On Gender Bias and the Imposter Syndrome

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To the Editors,
I read with much interest the review article by Dr. Winkel et al., “The Role of Gender in Careers in Medicine: a Systematic Review and Thematic Synthesis of Qualitative Literature,” published recently in the *Journal of General Internal Medicine*.¹ In this qualitative study, the authors analyzed 64 studies. They emerged with five themes contributing to a conceptual model for the influence of gender on women’s careers in medicine. The authors presented an excellent and comprehensive overview of their findings. They found that gender clearly influences career development and that there are many structural and cultural influences in medicine which contribute to this. These influences include gendered language and behavior, practices that undermine work and home balance, masculine archetypes for leadership and limitations impacting leadership advancement, among others.

As the authors eloquently outline these structural and cultural influences that often negatively impact women in medicine, I would like to highlight how these findings intersect with the ever-more-discussed concept of “imposter syndrome” — if at all. Imposter syndrome is “a psychological pattern in which an individual doubts their skills, talents, or accomplishments and has a persistent internalized fear of being exposed as a “fraud.””² While imposter syndrome clearly exists, some would argue that it has been used a justification for much of the gender bias seen in medicine. To my mind, this is analogous to the approach that has been used to handle the endemic issue of burnout in medicine, in which physicians are encouraged to seek ways to become more resilient, as if to note that the problem lies within them, and not in the system. If only one could be stronger and more resilient, and show

more fortitude, burnout would no longer be an issue. Thankfully, there has been increased attention to this in the last few years, with an increased recognition of the “moral injury,” as well as the systematic and structural barriers to wellbeing. Likewise, with the issue of imposter syndrome and gender bias, while it is important that we teach women about imposter syndrome, and empower them to find ways to combat this where it exists, this must always be coupled with an understanding that — in actual fact — the bulk of the problem lies external to them, and is not an inherent flaw within them which impedes their growth.

The title of a Harvard Business Review article on this very topic eloquently sums up the message: “*Stop Telling Women They Have Imposter Syndrome*.”³

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