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The Imposter Syndrome in Physicians

Imposter syndrome (IS), also known as imposter phenomenon or imposterism, is defined as feelings of uncertainty, inadequacy, and being undeserving of one's achievements despite evidence to the contrary. Imposter syndrome has 5 subtypes¹:

- Perfectionist: insecurity related to self-imposed, unachievable goals
- Expert: feeling inadequate from lacking sufficient knowledge
- Super-person: assuming excessive workloads just to feel okay among peers
- Natural genius: experiencing shame when it takes effort to develop a skill
- Soloist: believing that requesting help is a sign of weakness

Imposter syndrome is not a formal psychiatric diagnosis. It occurs among extraordinarily accomplished people. For example, Chief Justice Sonia Sotomayor acknowledged spending years “always looking over my shoulder, wondering if I measure up.”

Imposter syndrome was first studied among women,² although it is now recognized to be widespread. It is common among physicians,³ who are at risk for several reasons. First, they may overvalue a profession they worked so hard to enter; in the words of Groucho Marx, “I refuse to join a club that would have me as a member.” Second, it is impossible to remain entirely abreast of the unlimited, constantly evolving knowledge of Medicine. Third, physicians are surrounded by intelligent and successful colleagues, which perpetuates endless comparisons and competition. Fourth, there is the problem of heroism among physicians.⁴ On balance, it is evident why doctors would worry about measuring up to the occupation's standards and one day being discovered as the mortal beings that they are. Supporting this, research has shown that IS tends to occur in people who are high achieving and perfectionistic.^{5,6}

In this issue of *Mayo Clinic Proceedings*, Shanafelt et al,³ who are acclaimed for

research on physician well-being and distress, describe IS among 3237 US physicians. Their use of a national database generated perhaps the largest study on this topic and a unique ability to investigate associations with burnout and to compare rates of IS for physicians vs other professionals. They incorporated the standardized Clance Imposter Phenomenon Scale, although they used only 4 of the original 20 scale items. They discovered that among physicians, IS occurs commonly and more frequently than with workers in other fields. Finally, they identified higher rates of IS in physicians who are women, younger, and employed at the Veterans Health Administration or academic settings.

In addition, they saw an association between IS and suicidal ideation and suggested that this may indicate unmeasured depression among the study participants. However, we should also realize that for some of the participants, IS might have been a direct measure of depression, as reinforced by the known overlap between IS, depression, and anxiety.⁵

Imposter syndrome could be acceptable in smaller doses. A useful framework for this concept is Millon's personality styles, which proposes that personalities lie along a spectrum,⁷ such that people with normal personalities adapt to their environments, whereas those with pathologic personalities are more rigid. Arguably, people with modest amounts of IS could be viewed as unpretentious. Indeed, research indicates that humility is associated with strength and sound psychological adjustment, whereas lack of humility is linked with narcissism and entitlement.⁸

What is the opposite of IS? Recall that IS occurs in successful people who feel inadequate despite evidence of their achievements. Contrarily, the Dunning-Kruger effect describes people who overestimate their abilities in areas where they have low performance.⁹ It is the classic example of not

knowing what you don't know. For instance, in the field of psychology, it was reported that people with low health literacy had more confidence in health knowledge than those with higher health literacy.¹⁰ Within medical education, researchers demonstrated that high performers significantly underestimated—and low performers significantly overestimated—their knowledge performance on a standardized examination.¹¹

Experts have suggested the following treatments¹² for IS: (1) Review and celebrate feats that have led to your professional role. (2) Share concerns with trusted colleagues who can validate your accomplishments and normalize your feelings by reporting their own struggles with IS. (3) Combat perfectionism by accepting that it is okay to be good enough when meeting the challenges of a demanding profession. (4) Exercise self-compassion as an alternative to relying on an external locus of self-worth. (5) Understand that IS may be common, especially during transitions such as entering medical school, graduate medical training, or a new career.

Finally, IS could be treated by deemphasizing our professional identities and taking comfort in knowing that our real impact is based not on titles and recognition but on how we cultivate kindness and enhance other people's lives, even in simple ways that are unrelated to our formal roles. Supporting this concept, scholars have discerned that people may forget what we said or did, but they will never forget how we made them feel.¹³

POTENTIAL COMPETING INTERESTS

The author reports no competing interests.

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