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Imposters in the Dorms: Exploring the Significance of Imposter Syndrome in Residential Life Live-in & Live-On Professionals

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**Imposters in the Dorms: Exploring the Significance of Imposter Syndrome in
Residential Life Live-in & Live-On Professionals**

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Leadership Integrative Capstone

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Abstract

Imposter syndrome has been thoroughly studied across fields and disciplines for decades to understand the impact it has on students and professionals in the field. This paper aims to understand the relationship between imposter syndrome and professionals working for residential life departments for colleges and universities while they are living on campus. This study used a mixed methods approach to collect both numeric data as well as a linguistic understanding. Through surveys and interviews, there is a relatively equal feeling of imposter syndrome among residential life live-in/live-on professionals. Many aspects influence the development of imposter syndrome within residential life professionals, such as supervision style and work life balance, which may have had an influence on the split results. Further research into narrow niches of residential life is needed for a more robust understanding of imposter syndrome.

Keywords: Imposter syndrome, residential life, higher education, and student affairs

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Chapter One: Introduction

New roles or heightened expectations often coincide with perverse feelings like uncertainty, anxiety, and being out of place. One may have an unending number of questions when they assume this new position, and it is to be expected. After some time in the position, things will begin to click—accomplishing daily, routine tasks become simple and there are far fewer questions than there were at the beginning. For some, eventually the role will feel natural to them and as though they are fully competent in this position. For others, feeling uncertain and as though they do not belong in the role never goes away, no matter how much time is spent learning the role or how often they get praised for doing great work. Some individuals continue to doubt themselves in the role and downplay their successes by saying they are lucky or that they got help from others they worked closely with. They feel as though they are not as capable as others think they are and that they will be found out as a fraud, or as an imposter.

Imposter syndrome (also known as ‘imposter phenomenon’ or IS) was first coined by Pauline Clance and Suzanne Imes in 1978 with their article “The Imposter Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention”. Imes and Clance first explored this phenomenon in high achieving women within their respective fields of work or study, but imposter syndrome has since been connected to any individual regardless of gender or their professions. Imposter syndrome is defined as “...an internal experience of intellectual phoniness...” (Clance & Imes 1978) that is also characterized by individuals experiencing IS unable to internalize their successes, contributing achievements and accolades to external factors, such as being lucky or in the right place at the right time (Huecker, et al, 2023). Although there is no medical diagnosis, imposter syndrome has been studied and identified in numerous fields, but most notably significant in the medical field (Huecker, et al, 2023).

An area that appeared to be under researched in relation to imposter syndrome was the field of student affairs within higher education, specifically with residential life departments at institutes of higher education. Residential life at colleges and universities departments that are in place to support the student experience of living on campus, namely through planned events, policies, and employing full-time professionals and paraprofessional student staff. The Association of College and University Housing Officers-International (ACUHO-I), the leading housing and residential life organization with several regional affiliates, cites they represent more than 17,000 professional housing and residential life staff from around the world (ACUHO-I, 2023). A common professional role within a residential life department is a resident director (AKA hall director, community director, etc.). These individuals are required to live on campus, and may even live in the residential facility they directly oversee.

Residential life professionals are often living on campus to support the institutions residential students, sometimes they are living in an apartment directly in the residential hall they are overseeing, or they are living elsewhere on campus aside from the hall(s) they directly supervise. These professionals, known as live-in or live-on professionals, struggle to separate their work lives from personal lives as they are living where they work and often cannot get away from students, co-workers, or factors of their jobs after hours. This, coupled with expectations of working in an afterhours, on-call rotation to assist with student crises, leadership expecting live-in or live-on staff to participate in departmental events beyond typical working hours, and more contribute to professionals living and working on campus for residential life offices to experience burnout (Rankin & Gulley, 2018), which is a key risk factor for developing imposter syndrome (Huecker, et al, 2023).

The goal of this research is to discover if there is a significant prevalence of imposter syndrome or imposter syndrome characteristics among residential life professionals who are living on campus, in residential facilities or nearby. This research aims to identify areas that residential life live-in and live-on professionals feel influences imposter syndrome characteristics the most and add to the knowledge that currently exists about imposter syndrome while creating additional knowledge relating to live-in and live-on residential life professionals. The research that follows addresses a gap in current existing imposter syndrome research that addresses the impact imposter syndrome has on the field of live-in and live-on professional residential life staff.

Research question 1: What is the statistical significance of imposter syndrome in residential life professionals in a live-in or live-on role?

Research question 2: How has imposter syndrome influenced the professional and personal lives of individuals who currently are or have lived-in or lived-on in a professional residential life role?

A mixed methods approach will be used within this research to analyze the prevalence of imposter syndrome or imposter syndrome characteristics within live-in and live-on residential life professional, as well as to explore the perspectives of imposter syndrome within this same group of individuals. Based on current knowledge relating to live-in and live-on professionals as well as imposter syndrome, there have been both qualitative and quantitative studies into the topics to associate a numerical significance as well as a language-based understanding of relevant issues and problems. A survey was conducted to collect statistics relating to imposter syndrome and imposter syndrome characteristics within residential life live-in and live-on professionals. In addition, interviews with various participants were conducted to look deeper

into the emotions of individuals who currently and have worked professionally as a live-in or live-on residential life staff member relating to imposter syndrome.

Chapter Two: Literature Review

While imposter syndrome is highly prevalent with hundreds of studies focusing on students and working professionals in the medical field, the psychological phenomenon can impact anyone in any field of work or of study. The fields of medicine, law, teaching, social work, and religious education are some of the fields that were among the first studied in the 1970s that saw a significant number of individuals experiencing imposter syndrome symptoms (Clance & Imes, 1978). Risk factors, warning signs, and implications of imposter syndrome within various fields must be examined to find effective means of addressing this phenomenon. Imposter syndrome may show itself one way in the medical field but will show itself in a totally different way in the field of elementary education. There is no one way to feel like an imposter (Mann, 2019).

Residential life at institutes of higher education appears to have little research into the prevalence of imposter syndrome among the working professionals in the field. Residential life provides students opting to live on campus with opportunities to engage outside of the classroom as there is a lot of time students are spending outside of their academic buildings. Professionals and paraprofessionals (student workers) of residential life offices are responsible for organizing ways to encourage community engagement, supporting students when they face challenges (in and out of class), as well as ensure the community is safe and secure for all who reside in the building. Although teamwork is an important aspect of working within residential life, regardless of the position you hold, it is inevitable for someone to compare themselves, feel they were selected for their role in error, and that they will be found out as being a fraud, all imposter syndrome experiences. This project looks to dig deeper into this understudied field relating to imposter syndrome.

Since imposter syndrome in residential life is an area needing further research into, there have been few resources that are closely related to this topic. The articles included in this review have been selected to expose the gaps in research into the prevalence of imposter syndrome in residential life, to generate common knowledge surrounding imposter syndrome, as well as establish themes and patterns that emerged across various articles relating to imposter syndrome. Themes that emerged during this research are as follows: influence of “the self” within imposter syndrome, leadership roles contribute to the cultivation of imposter syndrome, the relationship between imposter syndrome and transitions, and means of coping, overcoming, and benefitting from imposter syndrome.

Influence of “The Self” on Imposter Syndrome

Low self-confidence has been regarded as a key risk factor for one to develop imposter syndrome within their field of work. Often, individuals with lower confidence in their abilities convince themselves they are not worthy of their role, of the praise they receive, or of the accolades they may be presented with. Failing to meet one’s self-imposed expectations of their work or themselves is a key indicator of imposter syndrome (Huecker, et al., 2023). These self-imposed standards not being met contribute to the idea of imposter syndrome being a “self-perpetuating cycle”. With imposter syndrome, this cycle, unlike other studies, does not lower one’s feelings of failure when individuals experience repeated success. The self-perpetuating cycle continues to lower one’s confidence in their ability to complete their role expectations adequately even when they experience success on a regular basis within their role. Continued success alone will not aid in one’s ability to overcome feelings of phoniness, inability to meet role expectations (self-imposed or not), or thoughts of luck intervening with their success (Clanes & Imes, 1978).

While there is exploration into the topic of imposter syndrome as a “behavioral health phenomenon”, there remains a lack of specific diagnostic tools which cannot allow imposter syndrome to be medically diagnosed by a professional. Researchers and mental health professionals can establish mental health diagnoses that are observed within imposter syndrome, such as general anxiety or other anxiety disorders, depression, personality disorder, etc. (Huecker, et al., 2023). This inability to medically diagnose someone with imposter syndrome allows for philosophers and the like to contemplate the phenomenon’s characteristics, and if one truly has imposter syndrome, or is experiencing something different.

Other mental health conditions, such as anxiety or depression, are directly associated with imposter syndrome, but there are also undiagnosable behaviors that may be misinterpreted as imposter syndrome. Self-deception, “contributing to the maintenance of [one’s] own false belief”, has been identified as a misnomer for imposter syndrome (Gadsby, 2020). The idea of deception of others is a common theme within imposter syndrome—feeling as though you are deceiving everyone around you to believe you are proficient at what you do when you’re really faking it (Pourhsein & Alizadeh, 2018). However, there is a thin line between imposter syndrome and self-deception being accepted as imposter syndrome.

Self-Deception and Imposter Syndrome

Gadsby (2020) poses that, while real in the world of psychology, imposter syndrome is closely related to an individual being self-deceptive of their abilities. The main difference between imposter syndrome and self-deception is the cause of one’s biases towards their abilities. Is this individual seeking evidence that supports that they are inadequate in their role? Are they receiving praise from their boss but still feel as though they are a fraud? The differences

in one's experience and the bias they have towards that experience is what delineates self-deception and imposter syndrome (Gadsby, 2020).

Self-deception has been a long debated and argued topic within the realms of philosophy, social-psychology and psychology. Although in the original research conducted by Else Frenkel-Brunswik (1939) she sought to create formal diagnostic criteria for self-deception, there has yet to be formal diagnostic criteria as she wished, in addition to a lack of a specific definition for self-deception due to the longstanding differing perspectives on self-deception depending on the field being considered (Deweese-Boyd, 2023; Chance & Norton, 2015; Gur & Sackeim, 1979). Generally, self-deception is the consequence of a person who acquires and maintains a belief that is proven to be false based on knowledge and evidence but may partake in behaviors and discourse that suggests they have some awareness of the truth behind their false belief (Deweese-Boyd, 2023). The division in definitions tends to come into play when one begins to consider the self-deception beliefs morality and intentionality behind it.

