Stress and Well-Being in Trainee Clinical Psychologists: A Qualitative Analysis

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Abstract

Stress levels among trainee clinical psychologists have been investigated in a number of previous studies and found to be high. The present investigation, using a qualitative analysis, consists of two related studies and was carried out with the aim of investigating the context within which stress occurs rather than just quantifying its presence. Studies 1 and 2 comprise an Interpretative Phenomenological Analysis of interviews with trainees from two different UK-based training Programmes.

The results of the present studies allow for a more fine-grained interpretation of the contextual nature of stress in the lives of trainees. Despite high workloads, constant evaluation and feelings of inadequacy, the majority of trainees show significant levels of resilience and are able to maintain a healthy work-life balance. This resilience entailed using aspects of adaptive coping, adaptive health practices, emotional competence, and social support.

The role of clinical supervisors emerged as highly salient in this investigation and ongoing supervisor training is crucial in helping supervisors increase their role as a source of support and protection for trainees, while, at the same time, placing appropriate demands on them as part of their clinical training.

Interventions to address the perception of being an imposter or fraud could reduce the perceived need for trainees to overcompensate for perceived inadequacies by misplaced perfectionism are suggested by this investigation.

Key words: Stress; Resilience; Trainee Clinical Psychologists; Occupational Health

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Findings from a series of investigations consistently show high levels of stress in healthcare workers across a variety of professions (Glickauf-Hughes & Mehlman, 1995). There are many studies focusing on stress in clinical psychologists and many have concluded that the stress levels in this profession are particularly high (Kelly, Goldberg, Fiske and Kilkowski, 1978).

The Kelly et al. (1978) study was one of the first papers to examine stress in clinical psychologists and made somewhat depressing reading. In the USA, Kelly, Goldberg, Fiske and Kilkowski (1978) published a paper in the American Psychologist entitled "*Twenty-five years later: A follow-up study of graduate students in clinical psychology assessed in the VA selection research project"*. Kelly and colleagues had initially interviewed almost all the 195 clinical psychologists who had graduated in the USA in 1947 and 1948. When the research was initially published in 1951 it showed that the newly qualified clinical psychologists were stressed, not content with their working conditions, and less than two thirds would enter the field of clinical psychology training if they had their time over again. When followed up ten years later, Kelly and Goldberg (1959) found that the majority remained dissatisfied with their initial vocational choices. This ten-year follow-up paper was widely cited and gave the clear impression that clinical psychology was not the glamorous, exciting job that was portrayed in films and magazines in post-war America, but was rather a depressing and stressful occupation that was unendorsed by many of its own practitioners.

Therefore, when Kelly et al. undertook the 25-year follow-up of the original participants, the results were eagerly awaited. Unfortunately, the results were marginally worse than 15 years previously. As the authors themselves noted:

> *"…the present data indicate that nearly one in two clinical psychologists who entered graduate school in 1947 and 1948 are sufficiently dissatisfied with their profession that they would not re-enter it if they were to live their lives again" (p. 752).*

The development of the profession of clinical psychology in the UK was somewhat slower than in the USA, and it was not until 1994 that the first comparable study of clinical psychologists in the UK was published. Cushway and Tyler (1994) interviewed 101 British clinical psychologists by means of a postal survey that included a stress questionnaire, a coping questionnaire and the General Health Questionnaire (GHQ).

In the UK, a systematic review focusing on seven studies examining stress in clinical psychologists employed in the National Health Service (NHS) concluded that many NHS clinical psychologists were experiencing high levels of stress (Hannigan, Edwards, & Burnard, 2004). One of these studies (Crowley & Advi, 1999) described how clinical psychologists felt "stuck," "overwhelmed," and "incompetent" in their work. Another (Berkowitz, 1987) identified self-doubt as a main determinant of stress in this population.

Probably the most frequently cited investigation into stress in trainee clinical psychologists in the UK was undertaken by Cushway in 1992. She undertook a postal survey of 287 clinical psychology trainees and found that 59 percent of them reported psychological distress. Three-quarters of the trainees reported that they were moderately or very stressed as a result of clinical training. These levels of distress were reported to be higher than other comparable professions.

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Later investigations confirmed these findings. In 1994, Cushway and Tyler interviewed 101 British clinical psychologists by means of a postal survey that included a stress questionnaire, a coping questionnaire and the General Health Questionnaire (GHQ). Results show that trainee clinical psychologists reported more stress than their qualified counterparts, but that very high overall levels of stress were reported. Three quarters of the respondents reported being either ‘‘moderately’’ or ‘‘very’’ stressed (Cushway & Tyler, 1994). Cushway and colleagues carried out a number of further studies in the area (e.g. Cushway, Tyler, & Nolan, 1996) and later reviewed their own and others’ studies and related the findings to the existing American literature (Cushway & Tyler, 1996). They confirmed their own initial findings that clinical psychologists and trainee clinical psychologists in particular, were experiencing significant levels of distress. Over half of the participants reported that “too much work” was the highest source of stress. Other frequently mentioned stressors included “poor quality of management”, having “too many different things to do”, and having insufficient resources.

