

Feature Article

A Workshop for Addressing the Impact of the Imposter Syndrome on Clinical Nurse Specialists

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Purpose:

The imposter syndrome creates feelings of self-doubt in individuals, which can result in emotional paralysis preventing them from achieving their fullest potential. Clinical nurse specialists are not immune to this phenomenon. The purpose of this article is to describe an educational program designed to assist healthcare professionals, including clinical nurse specialist students, in identifying, understanding, and addressing imposter syndrome.

Description of Program:

Interprofessional students from 8 professions came together for a 2-week interprofessional education experience that included a 1-day workshop. After experiential team building and small group encounters with complicated standardized patients, students were introduced to the imposter syndrome. Students completed the Clance Impostor Phenomenon Scale and engaged in rich dialogue about the phenomenon, its effects, and personal strategies to overcome its impact.

Outcome:

When surveyed using the Clance Impostor Phenomenon Scale, clinical nurse specialist students consistently had high imposter tendencies. As a result of the program, students expressed feelings of liberation and empowerment.

Conclusion:

Clinical nurse specialist students can be impacted by the imposter syndrome, which has a potential to decrease their confidence, thus limiting their ability to practice at their highest potential. Programs that empower the clinical nurse

specialists to recognize and address this phenomenon may increase their ability to optimize their role in healthcare.

KEY WORDS:

clinical nurse specialist, imposter syndrome, interprofessional teams, leadership, nursing students

It is believed that 70% of people have feelings of the imposter syndrome at some point in their life. After the 2017 Oscar Awards, Viola Davis, winner for best supporting actress, described her battle with the imposter syndrome and how she was in constant fear of it being discovered that she was a fraud. This interview illustrates how powerful and prevalent the imposter syndrome is even for the most accomplished individual.

Clinical nurse specialists were introduced into the US hospital settings in the mid-1960s to support staff nurses in providing high-quality patient care. As healthcare has undergone changes driven by accountable care organizations and value-based purchasing, there has been an increased emphasis on using the skills and abilities of the clinical nurse specialist to serve as interprofessional and systems leaders, collaborators, and change agents, both inside and outside hospitals. Despite their educational preparation, clinical nurse specialists may encounter professional paralysis secondary to perceived feelings of fraudulence, known as the imposter syndrome. This in turn has the potential to undermine their capabilities.^{1,2} It is important that clinical nurse specialists understand the imposter syndrome and recognize how it might undermine their success. Through this knowledge, clinical nurse specialists may also be better able to understand the imposter syndrome tendency of those within their professional environment.

Research has demonstrated that leaders and team members with high imposter syndrome tendencies can unintentionally derail their team's productivity.^{3,4} Introducing the imposter syndrome in graduate-level clinical nurse specialist programs and onboarding orientation

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programs has the potential to maximize the effectiveness of the clinical nurse specialist in healthcare and within interprofessional teams.

PURPOSE/OBJECTIVES

The purpose of this article is to provide an overview of the imposter syndrome and its impact, discuss the vulnerability that the clinical nurse specialist has for the imposter syndrome, and describe a 1-day educational interprofessional workshop that was developed to empower students. The Clance Impostor Phenomenon Scale (CIPS) scores as well as anecdotal comments from the clinical nurse specialist students who participated in the program will be presented.

What Is Imposter Syndrome?

Imposter syndrome was coined by Clance and Imes⁵ (1978) who discovered that high-achieving female students, despite their degrees, scholastic honors, and educational and career excellence, experienced feelings of fraudulence and a fear of being found out. Believing they were imposters, these women often credited their accomplishments to luck, an error, or faulty judgment by colleagues and administrators.⁵ The early work of Clance and Imes⁵ was not derived from a theoretical framework; their goal was to understand the “personal and experiential effects of imposter feelings,”^{5(p2)} yet the experimental findings matched that of attribution theorists. Feelings of being an imposter led these women to have associated depression and anxiety, in some instances leading to clinical psychological diagnoses.⁶ Although imposter syndrome is neither an official clinical disorder nor a psychological diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders*, psychologists and others acknowledge that it is a very real and specific form of formal self-doubt.⁶ It is estimated that 75% of all individuals will experience some form of self-doubt during their lifetime, most fleetingly and minimally imposing.⁴

