



Imposter syndrome; why is it so common in nursing research and is it really a problem?

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Presentation overview

- Background and aims
- What is imposter syndrome?
- Common features of imposter syndrome
- Potential impact of imposter syndrome
- Management techniques
- Is it really a problem?

Background and aims

- Imposter syndrome; the feeling of being a fraud and the subsequent fear of being 'found out'
- It's particularly common in nursing academia, especially amongst doctoral students and early-mid career academics
- The impact can be profound and potentially destructive
- Why am I personally interested in it?
- Aims of this discussion paper

What is imposter syndrome?

- First described by Clance and Imes (1978) in their research amongst 150 high-achieving women
- Despite success, participants were unable to properly acknowledge their achievements and were constantly afraid of being exposed as frauds
- Commonly associated with the belief that success is due to luck, good fortune and/or deception
- Persistently feeling like an imposter, not good enough (especially in relation to others) and a fake who will inevitably fail and/or be exposed

Common features of imposter syndrome

- While the evidence base is emerging and much debated, it's believed that imposter syndrome is not a mental health disorder, as such, but is probably a situational response and may be associated with certain personality traits
- It is postulated that up to 70% of the population may be affected at some point (Harvey and Katz 1985)
- It is thought to be particularly common among those who are under-represented in their respective fields, high achievers, those who work in highly competitive environments and, anecdotal evidence suggests that it's pervasive in academia

Common features of imposter syndrome

- Why and when does it occur?
- For many who work in highly competitive environments, the feeling of being a fraud may be ubiquitous. However, for most people, such feelings typically fluctuate and are usually exacerbated by certain triggers
- When you're most vulnerable, all your doubts come crashing in around you (Richards, 2015)
- Many famous people have also reported feeling like frauds



The potential impact of imposter syndrome

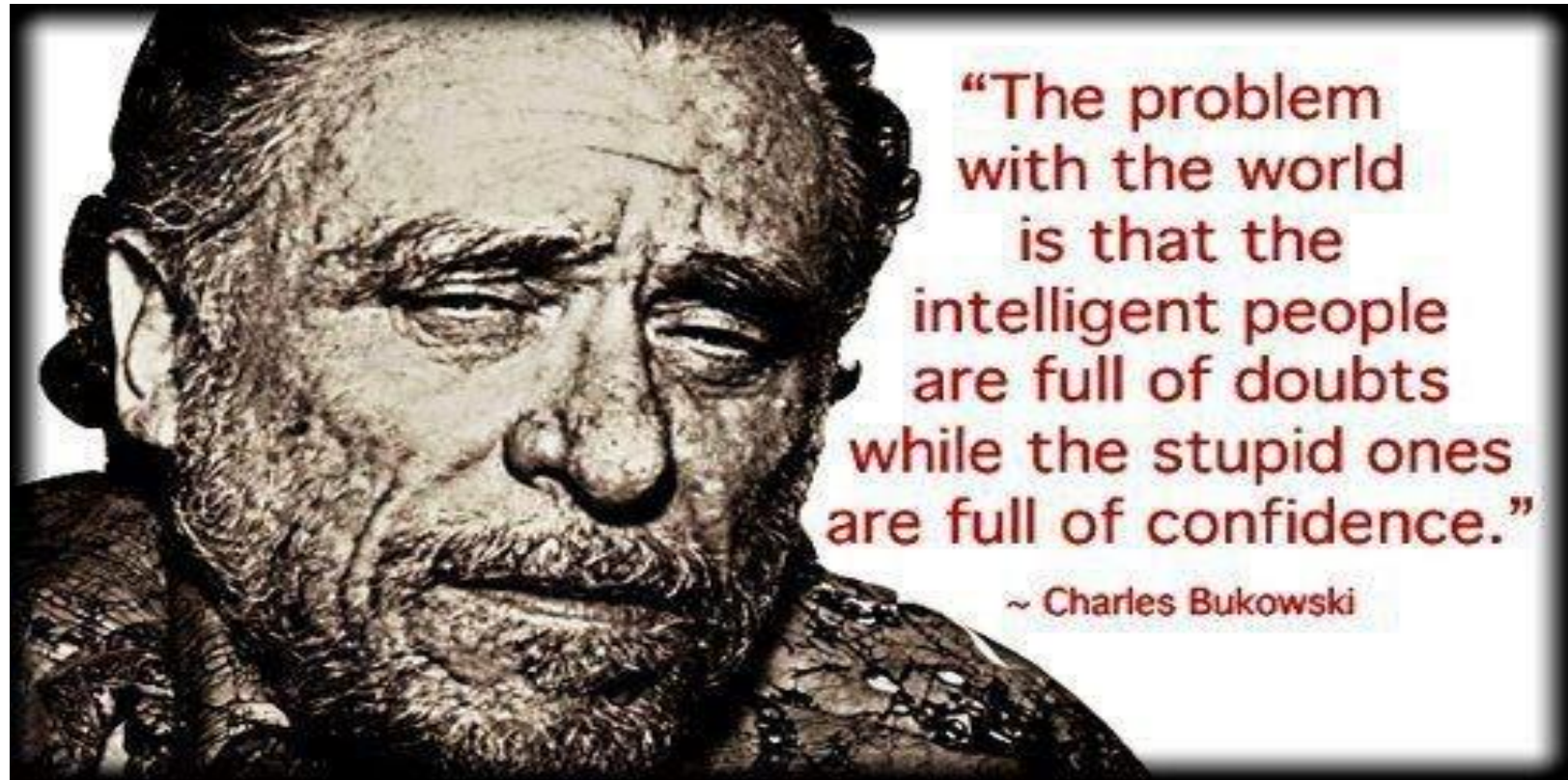
- Commonly results in anxiety, stress, low confidence, self-doubt, feelings of insecurity, inadequacy and unworthiness and even depression
- Those affected often unduly dwell on critical feedback, criticism, mistakes or failures
- Most 'suffer in silence'
- Often inhibits people from taking risks, seizing opportunities, developing personally and professionally and reaching their potential
- Commonly results in working excessively harder, 'downsizing' and/or, eventually, just giving up

Management techniques

- Where appropriate, discuss your concerns with others
- Recognise that such feelings are common
- Acknowledge your achievements and feedback
- Recognise that that working at doctoral and post-doctoral level is challenging
- Work, rest and play

Is it really a problem?

- Imposter syndrome is widely regarded as problematic within the wider literature
- However, it arguably serves a very useful purpose
- The inherent problems of over-confidence and insufficient critical, self-doubt in the world of research



“The problem
with the world
is that the
intelligent people
are full of doubts
while the stupid ones
are full of confidence.”

~ Charles Bukowski

Source: <https://www.pinterest.co.uk/pin/28499410112660343/>

The perils of over-confidence



Source: www.pinterest.com

Conclusion

- Imposter syndrome is complex, multifaceted and has considerable potential to adversely affect personal and professional development
- However, not only are such feelings relatively normal, they are also arguably an essential component of scholarly activity
- The importance of normalising and managing such feelings
- If you really do feel like a fraud, then the chances are, you're probably not

Thanks for listening



Source; www.giphy.com

References

- Clance P, Imes S (1978) The imposter phenomenon in high achieving women. Dynamics and therapeutic intervention. *Psychotherapy, Theory and Research Practice*, 15, 241-247.
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