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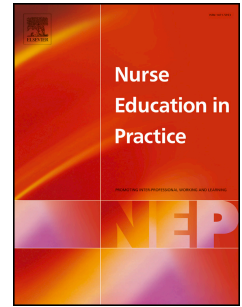
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DO GRADUATE ENTRY NURSING STUDENT'S EXPERIENCE 'IMPOSTER PHENOMENON'? : AN ISSUE FOR DEBATE.

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Abstract:

The recruitment of Graduates into the nursing profession is seen as advantageous in the academic literature. Conversely educated nurses are often portrayed in the media as “too posh to wash”. We would argue these conflicting discourses have a negative effect on graduate entry nurse education. Graduate nursing students may be particularly susceptible to “Imposter Phenomenon” a concept that describes an "internal experience of intellectual phoniness" exhibited by individuals who appear successful to others, but internally feel incompetent. We would like to encourage debate through the presentation of a small set of pilot data that established that 74% of the participants had frequent to intense experiences of Imposter Phenomenon. Students experienced feelings of failure despite consistent high achievement. Our findings and the prevalent negative rhetoric surrounding highly educated student nurses raise concerns regarding the impact of the anti-intellectualism on the Graduate entry student’s perception of self. Others may argue that this could simply be a 'natural' or expected level of anxiety in a time of transition that has no lasting impact. We debate this issue in relation to the existing literature to encourage critical dialogue.

Key words: Student nurses, "to posh to wash", Nurse education, Self-perception, Imposter phenomenon, Critical Dialogue

Background – setting the scene for debate

Graduate Entry Nursing (GEN): Graduate Entry Nursing (GEN) refers to pre-registration nursing programmes which are designed for people who already have a degree. This is not a new concept with the first GEN programme being delivered in the United States in 1975. Since this time, a number of programmes have been delivered in Schools of Nursing across the US, Canada and Europe. The existing literature would suggest that GEN programmes are well thought of and bring students into the profession who have diverse life, educational and professional experiences (Neil, 2011). One particular quality associated with this body of students is the successful completion of a first degree that already demonstrates academic ability transferable skills to the profession. In addition, Raines (2009), found that graduates have the aptitude to learn at speed and ‘hit the ground running’ because of their previous education and life experience. The combination of these particular attributes has become collectively known as “Graduateness”. Neill (2011) suggests that this type of individual is more likely to become a newly qualified nurse who is able to meet the demands of modern day nursing due to their aptitude for knowledge, flexibility and motivation.

Anti-Intellectualism Culture: The statements “too posh to wash” and “too clever to care” have become familiar themes within the public and professional press as a linguistic representation of the polar positioning of the intellectual from the practical (eg. Chapman & Martin, 2013). A significant body of people within other healthcare professions and nursing itself, maintain that higher education study is not required to fulfil the role of the nurse and that continued attempts to attract educated people into nursing is a contributing factor to decreased standards of care (Miers, 2002). It has been asserted that the justification for

increasing the academic status of nurses is motivated by a desire to achieve professional and social status for nursing as opposed to improve standards of practice (Chapman & Martin, 2013). However studies which have focused on undergraduate nursing students show that there is little evidence to suggest that reservations amongst the profession regarding decreased standards of care are born out in practice (Fitzpatrick et al, 1993; Clark, 1994, Aiken et al 2014). Indeed, Reid et al (1987) found that graduates perceived themselves as having more advanced training alongside an expert knowledge base, additional insight, broader experience and a better understanding of research. In this study, ward sisters rated graduate nurses as excellent in terms of their practical abilities and existing knowledge base. Furthermore there is evidence to support improved mortality rates within areas with a higher proportion of graduate level educated nurses (Aiken et al 2014).

Am I a fraud?: Aiken's findings are certainly favourable in terms of nursing practice. However, these are less encouraging when considered within the context of how the profession responds to graduates. For example, Luker (1984) found that graduates saw themselves as different and felt less accepted. This is echoed by research exploring the reception of Project 2000 students who were the first student group in the UK to be educated in the University setting (Robinson, 1991, Jowett et al, 1992). Furthermore, the graduate's ability to exercise higher order thinking skills has been reported to lead to frustrations as graduates felt they had limited freedom to integrate research into their practice, to nurse holistically or to think critically (Smithers & Bircumshaw, 1988; Bircumshaw, 1989). Skeggs (1997), observed that nurses may assert the practical side of their training as valuable over academic qualifications as a way of defending their

importance and gaining status. Therefore, they inadvertently sustain a stereotype of the “basic” role of a nurse and demean the intellect required to demonstrate such skills in health care environment that is becoming increasingly complex and demanding. The relevance of these issues to GEN students has been explored. A number of performance strategies have been identified which are consciously adopted by GEN students with the aim of pre-empting negative stereotypes and mitigating potential hostility from the established profession (Stacey et al 2015a; Stacey et al 2015b).