Although there has been a resurgence in research on the effects of imposter syndrome, there remains a great deal of uncertainty related to the cause. Although the original findings by Clance and Imes⁵ focused on women, imposter syndrome tendencies occur in both genders. Some believe that family pressure to succeed at a young age and parental mixed messages of overpraise and criticism may be contributing factors to the development of fraudulent feelings in these grown children.⁴ First-generation college children and those who achieve rapid success have also been found to be at an increased risk for feelings of self-doubt.⁴

Many students who experience imposter feelings will suffer in silence; they are often afraid or ashamed to talk about their negating thoughts. One study found that a high prevalence of imposter syndrome in physicians led to a high burnout rate with resultant early retirement and that

it may also be a contributing factor to the increasing suicide rate among physicians.² In a study by Mattie and colleagues,⁷ a resounding 81% of the 269 physician assistant students they surveyed reported having imposter beliefs about themselves. Interestingly, these feelings of inadequacy and fraud were equally distributed between the genders. Multiple studies on imposter syndrome have been conducted on various healthcare professions, yet there is only 1 article found specific to the clinical nurse specialist role and imposter syndrome.¹

Rather than internally acknowledging their intelligence and accomplishments, students with strong imposter syndrome tendencies will often work harder for both scholarly and professional accomplishments, while dismissing their efforts and attributing their successes to luck, timing, or someone else’s poor judgment.⁵ The fear of being “figured out” can often prevent individuals with imposter tendencies from continuing with their education, accepting new positions, or taking on new and challenging tasks, thus resulting in a “downshift” of their goals.⁸ The spectrum of fear-driven dysfunctional responses experienced by imposters can range from being a perfectionist to immobilization, burnout, aggression, or participation in bullying behaviors.^{9,10}

Much has been written about high-achieving business leaders who have imposter tendencies. It has been estimated that 2 of 5 professional leaders consider themselves frauds.¹⁰ Leaders with imposter syndrome can derail the effectiveness of their team, negatively affecting productivity and teamwork. Commonly, leaders possessing high imposter syndrome tendencies will micromanage groups causing team members to feel untrusted and incapable of performing their work. Paralyzed by a fear of failure, these leaders may also make decisions slowly, which can demotivate teams and individuals.¹¹ Unable to bridge the dichotomies of perfection and complete imperfection, leaders with imposter syndrome tend to work excessively and compulsively while striving for self-imposed omnipotence.^{4,11} When considering team development and team issues, imposter tendencies can significantly impact team dynamics.

Imposter Syndrome and the Clinical Nurse Specialist

The 7 core clinical nurse specialist competencies identified by the National Association of Clinical Nurse Specialists include direct care, consultation, systems leadership, collaboration, coaching, research and ethical decision making, moral agency, and advocacy.¹² The clinical nurse specialist title specifically contains the word “specialist,” which has the propensity to place an oppressively heavy burden on the clinical nurse specialist who views the necessity to be an expert in all of these spheres of influence.¹ Although it is understood that the newly educated clinical nurse specialist has met the minimum requirements for practice as an

advanced practice registered nurse (APRN) at the time of graduation, the transition into the work environment can intensify feelings of self-doubt and inadequacy. In addition to being a population-based clinical expert, clinical nurse specialists are expected to use their leadership skills to lead interprofessional teams with a focus on improving the delivery of quality patient care while analyzing current research and evaluating outcomes. This entry into practice as a novice places the new clinical nurse specialist graduate at a tremendous risk for possessing imposter tendencies that may negatively affect his/her success.

