University of East London

The Experience of Work Stress in Newly Qualified Counselling Psychologists Working in Multi-Disciplinary Team Settings: An Interpretative Phenomenological Analysis

Hannah Warwick
U1516421

A thesis submitted in partial fulfilment of the
requirements of the University of East London
for the degree of Professional Doctorate in Counselling Psychology

University of East London

October 2022

Abstract

This study explores the experiences of work stress in newly qualified (NQ) counselling psychologists (CoP) working in multi-disciplinary teams (MDT). Eight semi-structured interviews were conducted, and the transcripts analysed using interpretative phenomenological analysis from a constructivist epistemological position.

The analysis highlighted four main themes as important to NQ CoPs' experiences of work stress in MDTs*: (1) Stress in transition: The qualified role as a baptism of fire, (2) Stress in navigating MDT dynamics, (3) Necessities and tensions in support networks, and (4) Managing stress in the qualified space: 'You just have to get on with it'.*

Each theme highlighted elements of participants' experiences of work stress within the CoP journey, such as feeling that there were greater work-related demands on qualifying, in the context of fewer internal and external resources. The transition left some feeling deskilled, unprepared, and pressured to adapt and 'catch up'. This was all whilst navigating difference and power in the MDT, and the emotional demands of the CoP role. Participants sought to feel part of the MDT ingroup yet stay true to their CoP values, which sometimes meant risking becoming professionally isolated by presenting alternative views to the predominant medical model. Additionally, participants seemingly experienced tensions regarding the use of support networks for managing stress due to the ethical limitations and emotional demands of client work. Moreover, seeking to avoid being consumed by work, and feeling pressure to represent the CoP community and 'get on with it', it seemed necessary on qualifying for participants to take responsibility for managing their work stress.

Recommendations seek to help NQ CoPs and those within the CoP field think how best to prepare for, evaluate, cope with, and adapt to qualification and MDT working so the potential for burnout, in an already emotionally demanding role, can be reduced.

Acknowledgements

To my wonderful boyfriend, thank you for sticking by me through this long journey and continually modelling how to keep putting one foot in front of the other. Thank you for keeping me laughing, for believing in me, and supporting me no end. Most of all, thank you for your patience (and the many cups of tea!).

To my family for their endless support and love, for thinking of me, encouraging me, being my sounding board, and enabling me to be able to do the course in the first place.

To my supervisor Cristina, thank you for jumping in headfirst and challenging me from the offset. Your comments have always been so helpful and have kept me on the right track. I am extremely grateful.

To the beautiful Oxens, for being a new and priceless source of listening, safe spaces, and hilarity. Thank you for always being whatever I need.

To my wonderful schoolfriends for being there through all of this, hearing me talk about the same things for years, and for always sharing brilliant stories to help get me through.

To my university peers for fighting the good fight, challenging me, and answering endless questions. We got there in the end and I'm so proud of us. I can't wait to see what you all do.

To the therapists, coaches, research supervisors, clinical supervisors, and lecturers, thank you for teaching me, broadening my thought, believing in me, pushing me, and saying nice things!

To all the friends and family who edited my work, provided a workspace, a sounding board, a listening ear, financial and emotional support — I couldn't have done this without you.

Table of Contents

List of Tables

List of Abbreviations

AP: Assistant Psychologist

BPS: The British Psychological Society

CIPD: Chartered Institute of Personnel and Development

CoP: Counselling Psychologist

CORT: Conservation of resources theory

CPTSS: Counselling Psychology Trainee Stress Survey

ECP: Early Career Psychologist

ICD: International Classification of Diseases

IPE: Interprofessional education

GT: Grounded Theory

HCPC: Health and Care Professions Council

HSE: The Health and Safety Executive

IPA: Interpretative Phenomenological Analysis

MDT: Multi-disciplinary team

NA: Narrative Analysis

NHS: National Health Service

NQ: Newly qualified

TA: Thematic Analysis

UEL: University of East London

UK: United Kingdom

USA: United States of America

WHO: World Health Organisation

Transcription Key

In-text example		Description
[]	empty square brackets	Omitted text
[text]	filled square brackets	Additional comments from the researcher, such as context, added for clarity purposes
(text)	filled rounded brackets	Audible aspirations in speech such as a sigh or laughter
/text/	filled backslashes	Identifying information such as a workplace or boyfriend's name. The identifier has been omitted for anonymity purposes and a description left within the punctuation marks
…	ellipses	A long pause in participants' flow of speech
—	em dash	An unfinished, cut off word
text	bold font	Marked vocal emphasis

INTRODUCTION

1.1 Chapter Overview

This section introduces the context of the research by detailing my interest in the work stress of newly qualified (NQ) counselling psychologists (CoP) working within a multi-disciplinary team (MDT), as well as my positioning as a researcher. This is followed by the background and rationale for the research. The chapter concludes with the research aims and the relevance of this research to counselling psychology.

1.2 Personal Interest in the Topic

I came to this topic through my interest in career progression within the therapeutic professions. Whilst experiencing stress as a trainee CoP, I spoke to CoPs about how they managed work stress in training. Both qualified and trainee CoPs spoke of a seemingly continual cycle of work stress, and a feeling of 'not knowing' during training. Moreover, CoPs spoke about sometimes feeling out of place, unacknowledged, and experiencing identity difficulties. Qualified CoPs mentioned stressors, such as a seeming lack of awareness, for example, facing instant rejection for a psychologist vacancy due to being a CoP, and subsequently having to convince the employers they matched the job description. Additionally, once hired, confusion about the CoP profession left the CoPs carving out their own role. I became curious about work stress and the career journey of psychologists, wondering about CoPs' experiences as they progressed through their careers, and how they managed work stress.

1.3 Positioning as a Researcher

In this section, I outline my epistemological position in relation to counselling psychology research and methodologies within the field. In line with the core of counselling psychology, I aim to have a reflexive, inquisitive, and critical attitude that acknowledges the diversity of the ontological and epistemological positions that underlie therapeutic forms, theories, and practices (British Psychological Society (BPS), 2019c). This relational and humanistic value system flows throughout client work, aiming to explore, clarify and understand a client's worldviews, emotional difficulties, and underlying assumptions that emerge from the interaction with others and the world (BPS, 2019c). Thus, with this research, I aim to embrace and hold a questioning and evaluative approach about my own positionings and assumptions, and those of other researchers, the stances that underlie the methods, the methodologies of the studies, and what the research is positing about the idea of reality.

With the underlying view of positivism and realism, quantitative methods are incredibly useful in informing our understanding and controlling of the physical world (Yardley & Bishop, 2017). Alternative viewpoints arise, however, when the possibility of objectivity is challenged (Yardley & Bishop, 2017). These alternative viewpoints from phenomenological and constructivist epistemologies are in line with my beliefs and note that interpretation is inescapable, and thus it is impossible to fully set aside one's values and socio-cultural assumptions and achieve 'objective' knowledge. Furthermore, I identify with the ontological position of critical realism, that although there may be a reality, it can only be imperfectly understood through subjective and socially-located knowledge (Braun & Clarke, 2013; Madill et al., 2000; Ponterotto, 2005). From these viewpoints, although quantitative approaches may be extremely useful in analysing physical processes, they are perhaps not always the most suited to explore other ways of understanding; for example, how something is experienced (Yardley & Bishop, 2017). Instead, understanding how we experience the

world may be explored through critically examining what shapes our perceptions, such as our own, and psychological research's, practices and assumptions (Gergen, 1985; Sampson, 1993; Yardley, 1997).

Considering this, transparency is important from the outset of this research. I am aware that my own experiences, beliefs, and interests will in some ways have influenced the research and choice of research topic. These may have, at times, unwittingly played a part in some decisions, such as identifying gaps in the literature, the content of the interview schedule, or the organisation and naming of themes in the analysis. I hope that from raising this concern at the beginning of this research, the reader can make up their own mind about the processes, decisions, and experiences within this work. Throughout the thesis I will make a point to highlight further reflection on this area.

