Research Article

Imposter Syndrome: - A Threat To Mental Health

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ARTICLE INFO	ABSTRACT
	"Imposter syndrome is a way of thinking in which someone worries one's abilities, capabilities, or achievements and has an insatiable fear of being recognized as a" fraudulent conduct People who suffer from imposter syndrome continue to believe they are frauds and are unworthy of all they have accomplished, even in the face of outside proof of their abilities. People who suffer from imposter syndrome mistakenly believe that their achievements are the result of serendipity, good timing, or tricking people into believing they are smarter than they actually are. A person's perspective on their capacity for achievement must be altered in order to overcome imposter syndrome. Recognizing their accomplishments and expertise, as well as reassuring each other that they gained their position in their educational or professional setting are crucial because imposters often feel like outsiders. It takes more than just realizing your value and potential to get over imposter syndrome. Your teams, leaders, and executives need to follow suit. Your mental health and well-being must be given equal priority to your physical prowess and output.
	Keywords: Imposter, fraudulent.

INTRODUCTION: -

The fear that your achievements are due to chance or accidental and that your outward identity is a fraud is known as imposter syndrome.[1] Two out of every five university students experience this common phenomenon. Many things, including fear of failure, social comparisons, and perfectionism, can contribute to imposter syndrome.[1]

At some point in their academic careers, a lot of teachers and students report having Impostor Phenomenon, or feelings of self-doubt about their accomplishments and abilities. People may feel as though they don't belong in a scholarly setting and be unable to fully participate in the teaching and learning process as a result of this doubt. Being an imposter is a stigma. Pupils endure silent suffering. It is imperative that educators disclose risks, accept reality, and respond appropriately to justified feelings of inadequacy.[2]

"Impostors" begin assignments either with excessive pre-planning or with the original tardiness and then frantic preparation. When a task is completed successfully, an individual with Imposter Phenomenon feels relieved and accomplished. When another successful task is faced, the cycle restarts, and feelings of anxiety and self-doubt return.[3]

Individuals who are experiencing IP often reject outside validation of their accomplishments and worry unduly about their errors. In addition to feelings of guilt, shame, frustration, and burnout, IP frequently leads to neuroticism, achievement orientation, and perfectionism. Positive relationships between IP and anxiety and depression have been shown. Self-esteem, social interactions, professional goal-directedness, and autonomy can all be adversely affected by IP.[4]

Since the majority of students excelled academically in their prior schools, they are accustomed to believing they are prosperous by default. The imposter syndrome is real and can be depressing at times, even though it is encouraging to observe what other people are accomplishing.[5] Afterwards, I began to understand each person has distinctive origins and special abilities.

IP affects a wide range of people, including staff, faculty, postdocs, students from all levels, and staff. Research indicates that underrepresented groups—such as learners of color, first-generation students, and women in STEM—have higher IP scores. Because Impostor Phenomenon (IP) and stress are positively correlated in students from historically underrepresented groups, it is crucial to consider IP in relation to

social belonging. A welcoming atmosphere where individuals feel heard and free to voice their thoughts goes a long way toward reducing "impostor" syndrome.

It is possible to assist students who require IP work by normalizing productive failure in the discipline and classroom. You could ask students to consider how they have "failed effectively" in the course or in their studies, akin to making a "failure CV." In order to fail effectively, you must recognize that you have made progress toward your goal, accept that failure is not the end, and draw lessons from your missed opportunity to grow.[6]

We become less confident out of a fear of failing when we apply irrational definitions of competence. However, we need to step back and consider the wider picture as medical students, for example, since mistakes are to be expected of us. Why wouldn't we, after all? Since we lack experience, making mistakes is a solid method of learning. Clara Munro offers her perspective as a general surgical trainee who has gone through the experience, stressing that "acceptance of defeat is a particularly essential phase to training as a doctor."[7]

It's safe to say that the culture in healthcare surrounding the fear of failure is detrimental, and organizational culture also contributes to the growth of imposter syndrome. Imposter syndrome thrives in the medical field when one receives professional feedback that is exclusively negative or feels ashamed of mistakes due to innate perfectionism.