Description of Imposter Syndrome Workshop

Program Overview

A 1-day interprofessional educational workshop with a focus on the imposter syndrome was introduced into a daylong graduate-level workshop attended by 8 different healthcare specialties including APRNs (both nurse practitioner and clinical nurse specialist students), fourth-year medical students, Doctor of Physical Therapy students, master's and doctoral in clinical counseling students, graduate-level speech and language pathology students, Doctor of Pharmacy students, Bachelor of Social Work students, and master's in athletic training students. Faculty from the clinical nurse specialist and advanced practice nursing program presented the imposter syndrome content. The educational program consisted of (1) the completion of the CIPS, (2) an introduction to the concept of imposter syndrome and subsequent discussion, (3) identification of strategies to reduce imposter syndrome tendencies, and (4) use of the insight and knowledge of the imposter syndrome to facilitate interprofessional teamwork and success in their individual healthcare fields.

Assessment of Imposter Syndrome

During the on-campus daylong workshop, before the educational program on the imposter syndrome, students from all professions individually completed the CIPS and totaled their scores, which allowed for self-understanding and better application of the didactic content. Students then added their professional discipline to the questionnaire and turned them in. No other forms of identification were attached to the survey. The university's institutional review board approved the educational intervention as exempt. Students who did not want to actively participate could opt out and were not negatively affected.

Data on the imposter syndrome were assessed with the CIPS. This scale was developed in 1985 and has been shown to identify feelings of fear related to (1) being "found out," (2) not being able to repeat success, and (3) being less capable than others.¹²⁻¹⁴ The tool is a 20-item survey using a 5-point Likert scale for each item, with 1, not at all true; 2,

rarely; 3, sometimes; 4, often; and 5, very true. Scores range from 20 to 100, with scores less than 40 indicating few imposter characteristics, scores between 41 and 60 indicating moderate imposter traits, scores between 61 and 80 representing frequent imposter feelings, and scores of 81 and higher indicating that the respondent possessed intense imposter behaviors.¹⁵ The CIPS has been demonstrated to be reliable with a Cronbach's α of .96.^{11,13} In this study, internal consistency reliability was demonstrated with a Cronbach's α of .88.

Educational Content

After the completion of the CIPS, the interprofessional group of students received didactic content and participated in a group discussion regarding the imposter syndrome and its impact (Table 1). Completion of the CIPS at the start of the course sensitized the students to the imposter syndrome so that the educational intervention may be targeted

Table 1. Educational Program on Imposter Syndrome (IS)

Steps to Program	Approaches/Questions to Stimulate Learning
Defining	Describing components to the IS
	Outlining potential impact of IS
Examples	Famous people who have IS
Reflecting on the past	"Have you experienced feelings of IS?"
	"When did it occur?"
	"Why did it occur?"
	"How did it impact you?"
Reflecting on the present	"What did you do to address it?"
	"Have you identified feelings of IS while working with your interprofessional team today?"
	"If so, why do you think you are having those feelings?"
	"Are you surprised by the responses of others on the interprofessional team related to having IS?"
Reflecting on the future	"How does understanding IS in yourself and others impact your perspective?"
	"Within your profession, how do you see IS impacting you?"
	"How do you see yourself addressing IS in yourself and with other team members in the future?"
Strategies	"How can this knowledge help you?"
	Discussion of strategies to address IS: -In yourself -Among team members

toward their own imposter feelings or those of their peers. The course content was taken from a series of articles that discussed specific strategies to overcome imposter syndrome. Faculty took from the literature common themes to develop the program.^{6,8,15-18} Each of the professions were intentionally included in the discussion, which afforded each student the ability to “see” that no profession was unaffected. Initially, the students were asked to raise their hands to indicate the score range they fit into. This was followed by a discussion of the imposter syndrome and how it could impact their success both professionally and personally. Examples of successful people and the impact imposter syndrome had on them were then discussed. Causes, tendencies, and personal feelings were discussed, and students were challenged to consider how these traits may have affected their communication or professional input within their newly formed interprofessional groups. Students were then asked to consider whether self-doubt had prevented them from speaking up or contributing when encountering other disciplines, when in fact, their contribution may have been beneficial. Additional self-reflection targeted times when they may have declined opportunities or promotions due to imposter feelings.