1.4 Background to the Research Topic

1.4.1 Definitions and theories of work stress. There are few definitions and theories of work stress available in the literature, and currently no universal definition, despite stress being a fairly established phenomenon (G. E. Miller et al., 2008; Monroe, 2008). This is in part due to individuals greatly differing in what they regard as stress (Burrows & McGrath, 2000). This recognition of individual appraisal and meaning-making is most in line with my phenomenological approach and presents in contemporary theories; that work stress is not just about one's recognition and reaction, but about a changing person-environment relationship (Arnold et al., 2020; Lazarus, 2001). A definition that seeks to capture these complexities is that 'work stress' is a 'pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment' 'caused by poor match between us and our work, by conflicts between our roles at work and outside it, and by not having a reasonable degree

of control over our own work and our own life' (Cox & Griffiths, 2010, p. 49). Although the multiple layers within this definition highlight differing reactions and causes, it raises questions such as, what qualifies as an 'adverse or noxious' aspect, or 'poor match', or 'reasonable degree'? What does this pattern look like or feel like? Would awareness of these aspects and conflicts enable us to reduce our reactions, and increase our ability to have control over our work and life? With these questions in mind, it feels helpful to continue this exploration.

1.4.2 Prevalence of work stress in the UK. Work stress is recognised widely as a global challenge, with impact felt across all corners of society (Dewe et al., 2010). In the UK, 50% of all work absences are due to work-related stress, depression or anxiety, making it the most widespread work hazard, with estimates indicating that 79% of employed British adults have experienced work stress (Health and Safety Executive (HSE), 2020, 2021a, 2021b; Perkbox, 2020). However, these may be underestimates due to the lack of an agreed upon definition, and inaccuracies in recording stress-related absence. Thus, it is hard to be precise about lost work days (Riggio, 2018). Although stress is inevitable within all professions, there are statistically higher rates in health professionals compared to other occupational groupings (HSE, 2021b; Szymanska, 2008). Similarly, Summers et al. (2021) noted that psychological practitioners' general wellbeing is below the national average and called for policymakers and workforce planners to take note.

It is the law for employers to manage work stress (HSE, 1999). Despite this, rates for work stress in the UK have been increasing in recent years, with up to 91% of staff reporting some stress-related absence in organisations of more than 250 employees (Chartered Institute of Personnel and Development (CIPD), 2021). The NHS, the UK's largest organisation, has a higher-than-average level of absence for stress-related sickness of all

employers in the country, which is damaging not only for individuals, but to the organisation, and subsequently to client care (Ravalier et al., 2020).

Moreover, the leading cause of work-related issues for the psychotherapy professions is burnout, an end state of chronic long-term work stress (Awa et al., 2010; Baker, 2003; Bearse et al., 2013; Lee et al., 2011; Maslach, 2003; Sciberras & Pilkington, 2018). Additionally, for CoPs, work stressors can be organisational stressors, having unrealistic self-expectations, processes of transference, and managing dual and multifaceted roles, all whilst dealing with their own personal issues (Szymanska, 2008).

1.4.3 Multi-disciplinary teams in the UK. Multi-disciplinary teams are multi-professional workforces, often comprising of several professional groups, for example, nurses, doctors, psychologists, and social workers, and can include non-clinical staff such as administrators (Academy of Medical Royal Colleges, 2020). The professional groups may have separate, but interrelated roles, often coming together to develop a joint service plan for clients, but keeping their own disciplinary boundaries and governing bodies (Academy of Medical Royal Colleges, 2020; Ellis & Sevdalis, 2019).

MDTs are central to UK health policy, embodying the idea that professionals will collaborate in pursuit of patient goals (Academy of Medical Royal Colleges, 2020; A. Jones, 2006). Despite MDT healthcare practice receiving international attention, within mental health care it is an area of emerging understanding, with a need for a clearer understanding of MDT functioning in order to achieve best practice (Greidanus et al., 2020; Nic a Bháird et al., 2016).

Moreover, despite the reported benefits, such as broader skill range and more comprehensive assessments (e.g., Maddock (2014), Simmonds et al. (2001)), the operational reality of the MDT can be somewhat different (Haines et al., 2018). Bringing

together a diverse group of professionals and calling them an MDT does not guarantee collaboration, even for professionals who have the same epistemology, clinical procedures, and medical language (Negri et al., 2021; Nic a Bháird, 2015). Psychologists have reported feeling routinely undervalued where medical professions such as psychiatry dominate (BPS, 2019a). Moreover, CoPs have reported feeling challenged to either retain a humanistic value base, or feeling their voice muted within a medical model framework (Larsson et al., 2012; Maynor & Suite, 2009).

MDT working is complex and challenging and requires a shift in thinking around professional identity, maintaining a fluidity between individual and team identity to maximise teamwork and care delivery (Best et al., 2022). This shift may be especially difficult for NQ professionals who tend to initially maintain a narrow role identity, although this is a new area of study which requires further investigation (Best et al., 2022). Moreover, although CoPs are used to navigating client boundaries, effective teamwork across professional and organisational boundaries involves not only an identity shift, but balancing one's professional body's requirements with those of the team, organisation, and system (Best et al., 2022; Payne, 2006).

Additionally, difficulties in power dynamics, both real and perceived, have implications for communication, decision making, help-seeking, collaboration, and overall performance (Okuyama et al., 2014; Stevens et al., 2021). Moreover, often psychologists may be the sole mental health professional or psychologist in a MDT, thus, being left without support in managing team dynamics and feeling professionally isolated and pressured to represent the profession (e.g. Humphrey & Kang, 2009; Reeves et al., 2006). Psychologists' experiences in MDTs will be further explored in the literature review.

1.4.4 Counselling psychology in the UK. Counselling psychology is a distinct, relatively young profession, having grown over the last three decades (Jones Nielson & Nicholas, 2016) and is perhaps lesser known and researched than neighbouring professions such as clinical psychology or psychiatry. CoPs embrace exploration in attempt to investigate human experience and reduce individual distress, with challenges such as, holding humanistic and relational values whilst navigating conflicting research paradigms, perspectives of distress, or therapeutic models (BPS, 2019c). These issues are important, as more CoPs than ever are working with other professionals in organisations such as the NHS. The challenge for CoPs can be about maintaining their CoP identity and gaining professional recognition in a lesser known profession, whilst gaining equity of employment in settings where the medical model takes precedence (Jones Nielson & Nicholas, 2016).

1.4.5 Potential implications of work stress in counselling psychologists. Work stress is reported to be one of the largest challenges that psychologists face on a daily basis, making them more vulnerable to substance abuse issues, mental health issues, and suicide (Cushway & Tyler, 1996; Shapiro et al., 2007). Furthermore, it can lead to premature withdrawal from one's career, absenteeism, high work turnover, substantial financial costs, and reduced worker efficiency (Arnold et al., 2005; Hannigan et al., 2004; Smoot & Gonzalez, 1995; Waldman et al., 2004). Keeping CoPs in work in the UK is currently of particular importance as the NHS has called for an unprecedented growth — over 60% from 2019 to 2024 — of the psychological professions (Health Education England, 2021). Putting pressure on psychologists to meet the rapid expansion targets (BPS, 2019a) is adding to the many challenges and obstacles for CoPs in the UK.

CoPs have reported inadequate recognition, deference to clinical psychologists, a lack of resources, and a lack of opportunity for progression, and have requested the BPS

prioritise advocating for equity/parity across applied psychology roles and raising the profile of counselling psychology (BPS, 2019b). Stressors, such as a lack of resources, are important to address for CoPs, as 25% of psychologists in the BPS (2019a) survey reported that not having enough resources to do their job properly had led to difficulty sleeping, a desire to leave their job, feeling unable to do their job to the best of their ability, and feeling negative emotions.

Moreover, the resources needed to train a CoP are already of high personal cost, making maintaining one's health and career particularly important for CoPs. For example, in addition to the competitive and high-achieving environment of doctoral training, CoP training is self-funded, and it is not possible to claim student finance, resulting in some trainees needing to juggle paid employment with completing the doctorate (Carson et al., 2013; Kumary & Baker, 2008). Alongside financial stressors are professional stressors, such as, finding their own clinical placements that fit the training requirements (Galbraith, 2016). These stressors are examples of the inequalities between UK CoP doctoral training and NHS funded clinical psychology doctoral training (Gran, 2019; James, 2019; Jones Nielson & Nicholas, 2016). Moreover, CoP trainees have reported feeling unsupported by their educational institution when struggling with doctoral pressures (Galbraith, 2016; Schwartz-Mette, 2009; Skovholt & Ronnestad, 2003). The implications of work stressors being highly prevalent throughout a CoP's training may mean that CoPs are coming into the profession already at a point of high stress.

