

NAVIGATING THE IMPOSTOR PHENOMENON:  
THE LIVED EXPERIENCE OF NURSE LEADERS

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Date June 4, 2021

Submitted in partial fulfillment of the  
requirements for the Degree of Doctor of Education in  
Teachers College, Columbia University

2021

## ABSTRACT

### NAVIGATING THE IMPOSTOR PHENOMENON: THE LIVED EXPERIENCE OF NURSE LEADERS

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The Institute of Medicine identifies nurses as being in a position to become a powerful force for change in our healthcare system through their leadership. The impostor phenomenon is a psychological pattern in which individuals doubt their skills, talents, or accomplishments, or may have internalized fears of being exposed. In a time when nurse leaders are needed the most, these feelings may prevent nurses from advancing their careers and to lead. While a plethora of studies have examined this phenomenon and its negative impacts to mental health and career progression, there is little on the experience among nurses and none among nursing leaders or how to manage it effectively.

Fellows of the American Academy of Nurses are considered nursing's most accomplished leaders in education, management, practice, and research. These successful leaders have been recognized for their extraordinary contributions to nursing and health care. This qualitative study used a phenomenological method designed to gain insight into how these successful leaders have experienced impostor feelings. Ten nurse leaders were interviewed about their career progression, and their experiences with the impostor phenomenon were revealed. Findings were analyzed and the six essential themes that

were illuminated from those shared experiences were: (a) Welcoming Opportunities, (b) Extended Sphere of Support, (c) Willingness to be Courageous, (d) Embracing the Journey, (e) Willingly Expressing Humility and Authenticity, and (f) Navigating the Impostor Process. The findings from this study will contribute to the body of knowledge about the impostor phenomenon within the context of the nursing profession and leadership and may benefit other nursing professionals experiencing similar feelings to mitigate them.

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## DEDICATION

I would like to dedicate this study to all nurse leaders who have contributed to the positive progression of the nursing profession. I especially dedicate this work to the nurse leaders who participated in this study. I am honored and inspired to have had the opportunity to hear your passionate, courageous, and humble experiences. My hope is that this research inspires other nurses at any level of their career to keep progressing, leading, and contributing to the profession.

## ACKNOWLEDGMENTS

Completing this leg of my life's journey involved support and dedication from several people along the way. Their patience, love, understanding, and sacrifices do not go unnoticed. I would like to recognize and thank the following people:

My father, Abdullah Adiguzel, you encouraged me to think and dream big, and to work for it. It is because of you that I am on this journey of lifelong learning. Thank you for sharing your life experiences with me. You have sacrificed so much for us to have something better. Thank you for never pressuring me. You have always been there for me, guiding me and supporting me through all obstacles and goals. I am so proud to have you as a father.

My mother, Nazmiye Adiguzel, there is no way I could have completed this leg of the journey without your proud and loving support. I am forever grateful for the countless times that you volunteered to care for me and your granddaughter while I reclused to work and write. Thank you for always praying for me, cheering me on, and supporting my goals.

My husband, Ash, your love and belief in me to achieve and do something big made this doctorate possible. Thank you for sacrificing your time and energy, and for encouraging me throughout this whole journey. Together, we were able to build a beautiful family and home filled with love. I appreciate and love you with all of my heart.

My daughter, Zara Gayatri, you are named after the Hindu mantra that invigorates and brings peace to my spirit when I hear it. Naturally, you've turned out to do the same for me as well. You make me a better person. I was pregnant with you, birthed and raised you, and even fought COVID together on this doctoral journey. You remind me of what

is most important in this life. I am changed forever. I am grateful to have such a brave, smart, funny, and loving daughter.

Nurse leaders in this study, thank you for sharing your valuable life experiences. I am inspired by your passion, courage, and humility.

My sponsor, Dr. Keville Frederickson, thank you so much for everything. Your generosity of time, energy, and belief in me and my research will forever mean the world to me. I appreciate all of your inspirational guidance and enthusiasm. You are just simply the best.

My committee members, Dr. Eileen Engelke, Dr. Lyle Yorks, and Dr. James Corter, thank you so much for your flexibility, time, and expertise in assisting me in the completion of this study.

Dr. Rigolosi, I immensely enjoyed our classes together. Thank you for nudging us and supporting us to do our best. Entering this program was one of the best decisions I have ever made.

My Friday cohort family, we have come so far, and I'm so proud of us. We have grown and accomplished so much through the years. Keep going strong. I look forward to writing our book together. Thank you for always being my biggest supporters. I will be cheering you on all along the way.

A. A.

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## Chapter I

## INTRODUCTION

You are braver than you believe, stronger than you seem, and smarter than you think.

(Guers, 1997, in *Pooh's Grand Adventure: The Search for Christopher Robin*)

I appear to myself as a swindler because of the great publicity about me without any real reason.

(Albert Einstein, as cited in *Quest: An Autobiography*, 1941, p. 290)

*A prominent nurse leader was asked to lecture for a national conference. She was initially excited and felt lucky to be asked, and agreed to present, but then thought to herself, "Maybe they couldn't find anyone else to lecture?" Despite doubts, she was determined to do her best and diligently prepared her presentation and practiced several times before the presentation day.*

*On conference day, as she waited for her turn to present, her mind raced with thoughts while she listened to each presenter. She started to compare herself to the others and thought, "What did I get myself into? That presenter did such a great job. How can I follow that act?" She became more unsure of herself as she listened to the audience ask the presenters questions. "Someone is going to ask me a question that I won't have an answer to, and then they will finally figure it out—I'm not as smart as they were led to believe." It was now her turn to approach the podium and she remembered feeling like*

*she was approaching the guillotine. She had a captive audience. She took some deep breaths and thought to herself, "This is it, it's too late to turn back now..."*

*She presented just as she practiced, and occasionally included some anecdotes. The presentation came to an end with relief, but also panic in anticipation that she would receive a question she could not answer. She opened the floor for the audience's questions and comments. She answered question after question, until someone asked a question she was unsure of. She was honest and prefaced her answer from her experience only.*

*After the conference, the coordinator who had originally asked her to present pulled her aside to speak privately. "Oh no, here it comes...",* she thought. *She listened in disbelief as the coordinator explained how happy she was that she agreed to come and speak at the conference, and that she was the organization's most sought-out nurse leader to speak at the conference. She went on to describe how she captivated the audience and how their feedback was positive, and they were asking if she would consider presenting again in the future.*

These feelings of quiet self-criticism and doubt may resonate with many people. The name given to such feelings described in this vignette is that of the impostor phenomenon (IP), first coined by Clance and Imes (1978), and later to also be known as impostor syndrome and impostorism. It is defined as the feeling of leading others into believing that one has higher competence, skill, and amplitude than one believes one possesses.

### **Aim of the Study**

The aim of this study is to explore the experience of IP in nurse leaders (NL) who are also Fellows of the American Academy of Nursing (FAAN) through the phenomenological method of Max van Manen. IP may quietly paralyze individuals from moving forward or at least have them believe they are not smart enough and not deserving enough to be in the positions they have earned (Chandler, 2008). Exploring the experiences of IP in FAANs may provide further insight into the phenomenon; it may shed light on the experience of what IP looks and feels like in this demonstrated accomplished subset of NLs, and how those experiences allowed them to progress and effectively, or ineffectively, manage IP feelings.

### **Phenomenon of Interest**

IP is the phenomenon of interest that refers to the subjective and internalized experience of successful individuals who think they are fooling others into believing that they are smarter or more competent than they are (Clance & Imes, 1978). Little research has been conducted on the experience of IP in nursing professionals, and no research has been carried out with accomplished NLs.

### **The Context for the Phenomenon**

The context for this phenomenon is FAANs. Nurses are now in a position to become a powerful force for change in our healthcare system. According to the Institute of Medicine (IOM) (2010), the role of the registered nurse (RN) and advanced practice nurse has expanded with more responsibilities and autonomy in practice. Today, nurses

are required to think more critically and have increasing responsibilities and leadership roles in a transformative and dynamic healthcare system. Nursing needs more influential NLs, such as FAANs.

Today, NLs must motivate, inspire, and influence nursing and collaborating professionals to buy into an organization's values, mission, and goals. To do this, they must be knowledgeable, communicate expectations, and help develop quality leaders. Leaders must be visible and willing to advocate, such as FAANs.

Organizations pursuing Magnet designation are especially invested in nurse leaders who exhibit these qualities (American Nurses Credentialing Center [ANCC], 2010). Magnet is a performance-driven recognition considered to be one of the most prestigious distinctions for healthcare organizations because it signifies nursing excellence and, thus, better patient outcomes (American Hospital Association [AHA], 2014). One of the five model components of Magnet is transformational nursing leadership, requiring vision, influence, clinical knowledge, and an expertise in professional nursing practice (ANCC, 2010).

The American Academy of Nursing (AAN, 2012) is an organization dedicated to advancing the nursing profession. Its Fellowship attracts some of nursing's most accomplished NLs who have demonstrated contributions to nursing or healthcare and exemplify transformational leadership. FAANs include NLs in education, management, practice, policy, and research (AAN, 2012).

The American Psychological Association (APA, 2012) is concerned that fear of failure is a significant issue as it may prevent RNs from advancing their careers to a leadership role. NLs have the potential ability to create change successfully in the nursing



profession and influence others to do the same, but little is known about the experience of IP within this group. Gaining insight into how NLs experience feelings of IP and how it may have affected their career, influence, and leadership style may benefit other nursing professionals also struggling with IP.

### **Justification for the Study**

The review of literature on IP revealed that it has largely been studied in women, students, and negative impacts. There is little research on its incidence and experience in nursing and NLs. The literature supports the importance of studying IP and its consequences. The consequences were thought to be overworking, career burnout, career limitations, or immobility (Legassie, Zibrowski, & Goldszimdt, 2008; Want & Kleitman, 2006; Zajacova, Lynch, & Espenshade, 2005). Other consequences identified included depression, anxiety, and compassion fatigue (Kolligian & Sternberg, 1990; Want & Kleitman, 2006), and, ultimately, nurse turnover.

However, no research has been conducted on this phenomenon specific to accomplished NLs and information regarding the experience and impact among nurses, including burnout and turnover, has been limited. More research is needed to closely understand the experience of IP in the nursing profession, especially in the most accomplished and influential NLs.

Having a better understanding of IP in NLs may help instill a sense of psychological empowerment in RNs and NLs. As suggested by Manojlovich (2007), empowering workplaces can provide nurses with access to information, support, resources, and opportunities to learn and grow. Empowerment is also a psychological

process that occurs when one has a sense of motivation in relation to the workplace environment. The relationships between psychological empowerment and structural empowerment have been linked to work effectiveness, quality patient care, cost effectiveness, and retention (Manojlovich, 2007). It is critically important for organizations or practice settings to facilitate both psychological and structural empowerment for nurses to ensure successful practice (Manojlovich, 2007). By studying IP in FAANs, we may understand its psychological impacts on nursing practice and future contributions to more effective healthcare.

### **Assumptions and Biases**

My main assumption was that feelings of IP are very common in nurses at any organizational level from the bedside to the board room. I assumed that FAANs would be able to identify with IP and be open to discussing their past experiences with IP, but they might not reveal their current struggles with it, depending on the position they hold.

Other assumptions were that these NLs would reveal some effective ways in which they were able to handle negative feelings of IP with positivity. They might disclose that they think that although IP can feel negative, it has also driven them to be more successful.

Another assumption was that IP is a negative feeling that, without proper recognition, guidance, or actualization, can become exacerbated and lead to negative self-fulfilling prophecies and possibly slow the progression of one's leadership career. However, I also believe that there are positive effects from experiencing IP.

Another assumption was that recognizing the feelings of IP helps mitigate the intensity of the feeling so that an individual can move on. I needed to be cautious of these assumptions and beliefs and be able to bracket them.

### **Relevance for Nursing**

It is important to study IP with the purpose of understanding the experience in accomplished NLs who have demonstrated contributions to the profession and healthcare. The lack of understanding of IP within the nursing profession may be a factor that keeps nurses from feeling empowered enough to advance their education and careers and may even perpetuate feelings of burnout. Understanding what the experience of IP looks and feels like may help nurses identify and manage it better.

In 2015, the American Association of Colleges of Nursing (AACN) advertised an expected nursing faculty shortage projection said to impact the number of students who are accepted into nursing schools. Therefore, it is important to understand IP in NLs as their experiences may provide helpful insight into advancing their education, attaining doctorates, and becoming nursing faculty. With respect to nursing administrators, further understanding of IP may also help recruit and retain nursing faculty and deans. We can take what we learn from how accomplished NLs experience IP and use it in practice.

### **Summary**

This chapter reviewed the aim, significance, context, and relevance of this study. It is driven by a sense of wonder about the lived experience of IP in accomplished NLs. Understanding the lived experience of IP in FAANs may help identify areas for further

research and study and may illuminate ways to manage it. In the next chapter, I explore the evolution of IP literature and provide a historical and experiential context of IP.

## Chapter II

### EVOLUTION OF THE STUDY

Look, when I was up for my prelims, I went into a state of anxiety like nothing I'd ever known before. I carried on so I frightened my husband and finally, in desperation, he yelled at me.... Now, what was I afraid of? I had designed my own prelim; I knew everything I was responsible for. There wasn't the remotest possibility of failure; and yet I was shaking, throwing up, screaming I was stupid and now they'd all know I was stupid. (Matina Horner, as cited in *Why Women Fear Success*, in Gornick, 1971, p. 53)

This chapter provides the historical evolution within the context of Impostor Phenomenon (IP) through a review of the literature. The origins of the term IP, its similar constructs, and consequences are also discussed. The experiential context is provided and explains my reasons for studying IP in Nurse Leaders (NLs) who are Fellows of the American Academy of Nursing (FAANs).

#### **Historical Context**

##### **Horner's Effect**

Before there was IP, there was a Harvard professor and experimental psychologist, Matina Souretis Horner, who studied the differences in achievement motivation and performance between males and females (Horner, 1968). Her interest stemmed from the few studies in the 1950s and early 1960s that showed women's

motivation for achievement consistently coincided with high levels of anxiety assumed to be related to the fear of competition and failure (McClelland, 1961; McClelland, Atkinson, & Clark, 1953; McClelland & Liberman, 1949; Veroff, Wilcox, & Atkinson, 1953). Horner (1968) set out to test that assumption and found that the “will to fail,” as the previous studies suggested, was not the case with the women she studied. Instead, she found that these women were in an anxious conflict over the repercussions of success, so much so that the inner conflict was inhibiting their capacity for achievement despite demonstratable high intelligence.

These women reported negative consequences and affect, righteous indignation, withdrawal, concern, and inability to accept the information presented in the cues of success (Horner, 1968). Horner’s study suggested that this phenomenon occurred because women were afraid to win against a man in competition, as winning against a man was to actually lose (Horner, 1968). She coined the term *Fear of Success* (FOS), which later became known as the Horner Effect (Horner, 1973). The FOS seemed to have its most powerful effect on women who were most likely to be successful (Kerr, 1997).

In retrospect, Horner’s (1968) study may have hinted at what would later be considered impostor themes. In her study, she asked female participants to make up stories about Anne, a fictional medical student who was successful and female. From their stories, she highlighted themes, such as denying effort and responsibility for attaining success.

Anne is a CODE name for a non-existent person created by a group of med students.... (p. 106)

It was luck that Anne came out on top of her med class because she didn’t want to go to med school anyway. (p. 106)

She will continue her med school courses. She will study very hard and find she can and will become a good nurse. (p. 106)

### **The Impostor Phenomenon**

Drawing upon Horner's work on achievement motivation and fear of success, psychologists Drs. Pauline Rose Clance and Suzanne Imes (1978) sought to understand why many highly intelligent and successful female students had the belief they were fooling others into believing that they were smarter or more competent than they really were. One of their participants even claimed to feel like an impostor. They coined the term *impostor phenomenon* (IP), which was described as persistent feelings of fakery experienced by successful persons.

Clance and Imes (1978) originally assumed the phenomenon was unique to women, but their research has shown that men also experience impostor feelings. Clance and Imes (1978) and Harvey and Katz (1985) identified in their psychotherapy clinical settings other symptoms that were commonly associated with the phenomenon, such as generalized anxiety, lack of self-confidence, depression, and frustration, in individuals who failed to internalize success.

People who were identified as impostors were found to dismiss accolades and awards, question positive evaluations, and also question information that could validate competence (Clance & Imes, 1978). They went out of their way to find external evidence that contradicted their success. Clance and O'Toole (1987) suggested that impostors sustained their perception of themselves as an impostor by attributing success to good luck, timing, or hard work, and therefore they were unable to truly experience internal

success. Another common characteristic found in impostors was procrastination (Clance & O'Toole, 1987).

Self-efficacy is a construct similar to IP in terms of self-perception of competence. Bandura (1977) suggested that efficacy was the sense of self-competence that drives positive emotion, cognition, and behavior towards achieving one's goals. Self-efficacy may be directly related to coping styles; individuals who had high self-efficacy tended to display positive coping styles and, when a stronger coping style was used, levels of efficacy rose (Bandura, 1986). As Bandura (1986) suggested, positive verbal persuasion from authority figures such as teachers and parents enable individuals to believe in themselves. However, self-efficacy is unlike IP, where despite positive feedback, the individual has difficulty internalizing his or her competence or success (Clance, 1985). The characteristics that were found in the literature that help differentiate IP from other concepts were a collection of feelings and characteristics among professionals, such as self-doubt, lack of confidence in competency, fear of failure, and performance anxiety (Leary, Patton, Orlando, & Funk, 2000).