Commonly, self-deception is a 'positive illusion' (also known as a 'straight' or 'positive self-deception') that one holds to make themselves feel better about a situation, their ability, or their control in a situation. This 'positive illusion' often makes humans experiencing them more successful in their endeavors due to a sense of confidence, or overconfidence, in their abilities, intellect, and prospects (McKay & Dennet, 2009). Conversely, negative self-deceptions (or 'twisted self-deceptions') work the opposite—they are unwelcome thoughts or beliefs about a situation, one's ability, or one's prospect. There is no reason or warrant for why one believes they are less than from external sources, it is something they draw conclusions to internally (Deweese-Boyd, 2023).

There have been two commonly researched causes for self-deceptive thoughts and behaviors to occur. The first cause being a doxastic conflict, meaning an individual holds two contradictory beliefs, but only one of those beliefs they are aware of due to motivation to be unaware of the other held belief. If a student does not study for an exam (true belief with evidence), they may say they failed that exam because they believe the professor does not want them to pass the course (false belief with no evidence). The second cause of self-deception is biased treatment of evidence, meaning that when evidence was being gathered, the individual experiencing self-deception fails to collect evidence that would support the true belief. For instance, the student would draw on previous negative experiences with the professor (other failed tests or poor grades, etc.) to establish 'evidence' of how the professor does not want the student to pass instead of citing their lack of studying for the exam or other assignments (Bortolotti & Mameli 2012).

Moreover, as explored previously in this paper, imposter syndrome is the persistent feeling one holds that they are not meeting self-imposed expectations causing them to feel as though they are a fraud within their line of work or study. This persistence of self-doubt and contribution to a self-perpetuating cycle of inadequacy leading to feeling like a fraud that will eventually be exposed to their peers stems from a lack of support (emotional, intellectual, monetary, physical, etc.) within their current position, whether that is from direct leadership, higher leadership or elsewhere is dependent on one's situation (Huecker, et al, 2018). Imposter syndrome can also be nurtured early on in life from one's familial upbringings, such as dynamics and norms within the family unit, as well as later in life imposed societal gender roles (Clance & Imes, 1978).

Based on this information presented about self-deception and imposter syndrome, there are definite similarities between negative self-deception and imposter syndrome. Both are lacking in evidence to support that one should be believing the things that they do, specifically about themselves (imposter syndrome) or about external influences (negative self-deception). Despite contradictory evidence that shows the opposite to be true than the held belief, individuals with imposter syndrome or negative self-deceptive tendencies believe the false truth to be reality. Where these two psychological phenomena seem to differ is where the belief is coming from. Imposter syndrome delves into the world of one's feeling as though they themselves are not meeting expectations for themselves, where as self-deception is in the realm of other people presenting behaviors that causes the individual to believe a false truth relating to the situation. So yes, while similar in nature to one another, the internal or external influence to cause one to hold false beliefs is the principal factor in delineating between negative self-deception and imposter syndrome.

Cultivation of Imposter Syndrome through Leadership Roles

Although there is no one definitive way someone develops imposter syndrome, there are areas where there is a higher significance of imposter syndrome, such as individuals in leadership roles. Those who obtain and maintain the role of a leader for a team, a department, or any other organization have expressed the feelings of being held to a higher standard and the fear or shame that comes along with not meeting those expectations within their role. Not only is there fear and shame of not meeting your own expectations, but there is also the social aspect of possibly not meeting other's expectations of you as a leader (Kark, et al., 2022).

These real (and the self-imposed) expectations leaders often assume within their roles relate to the implicit leadership theory. Michael Rush, Jay Thomas, and Robert Lord explored the

idea of implicit leadership theory in the mid-1970s, shortly before Pauline Clance and Suzanne Imes began diving into the idea of imposter syndrome in 1978. Implicit leadership theory posits that people create mental characteristics of what an “ideal business leader” behaves like (1977). When leaders fail to meet their internal list of characteristics and behaviors of an “ideal” leader is where feelings of being a fake or a fraud begin to show themselves.

Leaders of all kinds are open to the potential of experiencing fraudulent feelings within their role if their training for the role did not prepare them enough (Winter, 2020) or if they hold these standards of a perceived ideal leader. Even leaders as influential as Michelle Obama have gone on record to express her feelings of imposter syndrome “never going away” (2018). This pressure to perform and meet expectations can be compounded when a leader’s actions (or lack thereof) are influencing those who follow them. Mentees and followers of a leader are at a similar level of risk of developing imposter syndrome as professionals in their field are, and if a mentee is unable to feel supported by those who lead them due to their imposter syndrome, they may begin to develop imposter syndrome within themselves as well. Leaders with imposter syndrome must be cognizant of this impact on their followers to not continue the self-perpetuating cycle of imposter syndrome among those that they are leading. Understanding imposter syndrome in oneself and teaching a follower to understand imposter syndrome within themselves and help them to develop a growth mindset are all ways to help mediate the early development of the phenomenon in those being led, but more to come on overcoming and utilizing imposter syndrome later (Chandra, et al., 2019).

Specifically leading within higher education and student affairs (HESA), again while not overly studied and reported on, also indicates the presence of imposter syndrome, specifically within mid-level and executive leaders who identify as women within the field. Molly Belieu

(2021) looked to find some insight into how women leaders in HESA were impacted by imposter syndrome while they climbed their way into high-ranking leadership positions. Belieu notes that there's a significant gap in the research relating to imposter syndrome among individuals working in administrative roles at a college and university at the time the dissertation was written. Belieu conducted a qualitative study of 10 female identifying women who were current prominent, executive leaders within their department. Through the study, the women involved did associate feelings of imposter syndrome within their progression through their fields. Many of them cited professional coaching and mentor relationships as factors that helped them to understand and embrace their impostor feelings (Belieu, 2021).

This research directly relates to that is needed to be expanded upon within a similar field. Belieu was able to show that leaders within the HESA field are also experiencing imposter syndrome and the importance of continuing the research of imposter syndrome within this field. Leadership is an area that continues to be impacted by imposter syndrome and may even provide fertile ground for this phenomenon to grow and develop if not properly addressed. Knowing the impact and how imposter syndrome develops within leaders across disciplines will be key within my research into the topic. This understanding of the development may go to one's thinking or processing of information or how they are perceived as a leader.

Transitioning and Imposter Syndrome

Leaders experiencing imposter syndrome are not born with these feelings of doubts in their abilities relating to their leadership. These impostorism feelings are often assumed during a transition into a new role and then exacerbated by lack of confidence, fear of being shamed or failing, or having little to no guidance from a mentor (Belieu, 2021). Transitions from one role to another are bound to have learning curves and a time for one to learn their new role—how it

works, how they approach different projects or topics within the role, where they fit into a team in their new role. Anxieties relating to these adjustments is expected when assuming a leadership position, or any new position for that matter, but when fear of failing to meet standards or expectations, uncertainty of how one fits in the role or with the team, or feeling as though one is not meant for this role is where imposter syndrome begins to rear its ugly head.

Julia Morgan studied students who were transitioning from a foundation degree program to a four-year institute in pursuit of their bachelor's degree (2015). These non-traditional students (going from high school right into a four-year higher education program) felt as though that they were out of place and not meant to be attending their institution due to universities assuming students of an older demographic will understand the culture of college and university. Students found the course work to be heavier and had a harder time adapting to this transition within their life. Although not explicitly stated, these students described cornerstone aspects of imposter syndrome due to their recent transition from a foundation degree program to a "traditional" four-year degree program. Morgan found similar themes in first generation college students and students who tend to be marginalized. These findings relate to the idea of all these groups of college students, though very different, share the similarity of possessing less power within the university and college systems, in turn making the transition difficult to cope with their feelings of being out of place or not good enough to succeed (Morgan, 2015).

Feelings of impostorism within new roles do not stop after obtaining an undergraduate degree. When adolescents begin their transition into adulthood, Jeffrey Arnett (2000) described this period between 18 and 25 years old as "emerging adulthood". The characteristics of emerging adulthood are transitional in nature and revolve around change in work, change in worldviews, and change socialization for individuals within this age group—they are not quite

fully young adults, but they are no longer teenagers. These concurrent changes often create tension within one's identity. Emerging adults struggle to identify fully with being a teenager or being a young adult; they are in significant transition.

Joel Lane (2015) explores the intersection of emerging adults and imposter syndrome as emerging adults prepare for the transition into "professional life" regarding careers and full-time employment. A total of 79.3% of the 29 participants between 18 and 25-years-old that participated in Lane's study reported experiencing imposter feelings during this period of their life, which was an unexpectedly high number of participants. The participants explained being perfectionists, high achieving, and shared that they often compare themselves to others. These qualities of emerging adults amid transition in their lives resonate closely to ideas and themes seen within imposter syndrome. Imposter syndrome and related feeling or experiences are seen through these personal and academic transitions, but what about professional transitions? What does imposter syndrome look like during a transition of leaders within a profession?

Transitions for leaders, specifically those going into a leadership role for the first time, is often met with scrutiny from peers, others who went after the position wondering why they were not selected, and even the one who was selected wondering why they *were* the one chose. New leaders are often challenged and provoked within their new role, feeling almost as if they need to prove their worth within the role, which can lead to feeling as though they may *not* be suited for this role. Thus, signaling the potential beginning of the impostorism cycle (Kark, et al., 2021). While being promoted or assigned into a new leadership role does not make a leader a leader, there is evidence to show that through experiencing a leadership role and going through the transition and process of learning in their new leadership role comes experience and confidence in one's abilities and intellect regarding their position or field (Ibarra & Obodaru, 2016). This is

a great indication that imposter syndrome among professionals and leaders in their chosen fields is not a permanent state of being. Coming to terms with this is the first step in understanding, overcoming, and benefiting from their imposter syndrome.

Criticisms of Imposter Syndrome

While there is ample research into imposter syndrome that highlights common characteristics, positive and negative effects of imposter syndrome on different aspects of one's life, and ways to manage and cope with the constant feeling of fraudulence, specifically relating to work, this extensive, decades worth of study is not without criticism. Current conversations surrounding imposter syndrome consider the negative implications of the phenomenon on individual's growth and development, warn about using imposter syndrome as a generalization for average and typical feelings of anxiety and uncertainty, as well as postulate the influence of systematic oppression (i.e. racism, sexism, ableism, etc.) when corporations use imposter syndrome to describe and diminish the feelings of their traditionally marginalized employees.

