approval, please contact the FoMEC Administrative Team via email at: RISethic@soton.ac.uk. We wish you success with your research.

Yours sincerely

Dr Susan Wilson
Chair of the Faculty of Medicine Ethics Committee

Please reply to:
Faculty of Medicine Ethics Committee,
Southampton General Hospital, Mailpoint 801, South Academic Block, Tremona Road, Southampton SO16 6YD UK

University of Southampton, Highfield Campus, Southampton SO17 1BJ United Kingdom
Tel: +44 (0)23 8059 2819 Fax: +44 (0)23 8059 3131 www.southampton.ac.uk

A.2 Recruitment Poster

ERGO: 63151

PLEASE TALK TO ME!

I'm looking for students in Years 3-5 of medical school to interview about their experiences of University.

LOVE2SHOP VOUCHER

Can you spare an hour to help out with my study:
'Investigating how medical students from different socio-economic backgrounds experience Imposter Syndrome'?

THE RESEARCH

This research is for a PhD study exploring students' experiences of medical school, and exploring the possible impact of background on those experiences.

PARTICIPANT INFORMATION

We would *love* to hear your story,

If you choose to participate, you will be offered a £20 Love2Shop voucher to reimburse you for your time.

To register your interest in participating please scan the QR code and fill in the short online form.

YOUR ROLE

As a participant, you will be asked to fill out a short demographic questionnaire, and to take part in an interview lasting 45-90 minutes.

The interview will take place on Microsoft Teams at a time convenient to you, and will be recorded.

For more information please email:
c.langford@soton.ac.uk

A.3 Expression of Interest Form

Register interest in participating

If you are interested in received more information about this project, please complete the information below and I will get back to you.

The study in question is: Investigating how medical students from different socio-economic backgrounds experience Imposter Syndrome.

All information provided will be kept confidential.

Version no. 2
19/3/21
ERGO number: 63151

* Required

* This form will record your name, please fill your name.

1. Full name *

2. Email address *

3. Year of study

4. I confirm that I would like to be provided with more information about this study at the email address given.

- ○ Yes
- ○ No

5. All students are eligible for this study, but we may already have enough participants from certain groups.

   To determine if you are able to participate in this study please select all of the following criteria which apply to you.

   If you would prefer to receive the Participant Information Sheet before providing this information then select the first option and you will be sent this ASAP. *

- ○ I would like more information about this study before completing the screening questions
- ○ You are a first generation applicant (i.e. neither of your parents attended University)
- ○ You, your parents or your guardian receive a means-tested benefit
- ○ You were looked after by the local authority
- ○ You received a 16-19 bursary or similar grant (if you also received Free School Meals, this cannot also count as your bursary)
- ○ You are resident in an area with a postcode which falls within the lowest 20% of the IMD (Index of Multiple Deprivation), or a member of a travelling family.
- ○ You received Free School Meals for a minimum of 2 months during Years 10-13

A.4 Screening Questionnaire

Screening questionnaire

Screening questionnaire for study: Investigating how medical students from different socio-economic backgrounds experience Imposter Syndrome.

All students are eligible for this study, but we may already have enough participants from certain groups.

To determine if you are able to participate in this study please select all of the following criteria which apply to you.

(Version no. 1
19/3/21
ERGO number: 63151)

1. Please provide your name and email address. All details provided will remain anonymous; your information will only be used to contact you regarding your eligibility for this study.

2. Please select all of the following criteria which apply to you.

- ○ You are a first generation applicant (i.e. neither of your parents attended University)
- ○ You, your parents or your guardian received a means-tested benefit
- ○ You were looked after by the local authority
- ○ You received a 16-19 bursary or similar grant (if you also received Free School Meals, this cannot also count as your bursary)
- ○ You are resident in an area with a postcode which falls within the lowest 20% of the IMD (Index of Multiple Deprivation), or a member of a travelling family.
- ○ You received Free School Meals for a minimum of 2 months during Years 10-13

3. Do you have any comments you would like to add?

A.5 Demographic Questionnaire

Demographic Questionnaire

Questionnaire for study: Investigating how medical students from different socio-economic backgrounds experience Imposter Syndrome.
This information will not form part of the analysis, but may be used to identify demographic patterns in the data. You may skip any questions you do not wish to answer.
(Version no. 2
19/3/21
ERGO number: 63151)

1. Please provide your name. All responses will be confidential; your name is required to ensure that your information can be identified and removed by the researcher should you wish to withdraw from the study.

2. What is your ethnicity?

3. What is your age?

4. What gender do you identify as?

5. What religion do you follow?

6. What is your first language?

7. How long have you lived in the UK? If you were born here, please put 'since birth'.

8. Do you have any comments you would like to add?

A.6 Participant Information Sheet

Participant Information Sheet

Study Title: Investigating how medical students from different socio-economic backgrounds experience Imposter Syndrome.

Researcher: Chloe Langford

ERGO number: 63151

You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.

What is the research about?

This research is for a PhD study exploring students' experiences of medical school, and exploring how these may differ between students from different backgrounds.

Why have I been asked to participate?

This study requires 9 students in Y3-5 of medical school at University of Southampton. If the required number of participants has already been met then you may not be accepted to participate. If this is the case you will be informed, and any data you have already supplied will be deleted.

What will happen to me if I take part?

Participants will be interviewed for between 45 and 90 minutes using Microsoft Teams. Interview questions will be open-ended to allow the participant to fully explore all aspects of

the question, and the researcher may ask additional questions encouraging further exploration if deemed appropriate.

The interviews will be audio-recorded and transcribed; once transcription is complete and has been verified the recording will be deleted. Transcripts will be analysed by identifying themes and interesting examples of language use. All transcripts will be anonymised, including any references to people or places named by either the participant or the researcher during the interview.

A list of the pseudonyms used and the corresponding participant details will be kept by the project supervisor in a password-protected folder, and will only be used to identify students should they wish to withdraw from the study after the interview has taken place.

Prior to interview, participants are required to sign a consent form confirming that they are happy to take part in the study, and a short demographic survey. These will need to be completed and emailed to the researcher prior to the interview.

Are there any benefits in my taking part?

To acknowledge that participants may have to take time out of their working day to attend the interview, participants will be reimbursed for their time with a £20 Amazon voucher.

Are there any risks involved?

The questions asked in the interview will require participants to reflect on their medical school and other life experiences, which may cause some emotional distress if the participant recalls a negative experience.

What data will be collected?

Some demographic information will be collected prior to the interview. This will include some protected characteristic data, and participants will have the option to select 'prefer not to say' to each query.

Audio recordings will be collected by the researcher during the interview, and transferred as soon as possible to a password-protected folder on the university server, whereupon the recording will be deleted from the recording device. The recording will be named using a pseudonym, and a list of pseudonyms and the corresponding participant identity will be kept separately and securely.

The audio data will be transcribed by the researcher and any references to people or places will be anonymised during this process. Upon completion and verification of the transcription, the audio recording will be deleted.

Should the participant choose to withdraw from the study after the interview has taken place, all demographic information, recordings and transcriptions will immediately be deleted.

Will my participation be confidential?

Your participation and the information we collect about you during the course of the research will be kept strictly confidential.

Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential.

You will be assigned a pseudonym, or study code, consisting of a number 1-3 to identify which participant group you belong to, and a letter A-C to differentiate you from other members of your group. All consent forms and the decoding sheet linking participant details to their unique study code will be kept in a password-protected folder accessible only to the study supervisor. All recordings and transcripts will be kept on a password-protected computer at all times, and once transcription is complete and has been verified, all recordings will be deleted.

If I am concerned about the immediate safety and wellbeing of you or anyone mentioned by you, this will be disclosed this to the faculty senior tutor only.

Do I have to take part?

No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, you will need to sign a consent form to show you have agreed to take part.

What happens if I change my mind?

You have the right to change your mind and withdraw at any time without giving a reason and without your participant rights being affected. Should this be the case, email me at c.langford@soton.ac.uk and all data held (including transcripts) will be deleted.

What will happen to the results of the research?

Your personal details will remain strictly confidential. Research findings made available in any reports or publications will not include information that can directly identify you. Comments made in your interview may be used as prompts in further research interviews; these will of course be anonymised.

Where can I get more information?

If you have any further questions about this study, please email the researcher at c.langford@soton.ac.uk, or the study supervisor as s.a.curtis@ soton.ac.uk.

What happens if there is a problem?

If you have a concern about any aspect of this study, you should speak to the researchers who will do their best to answer your questions.

Researcher: c.langford@soton.ac.uk

Study supervisor: s.a.curtis@soton.ac.uk

If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

Data Protection Privacy Notice

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can be found on its website (https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at http://www.southampton.ac.uk/assets/sharepoint/intranet/ls/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 15 years after the study has finished after which time any link between you and your information will be removed.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer (data.protection@soton.ac.uk).

Thank you.

Thank you for expressing an interest in participating in this study and for taking the time to read through this information. If you would still like to take part, please email me at c.langford@soton.ac.uk to arrange an interview.

A.7 Participant Consent Form

UNIVERSITY OF Southampton

CONSENT FORM

Study title: Investigating how medical students from different socio-economic backgrounds experience Imposter Syndrome.