By the 1990s, the common event that was identified in the literature review for IP was the self-perception of having competency that was not high enough to meet a perceived or given standard. This sense of standard is derived from the perceived environment (Kolligian & Sternberg, 1990). A hyper-awareness of others' perception and the fear of being found out was a common theme. The thought that success was based on luck and timing was found in the literature.

Later studies showed a growing understanding of how IP internally manifests through such characteristics as an extreme need to prove one's self and the sense of not



belonging (Cozzarelli & Major, 1990; Kerr, 1997). A study by Leary, Patton, Orlando, and Funk (2000) showed that IP was correlated with psychological distress, such as depression, neuroticism, and suicidal thoughts. Other research has suggested IP to be linked to the concept of defensive pessimism (Norem & Cantor, 1986; Sanna, 1998). Defensive pessimism was described as an effective coping mechanism for anxious persons with a perceived failure in their environment by setting a low expectation for success even if one has not failed (Norem & Cantor, 1986; Sanna, 1998). Perfectionism and unrealistic high expectations were common characteristics found in the literature as well (Henning, Ey, & Shaw, 1998; Kets de Vries, 2005; Sakulku, 2011). Expectations of competency were overestimated for the level of their profession. There was frequent comparison to colleagues and an underestimation of the ability and successes of one's self (Mehrotra, 2006).

The effects of IP were explored further in multiple disciplines, with men and minorities, and for how one copes with it. IP was found to be common among minorities, women, and first-generation professionals and students, but did not exclude men, non-minorities, or years in profession, as these groups also experienced it (Dancy & Brown, 2011).

Negative coping styles, along with lower self-efficacy, may lead to higher levels of perceived stress and burnout, as seen with IP (Legassie, Zibrowski, & Goldszimdt, 2008; Zajacova, Lynch, & Espenshade, 2005). IP was also thought to stem from childhood experiences in which mixed messages were sent to a child about his or her abilities (Want & Kleitman, 2006).

Researchers have also studied the effects of IP within different disciplines. Medical and dental students, physicians, nurses, and physician assistants were found to have experienced feelings of IP (Langford & Harmon, 1993; Oriel, Plane, & Mundt, 2004; Prata & Gietzen, 2007; Villwock, Sobin, Koester, & Tucker, 2016). Like others dealing with IP, these students and professionals also believed they had successfully deceived others about their ability to achieve at such a high level of competence (Prata & Gietzen, 2007). Many of them found themselves questioning and attributing their success to luck or charm (Prata & Gietzen, 2007).

Similarly, educators, pioneers, and those embarking on new endeavors in their career were shown to have had feelings of IP (Kasper, 2013). Hutchins (2015) described the obstacles of higher education faculty members dealing with IP, including their constant fear of being discovered as frauds. These psychological barriers to success negatively impacted the faculty members' ability to experience personal satisfaction and affect overall job performance (Hutchins, 2015; Parkman, 2016).

Related literature further explored the screening tools used to measure confidence and IP (Chapman, 2015). The Clance Impostor Phenomenon Scale continues to be used to measure impostor characteristics and levels of self-esteem in aggregate populations in corporate and academic environments (Chapman, 2015). No instruments to measure IP specifically in nursing were discovered.

The majority of studies focused on women and students, and much attention was given to the negative aspects of IP (Cowman & Ferrari, 2002; Fried-Buchalter, 1992; Harvey & Katz, 1985; Henning et al., 1998; Hutchins, 2015; Kolligian & Sternberg, 1990; Leary et al., 2000; Want & Kleitman, 2006; Young, 2011; Zajacova et al., 2005).

Few studies have looked at the experience of IP among non-students, and no studies have looked at accomplished NLs or the possible positive aspects of IP. Therefore, studying the experience of IP in the most accomplished NLs would add to this body of knowledge.

### **Fellows of the American Academy of Nursing**

The American Academy of Nursing (AAN, 2012) is an organization dedicated to advancing the nursing profession. Its Fellowship attracts some of nursing's most accomplished NLs who have demonstrated contributions to nursing or healthcare and exemplify transformational leadership. Fellows of the American Academy of Nursing (FAAN) include NLs in education, management, practice, policy, and research (AAN, 2012). The Academy has more than 2,600 NLs (AAN, 2019).

FAAN candidates are recognized and selected through a rigorous review process by an elected committee of FAANs (Albrecht, McClure, Buchanan, & Gary, 2012). Candidates are reviewed for their extraordinary nursing career accomplishments and professional contributions to healthcare. FAANs are also considered the most highly educated NLs, as more than 90% have doctorate degrees (AAN, 2019).

### **Experiential Context**

You get the picture. We've all been there. The internal critic throws up barriers, begs for procrastination, and can let you know at every turn that you are not smart enough for this next move. We allow the internal critic in when we are feeling like we might not belong in graduate school. This critic is most likely a symptom of the imposter syndrome. The syndrome that makes one feels like they don't belong, they are not good enough, they are fakes or frauds. The results of the syndrome can paralyze individuals from moving forward or at least have them apologize for not being smart enough or deserving enough to be in the positions they aspire to. (Chandler, 2008, pp. 183-184)

My interest in this phenomenon originated from reading this passage about IP in a college guidebook which articulated exactly how I was feeling. I remember feeling relieved that I was not the only one feeling this way, as I was looking to apply to graduate school for my Master's in Nursing. The connection I made with reading this one passage resonated with me and made a world of difference in my disposition to setting and achieving my professional goals.

It took me 2 years to write the essay for my graduate school application; in many ways, I wanted it to be perfect and I told myself I needed more working experience. In reality, I was also very fearful of being rejected by the only school I wanted to attend. I wanted to go to the best school, which happened to be an Ivy league, but I also felt I was not smart enough to be there. After 2 years, I took the leap and was accepted. I remember doubting myself every step of the way and feeling as if I had slipped in somehow. The feelings of IP had driven me to study more and perhaps accomplish more because I never wanted to appear as though I did not know what I was doing.

I have felt anxiety and burnout from IP. I was even scared to take long vacations because I did not want to forget all that I learned and knew about in nursing. I felt as though I was alone in my IP feelings and wished that someone would have shared his or her personal experiences of IP with me. I noticed that I experienced IP at varying levels, depending on the work environment and around different work colleagues. I felt less IP when I was around a transparent, open, and frank group of people versus a more formal and closed-off group.

When that uncomfortable feeling of IP manifests itself now, I am able to identify and rationalize it away. Identifying IP has also helped me connect with staff and students.

These IP feelings have kept me humble in my career. I often find myself calling out on IP feelings in myself and in others. I frequently share my experiences with IP with my students and colleagues when I am looking to motivate them to take the next steps in life or to simply ease their anxiety level. I wonder about if and how NLs, especially the most influential and accomplished nurses of our time (FAANs), identify with and manage feelings of IP.

### **Summary**

This chapter reviewed the historical evolution of IP and its similar constructs. The experiential context revealed my own experience with feelings of IP. The next chapter discusses the chosen phenomenological methodology and its rationale, as this study attempted to understand the lived experience of IP in FAANs.

### Chapter III

#### METHODOLOGY

We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.

(T.S. Eliot, as cited in Little Gidding V,  
*Four Quartets*, 1943, p. 59)

This study explored the experience of the impostor phenomenon (IP) as it is perceived by nurse leaders (NLs) who are also Fellows of the American Academy of Nurses (FAANs). In this chapter, the phenomenological study method is discussed.

#### **The Phenomenological Research Method**

Phenomenology is the study of lived experiences of people and their environment. It aims to deepen our understanding of nature and bring meaning to our experiences. Van Manen (1997) described phenomenology broadly as a philosophy or theory of uniqueness. The phenomenological framework provides researchers with an opportunity to discover what it is like to live the experience (Streubert & Carpenter, 1999).

Phenomenology seeks to understand the nature of a phenomenon as meaningfully experienced (van Manen, 1990). It does not see experiences as problems in need of a solution, but rather in need of further comprehension.

The German philosopher Edmund Husserl is considered the founder of phenomenology. His phenomenology is also known as descriptive and transcendental

because it adheres to what can be discovered through reflection (Husserl, 1970). Husserl described that the lived world is seen as the original, pre-reflective, and pre-theoretical attitude essentially as “pre-given,” “already there,” and things that already exist in the world or environment. Discovering meaning is the central purpose of transcendental phenomenology (Moustakas, 1994).

Phenomenological research is also known as a human science that aims to interpret and understand experiences rather than to explain them (Bergum, 1991). The hermeneutic approach to phenomenology looks to interpret the meanings of the lived experience through the use of reflective narrations (Lindsbeth & Norberg, 2004). A researcher looking to utilize this approach will process the reflective narrations of an individual’s lived experience by understanding and then interpreting them as a whole, thus interpreting the meanings of the lived experience (Pringle, Drummond, McLafferty, & Hendry, 2011).

Martin Heidegger was another German philosopher, but he viewed all phenomenological description as interpretation. He described an inner relationship between the root terms *phenomenon*, which means a kind of showing, and *logos*, which means a kind of making manifest. These terms lend themselves to the formal meaning of phenomenology as a “showing” and “letting be seen of which shows itself” (Heidegger, 1962/1975, p. 32).

Heidegger is concerned with the relationship between human beings and “what is to let be seen.” The “Being” of beings is considered hidden, for the most part. Being in the world and the “inner” world as one knows it is considered to be human existence and is different from the “outer” world thought to be objective (Lindsbeth & Norberg, 2004).

Heidegger believed that human actions and perceptions are conditioned by cultural practices, described as a “background.” He also believed that Being is often neglected or forgotten. In his later works, he emphasized language as the “home of Being” and thought to create and restrict life in the world (Munhall, 2012). His focus was on interpretation and reading. Heidegger’s description of human existence is the fundamental structure that guides existential phenomenologists.

Influenced by Husserl and Heidegger, the French philosopher Maurice Merleau-Ponty (1945/1962) referred to phenomenology as the study of essences. Essence, as Husserl (1970) described this concept, means the quality which a thing has that it would not be what it is if it were absent. According to Merleau-Ponty (1945/1962), phenomenology is a philosophy that sees people in a world as it already exists, before any reflection, specifically aiming to give a direct description of experience, as this is the only way to understand a phenomenon. Looking for the causal explanation of a lived experience was discouraged. Merleau-Ponty (1945/1962) believed that meaning and understanding of life experiences occur through perception.

In his *The Phenomenology of Perception*, Merleau-Ponty (1945/1962) described the pre-reflexive lived experience of being in a world that already exists. He explained that phenomenology seeks to understand people’s sense of being as they exist in everyday human activities and situations. Perception plays a role in the formation of awareness and experiences of reality by providing a direct experience of phenomena. Merleau-Ponty believed that perception leads us to understanding meaning.

Perception, intentionality, embodiment, relationship with others, time, and morality are the six tenets in Merleau-Ponty’s (1945/1962) philosophy. However,



perception is the most fundamental tenet because all meaning is thought to occur through perception.

Intentionality refers to relatedness and connectedness to the world and between people as they are directed toward specific events, objects, and phenomena. Embodiment is a similar tenet whereby it describes the relationship of the body and the world. When the world or environment is disrupted, the person's existence can also be disrupted. Understanding the experiential meaning requires us to describe events from the point of view of the one experiencing the phenomenon (Merleau-Ponty, 1945/1962).

Relationships with others is described as a "knot of relations" in reference to being born into particular sociohistorical and cultural backgrounds in which perception is learned in the environment of community. Merleau-Ponty explained that the paths of people "intersect and engage like gears" with one another with much potential for dialogue (p. xx).

Husserl, Heidegger, and Merleau-Ponty's philosophical works have contributed immensely to hermeneutic phenomenology. In the 1950s, the first non-philosophers from the Netherlands began to take interest in and adopt hermeneutic phenomenology as a qualitative research methodology. These non-philosophers were pedagogues, physicians, psychiatrists, and psychologists interested in phenomenology's unique way of understanding the human existence rather than as a philosophy (van Manen, 2014).

The purpose of hermeneutic phenomenology is to illuminate and reflect upon the lived meaning of a basic experience. Its basic tenet is that our most fundamental and basic experience in the world is already full of meaning (Merleau-Ponty, 1962/2006; van Manen, 2014). It is a methodology that is open to any human experience.

Max van Manen (1990, 1997, 2014), a Dutch-born Canadian scholar, has greatly influenced and articulated the phenomenological methodology today. In his works *Researching Lived Experience* and *Phenomenology of Practice*, van Manen introduced the six methodological thematic activities in doing phenomenological research as having “dynamic interplay.” The research method to be used in this study is based on van Manen’s research themes, which are listed as follows and operationalized in the next chapter:

1. turning to the nature of lived experience,
2. investigating experience as we live it,
3. reflecting on the essential themes which characterize the phenomenon,
4. writing and rewriting, as an art,
5. maintaining a strong and oriented relation, and
6. balancing the research context by considering parts and whole.

### **Rationale for Method Selection**

The goal of this study was to explore and illuminate the meanings of IP as it is experienced by NLs who are also FAANs. IP is internalized and has not been studied within the context of nurse leaders. Therefore, the rationale for selecting the phenomenological approach to bring out this phenomenon’s meaning was through the framework of phenomenology as described by Merleau-Ponty and van Manen.

Hermeneutic phenomenology takes the lived experience of human beings as they exist in the world and as they give “active shape to their world” (van Manen, 1990, 1997). It is considered both descriptive and interpretive, and the lived experience is

thought to be always meaningfully experienced. This methodology allows for the participants to share their unique experience and a researcher to set aside generalizations and theories in the traditional sense. Those lived experiences can be captured in language and writing that will lead to the interpretive process.

This study looked to uncover new themes or essences of the experience of IP that will add to the body of literature on this phenomenon.

### **Summary**

This chapter presented the description and design selected for this study. The definition and origins of phenomenology, as described by influential philosophers Husserl and Heidegger, were reviewed. Also presented in this chapter were Merleau-Ponty's perception of lived experience and van Manen's method of researching the lived experience, which further contributed to and evolved hermeneutic phenomenology. The next chapter discusses the application of van Manen's phenomenological approach.

## Chapter IV

### METHOD APPLIED

This purpose of this chapter is to discuss the procedural description of this study and to operationalize van Manen's method of phenomenology. The study's aim, sample criteria, access and protection, and setting are presented. The data collection, management, and analysis plans are also discussed.

#### **Application of van Manen's Method of Phenomenology**

As Chapter III demonstrated, phenomenology is grounded in a variety of philosophic positions and procedural interpretations. Those philosophic underpinnings of phenomenology are crucial to the practice of phenomenological research. As Merleau-Ponty's (1945/1962) philosophic basis of perception suggested, phenomenology is as much a way of thinking or perceiving as it is a method. Describing the lived experience with guidance from van Manen's (1990, 1997) six-themed method of phenomenology will help uncover the essences of what it means to being an accomplished nurse leader (NL) experiencing impostor phenomenon (IP).

### **Aim**

In his first thematic activity, turning to the nature of a lived experience, van Manen explained that we must turn to a phenomenon which seriously interests us and commits us to the world. Phenomenological description is only one interpretation, and a single interpretation of a human experience cannot eliminate the possibility of another complementary or description (van Manen, 1997). In congruence with this, my commitment and interest were related to the study of the lived experiences of NLs who are also Fellows of the American Academy of Nurses (FAANs) as they perceive IP. Therefore, the aim of this study was to find meaning and understanding in the lived experience of IP as perceived by FAANs. I also aimed to reveal themes or essences from the lived experiences shared.

### **Sample**

Van Manen (2014) referred to the term *sample* as a concept of qualitative research traditions that is “not compatible with phenomenology” in an empirical sense (p. 353). He advised that the term should not refer to an empirical sample as a subset of a population, as it would inappropriately aim at generalizations. For the purposes of phenomenological research, he offered an alternative understanding of the term *sample* as being “related back to the French root word *example*, which has paradigmatic significance...” (p. 353). He recommended that if it is necessary to use the term *sample*, then it is best to do so with reference to attempt to gain “examples” of experientially rich descriptions (van Manen, 2014).

Boyd (2001) and Creswell (2007) recommended having long interviews with up to 10 participants. According to Cohen, Manion, and Morrison (2000) and van Manen (2014), a researcher should keep collecting data until the analysis no longer reveals anything new or different about the group. Therefore, an adequate sample size for this study depended on redundancy or saturation of consistent themes. Peer validation of those themes was sought.

The demographics of interest for this study were accomplished NLs. For the purposes of this study, accomplished NLs were defined as having the FAAN credential. As previously noted, with over 2,700 members, those with the FAAN designation demonstrate as nursing's most accomplished leaders in education, management, practice, and research on national and global levels (American Association of Nurses, 2019). FAANs include association executives; university presidents, chancellors, and deans; state and federal political appointees; hospital chief executives and vice presidents for nursing; nurse consultants; researchers; and entrepreneurs. Since IP can affect any age range, level of experience, and gender, the NLs recruited for this study were of any geographic location, age, gender, race, or experience level (see Appendix A).

FAAN participants were recruited through voluntary participation, including networking and snowball sampling using purposeful sampling. Purposive sampling is a non-probability sampling to identify primary participants. To gain access, distribution of business cards with my contact information allowed potential participants to make the initial contact. I also reached out to interested subjects through contact information provided voluntarily, and interviews were arranged.

