

**Submission Id: 2677**

**Title**

*Factors Associated with the Imposter Syndrome among Family Medicine Faculty*

**Priority 1 (Research Category)**

Survey research or cross-sectional study

**Presenters**

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**Abstract**

Context: A diverse workforce is associated with improved health outcomes; those who are under-represented in Medicine (URM) disproportionately work in underserved areas, especially in primary care. URM faculty often describe a : 1) sense of not belonging in their work environment; 2) lack of recognition of their successes; and/or 3) lack of achievement attribution to intrinsic worth. These descriptions are consistent with elements of the Imposter Syndrome (IS) which has been associated with low self-confidence and job dissatisfaction. The prevalence of IS among Family Medicine faculty is under-studied as are the factors associated with IS including racial/ethnic discrimination, lack of mentorship, and others. Objectives: 1) determine prevalence of IS among FM faculty; 2) assess factors associated with high IS scores among URM faculty compared to non-URM faculty. Study Design & Analysis: Cross-sectional study in which Pearson's r correlation tests & Fisher's exact tests were used to examine covariate associations with the outcome variable (IS). Multivariate logistic regressions comparing covariate odds of frequent/intense IS vs. low/moderate IS were explored. Population Studied & Instrument: A national sample of US FM faculty across disciplines completed an anonymous online survey. Outcome Measure: IS score using a 20-item validated scale (Clance Imposter Phenomenon Scale). Scores range from 20 – 100; higher scores = greater degree of IS. Results: Of the 431 participants, 22% identified as URM; 43% reported frequent/intense feelings of IS. Factors associated with being URM included inadequate mentorship ( $p = .0002$ ), poor integration into the profession ( $.0084$ ), and being excluded from professional opportunities because of racial/ethnic-based discrimination ( $p < 0.0001$ ). Factors associated with IS included inadequate mentorship ( $p = .002$ ) and poor integration into the profession ( $p < .0001$ ). Conclusions: While URMs are not more likely to report frequent/intense IS compared to non-URMs, they are more likely to report inadequate mentorship, racial/ethnic discrimination in their careers and poor integration into the profession. The latter two are associated with frequent/Intense IS. Perhaps structures of institutionalized racism and bias against URMs have disallowed adequate mentorship and produced suboptimal professional integration –which may be internalized by URMs and subsequently mislabeled as IS. Further investigation is needed to address change strategies.