Despite the BPS seeking to support the development of a larger psychology workforce in the UK and address any deference, there remains inequalities; for example, in psychology job advertisements (Ooley & Farndon, 2021). Additionally, due to difficulties obtaining membership and workforce data on CoPs, it is a challenge to assess and meet the needs of CoPs compared to other professionals (BPS, 2019b, 2020; Jones Nielson & Nicholas, 2016; NHS Staff Coordination Centre, 2021; Ooley & Farndon, 2021;

Psychological Professions Network, 2018; Summers et al., 2020). Despite the potential differences and discrepancies in training resources, and personal, financial, ethical, client safety, and organisational costs to CoPs and the client work they do, there remains little research on CoPs' specific experiences of work stress and its implications for them.

1.5 Rationale for the Study

Having started to explore the topic of work stress, it seems one key to a psychologist's career journey is understanding work stress and how to cope with it, because, if not managed, work stress can lead to psychological distress, illness, poor client care, unethical practices, poor decision making, and organisational and financial issues (Barnett et al., 2007; Elman & Forrest, 2007; Health and Safety Executive, 2019; O'Connor, 2001; Pope & Tabachnick, 1994; P. L. Smith & Moss, 2009). This has been highlighted in the revision to the definition of burnout, which is now not only linked exclusively to occupational context, but is defined as chronic workplace stress that has not been managed successfully, highlighting the importance of recognition and management within the work place to reduce work stress (World Health Organization, 2022). Moreover, more CoPs are working in MDTs, which brings added stressors. Additionally, despite a call in the UK for the rapid expansion of psychological professions, psychologists report feeling stressed and burnt out, and huge vacancy rates mean that posts are being de-established or downgraded, and money is being re-routed away from psychology (Ooley & Farndon, 2021). Finally, quantitative studies highlight the prevalence, associations and potential causes of work stress, but there is a dearth in rich, descriptive accounts of work stress in CoPs and their experience, understanding and ways of coping (Pietkiewicz & Smith, 2014). Therefore, this research project intends to contribute to the knowledge gap by addressing the aim below.

1.6 Aim of this Research

My research aims to understand the subjective experience of work stress in newly qualified counselling psychologists working in MDTs. The focus is in gaining an understanding of the work stress that is experienced by those who are NQ CoPs working in a MDT, and how they cope with it. The methodology used was interpretative phenomenological analysis (IPA), through which I sought to produce a detailed account of personal lived experiences and meaning-making from the participants' meaning-making (the hermeneutic circle) (Smith et al., 2009; Smith & Osborn, 2015a).

1.7 Relevance to Counselling Psychology

For a long time, health, well-being, and career development has been of interest for CoPs (Arnold et al., 2016). Firstly, obtaining insight into the experiences of work stress for NQ CoPs in MDT settings may be useful not only for individuals, but on an organisational, economical, and theoretical level. Fouad (2003) suggested that it is helpful for early career counsellors to read research papers so as not to feel so alone with work stress, and additionally, this research gives NQ CoPs a platform to share their experiences. Moreover, Skovholt et al. (2001) noted that a better understanding of the potential reality of their career could help lessen feelings of insecurity and incompetence for a novice counsellor, leading to an acceptance and tolerance of the complexity and ambiguity of client work. Additionally, Sherman and Thelen (1998) highlighted that young psychologists should be aware of the possibility of work stress and impairment after qualification, into which this research could provide insight.

Secondly, Jordaan et al. (2007) highlighted that many psychologists fail to manage their own emotional distress. They recommend education and resources to help normalise work stress and destigmatise assistance-seeking behaviour, challenging the pressure some

psychologists feel to be a model of perfect mental health. Yet, Robins, Roberts, and Sarris (2018) highlight that there are currently no intervention guidelines for psychology students on burnout, and Sagberg (2014) found that psychology trainees were surprised about the challenges that came with their new professional role. This research aims to provide insight and awareness into the challenges faced by NQ CoPs so that trainee CoPs and those pre-training may be able to better manage their expectations. In turn, increasing self-awareness into the possibility of stress may help CoPs feel satisfied with their future work rather than feeling underprepared or dissatisfied (Radeke & Mahoney, 2000).

Thirdly, it may inform counselling psychology doctoral course staff about helpful inclusions for the course regarding post-qualification self-care to minimise the effect of work stress on their NQ cohort.

Fourthly, those working with NQ CoPs, such as their supervisors and colleagues, may become more aware of what may affect NQ CoPs. Thus, organisations might become more considerate to the perspective of some of their more junior staff, and become more able to support them with challenges. Palmer and Dryden (1995) noted that it is important for therapists working with clients who are suffering from stress to consider occupational stressors, so that the CoPs or personal therapists who may have NQ CoPs as clients can be more aware of the issues that challenge them.

Finally, Green and Hawley (2009) wrote that ‘the profession is only as strong as the links in our professional chain, which can be solid and numerous’ (p. 211). For the CoP profession to continue to be successful, CoPs need to ensure that they are functioning as well as possible. Overall, this research is relevant to counselling psychology on multiple levels; it shows originality, addresses a gap in research, and it seeks to deepen understanding into the important issue of work stress that is currently affecting so many professionals in the UK.

LITERATURE REVIEW

2.1 Chapter Overview

This chapter starts with a critical review of the available literature relating to CoPs' experiences of work stress. The review started with exploring psychologists' experiences of work stress. This was broadened due to the lack of research on this topic, including neighbouring research on burnout and work-related challenges facing psychologists, novice counsellors and trainee psychologists. The chapter concludes with a methodological and epistemological critique, implications of the review, and the research question.

2.1.1 Literature search strategy. Literature was primarily identified through online electronic databases, such as EBSCO, Scopus, and Google Scholar. The search terms included combinations of 'work stress', 'occupational stress', 'job stress', 'burnout', and 'psychologist', 'counsellor', 'therapist', and 'psychotherapist'. Priority was given to articles in peer-reviewed journals written in the last ten years. Bibliographies of articles were reviewed and led to additional searches following related and cited articles to create additional points of reference. Following a review of the found literature, refined searches included terms such as, 'experience of', 'newly qualified', 'novice professional', 'early career psychologist', 'psychology graduate', 'multi-disciplinary team', and 'interdisciplinary team', to further explore the research gap and align more with my phenomenological approach. This developed as I progressed through the doctorate as a reflective scientist practitioner. Searches for the literature took place over a span of four years to keep up to date with current research, and papers were narrowed down through reading the abstract for relevance to the topic of work stress and psychologist experience.

2.2 Literature Review Findings

2.2.1 Development of research on work stress in psychotherapists and psychologists. Research on therapists' experiences of work stress started in the 1970s, with stress being highlighted as a major and frequently ignored issue for psychotherapists (Spensley & Blacker, 1976). Kline (1972) and McCarley (1975) highlighted stressors such as professional isolation, loneliness, and the overwhelming responsibility in working with clients. However, few studies explored psychotherapists' work stress directly.

In the 1980s, public and professional concern about burnout spread from the US to Europe (Schaufeli, 2017). Burnout was described as an elevated risk of work stress (Pakenham & Stafford-Brown, 2012), and as 'the terminal phase of therapist distress' (Baker, 2004, p. 21). Early burnout research focused on healthcare professionals, not just due to the emotional nature of their work, but because it impacted both professionals and their clients through depersonalisation, disengagement, and emotional distancing (Bakker et al., 2014; Maslach & Jackson, 1981; Rupert et al., 2015). Stress research specifically for the newer profession of 'psychologist', however, did not commence until the 1990s. With differing job roles, responsibilities, and training routes, psychologist-specific research started highlighting stressors that differed from other professionals, such as power differentials between those more aligned with the medical model, or financial stressors when needing to self-fund one's training.

2.2.2 Work stress in psychologists: Quantitative literature.

2.2.2.1 Risk factors for work stress and burnout in psychologists. In 2022, the enormous negative impact burnout has had on employees' work and personal lives, and

whole countries' economies and public health, led the World Health Organisation (WHO) to define burnout as a phenomenon exclusive to occupational setting (Valsania et al., 2022).

The earliest quantitative papers on psychologists' work stress focussed on work setting, reporting that working independently was less stressful than working in a public setting (e.g., Ackerley et al., 1988; Farber, 1985; Hellman & Morrison, 1987; Raquepaw & Miller, 1989). The first study to look specifically at CoP's burnout reported predominantly low-moderate levels, with those in private practice reporting lower levels than those in hospital settings (Vredenburgh et al., 1999). Moreover, consistent with psychologist burnout studies of the time, was that younger CoPs were more vulnerable to burnout than older CoPs.