A separate phone number was purchased and programmed to relay the participants' calls to my phone. I created a separate email address used solely for participant recruitment and interactions for this study.

Additionally, this sample may be considered hard-to-access population because they are a small network of professionals with busy high-rank positions held at hospitals and other organizations. By requesting the purposive sample interviewees to volunteer the names and contact information of other FAANs within their social and professional networks, I utilized snowball sampling to help me identify other potential FAAN participants. Snowballing is a method of expanding the sample by asking one participant to recommend others for interviewing (Heckathorn, 2011). I created information cards with the researcher's contact number, email, and protocol number. These cards read: "Seeking Fellows of the American Academy of Nursing to participate in an interview. I would like to hear about the experience of how you got to this phase in your career." (see Appendix D). The info card was attached to emails and sent to each participant, and I asked them to share the cards with other potential participants whom they knew.

I created an informed consent to ensure ethical research and the protection of human subject participants (see Appendix B). Approval from the Institutional Review Board (IRB) of Teachers College was obtained. I developed a specific informed consent agreement with full disclosure for participants that addressed the following: their voluntary participation in the research; the purpose of the research (without stating the central research question); the procedures of the research; the risk and benefits of the research; and the procedures used to protect confidentiality. I also disclosed that the

participants' stories and experiences may be used in publications and presentations, yet all identifying information will remain confidential.

Given the nature of phenomenological work, it was initially preferable to conduct the interviews face-to-face in person, or through a video-conferencing application on a computer if they were geographically at a distance. However, since the COVID pandemic, adjustments were necessary to interview safely. All interviews following the pre-COVID interview were conducted on the Zoom platform. This application, Zoom, is capable of audio recording the conversations. I conducted the interviews in a quiet and private setting while using Zoom. This setting allowed the interviewees to have a safe, convenient, comfortable, and quiet place of their choice to reflect on their experiences.

To further preserve confidentiality, I assigned each participant a number and a pseudo-name after completing his or her informed consent. A separate password-protected file on my computer contains a master list identifying their correlating real names and pseudonyms, and this list will be kept locked and separate from the list of pseudonyms. The participants were informed that their interviews would be audio-recorded, and they could voluntarily withdraw from the study at any time. To further ensure their privacy, I encrypted the recorded interviews and sent them to a transcription service center 1-888-TYPE-ITUP, which transcribed the audio recordings of the interview. The service has a non-disclosure agreement to further guarantee confidentiality of their work. Once transcripts were completed, I emailed a copy of each transcript to its respective participant and asked him/her to review it for accuracy and completeness.



### **Data Collection Procedure**

According to van Manen (1990, 1997), “the best way to enter a person’s lifeworld is to participate in it” (p. 69). Van Manen’s second activity, investigating experience as we live it, occurs when a participant provides a lived experience and in-depth description of a phenomenon that a researcher seeks to understand. Before entering the participants’ lifeworld, I attempted to develop a rapport with them. For example, gathering some demographic information helped to establish comfort and trust before engaging in the interview (see Appendix C).

Each interview was recorded by using a digital audio recorder. I avoided note-taking during the interview as could have been distracting to the participant and also not necessary since I had both the audio recording and the transcript. However, I wrote field notes or “memoing” directly after each interview to record descriptive and reflective notes. Memos were dated so that I could later correlate them with the collected data. Another strategy for addressing bias was for me to keep a journal. Following each interview, I made notations of personal reflections and awareness of any thoughts or feelings evoked during the session.

To begin the interview, I collected basic demographic data such as the participant’s age, number of years as a nurse, and current and previous nursing positions. Following the initial introductions and demographic data collection, the interview was guided by following: “Becoming a Fellow of the American Academy of Nursing is a great achievement in your nursing career. Tell me more a little bit about how you got to this point in your career. After the reflective warm up question, I asked if they could tell me about a time when they had feelings of self-doubt or like they were going to be found

out. After the participants shared these experiences, I would ask them to elaborate on any other experiences that were in line with IP feelings. This encouraged the technique of storytelling, which offered a descriptive narrative of a participant's lived experience. All additional questions were guided by the participants' previous responses and consisted of such comments as "Can you tell me more about that?" or "Can you give me an example of that time?" or "Tell me about a time in your professional life when you had the feeling that you were an impostor." This last question was further explicated with "What I mean is to think about a time when you felt that you were going to be found out." This also encouraged the technique of storytelling.

Allowing for silence during and after an interview was important for the participants to reflect further on any feelings, thoughts, or situations they may not have remembered during the interview process. Participants were asked to contact me to share any other thoughts that came to mind after the interview.

In phenomenological research, data collection continues until there is a redundancy of themes or essences. Redundancy can be described as having no new themes emerge from prior interviews with participants. This is also known as saturation, when interviewees introduce no new perspectives (Streubert & Carpenter, 1999). Saturation of themes was identified after the tenth participant was enrolled.

### **Reliability and Validity**

Streubert and Carpenter (1999) described reliability as having three criteria: stability, equivalence, and internal consistency. It also refers to appropriate data collection, identification, and analysis as they pertained to the study. Reliability and

validity ensure a study's trustworthiness. To ensure trustworthiness of data collection and analysis, I sent each participant a copy of the transcribed interview and ask if it reflected his or her experience accurately. When the participants validated that the data collected were correctly described, trustworthiness were further established.

Once I identified and reflected on themes from the transcripts, the next step was to ask the interviewees: "Does this reflect what your experience was like?" (van Manen, 1990, p. 99). Van Manen (1990) also referred to this as engaging in "collaborative hermeneutic conversations" (p. 99).

### **Data Storage**

The data collected for this study were stored in a locked file drawer in my home as well as on a locked, password-protected computer to maintain the confidentiality and privacy of the participants. All audio recordings, transcripts, written notes, informed consents, and demographic information were placed in this locked file drawer and a password-protected folder on my computer. All digital and hardcopy files with participant information will be destroyed after 3 years.

### **Data Analysis Plan**

Van Manen's (1990, 1997) remaining research method activities are: reflecting on the essential themes which characterize the phenomenon; the art of writing and rewriting; maintaining a strong and oriented relation; and balancing the research context by considering parts and whole. These activities all tie into the process of data analysis.

Thematic analysis was done by reflectively "grasping" at the essential meaning of the FAANs' experience of IP and gathering the unique significance of this phenomenon

with the intent to uncover themes. Themes were seen as structures of meaning. Phenomenological research utilizes language and interpretation so that a phenomenon will reveal itself. It also lends itself to thinking and interpretation (van Manen, 1997). I attempted to describe the phenomenon through the art of writing and rewriting about the FAANs' experience with IP by immersing in interview data collection. I also explored relevant literature as it pertained to the themes that emerged from the participants' shared experiences.

Van Manen (1997) warned against becoming sidetracked from the fundamental question or notion, settling for superficial preconceived opinions and conceptions, and even becoming engulfed by one's own narcissistic reflections or self-preoccupations. By bracketing my own thoughts, assumptions, and experiences about the phenomena, I was applying the method known as *epoche*. This was done through journaling throughout the research process, especially before and after the interviews. Frequently stepping back, self-checking, and reflecting on the collected interviews helped me not lose sight of the whole and fundamental question. I found meaning by reduction, which is described as taking the many themes revealed and "reducing" them to essential themes or essences that represented their lived experience.

### **Summary**

This chapter operationalized van Manen's phenomenological methodology for this study. The study aim, sample criteria, setting, and access were reviewed. Protecting human subjects was also discussed. Additionally, data collection, management, and analysis were presented within the context of van Manen's six research steps.

## Chapter V

### FINDINGS OF THE STUDY

In this chapter, the findings of this phenomenological study are discussed. This study explored, described, and illuminated the impostor phenomenon (IP) as it was perceived by nurse leaders (NLs) who are also Fellows of the American Academy of Nurses (FAANs). Ten participant NLs were interviewed about their experiences with IP. van Manen's (1997) hermeneutic phenomenological method was used to describe, interpret, and analyze the participants' lived experiences, particularly in an effort to shed light on the meaning and themes of the IP experience and, thus, derive an understanding of the essences that were then put into textual form. Each individual's lived experience is unique and personal, unlike a material object or thing that can be completely described or generalized. According to van Manen, themes give "shape to the shapeless" (p. 88). The themes I identified made sense of and described for the reader each participant's experiences.

#### **Participants' Demographics**

Descriptions of the backgrounds of each NL participant were helpful in promoting a deeper understanding of the meaning from which the experiences were derived or came from, as well as the actual dialogue from the interviews (van Manen, 1997). The art of

the hermeneutic interview is to keep the phenomenological question open and allow the interviewees to invest more than a passing interest in the research, so they become co-investigators of the study (van Manen, 1997).

The participants in this study were NLs who held academic and hospital positions such as Dean, Chief Nursing Officer (CNO), Professor, Consultant, Provost, and Academic Program Director. The highest degree earned for all but two participants was a PhD. One participant had a Doctorate of Nursing Practice (DNP), and one participant had a Masters of Nursing (MSN) as the highest degree. Their ages ranged from 53 to 75 years old, and they had been in the nursing profession from 36 to 55 years. The participants' years of nursing at the bedside spanned 10 to 39 years. Their years in a nursing leadership role ranged from 20 to 39 years. The length of time that they have been FAANs ranged from 17 days to 25 years (see Table 1 for the participants' demographic information).

Table 1. *Demographic Information*

Name	Age	Race/ Ethnicity	Highest Degree Earned	Total Years in Nursing	Years at the Bedside	Years in a Leadership Role	Length of Time as an FAAN
#1 Sue	75	White	PhD	55	10	39	25 years
#2 Jenn	67	White	PhD	40	15	20	8 years
#3 Reba	60	White	PhD	36	17	22	8 years
#4 Dana	65	White	DNP	40	10	30	2 years
#5 Leslie	71	White	PhD	49	12	37	20 years
#6 Beth	66	White	PhD	45	39	35	13 years
#7 Kate	63	White	PhD	40	23	30	7 years
#8 Tina	60	White	PhD	36	17	22	8 years
#9 Josie	61	White	MSN	40	7	33	17 days
#10 Toby	53	White	PhD	30	10	25	8 years

Brief depictions of these NLs provide a visualization of each individual's personality and unique place as a participant in this study. Following each description of the NL, I included a chosen quote to help the reader envision what the experience of IP was like.

### **Individual Participants' Experiences**

#### **Sue**

Sue heard about the study from a former professor of mine, whom I contacted to help recruit study participants and to initiate the snowball sampling. Before COVID-19 was declared a pandemic, I secured a face-to-face interview with Sue with the help of her administrative assistant. She has been in the nursing profession for over 55 years, 10 years at the bedside, and over 39 years in a leadership role. She has been an FAAN for 25 years. She currently holds a Dean position at a large university in the Northeast region of the United States. Prior to that position, she served as a Provost of a university, Senior Dean, and Associate Dean, as well as professor and Clinical Nurse Specialist. She described being approached for all of those positions.

We conducted a face-to-face in-person interview in her large but welcoming academic office. I was greeted with a warm smile and handshake. We sat catty-cornered from one another at a large oval meeting desk. Without much prompting, Sue was eager to share with me how she came about her current leadership role and career progression, recalling her past experiences in great detail, including dates and locations. When asked to elaborate further on her thoughts and feelings about the time she said she was approached by senior leadership about moving up to Provost from her then-current Dean's position, she stated:

I decided, you know what, I'll put my letter in, and that's it, thinking, you know, probably not. And actually, I had applied here six years prior or seven years—and was not selected.... Maybe I thought, because I was turned down the first time, you know, they just want another name to throw in the ring, kind of thing.... I got a call from the president. It was a Saturday afternoon. And he said—he told me that the provost was leaving.... Okay, next shoe drops. And he says would I be interested in being the interim provost? Well, it shocked me.... Now, I happen to have just left a store, and my husband was with me in the car. And he hears me; he's wondering what's going on, right? So he said, "You don't have to decide now. We'll talk about it. Call me tomorrow." Tomorrow was Father's Day. "Call me. I'll give you—Here's the number at where I'll be," and blah, blah, blah. "And we'll talk some more about it." I said okay. I get off the phone, and I tell my husband. He says, "You have to take it." I said, "What do you mean, I have to take it?" He says, "It's perfect." He says, "You can do it." I said okay.

## **Jenn**

Jenn was referred to the study by another FAAN after COVID was declared a pandemic. For optimal safety, we agreed to a Zoom interview and I set this up with her directly. She was enthusiastic and curious about the study and immediately referred me to two of her FAAN colleagues. She participated in the Zoom interview from her home office. During the interview, Jenn appeared very energetic, assertive, confident, and talkative. She was able to reflect on her career progression and past experiences easily and offered insightful reflections, describing her professional trajectory as taking two steps forward and one step backward. She admitted that she has a lot of drive and energy. Jenn has been in the nursing profession for 40 years. She spent 15 years at the bedside and over 20 years in leadership roles. She has been an FAAN for 8 years. She currently holds a Dean position at a large university in the Northeast. She previously held a dual appointment as a doctoral Program Director and full-time professor of nursing.

Jenn articulated at great length her initial struggles as "grueling" in terms of dealing with the politics in her new leadership position as Dean, but she described her



current position as a “calling” and living her purpose, adding that she had a lot of faith in God and family. She highlighted that she has worn and juggled multiple hats through the years—as a mother, a doctoral student, a nurse, and a nursing professor and leader. She stated the importance of self-care through nutrition and exercise. She also reflected on past and current feelings of IP below:

More than I'd probably like to, uh, remember. That decade, you know, that beginning decade when you graduate either with your master's or you graduate with that PhD, and you start experimenting and exploring and taking on new challenges and new opportunities, some work out and some don't.... But I would never let anybody know [feeling like an impostor]. I come home and, you know, run it over my spouse...when I felt like I was really getting beat up.... Or I would take it offline and seek, um, support.... We all have this impostor syndrome. I mean, you've got to pinch yourself. I mean, is this really happening to me?... At some point, right, you get to a level that Benner talks about, the expert. Right? You're a novice, you're a beginner, and you make those mistakes. You experience failure.... And let me say it's not easy. But you kind of pick yourself up, you dust yourself off. And you always say, what can I learn from this? Or have I learned the lesson, or do I need to repeat it?

Sometimes it works, right? Sometimes it doesn't. You write grants. You don't get it the first time. You don't get it the second time. But you don't stop, right? You get it maybe the third or fourth time. So, in the beginning, becoming a professional, there's a lot of rules. There's a lot of regulations governing your practice, right? It's learning to be—think on your feet, being a good decision maker, critical thinking. But it's not just practice, right? It's other things.

I was in clinical practice. I went on to get a master's degree where I learned more knowledge, gained more skill, learned characteristics of being an advanced practice nurse or an advanced graduate nurse. And then my PhD, all of that education really guides the discipline, the practice. Right? And the scholarship adds to that. I didn't wake up one day and know I'm a leader. You know, I woke up one day knowing that...this was a journey.... But we all think maybe they took—they accepted the wrong person, that it really shouldn't have been me....

Yeah, once in a while, I get a little bit of imposter syndrome. But then I—I make a decision, or I make a call, or I'm on a committee, and I come up with some brilliant idea, and people say, yeah, we need to do that. And I go, hmm, I said that. It's pretty cool. So, is that a good way to explain it? [CHUCKLES] Everybody has it!

**Reba**

Reba was referred to my study by a previous instructor who forwarded her my study info card. She reached out to me expressing her interest in participating and thought the study was interesting. She was approached for many of her roles by others in leadership roles and did not actively seek them out. She has been in the nursing profession for 40 years. Fifteen of those years were spent at the bedside and 20 years in a nursing leadership role. She has been an FAAN for 8 years. She currently holds the position of Program Director of a graduate nursing program at an Ivy League university. Reba has worked as nurse, professor of nursing, Clinical Nurse Specialist (CNS), and clinical director of an academic training program. Initially, it was difficult to set a date up for the interview because of her busy schedule and time commitments to the school, but eventually we settled on a date and time.

Given her geographic distance and COVID safety precautions, we agreed to conduct the interview via Zoom. Reba was sitting in a comfortable chair in her home and looked very relaxed, although my first impression was that she is a no-nonsense leader. Once we engaged in conversation, she revealed herself to be very sarcastic and had a good sense of humor that came out of her honest reflections of failures and descriptions of IP. Not afraid to ask for help when she needs it, she promotes that to her students. She values patient safety. She is very proud of her team and appreciates their support. Reba showed honesty and openness about her struggles with moments of IP and difficulties navigating politics as an NL. Reba frequently referenced her mentors and their support in her reflections. She also described her husband as supportive of her lifelong learning.

You know, there was just so much doubt that I finally, like, said, you know what? I've gotta, like, kinda give this up to God. Like, I can't carry this stress around with me. We are doing everything that we can.... I teach two classes on how to teach. And, like, why am I still doubting myself about how I'm teaching? Like, I shouldn't.... But then that even adds more pressure because I'm like, but I teach this stuff, so it has to be even better than the normal person who doesn't teach this content. And you can really get, like, in this vortex of doubt. And, you know, am I good enough? And, um, you know, again, I'm an impostor. Like, oh, this time, they're just—it's just gonna be revealed one day that they're like, ha, ha, ha, she's, like, not really a good teacher, she sucks and all that. And, um, so far, I've fooled everybody, so I'm still here.... [CHUCKLES] But when you started going into, like, these leadership roles, they're like, you know, how do you really know whether you're doing the right thing, you're teaching the right stuff? You're, um—you know, you're seen as this example of—you know, that bedside nurses want to aspire to. And you're like, do they have any idea how what goes on in this head and how much doubt and, you know, self-, um self-questioning I have?

