

FEARLESS

The Legacy of Insufficiency

We can't out-achieve imposter syndrome, but we can break the cycle.

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I have a confession. Earlier in my career, I stepped into environments where I should have felt a sense of belonging: graduation stages, surgical suites, board-rooms. Yet in many of these settings, imposter syndrome reared its ugly head. I lived in fear that someone would imply what I had long carried silently: that I wasn't enough, that I had succeeded by luck, or that one difficult question could expose all my insecurities.

For many years, I thought that feeling was my own personal flaw I kept hidden behind good grades, successful outcomes, and a calm voice in crises. However, as I began to have open conversations with colleagues I deeply respect, many of whom I had assumed never doubted themselves, I realized I was wrong about all of them. My coach refers to this as the legacy of insufficiency, and it's one of the most significant yet under-discussed inheritances in our field.

The People Who Look the Most Successful

Here's what makes it so hard to see. The people carrying this feeling aren't struggling in any way the world can measure. We got into veterinary school when many applicants didn't. We passed our boards, built practices, led teams, mentored, raised families, and somehow kept 10 plates spinning at once. From the outside, we look like the very definition of more than enough.

But that's precisely the trap. The gap between how competent we appear and how competent we feel doesn't close with achievement. Instead, it often widens. Every new milestone, from the second hospital to the strong quarter to the industry award, seems to become evidence not of our ability but of how good we've become at fooling everyone.

I've heard this voice from owners who just signed on for their second location, from medical directors whose teams would follow them anywhere, and from executives who seem to command every room they enter. The data indicates that no one is immune. In a 2020 survey conducted by Dr. Lori Kogan, approximately 68% of practicing veterinarians reported feeling the imposter phenomenon, the persistent feeling that their success is undeserved and that exposure is just around the corner. A related study showed a similar trend among veterinary students, medical directors, and faculty. When two-thirds of a profession secretly believe they're fooling everyone, this isn't about individual shortcomings. It's a shared legacy.

Where It Comes From

I don't think we're born into insufficiency. I think we're trained into it, lovingly and unintentionally, by the very system that produces excellent veterinarians. Consider who we select for veterinary schools: the students who never made a B they could shrug

off, the ones for whom 98% felt like failure. Then we put them through a decade of training built almost entirely on shaping clinical detectives always looking for what's wrong.

Our constant academic vigilance helps patients but can also lead to that persistent mindset outside the clinical setting. The same internal critic that guards patient safety during late nights also judges us at other times. Research shows that perfectionism is a strong predictor of imposter syndrome and mental health issues among medical and veterinary professionals. While this carefulness maintains high standards, it can also cause us emotional distress.

Why This Belongs on Your Leadership Agenda

But the stakes are serious because it's more than just discomfort. The Centers for Disease Control reports that female veterinarians are approximately three-and-a-half times more likely — and male veterinarians about twice as likely — to die by suicide compared to the general population. In a large survey, roughly one in six American veterinarians said they have considered suicide since graduation.

The Merck Animal Health well-being studies consistently show that distress is especially prevalent among women and those under 45 — the very individuals our hospitals depend on most. Recent research on veterinary teams indicates that technicians and support staff experience distress at even higher rates than the veterinarians they support.

I don't share those numbers to scare anyone. I share them because when two-thirds of a profession believe they aren't good enough, and that same profession carries some of the highest suicide risk in medicine, we aren't looking at a coincidence. For those of us who own or lead hospitals, this is not only a wellness issue. It shapes who stays, who leaves, who speaks up

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about a mistake, and who quietly burns out while looking completely fine.

Three Ways to Interrupt the Story

Another confession: I'm not writing this as someone who has solved it. I'm writing as someone who practices the following three things imperfectly most days. But they've changed how I lead and how I live, and I've watched them change hospitals when leaders were brave enough to try them.

1 Name It Aloud

Impostor feelings thrive on secrecy. They convince each of us that we're the only impostor in a room full of genuinely competent people. When someone with authority, such as the owner, the medical director, or the CEO, says, "I feel this too, and I'm still here, still contributing," the spell weakens for everyone listening. Vulnerability from the top isn't a liability. It's bravery.

2 Distinguish Between the Standard and the Self

We can maintain exceptional clinical and business standards without viewing a challenging case, a lost patient, or a tough quarter as a reflection of our value. High standards reflect our respect for patients and teams, while self-critique leads us to lose the people who uphold those standards. Many of us adopted these standards during our time in practice, but they aren't part of who we are.

3 Foster Cultures Where Competence and Self-Compassion Coexist

Prioritize mentorship, evaluate individuals based on their growth rather than perceived perfection, and create teams where seeking help is seen as a sign of maturity rather than weakness. Hospitals that succeed in this approach won't just become more compassionate workplaces; they'll also retain their top talent longer. In a field experiencing significant workforce challenges, this is a strategic advantage.

The Legacy We Hand Down

I titled this the legacy of insufficiency because a legacy is something handed down, and anything handed down can be handed differently. We inherited a story that says our worth is always one mistake away from collapse. We don't have to pass it on unchanged.

I still hear the old voice inside of me some days, and I suspect I always will. But I've stopped believing it tells the truth, and I've started telling a different story to those coming up behind me. Veterinarians are careful people in an extremely demanding profession, and the very sensitivity that makes us doubt ourselves is part of what makes us good at this. **TVB**