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The Imposter Syndrome

Our conference call was about to end. Just as this lively conversation among nurse leaders concluded, a participant said, “Can we talk about the imposter syndrome?”

The imposter syndrome? Of course we can talk about that! Since we were out of time, I decided to follow up privately with several participants, including Eve and Barbara. I want to offer you their perspectives as well as those I gathered from my additional informal research on this topic. As you consider their definitions and views, I invite yours, too. What do you think about the imposter syndrome? Have you experienced any version of it in your career? If so, what happened? How did you manage it?

Barbara is a very accomplished woman of color. She is articulate, commanding, well educated, and perceptive. Her comment about the imposter syndrome was direct and to the point: repeatedly, Barbara has felt that she has had to defend herself and her point of view. She believes she has needed extra credentials, more evidence for her decisions, and a willingness to work harder to achieve the recognition that comes more easily to others. Frequently, Barbara feels the leaders around her imply this question: “what are you doing in this role”? Still others convey a similar message: “convince me that you deserve to hold this big job”.

Barbara is not alone. As I spoke with other women leaders, they too expressed a similar “prove it to me” experience at some point in their careers. No matter what their ethnicity, women leaders often experienced what sounds like a kind of hazing from other leaders when they entered positions of high authority. Many of these women spoke in the past tense, suggesting that as they grew in their roles and/or matured, this external “show me” attitude grew less common.

Now, let’s turn to Eve. For many years, she says, she experienced the imposter syndrome, too, but in a very different way. Eve is also an accomplished senior nurse leader. She is Caucasian, articulate, commanding, and well educated. For many years, she has been acknowledged as a leading authority in a particular area of healthcare leadership. However, for most of her career, Eve says she “felt like a fraud.” She worried that she would be “found

out,” meaning that people might discover that she didn’t really have all the answers—or at times, even some of the answers.

As I spoke with others about the imposter syndrome, I learned that they, too, had experienced this kind of internal self-doubt. Some felt that they had landed significant leadership roles because of their personalities rather than their abilities. Others realized that they appropriately doubted themselves; at times, it was right for them to question their competence. Who among us has not questioned our own capability when we are brand new to a role with significant responsibility?

What does the literature say? Much of the relevant research builds on the work of Pauline Rose Clance and Suzanne Imes. As therapists at Georgia State University in 1978, they used the phrase “imposter syndrome” to describe the internal experience of a group of 150 high-achieving women in various fields who had a “secret sense” they were not as capable as others thought.¹ Through additional research, Clance and Imes also discovered that the syndrome did not just apply to women. If men experience it, they may take steps to avoid having to show what they don’t know.

What is the effect of the imposter syndrome, whether it starts on the outside or the inside, or both?

- It can cause us to be moody and to experience performance anxiety that is disproportionate to our capabilities and/or the inherent challenges of our leadership roles.
- It can prompt us to “compete harder,” which can lead to overpreparing and overworking. Habitually overworking leads to burnout, and overpreparing can suppress our capacity to be truly present and listen.
- It can force us to feel that good leadership is having the right answers rather than sometimes having the answers and at other times, having the skills and courage to ask the right questions.
- It can distort the value of evidence, persuasion, “being right,” and appearing invulnerable. While each of these has its place in effective leadership, taken together they can be overdone, much to the detriment of a leader who wants to be truly effective.

- It can stifle our interest in speaking authoritatively even when we are qualified. It can also discourage us from pursuing positions of greater responsibility and contribution.
- It can actually reduce the pressure on us by subtly influencing others to have lower expectations of us.

So what can we do to mitigate the imposter syndrome?

1. Enlist the support of others, and find a mentor you respect and who respects you. Share your experience of the imposter syndrome and solicit feedback. Do this on a regular basis.
2. Be aware of your own self-talk. Notice self-limiting thoughts and behaviors, and unproductive conversation in your own head. Consider whether what you are saying to yourself is empowering or disabling.
3. Make a generous and realistic list of your own strengths. Notice what you have to contribute. If this list described someone else, what would you think? How would you show respect for that person? How can you show that same level of respect for yourself?
4. Consider getting your list of strengths validated by others.
5. Accept that “knowing it all” and other forms of perfection can be very costly pursuits. Accept that no matter how hard we try, we will not be able to do everything perfectly.
6. Recognize that there are times when it is appropriate to assess that we are not as competent as we need to be. In those cases, we need to actively seek learning so our skills and knowledge better match our roles and responsibilities.
7. Be willing to be uncomfortable. At times, we need to move through our fear and “do it anyway.”

In the long run, many of us have grown out of the imposter syndrome and into our own knowledge and skills—and humility. We embrace what we know and all that we do not know. We are comfortable with the answers we have and the occasions in which asking others for input or help is the best strategy. Eve describes how she feels now that most days of the imposter syndrome are behind her: “I

can now pull from all my experience and learning. I now feel more centered and balanced between what I know and what I don’t know. But it has taken me many years to get to this place.” Eve has gotten here by devoting time to self care, reflection, and staying current with her learning edges and her learning achievements.

What do you think? Please take a moment to share your experiences of the imposter syndrome and the remedies that have worked for you. Please send them to me at cathy@leadershipstudio.com. If I receive enough responses, I will compile your thoughts and share them with other readers of *Nurse Leader*. Thank you!

Reference

1. Clance P, Imes S. The imposter phenomenon in high achieving women: dynamics and therapeutic intervention. *Psychother Theor Res Prac*. 1978;15:241-247.

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