The present investigation was designed to explore these issues in more details and, in order to achieve this, took a more detailed focus using qualitative methodology with smaller numbers of participants. What the existing literature lacks is the ability to contextualise the reported stress within the overall lived experience of the trainees. Put more simply, previous research has asked trainees to complete questionnaires about whether or not stress exists in their lives and has attempted to quantify the results in terms of numbers and percentages. What such numbers and percentages lack is a context. As researchers, if all we ask about is stress, then all we will find is either the presence or absence of stress. If, on the other hand, we ask more detailed questions about the wider context within which such stress might occur, then we open the research question more widely. In this way, it was hoped that the context of any specific stressors could be explored in more detail. Two studies were undertaken, both involving a series of face to face interviews with a small number of participants from two different UK-based training Programmes. Study 1 interviewed six trainees and Study 2 interviewed 10 trainees. There were two innovations in the methodology used in the current investigation which were included to make the studies more robust: the first related to the interview protocol and the second to an internal replication involving a second study.

Interview protocol

An important feature of the chosen emphasis on researching the context of stress, as opposed to its presence or absence, was the decision not to include questions directly relating to the trainees' experience of stress. For this reason, the word 'stress' was explicitly excluded from the questions in the interview protocol. Instead, the trainees were asked a series of questions about their lives as clinical psychologists. Whether or not the trainees would mention stressful experiences was a key part of the investigation strategy. The researcher did not want to replicate previous research and simply asked about the presence or absence of stressful experiences. If, however, the participants spontaneously mentioned such experiences, then the context within which these experiences were discussed would form a central part of the research findings. It was, of course, equally possible that the participants would not mention stress at all. In the context of previous research, this itself would be an interesting finding. The specific questions asked in the interviews are detailed in Appendix 1.

Internal Replication

It is rare in the field of qualitative research to directly replicate findings and yet

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without such replication, it is difficult to generalise beyond the small sample surveyed. For this reason, within a few weeks of completing Study 1, we undertook a second study in a different University in the UK but using the same methodology and interview protocol. We were interested to see if similar themes would emerge across the two studies. If that were to be the case, then we would be more confident that our findings were not specific to a particular cohort of students or a particular University.

Qualitative Analysis

The research methodology presented in this paper was Interpretative Phenomenological Analysis - IPA (Smith, 1996; Smith, Jarman, & Osborn, 1999). As a form of phenomenological methodology, IPA acknowledges that people do not passively perceive events, but that they develop an understanding of events by forming stories that make sense to them. Whilst recognising that direct access to participants' worlds is unachievable, insights can only be gained by interpretations of this world. In doing this, it is also recognised that the researcher's interpretations of this insider perspective are influenced by the researcher's own thoughts and understanding. Rather than being viewed as biasing, these factors are seen as requirements for interpreting and making sense of someone else's experiences, as long as inferences are made with recognition of participants' contextual and cultural context (Reid, Flowers & Larkin, 2005).

IPA is a relatively recent approach developed specifically within psychology and tries to understand the experiences an individual has in life, how they make sense of them, and what meanings those experiences hold (Smith & Osborn, 2004). It is therefore linked with empathic and questioning hermeneutics where the focus is not on how perception of events is consistent to an external reality, but instead on the diverse ways that people experience and interpret events (Denzin & Lincoln, 2000). This methodology recognises the complexity between what people say and what they think and feel in terms of the relationship between the two. Hermeneutics is concerned with the process of using language to make experience understandable or comprehensible.

Within the hermeneutic interview, the researcher introduces themes, but it is the participant's views and responses that are important and these should not be constrained in any way by the researcher. Interpretation depends on the insight, openness and patience of the researcher. IPA adopts an interpretative approach to analysis that acknowledges that the research process is a dynamic one involving two stages of interpretation.

Firstly, participants attempt to make sense of their experiences (the first hermeneutic), and then the researcher attempts to make sense of, and interpret, the participants' sense of their experiences (the second hermeneutic). The techniques in this form of qualitative research allow the researcher to establish a clearer and richer estimate of reasons, meaning and circumstances of a given phenomenon. This phenomenon is known as a double hermeneutic (Smith & Osborn, 2004). Whilst acknowledging that one cannot obtain direct access to participants' worlds, the role of the researcher is to engage with participants' accounts in such a way that an ‘‘insider perspective’’ is obtained.

Study 1

Participants

Participants were six trainee clinical psychologists attending a clinical psychology training programme in the UK. The participants comprised two males and four females with an average age of twenty-

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eight. They were at varying stages of the three-year postgraduate training process ranging from one first-year trainee, two second-year trainees and three third-year trainees.

Once ethics approval for the investigation was granted, all trainees on the Programme were contacted by email providing them with an information sheet and inviting them to opt into the study. Individual trainees subsequently contacted the researcher and individual interviews were arranged.

The duration of the interviews ranged between 30 minutes and 45 minutes, and the researcher (DET) conducted the interviews over a two-day period. Interviews were tape recorded and subsequently transcribed. Participants were given the opportunity to ask questions about the study on completion of the interview and were also given the opportunity to request a written summary of the findings of the research. The interviews were digitally recorded and were later transcribed. For confidentiality purposes transcripts were rendered anonymous and, once transcribed, the digital recordings were destroyed. Once all the interviews had been transcribed the transcripts were read and coded by the researchers.