These considerations are a warranted discussion within this research to ensure a wide breadth and deep dive into all current knowledge is included. Despite these perspectives being valid and based in modern perspectives of imposter syndrome within the workplace, no peer-reviewed journal articles or studies were noted when exploring this type of research into the criticisms of imposter syndrome. These criticisms of imposter syndrome seem to be mainly pulled from blog postings on reputable websites but may lack the conducive and evidence-based research to fully support their claims.

Pathologizing Imposter Syndrome for Normal Feelings

Many cite that characteristics related to imposter syndrome are completely normal to feel throughout life. These characteristics may be anxiety, insecurity, uncertainty, doubt, nervousness, and more. However, just because these feelings are present does not mean that one is experiencing imposter syndrome, it may just be a temporary feeling that one has regarding a specific situation, not necessarily towards all their work within their field or study. Ruchika Tulshyan and Jodi-Ann Burey explore this pathologizing common feelings to imposter syndrome's negative effects on one's professional life (2021).

Tulshyan and Burey explain that for women in their fields, bearing the "imposter" label relating to their work may create more harm than it is warranted. Tulshyan and Burey focus on the women's relationship to imposter syndrome and how that label may be continuing to hold her down while men in the same field progress and have positive role models to admire and look up to. There is a warning to be had about attributing common feelings to imposter syndrome specifically for women according to Tulshyan and Burey. "Although feelings of uncertainty are an expected and normal part of professional life, women who experience them are deemed to suffer from imposter syndrome." (2021). When every feeling is written off as imposter syndrome symptoms, it is common for the individual to begin to feel as though they are the problem.

Oppression and Imposter Syndrome

There is an argument floating around the internet that posits imposter syndrome has roots that fuel traditional systemic oppression, such as racism, sexism, and more. This argument suggests that imposter syndrome is often used to describe struggles that individuals who are most often marginalized experience within the workplace. For instance, if a female worker in a male-

dominated industry shares that she feels as though she does not belong in her position despite excelling in her role, co-workers or leadership may be quick to attribute this feeling of being out place at work to imposter syndrome instead of addressing issues of sexism that may be present at this specific institution.

Dr. Delma Ramos and Dr. Raquel Wright-Mair investigate this argument in their blog post on *Diverse Education* (2021). In the post, Dr. Ramos and Dr. Wright-Mair state, "... imposter syndrome is a direct byproduct of systemic oppression (e.g., racism, sexism, heterosexism, ableism), resulting from a system that fails certain individuals and not a failure of those individuals specifically". They also cite activist Blair Imani's Instagram post that positions imposter syndrome as "the consequences of oppression". Within this blog post, Dr. Ramos and Dr., Wright-Mair indicate that ideas of sex, race, sexuality, and other identities were absent from the original writings of Clance and Imes when first discussing imposter syndrome (1978).

While they (Clance and Imes) focused on high-achieving women, people of color and individuals across classes were among the many identities that were not studied, making the original writings on imposter syndrome outdated and potentially inaccurate. Offering a few examples of what they mean, Dr. Ramos and Dr. Wright-Mair explain that students who hold "minoritized identities" and experience nervousness or insecurity when writing their first academic piece for graduate school may often be told that what they are feeling can be attributed to imposter syndrome and it is something *anyone* in graduate school is going to feel when writing to publish their first journal article (Ramos & Wright-Mair, 2021).

Figure 1

Instagram post from Blair Imani



Note: Image is from the Instagram of Blair Imani (@blairimani)

Revisiting Self-Deception of Imposter Syndrome

Referring to a few sections ago, there is the argument that individuals may choose to explain feelings of inadequacy off as imposter syndrome when there may be something larger at play that they are selecting to be ignorant towards. While imposter syndrome and self-deception do have differences, there may be individuals out there who are deceiving themselves by using imposter syndrome as an explanation for not knowing something, for feeling insecure, or for not performing as well as they know that they could instead of acknowledging their core issues that they are experiencing.

Jemima Kelly (2022) explores this idea of imposter syndrome being a misnomer for when someone is experiencing normal feelings, such as anxiety or self-doubt. Kelly states, "... 'imposter syndrome' became the default way to describe paranoid feelings of inadequacy — probably because this was easier to conceive of and categorize than some kind of internal 'phenomenon' ..." (2022). This idea is directly connected to Gadsby's writings in "Imposter Syndrome and Self-Deception" (2022), where he compares both imposter syndrome and ideas around self-deception and accepting false beliefs as the truths. Again, while sometimes imposter syndrome can be used in place of internalizing one's shortcomings, there are distinct differences between self-deception, electing their own version of reality to fit the idea within one's own perspective, and imposter syndrome, a paranoid feeling of inadequacy or being out of place despite accolades and praise in a field where the individual thrives and excels.

Limiting Personal Development and Growth

Another criticism of imposter syndrome is that it may lead to an individual limiting their true abilities and stunting their development in their skills regarding their field of work or study. If one is focused on the things that they struggle with or the areas that they are plateauing within, they are limiting their ability to develop in other areas and see their full potential because of this imposter syndrome in one area of their work or study. When one labels themselves as an "imposter", they are in turn reinforcing these negative beliefs one has (i.e. I am not good enough at this, I cannot do this) about themselves. These negative beliefs can hinder their growth and confidence as they focus on being an imposter instead of looking for solutions through resources for development, guidance from trusted friends/colleagues/etc., or other means of support (Nour, 2024).

In the context of empowering potential leaders to develop their skills to become influential and impactful leaders, David Nour (2024) examines his close friend and colleague Matt who is experiencing some imposter syndrome within his line of work. David sees the potential in Matt to be an excellent leader, but Matt often gets stuck in his own way in developing necessary skills. Nour, in his experience with supporting Matt in his journey to conquer imposter syndrome to thrive as a leader, suggests that “embracing a mindset of continuous learning” is key in being successful as a leader when faced with feeling like an imposter (2024).

Correlation between Imposter Syndrome & Turnover in Higher Education

Turnover and individuals leaving their current positions to seek new, and possibly better, employment elsewhere happens across professional fields. Within the last several years at institutes of higher education, there seems to be a significant turnover problem. From Duke University losing at least 200 of 500 staff members from their student affairs department in two years (Bey, 2023), to 100% turnover in Trinity University’s residential life department during the pandemic in 2020 (Martinez, 2023), to half of Mississippi public universities losing their presidents in under a year (Moody, 2023), the field of higher education has seen its share of significant turnover. While the impact of this turnover affects students, co-workers, administration and more, underlying causes such as working additional hours, additional responsibilities, and missing a sense of belonging are directly impacting the staff members looking to leave their roles (Bichsel, et al., 2023).

College and University Professional Association for Human Resources (CUPA) began collecting information on employee turnover across departments within colleges and universities beginning in the 2017-2018 academic year. In 2022, CUPA created the “Higher Education

Employee Retention Survey” (ERS) to collect and examine information relating specifically to the significant retention crisis after the COVID-19 pandemic that greatly impacted the whole education field. This survey specifically targets administrator and non-exempt staff as opposed to faculty. The results of the 2023 survey saw the highest amount of voluntary turnover since data was first collected by CUPA in 2017-2018, showing that 14.3% of respondents are leaving their current held positions (this is almost double the amount of people who left their roles in higher education after the pandemic began in 2020-2021).

Figure 2

Graph of the likelihood of higher education professionals looking for other employment



Note: Graph is from The CUPA-HR 2023 Higher Education Employee Retention Survey (Bichesel, et al, 2023).

The ERS results showed a positive relationship between individuals exiting their jobs due to feeling as though they do not belong at their current institution, in their role, on their team, etc. and working additional hours beyond their typical business hour. In fact, 17.9% of the respondents the ERS reported feel unsatisfied with their sense of belonging at their workplace while about half (50.2%) reported that they work at least an additional 1 to 5 hours every week within their roles. Furthermore, 28% of participants (more than one fourth of respondents to this survey) agreed that their institution's leaders lack showing a care about the employee's mental health and wellbeing overall (Bichsel, 2023).

Despite the respondents almost being split with working outside their typical business hours, more than a quarter feeling as though leaders at the institution do not care about their mental health/wellbeing, and feeling as though they do not belong, the employees at universities and colleges represented in the ERS are reporting that a little more than half of them are receiving retention incentives from the institutions they are employed with. The most common retention incentives being verbal recognition for good work (59%) and a salary/base pay increase (52%). The two least common are improved child/elder care benefits (0.9%) and reduction in workload/working hours (2.7%). Although half of employees in the survey are working additional hours, institutions are not offering employees an opportunity to reduce the amount of their overall workload or working hours to promote retention among the staff (Bichsel, 2023).

While there is no explicit investigation into imposter syndrome within this resource, burnout, general mental health, and missing the sense of belonging are among many reasons and risk factors for the development of imposter syndrome in higher education (Addison, et al., 2022). Seeing these themes within this study has exposed in numbers a significant influence on the departure of higher education professionals, specifically those in administrative and staff

roles. Lacking mental health or general support from leaders, working extra hours which can lead to burnout in the long term, and lacking belonging within an institution are all components of turnover within this field. However, we know that burnout cannot be the *only* reason individuals leave their roles in higher education.

A 2022 interview (held during the same period the 2022-2023 ERS survey was being conducted) hosted by Doug Lederman with Kevin McClure, Associate Professor of Higher Education at the University of North Carolina Wilmington, explores reasons why there is significant turnover in higher education at this time, from burnout and beyond. The university system for the public schools in North Carolina reported in the first six months of 2021 that they were seeing turnover rates like what they would see over the course of a whole year; about a 50% increase in turnover within that six-month period. Some of the main reasons for this turnover in the UNC system were inadequate pay, institutions not meeting employee expectations with professional growth and development, as well as outdated practices with hiring and work performance, viewing people as someone to fill the role instead of someone the institution can develop and assist in growing. All these factors were shown within that ERS survey conducted by CUPA. McClure also digs into burnout within the field of higher education that he himself has witnessed and what he was heard from peers and colleagues in the field. He cites that employees in higher education are feeling disengaged (lacking belonging) with their work/work environments and wanting to remove themselves cognitively, emotionally, and physically from their workplaces as a means of coping with the feelings of burnout. (Lederman & McClure, 2022).

While much of this feeling can be cited to the pandemic, McClure and Lederman agree that there is something still off with the prevalence of burnout within the higher education field

as of late. McClure expands on this, saying, "...we structure jobs and job expectations within higher education and other professional spaces, as well as if folks are constantly available, 100% loyal to the institution...and that ideal, that mythical person just does not exist. Or if they do exist, and that's the person that's constantly getting rewarded and promoted, you kind of set a standard for other people that I think can send the wrong message...because you've got some folks that are incredibly taxed. And oftentimes they tend to be people who are willing to put in the time to mentor people, and willing to serve on behalf of the institution" (McClure, 2022). Again, as stated in this podcast, burnout is only a piece of the problem with higher education turnover. But burnout can morph and show itself in different ways, such as imposter syndrome. Leaders within higher education being able to know and understand the correlation between imposter syndrome and burnout, and in turn, burnout and employee turnover may be their key to retaining their employees.

