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Geri Amori, PhD, DFASHRM: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary health issues from multiple perspectives. I'm Geri Amori, and today I am joined by Benjamin Drum, MD, PhD, and Assistant Professor in Internal Medicine and Adjunct Professor in Pediatrics at the University of Utah; Julie Samora, MD, PhD, who is a pediatric hand surgeon at Nationwide Children's Hospital, where she is Associate Chief Quality Officer and Director of Quality Improvement within the department of orthopedics; and Tatum O'Sullivan, RN, who is a senior consultant with the AON Global Risk Consulting Team and the current president of the American Society of Healthcare Risk Management. Welcome to our speakers, and welcome to our audience. Today, we're talking about the effects of imposter syndrome on clinicians and to the patients that they care for.

Imposter syndrome isn't something that we've talked a lot about in healthcare during my entire 40-plus years in healthcare, and yet we are now recognizing that not only does it exist among all our caregivers, but especially among physicians, and proportionally more among women and other minoritized groups. We are also observing it among nurses and others with responsibility. The literature seems to point to imposter syndrome as a vulnerability among individuals who are high achievers who may fear they are incompetent or undeserving. And it seems that women and members of minority groups frequently experience imposter syndrome.

One study stated that up to 60% of medical students experience imposter syndrome. And while White male heterosexual individuals do experience it, they are more likely to find mentors who "look like them"—and that was in quotes—and are less likely to experience the microaggressions or other behaviors that lead them to question their capability. I think this is fascinating because it points to a possible solution—finding mentors—and the hope that as our healthcare workforce becomes more diversified, there will be more mentors for young providers. Nevertheless, we are stuck with where we are now, and it's not a pretty picture.

The symptoms of imposter syndrome have been identified as anxiety, depression, decreased job satisfaction, lack of confidence, and an inability to achieve goals. And in the literature, Shanafelt et al have linked high levels of imposter syndrome with higher emotional exhaustion, lower professional fulfillment, higher suicidal ideation, and higher burnout. Julie, while I hate the very idea of imposter syndrome, I'm really, truly proud of our young medical students and clinicians who can speak up about this issue. What do you see as the impact of imposter syndrome on the actual performance of our vulnerable healthcare providers and the quality of the care that they provide?

Julie Samora, MD, PhD: While self-reflective behaviors and self-analysis can potentially lead to personal and professional growth, habitual self-criticism and a lack of confidence have been shown to result in lower self-esteem and lower self-compassion. These symptoms can lead to decreased performance and may negatively impact patient care. In

extreme situations, it could ultimately lead to exhaustion, burnout, and even a desire to leave the field of medicine entirely.

Amori: Wow, that's pretty scary. That makes me sad. Tatum, what we've been talking about sounds a lot like burnout—but, inherent burnout not caused by anything in the system itself. Now, you are known in the risk world for your work in burnout and your advocacy for healthcare givers. What do you think is going on here? Are burnout and imposter syndrome related? Are they the same thing? Is it a type of exhaustion from carrying the load of being "on" as a healthcare provider? What do you think?

Tatum O'Sullivan, RN, BSN, MHSA, CPHRM, DFASHRM, CPPS: I think that they're definitely related. I wouldn't say that they're the same thing in that I think that imposter syndrome can lead to burnout, especially if it's not addressed or not identified early enough on. And not to get too personal, but I think back to 3 years ago, when I was asked to step in as the infection prevention control lead during the pandemic where I was working because I was a nurse. And I worked in patient safety, and so it seemed to be the logical thing to do. From the get-go, I knew that this was a specialty that was not my background. And for over a year, I was put in many positions where I had to speak with authority on something that I had been studying up on at 2 o'clock in the morning, that I needed people to feel safe coming to me and asking me questions, and I wanted to be credible.

And it led to a pretty severe burnout, I would say, because of the exhaustion of trying to prove myself and put myself in a role that I didn't feel as though I had the skills or knowledge to be in. I do see imposter syndrome leading to burnout because of what goes along with it, that need to prove yourself, the exhaustion that comes along with it mentally, and just adding to your role because you're studying up on something that maybe you're not feeling that you're able to carry on with.

Amori: Okay, but I'm not hearing you say that all burnout has imposter syndrome, but imposter syndrome can lead to burnout. Is that what you're saying?