Analysis

Each transcript was read in detail and the left-hand margin of the page was used to record initial ideas and labels that highlighted specific points to summarise or paraphrase responses, thus making connections and interpretations, and aided development in familiarity of the data. Each transcript was then re-read and, in the right-hand margin, emerging concepts and more abstract categories were recorded. These concepts represented the beginning of the conceptualisation process.

As data accumulated and concepts became more developed, greater differentiation within categories was possible and three major themes were ultimately produced. From the texts, a list of concepts arose from the interpretive phenomenological analysis of the participants' perceptions and accounts of stress. Each theme was considered in relation to individual transcripts, and was confirmed or modified in relation to previous themes and instances of overlap or deviation. Consistent with the IPA approach, themes were not necessarily selected due to predominating influence but rather in relation to the richness of the participant accounts.

A number of strategies were employed to ensure the credibility of the qualitative analysis. Brief field notes were made immediately after each interview, summarising the investigator's initial impressions and key points relating to each individual interview. These field notes were used to develop a reflective log. This log outlined the researcher's reflections and interpretations of what had been addressed during the interview session, and was referred to during the data analysis. Finally, an external auditor made credibility checks to ensure that the analytical interpretations were identifiable from the data.

Results: Study 1

The results showed that during the interview process stress did emerge from the responses of the participants, without them being directly questioned on the matter. This allowed the researcher to interpret the context in which the phenomenon is perceived more clearly. Three major themes were identified:

- Supervisor/Trainee Relationship: Positive Versus Negative Experiences

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- Imposter Phenomenon
- Resilience

Theme 1: Supervisor/Trainee Relationship

A preconception of what was expected of a trainee both from the supervisor and the training programme seemed to have been a major worry for some of the trainees. Having a reflective supervisor was a positive factor in dealing with this preconception.

> Participant 1: *On my first placement, I had a supervisor who was: "No you are a person first, a daughter second, then a friend, a girlfriend and then you're a psychologist." I think that was particularly one of the highlights of my training. Even though it was a hard time to get through, having so much support and understanding was brilliant and taught me a lot about when I qualify.*

Being observed and fitting into a team were two other sources of stress to some of the trainees. Whilst supervisors who provided support and periods for reflection seemed to overcome some of the anxieties experienced by the trainees, "being new in teams" seemed to be an area in which there was no solution to overcoming anxiety.

> Participant 3: *I think getting observed is a bit daunting. Again because all of my supervisors have been nice, I'd say personally I felt some have been better than others.*

Experiencing placements as difficult may also be a result of being required to change job every six months (with all the associated loss and anxiety), and to work with client groups that trainees are personally uncomfortable with. This is a difficult area for supervisors and trainees to develop relationships, define goals and values and to monitor training development:

> Participant 4: *I think the thing I found kind of hardest is being new in teams all the time. Especially with the six-month placements because you feel like you're just getting to know the role and you think: "Ooh I think I can do this. This is fine." Then you've got to stop and move somewhere else where you don't know anything.*

One trainee found supervision to be quite confusing in that there were no structured guidelines to follow resulting in a lack of clarity:

> Participant 4: *I found my first placement really tough because my supervisor gave me a lot of freedom to do what I wanted to do, but I didn't know what I should be doing because I didn't have any experience. So, I ended up failing my first case report. Looking back now I can see that it was awful, but at the time my supervisor said it was fine. I didn't have enough things to bring to that report from my own experience. And because my supervisor allowed me to have a lot of freedom I kind of didn't know what I was doing and that was really stressful.*

The relationship between supervisor and trainee can come into severe difficulties, and cause a great sense of struggle for trainees if not identified and dealt with immediately. One participant described the relationship as being "*like chalk and cheese*".

> Participant 5: *I just realised one day when I was driving to work that I was so anxious it was off the*

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scale and so unhappy in this placement and it was horrible. I could have gone into supervision on the attack and vented all my anger. Some of it was justified, some of it probably wasn't. But I realised what's the point? I've got to pass this placement and I've recognised that some of what is going on is my own stuff. So I just went in there and was very vulnerable and said "Look I'm having a nightmare here. I feel like we don't get on particularly well. I feel like you've never complimented me about any of the work I've done". On reflection, I think what happened was, she was the kind of person that made me so anxious because she had to have things done her way or no way.

The problem was the trainee's discomfort with the supervisor whose role caused the difficulty. The anxieties were compounded by feelings of anger against the supervisor and being unsure of what to do about the situation.

From an analytical perspective, supervisors seemed to occupy a quasi-parental role in the lives of the trainees. They could be both the source of stress and the mechanism whereby stress was attenuated. Crucial to this function was a matching of teaching and learning style: supervisors could be either too lenient or too rigid and either style could be perceived as stressful. Trainees are at the mercy of a 'goodness of fit' in this relationship. When a learning style in a trainee matched a supervisory style then that relationship was perceived as supportive and stress reducing, but a mismatch added to the experience of stress. The crucial nature of the relationship with a supervisor is a key finding from this investigation.