There are numerous strategies to combat imposter syndrome, both individually and within organizations. The first step is to normalize it. It gives one a certain amount of comfort to hear from accomplished individuals that imposter syndrome is something that can be conquered.[8] According to Valerie, it's critical to reframe your own ideas and the constructive criticism you encounter on a more personal level. You become an individual with a healthy drive to excel when you go from noticing out of your depth around intelligent people and thinking, "everyone here is outstanding and I'm not," to thinking, "everyone here is brilliant, I'm going to learn so much."[9]

Students who have imposter syndrome may resort to potentially dishonest academic solutions in an effort to stop feeling inadequate. This could be using someone else's work, relying too much on a friend's paper, or, worse yet, asking someone else to help with their assignment. There are grave repercussions for each of these.[10]

Discussions of misconduct in academia frequently imply that any departure from the highest standards of academic integrity is inherently immoral and corrupt. This may overlook the context that puts these kinds of incidents in perspective. It's possible that imposter syndrome contributes to the perception that academic dishonesty is the only way to defend yourself and your friends.

When one chooses to confront the experience itself over the inferiority complex, imposter syndrome can be surmounted. The following brief advice will assist you in getting past these emotions: Share what you're worried about with someone. Make an effort texting a friend or member of your family, or discuss your fears with your tutor.

Establish a connection with the university and become involved in the community. Insouciance of self-worth can be eased by having a sense of community. Investigate the opportunities that student organizations provide. Use Peer Connect to message or video chat with a peer learning advisor. Recognize negative emotions and distinguish them from reality. Examine the data to disprove harmful ideas. Going over accomplishments or compliments again is a useful method to accomplish this.[11]

Give yourself a break and rejoice in any success that comes your way. Face your fears directly. Although it might be challenging, pretending to be confident can assist in suppressing the negative thoughts. Make an effort to remember that obstacles are a normal part of learning and life in general. It's not failure if you don't achieve what you set out to do. You are not the only one going through these emotions. Imposter syndrome can undermine your self-esteem and negatively affect students' well-being. It can be difficult to confront the faulty self-perception that this experience produces due to the inward perception and unreasonable nature of it. It's critical to get help as soon as possible if you're exhibiting any imposter syndrome symptoms, and to make sure your academic integrity is being upheld.

A significant number of students pursuing careers in healthcare experience imposter syndrome. For example, in one study of medical students, IS was reported by more than 25% of the male students and 50% of the female students. According to the Maslach Burnout Inventory, there was a significant association between IS and burnout syndrome in that same study. Students' and professionals' quality of life and well-being are consistently impacted by imposter syndrome.

From a person's perspective to the societal level, imposter syndrome identification and treatment are crucial. Imposter syndrome might be prevented, treated early, and managed to lessen its negative effects on people, patients, teams, and families.[12]

Enhancing diagnosis and management will probably improve team performance as well as the performance of the healthcare team. Enhancing teamwork in medical environments lowers expenses and strains the healthcare system while also improving patient outcomes. Furthermore, in these high-stress academic and clinical settings, disparities in minority groups will probably decrease with improved IS diagnostics and interventions.[13]

Assuring learners of the fact that they deserve their place in the academic school they attend can help educators prevent imposter syndrome. Prospective patients should deal with their fears right away in order

to stop the positive feedback loop that can result in imposter syndrome. For people who are underrepresented in the medical field and other professional fields, this may be particularly crucial. Individual self-evaluation and peer/mentor assessments are two aspects of informal evaluation. Health issues with psychiatric symptoms can be ruled out with a thorough physical examination. A physical examination can address psychosomatic symptoms, which are another possibility in some cases of imposter syndrome.[14]

RESEARCH PROBLEM STATEMENT
The present review was aimed to gain a comprehensive understanding of the knowledge and attitude or perception regarding Imposter Syndrome. The narrative review had been divided into four sections. Each section examined several related studies. These sections are:
• First section deals with the knowledge regarding Imposter Syndrome among students.
• Second section deals with the prevalence of Imposter Syndrome among students.
• Third section deals with the perception regarding Imposter Syndrome among students.
• Forth section deals with the factors affecting Imposter Syndrome among students.

OBJECTIVES
• To assess the knowledge regarding Imposter Syndrome among Medical students.
• To fine out the prevalence of Imposter Syndrome among Medical students.
• To assess the perception regarding Imposter Syndrome among Medical students.
• To explore the factors affecting Imposter Syndrome among Medical students.