Researcher name: Chloe Langford
ERGO number: 63151

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (14/4/21, version 3) and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and agree for my data to be used for the purpose of this study.	
I understand my participation is voluntary and I may withdraw at any time for any reason without my participation rights being affected.	
I agree to take part in the interview for the purposes set out in the participation information sheet and understand that these will be recorded using audio recording.	
I understand that taking part in the study involves audio recording which will be transcribed and then destroyed for the purposes set out in the participation information sheet.	
I understand that I may be quoted directly in reports of the research but that I will not be directly identified (e.g. that my name will not be used, nor will any details which could be used to identify me or another will be included).	
I understand that I may be quoted directly in future interviews with students and/or staff, but that I will not be directly identified (e.g. that my name will not be used, nor will any details which could be used to identify me or another will be included).	
I understand that if any issues relating to the safety or wellbeing of myself or others are raised during the interview, the researcher may communicate their concerns to the senior faculty tutor.	

Name of participant (print name).....

Signature of participant.....

Date.....

Name of researcher (print name).....

Signature of researcher .....

Date.....

14/04/21 Version 3 ERGO number 63151

A.8 Interview Framework

Medicine

UNIVERSITY OF Southampton

Semi-structured interview framework

1. **Introduction**
   a. Introduce myself

2. **Background to the study**

Research Aim: To investigate how medical students from different socio-economic backgrounds experience Imposter Syndrome. ERGO number 63151

3. **Confidentiality**
   a. Remind participant that a digital recorder will be used to audio record the interview and that all recordings will be deleted after they have been transcribed.
   b. Remind participant that any quotes used will remain anonymous.
   c. Check that participant has emailed their consent form and that they still wish to participate.

4. **Areas for discussion:**
   a. Can you tell me why you:
      i. chose medicine?
      ii. chose Southampton?
      iii. What was the application experience (from Y10 onwards) like for you?
   b. What do you understand by the term 'imposter syndrome'?
   c. Is this something which you experience, or have in the past?
      If yes,
      i. can you tell me about it?
      If no,
      ii. why do you think that is?
      iii. Do you know anyone who does experience it? Can you tell me about their experience?
   d. Can you tell me a bit about the friendships you've developed while you've been here? (Who their friends are, how they met them, etc)
      i. What about other members of your support network?
      ii. With whom do you feel most comfortable?
   e. Do you feel as though you've found your place here? (could be at university, within friend group, within med school – allow participant to interpret) Why/why not?
      i. Do you feel like you belong to the medical school? (again, allow student to interpret) Why/why not?
         1. 'belong' as in: fit in with the people/institution Why/why not?
         2. 'belong' as in: deserve to be there Why/why not?
         3. are meant to be there in terms of your own ambitions and goals/calling? Why/why not?
      ii. Do you feel like you belong to the university? Clubs/societies, etc?) Why/why not?

5. Opportunity for interviewee to offer anything else they feel may be relevant

Questions to be explored may be subject to minor changes and additional open questions may be asked, leading on from participants' responses.

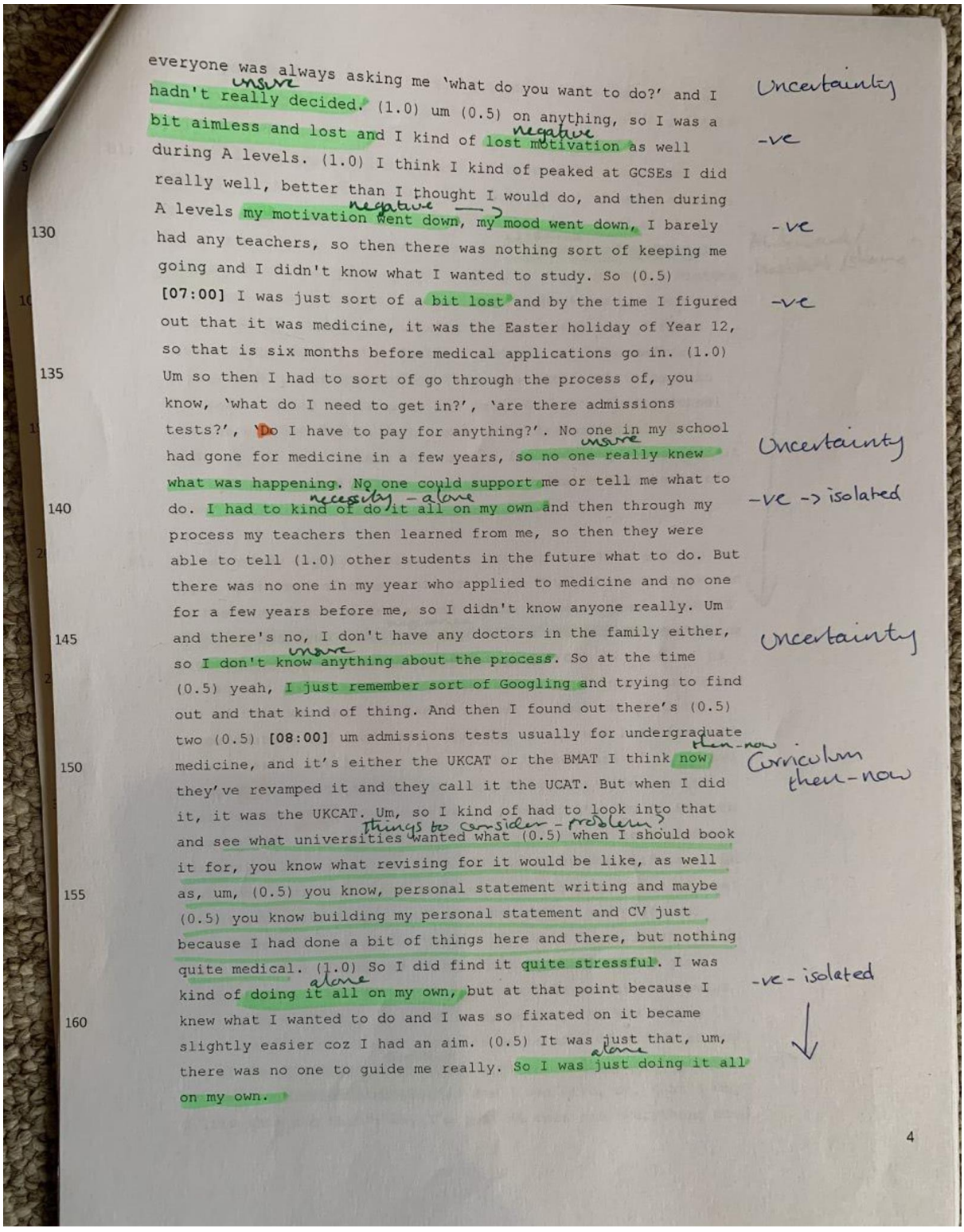
Researcher name: Chloe Langford **Cohort**: PhD 19/20 Version 2
Medical Education Academic Unit, Faculty of Medicine, University of Southampton, Building 85, University Road, Southampton, SO17 1BJ.
Tel: +44 (0)23 80<tel no.> Fax: +44 (0)23 8059 4262 www.southampton.ac.uk/medicine

Appendix B Analytical Process

B.1 Initial Process (Participant 1)