Theme 2: Imposter Phenomenon

Participants spoke about the need to appear competent and project an image of a skilled professional when they secretly felt lacking in competence or skill:

Participant 2: *I feel I'm not well matched for that client group. That's difficult because it kind of calls into question your competence and professional ability, and it can be quite a struggle to feel ok about struggling in a certain area.*

Fear of being 'found out' as not being competent enough to be on the course seemed to play a part in perceived expectations required of some of the trainees at the start of the course.

Participant 1: *When you start you feel that everyone's expecting you to be this type of person and you feel that everyone else is going to be cleverer and know a lot more, or be a lot more serious. You think that everyone's going to expect you to be very professional and not have any personal issues going on.*

Despite all her skills and abilities, the achievement of gaining a training place on the clinical psychology course seemed to fill her with a dread that she would be found out as someone not as capable as everyone else.

Participant 4: *So to suddenly get on a course you're kind of comparing yourself to everybody else on the course as well. So I was kind of thinking "how on earth did they accept me on the course?" It was like "why am I training alongside all of these people who know everything?" So that was hard because I already didn't feel like I was good enough for the course.*

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Similar sentiments were expressed by another trainee (Participant 5). Below are two quotes from the same trainee. The first having a negative outlook and low self esteem on ability and self worth as a clinical psychologist. However, the second quote recognised that having almost completed the training course and having reflected on the training as a whole, the feelings were now more positive:

> Participant 5: *Sometimes you flirt with failure. Its like that whole idea about being so afraid to engage in a process and to put yourself in a position where you will be judged. And the fear about being found wanting.*

> Participant 5: *I think that there's always a part of me that sometimes feels very uncomfortable saying "I'm quite good at that". Whereas now I'm a bit more able just to kind of accept myself as a whole.*

Not being able to recognise their own talents and achievements seemed to undermine their ability to believe in themselves as professional trainee clinical psychologists.

> Participant 4: *There are weeks when you think I'm really not a very good psychologist and I'm not right for this. I suppose on this placement there's been quite a lot of heavy hints of feeling like that because of feeling not well equipped to work with the client group I'm working with.*

Fluctuating from feeling elated and rating themselves highly, to feeling low and unconfident in their abilities, was a common response to the way the trainees felt in their placements.

> Participant 2: *It's been from feeling really good about myself and I'm making such a difference and this is fantastic and I'm making right and I'm doing it right and I love my job" to "I'm really not cut out for this you know".*

From some trainees it appeared that highlighting weaknesses instead of recognising their strengths was causing stress and anxiety in the workplace.

> Participant 5: *I think in terms of my anxiety I think one of those is probably I had this quite ridiculous notion that all people going into clinical psychology were the most wonderfully rounded, driven, brilliant people and I kind of thought "Christ I'm not that person. I've got plenty of weaknesses as well as strengths."*

From an analytical perspective, the finding that the 'imposter syndrome' or 'fraud syndrome' was present in trainees should not come as a surprise (Clance & Imes, 1978). The Imposter Syndrome is a well-researched phenomenon in education and has been found in undergraduate students, doctoral students (Coryell et al., 2013) and academic faculty (Knights & Clarke, 2014). The findings from the present investigation show how this can relate to particular periods of training (more prevalent at the beginning) and how it can also relate to particular patient groups.

Theme 3: Resilience

The theme resilience emerged as an overall core theme with the component subheadings of:

- peer support
- work/life balance
- change and the effect of change

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Analysis of these subthemes allowed a fuller picture of how trainees were able to cope with the stressors of their role.

Peer Support:

Having the opportunity to elicit encouragement and support from other people played an important part in the way trainees were able to combat stress and anxiety in training.

> Participant 1: *My year (student cohort) is really close and you learn from other people how they manage to kind of relax and manage the stress of the clinical work and the anxiety of the academic work. When it is hard you don't really feel like you're struggling because we're all in the same boat. You've got people to go to before it gets to the point where you're going to give up.*

Having the support of others all going through the same experiences and self-doubts seemed be a boost to self-confidence and act as an aide to overcoming irrational feelings of not being able to cope.

> Participant 4*: I think for me the main highlight has been the people who I'm on the course with. There's no kind of competitiveness you kind of wonder about whether there's people that say "she knows more about this than me. I'd better catch up" and things like that.*

"Being in the same boat" and having someone to empathise with in times of stress seemed to alleviate a lot of tension and anxiety for some trainees.

> Participant 5: *I think when you're stressed and working so hard it's nice to get that perspective from people who are trying to get where you are.*

Some participants, however, acknowledged that they found it difficult to be open and honest about needing help, particularly with staff.

> Participant 6*: There are some members of staff that quite like the pupil/teacher/parent/child dynamic, which is really patronising.*

***Work/Life Balance*:**

Although most of the participants spoke about the inevitable guilt associated with having to work beyond nine to five, the majority of them appeared to have adapted ways of dealing with this:

> Participant 1: *Trying to fit in home life and not feel guilty about it. It's been difficult to continue to live my life, as I would have done before the course. So I think in terms of having the guilt all the time (and that's all the time), I feel like for the past three years I've constantly felt like I should be doing more, I should be doing more work.*

***Change And The Effect Of Change*:**

Trainees who previously worked as assistant psychologists expressed feelings of a distinct role change when becoming a trainee clinical psychologist, and expressed a lack of confidence within the new role as a clinical trainee. As an assistant they would be allocated a task and would be presented to clients as a member of a team. When becoming a trainee however, there appears to be more emphasis on the student role of being "in training", resulting in a different response from clients.