O'Sullivan: Exactly. Yes, exactly. I think that there are people that don't have imposter syndrome that can be burnt out. I do think that imposter syndrome can definitely lead to it. I think it did for me. I didn't know what imposter syndrome was at the time. I didn't know what burnout really was at the time or that I had it. Because I think working in healthcare, you're the last to recognize what's going on with you because you're so focused on everybody else.

Amori: Yeah. Boy, that's tough. That's really tough. We go into healthcare because we care about others, and in that process, sometimes we forget about ourselves, it seems, and hurt ourselves. Ben, you know, we've spent the last several years talking about the damaging effects of burnout, but imposter syndrome sounds a lot like burnout. I mean, just symptomatically and psychologically. How do we parse out that imposter syndrome that perhaps we can work with, with mentoring, as we've talked about before, versus what

is true burnout or depression or PTSD? And if they get conflated, how do we know which approach to use? How do we know what to improve?

Ben Drum, MD, PhD: Yeah, that is such a loaded question. I mean, thinking about burnout and imposter syndrome, these are kind of like two of the biggest buzzwords that have been going around in healthcare for the last few years, and there's so much research about how to identify and treat them. And as physicians, we kind of have this idea of, like, if we can diagnose the right problem, then we'll treat the right problem. That's true. And also, these words are not perfect definitions, right? I think they're labels of a complex human experience, and people experience burnout differently. People can experience imposter syndrome differently. And so sometimes it's like less of a one-size-fits-all thing, and it's hard to actually know.

When I think about burnout, I think about a big-system problem. And a couple years ago, when the Office of the US Surgeon General released a big report on burnout, they identified all these system factors, and they talked about insurance and how that's outside of doctors' controls. And so sometimes you get moral injury of not being able to do the right treatment because of insurance problems. And they talked about excess workload and long hours and not having control and even just how much more time we're spending in the electronic medical record, combined with structural racism and health misinformation, especially during COVID, the mental health stigma that Dr. Samora talked about earlier in some previous episodes.

And all of these things kind of convalesced to this big-system problem. And the quote they put at the bottom was, "This is beyond my control." Kind of like, you're just a pawn in the game, and you don't have any personal volition to do better because the whole system's broken.

And when I think about imposter syndrome, I think about more like, I'm not good enough to be in the system. And so, in some ways, it's even a step before. Like, the system's broken, and I can't even function in a broken system. And part of that's because we're too idealistic. Like we want to do better, and we can't, right? And part of that is like this question of self-doubt. And so, they're definitely intermingled, like Tatum was saying, and I think it's a complicated thing.

But when I think about fixing burnout, I think about addressing those big-systems issues. And when I think about imposter syndrome, I think about, one, still addressing those big-system issues and promoting inclusivity, especially in the realms of structural racism and health inequalities and those systems levels that are making people not fit in. But I also think about what we can do on an individual level to help people feel like they belong, and whether that's practicing mindfulness every day or self-compassion, whether that's leading systems-level changes, whether that's being open about where you're at and trying to promote your own humanity in your medicine, I think those are all things that can be really helpful.

In some ways, it's a good question, and in some ways, the treatment can be the same for both in some ways. Like, I think we need to address the system, and we need to address the individual when it comes to burnout and when it comes to imposter syndrome.

Amori: Are patients affected by burnout and somebody's burnout? I mean, anybody who wants to answer that. As a patient, I wonder if I'm being affected.

Samora: Yeah, I'll jump in there. I mean, studies have shown that if the healthcare provider is not doing well, they will actually have poorer patient outcomes. So yes, this will affect patient care.

Amori: So it's incumbent on us as a system to fix this problem, it feels to me.

Drum: Absolutely, yeah.

Amori: Absolutely.

Drum: I think about when I start to experience burnout or imposter syndrome, it's kind of a cloud almost goes over my thinking, and it's like I'm navigating at 70% today. You don't want a 70% healthy physician. You want someone at the top of their game.

Amori: Yes, you do. Tatum, other literature links imposter syndrome with lower job satisfaction, diminished joy in practice, lower confidence in problem solving, and difficulty managing uncertainty. Sounds terrible. If a clinician is feeling this way, it can't be good for how confident they are when they're working with patients. And Julie just told us they have worse outcomes. From a risk management perspective, is this a dangerous situation? What's your risk management recommendation about what we should do?