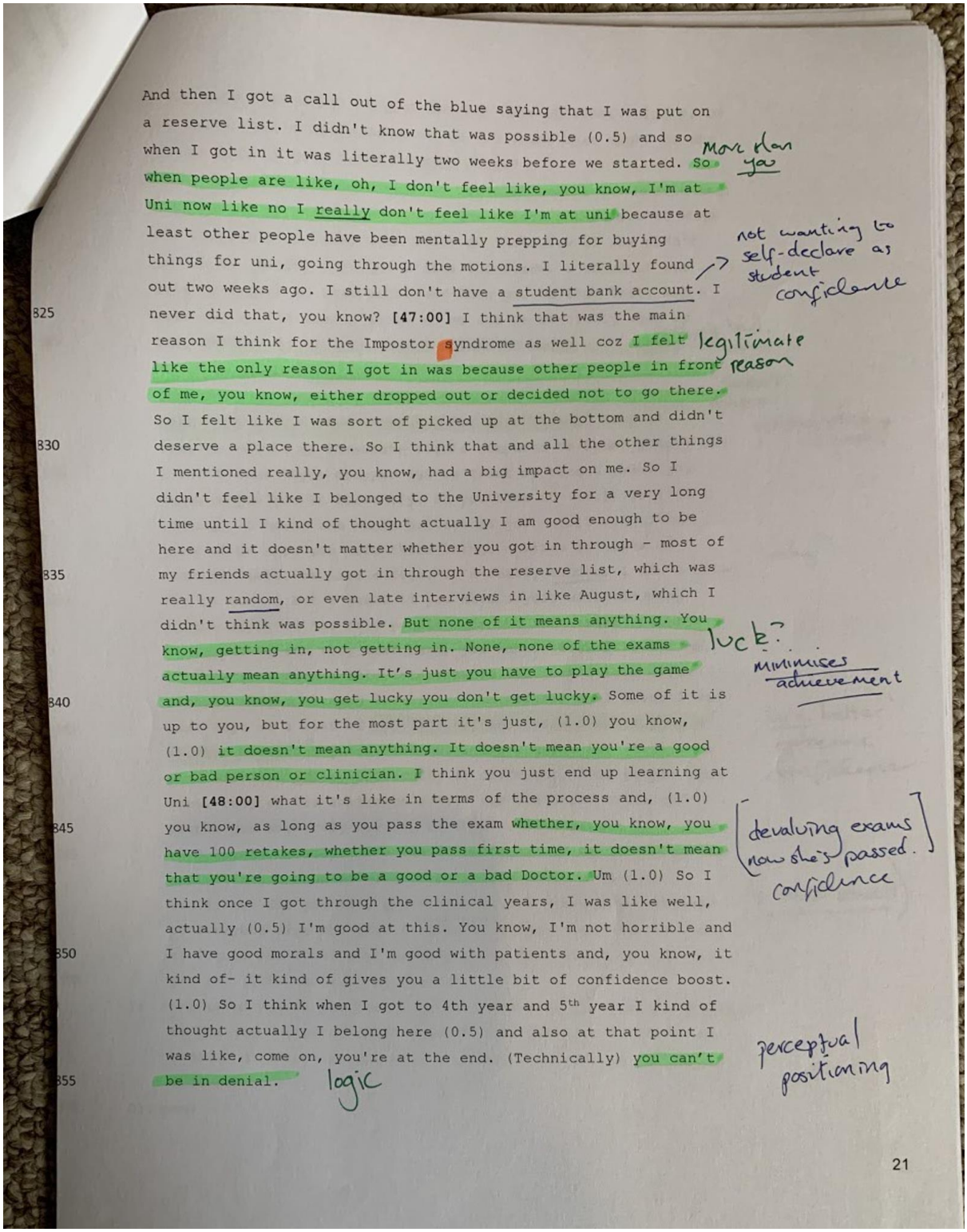
<table>
<tr><td></td><td colspan="3"></td></tr>
<tr><td>Reflexivity[211]:</td><td colspan="3">Reflexivity #1:
Immediately after the interview, a few brief notes of aspects of the interview that seemed particularly poignant or relevant were written up. The purpose of this was to read back after the initial analysis was complete to determine if there was anything that had initially been striking but which had been overlooked during analysis.
Reflexivity #2:
A meeting about a different project threw up a few additional thoughts about the interview, which were also noted down.</td></tr>
<tr><td>Familiarity[212]:
The familiarisation process should be continued until summary stage feels achievable</td><td>Familiarity #1:
Transcript was printed out and an initial read through without highlighting / annotations was conducted. Upon completion, separate notes were made about any sections which stood out.</td><td>Familiarity #2:
Transcript was read through a second time (still without highlighting / annotations). Upon completion, separate notes were made about any sections which stood out.</td><td>Familiarity #3:
Transcript was read through a third time (still without highlighting / annotations). Upon completion, separate notes were made about any sections which stood out.</td></tr>
<tr><td>Summary[213]:</td><td colspan="3">A summary of the interview was written without consulting the transcript.</td></tr>
<tr><td>Annotation:
(See Appendix B.1.1 for example)</td><td colspan="2">Highlighting:
Transcript was read through a fourth time, this time using a highlighter to identify sections of note.</td><td>Annotating and continued highlighting:
Transcript was read through a fifth time; brief descriptive, linguistic, or interpretative notes were made for each highlighted section; more were added as/when they occurred.</td></tr>
<tr><td>Coding:</td><td>Creating codes:
The annotations were read through, and more general annotations noted in the right-hand margin. These annotations became the first set of codes identified.</td><td>Categorising codes:
These codes were written out and sorted into categories.</td><td>Assigning and redistributing codes: Each code and subcode was assigned a number, then a fresh copy of the transcript was read through and coded with the appropriate numbers. This was then compared with the original transcript to ensure nothing was missed (See Appendix B.1.3 for example).</td></tr>
<tr><td>Digitising:</td><td colspan="3">These codes were then transferred to NVivo to facilitate further data analysis (See Appendix B.1.2 for example).</td></tr>
<tr><td>Themes:</td><td colspan="2">Identifying themes:
Extracts and quotes for each set of codes were considered, and codes were once again categorised, this time into 5 broad themes.</td><td>Attributing key quotes:
For each code within a theme, key quotes were chosen based on their richness. These were then annotated with descriptive, interpretative, and linguistic comments.</td></tr>
<tr><td>Writing up:</td><td colspan="3">These comments were collated and written up as seen in the Results section.</td></tr>
</table>

B.1.1 Highlighting and Annotating



everyone was always asking me 'what do you want to do?' and I hadn't really decided. (1.0) um (0.5) on anything, so I was a bit aimless and lost and I kind of lost motivation as well during A levels. (1.0) I think I kind of peaked at GCSEs I did really well, better than I thought I would do, and then during A levels my motivation went down, my mood went down, I barely had any teachers, so then there was nothing sort of keeping me going and I didn't know what I wanted to study. So (0.5) **[07:00]** I was just sort of a bit lost and by the time I figured out that it was medicine, it was the Easter holiday of Year 12, so that is six months before medical applications go in. (1.0) Um so then I had to sort of go through the process of, you know, 'what do I need to get in?', 'are there admissions tests?', 'Do I have to pay for anything?'. No one in my school had gone for medicine in a few years, so no one really knew what was happening. No one could support me or tell me what to do. I had to kind of do it all on my own and then through my process my teachers then learned from me, so then they were able to tell (1.0) other students in the future what to do. But there was no one in my year who applied to medicine and no one for a few years before me, so I didn't know anyone really. Um and there's no, I don't have any doctors in the family either, so I don't know anything about the process. So at the time (0.5) yeah, I just remember sort of Googling and trying to find out and that kind of thing. And then I found out there's (0.5) two (0.5) **[08:00]** um admissions tests usually for undergraduate medicine, and it's either the UKCAT or the BMAT I think now they've revamped it and they call it the UCAT. But when I did it, it was the UKCAT. Um, so I kind of had to look into that and see what universities wanted what (0.5) when I should book it for, you know what revising for it would be like, as well as, um, (0.5) you know, personal statement writing and maybe (0.5) you know building my personal statement and CV just because I had done a bit of things here and there, but nothing quite medical. (1.0) So I did find it quite stressful. I was kind of doing it all on my own, but at that point because I knew what I wanted to do and I was so fixated on it became slightly easier coz I had an aim. (0.5) It was just that, um, there was no one to guide me really. So I was just doing it all on my own.

Uncertainty
-ve
-ve
-ve
Uncertainty
-ve -> isolated
Uncertainty
Curriculum then-now
-ve - isolated



And then I got a call out of the blue saying that I was put on a reserve list. I didn't know that was possible (0.5) and so when I got in it was literally two weeks before we started. So when people are like, oh, I don't feel like, you know, I'm at Uni now like no I really don't feel like I'm at uni because at least other people have been mentally prepping for buying things for uni, going through the motions. I literally found out two weeks ago. I still don't have a student bank account. I never did that, you know? **[47:00]** I think that was the main reason I think for the Impostor syndrome as well coz I felt like the only reason I got in was because other people in front of me, you know, either dropped out or decided not to go there. So I felt like I was sort of picked up at the bottom and didn't deserve a place there. So I think that and all the other things I mentioned really, you know, had a big impact on me. So I didn't feel like I belonged to the University for a very long time until I kind of thought actually I am good enough to be here and it doesn't matter whether you got in through - most of my friends actually got in through the reserve list, which was really random, or even late interviews in like August, which I didn't think was possible. But none of it means anything. You know, getting in, not getting in. None, none of the exams actually mean anything. It's just you have to play the game and, you know, you get lucky you don't get lucky. Some of it is up to you, but for the most part it's just, (1.0) you know, (1.0) it doesn't mean anything. It doesn't mean you're a good or bad person or clinician. I think you just end up learning at Uni **[48:00]** what it's like in terms of the process and, (1.0) you know, as long as you pass the exam whether, you know, you have 100 retakes, whether you pass first time, it doesn't mean that you're going to be a good or a bad Doctor. Um (1.0) So I think once I got through the clinical years, I was like well, actually (0.5) I'm good at this. You know, I'm not horrible and I have good morals and I'm good with patients and, you know, it kind of- it kind of gives you a little bit of confidence boost. (1.0) So I think when I got to 4th year and 5th year I kind of thought actually I belong here (0.5) and also at that point I was like, come on, you're at the end. (Technically) you can't be in denial.

more than you

not wanting to self-declare as student confidence

legitimate reason

luck?