> Participant 5: *When I was an assistant psychologist I worked*

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> *with a psychodynamic supervisor and became really comfortable just sitting in a room with people in silences for a long time if I felt it was a productive silence. With the course and more cognitive models, and with supervisors who might work very differently, I almost had to put that to the side and think that might be the way I like to work, but now I've got to show people other skills and other ways of working that don't necessarily fit with what I'm comfortable with.*

Some trainees reported to need to be flexible and change some well-learned habits. Having to adopt different strategies they were still able to achieve their goals.

> Participant 2: *Definitely, not striving to be the top is a definite change. Just being good enough which is what I suppose we try and put across as psychologists. "You don't have to be perfect - you've just got to be good enough to get through."*

Reflective practice was also mentioned as an important part of clinical training and although some trainees seemed to be open and welcomed the concept of reflective practice with its involvement of the self, others seemed to view it as unhelpful and alien to their way of thinking:

> Participant 2: *You find you're having five weeks of intense introspection that you perhaps didn't realise you were going to do. Because you've done a degree in psychology you think you've kind of got some resistance to that. But I actually found it was quite a shock and I kind of ended up turning in on myself a little bit. There's a lot of reflection and until you get used to that I think it's quite hard and it was harder than I expected to deal with that.*

The subjective experience of resilience was a crucial antidote to the stress of being a trainee and the interaction of the sub-components of resilience (peer support, work/life balance, and awareness of the effects of role change from previous employment) allowed for important analytical insights. Although there is an extensive literature on resilience (see Cosco et al., 2015, and Thomas & Hunter, 2016 for recent reviews), there is a lack of an agreed operational definition of the term at a general level. While most commentators agree that the concept involves the concept of "bouncing back" from a difficult or negative event (Cosco et al., 2015), there is less agreement about the role of resilience in offsetting more chronic stressful experiences. Here, there is growing consensus that resilience is a phenomenon related to protective factors - resources, attributes, and skills that minimize the debilitating effects of stress (Stephens, 2013). The interviews with the trainee clinical psychologists suggested that for them, resilience comprised protective factors that operated at both at both internal (e.g. dealing with inappropriate perfectionistic tendencies) and external levels (the importance of supportive peer relationships).

Discussion: Study 1

Important insights were gained from the ability to analyse the trainee interviews in more detail than is possible with more traditional questionnaire investigations. In addition, the qualitative methodology used (IPA) allowed a hermeneutic approach to data analysis, facilitating the interpretation of the interview responses beyond the merely descriptive. On the basis of this interpretation some tentative conclusions can be drawn. These are that being a trainee clinical psychologist is indeed stressful and this finding is in line with those from

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previous research investigations (e.g. Hannigan, Edwards, & Burnard, 2004). The choice not to include the word stress in any of the questions in the research protocol in the present investigation was, however, important as this showed that this concept emerged from the trainee accounts without prompting. This confirms that stress is, therefore, a salient aspect of the lives of the trainees. More detailed analysis was able to focus in on how the interaction of external and internal events (e.g. maladaptive perfectionism) could exacerbate the stress response while, on the other hand, relationship aspects (especially with supervisors and peers) could function as moderating influences. The sense of being an imposter or a fraud emerged as a strong finding and this may be a useful area to target for any intervention designed to reduce the experience of stress in trainees (or, indeed, in any health-care professional). The role of resilience as a protective factor also emerged from this analysis and the bespoke and individualised nature of this concept perhaps holds the greatest potential for intervention (Stephens, 2013).

Generalising from this small, homogenised sample, however, may be premature and it was for this reason that a second investigation was undertaken. As was mentioned earlier, the field of qualitative research is not noted for an emphasis on replication and it may be premature to move towards suggestions for intervention on the basis of an individual study. Therefore, to ensure that these responses were not restricted to one particular training programme, a second study was carried out involving the same methodology but using trainees from a different training clinical psychology training programme in a different part of the UK.

Study 2

Study 2 was carried out using participants from a different UK-based clinical psychology training programme using the same methodology but with different interviewers. Unless stated otherwise, methodology was identical to that used in study 1.

Methodology

Participants

The sample comprised 10 females who were at different stages of the three-year programme, including four first-year trainees, four second-year trainees and two third-year trainees.

After ethical approval was granted the researchers (JG, RJG and SAM) contacted the trainees via email inviting them to opt into the study. Attached to the email was an information sheet. Each respondent then liaised with the researcher to arrange individual interviews, which were conducted on a time and date suitable for the participant at the University.

Results: Study 2

Once again, the results showed that accounts of stress did spontaneously emerge from the responses of the participants, during the interview process.

This section presents the three major themes that emerged from the analysis: Supervisor/Trainee Relationship, Metamorphosis and Resilience.

Theme 1: Supervisor/Trainee Relationship

As in Study 1, it was clear from the descriptions of the trainees that the relationship with their supervisor could contribute either positively or negatively to their stress levels on the training programme.

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Positive contributions included the supervisor being perceived as a supportive figure, and helped relieve certain worries at stressful times for the trainees.