Class discussion then focused on the impact that imposter syndrome could have on team dysfunction. Specifically, participants were challenged to understand how they may respond in a team based on their level of imposter syndrome. Some students self-identified that they tended to withdraw from the group, whereas others realized that they had taken over conversations to steer the group to topics that they were comfortable addressing. Recognizing that each individual has significant information to bring to the team, they must address imposter syndrome and be bold enough to promote the importance of their role within the interprofessional team. In addition, the students discussed how they could assist a team member who was experiencing imposter syndrome to benefit from their expertise.

Strategies for addressing the imposter syndrome derived from the literature were then provided. Specific strategies included (1) giving the feeling a name,^{8,18} (2) identifying and talking to a mentor for realistic feedback,^{6,10,18} (3) remembering what they do well,^{6,10} (4) realizing that no one is perfect,^{6,16} (5) practicing thought stopping strategies,¹⁹ and (6) “shipping” or only doing what they are afraid of¹⁶ (see Table 2 for greater detail). Strategies were taken from leadership, management, coaching, psychological, and nursing literature using the search terms “imposter syndrome” and “imposter phenomenon.” The strategies without a reference in Table 2 were developed by faculty. Students were encouraged to keep these strategies close and review them often, realizing that imposter tendencies may exacerbate with new educational or professional experiences.

RESULTS

Quantitative Outcomes

The CIPS surveys were collected from the students before the imposter syndrome program, and the data were entered into SPSS version 22 and analyzed using descriptive statistics. To date, 447 interprofessional students have completed the CIPS survey. Quantitative results indicated that 50% of the entire group had a score of 60 or higher. The mean for the entire group was 60.57%, with a median of 59% and a range of 28% to 99%. The clinical nurse specialist students’ mean was 58.0%, with a median of 59.14% and a range of 44% to 83%. Of the 14 clinical nurse specialist students involved in the program, nine scored between 41 and 60, three scored between 61 and 80, and two scored greater than 80. Interestingly, there was little difference in the summative CIPS scores among the professions. The mean scores of each profession are presented in Table 3.

Qualitative Outcomes

Qualitative comments were collected by faculty through a focus group format. Students openly expressed surprise as they saw their peers willingly raise their hands indicating that they had high scores for imposter syndrome. Comments echoed throughout the room included “You? Really. I am surprised”, “Wow! That’s what it’s called,” and “I thought it was just me.” Students were not only surprised by their peers’ scores, but they were also most amazed by the responses from different professions. Several students openly stated that they had felt that their admission to this highly competitive program was an accident. Throughout this short discussion, students expressed a sense of relief in being able to “name it” and recognizing that “we’re not alone.” Many did not anticipate that imposter syndrome scores for the medical students would be comparable with those of the APRN students. Students reported feelings of liberation and empowerment after the course. Although these comments are powerful and validate the effectiveness of the course content, it would have been helpful to have administered the CIPS again at the end of the course.

Several clinical nurse specialist students later reported that being able to place a name to their feelings of “imposter” or “fraudulence” enabled them to do things that they never felt possible. For instance, 1 clinical nurse specialist graduate felt empowered to apply for a newly created position in a free clinic for the medically underserved, a second found it less daunting to submit a student abstract to the national clinical nurse specialist conference, and another began serving on a task force for their state clinical nurse specialist affiliate.

DISCUSSION

The clinical nurse specialist plays a critical role in the delivery of high-quality, cost-effective, patient-centered care in today’s healthcare setting. Clinical nurse specialists