METHODS
• A narrative review was designed. A systematic electronic search was used to identify relevant studies. Only original research papers were used in the study. The electronic databases searched were: Research gate, PubMed, Scopus, Google scholar and Allied Health Literature (CINHAL).
• The existing literatures were very systematically opted to recruit into this narrative review.

Inclusion criteria
1. Original research papers related to the topic.
2. The document which is available in full text and is widely accessible online.
3. Studies that are presented in English.
4. Research studies published from the year 2017 onwards.

Exclusion criteria
1) Poor quality journal articles.
2) A research articles without having ISSN number.
3) Research studies that are not listed in a journal data base.
4) Research studies for which there is an abstract accessible.

OUTCOME
1. Knowledge regarding Imposter Syndrome among students.
Judith Marlene Scanlan, Francine Laurencelle , James Plohman (2023) conducted a study on Understanding the impostor phenomenon in graduate nursing students. The CIPS survey was completed by 53 % (49/93) of graduate students, and focus group interviews were conducted with two doctorate and eleven master's students, nurse practitioner. Eighty eight percent of subjects reported experiencing medium to severe impostor phenomenon, according to the quantitative results. The analysis done in 2 categories: (1) dealing with imposter phenomenon and (2) overcoming the feeling of being an impostor. Every participant group shared comparable descriptions of IP. This study offers a basic overview of graduate nursing students' experiences with IP.

2. Prevalence of Imposter Syndrome among students.
Alexandra Medline, Helyn Grissom, Ndéye F Guissé, Victoria Kravets, Sandra Hobson, Julie Balch Samora, Mara Schenker has conducted a study on "From Self-efficacy to Imposter Syndrome: The Intrapersonal Traits of Surgeons". Self-efficacy, impostor syndrome, assertiveness, perfectionism, and self-rated likeability were used in this voluntary, anonymous survey study. The study employed a multimodal recruitment method, with the aim of including surgeons from all subspecialties. There were 296 participants in all, of whom 54% identified as female and 72% as being within the years of twenty-five and forty. The measures of perfectionism, assertiveness, and imposter syndrome showed a normal distribution, whereas the measures of self-efficacy and self-rated likeability showed a tiny negative skew. Self-identified male sex was linked to stronger assertiveness, less perfectionism and imposter syndrome. Among senior age groups, imposter syndrome was less common (P = 0.001). Doctors are a self-assured, perfectionistic profession with

a wide range of impostor syndrome and assertiveness traits. Younger ages and female sex were linked to lower assertiveness and higher imposter syndrome, suggesting a need for early professional guidance.

Devasmita Chakraverty , Jose E Cavazos , Donna B Jeffe has conducted a study titled "Exploring reasons for MD-PhD trainees' experiences of impostor phenomenon". The 20-item Clance Impostor Phenomenon Scale (CIPS), whose scores range from 20 to 100, was administered online to people working in the scientific and medical professions. Higher scores suggest a higher frequency of impostor phenomena. A voluntary semi-structured interview was conducted by a few respondents who reported experiencing imposter phenomenon and who talked about training-related situations that fueled their feelings of impostor phenomenon. Thirteen MD-PhD students and residents—four of whom were female, four of whom were male, and four of whom were white, and five of whom were of other racial or ethnic backgrounds—completed the poll out of 959 survey respondents, which included professionals in the fields of science and medicine. These individuals' CIPS ratings ranged from mild to intense (46–96). The interview narratives describing the participants' experiences with IP revealed four themes: the construction of professional identities, the dread of evaluation, being a minority, and program-transition experiences. They all expressed difficulty in forging an identity as physician-scientists and a lack of a sense of community within medicine or research.