> Participant 1: *"My first placement was very much… 'have a go, see how you get on, don't worry I'm here as a supervisor, you'll be fine'"*

Negative contributions to stress levels regarding the supervisor/trainee relationship also featured in the responses of the trainees. Personality clashes with their supervisor particularly caused difficulties during placements.

> Participant 2: *"If your personalities clash a little bit or you don't feel completely comfortable in talking to them about any difficulties that you've had with clients or with any personal issue that might impact on your work, then that can be a bit difficult."*

These negative contributions were often described in relation to the supervisor placing lots of demands on the trainee and expecting too much from them.

> Participant 6: *"asking you to do lots of things that they wanted you to do and sometimes you just feel overwhelmed with lots of demands and then it's balancing all of those together really."*

A further factor reported by the trainees regarding the trainee/supervisor relationship was the feeling of being constantly assessed. This aspect of supervision placed significant amounts of pressure on the trainees.

> Participant 6: *"The worst thing is your supervisor like has to watch you. 'Cause they're scoring everything, like your teaching, and you're sat there teaching, knowing they're gonna score you on how you're doing it."*

From an analytic perspective there was clear concordance between this core theme and the similar theme that emerged from the first study. This allows more confidence in the finding that clinical supervisors provide both a significant source of stress for trainees and, can also be seen as a supportive figure (Renfo-Michel, & Sheperis, 2009). Although it is impossible to avoid the demands that supervisors make on trainees, the stressful nature of the relationship is open to modification by careful training of supervisors (Palomo, Beinart & Cooper, 2010) and direct programme intervention in cases of 'personality clashes' between a supervisor and a trainee.

Theme 2: Metamorphosis

The trainees' gradual transformation into more confident, knowledgeable, and competent clinical psychologists during their three years in training was reflected in the comments across the cohorts. Although there were cohort-specific stressors, one of the most prominent features was the feeling of being a fraud or an imposter amongst the first year trainees. In particular, they frequently expressed worries of not being good enough compared to the other trainees.

> Participant 2: *"Feeling like you're inferior to other people on the course, like you haven't got enough experience compared to other people, some people come onto the course with lots of previous experience at doing therapy or research and if you haven't got that background then I guess there's an inevitable comparison that people make."*

This was accompanied by the feeling that failure was awaiting them just around

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the corner and fears that they would one day be 'found out'.

> Participant 3: ***"****I don't think I've ever realised that before, but you are actually given the opportunity to work with another person, to actually change their lives for the better and that's a huge thing, you know? It really is, and because of that feeling of responsibility it can be quite overwhelming, you can kind of question yourself and think "oh god", you know, "can I actually do this?"****"***

As the course goes on however these anxieties appear to diminish, and a gradual development and growth takes place that puts these fears and worries in perspective. The second and third year trainees described feeling a lot more confident in their role.

> Participant 6: ***"****Throughout the three years I've progressively learnt more and progressively built more confidence about finally working on my own.****"***

This realisation appears to be accompanied by small moments, or epiphanies, improving confidence amongst the trainees.

> Participant 2: ***"****It's hard to put it into words, but every now and again you sort of experience a sense of "getting it" and I think that just happens sometimes as you're going along.****"***

The methods they learn in training are presented in moments with their friends and family as well. The trainees have unconsciously become a source of advice for their friends and family, even though they try hard for this not to happen and see it as a burden.

> Participant 9: ***"****I've turned into a bit of a resource that people can come and talk to me more… Although I'm not a psychologist for my family, I'm not a psychologist for my friends and I've always been keen to maintain that distinction.****"***

The emergence of this core theme resonates with the "imposter phenomenon" theme that emerged from the first study and, again, adds validity to the relevance of this phenomenon in the lives of the trainees. What the second study adds is the perception that as course progresses these anxieties appear to diminish, as confidence grows. From an intervention perspective, while there is a growing literature on the importance of the imposter syndrome in the healthcare professions (e.g. Brems et al., 1994; Kuhn, & Flanagan, 2017), little has been written about the optimal approaches to address this issue in training. Findings from the present investigation suggests that this is an important potential area for intervention to reduce the levels of stress perceived by trainees due to internal factors such as misplaced perfectionism as a strategy to avoid the feeling of being inferior to others.

Theme 3: Resilience

A further insight into how the trainees developed and maintained a sense of resilience in the face of constant pressure and demands was revealed in the way the trainees spoke about the sense of achievement in finally gaining a clinical training place.

> Participant 3: ***"****I got that phone call to say "yeah, you're in." It was like "aww thank"... I can't even describe the feeling I had on that day, it was just amazing! If I could bottle that I'd be a millionaire it'd be great! Erm, but it was… I think very close to the best day I've ever had in my life.****"***

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Despite this positive sense of achievement, many trainees struggled to adapt to the demands of the course.

> Participant 2: *“It’s almost like you’re a full time student AND a full time employee because there’s so much demand on your time… Relentless is the word I would use.”*

This resulted in dramatic changes in their home lives and particularly impacted the people closest to them.

