LETTER

Underestimation in Self-Assessment

To the Editor: Thank you to Dr. Karpen for the review article “The Social Psychology of Biased Self-Assessment.”¹ It brought to light many aspects of the biases in self-evaluation that educators should consider, including self-serving bias, biased hypothesis testing, and biased recall. Although the author did an exceptional job of outlining the importance of acknowledging and counteracting the types of biases, there are other circumstances to consider in self-assessments.

While the biases mentioned in this article led to an inflation in self-assessments, there are other populations that do not enhance self-evaluations. The author briefly discussed that those who are diagnosed with clinical depression appear to assess themselves accurately, which is contrary to what one might expect from this population.²⁻⁴ However, populations that underestimate their self-assessments were not included. Modesty bias, the opposite of self-serving bias, is when individuals attribute failure to internal factors and success to situational factors. Modesty bias arises when individuals minimize their abilities in an effort to not draw attention to themselves and prevent others from feeling inferior.⁵ For example, many immigrants from Asian countries can have a more collectivist attitude, giving emphasis to a group over the individuals in it, which favors modesty bias over self-serving bias.^{6,7} These individuals will often also avoid the positive end of a Likert-type scale to remain modest about their competencies.⁸

Additionally, imposter syndrome, when learners are unable to internalize their successes, can lead to self-doubt and lower assessments of individual abilities.⁹ While there is little research on how imposter syndrome can affect self-assessments, students in higher education are at an increased risk of having imposter-like feelings, making this a possible bias to consider.¹⁰ It is important to recognize that studies have shown that females are more likely to experience imposter syndrome compared to males.¹¹ This is of particular interest to the pharmacy community, since, according to the American Association of Colleges of Pharmacy (AACP), 62.5% of the 63,087 pharmacy students enrolled in Fall 2017 were females.¹² Additionally, another subset of the population that is considered to be at high risk for imposter syndrome is Asian Americans, who, in Fall 2017, made up the second most common ethnicity among enrolled pharmacy students, according to AACP, at approximately 25% of enrollees.^{12,13} Of the 15,970 Asian Americans enrolled in a Doctor of Pharmacy program in the United States in 2017, approximately 63% of them were females.¹² With large proportions of pharmacy students being part of these two

demographic groups, this is a bias that educators will encounter frequently and should be prepared to counteract.

An individual's impression of his or her abilities has a considerable impact on how they approach patient care. It is vital for educators to assess where on the spectrum of bias a learner falls: inflating, accurately assessing, or deflating. To develop effective practitioners, educators need to be cognizant of the many biases involved in self-assessments and adapt to them accordingly.

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