Many of the early papers looked at numerous single issues, such as, setting, age or experience. Yet, they did not always account for the other factors, leaving potential confounding variables. Compiled mainly from quantitative cross-sectional self-report surveys, Simionato and Simpson (2018) and McCormack et al.'s (2018) systematic reviews sought a more comprehensive view on the prevalence and personal risk factors related to stress and burnout in psychologists. Both reviews highlighted burnout as a concern to psychologists, with younger age and less work experience as the most reported personal risk factors. Although coming to similar conclusions is good for the reliability and validity of these reviews, so as not to overstate these results it is worth noting both reviewed predominantly the same papers. However, similar conclusions were drawn in Pakenham and Stafford-Brown's (2012) review on stress in clinical psychology trainees; that less experienced, younger psychologists may be particularly susceptible to adverse stress-related outcomes. The idea was perhaps that younger psychologists would have less therapeutic practice and fewer coping mechanisms for the demands of delivering therapy, and thus be more susceptible to work stress and subsequent burnout (Farber, 1990; Kaeding et al., 2017; Simionato & Simpson, 2018).

Although age-related findings have been heavily reported, there have been inconsistencies, with age being reported as unassociated with burnout (Kahill, 1986), or that older age was associated with burnout (Butler & Constantine, 2005; Gersch & Teuma, 2005). Rupert & Morgan (2005) noted it was not surprising to see mixed results concerning stress and burnout in psychologists when research has included non-specific professional groups such as health service professionals, or psychotherapists or included psychologists across any work setting. Thus, papers continue to call for more specific, homogenous groups so as to further understand the interaction between stress and specific groups of caring professionals (Farber & Heifetz, 1982).

Additionally, the majority of the studies in the systematic reviews included in this literature review were written before 2006. This highlights the relevance in conducting a study in this area to gain insight into the current climate in mental health services, and to explore the possible changes from the introduction of the doctorate CoP training course in 2005-2006, where pressure of a higher qualification standard and higher financial cost may have increased stress levels (Martin, 2010; Morse et al., 2012; Simionato & Simpson, 2018). One suggestion for the lack of more recent research is the change in focus to well-being studies and increasing work engagement driven from positive psychology, positing that it is too simplistic to define work stress as entirely negative (Arnold et al., 2016; Schaufeli et al., 2009). Even so, tools to cope with and combat work stress amongst psychologists have been under-researched (McCormack et al., 2018; Pakenham & Stafford-Brown, 2012).

Furthermore, there are limitations to these systematic reviews. 90% of the studies of burnout in Simionato and Simpson's (2018) review, and 33% in McCormack et al.'s (2018) review used Maslach’s burnout inventory (MBI) or the MBI-human service scale, which has been considered the ‘gold standard’ for scoring burnout (Melamed et al., 2006). Although, using the same measure is good for generalisability and cross-study comparison, the interpretation of MBI scores have been said to be problematic, with arbitrarily defined cut-

off values ‘neither grounded in firm clinical observation nor based on sound theorising’ (Schaufeli, 2003, p. 3), and seen as conceptually fragile, not distinguishing between burnout and depression (Bianchi et al., 2015; Simionato & Simpson, 2018). Amongst other issues, it can be argued that distinguishing between burnout and depression can add significant value to our understanding of work stress; for example, burnout being work-specific can more directly inform organisational practice; unlike depression, which is more generalised.

In addition to the gap in research conducted since 2006, there is a gap in research conducted in the UK. UK papers were a minority in both reviews, with 20 out of 29 of the studies in McCormack et al.'s (2018) review from the USA, and 5 from Australia. The only UK study was on IAPT therapists, not psychologists; again, a profession with potential differing experiences, such as a lower level of qualification, working in a more outcome-driven service. This geographical gap is important, as healthcare systems and the specific issues facing psychologists vary around the world. For example, in the US the licensure and training varies from state to state, unlike the UK’s standardised training (Arora et al., 2017). Moreover, the biggest employer of psychologists in the UK is a public sector health service where predominantly psychologists work in MDTs (University of Sussex, 2022), compared to the predominant private US healthcare sector and the newness of MDT psychology work (Perrin & Elliott, 2019). These examples again highlight the need to account for country and type of psychologist when thinking about studying work-related stress.

For a UK perspective, 75% of clinical psychologist participants in Cushway and Tyler (1994) said they were moderately or very stressed, with stress impacting their work, social life and relationships, and being alleviated most through colleague support and management. Additionally, those who were younger, with less experience, reported more stress. More recently, yet still almost two decades ago, Hannigan et al. (2004) published a systematic review with a more homogenous sample than McCormack (2018) or Simionato and Simpson (2018). Hannigan et al. (2004) noted many UK clinical psychologists reported

their work as demanding and stress-provoking, citing their sources of stress as; client characteristics, excessive workload, professional self-doubt, and poor management. They noted that these findings were similarly featured in international studies. In contrast, Cushway and Tyler (1994) noted that features such as poor management and lack of resources did not feature in US studies, and that perhaps this was due to all psychologists in the UK study being employed in the public sector, which may have taken a toll due to reorganisation, uncertainty, and funding shortages in public sector services.

More recently, Simpson et al.'s (2019) international study echoes Hannigan et al.'s (2004) reported work stressors. Simpson et al.'s (2019) sample of clinical and counselling psychologists, primarily from Australia, reported the biggest stressors as; managing an overly challenging work-life balance, and working with complex or chronic mental health issues and very distressed clients. 79% reported currently experiencing work stressors which were impacting optimal functioning in their role (consistent with e.g., Cushway & Tyler, 1994, 1996; Rupert & Morgan, 2005). It is worth noting, in light of literature focusing on the vulnerability of those of younger age and lesser experience, that Rupert and Morgan's (2005) participants were fairly experienced, with a mean age of 52 and 17 years of qualified experience. For Simpson et al. (2019), the average age was 43 years. Therefore, despite research pointing to this demographic as most vulnerable to work stress and burnout, those of a younger age and with less experience are perhaps not always represented in these studies.

2.2.2.2 Work-related challenges in early career psychologists. Most of the research on psychologists with less experience looks at early career psychologists (ECPs), a distinct professional group that faces unique career challenges (Arora et al., 2017). They are defined in America as psychologists who are within the first 10 years of receiving their

doctoral degrees, having previously been defined as being within 7 years of qualification (American Psychological Association, 2006, 2014).

ECP's have been reported to face various challenges in the transition from trainee role to the role of a professional (N. G. Smith et al., 2012); experiencing more professional stress than their more experienced colleagues (Dorociak et al., 2017), training longer, facing more economic uncertainty, paying more to train (Arora et al., 2017; Doran et al., 2016; El-Ghoroury et al., 2012; Stevanovic & Rupert, 2004), and facing challenges on individual-internal, interpersonal, organisational, community, and public policy levels (O'Shaughnessy & Burnes, 2016). The papers have highlighted challenges such as ECPs having an undeveloped professional identity, and less support in the professional world in comparison to during training (Green & Hawley, 2009).

Dorociak et al. (2017) wrote that ECPs reported greater perceived stress, greater feelings of being overwhelmed by their caseloads, more poor mental health days, a lower sense of personal accomplishment, higher levels of emotional exhaustion, and had more professional stress than mid or late career psychologists. On the other hand, although the ECPs reported higher levels of perceived stress than other psychologists, Dorociak et al. (2017) cited Cohen and Janicki-Deverts (2012)'s study as supporting evidence that participants were comparatively in the normal range for ages 25-34, which may highlight that age may impact more than job role. However, Dorociak et al. (2017) did not justify the use of this sample, thus making conclusions difficult. Dorociak et al. (2017) noted that whilst seeing these differences between career stages, that the cut off points for career stage groups were largely arbitrary, and there were factors that could explain differences. For example, psychologists who are discontent with their career, experience high work stress, or lack adequate self-care may not be represented in the late-stage career sample, as these factors may lead for them to leave the profession in the early stages of their career.

In contrast, Olaussen et al., (2010) were surprised that in their study of Norwegian psychologists the level of emotional exhaustion was relatively low, and no different for those in their first year of qualifying than their sixth. However, it is worth noting that one-to-seven years is in some countries all counted as an ECP. They queried that with a greater range of experience, they might start to see the professional experience differences other studies had reported. In their study the biggest predictors of emotional exhaustion were professional self-doubt and work environment pressures, the former of which they noted as stressor, part of the inevitable development of a therapist, and perhaps a vulnerability that makes them more prone to burnout. Most importantly, professional self-doubt had not only been found in ECPs, and thus could not be solely 'beginner shock', but was a main stressor even in psychologists who had been qualified for a long time.

