

Impostor syndrome in nurse education: identity and practice

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Imposter syndrome, often referred to as the impostor phenomenon, is a persistent feeling of self-doubt and dread of being revealed as a fraud, even when achievement and skill are clearly demonstrated (Chua et al, 2025). It is linked to anxiety, over-preparation, perfectionism, and a behavioural response that attaches failure to an individual's own shortcomings and success to luck or other influences (Chua et al, 2025).

Di Mario et al (2024) showed that, even though this phenomenon has been studied less specifically among nurse lecturers, early-career academics frequently experience impostor syndrome, especially while learning the systems, culture, and processes of the university and moving into roles that are initially unfamiliar. Therefore, the issue is not simply a personal psychological flaw but rather a recurring pattern in which highly qualified professionals entering academia question their legitimacy as academics.

Within nursing, this has important implications. Nurse lecturers play a critical role in preparing safe, competent practitioners; therefore, reduced confidence, overcompensation, or avoidance behaviours may influence teaching practices and ultimately student learning and patient care outcomes. This is often influenced by a strong sense of responsibility towards student outcomes and the quality of their teaching (Di Mario et al, 2024).

Theoretical perspectives

Impostor syndrome among nurse lecturers is framed and critiqued by several educational theories. Social constructivism highlights how participation in communities of practice, communication, and interaction contribute to identity formation and learning (Pyrko et al, 2017). Participation in teaching teams, programme meetings, and scholarly networks enables new academics to develop their identity as lecturers. However, a mismatch between a developing identity and the expectations of the academic community may contribute to feelings of impostor syndrome (Healey, 2024).

Pilgrim-Brown et al (2026) suggested that this issue is not purely internal but reflects how higher education institutions welcome, marginalise, or fail to fully integrate new academic staff, particularly those from practice-based backgrounds. In nursing education, such integration is essential to ensure that clinical expertise is effectively translated into high-quality teaching and student support (Gcawu and van Rooyen, 2022). Entering higher education as a lecturer can be overwhelming, as it challenges assumptions about knowledge, authority, and teaching. Transformational learning theory proposes that such disorienting

ABSTRACT

This commentary explores the growing prevalence of impostor syndrome among nurse lecturers in university settings. Even though impostor syndrome has an impact on personality, wellbeing, and productivity, it frequently goes unnoticed due to the professionalism and resilience associated with the role. Impostor syndrome, or the impostor phenomenon, is characterised by persistent self-doubt despite evident achievement and is particularly recognised among early-career academics adjusting to unfamiliar systems and expectations. The discussion critically analyses impostor syndrome as a contemporary issue in academic practice, drawing on Professional Standards Framework (PSF) dimensions, Staff and Educational Development Association (SEDA) values, educational theories, pedagogical literature, institutional policies, and wider academic culture. It highlights how it is shaped by organisational structures and professional identity tensions, particularly during the transition from clinical practice to academia. The experience has implications beyond the individual, influencing teaching confidence, student learning, and the preparedness of the future nursing workforce. Addressing impostor syndrome requires supportive mentorship, inclusive academic environments, and a wider recognition of the systemic factors contributing to the experience.

Key words: Impostor syndrome ■ Nurse lecturers ■ Higher education ■ Professional identity ■ Pedagogy

experiences can lead to development and new perspectives (Taylor and Bullock, 2024). However, within institutional cultures that value confidence and individual performance, this uncertainty may be interpreted as weakness rather than growth (Taylor and Bullock, 2024).

Critical pedagogy shifts attention from individual responsibility to structural influences, including hierarchy, performance measures, and institutional pressures (Pettersson, 2023). From this perspective, impostor syndrome is not simply a personal deficit but a response to wider organisational and cultural conditions. Addressing it therefore requires changes to institutional practices rather than solely focusing on personal resilience (Pettersson, 2023). These conditions may indirectly influence the quality of teaching, student engagement, and the learning environment experienced by student nurses (Gcawu and van Rooyen, 2022).

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Experiences in higher education

A growing body of research has explored impostor syndrome among novice lecturers and its impact on teaching development. Carr (2019) found that new academics frequently face challenges including managing student relationships, designing assessments, taking on teaching responsibilities without formal training, and navigating quality assurance systems. Many report over-preparing for sessions, worrying about unexpected questions, and adapting their teaching styles to appear more knowledgeable, which may limit authentic experimentation (Carr, 2019). These experiences are consistent with nurse lecturers transitioning into academia. Although they bring extensive clinical expertise, they may have limited exposure to educational theory and institutional systems. This may result in cautious teaching approaches that prioritise perceived competence over innovation, potentially affecting the student learning experience (Hodgson, 2023).

Social constructivist pedagogies suggest that communities of practice and structured induction programmes can help reduce impostor feelings (Pyrko et al, 2017). Campbell et al (2024) found that collaboration, peer discussion, and observation – framed as developmental rather than evaluative – support the development of confidence and academic identity. Engaging with colleagues across disciplines can further normalise impostor feelings as a common part of transitioning into academia, with potential benefits for teaching quality and student engagement (Campbell et al, 2024).

Nursing context and identity

Although impostor syndrome has mainly been explored in nursing students and clinical practitioners, it is highly relevant to nurse lecturers. Edwards-Maddox (2023) identified strong links with perfectionism, fear of mistakes, and internalisation of high professional standards. When values of responsibility and patient safety are transferred into teaching, minor challenges may be interpreted as evidence of incompetence. Lamichhane (2025) highlighted that nurses transitioning into academia often experience a phase of uncertainty where they feel out of depth despite extensive clinical experience. The shift from protocol-driven environments to research-focused academic cultures may intensify self-doubt. This tension between clinical confidence and academic uncertainty may affect how nurse lecturers deliver content, supervise students, and evaluate practice competencies.