> Participant 3: *“In my own head I was thinking “oh yeah, I’m juggling everybody, everybody’s happy”... But they’re not.”*

Trainees then had to think seriously about their priorities, and came up with ways of coping with these changes in their lives. It seemed inevitable to some trainees that they would have to begin cutting people out of their lives in order to find more time for those people closest to them.

> Participant 4: *“I think my social world has definitely shrunk… people I’m not quite close to, because I just do not have time to ring people up and chat and say “how are you doing?” It just doesn’t happen, like even the core people in my life get neglected so those other friendships do tend to fall off a bit unfortunately.”*

One particularly useful coping technique taken on by the trainees was mindfulness. This was seen by the trainees as a positive skill to acquire.

> Participant 5: *“it’s just kinda something that’s nice to keep in your head… that kind of mindful realisation that you don’t have to do that. Yea, you know at the end of the day this isn’t the most important thing in the world, and keeping that perspective.”*

Even when trainees did not explicitly mention mindfulness, many spoke about a variety of concepts surrounding such practices.

> Participant 2: *“Yeah, trying not to get too overwhelmed by it all I suppose, thinking “well how is this even possible when there is so much they’re asking of us?” and kind of looking after myself by limiting what I was focusing on by, yeah, by again looking at my limits and saying “yeah this is what I can do, this is what I can cope with.”*

Of particular importance to remaining resilient in the face of adversity was the trainees’ network support. Family, friends and partners were often mentioned as protective factors.

> Participant 4: *“I often come home going “I hate everything!” and he has to pick up the pieces.”*

The support of their cohort also appears to contribute highly to the trainees’ abilities to keep a positive frame of mind against the odds. The trainees have a sense that they are not alone, and that they can all get through it together as a cohort.

> Participant 9: *“There is that sort of sense in my cohort that we’re on this journey together and sometimes this can show very strongly especially when we have something big like the viva or handing in the thesis.”*

The support of their cohort also appears to contribute highly to the trainees’ abilities to keep a positive frame of mind against the odds. The trainees have a sense that they are not alone, and that they can all get through it together as a cohort.

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Once again there was high concordance between the findings of the first and second study and the emergence of the theme of resilience in both groups adds further confidence to the relevance of this concept as a protective factor. Building on the findings from study 1, there was further evidence that protective factors operated at both at both internal and external levels for the trainees.

Discussion: Study 2

The three themes identified in Study 2 were remarkably similar to those obtained in Study 1. Once again, it appeared that although the trainees interviewed reported significant levels of stress, participants were able to show resilience and identify ways in which they could combat the stressors in their lives. Once again, the stresses involved in being a trainee centred on the relationships with supervisors and a sense of personal inadequacy, there were subtle but important differences in how these were articulated by the participants. The fact that two different investigations of trainee clinical psychologists led to very similar overall findings is significant. Despite being undertaken with different interviewers, at a different university and with different trainees, the results of study 2 were remarkably similar to those of study 1 and this allows confidence in suggesting interventions on the basis of these findings.

General Discussion

The results of the present set of studies both confirm and expand findings from the existing literature. There is undoubtedly a great deal of stress and pressure involved in being a clinical psychologist and the literature is clear that the three years spent in post-graduate training feature the highest levels of stress. Although there are minor variations in the amount or degree of stress reported in different studies, research has consistently found such stress to be an inevitable feature of clinical training.

In the 1992 Cushway study, 59% of trainees reported psychological distress and the main source of stress was the relationships with supervisors. The trainees in that survey suggested that more support by course organisers and supervisors would make training less stressful. Twenty-five years later the relationship with supervisors is still a very salient variable in the levels of stress reported by trainees.

The results of the present studies allow for a more fine-grained interpretation of the contextual nature of stress in the lives of trainees. Despite high workloads, constant evaluation, feelings of inadequacy and the stress of commuting long distances, the majority of trainees show significant levels of resilience and are able to maintain a healthy work-life balance.

Although training to be a clinical psychologist remains a stressful and demanding activity, there is some evidence that the proportion of trainees who suffer distress during training has reduced since Cushway's initial UK study in 1992. In the following two decades, clinical training programmes have adopted explicit support systems and the majority of trainees report reasonably high levels of support and an adequate to good work-life balance. Nonetheless, training programmes cannot be complacent in this regard and they have a duty of care to monitor ongoing levels of stress in trainees. The role of clinical supervisors emerged as highly salient in this investigation and ongoing supervisor training is crucial in helping supervisors increase their role as a source of support and protection for trainees, while, at the same time, placing appropriate demands on them as part of their clinical training (Wallace & Cooper, 2015; Webb, & Wheeler, 1998).

Interventions to address the perception of being an imposter or fraud could reduce

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the perceived need for trainees to overcompensate for perceived inadequacies by misplaced perfectionism are suggested by this investigation (Brems et al., 1994, Kuhn, & Flanagan, 2017).

Despite such interventions and the overall optimistic findings of the study as a whole, there will inevitably be some potential candidates who present themselves for clinical training who will be unable to marshal sufficient personal resilience to act as a buffer to the many stresses that such training brings.

Increasing the sensitivity of selection procedures to predict those individuals who will not be able to make use of adaptive coping, adaptive health practices, emotional competence, and social support (i.e. the cornerstones of psychological resilience) may help protect these individuals from choosing a career that might otherwise ultimately lead to high levels of unhappiness and stress.

