Understanding and Overcoming Impostor Syndrome

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Impostor syndrome is seen commonly in medical professionals and can adversely affect career success and satisfaction. The characteristics of impostor syndrome include: self-doubt; inability to accurately judge your own abilities; giving the credit of your success to other external factors; overachieving; constant fear of not standing up to the expectations of people; self-sabotage; fear of isolation, exposure, and rejection; rumination; and anxiety and depression. Overcoming this condition requires self-awareness and diligence in reshaping mindset. Authors’ addresses: PO Box 192, Virginia City, MT 59755 (Grice); 6954 Point Pleasant Pike, New Hope, PA 18938-9715 (Clark); 120 Reservoir Road, Pawling, NY 12564-1740 (Fish); PO Box 256, Belgrade, MT 59714 (Lindroth); Athletic Equine, Manorville, NY 11949 (Spillman); e-mail: amyvmdmba@gmail.com. *Corresponding and presenting author. © 2021 AAEP.

1. Introduction
Impostor syndrome is defined by the Oxford Dictionary as “the persistent inability to believe that one’s success is deserved or has been legitimately achieved as a result of one’s own efforts or skills.” First described in a research paper in 1978, the syndrome has subsequently been found in people of all demographics and is common in the medical fields. A recent review of the literature published in 2020, utilizing 62 studies and over 14,000 subjects, found that 9%-82% of people experience impostor syndrome. The numbers vary depending on who participates in a study but revealed that impostor syndrome was common among both men and women and across a range of age groups (adolescents to late-stage professionals).2

2. Discussion
Psychologists first described and named impostor syndrome in 1978. The authors wrote, “In our clinical experience, we have found that the phenomenon occurs with much less frequency in men and that when it does occur, it is with much less intensity … Attribution research findings imply that the impostor phenomenon would be found less frequently in men than in women…Unlike men, who tend to own success as attributable to a quality inherent in themselves, women are more likely either to project the cause of success outward to an external cause (luck) or to a temporary internal quality (effort) that they do not equate with inherent ability.” Subsequent studies have found that this disorder affects people of all ages, races, genders, and career
paths, though it is over-represented in highly educated professionals. According to Gill Corkindale, writing for the Harvard Business Review, “Imposter syndrome can be defined as a collection of feelings of inadequacy that persist despite evident success. ‘Imposters’ suffer from chronic self-doubt and a sense of intellectual fraudulence that override any feelings of success or external proof of their competence. They seem unable to internalize their accomplishments, however successful they are in their field. High achieving, highly successful people often suffer, so impostor syndrome doesn’t equate with low self-esteem or a lack of self-confidence. In fact, some researchers have linked it with perfectionism, especially in women and among academics.”

Pauline Rose Clance, one of the authors of the groundbreaking 1978 study, developed a validated test for the presence of impostor syndrome. This test can be accessed at: https://paulineroseclance.com/pdf/IPTestandscoring.pdf. Subsequently, other researchers created additional screening tests. A systematic review of the literature published in 2020 by Bravata et al. stated that clinicians lacked evidence on the prevalence, comorbidities, and best practices for diagnosing and treating impostor syndrome and that its actual effects on professional performance and burnout both among healthcare professionals and others were not known. Consequently, the purpose of their study was to “critically evaluate the published literature on impostor syndrome—specifically to evaluate the prevalence of impostor syndrome in employed populations, characterize its relationship to workplace performance and burnout, characterize common comorbidities, and determine the most effective treatments for populations suffering from impostor symptoms.”