Badawy and Shaban (2025) noted that factors such as gender and social background influence impostor syndrome. Many nurse lecturers are female and may come from working-class or first-generation academic backgrounds, which can increase feelings of not belonging within university environments. Richards et al (2023) identified challenges for individuals from underrepresented groups, including discrimination and limited recognition of contributions such as pastoral support or diversity work.

In addition, the dual identity of nurse and academic can create tension, particularly where institutions prioritise research outputs over teaching or clinical expertise, leading to perceptions that practical knowledge is undervalued (Richards et al, 2023). This may have implications for how practice-based knowledge is conveyed to students preparing for clinical roles.

Organisational influences

In many higher education institutions, new lecturers (those in their first few years in post) are expected to complete qualifications such as a postgraduate certificate in academic practice, or achieve the status of fellow in higher education (awarded by Advance HE) (Boyd et al, 2021). Although intended to enhance teaching quality, these expectations may create pressure to demonstrate competence in new academic areas (Butler, 2025).

Workload demands, performance metrics, and financial constraints may further contribute to environments where teaching and practice-based knowledge are undervalued (Butler, 2025). Nurse lecturers managing large student cohorts or programme responsibilities may experience reduced opportunities for research, mentoring, and reflective practice, impacting their sense of academic identity (Sinfield et al, 2025).

Quality assurance processes, including student evaluations and performance reviews, may feel critical rather than developmental, particularly when feedback is interpreted as personal failure (Ord et al, 2024). Mather and Bam (2025) highlighted how promoting professional development without sufficient resources or manageable workloads may reduce inclusion and belonging, further contributing to impostor syndrome.

Professional development frameworks

Addressing impostor syndrome requires structured support, mentorship and open communication (Beighton, 2025). Frameworks, such as that produced by the Staff and Educational Development Association (SEDA) and the Professional Standards Framework (PSF) for teaching and supporting learning in higher education, can be used as developmental tools rather than compliance checklists (Advance HE, 2023; SEDA, 2026). SEDA values emphasise reflection, collaboration and ethical practice, reinforcing that professional competence develops over time (Jessop et al, 2014).

However, PSF dimensions may be perceived as both supportive and intimidating. Expectations around evidence-based practice (professional value 3 (V3)) may increase insecurity among those less confident in research or academic writing, while commitments to ongoing professional development (V4) may contribute to feelings of continual insufficiency (Jessop et al, 2014). Although the PSF promotes reflection and progression, its aspirational nature may intensify pressure when interpreted as fixed standards rather than developmental guidance (Beighton, 2025).

Implications for nursing practice

Impostor syndrome among nurse lecturers has implications beyond academic identity. Reduced confidence, overpreparation, or avoidance behaviours may influence teaching delivery, assessment practices, and student engagement. This may affect how effectively student nurses develop critical thinking, clinical reasoning, and professional confidence (Gcawu and van Rooyen, 2022).

Supporting nurse lecturers through mentorship, structured induction, and inclusive workplace cultures may enhance teaching effectiveness and contribute to the preparation of a competent and confident nursing workforce (Butler, 2025). Recognising and valuing clinical expertise within academia is

essential to ensure that nursing education remains grounded in practice and responsive to patient care needs (Thamm et al, 2026).

Future directions

Professional development programmes can support lecturers by promoting reflective practice, peer observation, and open discussion of impostor syndrome as a normal aspect of academic transition (Greenwood, 2022). Mentorship should acknowledge clinical expertise while supporting the gradual development of academic skills, enabling integration of dual identities.

Developing academic networks and encouraging collaboration can reduce isolation and strengthen belonging. Recognising teaching, clinical contributions, and pastoral work within institutional reward systems may further support identity formation (Mather and Bam, 2025). Leadership that promotes transparency, reflection, and shared responsibility can help shift focus away from individual inadequacy towards the creation of supportive academic cultures (Mather and Bam, 2025), with downstream benefits for student learning and patient care.

Conclusion

Impostor syndrome among nurse lecturers is a complex and multifaceted issue shaped by professional identity, institutional expectations, and academic culture. Although experienced at an individual level, it reflects broader structural and cultural influences. Addressing it requires recognising nurse lecturers' expertise, at the same time as transforming the institutional environments and expectations that contribute to self-doubt. Supporting academic confidence is essential not only for staff wellbeing, but also for maintaining high standards in nursing education and ensuring the preparation of a safe, competent, and resilient nursing workforce. **BJN**

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KEY POINTS

- Impostor syndrome is a common yet under-recognised experience among nurse lecturers, shaped by both individual and organisational factors
- Transitioning from clinical practice to academia challenges identity and confidence
- Frameworks from Advance HE and the Staff and Educational Development Association can both help reduce and intensify impostor syndrome
- Mentorship, collaboration and reflective practice are essential strategies
- Addressing impostor syndrome may improve teaching quality, student outcomes and workforce preparedness

CPD reflective questions

- In what ways might institutional expectations contribute to feelings of impostor syndrome in your role?
- What role do peer support and communities of practice play in your professional development?
- How can recognising the systemic nature of impostor syndrome influence how it is addressed in professional degrees in higher education?

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