Burnout in Residential Life Live-On/In Professionals

Employee retention within live-on and live-in professionals working within a college or university's residential life and housing office may look different than typical retention efforts for jobs where employees travel or are working completely remote. Professionals who live-in are those who are provided with housing accommodations inside of a residence hall on campus that they are tasked with overseeing the daily operations of. While similar in nature, individuals in live-on roles are often provided housing accommodations outside of the residence hall but may be on campus and closely situated near the hall they are overseeing (ACUHO-I, n.d.). The reason retention efforts for live-in and live-on professionals may be different than professionals who are not living where they work is because of just that—they are able to physically remove themselves from the environment they work within. Live-in and live-on professionals are close

to their work for most of their lives as they are only living and working mere feet apart from one another. The professionals are constantly surrounded by the students they oversee during the workday, the facilities issues they try to rectify, and serving in on-call rotations that require them to return to work at any moment after hours.

In 2015, Tracy Reed studied 138 live-in or live-on respondents to a study aimed to delve into the relationship between supervision, job satisfaction, and burnout in residential life professionals serving in this live-in/live-on lifestyle. Reed's research found that there was a statistically significant relationship between a live-in and live-on professional's rates of burnout, job satisfaction, and their supervision. Reed cites the supervisory relationship with an employee as having an impact on one's job satisfaction, which helps decrease feelings of burnout within the role. When a supervisor has a synergistic supervising style, the supervisor is focused on their supervisee's ability to accomplish departmental objectives as well as their personal and professional goals. This synergistic supervision model, as discussed by Tracy (2015), decreases the supervisee's feelings of burnout and improves their overall satisfaction within their role. However, burnout is still present among housing and residential life live-in and live-on professionals.

Reed (2015) found that even where there is a synergistic supervisor, professionals who are living in or on are still "...responsible for the health and well-being of under-aged college students on a daily basis" (p. 104). This responsibility from live-in/live-on professional may create a high demand for that professional's time and energy, whether it is during regular office hours or not as they are also serving in the after-hours, on-call duty rotation to support residents and student-staff members outside of those normal office hours of Monday through Friday 9:00 am to 5:00 pm. In addition to this on-call support, live-in/live-on staff members may be required

to attend academic and social programming for residents to enhance their overall community presence in the building they oversee. These programs usually are hosted outside of traditional class times, which are also outside of when the professionals are working their normal office hours, meaning they are present and working even more outside of typical office hours to support and be present in the community they are helping to establish (Reed, 2015).

Setting Boundaries in Live-In and Live-On Roles

How can residential life professionals who are living in the halls they work in, or living close by, avoid burning themselves out within their roles if they are expected, and often required, to work these long hours far outside of traditional work hours? Pressley Rankin and Needham Gulley (2018) found that when residential life live-in and live-on professional set boundaries, the chances of them burning out diminished. Every professional's experience is different depending on the staff members' needs within (but mostly outside) of their role but given that the live-in and live-on professionals are living close to where they work, interacting with students and staff outside of regular office hours, and have expanded after hours expectations relating to on-call responsibilities and crisis management, it can be difficult to have a divide between a personal and professional life.

There are three boundaries identified by Rankin and Gulley after surveying 12 different residential life live-in and live-on staff members: space boundaries, time management boundaries, and interpersonal boundaries. These boundaries helped Rankin and Gulley create a continuum that allows professionals in residential life to understand their boundaries as "full integrator", limited boundaries and significant crossover between personal and professional life, or a "integrative segmentor", clear boundaries between work life and life outside of work but are often unsuccessful. The terms assigned to these characteristics by Ranking and Gulley relating to

boundary setting were derived from Nippert-Eng's study exploring boundary setting from 1996 (Rankin & Gulley, 2018).

Setting a space boundary as a residential life live-in or live-on professional may look like not allowing students or staff members enter a personal space, such as the institution provided housing assignment. When enacted, this boundary helps individuals who are living where (or close to where) they work to create a divide between personal and professional life. There is a clear space where work is to be done and where work is not to be done, allowing the individual to have a space where they can get away from work. Space boundaries may also appear as getting off campus often to detach from working completely. Interpersonal boundaries include clear boundaries between a supervisor and a supervisee, or a Resident Director and a Resident Assistant in residential life terms. A supervisor caring less about creating a personal connection with their supervisee and caring more about a professional connection is an example of an interpersonal boundary being set (Ranking & Gulley, 2018).

Finally, a time management boundary is the hardest of all the boundaries to set in a residential life professional environment due to the nature of the work. When professionals schedule time during the day or the week to have alone time outside of work, such as engaging in hobbies one enjoys, is a time management boundary that allows professional staff to have time to not participate in working and give back to themselves. However, this boundary is difficult for even the hardest boundary-setter to maintain as the work of a residential life professional requires some overlap, such as serving on-call or participating in last minute events to support the department such as during student housing selection. Time management boundaries can also appear as privacy with students and other staff members, which can also be difficult to uphold as professionals living in or on campus cannot just ignore them as it comes off as "rude" or

“unprofessional”, despite this time being outside of working hours (Rankin & Gulley, 2018). Finding a balance between the three boundary setting strategies, as well as employing other “laying low” strategies (p. 78) to fill in the gaps, help to keep the burnout at bay for residential life live-in and live-on staff members.

Rethinking the Culture of Burnout in Student Affairs

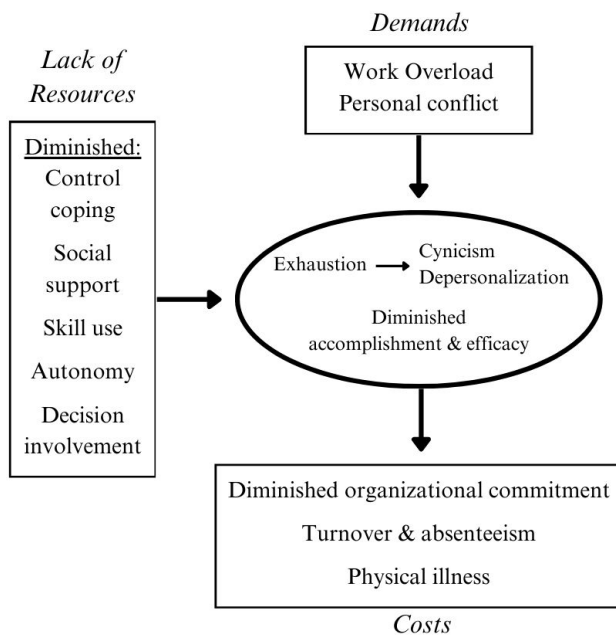
Some believe that a means of keeping the burnout at bay for a while by using boundary strategies is not enough in the world of higher education and student affairs. With the after-hour expectations, responding to crises, and lacking support, there is a belief that the culture of student affairs needs to be addressed and reimaged to “cure” burnout within student affairs professionals. Individuals working within student affairs are commonly expected to fit the “ideal worker norms” as mentioned earlier by McClure and Margaret Sallee in *Creating Sustainable Careers in Student Affairs*—someone who is without distractions or responsibilities that compete with dedicating their entirety to their job. These individuals do not allow having families or outside commitments to distract them from their goals within a position they hold, and they are nearly impossible to find anywhere, not only in higher education and student affairs.

In *Creating Sustainable Careers in Student Affairs* (2021), Sallee argues that these “ideal worker norms” being expected within student affairs positions are specifically toxic as it separates the individuals who challenge the “ideal worker norms” from those who embrace it and strive to meet those unrealistic expectations. Sallee posits that those who have outside commitments to their families, personal goals and other “distraction” from being a student affairs employee should not be compared to individuals who are able to prioritize their work as a student affair professional. When supervisors and leaders in student affairs ignore the personal stressors of their employees outside of work, this causes employees to struggle inside of work

and fail to meet these “ideal worker norms” (Sallee, 2021), which can create burnout, according to the general model of burnout (Figure 1) and potentially lead to imposter syndrome.

Figure 3

Model of Burnout



Note: Adapted from *Prevention of Burnout: New perspectives* by C. Maslach & J. Goldberg, 1998, p. 65

Despite this fantastical desire of what student affairs culture could look like to mitigate burnout among professionals in the field, there are skeptics and critics who question this reframing of working in student affairs. Abigail Leppert and Ashleigh Mitchell (2022), professionals in Residential Life at Clemson University and George Washington University respectively believe that this culture shift in higher education and student affairs is dependent on generational perspectives as well as supervisory flexibility in recognizing and willingness to

deconstruct what is in place for professionals in the field currently. Leppert and Mitchell do not disagree that there is an issue with the emphasis from senior leadership in student affairs on meeting “ideal worker norms”, but they argue there are many components and complexities involved in this change, so much so that there needs to be a field-wide and unanimous identification of expecting these norms and behaviors that contribute to perpetuating the cycle.

Conquering Imposter Syndrome

Impostorism is not something that can be fixed or cured for individuals who are experiencing the phenomenon. It tends to be lifelong and something that those who feel it will be exposed to feeling their whole life, specifically when in professional transition, burning out, or feeling unsupported from leaders among their field of work. Ignoring the feeling of being a fraud and waiting to be found will not make those feelings go away but may make these thoughts worse. Whether it is feeling like an imposter at work, in school, within a social circle, or as a parent, imposter syndrome cannot be cured but can be lived with. While momentary imposter feelings can be lifelong, if one is able to learn how to challenge their impostorism for what it is—*imposter thoughts*—that is the first step in conquering and owning feeling like an imposter.

When imposter syndrome is understood within oneself and properly coped with, the “self-perpetuating cycle” (Clanes & Imes, 1978) is broken and allows for new perspectives and viewpoints on these “imposter thoughts” to emerge as an advantage instead of a burden or disadvantage. Coping and using feelings of impostorism can support development and understanding of one’s abilities and help in reclaiming understanding oneself. It takes time to view imposter thoughts not as enemies but as allies through developing, learning, and making mistakes within our roles in life. Conquering impostorism does not happen overnight, and it cannot happen without expressing these feelings to others when seeking support. The first step in conquering

imposter thoughts is a big one to take, but it can change the outlook on career trajectories, connecting with others, and so much more.