...It was like, so why should I be their boss? We've been working together, you know, as course faculty in, you know, different roles, but we all have the same experience. And they have more clinical experience as a nurse practitioner than I do. So, there are times when I'm like, I shouldn't really be in this role. These guys should be in this role. I could be their course faculty. And—but they refuse to take my position, so I can't give it away. [CHUCKLES] I was like, come on, don't you wanna, like, you know—we can transition to this, where I work for you for a while. They're like, no. You make good decisions. I'm like, do I? Because I don't know about that. Um. But it is nice to have that. I did not have that type of support when I was running the sim lab.

## **Dana**

Dana was referred to me by a colleague who is in a nursing executive role. She expressed her interest in participating in the study via email and I arranged for a Zoom interview with her administrative assistant. Dana has been in the nursing profession for 40 years, 10 of which were at the bedside and 30 years as an NL. She is currently the CNO of one of the largest hospitals in the metropolitan area. She described that this was her fifth CNO position. For the last 5 years, Dana has been the editor-in-chief of a popular nursing magazine. Previously, she worked as a Chief Clinical Officer, Director of Nursing, and CNS.

The interview took place via Zoom in the middle of the afternoon. Dana greeted me with a large smile and sat at a large desk in her hospital office, eagerly awaiting my research question. I promptly started the interview by asking her to describe her how she got to this point in her career. Dana explained how, interestingly, she did not aspire to be a nurse executive because she was more clinically inclined and liked teaching but was approached by hospital leadership who thought she would be a good fit for the role of NL. She described how advocacy for patients and nurses was very important to her and how serious she was about it. She also mentioned how seriously she took mentoring others. She expressed how much she enjoyed challenging herself and described herself as extremely driven. As she described her career progression, I asked her to elaborate on how she felt when she was first approached to become an NL and editor-in-chief. Her feelings of IP were revealed in following statements she made:

I would say it's more situational and not a whole job.... I am an extremely driven person. I don't like not succeeding. Um, I—and I guess I've always had self-doubt.... I don't think of myself as being accomplished or influential because I'm, like, way too humble most of the time. But in reality, uh, that's not the case.... And, uh, a colleague of mine who was a FAAN, and I'd meet her at the meetings—and she said to me, you're ready. She said, I'll sponsor you, I'll be one of your sponsors, uh, when you think you're ready.... So self-doubt was going through my head... Am I ready? Like, have I done enough? Is my impact large enough? Like, uh, self-doubt was probably the first thing going through my head, that I wasn't ready.... I'll tell you, one other thing that I had self-doubt about was because I was not doctorally prepared at the time. I was not in a program. It was something I always wished I had done but I never did because I was too busy. Blah, blah, blah. And, uh, so I had a lot of doubt about my worthiness as a Fellow...

...working with these strategy people, their brains were, like, way beyond my brain, uh, you know, like, had in ways that I'd never thought before. And, uh, so somehow, I held my own and learned as fast as I could. And you just use the people that are smart; you just have them help you. Um. And, I mean, in the end, I left after a year. So I didn't have enough time to be discovered as an impostor [LAUGHS] because I came here. Um. But I think the opposite could've happened too, that I, um, could have gotten, you know, much better and better and better at it.

...The publisher, we were at our national conference—wants to meet with me.... And I'm thinking she's gonna ask, do you wanna be on the search committee, or pick my brain on who should we look for, for the next editor-in-chief? And she asks me to *be* the editor-in-chief. I mean, so that was, like, oh, holy [expletive]. I'm like, where did that come from? [He] had told her, like, "Listen, when the time comes, she's the best on the board, and she's the one you should go after."... Every month, having to write an editorial that would be of interest to the country. Um. Reading all those manuscripts, being the person responsible for whether something gets published or doesn't get published. [CHUCKLES] Like, I was like, oh, my God. Like, can I do this? And five years later, I'm still doing it.

### **Leslie**

Leslie's contact information was forwarded to me through a colleague of hers who heard of the study from another FAAN. It took several emails to arrange a Zoom interview with Leslie, and we had to reschedule the time of the interview. She was very apologetic and appreciated the flexibility of changing the time of the interview on such short notice. On the day of the interview, she was seated in a sunny dining area of her house. Leslie had a regional accent. She spoke candidly and humbly about her achievements and failures. She is currently a professor of nursing in a graduate and doctoral program at a large private university in the Northeast region.

Leslie has been in the nursing profession for 49 years: 12 years at the bedside and 37 years as an NL. During that time, she has been a professor and served as an Associate Dean for 8 years prior to her current professor appointment at the university. She is a prolific writer as she has published many books. She enjoys the challenge of new writing projects and transferring her knowledge to others. Leslie worked as a public health nurse, then as an educator. She described having to work twice hard when she went back to work after having her two children as a way to "catch up." She has worn multiple hats, including being the past President of a number of nursing associations and completing

many writing projects and innovative public health clinicals as an educator. She immediately was able to reflect on a time when she had felt self-doubt or fear of being found out, and she added jokingly that she has those feelings “all the time.”

You know, did they really like it? Is it really a good article? You know, are they just saying it? You know, of course that—I guess that element was there. I know that this is the impo- It’s an interesting study. I think, yes, I—there’s always self-doubt. I don’t know if I felt I was the impostor, but I don’t know if I felt I was the leader that it looks like.... I mean, I guess I sh- There are people who say, oh, I’m this, I’m that. And I know I have friends who say, for example, I’ve traveled the world. They’re world travelers. Now, I’ve been all over. We’ve—My husband and I love to travel to so—I’m not bragging, but we’ve been to over sixty to eighty cou- We’ve been all over, as often as we can. But I would never say I was a world traveler. I never felt confident enough to say that. And my good friend who’s terrific, and she’s been to a lot of places, but had no hesitancy to say that early on. Some people call themselves a leader. I don’t know if I would have called myself a leader.... And I do have self-doubts, pretty much—not on a reg—every day, but on a regular basis. And, you know, do- Am I doing—There’s a certain amount of self-reflection that goes into things. I think I’m a fabulous teacher, and then some days, I go, oh, my God, what a terrible class. [CHUCKLES] I have really got to work on this a little more. So—And I still have that. I still look to make changes....

## **Beth**

Beth’s contact information was provided to me through another study participant, Jenn, who is a colleague of hers. She emailed me with interest in participating in my study after hearing about it from Jenn. We set up a date and time to have a Zoom interview directly. She was very excited and curious about the study. She participated in the study from her office. Beth has been in the nursing profession for a total of 45 years, with much overlap working at the bedside and also as an NL. She has been an FAAN for 13 years. She stressed the personal importance of being active clinically as well in education and research. Beth is a professor of nursing and director of a nursing specialty program at a top-tier national research university.

When asked to describe her career progression, Beth explained that she started off as a diploma nurse because that was what she could afford at the time. Years later, she would go on to graduate school with two small children. She laughed when she described that experience as an adventure: “I was constantly studying, breastfeeding with one hand and reading with the other.” She also talked about herself as coming from a strictly blue-collar background and with parents who did not go to college. She was one of four girls. She credited one of her mentors for seeing her strengths and potential for doing research, which she described as seeing herself in an entirely different but positive way. She agreed with her colleague who was quoted as saying, “Luck is the intersection of opportunity and preparedness.” Beth wholeheartedly described herself as a hard worker and lifelong learner. She also credited having a very supportive spouse as helping her build a good career. I asked her to elaborate more on the time when she was approached by one of her mentors about becoming a FAAN, and she replied:

I thought to myself, like, no way. But, okay, if people want to do this for me, then I have to kick in, if people think I’m good enough, that I’m worthy of that designation. One of the things I had a hard time doing was writing the description of the good things that I had done.... I guess because I was so stunned by the FAAN, because that’s supposed to be—you’re considered among the best nurses in the United States. What an honor that was. I was sort of, like, stunned that somebody would consider that I’d done work at that level. That’s what I think kind of threw me back, in a way, like, oh, I have to write about myself, and am I really that good? Maybe I am...I had that feeling when I got inducted into FAAN. I can remember them. They had the bunch of us that were inducted, and they were taking a picture from up an escalator, looking down into the lobby where we were. And I was thinking then, like, what am I doing here? I’m just a little old girl from [the Northeast]. I never envisioned myself being considered among the best in the nursing profession.... And there’s millions of us. So the ratio of people that get inducted in as a FAAN—You know, the ratio to the number of nurses that there are in the country, it’s a tiny, tiny, tiny percentage. So I had that feeling [of IP] when I first was inducted, but I got over it. [CHUCKLES]

**Kate**

Kate was referred to me by one of her colleagues. I was able to setup a Zoom interview with her via her administrative assistant and she participated in the interview from her office. Kate was very personable and had a calm demeanor. Although she was soft-spoken, she was assertive in sharing her reflections and thoughts. Kate has been in the nursing profession for 40 years, with 30 years as an NL which overlapped with her bedside experience of 23 years. She is currently the Dean of a very large university in the United States. Prior to that role, she was the director of a research center. She went on to describe that she had worked as a bedside nurse, a clinical trials nurse, a faculty professor of nursing, and CNS, many of which roles overlapped. She has been an FAAN for 7 years.

Kate described herself as a mid-career nurse when she decided to take on her doctoral degree and worked full-time while she had small children. She noted the importance of having a supportive spouse, which lends itself to a successful career. She recently became a grandmother and is excited to see her grandchild and be closer to home. She also volunteered that she had accepted a position as President of a university.

...And maybe I got it because, to me, I was just—I got it, and I knew I was a long shot. You know, I'm in [a country overseas]. And—But they chose me. [CHUCKLES] And then I had to make a pretty big decision.... You know what? I think, you know, part of it is I'm thinking about this new role, you know, of president of the university. There's campuses in [various international cities]. And I'm thinking, you know, I started as a diploma nurse. And, you know, I have— You know, will I be up for it? Will people respect me? Can I do it? You know, I think that's, kind of, pretty normal.... You know, once you're in leadership, you—Nobody wants a leader who is not confident. And it doesn't mean that you're not honest about what's worrying you. But that's—a lot of leadership is about, you know, taking the worry, making people, the faculty and the students, feel that, you know, you're strong, and also that the donors and the president of the university, you know, have faith in your leadership. But, you know, many times, you know—and look at—Now I'm going into this new role as the president of a university. I mean, oh, my goodness. You know, I'm going to have deans of



medicine reporting to me, the dean of nursing.... But, you know, it comes with time. It comes with time....

### **Tina**

Tina's contact information was provided to me by the same nurse executive who referred me to the participant, Dana. It took several emails to connect with Tina after the initial contact email. Her administrative assistant was finally able to get back to me to schedule a date and time for the interview. Her availability was far and few between, due to the nature of her position's responsibilities and time commitment. She participated in the Zoom interview from her large work office. Tina was dressed in a suit. She currently holds the position of system Vice President and CNO at a large metropolitan health system in the Northeast. Prior to that role, she was the Senior Director of Nursing overseeing various departments and quickly became the CNO's second-hand. She has been in the nursing profession for a total of 36 years, with overlapping clinical and leadership years of experience. She has been an FAAN for 8 years. She volunteered that she is the mother of a son who is a college-level coach. She expressed that she had not thought of going into the role of CNO before because she was busy with supporting her children, who had very active sports backgrounds. After they had grown and the opportunity was presented to her by the President of the health system, Tina realized it would be the perfect position for her. She reflected on her feelings of IP in the following statement below:

You know, there's no one in front of me now. I can't—If something goes bad, it's me. It's on me. It's on my reputation. And how am I gonna deal with that? And so did you invest enough time in preparation? You start doubting yourself. It's like a playoff game. You know, this is it. [CHUCKLES] Did you practice enough? Did you rehearse enough? Did you? And so that was a very—I remember that distinctly.... It's a lot less today than it was before because now I

can call it, and I can recall. You've been down this road before. You know that some of it isn't even real. You know, don't—you don't listen to it all. And you just kind of have to start. You have to push it back, push it away, so it doesn't make you start doubting or, God forbid, get sick. I mean, you don't want to, you know, have those—You just don't want it to take you over because I'd say, ninety-nine percent of the time, all those thoughts are not even true because they're triggered by probably more anxiety than reality. You know, it's kind of like you fake it till you make it, or you act as if.

### **Josie**

I was referred to Josie by the study participant, Dana. I reached out to Josie via email and she expressed interest in participating in the study. It was easy to schedule a Zoom interview with her. She participated in the Zoom interview from her noticeably tidy home office. Josie is currently a nurse executive adviser and consultant. She was excited to be in this new entrepreneurial role because it allowed her to articulate her wealth of leadership experience that would be meaningful to others. She is also working as an adjunct professor for a large state university. She has been in the nursing profession for 40 years. She spent 7 of those years at the bedside as a critical care nurse, and the remaining 33 years working in various management positions in hospital operations. She has been a FAAN for 17 days. Prior to her current role, Josie served as a regional chief nurse executive responsible for nursing practice at various sites within the health system region. She is currently enrolled in a doctoral program.

It was, like, well, yeah, I've done some stuff. But, you know, when you go to that [FAAN] ceremony, when it's live—When you go to that ceremony and you see those people walk across that stage, my gosh, you think they should be walking on air. I mean, they have done some phenomenal contributions to nursing. And so when she said that, I was like, I don't know that, you know, lectures and publications and finance and serving on some boards is all that great. I mean, I didn't create a, you know, assessment tool that now saves, you know, a hundred thousand lives. And I didn't, you know, write a textbook that, now, millions of people access. And it was like—I don't know.

## **Toby**

Toby was the last of my interviews. He was also the only male participant. I was given his contact info by a nurse executive friend of mine. He responded to my email with interest in participating in the study and immediately put me in touch with his administrative assistant, who promptly gave me a date and time for a Zoom interview. He is currently the Provost and Senior Vice President of academic affairs at a large multi-campus college system. Toby has been in the nursing profession for over 30 years. He spent 10 years at the bedside and 25 years as a NL. He has been an FAAN for 8 years.

At the start of our interview, Toby enthusiastically greeted me with a very big smile. He was very genuine and candid about his career progression. He noted his failures and challenges over the years with a great sense of humor and stressed the importance of humility in leadership. Toby frequently noted his mentor as being very supportive when he has had doubts about himself, but asserted that to lead well, one needs to spend time in reflection. He noted that living through the HIV pandemic where he witnessed multiple people dying had changed his perspective and contributed to his positive outlook and “good self-talk.”

I think there were lots of times in my career where I took the position on faith. You know, I am a good interviewer. I’m good at explaining how my skills are transferrable. But, you know, when I get into it—and it’s like, oh, my God, do I really know how to do this?... I think self-doubt’s part of success. I think it’s also part of humility, so I don’t really think of those as—I don’t think of my self-doubt as a deterrent but sort of a motivator. And as I get older, I kind of have far more confidence. But truly, that’s been in my 50s. [CHUCKLES] I know, before that, I was just like, I can’t do anything right. Now I think I do a few things right, as I have less runway in front of me.... I’m a learner. You know, I think that’s—You know, leaders are readers. Leaders are learners. I—No one’s gonna get the upper hand on me because I have the ability to gain the knowledge. So, you know, when I’m faced with a challenging situation where I don’t think I’m going to, you know, quite measure up with what I have, I go into learner mode. So, you know, like, that first job in HIV, I think it was—By the next year, I was doing regional

talks on HIV and HIV pharmacology updates.... Earlier in your career, in your leadership, you think you have to be the knower, that you have to be the one who gives the information. You get to a point when you realize that you actually don't. You just kind of have to be the facilitator. And sometimes it's just about being silent.... So I think that's—I think self-doubt ebbs away when you're—when you have a better sense of yourself, when you have a better sense of—And I'm not striving anymore. And I think that probably—I wish that my—that I had been a little stronger and less full of worry and self-doubt when I was younger.

### **Thematic Analysis**

The phenomenological method of van Manen (1997) illustrated the fourth activity as the art of writing and rewriting. Carrying out the steps in this activity was accomplished through dwelling on and connecting with the participants' personal stories. My process involved deep reflection while reading the transcripts multiple times, as well as reviewing my notes, listening to the audio-recorded interviews several times, then writing and rewriting, and finally, visualizing the themes that emanated into interpreted meanings.

The analysis process took 4 months to complete and included re-listening to all of the audio-recorded interviews and dwelling on and re-reading all of the transcripts. I developed a spreadsheet that consisted of participant quotes and phrases representing the meaning units. These meaning units were derived from the interview transcripts that were color-coded according to common ideas. The common or related ideas were placed into clusters of similar categories. These grouped words and phrases or meaning units were examined to identify and name the themes each group represented. Fifteen themes were identified. After I reviewed the transcripts again, these themes became evident in the interviews.

I then further analyzed and synthesized these themes into the six essential themes. Each of the essential themes included subthemes. In the writing process, specific quotes from the participants were identified and included to support each of the essential themes. The goal of this process was to verify the essential themes to illuminate the essence of the imposter phenomenon among successful nurse leaders.