O'Sullivan: I think it's definitely a very dangerous and scary situation. I can speak to the patient safety piece saying, well, if you have a positive safety culture, you might be less likely to have imposter syndrome happening in the organization. And so, I think it goes back to the safety culture. Do people feel safe at work, that they can speak up and ask a question? Do you have trainers and leaders in positions where they're aware of this, and they're looking for it, and they're encouraging people to come forward and ask questions, and that they're also recognizing it? And so I think what we should do as a healthcare system is to be aware and to be acting on it.

I think we've come a long way in the past few years with what we're offering staff as far as services for their emotional health and well-being, but I think there's still a long way to go, and I think the training piece and making that team aware is also very important, that they're cued into this, and asking the right questions, and helping to build up the confidence of their clinicians. Because you've heard both Julie and Ben say when people are experiencing this, they're not at their best clinically either.

Amori: That makes sense. Hey Julie, you were talking about the danger. From my perspective, it looks like imposter syndrome is personal, burnout has a systemic ideology, right, but they look alike and have similar end results. So, where's that balance, the dangerous balance between hubris, imposter syndrome, narcissism, and humility? You know, there's that line you've got to walk—questioning, but not to the point that it paralyzes decision-making. So, you're the quality person. In our quality efforts, how do we avoid blaming and begin supporting?

Samora: So, this is where mentorship and leadership are critical in order to create a culture and an environment that are conducive to learning, progressing, maybe making some mistakes, and ultimately succeeding. Confidence is the key ingredient to combat imposter syndrome. Mentors can normalize feelings of inadequacy and convey that it's normal not to know everything. On day 1 of a new surgical rotation, trainees are actually novices. It is expected that they are not going to be able to do all the procedures, surgeries, or techniques very well at the outset. I think it's incumbent upon those of us in leadership roles—and I consider good educators to be both leaders and mentors—to convey that qualities such as humility and vulnerability are not signs of weakness. Rather, they are characteristics of a Level 5 leader, as described by Jim Collins.

Amori: Okay. So Ben, you are a medical educator. Do you see a way to alleviate individual imposter syndrome? Do you see a way to remove it in the educational system?

Drum: You know, what Dr. Samora was saying about mentorship is so important, and getting early mentorship and early coaching and early examples of vulnerable physicians is super important. I think another piece is in assessments. I was thinking back, I read an article, recently, about how, a few years ago, some colleges did away with reporting SAT scores because they wanted to try and encourage people who came from minority backgrounds, who wouldn't traditionally do well, to give them a better advantage. And when they went back and studied it, they actually found that they missed people because minorities…they got a really good score, but they said it wasn't good enough, and so they didn't report it. And if they actually had reported the score they got, they would have been seen more favorably.

When we think about assessment, a lot of medical schools are moving entirely past field curriculums to try and promote inclusivity. But at the same time, we're kind of losing some of that assessment piece that actually can be really helpful and help people shine. And so, I think there has to be a balance in terms of getting honest and fair assessment methods in addition to that mentorship piece.

Amori: Okay. All right. Well, we always like to end our sessions with the question of, what's the one thing you would like our audience to take away from today's topic, which is the impact of imposter syndrome. Ben, I'd like to start with you.

Drum: I think we've talked a lot about the personal effects on a patient of imposter syndrome and how physicians don't operate at their best. I also want to point out that if someone leaves the field due to imposter syndrome, we've also lost a future physician and

a future mentor who could be that model, that mentor for someone else. And so, we get a deficit at the patient level, but also at the systems level, and that's really important.

Amori: Julie, what are your thoughts?

Samora: Leadership is the key to create a culture that's supportive and a culture that normalizes imposter syndrome.

Amori: Okay. Tatum.

O'Sullivan: I think that the impact of imposter syndrome can be dire on the healthcare system, the organization, as far as the human capital, the workers. And as Ben said, you have people that might even leave the profession because of what happens to them as a result of imposter syndrome. And then also the patient safety impact that goes along with it. And so, I think not identifying it early enough, not preventing it, and not having a culture, as Julie said, where people feel safe speaking up, questioning, and having resources available to them can be pretty damaging.

Amori: Wow. Thank you very much. Thank all of you very, very much for your perspectives. And thank you to our audience for joining us today. Special thanks to you. This is a very hot topic and a very delicate topic that we're talking about. So, I'd like to thank our audience and let you know that we will see you next time in *Perspectives 360*.

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