Are GEN students are likely to experience Imposter Phenomenon?: We would argue that GEN students may be particularly susceptible to Imposter Phenomenon (IP) (Clance & Imes, 1978; Clance, 1985), a concept that describes an "internal experience of intellectual phoniness" exhibited by individuals who appear successful to others, but internally feel incompetent. Therefore, success is attributed to luck as opposed to intelligence or ability. IP is considered to be a temporary, "normal" feeling that occurs when individuals experience a transition such as a new role or job with subsequent changes in identities, relationships, and/or abilities. The clinical symptoms connected to IP can include generalized anxiety, lack of self-confidence, depression, frustration and disconnectedness brought on by the “inability to meet a self-imposed standard of achievement” (Clance, 1985). This concept originated in psychology and has been usefully applied to the perspective of new nurse practitioners (Huffstutler & Varnell, 2006) and clinical nurse specialists (Arena & Page, 1992) who argue that IP may develop due to feeling “unprepared” and is relevant to our understanding of the transition to nursing role.

It is evident that there are conflicts in the way GEN students are perceived and portrayed by the various influential discourses. We would argue that this has the potential to impact on the way they perceive themselves and their position within the nursing profession. Indeed, we would suggest that there is potential for GEN students to internalise these feelings of negativity and hide their 'graduateness' from their colleagues (Stacey et al 2015b). We would suggest that one of the consequences of developing a professional identity within a culture of anti-intellectualism is that it may lead to feelings of inadequacy due to consistent messages regarding lack of competence and an inability to care.

To test our assumptions, we carried out a small pilot study to explore whether the GEN students experienced fraudulent feelings and considered how this may impact on their confidence in clinical competence in relation to Imposter Phenomenon. Whilst a cohort of GEN students were nearing the end of their programme we took the opportunity to include the Clance Imposter Phenomenon (CIPS) scale (Clance, 1985) as part of their usual course exit information. Ethical approval was granted by the Faculty of Medicine and Health Science Research Ethics Committee for this additional survey and the students were fully aware of their choice to not complete or withdraw this data from their exit interview. Our small survey of 27 students found that 67% of the cohort frequently had Impostor feelings, with a further 7% describing Intense impostor feelings. On this basis, 70% our cohort of students would be classified as 'imposters'.

What does this mean for newly qualified nurses?

We would argue that our cohort of students have internalised a view of 'Imposterism' and regard themselves as to a greater or lesser extent, fraudulent within their profession at the point of registration. The literature exploring the attitudes encountered by students nurses from established practitioners demonstrates resistance to educational programmes which positively view and formally recognise the value of previous educational achievement. There remains cynicism around how higher education can contribute to nursing practice and the role of academic in producing a competent nurse. We have observed our students experiencing anxiety, depression, and fear, which could ultimately result in personal dissatisfaction in their working life and a struggle in fulfilling their potential. These feelings can all be associated with 'imposterism' (Chrisman, Pieper, Clance, Holland, & Glickauf-Hughes, 1995; Fried-Buchalter, 1992, 1997) and we would argue that as educators we need to be proactive in setting measures into place to buffer any effect of IP that students may experience.

However, in considering this issue for debate, Impostor phenomena could simply be a case of a period of adjustment in terms of a pending transition to registered nurse practice, reflected in a 'natural' or expected level of anxiety. How often do we hear mentors and educators comment that it is the student's with no anxiety or concerns about their ability to perform that are the ones to be concerned about? Could it be reasonable to assume that reports of feeling like an imposter are just apprehensiveness of their upcoming role and new clinical environment? These feelings may also be linked to a myriad of factors such as age, entry qualification or previous life experience and have no significance or association with 'imposterism' as a concept.

The existing literature suggests that the ability to engage in critical dialogue will give nursing the potential to challenge the barriers that has constrained it's progression as a profession (Roberts et al, 2009). This paper offers some thoughts for debate and should prompt a wider discussion into the experiences of students entering the nursing profession with prior degree level qualifications. It highlights the potential consequences of an anti-intellectualism culture which remains prevalent within the profession and the potential impact this can have on the student's confidence and view of how they should position themselves within the profession. We would encourage further exploration of Imposter Phenomenon in nursing students to investigate the potential impact of internalised self-doubt and fraudulence on the nursing profession.

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Highlights

We argue that 'Imposter Phenomenon' is experienced by many student nurses

We discuss the role of an anti-intellectualism culture in breeding feelings of failure

We encourage critical dialogue of the student experience in nurse education