minimises achievement

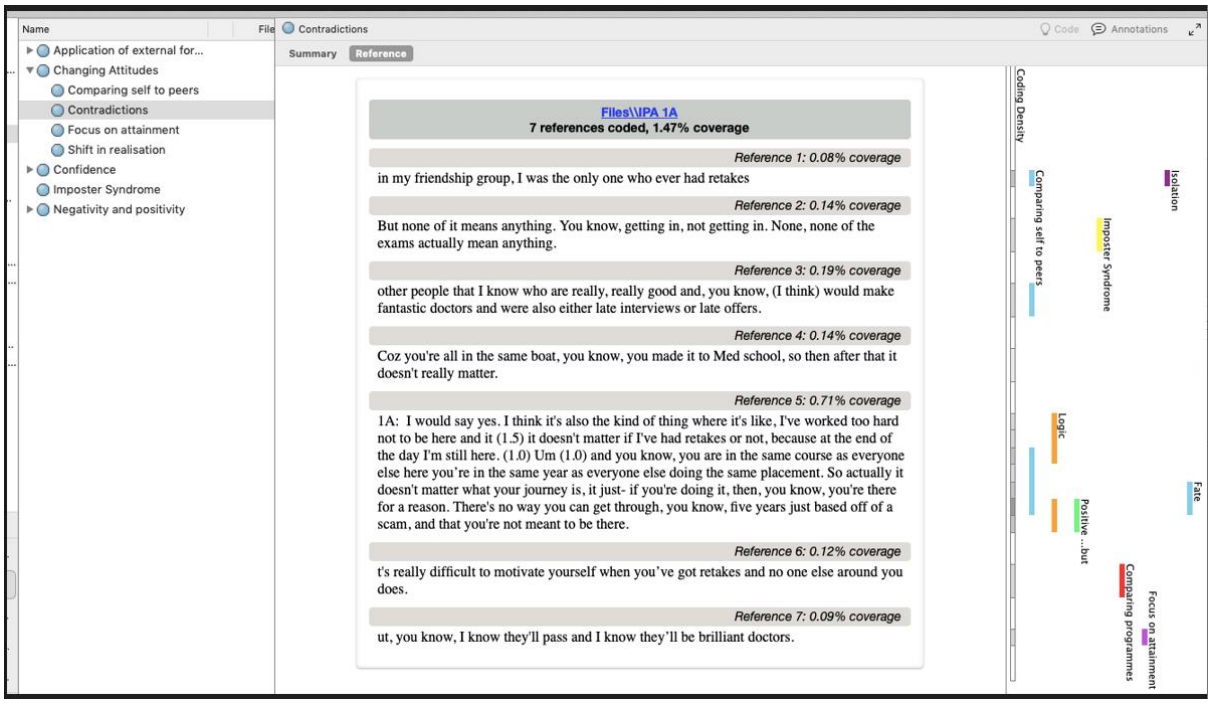
devaluing exams now she's passed. confidence