Few of the studies reviewed by Bravata et al. were designed to assess the prevalence of impostor syndrome, which was found to vary widely from 9 to 82%, largely depending on the screening tool and cutoff used to assess symptoms. When considering gender, thirty-three of the sixty-two articles reviewed compared the rates of impostor syndrome by gender. Sixteen of these found that women reported statistically significantly higher rates of impostor feelings than men, and 17 studies found no difference in rates of impostor syndrome. However, a reviewed study by Hutchins et al. found that men and women cope differently with their impostor feelings. The Bravata review article included six studies that compared the rates of impostor syndrome by age, half of which reported that impostor symptoms declined with age, but the other studies did not have this finding. Many articles included in the review explored psychological issues that were found to frequently co-exist with impostor syndrome, including depression, anxiety, low self-esteem, physical symptoms, and social dysfunctions. Importantly, among high school students, a history of prior suicidal ideation, suicide attempts, and depression were correlated significantly with impostor syndrome. According to Dr. Colleen Best, “Imposter syndrome can be self-reinforcing; doubt in one’s ability in one area can spread to others. Sometimes that becomes a self-fulfilling prophecy as we begin to look for evidence that this negative self-impression is correct.” Because human survival has always depended on the ability to recognize danger, a negativity bias exists that causes negative experiences, emotions, and thoughts to dominate over the positive. By being aware of this bias, a person can look more objectively at his or her performance. Five types of behaviors common to those with impostor syndrome were categorized by Dr. Valerie Young. They include perfectionism, expertise, soloist, over-achieving, and natural genius.

Perfectionists set excessively high goals for themselves, and then, when they fail to meet their standard, they experience self-doubt and anxiety about measuring up. Because these people have a high need for control, they may feel like if they want something done right, they have to do it themselves. This often leads to micromanaging, failure to delegate, and excessive rumination about deviations from perfection. Because of these impossible standards, perfectionists always believe they could have performed better. By finding minor flaws, they exert negative pressure on themselves rather than looking at the positive aspects of their experience. This leads to dissatisfaction and unhappiness.

Those that exhibit expertise behavioral traits measure their competence based on their knowledge base and skillset. Because there is an ever-growing body of knowledge, they believe they will never know enough and have a fear of being exposed as inadequately prepared or unknowledgeable. They frequently seek out training or certifications to improve their skills in order to prevent their lack of knowledge from being discovered. If or when they are termed an expert, they feel anxious rather than proud. This can be particularly daunting for doctors who graduated many years ago.

Soloists prefer working alone and feel asking for help is a sign of weakness. They have the need to accomplish things on their own without assistance. If forced to ask for assistance with something, they will frame the request in terms of the needs of the patient, typically, rather than their needs as a person.

The behavior of over-achievers is to always feel that they have not done enough. They will underrate their own worth and feel inadequate compared to their colleagues. Because of this, they often push themselves to work harder and harder to assuage their insecurities. These people may become stressed when they are not working because they interpret downtime as unproductive. As a result, they abandon hobbies and passions as they strive to feel worthy by sacrificing themselves at work. This need for external validation is common among those with impostor syndrome. Unfortunately, the excess workload may harm not only their own mental health, but also their relationships with others.
Those with natural genius behaviors have been nurtured to believe they have unusual talent, and as a result, their internal standards are set very high. They believe they must complete the work perfectly on the first attempt or they feel a sense of failure. Because they judge their competence based on ease and speed as opposed to the quality of their results, they may experience shame if they struggle to master something. Those that have excelled without much effort in the past and were told by their family of origin that they were “at the top” can struggle with shame when they encounter difficulty. Because these people feel they should be able to excel on their own, they may dislike the idea of mentors and avoid challenges because it is uncomfortable to try something new that may be hard to accomplish immediately.

