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Imposter syndrome; why is it so common amongst nurse researchers and is it really a problem?

Abstract

Background:

Imposter syndrome appears to be a common problem amongst nurse researchers and within academia more generally and often has a considerable impact on those affected. However, it is unclear how or why nurse researchers are affected by this phenomenon and/or whether feeling like an 'imposter', in this particular context, is actually problematic.

Aim:

To critically explore the concept of imposter syndrome amongst early-mid career nurse researchers.

Discussion:

While there may be several specific reasons as to why imposterism is common amongst nurse researchers, evidence suggests that such feelings are also ubiquitous in other academic disciplines across the higher education sector, particularly amongst early-mid career researchers. It can cause a variety of problems, including feelings of anxiety, self-doubt and inadequacy, and therefore has significant potential to adversely affect personal and professional development.

Conclusion:

Imposter syndrome can be deeply unsettling, particularly at times of specific exposure or peer review. However, it is relatively normal, even for the most experienced, successful researchers, to feel like this. Furthermore, in appropriate measures, related feelings of self-doubt and critical self-reflection are actually essential to the research process and can help to moderate the potential for making significant mistakes.

Implications for practice:

Imposter syndrome is common in academia, especially amongst doctoral and early-mid career researchers and recognising this is an important first step in mitigating related feelings of inadequacy. However, when managed appropriately, imposterism can play an important function in helping to facilitate scholarly activity and ongoing personal and professional development.

Keywords:

Imposter syndrome, imposter phenomenon, nurse researchers, doctoral students, early career researchers (ECRs).

Introduction

Imposter syndrome is associated with the feeling of being a fraud in one's chosen profession and the subsequent fear of being 'found out' (Burkeman 2013). Those affected generally feel that they aren't good enough and subsequently believe that, at some point, they will be exposed as a fraud (Jones 2009).

Anecdotal evidence suggests that it is common in nursing academia, particularly amongst doctoral students and early-mid career academics. While there are several common features associated with imposter syndrome, it appears that the feeling of being a fraud typically develops during the doctoral research phase and often continues thereafter (Watson and Betts 2010). I have a long-standing interest in imposterism, because, despite being an experienced mid-career researcher, with a successful track record of grant income, peer-reviewed outputs and doctoral student completions, I have never quite been able to shake off the feeling of being 'an academic fraud' or the effects associated with that.

The personal and professional impact of imposter syndrome can be profound and potentially destructive. Feelings of anxiety, self-doubt and inadequacy are common, which often prevents those affected from taking appropriate risks and/or reaching their true potential, as they typically feel inadequate (Watson and Betts 2010). However, despite a wider, developing evidence base, it is unclear how or why nurse researchers, in particular, are affected by imposterism and/or whether such feelings are actually problematic.

The aim of this discussion paper is therefore to critically explore the concept of imposter syndrome amongst early-mid career nurse researchers, with a particular focus on; how, when and why such feelings typically occur; approaches to managing such feelings; exploring whether feeling like an imposter, in this particular context, is necessarily problematic.

What is imposter syndrome?

Imposter syndrome (originally referred to as 'imposter phenomenon') was first described by the psychologists Clance and Imes (1978) in their research in the USA amongst 150 high-achieving women. The women typically had advanced degrees, high scores in aptitude tests and held various leadership roles but largely felt inadequate and incompetent (Bannatyne

2015). Consequently, despite extensive evidence of professional success and ability, the women were unable to properly acknowledge their achievements, felt undeserving of success and were constantly afraid of being exposed as frauds (Clance and Imes 1978).

Imposter syndrome is therefore commonly associated with the belief that success is not due to talent or ability but is rather due to luck, good fortune, timing (e.g. being in the 'right place at the right time') and/or deception (e.g. deceiving others into believing that you are more competent and intelligent than you actually are) (Jones 2009, Bannatyne 2015). Consequently, it is associated with frequently feeling like an imposter, who is not good enough and will inevitably fail and/or be exposed as a fraud.