logic

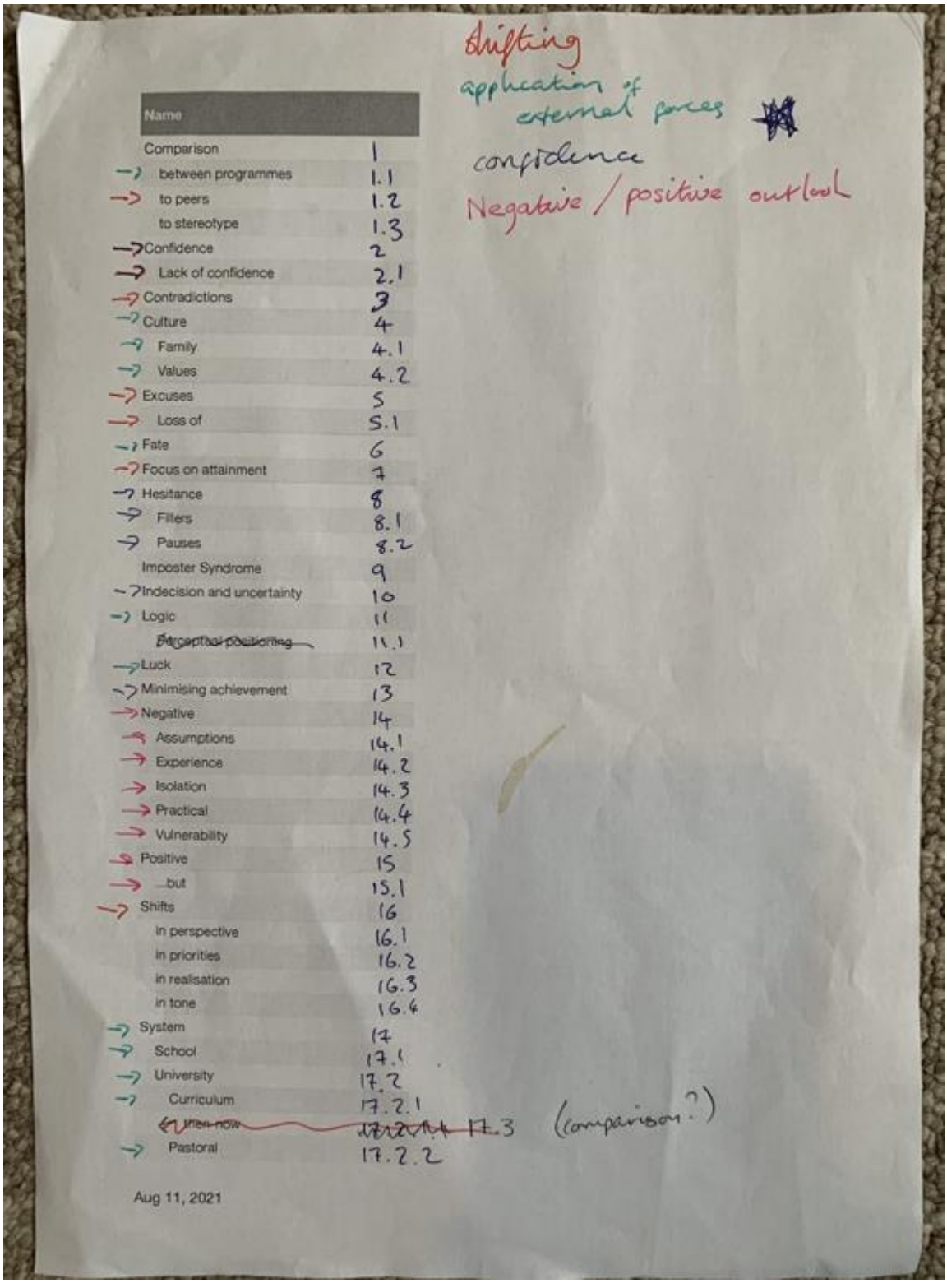
perceptual positioning

21

B.1.2 Creating Codes on NVivo



B.1.3 Assigning and Redistributing Codes

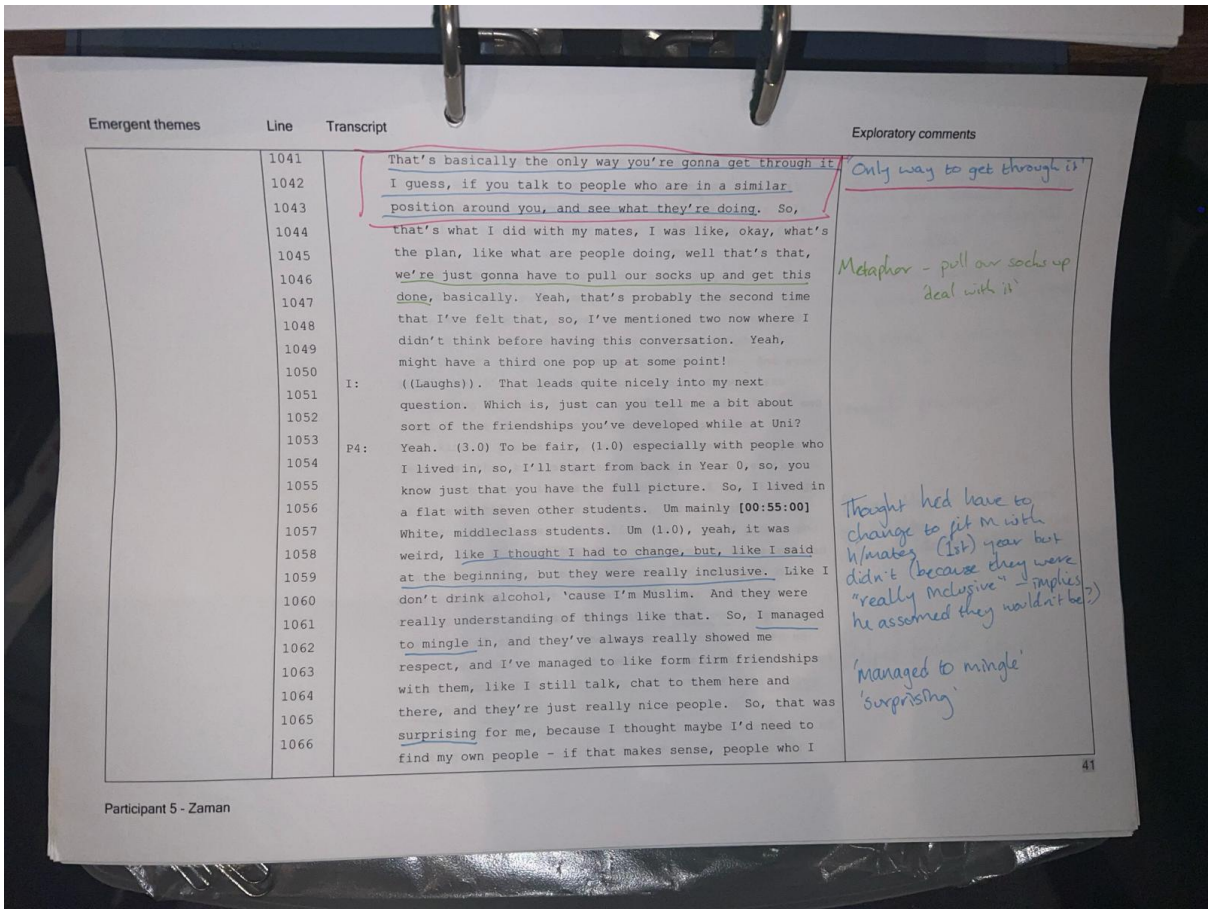


Name	
Comparison	1
between programmes	1.1
to peers	1.2
to stereotype	1.3
Confidence	2
Lack of confidence	2.1
Contradictions	3
Culture	4
Family	4.1
Values	4.2
Excuses	5
Loss of	5.1
Fate	6
Focus on attainment	7
Hesitance	8
Fillers	8.1
Pauses	8.2
Imposter Syndrome	9
Indecision and uncertainty	10
Logic	11
~~Perceptual positioning~~	11.1
Luck	12
Minimising achievement	13
Negative	14
Assumptions	14.1
Experience	14.2
Isolation	14.3
Practical	14.4
Vulnerability	14.5
Positive	15
...but	15.1
Shifts	16
in perspective	16.1
in priorities	16.2
in realisation	16.3
in tone	16.4
System	17
School	17.1
University	17.2
Curriculum	17.2.1
~~when now~~	~~17.3~~ (comparison?)
Pastoral	17.2.2

Aug 11, 2021

B.2 Revised Process (Examples from Participant 5)

B.2.1 Highlighting and Annotating



Emergent themes	Line	Transcript	Exploratory comments
	1041	That's basically the only way you're gonna get through it,	Only way to get through it'
	1042	I guess, if you talk to people who are in a similar	
	1043	position around you, and see what they're doing. So,	
	1044	that's what I did with my mates, I was like, okay, what's	
	1045	the plan, like what are people doing, well that's that,	Metaphor - pull our socks up
	1046	we're just gonna have to pull our socks up and get this	'deal with it'
	1047	done, basically. Yeah, that's probably the second time	
	1048	that I've felt that, so, I've mentioned two now where I	
	1049	didn't think before having this conversation. Yeah,	
	1050	might have a third one pop up at some point!	
	1051	I: ((Laughs)). That leads quite nicely into my next	
	1052	question. Which is, just can you tell me a bit about	
	1053	sort of the friendships you've developed while at Uni?	
	1054	P4: Yeah. (3.0) To be fair, (1.0) especially with people who	Thought he'd have to
	1055	I lived in, so, I'll start from back in Year 0, so, you	change to fit in with
	1056	know just that you have the full picture. So, I lived in	M/mates (1st) year but
	1057	a flat with seven other students. Um mainly [00:55:00]	didn't (because they were
	1058	White, middleclass students. Um (1.0), yeah, it was	"really inclusive" - implies
	1059	weird, like I thought I had to change, but, like I said	he assumed they wouldn't be?)
	1060	at the beginning, but they were really inclusive. Like I	
	1061	don't drink alcohol, 'cause I'm Muslim. And they were	
	1062	really understanding of things like that. So, I managed	'managed to mingle'
	1063	to mingle in, and they've always really showed me	'surprising'
	1064	respect, and I've managed to like form firm friendships	
	1065	with them, like I still talk, chat to them here and	
	1066	there, and they're just really nice people. So, that was	
		surprising for me, because I thought maybe I'd need to	
		find my own people - if that makes sense, people who I	

41

Participant 5 - Zaman

B.2.2 Digitisation of Transcript

Emergent themes	Line	Transcript	Exploratory comments
	1041	That's basically the only way you're gonna get through it	
	1042	I guess, if you talk to people who are in a similar	'That's the only way you're gonna get through it'
	1043	position around you, and see what they're doing. So,	Importance of comms
	1044	that's what I did with my mates, I was like, okay, what's	
Pragmatism	1045	the plan, like what are people doing, well that's that,	Metaphor - pull our socks up
	1046	we're just gonna have to pull our socks up and get this	
	1047	done, basically. Yeah, that's probably the second time	
	1048	that I've felt that, so, I've mentioned two now where I	
	1049	didn't think before having this conversation. Yeah,	
	1050	might have a third one pop up at some point!	
	1051	I: ((Laughs)). That leads quite nicely into my next	
	1052	question. Which is, just can you tell me a bit about	
	1053	sort of the friendships you've developed while at Uni?	
	1054	P4: Yeah. (3.0) To be fair, (1.0) especially with people who	
Common Ground?	1055	I lived in, so, I'll start from back in Year 0, so, you	Thought he'd have to change to fit in with housemates in 1st year, but didn't 'because they were really inclusive. Implies he didn't expect them to be inclusive - expectation vs reality
	1056	know just that you have the full picture. So, I lived in	
	1057	a flat with seven other students. Um mainly **[00:55:00]**	
	1058	White, middleclass students. Um (1.0), yeah, it was	
	1059	weird, like I thought I had to change, but, like I said	
	1060	at the beginning, but they were really inclusive. Like I	
	1061	don't drink alcohol, 'cause I'm Muslim. And they were	
My community	1062	really understanding of things like that. So, I managed	'managed to mingle'
	1063	to mingle in, and they've always really showed me	
	1064	respect, and I've managed to like form firm friendships	
	1065	with them, like I still talk, chat to them here and	
	1066	there, and they're just really nice people. So, that was	
		surprising for me, because I thought maybe I'd need to	'surprising'
		find my own people – if that makes sense, people who I	