In human medicine, LaDonna et al. reported on physicians’ struggles with impostor syndrome, stating “Mistakes are ubiquitous in medicine; when confronted by error, physicians may experience anxiety, guilt, and self-doubt. Feedback may be useful for navigating these feelings, but only if it matches a physician’s self-assessment; self-doubt and the impostor syndrome are examples of inaccurate self-assessments that may affect receptivity to feedback. The impact of real or imagined underperformance on seemingly competent physicians is poorly understood.” They concluded, “Despite identifying coping strategies, feelings of inadequacy persisted for several participants; medicine was perceived to be a culture with few opportunities to share these struggles. Participants described that self-doubt, and the impostor syndrome were taboo subjects; confiding or seeking help for these feelings equated to ‘an admission of perceived weakness’. Even consultant participants who had found it ‘very helpful, and probably validating’ for a senior colleague to speak openly about these feelings often did not share their experiences with their colleagues or with their learners.” In addition, the authors shared that “Many participants—even those at advanced career stages—questioned the validity of their achievements; progressive independence and career advancement were variably experienced as ‘rising to the level of your incompetence.’” They concluded that even positive feedback could not buffer participants’ insecurities, which participants rarely shared with their colleagues, self-doubt affects clinicians variably at all career stages, and medical culture must create space for physicians to share their struggles if this issue is to be effectively combatted.

Impostor syndrome can affect a veterinary career in important ways. It may prevent a veterinarian from applying to a job they are well-qualified for or prevent them from marketing their abilities to clients, causing lowered earnings. Doctors may turn down job offers, refuse to see certain kinds of cases, or even decide to leave the position they have due to the stress they feel. Some practitioners with impostor syndrome refer cases quickly and before they have done the work up/treatment that they are capable of. When a promotion or partnership buy-in proposal arises, they may feel inadequate and turn down these offers. All of these situations lead to missed opportunities, including those of gaining experience and becoming recognized as an “expert” by clients, colleagues, and perhaps most importantly, by themselves. Lower financial gain and lower professional status (always the associate, never the boss—and not by desire) eventually may affect workplace morale, motivation, and happiness. The end result may be a change of careers or simply burnout. When a person thinks about being insecure or being a fraud, this stimulates the amygdala in the limbic system, which controls mood and instincts. The amygdala then sends signals to the regions of the frontal cortex that analyze and interpret data, where the brain evaluates whether this data is accurate. If the data is perceived as concerning, the adrenal gland produces a release of catecholamines, especially norepinephrine and epinephrine, bringing physiological stress. When partnered with the normal stresses of a veterinary career, impostor syndrome-related stress can be a factor in negative physical and mental health outcomes. Risk factors for developing impostor syndrome include new challenges, such as an educational opportunity, new job, or career success. The person may feel undeserving of the new position or worried that they will be unable to perform adequately. Family environment can set a person up for later difficulty—a person growing up alongside a “gifted” sibling may internalize feelings of inadequacy that are not justified. Conversely, a person who always found it easy to excel during childhood may experience doubts when faced with a task that is hard to achieve later in life. Research also suggests that people from marginalized population groups may be more at risk, as well as those that have depression. The syndrome is common in the high-stakes and evaluative culture of medicine. Overcoming the challenges of impostor syndrome begins with self-awareness and understanding its prevalence among high achievers. In order to achieve the goal of becoming a veterinarian, external validation in the form of excellent grades and recommendations from established practitioners was required. After entering practice, one’s self-worth may be reflected by the fullness of the work schedule or the competitive success of the horses one treats. “If external sources comprise the entirety of one’s self-worth, that is a precarious position to be in. However, the more one’s locus of self-worth is internal, the less one has to look to others for validation and the less susceptible one is to impostor syndrome.”