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References

Berkowitz, M. (1987). Therapist survival: Maximising generativity and minimising burnout. *Psychotherapy in Private Practice, 5*(1), 85-89. doi:10.1300/J294V05N01

Brems, C., Baldwin, M.R., Davis, L. & Namyniuk, L. (1994). The imposter syndrome as related to teaching evaluations and advising relationships of university faculty members. *The Journal of Higher Education*, 65, 183-193.

Clance, P., & Imes, S.. (1978) “The Imposter Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention.” Psychotherapy: Theory, Research and Practice 15 (3): 241–247.

Coryell, J. E., S. Wagner, M. C. Clark, & C. Stuessy. 2013. “Becoming Real: Adult Student Impressions of Developing an Educational Researcher Identity.” Journal of Further and Higher Education 37 (3): 367–383.

Cosco, T. D ; Kaushal, A., Cooper, R., Richards, M., Hardy, R., Kuh, D. & Stafford (2015). The operationalisation of resilience in ageing: a systematic review. *The Lancet*, 386, 32.

Crowley, A. E. L., & Advi, E. (1999). The impact of complex cases in an adult mental health speciality. *Clinical Psychology Forum, 103,* 13-17.

Cushway, D. (1992). Stress in clinical psychology trainees. *British Journal of Clinical Psychology*, 31, 169-179.

Cushway, D. & Tyler, P. A. (1994). Stress and coping in clinical psychologists. *Stress Medicine, 10*(1), 35-42.

Cushway, D. & Tyler, P. (1996). Stress in clinical psychologists. *International Journal of Social Psychiatry*, 42, 141-149.

Cushway, D., Tyler, P. A., & Nolan, P. (1996). Development of stress scale for mental health professionals. *British Journal of Clinical Psychology, 35*(2), 279-295. doi:10.1111/j.2044-8260.1996.tb01182.

Denzin, N.K. & Lincoln, Y.S. (Eds.). (2000). *Handbook of qualitative research.* Thousand Oaks, CA:Sage.

Glikauf-Hughes, C., & Mehlman, E. (1995). Narcissistic issues in therapists: Diagnostic and treatment considerations. *Psychotherapy: Theory, Research, Practice, Training, 32*(2), 213-221. doi:10.1037/0033-3204.32.2.213

Hannigan, B., Edwards, D., & Burnard, P. (2004). Stress and stress management in clinical psychology: Findings from a systematic review. *Journal of Mental Health, 13*(3), 235-245.

Kelly, E. L., Goldberg, L. R., Fiske, D. W, & Kilkowski, J. M. (1978). Twenty-five years later: A follow-up study of graduate students in clinical psychology assessed in the VA selection research project. American Psychologist, 33, 746-755.

Knights, D., & C. Clarke. 2014. “It's a Bittersweet Symphony, This Life: Fragile Academic Selves and Insecure Identities at Work.” *Organizational Studies*, 35, 335–357.

Kuhn, C. & Flanagan, E. (2017). Self-care as a professional imperative: physician burnout, depression, and suicide. *Canadian Journal of Anesthesia*, 64, 158-168.

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Palomo, M., Beinart, H. & Cooper, M. (2010). Development and validation of the Supervisory Relationship Questionnaire (SRQ) in UK trainee clinical psychologists. *British Journal of Clinical Psychology*, 49, 131-149.

Renfo-Michel, E., & Sheperis, C.J. (2009). The relationship between counselling supervisee attachment orientation and perceived bond with supervisor. *Clinical Supervisor*, 28, 141–154.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist, 18* (1), 20-23.

Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using interpretive phenomenological analysis in health psychology. *Psychology and Health, 11,*261-271.

Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray, & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp. 219–240). London: Sage.

Smith, J.A., & Osborn, M. (2004). Interpretative phenomenological analysis. In J.A. Smith (Ed.). *Qualitative Psychology: A practical guide to research methods* (pp. 51-80). London:Sage.

Stephens, T.M. (2013). Nursing student resilience: A concept clarification. *Nursing Forum*, 48, 125 - 133.

Thomas, L. J. & Revell, S.H. (2016). Resilience in nursing students: An integrative review. *Nurse Education Today*, 36, 457-462.

Wallace, K., & Cooper, M. (2015). Development of supervision personalisation forms: A qualitative study of the dimensions along which supervisor's practices vary. *Counselling and Psychotherapy Research,* 15, 21–30.

Webb, A., & Wheeler, S. (1998). How honest do counsellors dare be in the supervisory relationship? An exploratory study. *British Journal of Guidance and Counselling*, 26, 509 – 524.

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Appendix 1: Project Questions:

- What made you want to become a clinical psychologist?
- Is the training harder or easier than expected?
- What are the difficulties?
- Have you ever been close to giving up on your training?
- What are the highlights of your training?
- Do you think your training has had an impact on your personal life?
- Is there anything specific about the stage of training you are currently at?
- Are there any pivotal/epiphany moments in training?
- Do you see yourself more as a student or an employee of the NHS?
- Has being a trainee affected your work/life balance?
- Are your own beliefs and attitudes helpful or a hindrance when dealing with clients?
- Has your own view of yourself changed since commencing training?

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