This section highlights the stressors faced by ECPs, with papers such as O'Shaughnessy and Burnes (2016) suggesting an increasing need for investigation into specific experience as the ECP workforce continues to grow. In contrast, some papers (e.g., Olaussen et al. 2010) highlight variations in psychologists' work stress, age, and level of experience, calling for a further need to unpack the noted differences.

2.2.2.3 Work stress in trainee psychologists. Looking further into psychologists with less experience and similar to studies on ECPs and new professionals, studies of trainee psychologists suggest that they experience very high stress levels towards the end of their doctorate course, which may mean NQ CoPs are entering the professional world already experiencing high levels of stress (Robins et al., 2018). Moreover, Galvin and Smith (2015) noted that trainee clinical psychologists reported the highest levels of perceived stress, demands, and psychological ill health in comparison to trainee nurses and PhD students in the UK. Furthermore, Robins et al. (2018) highlighted the important role of

trainee burnout; however, this is something that has mostly been overlooked in burnout literature.

With most studies focusing on singular issues, Kumary and Baker (2008) identified a gap in research, and carried out a comprehensive UK investigation into CoP trainees' self-reports of experiences of stress. They aimed to profile CoP trainee's stressors and the relationship between these and their levels of psychological distress. They claimed that CoP trainees experience unacceptably high levels of stress which may remain steady over time, especially if younger and female. The study, however, as the researchers have reflected on, had several validity, reliability, and methodological issues for research seeking to discover causality, especially regarding the undeveloped and 'unstandardised status of the CPTSS questionnaire, and relatively unsophisticated though legitimate statistical analysis' (p. 25). Moreover, subjective elements such as investigating self-reported experiences of a little-researched group may have been more suited to qualitative research, and perhaps indicated tensions in the researchers' epistemological stances. Although their research did highlight CoP trainees' stress, perhaps a qualitative study using IPA or thematic analysis may have better suited their aims of investigating CoP trainees' self-reported experiences of stress, and provided richer, more detailed responses about their experiences.

2.2.2.4 Summary of quantitative research of work stress in psychologists.

Studies of work stress have come predominantly from the positivist paradigm, positing that work stress is a measurable phenomenon that can be studied. Thus, the primary methodology has been quantitative; looking for what work stress is, the causality of work stress, and how it can be prevented. Such papers have highlighted that workers in counselling-related professions are particularly vulnerable to work stress (Cushway & Tyler,

1996; Fothergill et al., 2004; Hannigan et al., 2004; Maslach, 1976; Moore et al., 1996; Pakenham & Stafford-Brown, 2012; Rippere & Williams, 1986).

In quantitative research, work stress and burnout have been highlighted as issues for psychologists, with younger age and less experience noted as risk factors, and gender as more inconclusive and inconsistent. Despite this, there is a lack of ECP literature surrounding work stress, especially for CoPs. Occupational risk factors such as workload and work setting have been highlighted, specifically working in the public sector. Moreover, limitations noted across the field are that psychology is a broad field inclusive of several branches of occupational groups, each with their own specific training routes, resources and demands. Although grouping mental health professionals together has still yielded results, by not narrowing the field, profession-specific issues can get missed. For example, clinical psychologists have a paid training route, whilst CoPs may face stress from the financial costs of the doctoral course and loss of earnings whilst training (Bor et al., 1997; Kumary & Baker, 2008). Additional financial requirements, such as extra supervision and required personal therapy, are further contributors, again emphasising the relevance of exploring these differences (Milton, 2001; Szymanska, 2002).

Moreover, in order to see if these issues transcend context, and if there are specific contextual differences, more research needs to be done in the UK (McCormack et al., 2018). Thus, it seems important to have more up-to-date studies which start narrowing the field, researching more specific groups of psychologists in more specific settings. Additionally, due to the differences in training institutions and in the healthcare systems worldwide, research needs to branch out from being primarily undertaken in the USA. This may mean that interventions addressing burnout and work stress could be more specific to the needs of individual professional groups, such as UK CoPs, in the hope that their needs may be better met, which could have implications on a personal, client, economic, and organisational level.

2.2.3 Work stress in psychologists: Qualitative literature. Jordaan et al. (2007) recommended qualitative studies be undertaken to explore the experience of stress in psychologists, postulating that understanding could lead to solutions to manage therapist stress, in addition to its effects on client well-being. This section explores the literature further, seeking experiences of work stress in psychologists, looking from a qualitative perspective at those who are younger and with less experience, alongside exploring context by looking at multi-disciplinary teams.

2.2.3.1 Research on work stress in counselling psychologists. Despite recommendations to undertake qualitative studies, only one qualitative study was located that looked at work stress in qualified CoPs. Papadomarkaki and Lewis (2008) recruited six CoPs from the UK, four of whom worked in public services and two in private practice, with two-to-seven years of CoP experience. Through thematic analysis-informed IPA, they collated four themes: Stress due to uncertainty in their role; work having an impact on their relationships; managing work stress by 'being themselves'; and facing criticism of their professional identity. They stated that, in comparison to other mental health professionals, CoPs seem to face uncertainty in their practice and might meet extra difficulty in their work. It is, again, important to note here that the participants' ages were between 41 to 60. Given the quantitative research reporting age as a risk factor for work stress in psychologists, it would be interesting to explore whether younger CoPs highlighted similar stressors.

Moreover, often in studies of work stress, the sample includes mental health workers as a whole; however, Papadomarkaki and Lewis (2008) highlighted that using a wider sample may miss some of CoPs' unique stressors. These include issues such as stress caused by working in an environment where, in opposition to the CoPs' underpinnings, the

medical model was given precedence. This may be different, not only to other mental health professionals, but to other psychologists too, such as clinical psychologists, who may be more aligned with the medical model (Jones Nielson & Nicholas, 2016). This is supported by Rupert et al. (2015), who argued that psychologists are a diverse group working in different settings, with different training and duties, and thus it is difficult to draw conclusions in papers that include psychologists as a whole, rather than specific groups of psychologists. Rupert et al. (2015) and Papadomarkaki and Lewis (2008) suggest that further research should look specifically at unique issues and challenges faced by individual groups of psychologists such as CoPs.

2.2.3.2 Experience of psychologists in multi-disciplinary teams. In Papadomarkaki and Lewis (2008), CoPs who worked in NHS MDT settings, rather than private practice, mentioned additional issues; receiving critical and derogatory comments, a lack of recognition from other staff, a greater need for CoP support groups to alleviate isolation, as well as the previously mentioned issues with the medical model. CoPs are increasingly represented in MDTs and have much to offer them, yet little is known about this professional group (Berkel et al., 2019). Similarly, ECPs have mentioned feeling frustrated and undervalued because others have not understood their role (Kolar et al., 2017). Moreover, unique challenges and stressors for NQ CoPs in America were highlighted, such as; feeling the MDT generally lacked appreciation or understanding of their role and/or feeling a poor fit in the team, feeling underutilised, the work being emotionally taxing, feeling impacted by team hierarchy, and facing time constraints (Berkel et al., 2019).

However, feeling like other professionals in the MDT do not understand their role is not completely unique to psychologists. Feeling marginalised, undermined, or that decisions were shaped unequally were highlighted for professionals, such as psychologists, who were less accountable in settings in which the medical model or legal paradigm had precedence

(Chong et al., 2013; Haines et al., 2018; C. Larkin & Callaghan, 2005; Onyett et al., 1995). Nevertheless, CoP papers mention additional issues, such as MDT members having a narrow understanding of CoPs' professional role and benefit to the team and to client care, which could not only result in poor collaboration, but may mean a client misses out on important care (Berkel et al., 2019).

Poor collaboration between psychologists and the MDT was not only seen from a psychologist's perspective. In Negri et al.'s (2021) mixed-methods study of GPs in Italy, GPs reported 66% of their patients would benefit from psychology, yet referred only 9%, and only 8% considered psychologist/doctor collaboration useful in primary health care. Although clarifying one's role to the MDT therefore seems important, Berkel et al. (2019) reported that ECPs did not always do so to the MDT, despite feeling they had a strong identity, as they felt unsure if the MDT would know or care about the different types of psychologist. Berkel et al. (2019) mentioned the need for NQ CoPs to have assertiveness, flexibility, and confidence to manage hierarchy in relationships and competing viewpoints and dynamics. However, limited research has been done on how NQ CoPs manage MDT stressors, more research on which may help develop ideas for how CoPs may gain these abilities.

