

THE COST OF COMPETENCE: EXPLORING IMPOSTER SYNDROME AMONG SPECIALIST CLINICIANS

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Key findings

- Participants were aware of a **disconnect** between how they viewed themselves and how they were perceived by others.
- They often described an **internal tension** between their logical mind and their emotional responses.
- Participants commonly reported that imposter feelings **increased** when stepping into new roles, taking on added responsibility, or experiencing stress.
- Imposter feelings **eased with experience** but resurfaced with new challenges, indicating they are managed in cycles rather than outgrown.
- Some described imposter feelings as **motivational**, causing them to seek further knowledge and prepare. Whilst others found that at times it could be a **barrier** to applying for new roles, or applying for roles but with lower expectations.

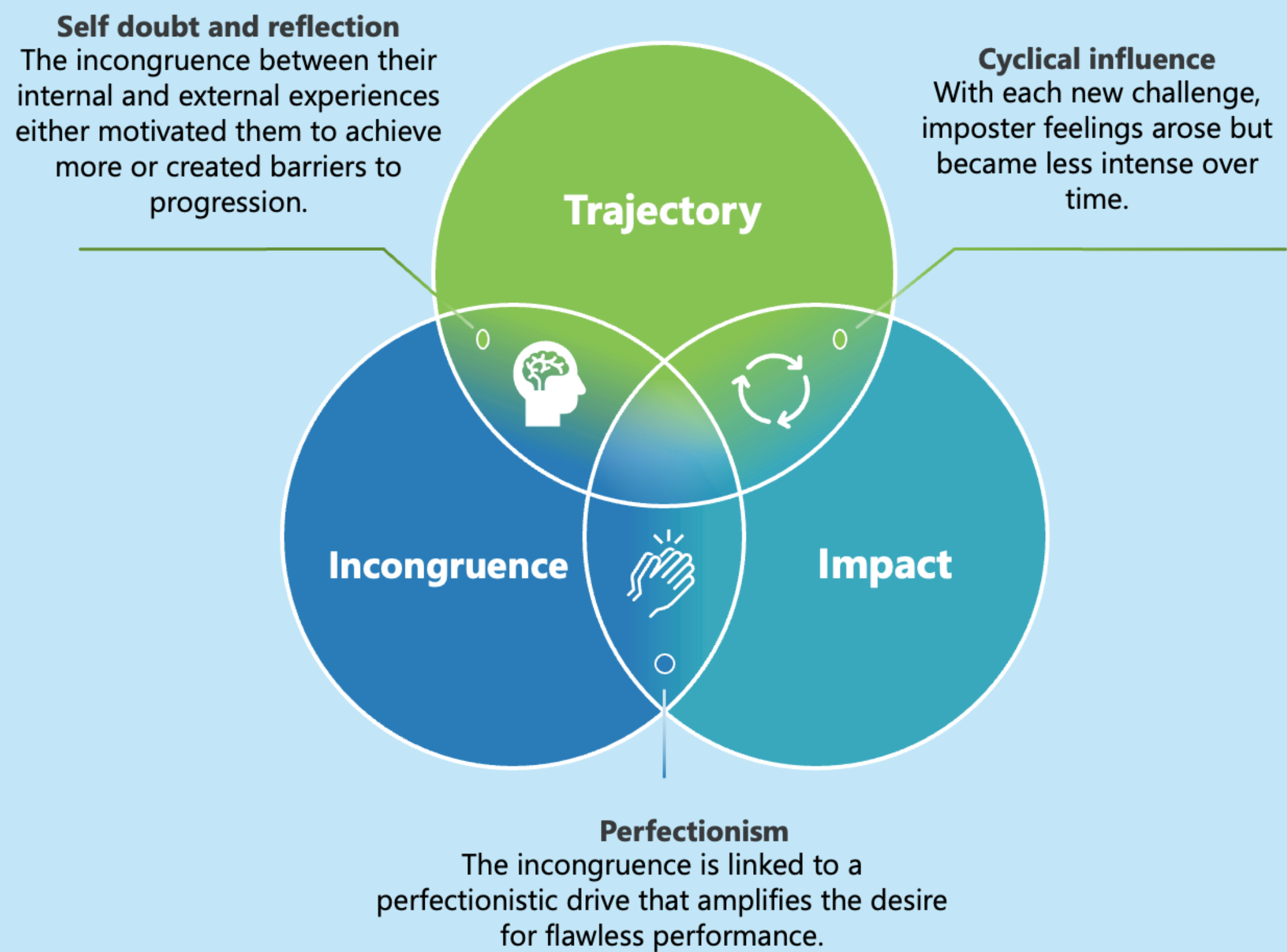


Figure 1. Intersection of themes

Introduction

- Common among high-achieving professionals ¹
- Characterised by self-doubt despite clear evidence of competence ^{2,3}
- Limited research in health fields; none focused on paramedicine

Aim:

- Explore lived experience of specialist paramedics, nurses, and physicians
- Factors contributing to imposter feelings
- Impacts on professional practice and wellbeing

Methods

- Qualitative study using Braun & Clarke's reflexive thematic analysis
- Guided by a phenomenological approach and underpinned by an interpretivist paradigm
- Recruitment via convenience sampling and snowball sampling
- Semi-structured interviews conducted via Zoom
- Themes identified through a cyclical, collaborative process

Inclusion criteria	Exclusion criteria
Registered paramedics, nurses, or physicians	Undergraduate students
Currently practicing in an advanced practice or leadership role. (e.g. Critical Care Paramedic, Critical Care Nurse, Specialist Physician, Research etc.)	Clinicians without postgraduate training or equivalent in clinical, leadership or research experience.
Completion of advanced professional development such as Master's degree or equivalent in clinical, leadership or research	

Table 1. Inclusion and exclusion criteria

Characteristic	Participant (n = 8)
Age (Median, IQR)	47 (IQR 34)
Gender	
Male	3
Female	5
Profession	
Paramedic	3
Physician	3
Nurse	2
Length of Career	
Median (IQR) (Years)	25 (IQR 31.5)
Range (Years)	8 – 48
Interview Length in Minutes (Median, IQR)	17.32 (IQR 12.13)

Table 2. Demographic characteristics of participants

Conclusion

Imposter syndrome creates a cyclical influence on the professional experiences of specialist clinicians, generating internal tensions of self-doubt and inadequacy, even amidst evident success. While these feelings shape clinicians' self-perception, they do not impair clinical performance, underscoring the resilience of these professionals. This study contributes new insights into the cyclical nature of imposter experiences during career transitions and highlights the need for targeted mentorship and structured support to help clinicians navigate these periods more effectively.

Translation to paramedicine

- Paramedics learn through reflective practice; managed imposter feelings may therefore foster professional growth.
- When acknowledged, imposter feelings can be harnessed as motivation to pursue learning and refine skills.