Jayne Rice , Beverlin Rosario-Williams , Francois Williams et.al has conducted a study on titled Impostor syndrome among minority medical students who are underrepresented in medicine. Investigating disparities in impostor syndrome between Underrepresented in Medicine (UiM) and non-UiM medical graduates, is the aim of this study. They also looked at gender disparities in impostor syndrome amongst students at both universities who are UiM and those who are not. An online, two-part survey was completed by 278 medical students from PWI, 107 (59%) women) and HBCU sixty three percent women. There was anonymity in the survey. Participants finished the Clance Impostor Phenomenon Scale, a 20-item self-report questionnaire, in part two after providing data on demographics in part one. The scale measured feelings of inadequacy and self-doubt regarding intelligence, success, accomplishments, and one's incapacity to accept praise or recognition. One of two levels—few/moderate IS feelings or frequent/intense IS feelings—was determined for each student based on their score. To assess the primary goal of the study, we used an array of chi-square tests, binary logistic regression, independent sample t-tests, and analysis of variance. At the PWI and HBCU, the response rates were 22% and 25%, respectively. Ninety-seven percent of students reported experiencing moderate to intense experiences of IS overall, with women 1.7 times higher than males to express regular or acute sentiments of IS. Students at PWI were 2.7 times higher to describe recurrent or intense IS than students at HBCU. Additionally, PWI students at HBCU were 3.0 times more likely to report recurrent or intense IS than UiM students. When gender, minority status, and school type were included in a three-way ANOVA, a two-way interaction was found, showing that UiM women at the PWI and HBCU scored greater on imposter syndrome than UiM men. Non-UiM students did not exhibit this trend.

Marwa Elnaggar , Taif Alanazi , Norah A Alsayer et.al has conducted a study titled Prevalence and Predictor of Impostor Phenomenon Among Medical Students at Jouf University, Saudi Arabia. Finding the prevalence and risk factors for IP in medical students is the aim of this investigation. 82.5% (165) of the 200 medical students included in the survey, who were in their first through fifth year, replied. Groups of male and female Jouf University medical students from the 1st, 2nd, 3rd, 4th and 5th batches of the 2022–2023 academic year were selected using a stratified random selection technique. 165 students completed the survey, resulting in an 82.531% response rate; 86 (52.10%) of the students were female and 47.30% were male. According to the results, medical students with few, moderate, frequent, and severe impostor traits were 7.3%, 50.30%, 35.80%, and 6.70 percent, respectively. The statistics showed that 43.5% of first-year students experienced frequent IP encounters, while 56.5% of them had moderate IP experiences.

VR Mascarenhas, D D'Souza, A Bicholkar has conducted a study titled "Prevalence of impostor phenomenon and its association with self-esteem among medical interns in Goa, India". A tertiary care medical college's medical last year students participated in this study to find out how often the impostor phenomenon is and how it relates to self-esteem. Methods: One hundred fifty medical interns participated in the current cross-sectional investigation. The imposter phenomenon scale and the self-esteem scale developed by Rosenberg were utilised to evaluate the qualities of an impostor and feelings of worth, respectively. An online survey was used to collect data. Of the study participants, 41.3% had high IP characteristics while the remainder (44.7%) had moderate IP characteristics. Sleep duration was discovered to have a strong correlation with Imposter Phenomenon features. Age was found to have a substantial negative correlation with self-esteem, while hours of sleep showed a positive correlation. Self-esteem and the impostor phenomenon were found to have a moderately negative correlation. It was discovered that many medical interns have low self-esteem and significant imposter phenomenon traits. The study revealed a noteworthy correlation between impostor traits and sleep, implying a link between deceptive thoughts and irregular sleep cycles. The imposter phenomenon and self-esteem showed a substantial negative association, indicating that those with more IP traits also had lower self-esteem. High self-esteem and low imposter phenomenon qualities are conducive to effective medical practice. It is important to take steps to boost medical students' and interns' self-esteem and confidence.

3. Perception regarding Imposter Syndrome among Medical students.

Eugenia Lin , Tom J Crijns, David Ring, Prakash Jayakumar has conducted study titled "Imposter Syndrome Among Surgeons Is Associated With Intolerance of Uncertainty and Lower Confidence in Problem Solving". This study examined the association between musculoskeletal specialist surgeons' perceptions of their own incompetence, intolerance for ambiguity, and self-assurance in their ability to solve problems. This survey-based experiment was extended to about two hundred surgeons has participated in the Science of Variation Group, a partnership of predominantly orthopaedic surgeons specialising in upper extremity disorders principally. 122 surgeons completed their questionnaires. The subjects fit the profile of previous Science of Variation Group experiments: the average age was fifty-two ± 5 years, 89% (91 of 102) were men, 81% [83 of 102] self-reported being White, 73% [74 of 102] of the group specialised in hand and/or wrist surgery, and 54% [55 of 102] had more than 11 years of experience. Using a multivariate statistical model, we aimed to find variables linked to higher levels of imposter syndrome feelings. Even after adjusting for potential confounding factors such as years of experience or trainee supervision, there was a slight correlation revealed in the multivariable linear regression analysis between higher sentiments of imposter syndrome and higher intolerance of uncertainty. According to the study's conclusion, a surgeon's mindset can be maintained and supported through coaching, which could lead to greater comfort and happiness at work. This is because experiences of imposter syndrome have been found to be mildly to significantly correlated with factors that can be changed, like difficulties handling uncertainty and a lack of confidence in one's ability to solve problems.