Common features of imposter syndrome

While the evidence base is still developing and much debated, it is 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 (Zorn 2005, McElwee and Yurak 2010, Tiefenthaler 2018). For example, it appears to affect those who are conscientious, perfectionists, high achievers and/or those who work in highly competitive environments, such as Higher Education Institutes (HEIs) (Want and Kleitman, 2006, Bannatyne 2015). It is also thought to be particularly common amongst those who are under-represented in their respective fields and, while questionable, is believed to be more common in women and certain minority groups (Buckland 2017).

It is likely that imposterism is informed by social and cultural inequities and the related feelings of self-doubt therefore probably stem from childhood (Buckland 2017). For example, as a consequence of competition with siblings or class mates and/or unrealistic expectations from significant others, such as parents or teachers (Clance and Imes 1978). However, the relationship between gender and imposter syndrome is contentious and, while early research suggests that women are more commonly affected (Zorn 2005, Watson and Betts 2010), it now appears that men are equally afflicted (Peternelj-Taylor 2011, Parkman 2016).

No definitive data exist, but it is postulated that up to 70% of the population may be affected at some point (Buckland 2017) and it is probably more common than we actually think, because most people, particularly in HEIs, tend not to openly discuss such feelings. Many famous people, including Maya Angelou, Meryl Streep and even Albert Einstein, have also reported feeling like imposters (Buckland 2017). So, if you feel like a fraud, you are in very good company.

Imposterism has been widely reported amongst nursing students and nurse practitioners (Parkman 2016) and may therefore be indicative of wider, related issues within the profession itself. However, in relation to nurse researchers, there are probably several reasons why such feelings are so common. For example, the historical 'perceived place' of nursing within the healthcare hierarchy, the wholesale move of all UK schools of nursing into the HEI sector in the early 1990s and the fact that nursing, as a discipline, remains a relative research neophyte, which perhaps further compounds potential feelings of uncertainty. It is also likely that, for most early career nurse researchers, undertaking doctoral and/or post-doctoral research represents a significant career change, which, like many new endeavours, is often unsettling. However, imposter syndrome is almost certainly not unique to nurse researchers or even HEIs. Evidence suggests that, for a multitude of reasons, it is pervasive in academia (Barcan 2014, McMillan 2016).

The academic environment is highly competitive, which invariably results in many researchers comparing themselves with their colleagues, often believing that other researchers are more capable and intelligent than they are. Certainly when I was a PhD student, I always felt that my fellow doctoral students were more competent than me, which frequently compounded my feelings of inadequacy. However, my fear of being exposed as an academic fraud didn't really dissipate, even after I was awarded my PhD. In many ways, it was exacerbated, because of my subsequent concerns regarding other people's expectations of me, now that I had the title of Dr.

The HEI environment also appears to present additional challenges for many researchers. For example, most researchers experience frequent evaluation and peer review, high and diverse workloads, intense competition for appointments, tenures and research funding (Zorn 2005, Watson and Betts 2010) and competing teaching and research demands. There is also increasing pressure to publish high quality papers, support and mentorship is often lacking, knowledge and disciplinary boundaries are evolving and the student body is now larger and more diverse (Barcan 2014, Bannatyne 2015). It is perhaps therefore unsurprising that many academics feel under so much pressure, in the ongoing pursuit of excellence in so many different areas.

When and why does imposter syndrome typically 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, such as 'sticking your head above the trenches'. For example, at times of wider exposure or peer review, such as doctoral supervision, vivas, conference presentations, journal and grant reviews and applying for a new job or academic promotion (McElwee and Yurak 2010, Parkman 2016).

Peer review is, however, a fundamental component of academic life and often challenges even the most seasoned academics. Research grants, publications, job interviews and promotion are all subject to peer review and, given the current level of competition and frequency of such activities, the most likely outcome of each is rejection (Blyth et al 2018). However, a savage peer review, particularly if it happens frequently, can be extremely disconcerting, especially for early career researchers (ECRs) and may subsequently cast considerable personal doubt on one's ability and competence. It would therefore appear, that very act of being judged, even if only implicitly, is a contributing factor to impostor syndrome (Blyth et al 2018).