Coping with “Imposter Thoughts”

Communication and talking through imposter thoughts is a common means to overcome one’s imposter syndrome. Tamara Leary in “The Perfect Imposter Storm: From Knowing Something to Knowing Nothing” (2022) as well as Morela Hernandez and Christian Lacerenza in “How to Help High Achievers Overcome Imposter Syndrome” (2023) both discuss the importance of working through imposter syndrome with another person to identify and understand the symptoms of the syndrome. Either a manager or an employee must be aware of how imposter syndrome can come about and how it can manifest in someone. Supervisors and leaders should not be afraid to speak about their own experiences with feeling like an imposter, if applicable, with their high-achieving employees to help them feel more comfortable and confident identifying similar symptoms within themselves (Hernandez & Lacerenza, 2023). Furthermore, bringing challenges with imposter syndrome due to inequities in a workplace or other environments (such as being a woman in a male dominated field) forward to trusted leadership members can aide in feeling supported, heard, and seen when it previously goes unmentioned within the field (Leary, 2022).

Sandi Mann (2019) cites reframing as a key coping strategy for overcoming imposter syndrome. In *Why Do I Feel Like an Imposter?: How to Understand and Cope with Imposter Syndrome*, Mann offers several strategies for the various different identities explored in relation to imposter syndrome: parents, teenagers, social media users, professionals, and more. The theme of viewing imposter syndrome from a new angle emerged in each chapter of the text. Mann suggests identifying when imposter thoughts begin: what brings them on? Was there a mistake that was

made? Is there a comparison being made? When the thoughts can be identified, and exposed as a negative circular thought pattern, try to view these thoughts as an opportunity to learn about oneself instead of getting down on not “being enough” to begin reframing one’s imposter syndrome as a positive experience (Mann, 2019).

In leadership positions, it is encouraged that leaders confront imposter related thoughts with those who are following them to help confront the difference between imposter thoughts and “facts”. Leaders should be using their position to assist those they are leading to recognize the imposter thoughts when they arise to help them understand what is causing these negative thoughts about themselves as not being good enough to accomplish the things they do. Workplace leaders can help their employee view these thoughts in a positive way, such as seeing the negative thought relating to their skills as an opportunity to invest time in that area where doubt is emerging to develop the skills needed to feel confident and in control (Hernandez & Lacerenza, 2023). However, it is also important for one to take ownership of their thoughts, and confront them on their own when they arise, or acknowledging the area where they know they succeed. Rose Sherman identifies writing one’s strengths as a component in overcoming imposter syndrome in the article *Imposter Syndrome: When you Feel like You’re Faking It* (2013). Sherman stated that understanding areas where one excels in specifically can help combat these negative imposter thoughts as a reminder that they are successful in some areas but may be struggling to be successful in other areas, but that does not equate them to a total failure. Accepting imperfection and letting go of unrealistic expectations for oneself helps to diminish feelings of imposter syndrome in oneself (Sherman, 2013).

Recognizing imposter syndrome-related thoughts is the first, and arguably most important first step, in conquering imposter syndrome. Without recognizing when the thoughts occur and

what causes them to occur, one will struggle to identify when they can reframe those thoughts into something positive instead of negative. When feeling down for making a mistake, view it as an opportunity to learn and grow in that area. Finding ways to view these negative thoughts in a positive light can help the affected “imposter” feel less of an imposter in their role and more deserving of recognition and accolades from others.

Chapter Three: Methodology

To gather information to add to the knowledge about residential life live-in and live-on professionals experiencing imposter syndrome, this research paper employed a mixed approach of using qualitative and quantitative data collection methods. The questions that were seeking answers from this research were not exclusively based in numbers or in language, so employing a mixed methods approach in this context to collect insights into respondents' feelings, thoughts, and experiences as well as the numerical significance of residential life live-in and live-on professionals experiencing imposter syndrome was key. While there is very little research into imposter syndrome within residential life professionals, there was little articles and papers to compare this selection of data collection to.

The first research question within this paper (what is the statistical significance of imposter syndrome in residential life professionals in a live-in or live-on role?) aimed to collect numerical information that showed the significance and prevalence of imposter syndrome in residential life live-in and live-on professionals that responded. To collect this information, a survey was used that included specific questions to associate statistics with the prevalence of imposter syndrome in residential life professionals that are living on campus full time to support the residential student population.

Questions included in this survey have been adapted from the "Clance IP Scale" which was originally created by Pauline Clance, one of the individuals who first studied and coined imposter syndrome, to help those who take the Clance IP Scale survey to determine if they express characteristics related to imposter syndrome and, if they do, to what extent they experience. While this survey does not aim to be a diagnostic tool for others to determine whether they have imposter syndrome, the adapted questions from the Clance IP Scale help to

get an idea of how impacted the respondents may be impacted by imposter syndrome for the purposes of this specific research. Respondents to the survey will be presented with a statement that has been adapted from Clance's IP scale and asked to rate the statement on a scale of relatability based on their most recent residential life live-in/live-on professional experience: not at all true (1), rarely true (2), sometimes true (3), often true (4), very true (5).

For the second research question (how has imposter syndrome influenced the professional and personal lives of individuals who currently are or have lived-in or lived-on in a professional residential life role?), this aimed to explore respondents' feelings and emotions that are may have been related to imposter syndrome (characteristics, behaviors, etc.). Utilizing interviews with respondents to gather information to answer this question allowed for individuals to speak freely relating to imposter syndrome and associated characteristics of imposter syndrome, which would later be analyzed to find themes and patterns in the answers across those who participated. Interview questions are more focused on residential life live-in/live-on professionals' role and common job responsibilities in relation to imposter syndrome characteristics, causes, and coping mechanisms. The questions are open ended to allow participants in the interview to expand their responses to contribute the most possible information to this research.

Based on previous research into the imposter syndrome phenomenon, such as the articles included in the literature review, there are differing strategies for data collection. With very limited research into a correlation between imposter syndrome and residential life live-in and live-on professionals, this paper compares it to other articles that focus on the two topics separately. For imposter syndrome, there were hundreds of articles to choose from that explored the significance of the phenomenon within various fields and studies. Depending on what was

being studied in relation to imposter syndrome, the methods varied from article to article. Most reviewed for this paper used a qualitative method to focus on gathering personal testimonies to interpret and analyze for further information into the topic. These qualitative studies included Pauline Clance and Suzanne Imes' pre-eminent article "The Imposter Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention" (1978).

Articles in this study that examined higher education and/or residential life professionals presented a good mix of both qualitative and quantitative studies. Specifically, the CUPA-HR article that reported the turnover rates in 2023 within higher education (Bichesel, et al, 2023) as well as "The Relationship between Supervision, Job Satisfaction, and Burnout among Live-In and Live-On Housing and Residence Life Professionals" (Reed, 2015) used surveys and other quantitative methods to collect a numerical statistic associated with the prevalence of imposter syndrome. Molly Belieu's (2021) dissertation, *Career Progression and the Imposter Phenomenon: Experiences of Female Student Affairs Leaders*, utilized interviews to gather first-hand perspectives in imposter syndrome in women who hold leadership positions within student affairs in a higher education setting. Qualitative methods were also employed in Rankin and Gullely's 2018 study that explored ways residential life professionals living on campus set boundaries.

Many articles examined to help guide and support this research are either fully qualitative or fully quantitative. This research taking a mixed methods approach to find statistical significance of imposter syndrome in residential life professionals living on campus as well as sharing their real-world experiences through language provides a unique perspective on research that was missing from current research into the fields of imposter syndrome and higher education, student affairs, and residential life. The mixed methods approach to analyze the

information collected to determine the relationship between imposter syndrome and residential life professional live-in/live-on staff will fill gaps found in the research about imposter syndrome as well as bringing new methods to research in this field.

Chapter Four: Analysis

A mixed methods approach was adopted for this research, utilizing both surveys and interviews with residential life live-in/live-on professionals. Surveys were implemented to engage a wider audience and gather quantitative data, while the interviews were used on a select group of individuals to understand the details of their experience with imposter syndrome as a residential life live-in/live-on professional through language and behaviors. This mixed methods approach was used to fulfil an observed gap in research methods among similar research topics.

Quantitative Survey Results

The survey was first distributed on April 2nd, 2024, via email, text message, and various Residence Life Facebook groups. As of April 18th, 2024, the distributed survey collected 70 completed surveys from participants with an additional 20 surveys that were left incomplete. 50 of the completed surveys were of individuals who are currently in a residential life live-in or live-on role and 20 completed surveys were of individuals who previously held a professional position within residential life. Of the individuals who are currently in a residential life professional role, 22 have been in the role between zero and three years, 10 have been in their role between four and six years, six participants have been in the role for seven to nine years, and 12 have been in their role for ten years or more. Ten of former professionals that completed the survey were in the role between zero and three years, six were in the role for four to six years, one was in the role for seven to nine years, and three were in the role for ten or more years. The most common institution types represented in the survey are public universities, four-year universities, and universities in a suburban area. The average range of students residing on campus was between 1,001 students and 3,000 students.

The average response for the imposter syndrome scales among all respondents of this survey was the ‘sometimes true’ option. This same option is also the average response from both the currently working and previously worked as a residential life live-in/live-on professional staff member. This commonality makes it hard to determine the statistical significance of imposter syndrome among residential life live-in/live-on professional staff as the ‘sometimes true’ response is the middle of the road option for relatability to the provided statement. The information pulled from this survey brought some interesting points to the surface when being analyzed.

Before analyzing the support of imposter syndrome within residential life live-in/live-on professionals, an outlier was observed for the statement “If I’m going to/was going to receive a promotion or gain recognition, I hesitate(d) to tell others until it is/was definite”. This statement had the most ‘often true’ and ‘very true’ responses from participants, totaling 45 between the two options included in the survey. The next highest ‘often true’/‘very true’ responses were 43 in total, which is 2 responses less than the highest. This statement may also be an outlier as the content of the statement may not be directly addressing imposter syndrome characteristics as other outside motivators may influence individuals to hold off on announcing a promotion or recognition until it is definite, such as not wanting to go back and explain why a promotion or recognition did not occur.

A few statements from the survey stood out as information that does not support the statistical significance of imposter syndrome within residential life live-in/live-on professionals. “I feel/felt as though success within my role is/was due to luck” and “I have not pursued opportunities to develop my abilities because I fear(ed) I would not meet my self-imposed expectations” both mostly received ‘not true at all’ or ‘rarely true’, 37 total and 38 total

respectively. This observation is specifically poignant in the lack of imposter syndrome in this group of professionals because the statements include key words relating to imposter syndrome, as discussed with the literature review of this paper.