Furthermore, across the MDT literature are several mentions of psychologists not being involved in decision-making, or feeling adjunct to the MDT, and thus not actively participating in discussions and decision-making (Horlait et al., 2022; Wood et al., 2019). This is important due to the stress of professional isolation, and because the lack of integration can mean clients are not offered psychological treatment (Wood et al., 2019). This highlights the importance for psychologists to better promote their role and skills to the MDT, and for future research to support this endeavour (Wood et al., 2019).

Despite encouragement to include psychologists in MDTs through the promotion of psychology, Horlait et al. (2022) mentioned a lack of opportunity to do this, with most hospitals not inviting psychologists to MDT meetings or psychologists feeling there is not a

role for them in MDT meetings. In Horlait et al.'s (2022) study, psychologists attended half of all observed meetings, the most absences of all professionals, thus affecting the perception of risk and recovery from a psychological approach. Horlait et al. (2019) argued that psychologists are underrepresented in international literature potentially due to not being considered core MDT members. However, psychologists not attending meant that Horlait et al. (2022) missed the chance to explore these absences and gain a more rounded perspective on the experience of psychologists in the MDT.

In addition to stressors such as feeling isolated, undervalued, or misunderstood in MDTs, psychologists have reported work stress in managing group dynamics. Horlait et al. (2019), Maddock (2014), and Horlait et al. (2022), highlighted that MDTs tend to be dominated by medical and paramedical professionals, with the dominance and hierarchy of the medical roles acting as a barrier to the participation of psycho-social professionals. In Sciberras and Pilkington (2018), 43% of psychologist participants working in Malta MDTs left the public sector by the end of the research, attributing this to systemic factors, not feeling valued, difficulties with alignment to the medical model, and being left out of decision making. Furthermore, they noted that feeling powerless and lacking control contributed to distress and reduced engagement in work, with personal coping strategies utilised to survive the demands of the workplace. Their interpretation was that the larger context of the work-setting shaped the quality of participant's experiences, and that negative emotions arising from the system were more distressing than those that arose from client-work. Self-care for 'survival' has been mentioned in other psychologist studies (e.g., Berkel et al., 2019; McDaniel & DeGruy, 2014) noting that MDT working for psychologists requires active self-care, relationship building and professional competencies in order to navigate complex and often hierarchical organisational structures and systems. Thus, it would be interesting to explore the experience of NQ psychologists specifically in MDTs as they have less

experience and may have less confidence and fewer coping strategies than their more experienced colleagues.

Moreover, Horlait et al. (2019) highlighted psychologists as crucial in bridging the gap between higher and lower status MDT members, as seen in Comeau-Vallée and Langley (2020), where psychologists were able to collaborate within their profession, come up with ideas to hold boundaries, and manage inter-professional conflict. However, Comeau-Vallée and Langley (2020) did also note competitive tension between social workers (seen as lower status) and psychologists and psychiatrists, with ambiguity in who could perform tasks, and Bucher et al. (2016) highlighted middle-status groups engaged in confrontation. Additionally, often teams may only have one or two psychologists, so it may be harder to challenge higher status MDT members, or ambiguous boundaries, and solidify a position.

Despite the organisational, relational, and hierarchical stressors of the MDT, several studies mention the benefits psychologists gain from- and provide to- the MDT. Early career CoPs working in healthcare MDTs in the USA noted their satisfaction revolved around teamwork and collaboration, learning from professionals, feeling appreciated, and providing good patient care (Berkel et al., 2019). One suggestion from this study for further research to explore CoPs' challenges in integrated teams and how they cope, for example, with emotional exhaustion, burnout, hierarchy, lack of fit, and their sense of identity amongst diverse professionals (Berkel et al., 2019). Gorbenko et al. (2019) noted that shared experiences in MDTs helped protect from burnout. However, they raised the concept of burnout feeling contagious when spoken about, a concern that Brindley et al. (2019) noted should be taken as a call for a more in-depth understanding of burnout, rather than an excuse for blame and inaction. Gorbenko et al. (2019) suggested future research should urgently investigate types and qualities of MDT interactions and their impact on MDT wellbeing.

Several papers mentioned not only MDT working, but the stress for psychologists surrounding organisational and management issues, such as poor organisational culture and leadership (Kolar et al., 2017). Colley et al. (2015) highlighted organisational stressors for clinical psychologists in the NHS, for example, needing to do more with fewer resources, and Cramond et al. (2020) noted that organisational issues depleted clinical psychologists' compassion and resilience. Despite the previously explored emphasis on ECP stress, in Cramond et al. (2020) seniority meant psychologists were increasingly involved in organisational issues, thus increasing the demands and pressures on them. Additionally, UK clinical psychologists reported deteriorating MDT relationships as additional stressors, alongside feeling scapegoated and marginalised by MDT members during constant organisational change (Colley et al., 2015). With organisational issues as the most stressful part of psychologist's role (Cramond et al., 2020), context is important. The UK health service has been under extreme pressure due to a lack of resources, reduced capacity, and increasing demands. This could be contributing to the psychologists' experience of work stress. Similarly, Kerasidou (2019) and Tucker et al. (2020) highlighted the relevance of researching this context in the present time of austerity for the NHS, where services and workers are facing the highest ever levels of work stress. Therefore, capturing this experience could help to inform how best to support psychologists in publicly funded, present-day organisations.

Despite these highlighted qualitative studies having limitations, for example, a purposive sample perhaps of one team, these findings can still be meaningful to CoPs. Often they are the first to specifically examine psychologists or CoPs in a particular context, raising further study ideas and bringing forward potential issues that may be experienced by more than just the one team. Berkel et al. (2019) reported that future research should explore CoPs in integrated health care, for example, challenges and coping, burnout strategies, and

hierarchy and identity among other professionals. This could provide a more complete picture of what is needed for a more cohesive MDT with reduced levels of work stress.

2.2.3.3 Work-related challenges faced by early career psychologists. There has not been a substantial focus in literature on early career professionals, yet psychology as a profession is a demanding and challenging field, especially for NQ psychologists (Kolar et al., 2017). Kolar et al. (2017) highlighted challenges for NQ psychologists in Australia, such as management and organisational issues, emotionally demanding work, feeling underprepared and overwhelmed, lacking practical skills, and having a low belief in their abilities. The most mentioned organisational issue was working in an MDT where participants felt undervalued and frustrated if overruled, or if their role was not understood. One thing to note is the participants' CoP training was at masters' level. In the UK this would not be considered fully qualified. Thus, it would be interesting to see if higher levels of qualification may be associated with NQ CoPs feeling more prepared or more able to manage the MDT.

Lantham and Toye (2006) noted the significant adaptation and adjustment needed for NQ clinical psychologists on qualification, with the increase in caseload, the continual professional identity development, and the unsurprising feeling of vulnerability in the transitional period. Moreover, Haine and Booysen's (2020) IPA study on early carer clinical psychologists and CoPs in South Africa reported challenges as arduous but not unexpected. Similarly, Levinson et al.'s (2020) study explored the challenges in the transitional period for UK clinical psychologists who had been qualified for up-to-two years and were working in the NHS in child and adolescent mental health services (CAMHS). One theme that emerged was the big jump from trainee to NQ, with an increase in responsibility and clinical hours, and a decrease in thinking and learning time. Levinson et al. (2020) reported that training

experiences, such as navigating team dynamics, had helped make the transition smoother. Although helpful to gain a UK-focused insight into NQ psychologists, it has limits for CoPs who may perhaps be less likely than clinical psychologists to have MDT experience, as MDT working is not core to UK CoP training.

2.2.3.4 Work stress in new and novice counsellors and psychologists. ECP papers studied psychologists up-to-ten years post-qualification, whereas when looking at new, or novice counsellors, other researchers have tended to look at a period of up-to-three years post-qualification. These papers highlight that often psychologists have unrealistic expectations on entering the workplace as qualified professionals which may lead to work stress (e.g. Sagberg, (2014), Skovholt et al. (2001) noted that novice counsellors face numerous elevated work stressors such as acute performance anxiety, inadequate supervision, and glamorised expectations. Moreover, they noted that awareness of possible sources of stress can help counsellors to avoid becoming overwhelmed, depleted, or burned out. Further research on work stress in NQ psychologists may enable them to operate with more awareness, and in turn may minimise stress, and reduce the chances of professionals leaving the field due to stress.