Van Manen (1997) encouraged utilizing collaborative discussion on the themes and their descriptors. The spreadsheet was discussed and reviewed with my advisor. The 15 themes were synthesized, and six essential themes emerged and were identified as being the most consistent among the NL experiences. The 15 themes identified were:

1. courage
2. passion
3. support
4. politics
5. humility
6. challenge
7. curiosity
8. reflection
9. learning
10. temporary
11. perseverance
12. over-preparing
13. opportunities

14. failures

15. meaningfulness

I constructed a table to display the essential themes and subthemes with related participant quotes that emerged (see Table 2).

Table 2. *Essential Themes and Subthemes*

Themes	Subthemes	Nurse Leader Quotes
Theme 1: Welcoming Opportunities	I. Curiosity II. Being sought out III. Seeking challenge IV. Lifelong learning	I. I thought to myself, that would be really interesting to get involved in that in the future. II. When you are successful, people are always coming to you for different things. III. I wanted that challenge. IV. I always really loved learning and loved education, and it just took me on that journey.
Theme 2: Extended Sphere of Support	I. Mentors II. Family and spouses III. Peers	I. Good mentors are people who are going to show you the way and are going to be able to tell you how to address some of your limitations but also build on your strengths. II. You have to marry well—someone that's going to support your career and support your development. III. One of the great things about family is that they can bring you back to your senses and just think you're catastrophizing over a million things that don't really matter so much.
Theme 3: Willingness to Be Courageous	I. Taking the leap II. Faith	I. I did that for myself because it made me less afraid. II. I have a lot of faith in God and family.

Table 2 (continued)

Themes	Subthemes	Nurse Leader Quotes
Theme 4: Embracing the Journey	I. Passion and purpose II. Perseverance III. Deferred gratification IV. Comfort with failure	I. Once you find your purpose, you get the passion to fulfill that purpose. II. But you don't stop, you get it maybe the third or fourth time. III. Spending all those weekends and whatever means that, one day, it will pay off. IV. If you go through enough of these kinds of [failures], if you get through it, you get stronger.
Theme 5: Willingly Expressing Humility and Authenticity	I. Humility II. Learning from failures III. Transparent about struggles IV. Always room to improve	I. When I get really cocky, I usually screw up somehow, and so then it brings me back down to earth. II. It's not failure for failure's sake—In that failure, what did you learn? III. It's probably good to fail sometimes, to know that, um, you can't do everything, and it's humbling; it's embarrassing at times. IV. Being able to get in front of a group of thousands and speak... that's something I still wanna do.
Theme 6: Navigating the Impostor Process	I. Normal and expected II. Temporary III. Preparation IV. Using humor V. Self-reflection	I. But we all think maybe they took—they accepted the wrong person, that it really shouldn't have been me. II. Little by slowly, you become to realize this is temporary. III. I'll study and prepare. IV. [Humor] helps me function, keeps my blood pressure down. V. You do have to spend time in reflection 'cause you only find the answers in your own head.

### **Establishing Rigor**

A part of interpretive research involves establishing rigor. The fifth step of the research method is maintaining a strong and oriented pedagogical relation to the phenomenological question. I maintained a strong relation to the phenomenological question of what was it like having impostor feelings as a successful NL. Phenomenology captures the personal and unique anecdotal stories that are related to our understanding of things and how we understand ourselves (van Manen, 1997).

The expectation of human science research methodological requirements is that texts need be oriented, strong, rich, and deep in order for them to have powerful and credible validity (van Manen, 1997). The following section confirms these conditions required in phenomenological writing. The deep and rich meanings of the lived sense of the phenomenon was captured through the lens of the NLs through their reflected stories and anecdotes. A dimension of depth is gained beyond the immediate experiences through the rich descriptions that explore the meaning structures. The reader can also see how I was strongly oriented to the world in a pedagogical sense. I spent time dwelling on the participants' shared experiences by listening to the audio-recordings and re-reading the transcripts to orient myself to their world. This process of immersion allowed for deeper and richer meanings of the reflected descriptions.

Capturing a notion that begins to take shape or describe a particular experience that we are curious about is identified in the form of a theme. I arrived at the following essential themes and subthemes to shed light on the meaning of the lived experience of IP in NLs. These essential themes with identified subthemes were also outlined in Table 2.



### **Essential Theme 1: Welcoming Opportunities**

All of the study participants acknowledged opportunities at various points in their nursing career that have led to a progressive trajectory. The essential theme, Welcoming Opportunities, describes how these NL individuals responded to opportunities or situations in which it was possible for them to do something more than what they were doing at the time. These opportunities were described as mostly presented by another person or group in a leadership or mentor role that identified the NL as being capable of doing or becoming more. The responses to these opportunities were usually a sense of initial astonishment that the individuals were thought of and what that would mean for them. After an initial shock or some convincing by those offering the opportunities, the NLs welcomed the opportunities or propositions with an openness and a willingness to engage and learn the next steps to make it happen. Throughout all of the interviews, this theme presented itself repeatedly.

Four subthemes were readily exposed: Being sought out, Curiosity, Seeking challenge, and Lifelong learning. These were integrated to create the first essential theme, Welcoming Opportunities.

**Subtheme I: Being sought out.** All participants conveyed that they had been approached with leadership role opportunities, many of which have led them to their current leadership positions. Some expressed that they were “not looking” at the time that they were propositioned, but they also expressed an openness to the idea of taking on those opportunities despite initial apprehensions. Kate explained:

...A headhunter called me. And, you know, [university] is an amazing place. I don't think I would be a great dean of many schools, but [university] suits me because it's research-intensive; it's all graduate; our students are phenomenal. You know, it's not hard to be the dean at [this university] because the students

and the faculty are wonderful.... When you're successful, you get asked often. And I went home, and I just told my husband. And he said, "Well, you don't want to die wondering." So, I applied.... And maybe I got it because, to me, I was just—I got it, and I knew I was a long shot.... But they chose me. [CHUCKLES] And then I had to make a pretty big decision.... Next year, I start as the president of a university. So I couldn't believe that.

Tina expressed a similar experience:

But I never really thought about being a CNO. I have to be honest with you.... And then, I think, when the merger happened and the opportunities presented themselves, then the thought—You know, I thought, oh, that's interesting. You know, I can take everything I've learned, and I can be a CNO. And I don't think it was ever, like, a dream that I had...my president, when he interviewed me, he said, oh, my gosh. [CHUCKLES] You know, this is—you know, you should have been a CNO ten years ago.... And I had the opportunity in front of me. It's as if somebody just put some glasses on and said, you can do this.

Dana also shared:

I got asked by a director of medical nursing...and she said, you know, we're restructuring. We're looking for an assistant director of critical care; we're carving that out. We don't like any of the candidates we've seen, and we think you'd be great. Will you do it? And I was like, what? [CHUCKLES] I really, uh, did not plan to go in that direction.

**Subtheme II: Curiosity.** Most participants conveyed a sense of wonder or curiosity about the opportunities that were presented to them. The wonder was expressed in terms of whether they could do or be something. There was a sense of envisioning oneself in that role of opportunity.

Sue shared feeling this sense of wonder and interest after being propositioned for a leadership role:

And so I left that meeting thinking, I wonder, maybe I could do that. It sounded interesting....

**Subtheme III: Seeking challenge.** Many of the participants made it clear that they looked for and enjoy a challenge. Dana expressed how she enjoyed challenge:

Believe it or not, I have kind of enjoyed going from place to place and having the new experience. And every time I've done it, it's been more complex, in a bigger place. And I wanted that challenge.

Kate also expressed her perception of challenge seeking and leadership:

I've always sort of challenged because, unless you're pushing, unless you're challenging, you're not getting anywhere, and nothing is changing. And we've got a lot of things that we need to change in the profession.... I think everybody looks towards leadership roles and making a difference. And even though I had a great job, you know, I guess I was looking for something else.

Jenn conveyed her experience with welcoming challenge in her current leadership role:

You can't step into this position knowing that you're not going to be challenged. Of course, you will be. But are you ready to be challenged?

**Subtheme IV: Lifelong learning.** Kate described her constant love of learning throughout her career as enjoyable and necessary to her career development:

I just sort of—I guess I always really loved learning and loved education, and it just took me on that journey.

Beth conveyed how lifelong learning is fueled by the desire to demonstrate her knowledge:

So, if I'm doing a clinical area, I get certified in the area, and I keep it, because I want to demonstrate that I have the experience and the critical knowledge for patient safety. So that, to me, has always been important.

Toby articulated his perspective on lifelong learning as a way of handling challenging situations:

I'm a learner. You know, I think that's—You know, leaders are readers. Leaders are learners. I—No one's gonna get the upper hand on me because I have the ability to gain the knowledge. So, you know, when I'm faced with a challenging situation where I don't think I'm going to, you know, quite measure up with what I have, I go into learner mode.

## **Essential Theme 2: Extended Sphere of Support**

All of the NLs expressed that they had the support of people around them at various stages of their career progression. They conveyed a sense of how those people saw their potential, positive attributes and skills that they did not readily see in themselves. Some also shared that their support was needed if they were to take the next steps or make big decisions in their profession. Many participants noted the importance of how those supportive people provided them with honest feedback and the clarity they needed throughout their careers, which contributed to their confidence and overcoming disappointments or failures. Some noted that trusting their opinions or feedback was important to their success. Avoidance of toxic individuals and situations was also expressed.

Three subthemes came forth: Mentors, Family and spouses, and Peers. These were combined to produce the second essential theme, Extended Sphere of Support.

**Subtheme I: Mentors.** Beth described having many mentors in the course of her career who helped her see herself and her abilities differently. She articulated how she has had different mentors at various stages of her profession:

Then when I went to my grad program, I ran into a person who's been a major mentor in my life. She—I consider her my educational mentor because she is an exquisitely good educator. And I constantly look—you know, when I'm thinking about something, I'll kind of look at the invisible person on my shoulder and say, Well, so-and-so, what do you think about this? If something's really crazy, you know, I have conversations with her in my head. She's alive and well, thankfully, but she was a tremendous mentor to me in grad school. So between the two of them, I envisioned myself in an entirely different way.... So, it was a change in me that they saw something in me that they thought I had what it takes. So, that change in my understanding of myself, I think, was a big deal.

Tina shared a similar description of a mentor that helped build her confidence:

The boss I work for now is just amazing. And he's—I learn from him in other ways because he's just so—He's just really, really—Sometimes I kid, and I say I feel like I died and went to heaven. You know, he's a—he is a visionary, no

question about it. And I think he has encouraged my ability to have confidence because, you know, I don't get questioned every day, every ten minutes, like I did in my previous job. I would be questioned about everything, and mostly it was—most of it was for no good reason. You know, it was just not a— [CHUCKLES] So now, being not in that situation like I was, I'm much more appreciative of how healthy it is....

**Subtheme II: Family and spouses.** Kate expressed the importance of surrounding herself with supportive people, especially noting her spouse and children:

...surrounding myself with great colleagues, a supportive husband, even my kids who believed in me, you know, probably when I didn't believe so much in myself. You know, so you need to support—surround yourself with supportive people that will help you develop and grow.... One of the great things about family is that they can bring you back to your senses and just think you're catastrophizing over a million things that don't really matter so much.

Beth similarly described the importance of having a partner or spouse that not only supported her but also evolved with her. She went on to articulate how personal relationships are interconnected with one's professional growth:

You have to figure out where you're going and who's going with you. Thankfully, I married an educated person who has evolved along with me. And that, to me, is really important.... You can't separate your personal and your professional life at some points. If you have a really bad personal relationship, it's tremendously hard to have a good career.

**Subtheme III: Peers.** Sue articulated in depth the female peers who encouraged her to realize her potential, open her eyes to possibilities, and cheered her on:

When I went back to school, say I was twenty-one, I met or befriended a few women who were very, I think, influential in my sort of coming out, so to speak, of my shyness, and so forth, and really—I mean, they were always very positive and—I don't think flattery is the right word—supportive, and telling me how really, you know, good I was.... I just never thought. It wasn't that I didn't think I was; I just never thought about it. You know, I was just doing what I needed to do, kind of, and they really gave me a lot of—They really, I think, I guess, strengthened my ego. I don't know what—I don't know exactly how to characterize it. But they were a force that—of women that really made me feel different about being a woman than I had before, in terms of strength, in terms of potential, in terms of—You can do it. You know, you're really terrific, and...they saw a lot in me that I wasn't necessarily seeing in myself.

Similarly, Kate expressed that her peers helped cheer her on when propositioned with career opportunities. She went on to describe how the act of peers supporting and cheering her on was very much like being a team sport on a journey together:

Well, you know...you need people around you to say you should do this. So, my dean at the time, he said, "You should go for it," and he put me up.... I am still, sort of, very close with one of my friends from nursing school. So, you sort of support each other on the journey and facilitate and open doors.... Health care is a team sport. And so, you have to make sure you get the right people on your team.

Tina shared a sports analogy to describe the importance of being surrounded by a welcoming and supportive team that fosters positive growth and development of one another:

You wanna go where it's warm because that's probably where you can develop, because then you're not always developing defense strategies; you're now developing offensive strategies to do good. So, you know, my son is in sports. And so, you know, you can't just have a team who plays good defense because then you'll never score. You'll never score. It's the offense that scores, and it's the defense that prevents the other team from scoring. So, you have to really develop both. You know, you have to be on the defensive for threats that might, you know, interact with your goals. But on the other hand, you have to have strategies that help you win....

### **Essential Theme 3: Willingness to Be Courageous**

It was evident across all the participants' experiences that they described a range of feeling the uncertainty of newly propositioned opportunities. However, they also described how despite their uncertainty, doubt, or fear, they were willing to take the next steps in making it happen. They were able to examine or identify the risks before they took the leap. Two subthemes came to light: Taking the leap and Faith.

**Subtheme I: Taking the leap.** Sue described taking risks and trying out

opportunities that were presented to her. She noted how this was especially important in leadership:

And, you know, I thought, well, it doesn't hurt me to try. It's not like it's a black mark or anything.... You know, I was going to wait a while. And then they said, no, let's—Why don't you?... And so, then I thought about it and said, if I don't at least try, I will never be able to live with myself. So, there you go. So, I got the job, and here I am.... It just sort of happened. And I tell students all the time...at orientations, and so forth, that, you know, doors open.... If you want to grow and change, you have to say yes. Essentially, you take those risks, and that's what I did, each step. I had to take some risks...certainly, that's a very important thing for leaders to know.

Beth was able to articulate that she purposefully immersed herself in a subject with which she was not comfortable in order to conquer her fear of it:

I was terrified, going into the program. But I'm delighted that I did that for myself because it made me less afraid. I purposely chose that to conquer my fear of stats. And I got to the point now I like to read stats books [CHUCKLES] which is really kind of crazy.... You know, you just immerse yourself in it.

**Subtheme II: Faith.** Tina referenced that her assurance in her faith also helped

her along with making career choices:

You know, it was in God's plan to be what it was. You know, they say you end up being exactly where you need to be. And if you believe that, then, you know, the regrets kinda melt away.

Similarly, Jenn described that her faith provided a professional 'calling':

Part of this confidence is I really feel that I was called to [the university]. I have a lot of faith in God and family.

**Essential Theme 4: Embracing the Journey**

The essential theme Embracing the Journey presented itself in all the participants' interviews. This involved an understanding and acceptance of the idea that they were on a professional journey, for which they have and will experience gains and losses. Integrated

into this Essential Theme are the four subthemes: Passion and purpose, Perseverance, Deferred gratification, and Comfort with failure.

**Subtheme I: Passion and purpose.** Jenn expressed her feelings of wanting to contribute to the profession of nursing as part of finding her purpose and fulfilling her passion:

I feel like I have something to contribute, which I do and I have, and something to gain. Right? It's not only about me, but it's about the level of contribution that I could make.... And, you know, [a Chief Executive Officer] said, "The first thing you have to figure out is your purpose." You know, what's your purpose in life? And then, once you find your purpose, you get the passion to fulfill that purpose. And then, once you get the passion, you experience the power of your purpose and your passion together.... So, the fact that I can be this eloquent with you today, as I talk about my role as a leader, is because I am living my purpose. I am fulfilling my passion.

**Subtheme II: Perseverance.** Tina articulated that her experiences with impostor feelings as levels of stress eventually made her stronger:

...I think, if you go through enough of these kinds of levels of stress, professional stress, if you get through it, you get stronger.... Like, you know, I can do this. If she can do this, I can do this. But it's a journey. It's not a quick—it's—I've been humbled by how hard it is.

**Subtheme III: Deferred gratification.** Kate expressed the experience of deferred gratification as a means of keeping focused for the long haul and what is most important:

And so there was a lot of, you know, negative stuff. But, you know, you then have to just keep your eye on the prize and focus.... And the thing about being a faculty member and also being a doctoral student, as you well know, it's all about deferred gratification. Spending all those weekends and whatever means that, one day, it will pay off.

**Subtheme IV: Comfort with failure.** Jenn described how, on her professional journey, she has experienced many failures but also normalizes those failures. Those failures also did not keep her from continuing her efforts. She expressed an appreciation for those failures:



Sometimes it works, right? Sometimes it doesn't. You write grants.... You don't get it the first time. You don't get it the second time. But you don't stop, right? You get it maybe the third or fourth time.... You know, as I said, you don't know what the best is until you know what the disappointment has been.

