Protect Your Psychological Paycheck: Managing Stress, Impostor Phenomenon, and Burnout

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PLEASE complete & score the CIPS and the PRO-QOL handouts
Disclosures

All planners, presenters, reviewers, and ASHP staff of this session report no financial relationships relevant to this activity.
Learning Objectives for Today....

• Understand Impostor Phenomenon and Burnout
• Understand how these two constructs relate and develop
• Examine how they can impact you both personally and professionally
• Assess your risk using the CIPS & ProQOL 5 scales
• Apply intervention strategies to a Case Study
• Create your own “Well-Being and Resilience Action Plan”
Meet Dr. Pauline Rose Clance

Seminal Article:

Her Classic Books:
*Impostor Phenomenon: Overcoming the Fear that Haunts your Success*

*The Impostor Phenomenon: When Success Makes you Feel Like a Fake*
First, an Exercise...
The Impostor Phenomenon

Definition
An internal, persistent experience of self-doubt and worry about one’s competency and fear of being found out by others to be a fraud, despite objective, undeniable, high levels of achievement.

- Clance & Imes (1978)
Meet Dr. Murray

- Served as **Dean at Harvard** University's School of Engineering & Applied Sciences.
- Over **70 papers** in peer-reviewed journals
- The **National Medal of Innovation and Technology**
- **Two patents**
- Over **80 National and Intl scientific committees & governing boards**.

- “Do I ever think I’m not qualified? she says, “All the time.”

-Kaplan (2009)
Impostor Phenomenon: Prevalence Data

- Overall Range: Most studies are 25-30%
- Sex Differences: Equivocal
- Sociocultural Context Matters!
- Student Status > Professional Status
- Pharmacy, Medical, Nursing, Dental students: 30%
  - Pharmacy Students report Highest Distress (50.1%)
  - Impostor Phenomenon was best predictor of Distress
    - Henning, Ey, Shaw (1998)
Polling Question:
Clance Impostor Phenomenon Scale

My total CIPS score was..
A) Few IP Experiences: 40 or less
B) Moderate IP Experiences: 41-61
C) High IP Experiences: 62-80
D) Intense IP Experiences: 80 or above

* A Cut-Off score of 62+ designates IP/Non-IP in terms of clinical significance

Impostor Phenomenon is REAL

• It’s just not TRUE

Photo: http://www.instagram.com/lilothehusky
Clance Impostor Phenomenon Cycle

Achievement Task
START HERE

What if they find out?
Mystique of IP Maintained
I’m such an impostor

Desire to Succeed
Fear of Failure
CONFLICT

Over-Prepare
RESOLUTION: WORKSTYLE
Procrastinate, then Frenzied Working

Because of Superhuman Effort
RESOLUTION: Toss Success

But Next time ...

Because I was Lucky / It was Easy

I Succeeded, I must be competent

Success
Reinforces Workstyle

BUT ...

I’m not competent

Completed!
(Short Relief but Anticipate Failure)

Reinforces Anxiety/Workstyle
Development of Impostor Phenomenon (IP)

- Individual Factors
- Family Context
- Work Context
- Sociocultural Context

IP
Development of Impostor Phenomenon: Individual Factors

- **Personality**
  - The Big 5 and Mental Health History
  - Perfectionism
  - Self-Esteem

- **Role of Intelligence**
  - Dunning-Kruger Effect
  - Social Comparison

- **Complications by Sex**
  - Differences in Messaging
  - Differences in Coping
  - Differences in Responding
Development of Impostor Phenomenon: Family Context

- **Achievement messages**
  Your worth
  Expected, not celebrated

- **Myth of Meritocracy**

- **Burden of 1st Generation and/or Family Shame**

- **History of Parentification**

- **Role Overload**
Development of Impostor Phenomenon: Work Context

- Competitive Environments
- Norms about Mistakes/Help
- Features of Success
  - Ambiguous
  - Changing
- Critical Incidents
  - Transitions
  - Challenges
  - Feedback
  - Success
- Lack of Social Support
Development of Impostor Phenomenon: Sociocultural Context

- Simultaneously Navigating and Responding to
  - Discrimination
  - Microaggressions
  - Inequities
- Stereotype Threat
- Culture Clash
- Sociocultural, Political, and Economic Pressures
- Racial Identity
- Some Promising Research...
Impostor Phenomenon:

CASE STUDY: Ima Imp, Pharm.D

Dr. Imp graduated in the top of the class and has been working in a prestigious hospital for 4 years. At the 2018 ASHP Conference, they stumbled upon an Art Exhibit as part of the National Academy of Medicine’s initiative on “Clinician Well-Being and Resilience”. With both alarm and deep recognition, Dr. Imp decided to come to THIS session to begin to address these issues. Dr. Imp’s IP score was over 62 and now wonders, “How might this impact my career?”
Impostor Phenomenon: Impact on Career

Inhibits full potential for Advancement and Leadership
Lowers motivation/confidence for Negotiations
Lowers Job Satisfaction and Engagement
Creates Social Withdrawal in the workplace
Stifles Career Planning and Mobility
Lowers potential Performance (yet strong performers)
Contributes to Burn-Out and Plans to leave field
Burnout

Definition: a condition of emotional exhaustion, depersonalization, and reduced personal accomplishment & satisfaction in jobs where there is high stress with low rewards and the minimal goals are unachievable.

(Maslach, 1976)
Polling Question:
Dr. Imp’s IP and Burnout
How would Dr. Imp’s unaddressed Impostor Phenomenon ultimately lead to Burnout?
A) High Stress
B) Low Rewards
C) Unachievable Goals
D) All of the above
E) None, Burnout is a separate construct
A Model of Burnout Development

• Emotional Exhaustion comes first:
  Work Overload, Time Pressures, Interruptions
  Social Conflicts at the job
  Severity of Patient and/or Traumatic Experiences at work
  Required to express or suppress emotion as part of job

• Depersonalization/Cynicism/Detachment comes second:
  Needing to DEFEND against emotional exhaustion

• Lack of Efficacy/Accomplishment, along simultaneously:
  Chronic Lack of Resources
  Role Ambiguity and Role Conflicts
  Lack of Feedback
  Little Decision Making and Autonomy

Maslach, Schaufeli, & Leiter, 2001
Compassion Fatigue (CF)

**Definition:** Compassion Fatigue combines the traditional construct of **Burnout** with the construct of **Secondary Traumatic Stress** (which can occur when helping those who are suffering, experiencing trauma, and/or dying).

Figley, 1995
POLLING QUESTION: PROQOL-5

1) My Compassion Satisfaction Score was
   A) 22 or Less  Low
   B) 23 – 41     Average
   C) 42 or more  High

2) My Burnout Score was
   A) 22 or Less  Low
   B) 23 – 41     Average
   C) 42 or more  High

3) My Secondary Traumatic Stress Score was
   A) 22 or Less  Low
   B) 23 – 41     Average
   C) 42 or more  High
Polling Question: 3 Comprehension Checks!

1) Dr. Imp is now a Supervisor and knows the potential for IP and Burnout. This year the students have only one more professional development session left. Knowing both are important, and wanting to pick a topic that MORE of the students may experience, which should Dr. Imp cover?

A) Impostor Phenomenon, it is more common (especially early in careers) and can ultimately lead to Burnout.

B) Burnout, it is more common and can ultimately lead to Impostor Phenomenon that decreases Job Satisfaction.
Polling Question:

3 Comprehension Checks!

2) Since BOTH are important, Dr. Imp adds a session to cover Burnout too, YAY!. Using Maslach’s Model of Burnout Development, they advise students to clarify job duties, how to navigate competing expectations, and to request regular feedback. Dr. Imp’s strategies should....

A) help prevent feeling emotionally exhausted & developing a detachment where they start treating patients like objects.

B) help protect their job satisfaction & sense of accomplishment which can erode and even lead to quitting.
Polling Question: 3 Comprehension Checks!

3) Dr. Bush, President of ASHP, has prioritized Clinician Well-Being and Resilience addressing both individual and contextual factors which is consistent with extant research. Dr Imp should suggest if a student’s system doesn’t consider this a priority, they....

A) Should RUN! Burnout factors and Traumatic experiences ultimately determine one’s Professional Quality of Life.