Similar to the papers highlighted in the MDT section, Rønnestad and Skovholt (2013) wrote about the difficulty after qualification for counsellors in an MDT, torn between identifying with one's own profession and the culture of the workplace. In line with this, Sagberg's (2014) study on the professional entry of psychology graduates mentioned MDT working as one of the biggest, most 'surprisingly demanding' (p. 187), difficulties psychologists faced on qualification. However, it is not detailed whether the psychologists were entering into their first qualified jobs following an undergraduate or postgraduate degree; the distinction of which, in the UK, is whether one is considered qualified as a

psychologist. This highlights a need for a more focused UK study making this distinction, of which a qualitative study may enable the transition of NQ psychologists into the professional workplace to be explored further and be more applicable to the UK.

Moreover, work stress for new counsellors seems not only to be in the new challenges faced on qualifying, but that their difficulty in facing these challenges can lead to disillusionment, and doubting their own ability, profession, training, professors, and supervisors (Freadling & Foss-Kelly, 2014; Rønnestad & Skovholt, 2013). Rønnestad and Skovholt (2013) noted, that if left unresolved, this could result in the professional leaving the career completely.

2.2.3.5 Work stress in trainee psychologists. The predominant literature on stress in trainee psychologists has been about clinical psychologists. Galvin and Smith's (2017) themes highlighted the main stressors for UK clinical psychologists as the application process, professional self-doubt, and personal and professional relationships. Moreover, R. S. P. Jones and Thompson's (2017) IPA study on UK clinical psychology trainees noted stress in training as an inevitability. They showed that trainees developed resilience in the face of constant stress levels, despite often experiencing imposter syndrome, and linked the supervisor/trainee relationship to both positive and negative stress experiences. Similarly, Haine and Booysen's (2020) South African study on CoPs and clinical psychologists presented training as a seemingly necessary stressor that can be seen as positive and rewarding. Haine and Booysen (2020) noted the importance of future research including a more homogenous sample, rather than grouping psychologists, so as to have greater confidence in the findings, partially due to bias towards clinical psychologists over CoPs. This bias is present in the UK; for example, job advertisements indicating the need for applied psychologists, yet only allowing clinical psychologists to apply (Ooley & Farndon,

2021), and that the clinical psychology course is one of the only two funded psychology courses. Nonetheless, qualitative literature about work stress in CoP trainees is sparce.

Stress and burnout experienced by final year CoP trainees has been researched in several theses using IPA. Sykorova (2016) noted that young female CoP trainees seemed to perceive stress as an integral element of their training, both promoting growth and being destructive, similar to the 'rite of passage' elements of Haine and Booysen (2020). Moreover, Archer (2020) detailed CoP trainees' loss of agency and resentment towards their training course, describing a hostile training environment and the adoption of artificial confidence to give the illusion of self-assurance. Also reported, however, was the development of greater resilience and self-monitoring to prevent future burnout. Qualitative research on NQ CoPs about the next step, the transition to being qualified, could provide more detail about their experiences, putting what they learned in training into practice, and exploring what was helpful, or could have been helpful in their training to help prevent burnout, or cope with work stress.

2.2.3.6 Summary of qualitative research of work stress in psychologists. Qualitative research has started to expand past the presence and absence of work stress in psychologists, and onto starting to unpick some of the factors at play, such as experience of work stress in public health settings, in MDTs when NQ, or throughout training. The qualitative nature of the studies has allowed for elaboration, for example, on their experience of work, of coping, their beliefs about work stress, and their feelings. These elements can help build a clearer picture of the complexity of work stress so as to better meet CoPs' needs and thus client, team, and organisational goals.

Although helpful in the MDT studies to see other professionals' perspectives of the MDT rather than solely the psychologists', there were again issues in capturing

psychologists' experiences, as their viewpoint was not captured if, due to the numerous barriers, they did not attend MDT meetings. This, alongside there often only being one psychologist on the team, leaves psychologists in the minority in MDT studies, perhaps highlighting the importance of specifically researching psychologists working in MDTs to capture their perspectives.

Qualitative research has highlighted several barriers to participation in MDTs for CoPs, for example, low confidence or self-esteem, not feeling relevant or needed, not being invited to attend, or feeling isolated or discriminated against. Many skills required to navigate MDT dynamics were highlighted, all of which may be more of a struggle for those who are younger and less experienced, such as assertiveness in speaking up and explaining one's CoP identity, feeling able to challenge those with a differing main model, or using personal coping strategies to manage stress. However, various elements, such as age, experience, and team membership have not always been explored in these papers. Future research suggestions include exploring NQ CoPs' challenges in integrated teams and how they cope, for example, with emotional exhaustion, burnout, hierarchy, lack of fit, and their sense of identity among differing professionals. By researching these suggestions, CoPs' needs can continue to be explored and recognised so interventions can be developed, and organisations can become more aware of potential systemic issues. This could help not only individual CoPs, but MDT collaboration, and client care.

2.3 Epistemological and Methodological Critique

Quantitative studies have created the foundation of work stress literature, highlighting the prevalence, associations, and potential causality of work stress, and providing evidence for work stress theories, definitions, and how to capture this phenomenon. Many theories of stress emphasise individual perception or appraisal, showing work stress can be perceived

by individuals differently (Arnold et al., 2016). However, there seems to be a dearth of rich, descriptive accounts of work stress in NQ CoPs and their experience, understanding, and ways of coping (Pietkiewicz & Smith, 2014). Having highlighted through quantitative research the importance of exploring work stress, literature suggests the use of qualitative methods to gain insight into the emotional experience of stress, sources of stress, and participants' unique interpretations of the causes and management thereof (Cox, 1985; Dewe, 1991; Jordaan et al., 2007). Although quantitative research has provided important policy-changing insight, as experience itself is subjective, experience of work stress is more suited epistemologically to qualitative methodologies. Qualitative methodologies may help capture the nuances of work stress, such as 'presenteeism', where employees attend work despite being ill, and thus are not counted in absenteeism statistics (Arnold et al., 2016).

IPA allowed Papadomarkaki and Lewis (2008) and Sciberras and Pilkington (2018), to achieve deep, specific knowledge. This richness was especially seen in Sciberras and Pilkington (2018), who not only detailed that psychologists found client work stressful, but also that the negativity transformed some of them as persons, and left others with a negative residue. Moreover, IPA enabled Papadomarkaki and Lewis (2008) to make interesting interpretations linking back to the humanistic value base of counselling psychology, and detail extra difficulties relating to professional identity. With quantitative papers highlighting the vulnerability to work stress for NQ CoPs in MDTs, exploration of this population's experience could help guide the next steps in work stress intervention. The qualitative papers, however, were not without limitations. IPA does not claim generalisability, rather the potential for theoretical transferability. Therefore, it is important to remember that many of the qualitative studies represent the views of a small number of a purposive sample, which, although sufficient for the method, does not aim for generalisability and transferability of the issues highlighted. Hence, it may be important for qualitative research to capture the nuances in work stress, and for it then to be further supported by quantitative research.

Despite the outlined limitations, both qualitative and quantitative papers have made original and valuable contributions to psychologist work stress literature. They have explored the risk factors and prevalence of work stress, and highlighted a gap for an illuminating, comprehensive understanding of CoPs' perceptions and experiences of work stress and working in MDTs. Exploring CoPs' meaning-making would be more appropriate through qualitative measures that would be in line with my CoP values, my beliefs about what can be known, and my interest in phenomenology. These elements will be explored more in the methodology section. Moreover, IPA enabled researchers to illuminate the phenomenon that makes CoPs' experiences of work stress special, something uniquely different and distinguishable (Pietkiewicz & Smith, 2014) such as professional identity in MDTs, which I aim to continue illuminating. Each paper posed a series of questions for further research which I endeavour to explore; the role of support for CoPs, psychologists in MDTs in the UK, and implications of CoPs experiencing criticism in MDTs.

2.4 Implications of the Review

2.4.1 Rationale. This chapter illustrated that using qualitative methods could capture insights into a specific group of psychologists who have been seen to experience specific work stresses, in a stress-provoking environment (Papadomarkaki & Lewis, 2008; Sciberras & Pilkington, 2018; Vredenburgh et al., 1999), especially as they may be more vulnerable to work stress when they are younger, have less experience (McCormack et al., 2018; Simionato & Simpson, 2018), and are transitioning into the profession (Dorociak et al., 2017; Green & Hawley, 2009; O'Shaughnessy & Burnes, 2016; Olson et al., 1986; Sagberg, 2014). This literature review has highlighted a crucial gap — the voice of UK CoPs and their experience of work stress, especially those who are NQ and working in MDTs. Addressing this gap is important so CoPs can thrive rather than suffer with work stress, hopefully then

resulting in fewer CoPs leaving the profession or struggling with their mental health and enabling them to continue meeting the pressures and demands of the UK healthcare system. Moreover, exploring work stress for NQ CoPs in MDTs may mean MDT support can be developed so CoPs are more included and utilised in the MDT, thus improving client care by CoPs being more able to support holistic care.