Kate also shared that getting to the point of feeling comfort with the idea of failure is not easy. She explain/ed that most of the time, one is not successful, but eventually one gets comfortable with it:

But, you know, that journey to feeling comfortable is hard because, particularly around academia, you know, you're unsuccessful a lot of the time. You know, you're unlucky—for most research grants, the success rate is ten to twenty percent. You know, I can't remember. I think I have one publication in my whole career that was accepted straight off. So, there's so many different rejections.

### **Essential Theme 5: Willingly Expressing Humility and Authenticity**

Common across the all the participants' experiences was the essential theme, Willingly Expressing Humility and Authenticity. Participants acknowledged their limitations and were not arrogant about their successes. In addition to being open in expressing their IP feelings, they were humbly and voluntarily transparent about their failures, lessons learned, and ways in which they thought they could improve. This essential theme is brought to light by the following subthemes: Being humble, Learning from failures, Transparent about struggles, and Always room to improve.

**Subtheme I: Being humble.** Kate expressed the importance of not creating an unattainable elitist image:

The big thing about being, you know, like, a dean of somewhere like [university] is your job is to motivate and inspire others and to lead the nursing profession, not to create this elitist image that no one thinks—no one else thinks is attainable. That's not doing your job, and that's not helping nursing, and that's not helping patients, and that's not helping health care.

Josie described the experience of being humble after a failure:

I always learned more from people, about people's character, when they—of how they dealt with a failure rather than how they dealt with success. It's easy to be gracious, happy, humble sometimes when you're having success. But is it easy to be all of those things when you are having struggles? I try to remember that when I'm the person that's having the struggle.

**Subtheme II: Learning from failures.** Jenn articulated that failures were an important part of learning and improving:

And it's not failure for failure's sake. But what—In that failure, what did you learn? And how do you turn it around to make the improvement?

**Subtheme III: Transparent about struggles.** Reba was very honest about the struggles, particularly around the politics she had in her career:

There's a lot more politics to leadership than I ever really appreciated. And even though I saw it from a distance, when you're embroiled in some of the issues and don't agree with your leadership above you, um, it was easier for me to stop trying to fight something that was—It was gonna go that direction, no matter how much I kicked and screamed and tried to make it stop. \

Dana also described similar political struggles:

So—and there's times when you feel like, oh, I just screwed that up. Like, even my first year here, um, I—you know, the politics. If you don't know the politics, you just fall into landmines left and right. So, until I figured that out, um, I definitely had a hard time.

**Subtheme IV: Always room to improve.** Like other participants, Dana described that she wanted to improve more about herself:

So, policy, influence—I mean, I've lobbied and all of that. But I haven't, you know, been the sole force behind changing a law or a regulation for the state or the country. So, people who've done that, being able to get in front of a group of thousands and speak and do a podium that's inspirational, like, that's something I still wanna do, and I admire people that can do that.

## **Essential Theme 6: Navigating the Impostor Process**

In sharing their IP experiences, all participants also revealed the various ways in which they have been able to identify IP and manage those feelings. The essential theme, Navigating the Impostor Process, is made up of five illuminating subthemes: Normal and expected, Temporary, Preparation, Using Humor, and Self-reflection.

**Subtheme I: Normal and expected.** Kate articulated how having impostor feelings is normal, but requires centering:

It's normal to have thoughts of self-doubt. It's normal to be disappointed. But you have to kind of—I think about those—You know, babies have toys, and they wobble. And I think sometimes, you know, you have something happen that knocks you off. But you've got to center really quickly because, if you don't center, you allow yourself to be full of self-doubt.... And it sucks away your energy and your productivity.

**Subtheme II: Temporary.** Tina described her impostor feelings as being temporary. She noted that over time, she was able to recognize that these feelings occur in new and unfamiliar situations and they disappear:

I'd say [impostor feelings] would happen even at—in my administrative career, when I had to do these interdisciplinary meetings with not just nursing leaders but, you know, chiefs and chairs.... I think, little by slowly, you become to realize this is temporary. This is the way you feel when something is uncomfortable and new, but this too shall pass. So, basically, the goal is to become comfortable in uncomfortable situations.... When you're younger, you don't know it. And then, as you get older, and you look back—and you go, oh, here I am again. So, you don't get as, wound up about it because you're in that place again. So, I'm in that place of feeling uncomfortable, feeling a little anxious. But I've been there before. And then, one day, you come in, and you do your role or whatever, and it's gone. It's, like, gone.... It's a lot less today than it was before because now I can call it, and I can recall. You've been down this road before. You know that some of it isn't even real. You don't listen to it all. And you just kind of have to start. You have to push it back, push it away, so it doesn't make you start doubting or, God forbid, get sick. I mean, you just don't want it to take you over because I'd say, ninety-nine percent of the time, all those thoughts are not even true because they're triggered by probably more anxiety than reality. You know, it's kind of like you fake it till you make it, or you act as if.

**Subtheme III: Preparation.** Toby described how he goes into learner mode to increase his knowledge base when he starts to experience impostor feelings:

I'm a learner. You know, leaders are readers. Leaders are learners. No one's gonna get the upper hand on me because I have the ability to gain the knowledge. So, you know, when I'm faced with a challenging situation where I don't think I'm going to, you know, quite measure up with what I have, I go into learner mode.

Tina articulated her experience with using preparation to ease impostor feelings:

And I think, you know, a lot of it is just...practicing what you're going to say and—so you don't—so you're prepared. So, you know, negative situations are really growth opportunities in retrospect.... There's no one in front of me now. I can't—If something goes bad, it's me. It's on me. It's on my reputation. And how am I gonna deal with that? And so did you invest enough time in preparation? You start doubting yourself. It's like a playoff game. You know, this is it. [CHUCKLES] Did you practice enough? Did you rehearse enough? Did you? And so that was a very—I remember that distinctly....

Similarly, Leslie also shared:

You know, I'll study and prepare. I felt much more comfortable and less of an impostor.

**Subtheme IV: Using humor.** Beth expressed that humor helped her on her journey:

Humor is a big thing, I think, to help you dig in for the long haul. I laughed a lot. I laugh a lot to keep myself happy and engaged. But it also helps me work better with my colleagues.

Reba also shared that also uses humor as a form of stress relief:

I always use humor. It helps me function, keeps my blood pressure down...

**Subtheme V: Self-reflection.** Leslie described how she self-reflects as a way of navigating the impostor feelings:

...There's a certain amount of self-reflection that goes into things. I think I'm a fabulous teacher, and then some days, I go, oh, my God, what a terrible class. [CHUCKLES] I have really got to work on this a little more. So—and I still have that. I still look to make changes...

Josie described self-reflection as necessary to grow professionally:

You know, I call it putting yourself on the couch or analyzing yourself, you know, reflecting on, you know, could have I done that differently? Should have I done that differently? How did that go? If it went well, what preparation was necessary for it to go well? If it didn't go well, what should've you done?... As long as it's kept in a healthy context, then I really think that that's necessary in order to grow professionally.

Toby shared how he gained perspective through self-reflection:

At some point, I took an opportunity to say there is another way of being. And, you know, good self-talk. I think the other part is living through the HIV pandemic and being right in the middle of it. When a bad day was multiple young people dying on your unit, it gives you a sense of what a bad day is.... Leadership in general, I think, is a practice. And, you know, what I always tell people who are looking to lead well is you do have to spend time in reflection 'cause you only find the answers in your own head.

### **Interpretive Statement**

The findings that arose from this study provided insight into what the lived experience of the impostor phenomenon was like in this group of successful nurse leaders. The interpretive statement was created by synthesizing the six essential themes into one thought: *Navigating impostor feelings is a process of embracing the journey by welcoming opportunities through an extended sphere of support and willingness to be courageous and humble and express authenticity.*

### **Summary**

This chapter described the process of the phenomenological inquiry and research into the lived experience of the Imposter Phenomenon among nurse leaders who are Fellows in the American Academy of Nursing (FAANs). This successful group of NLs has not yet been studied regarding this topic. Investigating the experience of IP as a NL

lived and shared it began through reflection in the interview process. I read and re-read and re-listened to the interviews and journaled data to immerse myself into the participants' reflected stories. This allowed for the identification of essential themes that were then verified collaboratively by participants and my sponsor. Through the analysis process, the participants' descriptions shed light on the hidden meaning of the words spoken by the NLs. The meanings were synthesized as an interpretive statement which represents the essence of the phenomenon and is discussed further in the next chapter.

## Chapter VI

### REFLECTION ON THE FINDINGS

This qualitative study was conducted to illuminate the meaning of the lived experience of the impostor phenomenon (IP) and nurse leaders (NL). The phenomenological method, according to van Manen (1997), was used to examine the participants' experiences, describe each experience as it appeared, and attempt to understand its interpreted meaning. Understanding the experience of IP can add value to the nursing profession, particularly for nurse leaders and those considering entering leadership roles in nursing academia, clinical settings, hospital administrations, and other organizations. The findings will add to the body of knowledge and literature regarding IP and will elucidate implications for personal and professional growth in nursing.

This chapter discusses in depth the supporting documentation to synthesize the data. The six essential themes or essences uncovered in this research were the following: (a) welcoming opportunities, (b) extended sphere of support, (c) willingness to be courageous, (d) embracing the journey, (e) willingly expressing humility and authenticity, and (f) navigating the impostor process. The themes are further clarified through explanations defined by the literature and the theoretical model chosen to guide this study. The limitations, implications, and recommendations follow.

## **Synthesis of Data**

In this study, 10 participants were asked to describe their career progression and to elaborate on experiences in which they felt self-doubt or impostor-like feelings. The experiences they shared were within the context of the essential themes outlined and how they supported or compared to the literature.

### **Essential Theme 1: Welcoming Opportunities**

Interestingly, all of the study participants acknowledged opportunities at various points in their nursing career that led to their successful career trajectory. These propositions were often paired with complimenting or identifying the participants' successes or desirable skills. For many of them, it was while discussing those opportunities that they further elaborated on their experiences with IP. Many reported their responses to certain opportunities as shock, disbelief, and surprise. These responses were consistent with the literature's description of how IP internally manifests itself (Clance, 1985; Harvey & Katz, 1985; Jarrett, 2010; Kets de Vries, 2005; Matthews & Clance, 1985; Young, 2011).

Despite these feelings of IP, when participants were left to ruminate with the possibility of doing or being something more, a sense of wonder and curiosity came over them and they welcomed the idea of challenging themselves. Additionally, many of them added that the desire for lifelong learning provided part of the impetus to venture into new roles and increased responsibilities, to go on to attain their masters and doctorates, and to pursue scholarly work beyond their terminal degree. All but one participant had a doctorate, and the one who did not was enrolled in a doctoral program. The supporting



literature on challenge seeking and lifelong learning is vast. Fong, Zaleski, and Leach (2015) concluded that there was a “challenge-skill balance” at play with challenge seekers and lifelong learners. When a proposed challenge level is higher or lower than the skill level, people are likely to experience anxiety or boredom. However, when the challenge level matches the person’s skill level, they are likely to experience flow (Csikszentmihalyi, 1990). People experiencing flow not only enjoy the task at hand but also perform at their best. The participants welcomed the opportunities or propositions with an openness and a willingness to engage and learn to make the next steps happen.

Having feelings of IP did not stop them from being open and welcoming to opportunities that were presented to them. It supported their curiosity about and desire for challenge and lifelong learning. There is an idea that psychological compensation mechanisms are triggered when people perceive an inability to achieve the expected performance, given their current skill level. In such instances, people respond with the following possible behaviors: (a) investing additional time and effort to maintain the skill level, (b) employing a latent skill to achieve the desired level of performance, (c) learning new skills to replace the declining one, (d) modifying expectations on performances, and/or (e) selecting and pursuing developmental goals to substitute the unattainable one (Backman & Dixon, 1992). These NLs shared experiences consistent with these behaviors.

## **Essential Theme 2: Extended Sphere of Support**

All participants referred to the social support they received along their career progression. Most support was described as positive. There were similarities in how the people providing important support were described. Support was overwhelmingly

described as someone encouraging and being able to point out their potential and strengths to them when they did not see it in themselves. These people were often called mentors. The NL participants noted the high esteem they had for the supportive people, and even endorsed how they aspired to be like them one day. Participants shared that they had various mentors over the course of their careers. Many of those mentors were pivotal in presenting career opportunities to them. Participants looked to these mentors for professional advice and empowerment. Many of them described their mentors as persons who provided them with a different lens to look through in terms of their career trajectory. However, mentors were not seen as the primary people providing them with emotional support.

Spouses were commonly noted as being an important source of support for the participants. All the participants were married and shared how their spouses were the most encouraging and emotionally supportive when it came to career opportunities, successes, and failures. The literature supports these findings, as studies have indicated that career and family can either facilitate or hinder each other. Much of this research comes from role conflict theory, which focuses on the conflict linkage in which participation in one role makes it more difficult to participate in another (Byron, 2005; Dierdorff & Ellington, 2008; Ezzedeen & Swiercz, 2007; Greenhaus & Beutell, 1985; Netemeyer et al., 1996). However, facilitation can also coexist with conflict in work/family relationships (Greenhaus & Powell, 2006; Kirchmeyer, 1992). Additionally, studies from the perspective of role accumulation theory may play a part in the spousal support of careers. This theory argued that individuals, especially women, derive benefits

by engaging in multiple roles, including social support, resource access, and diversified gratification (Barnett & Hyde, 2001; Portello & Long, 2001).

Most of these participants were women. A survey suggested that women have a hard time finding eligible partners to begin with because their professional ambitions may not be appealing to some men (Hewlett, 2002). Interestingly, many of the NL participants noted that a successful career was very likely to depend on a good marriage. A good marriage was described as being one that involved a supportive spouse.

Studies have also shown that men and women experience executive leadership differently: men's careers tend to be linear, while women's are characterized by interruptions and exits (Alimo-Metcalf, 1995; Kumra & Vinnicombe, 2008; Lyness & Schrader, 2006; Mainiero & Sullivan, 2005; Ohlott et al., 1994). Some of these interruptions, such as having children, were noted by the NL participants. All but one participant was a parent. One participant shared how she felt that she needed considerable time and effort to catch up in her career after having a baby. Another mentioned that she did not consider certain levels of leadership because she was immersed in supporting her children through school and other activities.

Many of the participants also expressed that their peers or colleagues were their biggest supporters or "cheerleaders." Many noted that those peers were from their school or workplace. In the literature, peer support is associated with a sense of belonging, an important contributor to one's overall psychological well-being (Baumeister & Leary, 1995; Goodenow & Grady, 1993; Maslow, 1943). Participants found resonance or "relatedness" with their peers when it came to sharing feelings of IP with one another. Many expressed that this helped ease the intensity of their feelings. Additionally, Deci

and Ryan (1991) suggested that peer motivation and the need for relatedness encompass one's striving to relate to others and to feel that they are being related to authentically. In many ways, the participants' peers were noted to best understand the struggles or challenges along the way, and some of these peers were noted to be their doctoral classmates who were sharing similar life journeys in terms of education and career paths. They also noted that their peers were one of their biggest supporters in becoming a Fellow of the American Academy of Nursing (FAAN).

However, some of the participants described negative behaviors in their past work environments, such as toxicity and a sense of being unwelcoming. They did not feel supported; instead, they felt judged and thought there was lack of transparency that contributed to their unhappiness and moments of self-doubt. Some volunteered about the importance of working where there was a culture of support and encouragement by management and peers. Participants also recommended leaving a toxic work environment if possible. A NL summed up her support experience as "go where it is warm." The literature supports the value of healthy work environments in nursing, especially as created by nursing leaders (Robinson, 2001). The term "healthy work environment" is often used interchangeably with a "healing work environment" (Disch, 2002; Kerfoot & Neumann, 1992; McKim, 2003; Robinson, 2001). Other literature supports the promotion of effective healthy work environments by organizations and institutions through implementing and striving for Magnet designation. Magnet status requires evidence of support for nurses through empowerment. This, in turn, has been demonstrated to improve patient outcomes (Aiken, 2002).

### **Essential Theme 3: Willingness to Be Courageous**

Courage is defined as the mental or moral strength to venture, persevere, and withstand danger, fear, or difficulty (Merriam-Webster, n.d.). Having the courage to take the leap and “just do it” was an overwhelmingly clear theme from across all the participants’ shared experiences. The feelings of uncertainty, self-doubt, and uneasiness before taking on new opportunities were not a deterrent for these NLs. One went so far as to share that she would not have forgiven herself if she did not at least try.

The NLs expressed how they identified the risks involved before leaping. The Swedish term *resfeber* illustrates the restless feeling one gets before the beginning of a journey, and it is described as a tangle of anxiety and anticipation (Mango Languages, 2019). The participants’ anticipation of the positive possibilities outweighed the anxiety and fear they had. Thus, they were able to forge ahead. They also described that with more experience came more courage and comfort, even with the possibility of failure. In addition, the social support they received helped them harness their courage to take chances.

Some of the participants referenced their religious faith as a way to gain more courage in times of uncertainty. Two of those participants referenced their comfort or assurance in “leaving it up to God” after taking their leap. Another conveyed a sense of “calling” tied into her faith with regards to taking on a career opportunity. The literature revealed that existential theologian Kierkegaard (1954) supported that faith is the answer to tolerating the anxiety of uncertainty and that faith means leaving it up to God. More secular theologians have referred to this described faith rather as a “courage to be” or existential courage (Maddi, 2002; Tillich, 1952).

