Chapter 11
The Imposter Phenomenon in the Medical Profession

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ABSTRACT
The imposter phenomenon, or imposter syndrome, is defined as an internal experience of feeling like an intellectual fraud, despite external evidence of an individual’s accomplishments, and results in an inability to internalise a sense of success. It is common among high-achieving people, and appears to be more common in women and ethnic minorities. In this chapter, a systematic review of the literature will be presented on imposter syndrome in the medical profession. Topics covered include purported aetiology, implications (including the impact on mental health and career progression), limitations of research, potential coping strategies, and avenues for future research.

INTRODUCTION
The imposter phenomenon (IP), or imposter syndrome, was first described by Clance and Imes (1978). It is defined as an internal experience of feeling like an intellectual fraud, despite external evidence of an individual’s accomplishments, and results in an inability to internalise a sense of success. This can manifest itself as a belief that the individual was mistakenly employed or admitted to a degree, and a fear of being discovered as an imposter. Individuals with IP tend to attribute any successes to external influences, such as luck, rather than their own abilities (Seritan & Mehta, 2016). IP is thought to be a contributing factor in the lack of women in senior leadership positions.

Imposter syndrome should not to be confused with Capgras syndrome (the delusion that a friend or family member has been replaced by an identical imposter); IP is not considered a psychiatric illness, and does not appear in the Diagnostic and Statistical Manual (DSM-5) criteria. IP is a psychological construct (Seritan & Mehta, 2016). It lies at the end of a spectrum of self-doubt: the “unconsciously competent” (LaDonna, Ginsburg, & Watling, 2018). At the opposite end of the spectrum are those who lack awareness of their deficits – the “unconsciously incompetent” – otherwise known as the Dunning-Kruger effect (Kruger & Dunning, 1999).

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The Imposter Phenomenon in the Medical Profession

This chapter aims to review the literature on imposter syndrome in the medical profession, including in medical students, and to explore the aetiology (and reasons for its high prevalence in women), implications (including effects on career progression and mental health), and coping strategies for the condition.

BACKGROUND

IP was first noticed during psychotherapeutic sessions with high-achieving women (Clance & Imes, 1978). It has since been described extensively in adolescents (Sakulku & Alexander, 2011), teachers, accountants (Byrnes & Lester, 2016), business professionals (Fried-Buchalter, 1992), and nurses (Christensen et al., 2016), but it is less well researched among doctors. Many doctors and medical students have described the syndrome anecdotally (Koven, 2017; Russell, 2017; “Simon Gilbody: The importance of being active,” 2017; Smith, 2003).

IP is increasingly being cited as a causative factor in the lack of women in senior leadership positions in the health services, to the extent that the Health and Care Women Leaders Network held a “tweetchat” (open online conversation on the social media platform Twitter) on the subject in March 2018 (Health & Care Women Leaders Network, 2018), with individuals sharing their experiences and advice on the topic using the hashtags (metadata tags) #ImposterSyndrome and #NHSwomen. Quotations from the tweetchat will be included in this chapter to illustrate how IP affects real people.

I have often felt that some success has been down to luck (right place/right time)... it’s difficult to shake, however, luck only gets you so far – the rest is down to you. The gremlins push me to be better, learn & improve! (he_reeves, 2018)

THE STUDY OF THE IMPOSTER PHENOMENON

Most studies on the syndrome use the Clance Impostor Phenomenon Scale (CIS) (Clance, 1985; Chae, Piedmont, Estadt, & Wicks, 1995; Chrisman, Pieper, Clance, Holland, & Glickauf-Hughes, 1995) or Harvey’s IP Scale (Harvey, 1981; Hellman & Caselman, 2004), with Clance’s scale being slightly more sensitive and reliable (Holmes, Kertay, Adamson, Holland, & Clance, 1993). Both of these scales have been validated. The CIS is composed of 20 items that subjects rate on a 5-point Likert-type scale, and can be found at https://paulineroseclance.com/pdf/IPTestandscoring.pdf (Clance, n.d.). The Harvey scale consists of 14 items. Some researchers have used the shorter, unvalidated Young Imposter Quiz (Young, n.d.; Villwock, Sobin, Koester, & Harris, 2016). Normative data for these scales are limited, but estimated clinical cut-offs have been agreed, e.g. ≥ 62 for the CIS (Henning, Ey, & Shaw, 1998; Holmes et al., 1993).

REVIEWING IMPOSTER SYNDROME IN THE LITERATURE: METHODS

A systematic literature review was performed on imposter syndrome in the medical profession and in medical students. Pubmed and Google Scholar were searched using the keywords: “imposter syndrome” “impostor syndrome” “imposterism” “imposterism” “imposter phenomenon” and “imposter phenom-