Imposterism appears to be a specific form of self-doubt (Stahl 2017) that adversely affects many ECRs, even when there is evidence of meaningful academic achievements. This perhaps demonstrates that imposter syndrome is not really about what you have achieved but is rather related to how you actually feel (Revuluri 2018). It is, however, possible that pervasive feelings of self-doubt may not necessarily be related to a perceived lack of personal competence but, instead, are firmly embedded within the academic culture itself (Zorn 2005, Watson and Betts 2010). It is also possible that some self-styled imposters are not really imposters at all, but instead use self-deprecation as a social strategy to help lower others people's expectations and thus get credit for being humble (Carey 2008). How common such individuals are, though, particularly amongst nurse researchers, is unclear.

The potential impact of imposter syndrome

Imposter syndrome commonly results in anxiety, stress, low confidence, self-doubt, fear of failure, feelings of insecurity, inadequacy, unworthiness and even depression. Those affected often unduly dwell on critical feedback, criticism, mistakes, failures or rejections. Most 'suffer in silence' and do not openly discuss how they feel because they are embarrassed and/or probably feel that to admit to feeling like a fraud would be construed as a significant sign of weakness. Such feelings are therefore compounded, as those affected often believe that they are the only ones who feel like this.

It often inhibits people from taking risks, seizing opportunities, developing personally and professionally and reaching their true potential because they don't believe that they are good enough. Procrastination is therefore common, which may result in avoiding writing theses chapters, papers for publication, conference abstracts and grant applications. Some imposters may even eventually abandon attempts to demonstrate academic competence and instead focus on avoiding a demonstration of incompetence (Kumar and Jagacinski 2004). Consequently, those affected may not apply for certain jobs or academic promotion and/or may not target certain academic journals or conferences for fear of rejection.

Imposter syndrome may also hinder teaching and professional development, which may emerge in behaviours such as reluctance to attend conferences or even answer students' questions in class (Zorn 2005). It may also result in 'downsizing' academic ambitions (e.g. settling for a lectureship instead of pursuing more senior academic aspirations) (Collett and Avelis 2013), working excessively harder, over-preparing, exhaustion, burnout and/or leaving the HEI sector completely.

Management techniques

While the feeling of being an academic fraud has never really left me, my sense of imposterism is now rarely debilitating, largely because I've not yet been exposed as a fraud, which perhaps suggests that my fears are unfounded, but also because of techniques I now use to mitigate such concerns. The key, therefore, for those afflicted by imposter syndrome, is to adopt effective techniques to help manage such feelings, so that they do not adversely affect you. An important first step, however, is to recognise that feeling like an imposter is largely related to your own perceptions of yourself and acknowledging this can help you overcome your fears (Buckland 2017). Therefore, where appropriate, discuss your concerns with relevant others, as it can help contextualise your feelings and help you to realise that many others also feel the same, which can be reassuring. It is also useful to reflect on times when you felt particularly vulnerable (e.g. presenting at a conference) that subsequently worked out ok. This may help you to realise that many of your concerns about your ability are unfounded and are probably related to the fact that you are simply diligent and conscientious.

However, if you feel that you have specific areas of weakness and would therefore benefit from additional skills or experience in order to develop further, speak to your line manager or supervisor and explore appropriate opportunities for additional help and support. We are

all works in progress, constantly learning and developing (Buckland 2017), which is natural and healthy, so do not put pressure on yourself to know it all, because nobody does (Stahl 2017). Most people who are experts in their field, usually are because they never stop learning (Tiefenthaler 2018).

Acknowledge your achievements and positive feedback and don't seek to diminish them. Try not to procrastinate and do take appropriate risks because you will never really know what you are truly capable of, if you don't at least try. Also take regular stock of what you have achieved (not just what you had hoped to achieve) because when viewed over a longer timeframe, it can be reassuring to see how much you have accomplished (Blyth et al 2018, Revuluri 2018). It is also likely that you are over-emphasising the achievements of others and vastly underestimating their struggles and failures (Stillman 2012). After all, success is public but failures are largely private, so the only failures we ever really see are our own (Blyth et al 2018). Consequently, when we observe other researchers justifiably celebrating their success, it is usually just the tip of the proverbial iceberg (see diagram1). What we rarely see, however, are their struggles and failures, even though such challenges constitute much of academic life, even for the most successful researchers.