#### **Essential Theme 4: Embracing the Journey**

The term “journey” was prevalent across all the participants’ interviews. Journeys tend to be long and may have challenges. One does not think of a journey as a short trip or a walk in the park. The NLs articulated that they were on the journey of life. Some described it as being on a professional journey. They had an overwhelming understanding and acceptance of the idea that they were in it for the long haul. Their passions and sense of purpose came through the stories they shared about moments in their career when they felt the IP. They shared their deep passions for learning, research, education, clinical excellence, and making an impact in nursing. These passions illuminated their sense of purpose.

The term “grit” has gained a lot of attention over the years. It is a term used to describe the perseverance and passion for long-term goals (Credé, Tynan, & Harms, 2017; Duckworth et al., 2007). The Duckworth et al. study of cadets at the U.S. Military Academy at West Point concluded that grit was a better predictor of success than IQ or conscientiousness in a variety of populations.

All participants conveyed the necessity of hard work and commitment in following their passions. Many of them expressed how they juggled motherhood with work and school. Some described “taking the long way” to where they are today. They also described wearing multiple hats in their jobs. Their sense of passion and purpose helped them keep their “eye on the prize,” as many chose to describe it, and persevere especially during times of feeling defeat, self-doubt, and even failure. The NLs shared that using the idea of deferred gratification or “pay off” at the end helped them to stay on track with their long-term career goals.

Similar to grit, the term “hardiness” emerged in the literature to support some of the findings from this study of NLs. Hardiness is described as having a set of attitudes or beliefs about oneself in interaction with one’s environment that provides the courage and motivation to do the hard work of turning stressful changes or potential disasters into opportunities instead (Maddi, 2002; Maddi & Kobasa, 1984). Maddi (2002) described these attitudes or beliefs as having the three Cs: commitment, control, and challenge. If the person is highly committed, they want to stay involved with the people and events going on around them, as a way to find what is experientially interesting and meaningful. If the person is very in control, they want to struggle to have an influence on the outcomes going on around them, even if this may seem difficult in certain circumstances, as powerlessness and passivity may seem wasteful to them. Furthermore, if they relish a challenge, they continue to learn from their experiences. Maddi concluded that all three Cs operate together to help provide courage and motivation.

Each participant had been in the nursing profession for many years. Participants acknowledged that experiences with failures contributed to the comfort they have with failure. Some of them referenced grant writing as a prime example of failing to illustrate why it is vital to learn how to be comfortable with the acceptance that one will not always succeed. These successful NLs admitted that it took them time to embrace this way of thinking, but the failures did not deter them from the sight of their goals or passions.

### **Essential Theme 5: Willingly Expressing Humility and Authenticity**

All of the NLs were open and forthcoming in sharing their experiences of IP with me. All the participants made a point of mentioning the importance of being humble.

Being humble or having humility is characterized by an ability to acknowledge limitations as well as to consider themselves as being part of a larger concern rather than the center (Tangey, 2005, p. 411). The notion of authenticity is often paired with the term “humility” in the literature and has the Greek root meaning “know thyself” (Avolio et al., 2004, p. 801). The NL stories of being humble were articulated through honest and transparent recollections of times when they failed at something. It was clear they placed a high value on being humble. Learning from failures consistently came up in the interviews as an important part of their journey and of lifelong learning. Having humility allowed them to see that there was always room to improve professionally and personally. The NLs in this research study were transparent about the hard work and effort it took during their journeys, contributing to the notion of their authenticity.

### **Essential Theme 6: Navigating the Impostor Process**

Although the NLs intended to share what their IP experience was like, it also became evident that their way of navigating the feelings successfully were just as, if not more, important to their IP experience. Prevalent across the NLs was the sentiment that IP is a normal and expected part of evolving professionally and personally. They especially noted that their IP was more intense at the beginning of their careers. Although they still experience IP, they endorsed that it was transient and not as intense compared to their earlier years.

They also revealed various ways in which they were able to identify and manage those feelings. They expressed the familiarity of experiencing IP over the years, and this is what allowed them to identify it quickly and deploy their strategies to manage it. These strategies were learned over time. Preparing as much as they could for projects, lectures,



or work lessened their feelings of IP since they felt that with preparation, they were two steps ahead of the game. One described going into “learner mode” to help ease feelings of self-doubt in new or unfamiliar situations.

Participants shared a sense of humor about the challenges and struggles they met in their careers. Interestingly, their descriptions of identifying IP feelings were often met with a chuckle or joke. Their jokes often had sarcastic undertones. Many of them jested about not being “found out” yet. A sense of humor is defined as a personality that gives someone the ability to say funny things and see the funny side of things (Merriam-Webster, n.d.).

A study by Beck (1997) aimed to describe the meaning of nurses’ humor in their nursing practice. Humor was found to (a) help nurses deal effectively with difficult situations and difficult patients; (b) create a sense of cohesiveness between nurses and their patients and also among the nurses themselves; (c) be an effective therapeutic communication technique that helped to reduce patients’ anxiety, depression, and embarrassment; (d) be planned and routine or be unexpected and spontaneous; and (e) create lasting effects beyond the immediate moment for both nurses and patients. Other studies also confirmed this use of humor as a form of stress relief (Abel & Maxwell, 2002; Astedt-Kurki & Isola, 2001). In describing their IP experiences, this added humor provided insight into what made the NLs approachable and open in sharing what may have been very intense at the time. Using humor was conveyed as a stress reliever that also provided them with a way to persevere on their journeys.

Sharing their IP experiences was a form of the self-reflection they also articulated as a way of navigating the negative feelings of self-doubt after experiencing failure.

Many of them articulated “I didn’t know it at the time...” when reflecting on earlier days in their careers. Ellis et al. (2014) argued that self-reflection is a deliberate metacognitive process involving self-observation of thoughts, feelings, attitudes, and behaviors, with as much objectivity as possible. They also argued that for reflection to be productive, learners need to analyze their behavior comprehensively and evaluate the contribution of its components to performance outcomes. The NL participants demonstrated this in their shared experiences of IP and in reflecting on what they have learned from their failures. With time and experience, they were able to identify IP feelings easily through self-awareness and to assess how they were going to approach those feelings to be successful.

It is important to note that the literature drew a distinction between self-reflection and unproductive dwelling on negative aspects of oneself. Productive or adaptive self-reflection looks at specific behaviors or experiences, leading to insight and a change in one’s behavior or attitude (Stein & Grant, 2014). This supports many of the NLs’ descriptions of reflection as a way of stepping back and performing a self-check.

Interestingly, all the participants shared that the FAAN application process was a journey in itself and a true test of their ability to self-reflect. Even though they were vetted as successful and impactful by their peers, they had trouble perceiving this in the same way at first. They shared that they found the greatest challenge to be reflecting back on their careers and listing all of their successes and level of impact. Most reflected back on the FAAN induction ceremony as a significant time when they had a fleeting sensation of IP as they looked around and compared themselves to the others being inducted. They were now being recognized for their impactful work, much like the very people they

aspired to be and held in high regard. It was a poignant and special feeling of belonging that also helped ease their IP because they were surrounded by very supportive people.

### **Thematic Statement Reflection Using a Conceptual Model**

The essential themes were synthesized and resulted in an interpretive textual statement of the experience of IP among NLs. The interpretive statement, which was created by synthesizing the six essential themes, reads as follows: *Navigating impostor feelings is a process of embracing the journey by welcoming opportunities through an extended sphere of support and willingness to be courageous and humble and express authenticity.* Extensive reflection on the essential themes, along with the interpretive textual statement and a significant literature search, was done. Joseph Campbell's heroic journey monomyth emerged as the conceptual model that most closely reflected the essences of the NLs' IP experiences. When applied to their experiences, this metaphorical journey is parallel to the hero journeys shared by each NL.

Joseph Campbell's (1968) work *The Hero with a Thousand Faces* is based on his many years of cross-cultural study of both historical and contemporary mythologies. He identified a universal story arc that centers around the challenges that the main character or hero faces on the quest to obtain some goal. The hero is defined as someone who has found, achieved, or done something outside of the ordinary patterns of experience. Along the journey, the hero is transformed from the naive and innocent to the deeply experienced and enlightened. The journey begins when the hero separates himself or herself from the ordinary rhythms of life and enters a new territory, undergoing a series of obstacles or challenges to achieve initiation into the unknown. During the journey,

there is usually a mentor or wise person who helps the hero. Finally, the hero returns to share himself or herself as well as the boons or what has been learned on the journey with others. This type of imagery invokes a better understanding of these NLs' heroic journey when it comes to their shared IP experiences.

While mythic stories share the adventures and experiences of characters, their symbolic nature awakens our interpretive sensibilities, leading us to epiphanies about our lives, our experiences, and our destinies. We often think of myths as encounters with monsters, magic potions, and gods and goddesses who may live in enchanted forests or outer space. In the literal sense, myths do not reflect our everyday experience in the world. However, they may lead us to understand central truths related to human experience that go beyond analytical language. According to Campbell (1988), "mythology pitches the mind...to what can be known but not told" (p. 163). It is important to note that Campbell cautioned taking metaphors literally and looked to metaphors as a way to understand experiences, messages, or lessons learned. Campbell described the journey in three acts: departure, initiation, and return. The three acts comprise 17 stages, as outlined below:

1. Departure
  - a. The call to adventure
  - b. Refusal of the call
  - c. Supernatural aid
  - d. The crossing of the first threshold
  - e. Belly of the whale

2. Initiation
  - a. The road of trials
  - b. The meeting with the goddess
  - c. Woman as the temptress
  - d. Atonement with the father
  - e. Apotheosis
  - f. The ultimate boon
3. Return
  - a. Refusal of the return
  - b. The magic flight
  - c. Rescue from without
  - d. The crossing of the return threshold
  - e. Master of the two worlds
  - f. Freedom to live

### **Relationship between the Findings and Joseph Campbell's Hero's Journey**

Joseph Campbell's hero's journey was identified as the theoretical model that could add depth to this study's findings. For the purposes of this study, Campbell's three-act story arc was used to further understand and contextualize the essential themes that emerged.

As previously mentioned, the hero is defined as someone who has found, achieved, or done something outside of the ordinary patterns of experience. In this study, the parallel to the hero character is represented by the NL. These NLs are FAANs

recognized for their contributions to nursing and impact on healthcare, and considered by some to be nursing's warriors and heroes for their tireless professional contributions.

### **Departure**

This first stage begins with a call to adventure. The hero exists in his or her everyday awareness or the status quo or familiar environment. The call can come from within, or it can be propositioned to the hero by an external force. The call compels the hero to embark on or start the adventure. The hero may also be tempted to refuse the call to adventure, feeling unprepared or unwilling to embark. However, the hero is given supernatural aid, which comes in the form of a guide who knows the path and offers direction. With the guidance bestowed upon the hero, he or she is able to cross over from the known to the unknown, called the crossing of the first threshold. The passage across that threshold is between the known and unknown. The belly of the whale symbolizes an inward place where the "digestion" of uncertainty occurs before the beginning of the journey.

The study's Essential Theme 1, Welcoming Opportunities, relates to stages of the departure act. As part of the call to adventure, these NLs shared their career progression stories of being sought out or propositioned for new roles, or they had the desire to challenge themselves. Many of them described how they were initially shocked or disbelieving that they were approached. This was tied to their IP feelings which paralleled the refusal of the call.

Essential Theme 2, Extended Sphere of Support also draws parallels to this act. The NLs had mentors, families, spouses, and peers who provided them with the encouragement, professional, and emotional support and guidance or supernatural aid to

cross the first threshold into unknown or new territory. Many of the NLs shared that their mentors saw in them what they could not see at the time. The mentors opened their eyes to the possibilities and professional potentials. The NLs described their cross-over from the known to the unknown as the new roles or projects that they assumed. It is in this phase that the NLs conveyed that their IP feelings intensified or resurfaced.

The parallels of crossing the threshold and surviving the belly of the whale are seen with the study's Essential Theme 3, Willingness to Be Courageous. The participants described how they took a leap into the unknown, an act that had the essence of courage. This courage was either harnessed from within or from the supportive people around them. Some of them also referenced their religious faith as providing the extra assurance they needed. The belly of the whale is where the NLs digested or reflected on their uncertainty. Perhaps this may be seen as recognizing and discussing their IP feelings, but it can also be considered as moving forward despite those feelings. This represented the start of their professional journeys.

### **Initiation**

In the initiation stage, the hero undergoes a transformation of the consciousness. The hero experiences the road of trials, which may involve a series of tests, conflicts, battles, or challenges of some sort. The hero may experience failures in this stage, but eventually overcomes those challenges and moves along on the journey. Another phase of this initiation stage involves the meeting with the goddess and the woman as the temptress who represent a guide to wisdom, assisting in the expansion of the consciousness and the temptation to stray from the journey. Atonement with the father is the next phase of the journey, representing discovery of one's character or destiny. In this

phase, the hero is introduced to techniques and knowledge to help confront whatever holds the ultimate power in his or her life. Campbell (1968) described this atonement to really mean “at-one-ment” with the self (p. 136). Following this is the apotheosis phase, where the hero discovers love, compassion, and peace, and wisdom is regained. Finally, the ultimate boon represents something that the hero brings back from the adventure that will benefit others.

Theme 4, Embracing the Journey, and Theme 5, Willingly Expressing Humility and Authenticity, relate to Campbell’s phases in the initiation act. The participants’ experiences of the many challenges or struggles on their journeys resonated with the road of trials phase. They also shared how they saw their failures as lessons learned, similar to the expanded conscious described in the meeting with the goddess phase. Their stories of perseverance and deferred gratification are similar to the woman as the temptress phase. The NLs’ shared experiences of humility and authenticity are echoed in the atonement of the father phase, where there is a deepening of character and discovery of the self. The passions and purposes articulated by the NLs while embracing their journeys in this study drew a parallel to the apotheosis phase. Their struggles and failures allowed them to realize and strengthen their passions and sense of purpose. They are transformed and no longer the same as when they first started their journey. In many ways, the lessons learned on their journey are boons that these NLs bring back with them to benefit others.

Theme 6, Navigating the Impostor, emerged from the study as the learned ways in which the NLs managed their IP feelings. These can be considered the pearls of wisdom.



## **Return**

The return is the final leg of the journey. Some heroes refuse to return right away, although they have accomplished their quest. The magic flight refers to the return home with the elixir of boons. The hero may feel at home on the other side but realizes that the two worlds are really one; thus, they become a master of the two worlds. The hero can now see the world with new eyes and relates to it differently. Campbell described this as having “been blessed with a vision...amounting to a glimpse of the essential nature of the cosmos” (p. 234). Finally, the hero comes home with the freedom to live as he or she is living life from the center of one’s truth; “the hero is the champion of things becoming...” (p. 243).

There is a relationship between the NLs’ articulated lessons learned from experiencing and navigating IP to that of becoming the master of the two worlds. Their wisdom gained through their personal journeys is reflected in the final phase of freedom to live, as they admitted to navigating IP successfully when it surfaced. The NLs in this study shared their love of mentoring others, which parallels the elixirs of boons brought back from the journey to benefit others. The NLs’ experiences with IP added value to their mentorship of others.

## **Limitations of the Study**

A limitation to this research was that the findings cannot be generalized since what was uncovered was specific to the participants’ experiences within the context of this study. Despite having adequate saturation of themes from the number of participants enrolled in this study, it still represents a small sample of nurse leader experiences. A

total of 10 participants were interviewed, nine of whom were female and one male.

Although the sample breakdown was representative of the nursing profession, it further excluded the study from generalizations.

All participants of this study were accomplished NLs, which may be viewed as a limitation. The findings cannot be generalized to other groups of NLs who may not be considered successful.

My inexperience as a phenomenological researcher and the necessity to complete this study within a reasonable timeframe can be seen as limitations of the study.

Interviewing is both a skill and a cognitive process, and the ability to articulate phenomenological themes from in-depth interviews takes experience and time. Although I attended a phenomenological workshop and conference and read extensively about phenomenology, it is not a skillset learned automatically. Immersing oneself in the lived experiences of participants in a phenomenological study, especially with the aim of illuminating meaning from their words, can take months and years.

Another potential limitation was that given the COVID-19 pandemic health restrictions, nine of the 10 interviews were conducted using the Zoom video platform in place of in-person interviews. Video conferencing is now an acceptable platform for data collection, but it is unclear if this positively or negatively influenced how and what the participants shared in their interviews.

As the only researcher in the study conducting interviews, I kept a study journal to reflect on any thoughts I had before and after each interview in order to help identify my biases and bracket assumptions about the participants' experiences and to ensure

validity. The participants and another phenomenological researcher reviewed the themes to further validate the interview data with my thematic analysis.

### **Implications**

This is the first study in the field to look at the lived experience of IP in successful NLs, with the aim of shedding light on what IP looks like in NLs. Many implications can be drawn from the findings of this study. The concept of IP in the literature, introduced earlier in this study (Clance, 1985; Harvey & Katz, 1985; Jarrett, 2010; Kets de Vries, 2005; Matthews & Clance, 1985; Young, 2011), continues to grow. This study adds to the body of research as it relates to navigating IP feelings successfully as well as to the body of nursing research. This was the first study to explore IP experience in nurse leaders. The internal manifestations of IP as described by the NLs in this study supported the literature, thus adding to that body of research.