Failing to meet self-imposed expectations, expectations that are not set by a supervisor but set by ourselves, is a common cause of individuals experiencing imposter syndrome. As discussed earlier in the literature review, implicit leadership theory (Rush, Thomas, & Lord, 1977) is when individuals have a mental list of ideal qualities for a business leader, and when those qualities are not met, the individual possessing those qualities may feel as though they failed, despite the qualities of an ideal business leader being self-imposed. The idea of associating one's success with luck as opposed to hard work and dedication to the role is a common idea among several imposter syndrome literature, including Suzanne Imes' and Pauline Clance's original work on imposter syndrome from 1978, *The Imposter Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention. Psychotherapy: Theory, Research & Practice*.

Some statements received low reliability from the respondents, while other statements received a high reliability. Statement three, "I compare(d) my ability to co-workers and peers", and statement four, "despite others having confidence in my abilities, I often worry/worried about failing at a project", from the survey garnered the highest responses of 'often true' (23 for statement three and 25 for statement four) and 'very true' (20 for statement three and 17 for statement four). Comparison between peers and co-workers and persistent self-doubt about one's abilities are themes that have been referenced throughout this paper's literature review as common characteristics relating to the presence of imposter syndrome within an individual.

Based on this information extracted from the survey results and other observations of the survey results, a definitive relationship (positive or negative) between the presence of imposter syndrome among residential life live-in/live-on professionals cannot be determined. Responses generally were in the middle, which makes it difficult to say there is or is not a statistically significant relationship between the two subjects of this research. Despite no definitive relationship, some specific points have been taken away from this quantitative research regarding the topic is imposter syndrome and residential life live-in/live-on professionals. Self-comparison to peers and co-workers, as well as self-doubt and a struggle with sustaining self-confidence seem to be prevalent among residential life live-in/live-on professionals that responded to this survey. This may warrant further research into these areas of imposter syndrome within professionals living in or living on campus as they work for residential life for universities and colleges.

Qualitative Interview Responses

The purpose of the interviews was to gather lived experiences of current or former residential life live-in and live-on professionals relating to imposter syndrome to add to the knowledge relating to imposter syndrome within residential life.

Participants

Seven participants were interviewed for this research. Participants varied in positions, including part-time graduate hall directors, full-time entry level hall directors, and mid-level professionals. Participants have been assigned as participant one through participant seven to maintain anonymity. The participants were asked ten questions to help provide insight to their experiences or lack of experiences with imposter syndrome within their residential life

professional roles while living on campus. Five of the seven total interview participants agreed with feeling imposter syndrome within their residential life professional roles more consistently, while the other two participants identified moments of impostorism within their residential life careers, but did not identify as feeling like an imposter consistently. There were three major themes identified within these interviews: lack of understanding, belonging and support, and the waves of imposter syndrome.

Lack of Understanding

Whether the lack of understanding is coming from supervisors, campus partners, or from one's own inexperience within their role, interview participants cited a general lack of understanding of their position or job expectations as a source of their imposter syndrome within their residential life live-in or live-on roles. The roles held within a residence life department is unlike many jobs, so for other departments on campus to truly understand the work that is done in residential life to assist in keeping the institution progressing made some participants in this interview process question their own understanding of their role or residential life. Participant one in their interview discussed feeling as though when other entities on campus outside of residential life push back on residential life procedures, it would make them question their understanding of the department, their role, and how common activities across residential life departments are completed compared to their university, leading to impostorism feelings of not being sure of oneself and their abilities, despite extensive knowledge and experience.

Another exterior influence for not understanding one's position or role within residential life that causes self-doubt and lowered self-confidence is when supervisors are not fully aware of their own employee's positions within the department. Participant two shared that because their supervisor(s) do not understand participant two's position fully and the struggles participant two

faces on a day-to-day basis, how is participant two supposed to feel confident in their ability to serve a community and do what is best for the residents or student staff involved? “When I don’t feel like I’m on the same page as my supervisors, I feel very disconnected, I’m always second-guessing my decisions” participant two shared in their interview. This experience shared by participant two can be directly related to Reed’s 2015 research where she found that the relationship between a supervisor and their employee being positive and maintaining a synergistic dynamic as a means of keeping one from feeling burnout within their role can significantly influence one’s job satisfaction (Reed, 2015)

Looking more intrinsically about lack of understanding, several participants discussed feeling underprepared and as though they don’t fully understand even their own roles within residential life while living on campus, specifically when they first began in their professional role. Participant three within their interview explained feeling as though they are “not qualified to do certain aspects of the job”, specifically relating to leading student staff members or responding to crisis on campus. Another area of lower confidence in one’s ability for participant four is coming from a place of never being taught to teach others. While they are confident in the content being taught to student staff members, participant four talked extensively about feeling as though they were not prepared to be the teach in some situations, such as in student staff training periods. Lacking understanding in these aspects of a live-in and live-on residential life role can influence one confidence in their overall abilities and feeling as though they are not ready or do not belong in this job.

The feeling of not understanding pieces of one’s own role or feeling as though campus partners outside of one’s own perspective or outside department’s perspective may come from a lack of confidence. From the literature review, it is known that low confidence and imposter

syndrome are very closely related, and when there is a lapse in confidence, the ability for imposter syndrome thoughts to sneak through are heightened. Participants in the interview speaking about feeling as though their role is not understood by others or themselves, may stem from a place of low confidence. This low confidence may be in one's own abilities in their role or the confidence others have within the department of residential life/the specific residential life professional staff member. Further research into this area may be needed to make definitive conclusions.

Belonging and Support

Based on the interview participants alone, feeling a sense of belonging and/or having an identified mentor within a residential life professional role is important for one's confidence and development within their role. Every interview participant stated at least one individual that they identified as an influential mentor within their residential life professional journey. These influences ranged from supervisors to assigned faculty advisors to significant others to other professional staff members within their own team and even to student staff members. Molly Belieu found that having a coaching or mentor relationship helped many women within higher education and student affairs feel more confident in their roles and less likely to experience imposter syndrome thoughts (2021).

For participant four, while they did not self-identify as imposter syndrome in their interview, they cited a former supervisor as having an impact on their ability to stay in the field as long as they have due to the supervisor supporting participant four's work-life balance and ability to live a balanced life beyond being a residential life professional living on a college campus. Their supervisor often encouraged participant four to leave the office early if participant four was caught up on work and helping participant four to unlearn somethings that were picked

up from other residential life positions to help participant four feel confident in their job responsibilities wherever they are.

“She was very realistic, ‘I know, you’re getting your work done and I know you’ll do more if I need you to, but if there’s an afternoon that things are quiet, like go home, like do something else’” Participant four explains about their previous supervisor’s outlook on balancing time off. Another area where participant four’s supervisor excelled as a leader was appreciating and highlighting the team’s strengths or the projects they were succeeding at to others. Participant four cites these actions from their previous supervisor as how their wounds healed and their “spirit for res life” had been sparked again following a period of burnout.

While participant five had a unique relationship with leadership within their residential life position, they did share the influence of creatively taking ownership of their work that was imparted on participant five from their previous residential life supervisor. Participant five felt as though this support from their super provided them with a strong foundation to continue building upon in other ways: invigorating students with a community to be engaged, creating their own community from leftovers of another, and transforming the community they led into something larger than it had been. Participant five’s supervisor allowed them to explore those opportunities, ones that they may not have pursued or felt empowered enough to do so before.

In *The Palgrave Handbook of Imposter Syndrome in Higher Education* by Michelle Addison, Maddie Breeze, and Yvette Taylor, they cite a missing sense of belonging within a position as a leading risk factor for developing imposter syndrome (Addison, et al., 2023). From the perspective of interview participant six, sense of belonging on a team is extremely important in feeling confident in one’s abilities to perform within a residential life live-in or live-on role. The positive impact of being able to relate to other new professionals or people who were once

new professionals having similar experiences as a new professional feeling like an imposter is significant for participant six, especially when comparing the experience of a new professional who is missing that sense of belonging and comradery with their team. “If you’re in an environment where...that sense of community is less, and that sense of belonging is less, you’re going to always be questioning yourself...because your peers give you reason to want to question yourself” participant six shares.

Similarly, participant three shares that being able to share experiences with others on their team has helped them to feel less like an imposter through being able to connect with others who are also struggling with a task or job responsibility. “I think a big part of impostor syndrome is thinking that you’re the only one that’s thinking those thoughts. Or it’s like, ‘oh, I’m not capable of doing this’, or ‘I don’t think I’m qualified’, but everyone else in the room is also thinking the same thing. But if you knew that everyone else in the rooms thinking the same thing, you probably wouldn’t be thinking that as much because you’d be like, ‘I’m not alone in this’...”. Participant three goes on to talk about how it has been helpful to be active within regional/national residential life organizations where they can feel that comradery of embracing the unknown with others through online discussion boards no matter where they are in the country or in the world.

Participant seven, while also did not subscribe as an ‘imposter’ within their residential life professional role, spoke about the importance of being a vulnerable leader, whether that is on a student staff or a professional staff team. Having the ability to be vulnerable with your team members, according to participant seven, allows individuals to create strong bonds among one another in traditionally uncomfortable feelings. “...you can bond through the unknown together

so if you are feeling those imposter syndrome things, you have an ally to combat that and that's less daunting for you individually to take on".

Waves of Imposter Syndrome

As discussed in the literature review, imposter syndrome is not something that can be diagnosed and, while many struggle with feelings and thoughts relating to imposter syndrome throughout their life, imposter syndrome is something that does not have to be lifelong (Clanes & Imes, 1978). Coping mechanisms and learning to look at the "facts" versus what our imposter brain is saying aids in the process of creating confidence in one's abilities to perform within any held position or role.

Transition is a breeding ground for individuals to experience increased imposter syndrome characteristics (Belieu, 2021; Kark, et al., 2021; Lane, 2015). All participants, besides Participant five, identified their first year working within Residential Life professionally as a period of heightened imposter syndrome. The experience of learning a new role, shifting into an increased authority position, feeling the need to prove something, establishing community within their assigned residence hall as well as creating connections among the team of professionals are all topics discussed by participants one through four and participants six and seven.

Participant six provided insight into their entry-level professional position regarding transition, calling the role "cyclical" and describing the few intense periods of time as a residential life professional. "I feel like the role is very cyclical, where you have those peaks of activity during openings and closings and training, but since they are relatively unique and intense, you only really have them once or twice a year...even going into like this last August, and this last January...each time I do feel a little bit like I'm not quite the right one to be doing

this”. This anecdote from participant six is particularly interesting, as many residential life professionals know, while these busy times do only happen a few times an academic year, they are without a doubt going to happen every year. To continuously be feeling as though “I’m not the right one to be doing this” year in and year out during student staff trainings, hall openings, hall closings, etc. is going to create burnout and self-doubt within these areas overtime.

