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Family Medicine

LETTER TO THE EDITOR

Commenting on "URiMs and Imposter Syndrome: Symptoms of Inhospitable Work Environments"

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TO THE EDITOR:

We commend Drs Carvajal and colleagues' work on "URiMs and Imposter Syndrome: Symptoms of Inhospitable Work Environments?" which summarizes the history of imposter syndrome (IS) and how it disproportionately affects under-represented in medicine (URiM) versus non-URiM family medicine faculty.[1] We were captivated to learn that URiMs were not more likely to report frequent or intense IS compared to non-URiMs and that IS could instead be the mislabeling of the internalization of experienced systemic racism.

Although this is a possible explanation for obtained results, we ponder the possibility that the methodology used for participant recruitment and evaluation may be obscuring the findings. Is it possible that those who experience higher and more frequent IS will have self-excluded from the study sample due to increased work demands and less time available to complete a voluntary survey? The stress burden is also likely higher for URiM faculty.[2]

Past research has shown that URiM faculty are less likely to remain in academia due to several factors, including hostile work environment, increased work, and less opportunities to be promoted.[3] Notably, their findings found that years in practice after training completion is inversely related to the frequency or intensity of IS experienced by faculty. As we aim to diversify the family medicine workforce to achieve health equity for patients, we would like to propose solutions that institutions can do to lessen IS and the minority tax[4] for their URiM faculty. We encourage changes to promotion and tenure requirements that incorporate the valuation of work that URiMs are more likely to engage in when compared to non-URiM faculty, including, but not limited to, diversity, equity, and inclusion efforts and community interventions. These proposed solutions ultimately also can increase URiM retention in academic medicine while providing non-URiM with diversity training.[3]

With the recent Supreme Court of the United States (SCOTUS) decision dismantling affirmative action (AA),[5] we need to reevaluate the impact that this federal decision will have on IS, especially for URiM faculty. We face a shortage of URiM faculty in academia, a definitive crisis.[6] Without AA and other equity efforts, this crisis will likely be exacerbated, leading to further decline of URiM faculty in academic medicine. In a space where we already know there is a shortage of minority mentors, we would be remiss not to evaluate the impact of the SCOTUS action on our profession.

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