Working with a therapist can be helpful in alleviating the condition of impostor syndrome. Cognitive behavioral therapy (CBT), an evidence-based intervention commonly employed by mental health professionals, has resulted in positive outcomes by deconstructing pathologic belief systems and dismantling negative behaviors. One particular exercise...
calls for generating mock responses from superiors such as: “I did not give you an extra week of vacation because I think you are tired ... I rewarded you for your outstanding work,” or “I don’t like you negating my opinions about your work when I give you positive feedback.” In this manner, CBT challenges the individual’s perceptions surrounding feedback and performance to bring about recognition of his or her true abilities. Group therapy can be especially effective, as other participants’ negative self-perceptions can often be clearly seen as unrealistic, prompting recognition that their own feelings of inadequacy are not substantiated by reality either. Some veterinarians appear to be addicted to the validation that comes from working, not to the work itself. When a person becomes more attuned to internal validation and able to nurture their inner confidence that states that they are competent and skilled, it is much easier to feel how much work is reasonable. It is also important to internalize the idea that there is no shame in asking for help when needed, either to learn a new skill or when the workload is overwhelming. Mentoring interns or younger colleagues, or volunteering, can be a great way to discover strengths and become more comfortable being in a position of expertise. When a person shares their knowledge, it not only benefits others but also helps that person mitigate their fraudulent feelings. To move past feelings of being an impostor, people must see themselves as a work in progress. Lifelong learning and skill-building continue for everyone, even the most confident and learned people. If impossibly high standards are an obstacle, doctors must identify specific, changeable behaviors that they can improve over time. It is much more productive to focus on honing specific skills than to avoid performing certain types of services that cause anxiety. Individuals experiencing impostor syndrome often perceive themselves as being the only one having these feelings, resulting in even greater isolation. In human medicine, it is considered that “referral to group therapy in which peers/coworkers discuss their feelings of doubt and failure might be particularly therapeutic. Clinicians and other high-achieving professionals may be reluctant to participate in such groups unless they are carefully designed to normalize and destigmatize impostor feelings and provide a safe environment in which to share experiences openly.”

Networking groups of peers that provide a psychologically safe environment can be instrumental in allowing professionals to see that they are not alone in these struggles. Young equine veterinarians are increasingly participating in groups of this nature.

For students and new graduates, it is important that they own their own success and expect to stretch as they gain confidence with their skills while remaining cognizant of when they need to ask for help. Veterinarians of all ages should know that they are not alone with impostor syndrome. Group discussions can normalize feelings of impostor syndrome and blunt their impact. Understanding that everyone has feelings of inadequacy at times may allow doctors to be kinder to themselves. By redefining “failures” as “learning opportunities”, forgiving themselves for mistakes, and noticing all the important things they got right, practitioners can start to overcome their feelings of inadequacy. It can help to remember that “Emotions aren’t facts,” “You can’t know everything, nobody does,” and “Asking for help or guidance does not mean you’ve failed.” Mentors can intentionally steer conversations in these directions and repeat these phrases to reset mentees’ self-perceptions. Self-talk can be remarkably valuable. Questions that should be asked include the following: What are my core strengths? Am I trying to impress others with perfection? How much does the approval of others matter to me? Who am I really disappointing? And why? Additional recommendations include avoiding comparison to others, sharing feelings with colleagues, and seeking professional help if needed. Keeping a list of “firsts” or “accomplishments” for the year, such as new procedures, clinical skills, or diagnoses, can be confidence building. Learning to accept compliments and stop crediting success to other factors can be accomplished with the repeated deliberate practice of simply saying “Thank you” in response. In mentor/mentee relationships, participants should create discussion with others about things they do not know to help establish the “I’m not alone” feeling. Lastly, adopting a growth mindset can change outcomes. Carol Dweck, a psychology researcher, identified two different theories describing how malleable one’s personal characteristics (e.g., intelligence, musical ability, sociability) are. The first is “fixed,” a belief that one has a set amount of capacity in a given area, and it is not changeable; that talent is the main contributor to one’s success. The second is “growth,” a belief that hard work and dedication can lead to increased ability and capacity, with one’s talent simply providing a foundation. Dweck’s research has shown that adopting a growth mindset improves resilience and willingness to persevere in the face of failure. If people believe that they can grow and change, then failure stops being a threat to their sense of self. This decreases the power that impostor syndrome has to create fear and paralysis.

In summary, knowledge is power. Understanding the broad prevalence of impostor syndrome among all ages and genders, especially in high achieving professionals, can assist veterinarians in diminishing its effects. Adopting strategies for limiting the associated negative thoughts and behaviors can help individuals be more successful and satisfied in their careers.

Acknowledgments

Declaration of Ethics

The Authors have adhered to the Principles of Veterinary Medical Ethics of the AVMA.
Conflict of Interest

The Authors have no conflicts of interest.

References and Footnote


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