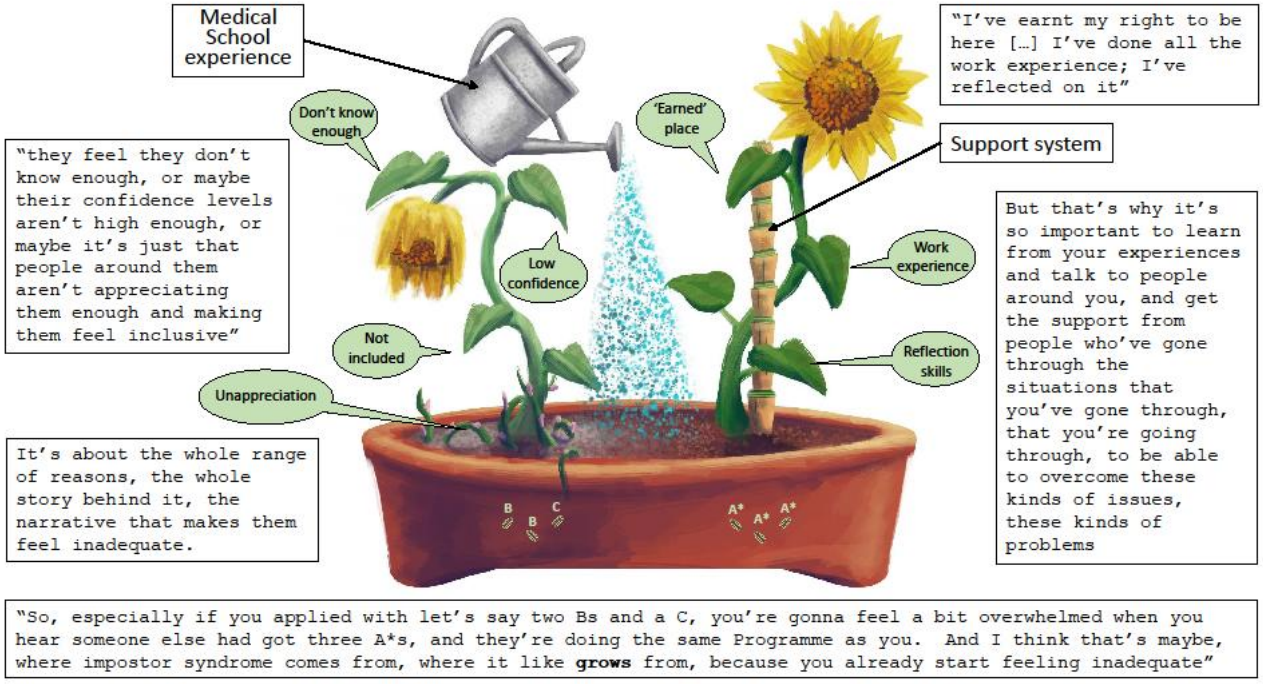
41

Participant 5 - Zaman

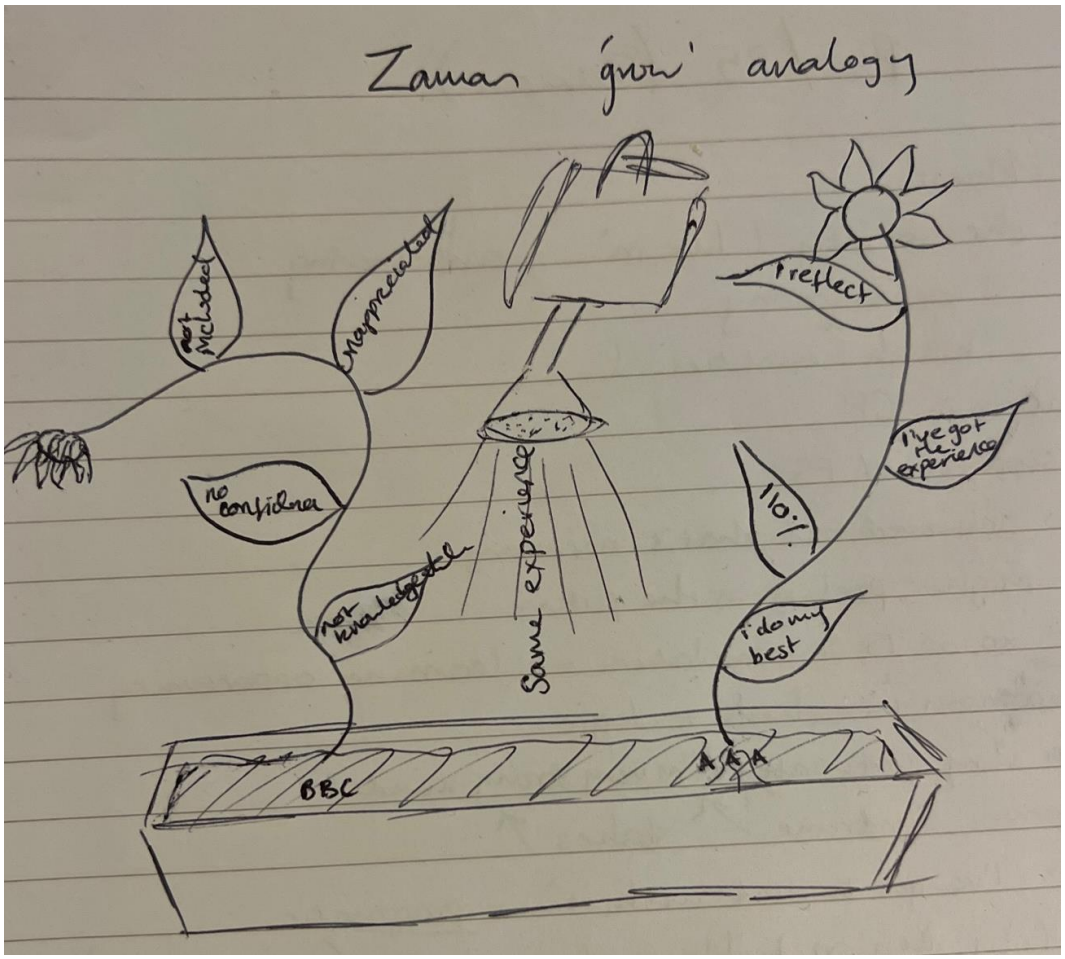
B.2.3 Digitisation of Codes

	A	B	C	D	E	F
1	GET	Emergent theme	Line	Quote	PET	PET subheading
111	Impostor Syndrome	Empathy	1029	Because otherwise, yeah, you just, you feel like you're getting left behind, and I could imagine that, because I do understand that, 'cause you would feel like an impostor in that situation. Because, it's no fault of your own as well, that's the worst thing, so, it's just the hand, the cards we've been dealt basically, that you've just been left behind, and now you need to catch up yourself, in your own time. Nobody's gonna do it for you.	Impostor Syndrome	In others
112	Impostor Syndrome	covid impact	1036	And nobody actually is gonna really understand that situation, 'cause we've never had a pandemic like this before. This is probably one of those moments where if you do feel like an impostor, it would be really, really difficult to overcome	Impostor Syndrome	In others
113	Impostor Syndrome	IS - communication	1041	you'd need to have some really understanding people to talk to. That's basically the only way you're gonna get through it I guess, if you talk to people who are in a similar position around you, and see what they're doing.	Impostor Syndrome	Counters
114	Attitudes	Pragmatism	1046	we're just gonna have to pull our socks up and get this done, basically	Pragmatism	Positive outlook
115	Others	Fitting in	1056	I lived in a flat with seven other students. Um mainly [00:55:00] White, middleclass students. Um (1.0), yeah, it was weird, like I thought I had to change, but, like I said at the beginning, but they were really inclusive.	Relationships	Fitting in
116	Others	Fitting in	1060	Like I don't drink alcohol, 'cause I'm Muslim. And they were really understanding of things like that. So, I managed to mingle in, and they've always really showed me respect, and I've managed to like form firm friendships with them, like I still talk, chat to them here and there, and they're just really nice people	Relationships	Fitting in
117	Others	Common ground	1065	, that was surprising for me, because I thought maybe I'd need to find my own people – if that makes sense, people who I can relate to, people who come from a similar background to me. But I still managed to find similarities with those individuals, and that was nice, so, I never felt like (1.0) isolated whilst I was living in halls, for example.	Relationships	Fitting in
118	Others	Common ground	1071	And then when I went into BM6 I met obviously people from similar backgrounds to me, people who I can relate to, people who reminded me of my mates from back home, so, it was easy just to get along with them, and just say, oh yeah, these are basically my people, so, it's easy to mingle with these kind of people.	Relationships	Common Ground
119	Others	Common ground	1076	And even people who I'd never met before, I think it was like refreshing I guess, to see these kind of individuals, and okay, I like this kind of person, I can get along with this kind of person. So, yeah, you met people who you'd never met that kind of person before, but you're like, yeah, this person is really interesting, I can, I can get along with this.	Relationships	Fitting in
120	Others	Background	1087	prayer room together, that kind of thing, so, these kind of things helped me then make those friendships which I now have, like helped me get through the later years, in terms of like living with them, sharing food with them, meeting outdoors, socialising with them.	Community and Background	Common Ground
121	Others	Common ground	1092	Like one of my best friends, he's Tamil, but it's very easy just to get along with those people, as long as you have the same goals and you have similar interests.	Relationships	Common Ground

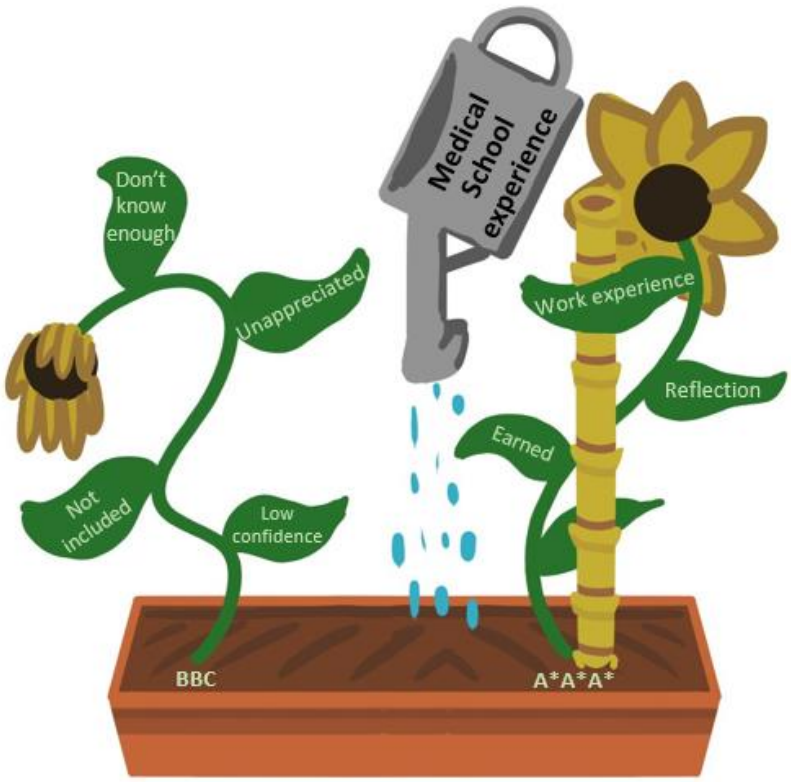
B.3 Zaman's Schematic with Quotes



B.4 First Draft of Zaman's Schematic Shared with Artist



B.5 Artist's First Draft of Zaman's Schematic



Appendix C Extracts from Reflexive Journal

C.1 Bridling interview (4/5/21)

1) Can you tell me why you:
    a. Chose Medicine?

I didn't really choose medicine/medical education – the project was advertised as using discourse analysis, which is how I stumbled on it. As far as I'm concerned, the only thing medicine-related about my PhD is the context; the same study could easily be applied to students of law, drama, sports science, etc.

    b. Chose Southampton?

Same as above, really. I probably would have taken a PhD anywhere in the country. However, it was lucky that Southampton was close to London (where I was based), and I already knew it a little bit, being from the Isle of Wight. Equally, it's not super expensive to live, and has decent transport links.

2) What was the application experience (from Y10 onwards) like for you?

