Impostor Syndrome and Medicine: Talented people believing ‘I am a fraud’

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Skilled, accomplished individuals too commonly lack confidence in their own abilities and discount legitimate respect and praise. The impostor syndrome is an inaccurate self-perception afflicting those who have difficulty experiencing success despite high achievement and recognition from others. Common associations are perfectionism, excessive anxiety, guilt and self-doubt.

Do you think you are an impostor? Those beset by feelings that they are faking it will answer that they frequently agree with the following statements modified from the Clance Impostor Phenomenon Scale.1 Higher scores on the 20-statement scale indicate more severe or frequent feelings of impostorism.

• I’m less competent than people think I am.
• I don’t do things as well as I should.
• It’s tough for me to believe praise.
• When I succeed, I worry I won’t be able to repeat it.
• I’m disheartened if I’m not the best at a specific skill.

There exists an under-appreciation of the pervasive influence and damaging consequences of the Impostor Syndrome.2 Impostors believe that they have fooled others to conclude that they are more skilled than they really are. They seem unable to internalize success. New situations can appear to be merely set-ups to be unmasked as inadequate. Because fear of being outed is a cardinal aspect of impostors, those afflicted are less likely to reveal their insecurities or seek help. Instead, they suffer in silence.

Impostorism increases pressure to avoid failure or be detected as an incapable phony. Situations where others will be aware of your success or perceived defeat tend to be most anxiety provoking for those with poorly calibrated high standards. People who over-work and over-prepare may believe that only luck prevented their exposure as fakes. This repetitive, maladaptive behavior drains cognitive energy, engenders psychologic distress and wastes precious time.3

How common is impostorism in Medicine? Physicians are vulnerable from early training to late career. Intense, pressurized, competitive selection processes begin much earlier than medical school for the high achievers who succeed amongst other high achievers. Overcommitment may be the norm. Fear of discovery as an impostor may replace the natural inclination to learn and experience. Medical culture and environments may include continual evaluation at each career stage with new obligations, challenges, pressures and opportunities to stumble.

In a study of 477 medical, dental, nursing, and pharmacy students, Henning and colleagues reported the prevalence of impostor syndrome to be 30%.4 In medical students, one report found that 1 in 2 women and 1 in 4 men demonstrated impostor syndrome.5 Unfortunately, increased experience and skill marked by objective successes doesn’t reliably abolish feelings of inadequacy. Many mid- and late-career physicians continue to believe they are faking it.

The insecure also discount their future competence. The result may be avoidance of appropriate aspirations, leadership roles and opportunities. Success is feared because it may be viewed only as another risk to be detected as a fraud.6

Hillock et al.5 studied connections between impostorism and burnout in medical students. The perception of inadequacy correlated with elements of burnout – emotional depletion, depersonalization, and impaired perception of personal accomplishment. Burnout can also mimic depression. Both commonly include poor attention, sleep...
difficulties, irritability, disengagement from work and an inadequate sense of self-worth. These traits also characterize the impostor phenomenon in which success and positive feedback feel unmerited. Too many talented people in Medicine miscalibrate their self-perceived impostorism despite objective evidence of achievement. Even some of our star later-career physicians struggle because accolades are neither believed nor internalized.

Core facilitators of impostor syndrome include [1] perception of being continuously judged which can activate negative self-assessment; [2] pressure to perform well in a specific setting; [3] challenging tasks which increase the likelihood of impaired performance. Easy problems tend to be less threatening. Other correlates are absence of a support network, including self-affirming peer relationships and mentoring; lack of same sex, same gender, same race or ethnic role models; inadequate feedback on performance or confirmation of aspirations, and a culture of competition and rivalry.

What are the consequences for impostors?

Intellectual or skilled-based tasks commonly trigger the impostor’s sense of potential failure. The consequences may interfere with a sense of well-being. (Table 1)

There are two distinct forms of impostorism. The first, the subject of this commentary, is an inappropriate, negative self-image held by accomplished people. The second group is, in fact, less skilled, but typically unaware of frequent misalignment between their actual competency and their inflated, self-perceived skill. The latter don’t know what they don’t know, impairing their capacity to self-monitor or identify personal weaknesses, rendering them prone to error. These same deficits also compromise their ability to identify when they are overconfident. Commonly cited examples are findings that as many as 90% of drivers, college professors and diagnosticians rate their personal skill as above average. The sad reality is that competent people may become deskilled and underperform. The afflicted are often beset by a conviction that they have fooled others. Intense feelings of inadequacy can interfere with well-being and stunt the personal, academic and career development of high-performing people. Even the most impressive achievement may not inoculate us from impostorism.

Table 1. Imposterism – Consequences

| Psychologic dysfunction – anxiety, depression, lack of well-being |
| Fear of failure, burnout |
| Impaired self-esteem, motivation, self-identity |
| Avoidance of settings perceived as threatening |
| Reduced professional aspirations, limited goals |
| Self-consciousness, reduced participation |
| Rejection of validity of positive feedback or test results |
| Failure to seek help – disclosure is feared, avoided |
| Communication difficulties, self-consciousness interfering with participation |
| Impairment of social belonging |

References

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