B) Could try developing valued aspects of their job, since Job Satisfaction can moderate the impact of Burnout and Trauma on one’s Professional Quality of Life while simultaneously working for systemic change which is also critical.
Development of Burnout & Compassion Fatigue: Individual Factors

- Training & developmental stage
- Personal mental health/trauma history
- Current life situations
- Personality
- Interpersonal Skills
- Lack of Resiliency Factors
  - Underuse of Approach Coping
  - Overuse of Avoidant Coping
  - Disconnection from sources of renewal
Development Burnout & Compassion Fatigue: Work Factors (Patient Characteristics)

- Acuity, Terminally Ill, Ongoing trauma
- Complexity
- Age of client
- Similarity to YOU
- Barriers you face trying to “help” them...
  - Patient Resistance/Adherence issues
  - Communication/Personality Issues
  - Familial and Sociocultural norms
Development of Burnout & Compassion Fatigue: Work Factors (Job Characteristics)

- Hours: Unpredictable and/or excessive
- Works Load: volume, time pressure, interruptions
- External/Internal Demands of Job itself
- Lack of Decision Making Power/ Autonomy
- Role Conflicts
- Role Ambiguity and Lack of Feedback
- Requirements to display or suppress emotions
- Lack of Resources to do job well
- Mismatch between your Job and You
Development of Burnout & Compassion Fatigue: Work Factors (Interpersonal)

- Social Isolation
- Disruptive & Hostile Social Dynamics
- Social Norms/Values
  - High Competition
  - High Perfectionism
- Low Social Support
  - Team, **Supervision**, Mentors, Peers
Development of Burnout & Compassion Fatigue: Sociocultural Context

- Sociocultural Pressures
- Lack of Fairness and Equity
- Incongruent Values
  - Priorities
  - Work-Family Balance
Impact of IP and Burnout: Research says..

- Physical
- Emotional
- Cognitive
- Behavioral
- Interpersonal
- Spiritual aka Your Why
IP and Burnout

- They are Real
- They are Normal reactions
- They are Fixable!
Improving Well-Being & Resilience
Addressing Impostor Feelings:
Change your Relationship with Failure

DO NOT OPEN UNTIL INSTRUCTED

Staple Below

measures of “Success” that you hold dear, and remain an utterly amazing human being.
Addressing Impostor Feelings:
Change your Relationship with Failure

- Learn to Fall
- Use your intelligence about your intelligence
- Teflon your Failures
  - Internal vs External
  - Permanent vs Temporary
- Grain of Truth
Addressing Impostor Feelings:
Own your Success

• Velcro your Success!
• External vs Internal
• Temporary vs Permanent
• Your language
• Reframe your Work Style
• More Magic:
  • Boulder Folder
• Power Pose (Cuddy, Wilmuth, Yap, and Carney, 2015)
Addressing Burnout: Six Potential Mismatches

1) **Workload**
   Negotiate for more Resources (and more efficient usage)
   Persist in requesting needed Training, Limited Hours, etc
   Adjust if the job or setting is really wrong for you

2) **Control/Agency/Autonomy**
   Sit at the Table! Decision Making and Transparency
   Invest in your “Corner of the World”
   Address Role Ambiguity, Role Conflicts, Feedback needs

3) **Rewards**
   Salary, Benefits, Hours, Flexibility, Professional Development
   Find your Pride: mentorship, projects, new approaches
   Create positive social rewards

(Maslach, Schaufeli, and Leiter , 2001)
Addressing Burnout: Six Potential Mismatches cont

4) Community
   Create a Positive Sense of Belonging
   Active Coping: use and give Social Support & Help
   Learn Communication & Conflict Management skills

5) Fairness
   Stay “Woke” to all ISMS, inequities, & hostile environments
   Act individually or in group to address them
   Be OPEN to feedback when you are adding to the problem!

6) Values
   Address Dilemmas: Ideal vs Possible, Your Values vs Theirs
   Invest in jobs & organizations that match your values
   Initiate projects/training & Lead others in valued directions
   Remember Your “Why” & Work-Life Balance
Well-Being and Resilience Action Plan

Awareness  Insight  Action  Accountability & Self-Compassion

Impostor Phenomenon

Success  Failure  Work Style

Values  Work Load  Agency
Fairness  People  Rewards

Burnout and CF
KEY TAKEAWAYS: Addressing IP and Burnout

1) Addressing **Individual** issues is not only necessary, but at this level you often have more efficacy to make immediate change. The Plan you started today is just the beginning. Commit to the process.

2) At your **Workplace**, start building social norms that celebrate success, normalize failure, offer/receive help & support, and tackle problems of inequity, ISMS, and difficult Interpersonal dynamics. Make your workplace infertile ground for IP and Burnout to develop!

3) Know **Systems** resist change. Work in coalitions, actively diversify leadership, and utilize research (e.g. these initiatives improve care, prevent costly absenteeism, terminations, & medical errors).

4) Remember your Big Rocks!