It's hard to remember really. I was at a 'very good' private girls' school which tended to only send student to Russell Group universities, so that's what I was trying for, even though it was never a realistic option for me. I suppose that's sort of the opposite problem to what I'm expecting to see from my participants, but is its own form of discrimination, in a roundabout way. I applied for maths, because at the time my A-Levels were maths, further maths and economics. I don't really remember if I got offers, but I never would have met them as I dropped econ, and no unis would have accepted only 2 A-Levels. I suppose the fact that I was even allowed to drop down to 2 shows that the school didn't believe I'd get a place anyway. They'd already decided to enter me for my exams as a private candidate so that my marks didn't affect their averages. Of course, the reason they gave was more along the lines of 'we know that a lot of your work is a result of private study, so it's not fair on you to credit the teacher with your results'. My form teacher's daughter was in my year, and she very gleefully explained the real reason for my private entry to me, like I needed telling. I ended up dropping out towards the end of Y13, then re-enrolling to another 6th form for 'Y14', where I carried on with maths and further maths, but was also allowed to take English language AS and A2 in 1 year, as my GCSE result had been so high. I still don't really remember the process itself, but I changed my personal statement from a maths focus to English and applied to Linguistics courses.

Unsurprisingly, my maths grades let me down, so I didn't meet my offers, and went through clearing to get a place at YSJ.

3) What do you understand by the term 'imposter syndrome'?

To me, IS is what is felt by a person who believes that they have not earned their position, accolades, qualifications, etc. I suppose I tend to attribute it to

'successful' people, but I wonder that is just circumstantial, because of the people in my life. I think it can be crippling, and can hold people back from achieving all that they are capable of. It may be that this is why it exists, that people are afraid of responsibility or power, and so they convince themselves that they don't deserve it as a way to escape it. It may also be experienced by someone who doesn't feel that they belong in a group, because they consider themselves less capable than their peers. They fear that they will be 'found out' and that this will result in either professional or social ostracization. This may mean that they are less likely to speak up in a group, for fear of saying the wrong thing and therefore 'outing' themselves as an imposter.

a. Is this something which you experience, or have in the past?

Yes.

b. Can you tell me about it?

As I was a relatively low-achieving student at school, and had to go through clearing to get into a fairly poorly-rated university, my confidence was pretty low when I started my degree. But then the first few marks I got were pretty decent – usually around the 70/80 mark, which I was pleased with, but the people on my course who I was close to also tended to get good marks. Friends on other courses would get much lower, so I just assumed that linguistics marked high. I think it was during 2nd year that somebody put in a complaint that the people who engaged with all the extra-curricular activities (my friend group) got higher marks than everyone else. This was news to me, and immediately I began to question whether I was only doing well because I was being favoured by the lecturers. As a result of the complaint, however, it was made public that all students involved with extra-curricular linguistics activities were blind double-marked, specifically to avoid potential favouritism claims (The person who originally put in the complaint then went on to complain it was unfair that we all got automatically double-marked, but I have no idea what happened with that!).

I still don't really understand how I did so well at undergrad – I worked fairly hard, but none of it was ever difficult, and I would achieve a grade of 90+ for an essay I had written during an all-nighter right before the deadline [redacted] *So really, I'm not nearly as smart as my grades indicate, because I don't actually store any of that information, I just am very adept at repackaging it.*

This was all further corroborated by my MA, which didn't go nearly as well. I got a high merit, but dropped about 15 percent on my average from undergrad, which just confirmed that I'd have it easy throughout that. I applied for a PhD

then, but fairly half-heartedly, because I knew I wasn't capable of the level of independence it would require.

When I went into teaching I was fairly confident, but quickly realised that actually a degree and masters in linguistics did not make me adept at teaching GCSE/Functional Skills English, and teaching undergrads/tutoring one-2-one did not adequately prepare me for controlling a room full of 30+ disgruntled teenagers. I don't know whether I hated teaching because I was bad at it, or was bad at it because I hated it, or just both independent of the other, but either way it was pretty miserable.

Failing my first progression review was just further confirmation that I did not deserve my PhD place, my degrees, any of it. Changing my project helped, because I was no longer using an analytical method I knew nothing about but was supposed to be good at. Now I'm doing IPA, which I've never done before, so it's sort of ok if I don't know what I'm doing? Obviously there are still loads of elements which I still struggle with. I know that everyone finds ontology/epistemology difficult, but I feel like they at least understand why it's important. To me it just feels so unnecessary that I can't engage with it, it just seems like a waste of time. Which makes me a bad academic, I guess. I thought looking into Imposter Syndrome might be helpful for me, but quite frankly it just makes me feel worse – even writing this out I'm thinking that what I experience isn't *imposter syndrome, because IS is believing you're an imposter despite evidence to the contrary. I have lots of evidence which points towards me being a fraud.*

'Social science' gets a lot of light-hearted stick, particularly from 'proper' scientists (I live with 5). I think this is unfair; social science may be poorly named, but I don't think it's any less important that natural science. It is, however, undoubtedly easier. So much of what we do is just common sense – I can have a conversation with any of my housemates about my project and they can offer valuable insight. If they try and talk to be about their geo-chemistry, or mathematical modelling, or lymphoma-curing, or fault-mapping, or… I can't even find a way of writing what Rhys does. Basically, I don't have a clue what any of

them do, and that's really disheartening.

c. Can you think of a specific time where you felt like an imposter?

Every meeting or conversation, ever.

4) Can you tell me a bit about the friendships you've developed while you've been here? (Who their friends are, how they met them, etc)

Since I've been here the only real friends I've made have been my housemates (if they count), and Heather. I didn't join any societies because I missed Freshers, and then I felt too old (I'm a whole decade older than first-years). I'm the only one in my year of the cohort, Becca has more or less finished, and Heather lives in Oxford. I got on ok(ish) with my housemates from last year but only really counted two of them as 'friends', and I fell out with both of them at the end of the year. I count my current housemates as friends, but it's been easy during lockdown. Now that things are easing, they're spending more time with their own cohorts and research groups, which I'm incredibly jealous of. I've hinted so many times about being invited along (how embarrassing), but it just doesn't happen.

a. What about other members of your support network?

I'm really lucky to have Heather, but she's so much more capable than me, which can be a little daunting. But she understands my struggles, so that's really helpful. I reached out and made contact with another student doing IPA and had a chat with him which was really helpful. [redacted]

b. With whom do you feel most comfortable?

I don't know. Maybe Heather? Or maybe my friends from before the PhD, but they all think I'm super smart and together and I'm just not, which makes me feel like I'm misleading them.

c. Do you feel as though you've found your place here? (could be at university, within friend group, within med school – allow participant to interpret) Why/why not?

Recently, yes. When I go through positive bursts of work I feel real waves of satisfaction that I'm finally doing what I should be. It's taken a while to feel like that though; I don't think I was ever completely comfortable with my initial project and my living situation in my first year was not ideal, which was exacerbated by lockdown.

d. Do you feel like you belong to the medical school? (again, allow student to interpret) Why/why not?

No. The medical school is, obviously, very medicine-based, whereas I am not. Whenever I attend med school events I just end up very frustrated at the lack of awareness of the MedEd department. This all stemmed from induction – not only was I the <u>only</u> first year in PPM and therefore kept getting awkwardly ignored or enveloped into other irrelevant groups, but so little of the content was relevant for me. I was on a campus which I would never be required to go again, being given H&S lectures for, and tours of labs which I would never need to use. As far as a 'welcome week' goes, it had quite the opposite effect, leaving me feeling incredibly isolated. I suspect that this had a very real impact on my IS and lack of sense of belonging.

i. 'belong' as in: fit in with the people/institution Why/why not?

Yes? But probably not with my peers in the wider medical school/university. I get on well with people in my department, and have ingratiated myself with many members of staff by helping with teaching or getting involved in projects.

ii. 'belong' as in: deserve to be there Why/why not?

I think so, yes. I took a long route here, but without that route I wouldn't have gained the experience that landed me the role. I still don't know that I am academically good enough, but I have earned my place.

iii. are meant to be there in terms of your own ambitions and goals/calling? Why/why not?

Yes. PG study has always been my goal, and research is what I feel most comfortable doing. I'm also very glad that my focus is something with real societal implications.

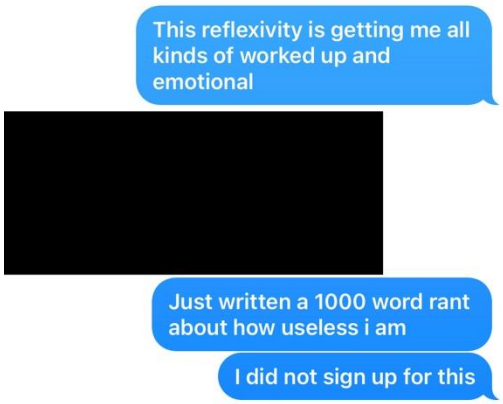
e. Do you feel like you belong to the university? Clubs/societies, etc?) Why/why not?

Absolutely not. Even as a PGR I am several years older than other PGRs, and a decade older than freshers. My attempts to join societies/clubs have not worked, either due to admin issues or my own lack of self-confidence.

C.1.1 Bridling interview follow up 29/9/21

Having just read this back, I am surprised that at the time I didn't reflect on the process of answering these questions. However, I quite clearly remember having a very emotional response, so I can only assume that I needed a break, and then never returned to it. I did find a text message I sent to a close friend at the time which supports this assumption

(shown below). I am confident that my own emotional response to the bridling interview made me much more empathetic to my participants, and a better interviewer, as I was aware of and sympathetic to the sorts of responses my questions may elicit.