Recognise that peer review is a natural part of academic life. While it may occasionally be destructive, it is usually helpful in further developing work and, regardless, it is here to stay. Consequently, critical feedback and/or rejection are common. You often have to send things off multiple times to get published, funded or employed, so it is prudent to get used to the cycle of production, rejection, revision and acceptance, as it is completely normal (Revuluri 2018). It is therefore important to learn how to deal with criticism, however harsh it may be. Try not to take critical feedback personally or dismiss it out of hand. I always find that a day or two away from reviewers' feedback always helps me to moderate any potential feelings of disquiet that I might initially experience and subsequently helps me to better appreciate and respond appropriately to critical feedback.

There is, however, a need for greater peer support and mentorship within HEIs for doctoral students and ECRs (Watson and Betts 2010), which will help to facilitate personal and professional development, build research capacity and capability and create a more sustainable research environment that benefits the individual and the organisation in which they work. Such support could be provided, informally and/or formally, in several meaningful ways (depending on individual need and circumstances) such as support groups, peer support networks, staff induction programmes (with an appropriate mentor) and dedicated doctoral and post-doctoral mentorship schemes (Watson and Betts 2010,

Bannatyne 2015, Tiefenthaler 2018). However, such initiatives will only ever really succeed if they are properly supported and valued by prospective mentors, mentees and relevant departments and HEIs.

Finally, academic life is demanding, so appropriate rest and hobbies are incredibly important for well-being, creativity and sustainability.

Diagram 1:

The Iceberg illusion (Duckworth 2015)



Is imposter syndrome really a problem?

Within the wider literature, imposter syndrome is widely regarded to be potentially problematic, particularly if it is not managed appropriately. However, not only is it relatively normal, especially for ECRs, to feel like this, but it also arguably serves an essential purpose. An appropriate degree of self-doubt and critical self-reflection are integral to the research process and can help drive quality and standards and reduce the potential for making significant errors. For example, when I'm writing a scholarly paper, my perpetual sense of imposterism, constantly makes me contemplate whether it is good enough and/or how it can be further improved. Having a natural sense of humility about your work is healthy and usually indicates that you're conscientious, diligent and intellectually curious (Stillman 2012). It also keeps us humble and helps us to develop further (Sherman 2013).

Burkeman (2013) postulates that imposter syndrome is probably just a natural symptom associated with gaining relevant expertise. Perhaps then, it is time to reconceptualise imposter syndrome and to start thinking about it, not as an adversary or something to be feared or ashamed of, but as a potential ally, which is fundamental to our ongoing personal and professional development. After all, only the arrogant have an unshakable view of their own value and influence (Barcan 2014).

There is, of course, absolutely nothing wrong with being confident but high self-esteem and over-confidence can often mask complacency and even incompetence (Jones 2009), which can be extremely problematic, particularly for doctoral students and ECRs. Ironically, it would appear that those who really should feel like imposters, rarely do (Stillman 2012).

Conclusion

Imposter syndrome appears to be ubiquitous in academia and, while the nature, extent and causations may vary, the personal effects are often considerable, nonetheless. HEIs therefore have a responsibility to better nurture, mentor and support doctoral and post-doctoral researchers, which may subsequently facilitate the recruitment, retention and development of research students and ECRs (Parkman 2016). However, it is also important for those affected to recognise that, not only are such feelings relatively normal, but when managed appropriately, they are an indispensable component of scholarly activity and can help to keep us grounded and motivated.

Furthermore, if more senior nurse researchers openly discussed their academic concerns, struggles and insecurities, it would help to further contextualise the phenomenon and might also allow ECRs to have more realistic perspectives about their own work. It is for this reason

that I have been so reflective in this paper and I therefore hope that my ruminations are relatable and, possibly even, reassuring. It is, however, worth noting that, as Clance and Imes (1978) originally observed, those affected by imposterism often have meaningful evidence which supports their own abilities. Therefore, if you really do feel like a fraud, the chances are, you're probably not. Most people affected by imposter syndrome are probably very good at what they do, they just haven't properly acknowledged it yet.

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