Participant two discussed their residential life professional journey starting as an entry-level hall director and transitioning into a mid-level professional role within the same institution. Beginning in their entry-level role, participant two saw improvement in their confidence relating to job responsibilities, specifically when serving on-call for their campus. “When I started out...it was so real of imposter syndrome...it did get better as I went along. I got to a point...where I felt like I very rarely had to call the AOC [administrator on call]. I was confident”. The imposter syndrome feelings for participant two returned once they transitioned into their next role, causing feelings of imposter syndrome to ebb and flow throughout their experience working professionally in residential life. “Once I got into this new position, it's still that progression of I've gotten more confident in making those decisions, but it's still very much a real thing. So, it kind of went in waves”.

Participant five explained a different take that has often not been seen relating to imposter syndrome. Participant five found that they felt less confident throughout their residential life position in comparison to when they first began. Participant five cited their graduate assistant work as a source for feeling confident coming into their first full-time professional role but saw that confidence decreasing in themselves as they worked in their first full-time residential life professional role due to the unexpected high touch nature of the position and self-comparison amongst other entry-level professionals on the team. “I became harder on myself, because I have

a tendency to self-compare...I definitely lost some of that self-confidence as more tasks and projects and kind of managing expectations came up, but I think some of that definitely did come from me seeing how my peers were doing across campus as well”.

Imposter Syndrome Coping Mechanisms and Work-Life Balance. Navigating the waves of imposter syndrome will look different to everyone. Several participants in their interviews expressed areas of their roles where they felt the most confident and did not experience any self-doubt or feelings of imposter syndrome. For participant three, this area was managing building keys. For participant one, when they are feeling the imposter syndrome heavily, their area of confidence that they engage within to manage those imposter feelings is administrative effectiveness in creating policies and procedures for the department to utilize. Participant six feels confident in enhancing student staff skills through experimental styles of development. These are all areas where the participants can engage within and feel confident, and that no matter who makes them feel like an imposter (intrinsically or extrinsically), they are able to perform and feel the best that they can within their roles.

Participant seven shared a coping strategy that works to benefit themselves as well as support the newer professionals on a team who may be experiencing that first wave of imposter syndrome. “I am someone who like asks questions immediately when I don't understand something. And I've gotten a lot better since when I first started...I also noticed that on teams that are mostly newer [staff], I will ask questions...even if I don't have the question because I think if you have somebody who is willing to ask those questions or lead by example, it's easier for you to feel like you can too”. This anecdote of being a vulnerable leader and leading by example for newer professionals in the field was mentioned by other interview participants as well.

Having the self-control to not allow oneself to allow work to consume their off days is another method of maintaining work life balance that was discussed during several interviews. Participant three expressed leaving their work laptop in their office when it is the end of the day or when they will be out of the office to refrain from responding to emails or working on a project. Furthermore, participant three explained that sticking to work hours, even if other people are working beyond those hours has been helpful in their work-life balance journey. Participant six explained their institution's use of a discord server has been challenging for participant six to practice work-life balance as they use discord for personal purposes. "I went from checking that discord, reading any messages that come through to if I hear something on 5pm on Friday, that means it's going to sit there until I get back in the office on Monday. And if it's really an emergency, I will hear about it through other means elsewhere".

Many of the interview participants explained that a means to separate their work life and personal life in a role where they can quickly become intertwined is by setting more physical boundaries with their student staff and building residents. "I do not spend a lot of time with them [student staff] outside of work capacities...I don't let students into my apartment...student staff have dropped off stuff for me before...and I'll be like, 'oh, this is my apartment', small things like that, but I have never had them [student staff] over" participant four shares about their work and personal relationships with student staff leaders on their team. Similarly, participant two said, "...you don't want to see your neighbors, you don't want to see the people who you supervise on the daily...my staff knows don't knock on my apartment...if you need something from me I always say you can text me but if it's after hours, don't expect a response" which helps them maintain clear boundaries of personal life and professional life with the student staff on their team.

Several specific job responsibilities emerged from the interviews with the participants: responding to crisis on campus, leading student staff trainings, and leading a team of student staff members were among the most common. Some themes also emerged from these interviews, the three most prevalent themes being an internal and external lack of understanding the purpose and/or responsibilities of the residential life professional's role, the influence of belonging and support among a residential life team, and the fluctuating nature of one's experience with imposter syndrome. Imposter syndrome for the participants of this survey comes in waves during specific times or relating to specific job responsibilities, but getting off campus, working in areas one feels the most confident in, and bonding with others in the field over shared experiences were some of the coping mechanisms and work-life balance practices discussed as a means of addressing the imposter syndrome when it occurs. Vulnerability and speaking about experiences with imposter syndrome with others on one's team was also explored among some of the interview participants to help others, mainly new professionals, feel empowered and confident to eliminate imposter syndrome within their positions in residential life.

Chapter Five: Conclusion and Recommendations

This research set out to answer two questions pertinent to developing knowledge of imposter syndrome and residential life professionals working in a live-in or live-on capacity. The first research question, ‘what is the statistical significance of imposter syndrome in residential life professionals in a live-in or live-on role?’, aimed to explore a potential relationship between imposter syndrome and residential life live-in/live-on professionals. Based on the information collected through the online survey, a definitive conclusion cannot be made to support or not support a relationship between residential life live-in/live-on professionals and imposter syndrome. The distributed survey provided ambiguous results that landed more in the middle than towards confirming or denying the statistically significant presence of imposter syndrome in residential life live-in/live-on professionals. Further research relating to this question is warranted to gather a more precise answer to this research question. Narrowing the research question further may elicit more concise results, such as exploring imposter syndrome’s relationship with specific residential life live-in/live-on roles or key demographics of residential life professionals.

The second research question, ‘how has imposter syndrome influenced the professional and personal lives of individuals who currently are or have lived-in or lived-on in a professional residential life role?’, was answered through the interviews conducted as part of this research. Interviews provided insight into the “cyclical” nature of residential life professional live-in/live-on staff as imposter thoughts and feelings often come in waves as opposed to be persistent in their careers. The support of co-workers, peers, and supervisors is a key factor in gaining confidence and keeping imposter thoughts at bay for this group of residential life professionals, specifically when looking at the sense of belonging on a team or within a community. Work-life

balance is a difficult subject for individuals in live-in/live-on positions within residential life, often provoking a laugh or a lament sigh from the interview participants. While difficult to manage, all interview participants were able to identify the best strategy for them to practice balancing their work lives and personal lives. Getting off campus, participating in non-work-related hobbies, words of affirmation, and seeking out reassurance in shared experiences from others were among the common work-life balance methods. An interesting trend of discussing the influence of appreciation among residential life departments emerged from this research and may be cause for further investigation of a future work relating to the field of imposter syndrome.

Limitations within this research were present throughout the process. Time constraints in completing the research was the most pressing and influential limitation for this research. With more time to conduct a more thorough deep dive into these topics may have allotted a clearer direction for the prevalence of imposter syndrome in residential life live-in/live-on professionals. The significant lack of prior research into a relationship between residential life live-in/live-on professionals and imposter syndrome also presented as a limitation, making it difficult to compare to where other researchers may have found important details or data within their studies.

This research filled a gap within higher education and student affairs research, as well as imposter syndrome research, that had yet to be fully explored. From the information extracted in the literature review, these findings are not inconsistent with research that was adjacent to these research topics, but no article or previous research was closely related to this one to offer a fair comparison to. This research also found an important connection between supportive supervisors/mentors and the development of confidence to diminish imposter thoughts, such as

Molly Belieu's research concluded (2021). The conclusions of a statistically significant relationship between imposter syndrome and transition studied by Jeffery Arnett (2000), Joel Lane (2015), Julia Morgan (2015), Herminia Ibarra and Otilia Obodaru, and Ronit Kark with other contributors (2021) was consistent within this research.

Several areas for further study were observed during the completion of this research. Due to the enigmatic results of this survey research, considering a less broad and a more specified research question that posits a relationship between imposter syndrome and residential life live-in/live-on professionals is warranted for definitive answers. While there is more knowledge of the influence imposter syndrome has on live-in/live-on residential life professionals, the influence of appreciation efforts in relation to imposter syndrome was uncovered and would add to the preexisting knowledge of imposter syndrome and residential life professionals working in a live-in/live-on capacity.

While the research survey resulted in no definitive statically significant relationship between imposter syndrome and live-in/live-on residential life professionals, it can be observed that imposter syndrome is present among some residential life professionals who work and live among their residents, student leaders, and peers. Leaders within residential life, from entry level hall directors to executive level director positions in a residential life department, should be aware of the risk factors, warning signs, and characteristics of imposter syndrome among the individuals they lead and within themselves. When leaders have vulnerable and honest conversations with others on their teams, the ability to identify and confront imposter syndrome can be less daunting for those who may be experiencing it. Leading by example through the unknown of struggles with self-confidence, doubt, and lack of understanding can create a trust bond among team members who are living and working so close with one another.

This research can aid as a baseline understanding of the presence of imposter syndrome among residential life professionals. Future researchers can engage with this work by expanding the understanding of the relationship between residential life live-in and live-on professionals and imposter syndrome and utilizing the information presented in this paper. Residential life professionals, new or established, can find comfort in this research through the shared experiences and vulnerability of the interview participants that discussed the details of their relationship with imposter syndrome.

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Appendix A

Raw data from imposter syndrome and residential life live-in/live-on professional staff survey

Figure A1

Are you currently or were you previously in a live-in/live-on professional role with residential life?

Role	Count
Currently	50 (71.83%)
Previously	20 (28.17%)

Figure A2

How long have you been living-in/living-on?

Length of time	Count
0-3 Years	22 (45.10%)
4-6 Years	10 (19.61%)
7-9 Years	6 (11.76%)
10+ Years	12 (23.53%)

Figure A3

How long were you living-in/living-on in your last live-in/live-on role?

Length of time	Count
0-3 Years	10 (50%)
4-6 Years	6 (30%)
7-9 Years	1 (5%)
10+ Years	3 (15%)

Figure A4

How long ago were you living-in/living-on in your last live-in/live-on role?