Dotun Ogunyemi , Tommy Lee , Melissa Ma et.al has conducted a study titled "Improving wellness: Defeating Impostor syndrome in medical education using an interactive reflective workshop". The goal was to find out whether an interactive workshop could increase awareness and understanding of impostor syndrome and look at correlates of the condition in a sample of medical students. The participants engaged in interactive lectures and conversations, filled out questionnaires about their baseline knowledge and self-identification as victims of impostor syndrome, and then completed after the intervention surveys. Among the 198 participants were nineteen percentage residents, ten percentage medical students, thirty percentage faculty members, and 41% administrators of Graduate Medical Education. Fifty-seven confirmed for impostor syndrome overall. Three different categories of impostor syndrome performance were identified by the participants: Natural Genius = 21%, Perfectionist = twenty-five percentage, Expert = forty-two percentage, Soloist = thirty-four percentage, and Super-person = thirty-one percentage. Knowledge responses improved after the intervention, going from 4.94 to 5.78. Individuals with competence categories related to impostor syndrome showed heightened views of impostor syndrome as a source of stress, unfulfilled potential, and unfavourable relationships/teamwork. To improve understanding and views of impostor syndrome, consider holding an interactive workshop. The content can be modified to make it appropriate for a range of audiences.

4. Factors affecting Imposter Syndrome among students.

Purichaya Shinawatra , Chayada Kasirawat , Phichittra Khunanon et.al has conducted a study titled Exploring Factors Affecting Impostor Syndrome among Undergraduate Clinical Medical Students at Chiang Mai University, Thailand". This cross-sectional study assessed the prevalence and associated factors of the impostor phenomenon among medical clinical students applying the Clance Impostor Phenomenon Scale (CIPS) with an emphasis on sociodemographic traits, mental health state, and impostor incidence.108 (47.4%) of the 228undergraduate clinical-year medical students said they had encountered the imposter phenomenon. The study results show High levels of stress, anxiety, and depression were significantly linked to a higher chance of encountering the impostor phenomenon. Between participants in the early and later years of clerkship training, we did not find any differences. The study draws attention to the impostor syndrome's frequency and its connection to mental health problems among medical students. By tackling this problem via education, mentoring, systemic problem solving, normalising failure, and keeping an eye on and managing mental health concerns, in the workplace and in the classroom, we can support students in realising their full potential.

Rachel I. Winter, Rakesh Patel, and Robert I. Norman has conducted a study titled "A Qualitative Exploration of the Help-Seeking Behaviours of Students Who Experience Psychological Distress Around Assessment at Medical School". The purpose of this research was to investigate the factors led to actions that indicate a need for assistance and the obstacles that kept people from putting their health first during the critical period of medical school assessments. In two UK medical schools, fifty-seven students who did not pass high-stakes exams were interviewed in semi-structured interviews to learn more about their experiences with academic challenges and their opinions on the reasons behind them. 20 people who specifically said that their psychological wellness had declined at the time of screening were included in this study. The following factors made it difficult for these people to get help: normalisation of the symptoms or circumstances; inability to see that there was a problem; fear of stigmatisation; overt signs of mental distress; and false beliefs about the true nature of medical school, such as the idea that they would face consequences from the institution if they failed. A person's ability to trust someone enough to confide in them later on and their awareness of the need of maintaining excellent psychological wellness were factors that motivated them to seek the right care.

CONCLUSION

According to the study, we experience a variety of unfavourable feelings and ideas when we think we are imposters. We also have a higher likelihood of developing depression. Furthermore, even in the event that we succeed, we still fear failing again and having our unworthiness exposed. It seems that persons who are trying new activities and going through transitions are more likely to experience imposter syndrome. In these new roles and environments, feelings of inadequacy might arise from the pressure to do well and succeed as well as from a lack of expertise.