The most important implication of this study is that the NLs perceived they were able to navigate IP successfully by establishing normalcy of IP feelings, for example, through adopting the mindset that the feelings are transient and using humor and reflection. The essential themes (welcoming opportunities, extended sphere of support, and navigating the impostor process) emerged from the participants' stories that they shared from their journeys in life. The research findings may imply that through a network of encouraging supporters, nurses can mitigate their IP feelings, thus leaving them feel more empowered as part of a healthy work environment (Shirey, 2006; Whiley, 2001).

Additionally, if there is a network of multiple mentors along with peer mentoring, a mentoring culture can be developed. Mentors can also gain leadership and teaching skills and ignite a passion in the profession through a novice nurse's lens (Werner, 2002). Grossman and Sheila (2012) suggested that institutions may be more likely to retain nurses who feel valued and empowered.

Empowerment is necessary for all nurses, as well as for the advancement of the nursing profession (Kouzes & Posner, 2003; Lloyd & Berthelot, 2003). It is also implied that as leaders develop, they become more self-empowered and able to empower others. Through opportunities for nurses to empower themselves, practice leadership, and work with role models, coaches, and mentors, nurses will continue to make a difference to patient care and outcomes.

### **Reflections on Researcher's Experience**

The researcher is a nurse who has been in practice for over 16 years as a bedside nurse, advanced practitioner, manager, and educator. In reading my journal from the study, my experiences with IP surfaced. My initial experiences as a nursing student were that people did not talk about IP or their IP feelings. Getting accepted and staying in the nursing school program were competitive. I looked around and saw people who were smarter than I was, and then the feelings crept in. After listening to the NLs' stories, I reflected back on my experiences. At the start of my career, I did not have someone to tell me that it was normal to have IP feelings. I could not relate to or connect with anyone about these feelings because people were not sharing. However, since being able to identify IP, I have felt empowered. Later in my career, I started hearing elements of IP

feelings in my peers' stories. I felt that everyone I talked to about it had the same reaction: "What is impostor phenomenon?" I cherished the looks of relief and resonance I saw in my friends and peers when I described it to them. There is magic in the moment when someone's story resonates with another person.

In conducting this research, I wanted to have a better understanding of how successful leaders in nursing experienced feelings of the IP. I noticed that as I progressed through my nursing career from the bedside to education and management, I became less preoccupied with IP and started to wonder how very successful nurses experience this phenomenon. How do they manage IP feelings? How did they get to that point? Will they even want to share those experiences with me? I was intimidated by their successful careers and positions in life. I thought to myself that I was going to take away their valuable time from contributing to the profession of nursing. I initially wondered if they would share their vulnerabilities with me, a stranger. I also thought they would have shared more negative than positive aspects of their IP experience. I thought I would have gotten a robust and detailed description of the negative impacts on the NLs. However, as soon as the interviews started, I was taken aback by how open, honest, and forthcoming they were. They were not untouchable elites who could not relate. They were humble and authentic, and full of passion for what they do. The NLs did not dwell on the negative aspects of IP. Instead, they normalized it. They shared their life struggles and failures as well as their perspectives and methods for dealing with IP. It became abundantly clear that they voluntarily wanted to share their stories to help others. Their experiences of the IP were more about embracing their journeys and how they were able to get a handle of

it. In many ways, this study highlighted their pearls of wisdom about how to navigate IP successfully.

Through their authenticity, I was able to find resonance with each participant. Journaling before and after each interview was important for me, as it helped bracket my feelings and experiences from the NLs' stories. In re-reading my first chapters of this dissertation where I first reflected on my IP experience, I saw parallels to the NLs, but I also realized the differences in my experience compared to theirs. They had steady mentorship and an extended support network to encourage them and to help them normalize their IP feelings, which did not come so easily for me. The stories of how they embraced their life's career journeys with courage and humility were inspiring, and their willingness to share and help others start and embrace their journeys was impactful and empowering.

### **Artistic Expression**

The use of images, symbols, music, sound, poems, or fictional stories may be used to further describe and clarify the essences of a phenomenon. The following poem is an effort to illuminate the meaning of IP in NLs and to enlighten the reader through the use of their poetic sense.

In his poem "Heroes in Our Own Life Stories," Don Iannone (2008) illustrated a synoptic reflection of a personal journey parallel to Campbell's hero journey:

Heroes, all of us, in our own life stories  
Travelers, you and me  
A journey, each day to find ourselves  
A lifetime to discover what we've lost

Reluctant at times  
to accept the challenge—  
we are to ourselves  
or the challenge nonexistent places pose

Lost at times, all of us  
Both within and outside ourselves  
Adversity, around each corner  
Our biggest monsters always within

Romance, laced between footsteps  
Too often in love with ourselves, and  
forever in love with whatever we seek  
Wedded we are, to the myth bringing us here

Lost arks, holy grails, new lands discovered  
Apparent destinations, the journey's end  
But even reaching the end—no end in sight  
Heroes we become, only when we go beyond

Eventually comes the morning, we awaken  
Like the sun, we shine, and  
finally see what we've lost  
Only then, can we go home

Figure 1. *Liminal Butterfly*



A metaphor that depicts the liminal nature of one's own hero journey is the transformation of a caterpillar into a butterfly. The transformation is grand. It starts out as

a tiny egg. The egg hatches and out comes an unsuspecting and humble caterpillar. As soon as it comes out, it heads straight into an adventure with great hunger, devouring its egg first and then going off to explore new environments for leaves to feed on. It keeps at it, merrily munching away and looking for more opportunities. It grows and flourishes with the ample food and resources from its environment, but changes are occurring. Things do not feel the same as they used to for the caterpillar. Things have slowed down and even stopped. The caterpillar goes off to isolate itself and enters a phase where it loses its identity. It builds a cocoon or wall around itself, a place of darkness, and the life that once was familiar begins to end. It is unaware of its potential to become a butterfly. The process of the deconstruction and reconstruction phase of becoming a butterfly is overwhelming.

This process can illustrate the NL's own liminal or transformative journeys in life. We can apply these transformations to such life events like changing jobs, becoming a parent, taking on more responsibilities, among many others. At every one of these transitions, there is an unknown aspect that may elicit fears, but it marches on and asks: "What can I eat next?" Interestingly, the presence of butterflies indicates a healthy environment and ecosystem, just as healthy work environments can attract, nourish, and develop the best in nurses. Butterflies provide our environments with the benefits of pollination—much as the NLs of this study did—showering us with the wisdom gained on their shared journeys. They strive at and promote the idea of creating healthy environments for novice nurses and leaders to develop and grow.



### **Recommendations for Nursing Education and Leadership**

While I reflected on the research process and this study's findings, a number of recommendations for nursing education surfaced. This research supported the importance of identifying IP as one of the first steps for navigating it by creating a culture of normalcy. Formally embedding the topic of IP into the nursing curriculum is of great importance. This could be done as a regularly occurring seminar dedicated to the topic or informally incorporated into the debriefing sessions that are already part of undergraduate nursing programs. The discussion of IP with their peers throughout the progression of the nursing program may facilitate nursing students' reflection on their feelings and identify IP. Additionally, encouraging nurse educators to share their journeys and IP experiences with their students contributes to authentic communication. Sharing their perspectives encourages productive reflection, as previously discussed, and can allow for the mitigation of IP feelings.

Recommendations can also be made in a similar fashion for nursing leadership development and retention. According to the National Council of State Boards of Nursing (2020), only 25% of nurses hold leadership positions. The NLs in the study expressed that having an extensive sphere of support that includes mentors, families, spouses, and their peers was important in having perceived their professional potential to do and be more. Mentorship programs within the workplace should include discussion of IP. As educators, managers and mentors should be aware of the impact their guidance has on opening the eyes of nursing staff and students to educational and advancement in nursing.

### **Recommendations for Further Study**

Numerous studies and research have been done on the topic of IP across many professions, but research on the topic within the context of nursing and leadership is new and scant. There are still insufficient data about IP in the nursing profession. This study helped to reveal some of the meanings of the lived experience of IP among leaders in nursing, thus hopefully paving the way for future studies in nursing as related to education and leadership.

It may be beneficial to study the impact of introducing the concept of IP early in nursing careers or to nursing students, as early experience can have an impact on career decisions. Mentoring in nursing may or may not promote or correlate with a positive career trajectory. An additional research question would be: How does knowing one's IP intensity change how it impacts career advancement decisions or leadership role attainment?

As previously mentioned, grit theory has been surfacing more in the literature in relation to perseverance and success rates. It would be interesting to see if there is a correlation between grit scores and IP intensity and their impact on level of career success or trajectory. This study looked at a well-defined and vetted successful group of NLs. Perhaps expanding and replicating aspects of this study to include more NLs or even different kinds of nursing roles could offer more insight into possible inherent qualities in the nursing profession that may contribute to IP intensity and the successful mitigation of IP feelings. With the qualitative data gained from this study, next steps could be to create a survey for a larger sample that is specific to nursing leadership. This

may help provide more empirical data to support some of the findings for correlative studies.

The demographic data collected from this study's participants showed a lack in ethnic variation, as all participants were White. Although previous studies have shown that minority groups also experience IP, it would be beneficial to conduct future research to further understand what the lived experience of IP is like in a variety of ethnic or racial backgrounds. Understanding their lived experiences of IP may add to this body of research, uncover different themes, or provide more dimension to the study's findings as related to disadvantaged or marginalized ethnic groups.

Studying the experience of IP in a younger group of FAANs or other NLs could possibly add more dimension to or uncover differences in how IP is navigated or mitigated. It would also be interesting to see if the NLs' level of professional development or years as a leader impact the experience of or ability to navigate IP effectively.

### **Summary**

This chapter discussed a thematic analysis of the synthesized data, supported by the literature and Joseph Campbell's depiction of the hero's journey as a theoretical model. In addition, the study's limitations and implications, and recommendations for nursing education and leadership and future study, were considered. A reflection on the researcher's experience, including an artistic expression, were used as clarifying examples of the IP experience among successful NLs.

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## Appendix A

## Inclusion Criteria for Eligible Study Participants

<b>Criteria</b>	<b>Met</b>
1. Currently in a nursing leadership role	
2. Fellow of the American Academy of Nursing	

## Appendix B

### Informed Consent

Teachers College, Columbia University  
 525 West 120<sup>th</sup> Street  
 New York, NY 10027  
 212 678 3000  
[www.tc.edu](http://www.tc.edu)

### **INFORMED CONSENT**

**Protocol Title:** Lived Experience of the Impostor Phenomenon in Nurse Leaders

**Principal Researcher:** Arzu Adiguzel, RN, ACNP-BC, Teachers College

(917) 789-8121, [ar2834@tc.columbia.edu](mailto:ar2834@tc.columbia.edu)

**INTRODUCTION** You are invited to participate in this research study called “Lived Experience of the Impostor Phenomenon in Nurse Leaders.” You may qualify to take part in this research study because you are currently a nurse leader and a Fellow of the American Academy of Nursing.

Up to ten people will participate in this study. The interview will take approximately 45 minutes to one hour to complete. Audio recording is part of this research study. If you decide that you do not wish to be recorded, you will not be able to participate in this research study.

**WHY IS THIS STUDY BEING DONE?** This study is being done to understand what the Impostor Phenomenon looks like in accomplished nurse leaders.

**WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?** Participation in this study is voluntary. If you decide to participate, you will be interviewed by the principal investigator (PI). The interview will take place in a quiet environment and at a convenient public setting and time. The study will take up to 2 hours of your time and will consist of the following steps:

- You will be asked to complete a short survey that will ask you basic demographic and nursing profession questions. (5-minutes);
- One audio-recorded interview (face-to-face or GoToMeeting) (45-minutes to 1 hour). I will alert you when I am about to start and end audio recording. During the interview you will be asked about your professional experiences as a nurse leader;
- After the audio recording of the individual is written down (e.g., transcribed) it will be emailed to you about one week after your face-to-face or GoToMeeting interview. You will then be asked to review your transcription, take notes, and identify any areas that you would like to reflect upon (30-minutes);
- Lastly, one follow-up email or audio-recorded phone call for verification of themes that were identified and connected to your statements will be discussed (30-minutes). You will be contacted up to 90-days after your initial interview.

**WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

This is a minimal risk study, which means the harms or discomforts that you may experience are not greater than you would ordinarily encounter in daily life while taking routine physical or psychological examinations or tests. However, there are some risks to consider. You might feel embarrassed to discuss your experience with the Impostor Phenomenon. You do not have to answer any questions or share anything you do not want to talk about. You can stop participating in the study at any time without penalty. If problems such as mental health issues arise, the number of your workplace employee health will be provided where you can go to for help.

The PI is taking precautions to keep your information confidential and prevent anyone from discovering or guessing your identity. The use of a pseudonym instead of your name and keeping all information on a password protected computer and locked in a file drawer. The master list identifying the subject is also kept locked and separate from the list of pseudonyms. The transcription company that will transcribe the audio recording of the interview is 1-888-TYPE-ITUP and they have a non-disclosure agreement to further guarantee confidentiality of their work.

**WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

There is no direct benefit to you for participating in this study.

**WILL I BE PAID FOR BEING IN THIS STUDY?** You will not be paid to participate. There are no costs to you for taking part in this study.

**WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?**

The study is over when you have completed all parts of the study (demographic survey, interview, review of transcript, follow-up email or phone call to verify themes with your statements). However, you may leave the study at any time, even if you have not finished.

**PROTECTION OF YOUR CONFIDENTIALITY** The PI will keep all written materials locked in a file drawer in a locked office. Any electronic or digital information (including audio recordings) will be stored on a computer that is password protected. What is on the audio recording will be written down (e.g., transcribed) and the audio recording will then be destroyed. In order to maintain the confidentiality and privacy of the research participants, all data collected for this study will be stored in a password protected and encrypted digital folder and locked in a file drawer. This data includes all audio recordings, transcripts, written notes, informed consents and demographic information collected from the interview.

Measures will be taken to protect subjects' identities and de-couple their personal identifiers from collected data. Each participant will be accorded a pseudonym to be used throughout the research process, and no data will be saved in the same location as personal identifiers. A master list of pseudonyms will be kept in a separate locked file

drawer. All participant information will be shredded and destroyed 3 years after the completion of this research study.

For quality assurance, the study team, the study sponsor (grant agency), and/or members of the Teachers College Institutional Review Board (IRB) may review the data collected from you as part of this study. Otherwise, all information obtained from your participation in this study will be held strictly confidential and will be disclosed only with your permission or as required by U.S. or State law.

**HOW WILL THE RESULTS BE USED?** The results of this study may be published in journals and presented at academic conferences. Your identity will be removed from any data you provide before publication or use for educational purposes. Your name or any identifying information about you will not be published. This study is being conducted as part of the dissertation of the PI.

**CONSENT FOR AUDIO RECORDING** Audio recording is part of this research study. You can choose whether to give permission to be recorded. If you decide that you don't wish to be recorded, **you will not be able to participate** in this research study.

\_\_\_\_\_ I give my consent to be recorded

---

Signature

\_\_\_\_\_ I **do not** consent to be recorded

---

Signature

**WHO MAY VIEW MY PARTICIPATION IN THIS STUDY?**

\_\_\_ I consent to allow written and audio-recorded materials viewed at an educational setting or at a conference outside of Teachers College, Columbia University

---

Signature

\_\_\_ I **do not** consent to allow written or audio-recorded materials viewed outside of Teachers College, Columbia University

---

Signature



**WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?**

**If you have any questions about taking part in this research study, you should contact the principal investigator, Arzu Adiguzel, at 917-789-8121 or at [NurseLeaderIPStudy@gmail.com](mailto:NurseLeaderIPStudy@gmail.com)**

If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email [IRB@tc.edu](mailto:IRB@tc.edu) or you can write to the IRB at Teachers College, Columbia University, 525 W. 120<sup>th</sup> Street, New York, NY 10027, Box 151. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.

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**PARTICIPANT'S RIGHTS**

- I have read the Informed Consent Form and have been offered the opportunity to discuss the form with the researcher. I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.
- I understand that my participation is voluntary. I may refuse to participate or withdraw participation at any time without penalty.
- The researcher may withdraw me from the research at the researcher's professional discretion, such as not meeting criteria to participate in study.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue my participation, the researcher will provide this information to me.
- Any information derived from the research study that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- Identifiers may be removed from the data. Your data will not be used in further research studies.
- I should receive a copy of the Informed Consent Form document.

**My signature means that I agree to participate in this study:**

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Appendix C  
Demographic Data Form

Participant Code: \_\_\_\_\_

Today's date: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Preferred gender pronoun: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Highest degree: \_\_\_\_\_

Total years in the nursing profession: \_\_\_\_\_

Years at the bedside: \_\_\_\_\_

Years in a leadership role: \_\_\_\_\_

How long have you been a Fellow of the American Academy of Nursing? \_\_\_\_\_

## Appendix D

## Study Information Card

**Seeking  
Fellows of the American Academy of Nursing  
to Participate in an Interview**

I would like to hear about the experience of how you got to this phase in your career!

To Learn More About Participating or Referring Someone Please Contact:

**Arzu Adiguzel, RN, ACNP-BC, EdD(c)**  
Principal Investigator/Doctoral Candidate  
Teachers College, Columbia University  
**Protocol 20-141**

Call or Text: 917-789-8121

Email: [NurseLeaderIPStudy@gmail.com](mailto:NurseLeaderIPStudy@gmail.com)