Keywords Self-doubt/Self-confidence/Stress/Wellbeing/Workforce

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In this article...

- Reasons for, and symptoms of, imposter syndrome
- Effects of imposter syndrome on wellbeing and career
- Recommendations to help nurses deal with imposter syndrome

Imposter syndrome: why some of us doubt our competence

Key points

Imposter syndrome presents as feelings of inadequacy and unworthiness

Progressing to a new role can bring with it a period of discomfort and self-doubt

Newly qualified nurses, nurses who progress in their field and those who go into academia often experience imposter syndrome

The destructive nature of imposter syndrome can compound staffing issues

Acknowledging and discussing self-confidence issues may help to manage imposter syndrome

Fig 1. **What imposter syndrome feels like**

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Abstract 'Imposter syndrome' is described as intense feelings of fraudulence and self-doubt in the face of success. It is common, particularly in environments where intellect is central to success, and it therefore thrives in academic contexts. Imposter syndrome often appears among nurses who transition from practice to education, but also among newly qualified nurses and those who progress within the profession. It has destructive effects on psychological wellbeing and professional development. This article describes imposter syndrome, raising awareness of the issue and suggesting solutions to overcome it.

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Any new role comes with its own challenges as well as a period of adjustment (Ghayur and Churchill, 2015); adapting to a new environment, new expectations and a different profession can be overwhelming (Yeo et al, 2015). Having transitioned from practising nurse to nurse lecturer, I have experienced this directly and have been afflicted with the fear that, eventually, everyone would come to realise that I did not quite 'cut it' in the prestigious world of academia.

It appears I am far from alone in experiencing such feelings. Imposter syndrome was defined by Clance and Imes (1978), who found that many high-achieving women doubted their expertise and felt they had fooled others into believing they were more capable than they were. It presents as feelings of inadequacy and unworthiness, and an inability to accept one's accomplishments. Imposter syndrome is common and said to be experienced by 70% of the population at some time in their lives (Gravois, 2007); it is distressing and destructive, and has negative effects on job satisfaction and performance.

I hope that raising awareness of imposter syndrome will allow others to recognise it in themselves. Sometimes just putting a name to an experience helps us accept it. This article provides insight into the experience of imposter syndrome arising from a change of professional role and suggests ways to manage it.

Newly qualified nurses

When one's professional role changes, so too do professional standards, expectations and responsibilities (Boyd et al, 2009). It is therefore, no surprise that an uncomfortable period of adjustment ensues. Imposter syndrome eagerly feeds on this discomfort, gaining strength from the self-doubt that comes with a new role (de Vries, 2005).

Newly qualified nurses are particularly vulnerable, as many of them doubt their knowledge, readiness for qualification and ability to meet the expectations of patients and colleagues and, importantly, themselves. Imposter syndrome not only results in lacking a sense of belonging (feeling like a fake), but also obliterates the confidence to develop.

Workforce challenges in health services mean that many newly qualified nurses are pushed to work beyond reasonable responsibilities of their professional level and experience. This means they often work outside of their comfort zone and feel out of their depth (Ebrahimi et al, 2016). These feelings 'feed' imposter syndrome, and vice versa, in a vicious and draining cycle. Many new nurses leave the profession believing they are unable to 'hack it' (Lampard, 2016).

Nurses progressing in their field

Imposter syndrome is not exclusive to those who are new to the nursing profession – nurses who choose to progress within it are equally vulnerable. Progression comes with increased responsibility, expectations and, dauntingly, visibility (Neureiter and Traut-Mattausch, 2016). This is unnerving, as the nature of imposter syndrome means we strive to hide our perceived inadequacy (Clance and Imes, 1978).

Effective leadership in senior roles requires the confidence and ability to delegate. However, imposter anxieties mean that delegation is likely to nurture fears that one's competence may be questioned. This, coupled with feeling unworthy of holding that new, more-senior professional position, means that increased responsibility proves extremely daunting (Neureiter and Traut-Mattausch, 2016).

Nurses who become lecturers

Much like professional progression in clinical practice, moving from the clinical to the academic context forces individuals outside of their comfort zone. For those who have been a competent, confident nurse, it is uncomfortable to become a novice lecturer (Benner, 1984). Responsibilities and expectations drastically change, and many new lecturers experience self-doubt and uncertainty, wondering whether they can rise to the challenges. This results in anxiety about failing and about being successful (de Vries, 2005), as success is deemed to be a result of luck, hard work or fooling others, rather than ability.

To be successful in nurse education means being a credible nurse and a credible academic. Unfortunately, the demands of being a nurse lecturer make it challenging to continue practising as a nurse to maintain that credibility. When one feels they have become de-skilled as a practitioner, imposter syndrome rears its ugly head (Boyd et al, 2009).

Many lecturers, myself included, grieve their nurse identity, even though it remains embedded in their role as a nurse lecturer. Adapting to a new professional identity comes with a period of 'limbo', during which one needs to let go of an ingrained identity and embrace a new one (Wood et al, 2016). Feelings of self-doubt and insecurity create the ideal environment for imposter syndrome to flourish (Neureiter and Traut-Mattausch, 2016).

"Sometimes just putting a name to an experience helps us accept it"

Negative effects

Imposter syndrome is destructive. Problems include high stress levels, psychological distress and, eventually, burnout (Whitman and Shanine, 2012). Living with self-doubt and fear of both success and failure can lead to self-handicapping behaviours. As a result, individuals do not seek promotion, leave the profession or even return to their previous role.

Imposter anxieties may partly explain the high numbers of nurses leaving the register and high job turnover rates both in practice and education (Clarke et al, 2015). With practitioner and faculty shortages already an issue, this has far-reaching consequences, particularly given the need to prepare the next generation of nurses.

Recommendations

Raising awareness of imposter syndrome allows opportunities for it to be managed on both a personal and an organisational level (Whitman and Shanine, 2012). However, identifying it is challenging, as its very nature means that people often go to extreme lengths to conceal what they think are inadequacies. Awareness and open communication between staff and managers, mentors and preceptors would perhaps normalise the experience, highlighting its detrimental effects and enabling people to consider coping strategies (Cokley et al, 2015).

Discussions about performance should address low self-esteem, which is at the heart of imposter syndrome. Formalising the management of confidence issues and highlighting the fact that *feeling* incompetent and *being* incompetent are two different things could help dispel imposter feelings. Formal reflection in the professional appraisal process could be a practical means for individuals to explore and discuss their own credibility. People with low confidence are likely to benefit from discussing the qualifications, experience and expertise that has led to their current role.

Managers, mentors and preceptors are perhaps those professionals best placed to offer support and encourage realistic self-views. This may reduce job turnover rates and improve job satisfaction, employee performance and wellbeing, which would, in turn, benefit clinical practice, nurse education and patient outcomes (Lane, 2015). **NT**

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