IP is prevalent in graduate medical education programmes and has the potential to cause learning disengagement. Resident IP may be reduced if modifiable elements of the learning environment, such as performance focus and a strict hierarchy, are addressed. Currently, IP is covered at first-year orientation and is further explored in our counselling centre through group therapy, individual therapy, and workshops. It has been our observation that normalising this skewed and dysfunctional self-perception through individual sessions with academics and facilitated small group talks with peers is, for many students, the most effective initial step towards addressing and ameliorating IP.

It is possible to feel as though someone is going to expose your lack of social skills during a conversation. Or perhaps you're giving a presentation and you feel like you just have to finish it quickly so nobody notices that you truly don't belong there. Although imposter syndrome can be exacerbated by social anxiety symptoms, not everyone who has imposter syndrome also has social anxiety, or vice versa. Even those who do not experience social anxiety may feel incompetent and unconfident. In situations when they feel inadequate, imposter syndrome frequently makes people who are typically not anxious feel apprehensive.

Imposter syndrome is a widely documented and encountered phenomena that primarily affects high-achieving, high-functioning persons in the medical and healthcare fields. The identification and treatment of persons affected by this condition are critical due to the numerous possible negative impacts on these individuals and the numerous linked co-morbidities, such as anxiety, depression, and other behavioural health concerns.

In one study, patients rated doctors-in-training with superior interpersonal skills when they experienced frequent feelings of being a fraud. This was due to the doctors' significant improvement in handling delicate encounters with patients. In a different study, hiring managers perceived candidates with higher people skills to be more questioning during informal pre-interview conversations who were predisposed to feel more like imposters.

Imposter syndrome can impact not just how you feel about yourself or your work on the inside, but it can also have an outward effect on how you approach relationships, projects, and other areas where you are uneasy. This basically produces a self-fulfilling prophecy, which is why it's so pernicious and needs to be dealt with when it happens." One of the issues with imposter syndrome is that success in anything does not alter one's beliefs. You can't help but wonder, "What gives me the right to be here?" You just feel like a fraud the more successful you become. It seems like you are unable to integrate your successful experiences.

In light of your social anxiety, this makes sense if you were told early on that you struggled in social or performance settings. You have such strong basic beliefs about yourself that they remain unchanged in the face of contradicting information. The assumption is that success must be the product of luck if you achieve it.

Discuss your feelings with other people. When irrational views are kept secret and unspoken, they often fester. Help those who are in the same situation as you, even though it may seem counterintuitive to do so. Asking a question can help entice someone who appears uncomfortable or isolated to join the group. You'll gain self-assurance as you put your talents into practice. Instead of concentrating on doing things flawlessly, aim to accomplish them mediocrely well and give yourself a reward for making the effort. For instance, voice your thoughts or share a personal narrative in a group setting. Give in to your feelings of alienation. Rather, make an effort to embrace and sink into them. You cannot begin to dismantle the fundamental assumptions that are preventing you from moving forward until you accept these emotions.

SCOPE FOR FUTURE

Working remotely intensifies imposter syndrome since there are less opportunities to celebrate success and form connections. Companies should make sure that daily recognition and advocacy of work is maintained in remote settings and that new recruits are given access to support systems that foster trust.

A significant portion of the study on intellectual property in the workplace lacks methodological rigour, which restricts our comprehension of IP and its effects on businesses. In order to solve this problem, we list the most frequent methodological errors and highlight exemplary research that successfully avoided them in order to provide significant insights. We list these deficiencies and offer remedies in the sections that follow, giving academics the tools they need to improve on future studies.

We created a trait–state conceptualization of IP as one of our recommendations for further study. This conceptual breakthrough lays the groundwork for further organisational IP research. Lastly, we offer fruitful directions for further study, including methodological and theoretical ideas that might progress the area. We offer a thorough analysis of IP research that is pertinent to organisations. The lack of a review of the

literature to date, despite IP's growing popularity, has left gaps and uncertainty that have impeded the integration of IP into organisational contexts.

Tell someone if you're not sure about your abilities. Don't keep it to yourself. If you are feeling alone talk to your mentor regarding your feelings. We can plan some counselling sessions for those students who are having lack of confidence. We can arrange some activities in which they are good so we raise their confidence. Involvement of students in their each study event is important for overcoming their fear.

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