C.2 Notes on Research Group discussion about Rosa's transcript (3/9/21)

In today's WPRG meeting I talked through some of the data with Sally and Heather. Firstly we talked through one particularly thorny extract in which she answers the questions 'do you feel like you belong to the medical school?'. In her response she talks about her evolving sense of belonging – that she only gained a place through the reserve list and so hadn't mentally prepared for uni, and felt that she only had a place because someone else dropped out and that therefore she didn't 'deserve' her place. Of the 5 times in the entire interview she uses the word 'deserve', 3 are in this response.

HM pointed out the focus on her having never created a student bank account, and wondered about this as a potential identity issue. In Sally's initial notes on this transcript, she wondered if this were another example of the student not feeling comfortable accepting the student identity for fear of failure.

Sally suggested that if I were conducting narrative analysis, this would be defined as a 'complex structure' with a turning point. The turning point seems to be when she acknowledges that exams aren't all that important, there are other qualities more necessary for being a good doctor. Interestingly, this epiphany only comes after she has passed her finals exams, raising the question of whether she is actually just 'moving the goalposts'. There are clear contradictions here, and throughout the rest of the transcript in regard to herself vs others. Previously I had been thinking of this as a battle between emotion and

logic, with logic slowly gaining the upper hand as the evidence builds up. After this discussion, I am thinking of it in terms of a spectrum of confidence that she progresses along throughout her medical school journey.

The thinking behind this is that she talks initially about not talking to any of her friends or course mates about her worries or concerns (negative>vulnerability), indicating that she lacked the confidence to even talk about her lack of confidence, thus making it covert. She then references opening up to her friends and peers, exhibiting an overt lack of confidence, and in turn discovering that they too often share similar concerns, and also enrolled through non-traditional means. I believe that the comments and contradictions made in this transcript are examples of covert confidence; she is confident in her abilities and her future as a doctor, but is not yet confident enough to make this claim overtly, choosing instead to use hedging and dismissive language. The next stage would therefore be overt confidence, where she feels confident enough to openly acknowledge her belief in herself and her abilities.

I then showed them the participant's definition of imposter syndrome (pictured below), and they both picked up on the same points I did; primarily the shift from 2nd to 1st person, and the correlative shift in tone and strength of vocabulary used.

Hedging language to certain language

I understand it as, um (2.0) sort of feeling like you don't belong somewhere because (1.0) you know, maybe you got in (1.0) and (1.0) feel like you don't belong there, you don't quite fit in and that you shouldn't be there. (1.0) And for medicine (0.5) that's very much, you know, sort of getting in and realizing wow, everyone's smarter than me. How did I get in? And actually, maybe I'm not meant to be here and they'll know that I'm not meant to be here. (1.0) And that I'm actually an idiot. That's how I understand it.

C.3 Notes on Noah's interview after 2nd listen-through (12/1/22)

Listening through this recording I was really struck by how passionate and well-rounded Noah seems. He loves medicine, he loves football, he has loads of friends and speaks very endearingly about his girlfriend and his family. When asked about the stereotype of medical school being all-encompassing and leaving little time for anything else he scoffs, decrying this as 'nonsense'. Listening to him talk about the things he's passionate about it's hard to imagine him becoming stressed or overwhelmed by anything. I do wonder how much this well-roundedness has impacted on his emotional state, or whether it's because he is so calm and collected that he is able to invest so much time in such a variety of activities. This concept of hobbies potentially benefitting students in their mental well-being is surely one which has a lot of research potential, and I will definitely be focusing on this as an aspect of this participant analysis.

C.4 Notes on Jaishun's interview after 1st listen-through (6/3/22)

One thing that really stood out in this listen through was the number of 'ums'; I found it difficult to stop myself reading ahead due to the slowness of the audio. There were also a large number of lengthy gaps (4+ seconds), but these mostly came prior to providing answers to questions and so were probably due to him reflecting. In a few cases I asked a question in a way which could be considered leading – I know that this is not good practise, but it does happen in the course of a longer interview. However, on at least one occasion, he went against my lead, which led me to have a lot of faith in his reliability as a participant. I didn't get the sense at all that he was telling me 'what I wanted to hear'. (Would I have noticed this if I hadn't had those exact concerns with Noah?).

C.5 Notes on Kari's Transcript after 4th read-through (19/7/22)

I continue to be struck by Kari's analyses of her friendships and the difference between superficial and meaningful relationships. This is clearly a big issue for her, but her closing down of relationships contradicts this – I wonder if she subconsciously puts up barriers to avoid rejection.

It is also interesting that she has no doubts about her own intelligence – she is adamant that she is smart enough to be a doctor, and that she fully deserves her place in medical school,

so her IS is not related to her ability to do the job, it comes entirely from the relationships (or lack of) with those around her. She gives the anecdote of being predicted A*, A*, A at college, and having her tutor email each teacher to check that they hadn't made a mistake, which they of course hadn't. This experience likely has had an impact on how she thinks she is perceived by others, and possibly explains her distrust of certain authority figures. While she said it hasn't actually happened, she talks about her fears of reporting any issues, or 'whistle-blowing', claiming that she doesn't trust the system or believe it would work out, and that if she did report something, she may be kicked out. She accepts that this may partly be due to the 'no snitching' culture in which she grew up.

C.6 Follow-up reflection on interview with Zaman (26/7/21)

I keep thinking back to this interview and a part that I didn't write about in the initial reflection. I asked Zaman whether he feels frustration with his 'home community' for their lack of awareness and understanding around Covid, etc, and he said that he did not, explaining that he can't be frustrated at people simply for not knowing things when they haven't had the opportunity to learn. This has really made me reflect on my own prejudices about those less fortunate than me. For example, I have recently been volunteering for the food bank, delivering food parcels to those unable to afford shopping or travel to the bank themselves. Part of me is always somewhat judgmental when someone answers the door with a cigarette, or with a new manicure, because I can't help thinking that if they can afford tobacco or beauty treatments, they could be using that money for food instead. What my interview with Zaman has made me think about is that this may not be wilful deceit or abuse of the charity system by these people, it may instead stem from a lack of education and understanding of priorities.

C.7 Reflections on interview with Richard (2/7/21)

P7 talked about his sense of impostorism as a black student in a predominantly white/Asian cohort. Coming from Luton, he was used to the racial split being around 50/50, so Southampton's lack of diversity was a real 'culture shock' for him. However, he claims that once he realised that this was fairly representative of the population he no longer felt like an imposter. This struck me as a remarkable logical response to a generally very emotionally-driven phenomenon. Richard is very outgoing and is heavily involved in a number of clubs and societies. I wonder if, as with Noah, this provides him with the confidence required to

not struggle with IS? Or is it the case that more confidence people are likely to pick these activities to engage with?

I was interested in an external opinion on this and spoke to a friend who's very involved with the performing arts to gain his perspective. Conversation below:

[14:44, 02/07/2021] [friend]:

Hmm… obviously I can only speak to the arts but I do think that doing drama makes you pretty self-aware. You need to know your strengths and promote yourself to get good roles. And while there's definitely competition and arguments you get a fair amount of positive reinforcement, especially from audiences.

[14:47, 02/07/2021] [friend]:

You're much more likely to get through an audition process successfully by knowing who you are, what you're good and how people will respond to you. It can definitely be stressful but it's revealing.

[14:49, 02/07/2021] Chloe Langford:

Ok, so getting involved in drama requires you to have self-confidence, and those who don't have that won't last long in the performance world?

[14:49, 02/07/2021] Chloe Langford:

So it's kinda sink or swim?

[14:52, 02/07/2021] [friend]:

I mean, it also builds confidence. And in amateur circles you can participate without being in a starring role, and that's very valuable socially. Theatre is socially progressive and generally open to all. Every theatre group feels like a family, with all the good and bad connotations of that. You need confidence in your abilities to take on a lead role or production role, but the ensemble is great for people still finding their feet.

[14:54, 02/07/2021] Chloe Langford:

Yeah that makes sense. So I suppose it's somewhat cyclical in that being in that sphere both requires and creates confidence

[14:55, 02/07/2021] Chloe Langford:

Thank you, it probably all seems really obvious but it's really useful to be able to just talk it through with someone, especially someone who isn't a medic!

[14:55, 02/07/2021] [friend]:

That's right. I've known lots of shy people who've come out of their shell after joining a theatre community, but they needed to take that first step themselves.

Appendix D Miscellaneous Appendices

D.1 Shore et al.'s Inclusion Framework [161(p.1266)]

Figure 1
Inclusion Framework

	Low Belongingness	High Belongingness
Low Value in Uniqueness	**Exclusion** Individual is not treated as an organizational insider with unique value in the work group but there are other employees or groups who are insiders.	**Assimilation** Individual is treated as an insider in the work group when they conform to organizational/dominant culture norms and downplay uniqueness.
High Value in Uniqueness	**Differentiation** Individual is not treated as an organizational insider in the work group but their unique characteristics are seen as valuable and required for group/ organization success.	**Inclusion** Individual is treated as an insider and also allowed/encouraged to retain uniqueness within the work group.