Length of time	Count
0-3 Years	12 (60%)
4-6 Years	4 (20%)
7-9 Years	1 (5%)
10+ Years	3 (15%)

Figure A5

What is the type of institution you are/were a live-in/live-on professional? [multiple choice]

Type	Count
Public	45 (33.83%)
Private	32 (24.06%)
2-year	1 (0.75%)
4-year	49 (36.84%)
Other (please specify)	6 (4.51%)

Figure A6

What is the location of the institution you are/were a live-in/live-on professional?

Type	Count
Rural	24 (33.80%)
4-6 Years	34 (47.89%)
7-9 Years	13 (18.31%)

Figure A7

How many students, on average, live on campus in university managed housing at your current/previous institution where you are/were a live-in/live-on professional?

Number of students	Count
Less than 1,000	14 (19.72%)
1,001 – 3,000	31 (43.66%)
3,001 – 5,000	9 (12.68%)
5,001 – 7,000	7 (9.86%)
7,001 – 9,000	5 (7.04%)
9,000+	5 (7.04%)

Figure A8

I give/gave the impression that I'm more competent than I really am.

Response	All	Currently	Previously
Not true at all (1)	8 (11.43%)	4 (8%)	4 (20%)
Rarely true (2)	17 (24.29%)	15 (30%)	2 (10%)
Sometimes true (3)	33 (47.14%)	24 (48%)	9 (45%)
Often true (4)	10 (14.29%)	5 (10%)	5 (25%)
Very true (5)	2 (2.86%)	2 (4%)	0 (0%)
Average response	2.73	2.72	2.75

Figure A9

I dread(ed) evaluations as I fear(ed) others evaluating me.

Response	All	Currently	Previously
Not true at all (1)	10 (14.29%)	7 (14%)	3 (15%)
Rarely true (2)	15 (21.43%)	12 (24%)	3 (15%)
Sometimes true (3)	23 (32.86%)	15 (30%)	8 (40%)
Often true (4)	10 (14.29%)	8 (16%)	2 (10%)
Very true (5)	12 (17.14%)	8 (16%)	4 (20%)
Average response	2.99	2.96	3.05

Figure A10

I compare(d) my ability to co-workers and peers.

Response	All	Currently	Previously
Not true at all (1)	5 (7.25%)	3 (6.12%)	2 (10%)
Rarely true (2)	6 (8.70%)	5 (10.20%)	1 (5%)
Sometimes true (3)	15 (21.74%)	11 (22.45%)	4 (20%)
Often true (4)	23 (33.33%)	15 (30.61%)	8 (40%)
Very true (5)	20 (28.99%)	15 (30.61%)	5 (25%)
Average response	3.68	3.69	3.65

Figure A11

Despite others having confidence in my abilities, I often worry/worried about failing at a project.

Response	All	Currently	Previously
Not true at all (1)	6 (8.57%)	4 (8%)	2 (10%)
Rarely true (2)	11 (15.71%)	9 (18%)	2 (10%)
Sometimes true (3)	11 (15.71%)	9 (18%)	2 (10%)
Often true (4)	25 (35.71%)	16 (32%)	9 (45%)
Very true (5)	17 (24.29%)	12 (24%)	5 (25%)
Average response	3.51	3.46	3.65

Figure A12

If I am not “the best” or at least “very special” in my role, I feel/felt bad or discouraged.

Response	All	Currently	Previously
Not true at all (1)	7 (10%)	3 (6%)	4 (20%)
Rarely true (2)	5 (7.14%)	4 (8%)	1 (5%)
Sometimes true (3)	24 (34.29%)	17 (34%)	7 (35%)
Often true (4)	26 (37.14%)	21 (42%)	5 (25%)
Very true (5)	8 (11.43%)	5 (10%)	3 (15%)
Average response	3.33	3.42	3.10

Figure A13

If I'm going to/was going to receive a promotion or gain recognition, I hesitate(d) to tell others until it is/was definite.

Response	All	Currently	Previously
Not true at all (1)	4 (5.71%)	3 (6%)	1 (5%)
Rarely true (2)	7 (10%)	5 (10%)	2 (10%)
Sometimes true (3)	14 (20%)	7 (14%)	7 (35%)
Often true (4)	22 (31.43%)	16 (32%)	6 (30%)
Very true (5)	23 (32.86%)	19 (38%)	4 (20%)
Average response	3.76	3.86	3.50

Figure A14

At this point, I feel as though I should have accomplished much more.

Response	All	Currently	Previously
Not true at all (1)	9 (12.86%)	6 (12%)	3 (15%)
Rarely true (2)	12 (17.14%)	9 (18%)	3 (15%)
Sometimes true (3)	18 (25.71%)	13 (26%)	5 (25%)
Often true (4)	14 (20%)	9 (18%)	5 (25%)
Very true (5)	17 (24.29%)	13 (26%)	4 (20%)
Average response	3.26	3.28	3.20

Figure A15

When responding on call (if applicable), I doubt(ed) my knowledge about policies/procedures and/or my ability to address student concerns and behaviors effectively.

Response	All	Currently	Previously
Not true at all (1)	6 (8.57%)	2 (4%)	4 (20%)
Rarely true (2)	21 (30%)	13 (26%)	8 (40%)
Sometimes true (3)	18 (25.71%)	15 (30%)	3 (15%)
Often true (4)	17 (24.29%)	15 (30%)	2 (10%)
Very true (5)	8 (11.43%)	5 (10%)	3 (15%)
Average response	3	3.16	2.60

Figure A16

I feel/felt as though success within my role is/was due to luck.

Response	All	Currently	Previously
Not true at all (1)	22 (31.43%)	16 (32%)	6 (30%)
Rarely true (2)	15 (21.43%)	12 (24%)	3 (15%)
Sometimes true (3)	20 (28.57%)	15 (30%)	5 (25%)
Often true (4)	10 (14.29%)	5 (10%)	5 (25%)
Very true (5)	3 (4.29%)	2 (4%)	1 (5%)
Average response	2.39	2.30	2.60

Figure A17

I fear(ed) that peers and/or supervisors would discover how much knowledge and ability I really lack(ed).

Response	All	Currently	Previously
Not true at all (1)	19 (27.14%)	13 (26%)	6 (30%)
Rarely true (2)	14 (20%)	12 (24%)	2 (10%)
Sometimes true (3)	20 (28.57%)	14 (28%)	6 (30%)
Often true (4)	10 (14.29%)	5 (10%)	5 (25%)
Very true (5)	7 (10%)	6 (12%)	1 (5%)
Average response	2.60	2.58	2.65

Figure A18

I struggle(d) to accept compliments and praise about my accomplishments/abilities.

Response	All	Currently	Previously
Not true at all (1)	3 (4.29%)	2 (4%)	1 (5%)
Rarely true (2)	12 (17.14%)	8 (16%)	4 (20%)
Sometimes true (3)	10 (27.14%)	15 (30%)	4 (20%)
Often true (4)	20 (28.57%)	13 (26%)	7 (35%)
Very true (5)	16 (22.86%)	12 (24%)	4 (20%)
Average response	3.49	3.50	3.45

Figure A19

I have not pursued opportunities to develop my abilities because I fear(ed) I would not meet my self-imposed expectations.

Response	All	Currently	Previously
Not true at all (1)	19 (27.14%)	14 (28%)	5 (25%)
Rarely true (2)	19 (27.14%)	15 (30%)	4 (20%)
Sometimes true (3)	12 (17.14%)	8 (16%)	4 (20%)
Often true (4)	15 (21.43%)	9 (18%)	6 (30%)
Very true (5)	5 (7.14%)	4 (8%)	1 (5%)
Average response	2.54	2.48	2.70

Figure A20

I avoid(ed) applying for new positions or promotions because I do/did not think I am qualified.

Response	All	Currently	Previously
Not true at all (1)	17 (24.29%)	15 (30%)	2 (10%)
Rarely true (2)	16 (22.86%)	11 (22%)	5 (25%)
Sometimes true (3)	11 (15.71%)	7 (14%)	4 (20%)
Often true (4)	18 (25.71%)	11 (22%)	7 (35%)
Very true (5)	8 (11.43%)	6 (12%)	2 (10%)
Average response	2.77	2.64	3.10

Appendix B

Interview script and questions for residential life live-in/live-on professionals.

Thank you for taking the time to participate in this interview with me about imposter syndrome related to being a professional live-in/live-on residential life staff member. This interview explores the relationship between imposter syndrome and residential life professionals who are or have worked in a live-in or live-on capacity. Responses from this interview will support research for my final capstone research paper as part of the Master of Science in Leadership program through the University of New Hampshire.

Imposter syndrome, or imposter phenomenon, was first coined by Pauline Clance and Suzanne Imes in the late 1970s. Imposter syndrome is a psychological phenomenon where individuals experience chronic feelings of phoniness and as though one is out of place. People effected by imposter syndrome describe feeling as though they are not as intelligent or as capable as others perceive them, so they fear being “found out” as an imposter. Imposter syndrome can present itself in one's personal and/or professional life (Huecker, et al., 2023).

Characteristics of imposter syndrome include self-doubt regarding one’s capabilities, fear of success or failure, feelings of fraudulence or inadequacy, perfectionism, denial and/or failure to internalize competencies/accolades/achievements/successes, feeling the need to be the best, anxiety, depression, and burnout. There are many potential causes of imposter syndrome, such as low self-esteem or self-confidence, familial dynamics, environment, and more (Huecker, et al., 2023).

1. Has imposter syndrome affected your current or previous career as a live-in/live-on residential life professional? What are some things you may have done differently if you had not had imposter feelings and thoughts?
2. Thinking about imposter syndrome and living in or living on as a residential life professional, are/were there specific job responsibilities that caused you to feel the most like an imposter?
3. When you first began in your live-in/live-on role, did you experience more feelings or thoughts related to imposter syndrome as you transitioned into your role? How did those feelings evolve as you learned?
4. In your current or previous live-in/live-on residential life role, did having a sense of belonging play a role in your position? Why does or doesn't feeling like you belong matter? What does belonging enable you to do at work?
5. Have you experienced feelings of burnout that led to thoughts relating to imposter syndrome?
6. As a leader, how have you encouraged others to thrive in their positions despite them feeling like an imposter while experiencing imposter syndrome yourself?
7. Has there been a mentor or individual that has positively impacted your confidence within your current or previous residential life professional position?
8. What boundaries do/did you have in place to maintain work-life balance while living-in/living on?
9. How does it make you feel when you imagine your imposter voice as a part of you, but not all of you? Does that help you reframe the way you think about imposter syndrome?

10. Have you identified any strategies or coping mechanisms that help you to manage feeling like an imposter? What has been the most effective?