Table 2. Strategies for Addressing Imposter Tendencies

Strategies for Managing Imposter Tendencies	
• Give it a name	• Put a name to the feeling ⁸
	• Placing a name on the feeling, one can move from feeling shame to placing the feeling in context. ¹⁶
	• If these feelings are so common that a tool is developed to measure them, then these nagging feelings are certainly not uncommon.
	• Simply by saying “that is my imposter talking” allows one to stop and reflect on whether the feeling is justified
• Talk to mentors	• Find a peer mentor ^{6,10}
	• Ask for realistic and objective feedback ^{6,10}
	• Make certain that you touch base with this mentor frequently ^{6,10}
• Remember what you do well	• Keep a list of accomplishments and/or what you do well ^{10,17}
	• Consider having a respected individual provide a list of your strengths ¹⁰
	• Remember that most people overestimate their skills while imposters underestimate their skills ^{10,19}
	• Keep notes of praise and accolades in easy access
	• A “feel good” box of notes, cards, and accomplishments is recommended
• Realize that no one is perfect	• Be willing to be uncomfortable ¹⁷
	• Move through the fear and do it anyway ¹⁹
	• Realize that knowing it all is unattainable and emotionally costly ¹⁸
	• Accept that, no matter how hard you, try no one will hold all of the knowledge
	• Mistakes are inevitable; this is when best learning occurs ⁶
• Change your thinking	• Be aware of negative self-talk; consider whether talk is empowering or defeating ^{6,16}
	• Realize that negative self-talk has no purpose ^{6,16}
	• Chose a different script ^{6,16}
• Keep learning	• Know that you will continue to develop competencies throughout your career ¹⁹
	• With each new position, you will feel like a novice and will progress to expert ¹⁹
	• Be honest with what you do not know ¹⁸
	• Do not be afraid to ask for help ¹⁹
• Just do it	• Get comfortable with being uncomfortable ^{17,19}
	• Take a deep breath and mindfully work through your concerns ¹⁸

function as clinical, system, and interprofessional leaders within their institutions of practice, which requires that they not only are aware of their own imposter syndrome but also be cognizant of possible imposter tendencies in those they work with. In addition to their clinical expertise, clinical nurse specialists shoulder responsibility for team collaboration and leadership. Familiarity with the concept of imposter syndrome is another tool for clinical nurse specialists as they develop and lead effective teams. Strategies to manage these tendencies should be taught to students within programs of study and during the onboarding process for these critically important roles. The pilot data from this program suggest that imposter characteristics are commonplace in high-achieving professionals, regardless of

the practice specialty. The clinical nurse specialist is not alone with regard to these feelings. Although clinical nurse specialists may feel like an imposter in some new and challenging settings, they should be aware that their peers may very well be experiencing the same feelings of self-doubt.

CONCLUSION

Knowing that there is a substantial risk of imposter behaviors in clinical nurse specialist students, educational institutions with clinical nurse specialist programs can easily incorporate content on the imposter syndrome into their existing curriculum. Using the CIPS enables the quantification of behaviors and characteristics that are otherwise difficult for students to define and label. Investing the time

Table 3. Mean CIPS Imposter Scores for Student Professionals

Profession	Degree	N	Mean	SD	Range
Clinical nurse specialist	Master	14	58.00	13.32	44–83
Doctor of Physical Therapy	Doctor	54	57.65	11.61	29–87
Family nurse practitioner	Master	36	60.97	14.23	43–99
Medical student (year 4)	Doctor	143	57.75	11.71	32–87
Speech and language pathologist	Master	37	59.08	11.09	40–84
Clinical counseling	Master	19	57.79	13.72	37–88
Athletic training	Master	17	57.18	10.67	37–75
Dental hygiene	Bachelor	10	55.40	10.52	38–71
Social work	Bachelor	10	60.90	15.61	40–86
Doctor of Nursing Practice/advanced practice	Doctor	10	75.00	10.84	51–87
Doctor of Nursing Practice/nurse executive	Doctor	23	70.78	14.36	33–90
Doctor of Pharmacology	Doctor	21	55.62	12.43	28–76
Total		396	59.27	12.80	28–99

Abbreviation: CIPS, Clance Impostor Phenomenon Scale.

to incorporate imposter syndrome education has the potential to provide great personal and professional benefits for clinical nurse specialists by providing them with tools to increase their self-confidence, self-awareness, and empowerment. With this enhanced belief in self, clinical nurse specialists should be better positioned to advocate for their enhanced role and practice to the highest level of their training. Thus, they will be better positioned to truly address the healthcare need of our populations.

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