Studies on work stress have come predominantly from the positivist paradigm, positing that work stress is a measurable phenomenon. Thus, the primary methodology has been quantitative. The quantitative literature reviewed provided huge contributions to the importance of addressing work stress, and highlighted a large variety of factors, which qualitative methodology has started to unpack further. Using qualitative methodology could further allow participants to provide their own definitions, perspectives, and experiences of work stress, and means they could discuss their ways of coping, alongside the issues they face. This would increase awareness on the phenomenon of work stress and CoPs' needs so appropriate support can be given, and burnout and staff turnover reduced, thus not only having impact at an individual level but also at organisational, economical, and theoretical levels.

2.4.2 Research question. In conclusion, a qualitative study from a constructivist perspective is proposed. The central research question is: What is the experience of work stress in newly qualified counselling psychologists working in multi-disciplinary team settings?

Using IPA to analyse data collected through semi-structured interviews, the research aims to explore how work stress is experienced by those who are newly qualified, working in the UK as a counselling psychologist, and within the context of an MDT.

METHODOLOGY

3.1 Chapter Overview

In this chapter I discuss the rationale behind my chosen methodology of IPA. Following this, participant sample, procedural and ethical considerations, and evaluation criteria for my research are discussed before briefly detailing the steps of analysis.

3.2 Ontological and Epistemological Positioning

Madill et al. (2000) reported that it is the responsibility of the qualitative researcher to make clear their epistemological and ontological position. In terms of my own positioning, I agree with Willig, that a realist ontology, of a reality independent to what is known, does not automatically imply a commitment to the idea that there is a direct link between objective reality and our knowledge of it (Willig, 2016). My ontological worldview is currently one of critical realism; that a reality does exist, but it can only be imperfectly understood through subjective and socially-located knowledge (Braun & Clarke, 2013; Madill et al., 2000; Ponterotto, 2005).

In addition, the paradigm of constructivism postulates that our understanding of reality comes from an individual standpoint and perspective, because as individuals we try to make sense of reality, thus it is the result of our own interpretations (Butt, 1999; Maxwell, 2012). Therefore, it is not possible for humans to ever fully uncover what the true reality may be (Blumer, 1969; Maxwell, 2012; Willig, 2016). Moreover, the paradigm of phenomenology is located roughly in the middle of the realism-relativism continuum, concerning meaning-making, with the assumption that the world is experientially diverse (Harper, 2012; Smith et al., 2009). My quest for knowledge is in engaging with subjectivity, intersubjectivity, values and beliefs, interpreting and negotiating one's world views and perceptions, whilst respecting the individual's experience of feeling, valuing and knowing (BPS, 2006). Thus, I

align with phenomenology, that we view things through individual lenses, our own experience, understanding, and context, bringing a subjectivity to our own construction of reality. However, that is not to say reality is only constructed through interaction and language (social constructionism), but that it is constructed by the individual (constructivism) (Willig, 2013, 2016).

In summary, my ontological worldview is one of critical realism, and I come from the epistemological position of constructivism. Furthermore, I align with counselling psychology, which is rooted in humanistic values and adopts a human science perspective (Strawbridge & Woolfe, 2010).

3.3 Rationale for Choosing IPA to Explore Work Stress

As I train as a CoP, I navigate between differing ideologies, paradigms, and world views. The chosen methodology should be congruent with the researcher's perspective of reality (M. Larkin, 2015). Thus, when choosing my methodology, I used a process of funnelling informed by my ontology and epistemology. The process is detailed below.

3.3.1 Consideration of other methodologies.

3.3.1.1 Quantitative approaches. As seen in the literature review, quantitative research has highlighted that CoPs who are younger, with less experience, and working in MDTs experience higher levels of work stress and burnout. There is room for research in the prevalence of work stress in this specific population. Nevertheless, existing literature has pointed to a gap for rich, experiential accounts of work stress for this population, partially due to theories of stress emphasising individual perception and appraisal (Arnold et al., 2016). The view that reality differs from person-to-person is more in line with my view, a

critical realist ontology and constructivist epistemology, rather than the realist and positivist stance, that reality exists independently of the researcher and knower (Scotland, 2012). This means, for example, that quantitative studies that define stress as something that is unpleasant, might miss out on insight from those who find a certain level of work stress motivating (Arnold et al., 2005). To explore, therefore, individual appraisal, and gain experiential accounts of work stress for CoPs, it may be more appropriate for me to look to qualitative methodologies to gain participants' unique interpretations into the emotional experience of stress, meaning-making of stressors, and management of work stress (Cox, 1985; Dewe, 1991; Jordaan et al., 2007).

3.3.1.2 Discourse analysis. Discourse analysis is based on the social constructionist perspective that emphasises the construction of phenomena through linguistic interactions and societal context (Smith et al., 2009). Although sharing my interest in construction of experiences, it has a differing underlying perspective than my own, placing the focus on language as a form of behaviour to be analysed, rather than as a route to access an individual's experiences and the subsequent meaning-making (Smith et al., 1999). Thus, perhaps, putting the focus on how CoPs construct, talk about, and identify work stress may take away from the exploration of individual experience and the meaning-making of work stress.

3.3.1.3 Narrative analysis. Narrative analysis (NA) does allow for the use of narratives to create coherence and make sense of oneself and the world (Sarbin, 1986). Moreover, in constructivist NA there is the understanding that the social world is 'in the making' (Elliott, 2005, p. 18), which is in line with the experiences of CoPs' work stress not perhaps being linear or having an end point. Despite this, the focus seems more concerned

with social aspects in storytelling, about how the story is told, more so than the individual experience of a specific phenomenon.

3.3.1.4 Thematic analysis. Unlike IPA, thematic analysis (TA) is not linked to a specific set of theoretical assumptions, but is primarily a framework for analysis rather than a methodology (Braun & Clarke, 2013). Without the use of an existing theoretical framework, it can thus be flexible. However, TA can lack the substance, concrete guidance, and interpretative power that theoretically-driven methodologies such as IPA or grounded theory (GT) could provide (Braun & Clarke, 2013). Moreover, although some authors note TA as a phenomenological method, other methodologies such as IPA seem to have more of a dual focus on both individual experience and themes across cases (Braun & Clarke, 2013). Thus, in seeking a more phenomenological and robust methodology, I explored IPA and grounded theory to see whether they might be more appropriate for the questions raised from the literature review.

3.3.1.5 Grounded theory. GT seemed to have a different focus and epistemology than the phenomenological approaches, looking less at experience, and more on process and developing theories (Smith et al., 2009). Moreover, GT can be said to not always pay sufficient attention to the role of the researcher, assuming the data speaks for itself, with the researcher acting as a witness (Willig, 2013). However, I am of the belief that it is unavoidable that I will bring bias to the research, and thus will need a level of reflexivity, and an approach that aligns with the idea of the researcher as part of – rather than separate to – the research process (Eatough & Smith, 2017; M. Larkin & Thompson, 2012). Furthermore, the main purpose of GT is to generate an inductive theory about a substantive area, and there are already numerous heavily researched theories and definitions of work

stress. As this research is not about finding another model of stress, the phenomenological approaches were most suitable for my quest for knowledge, exploring how people make sense of their experience (Smith et al., 2009).

3.3.1.6 Descriptive phenomenology. Within the position of phenomenology are different approaches to knowledge generation; descriptive and interpretative. Descriptive phenomenology posits that humans can transcend their own subjectivity by bracketing off aspects of consciousness so they may reveal the world as it really is (Husserl, 1970; Landridge, 2007). This was critiqued by Heidegger, who postulated that we are inseparable from the world we inhabit, thus it is not possible to bracket off our perceptions and experiences and place ourselves outside of the phenomena under investigation (Heidegger, 1962; Landridge, 2007). Thus, interpretive phenomenology seeks not simply to describe, but to interpret (Landridge, 2007). IPA acknowledges that research is the product of the relationship between the researchers and the data, a circular movement of double hermeneutics (Willig, 2013). Hence, using IPA aligned best with my epistemological positioning, assuming that the data gathered can tell us something about phenomenological material by exploring people's individual understandings of their experiences and how they make sense of their place in the world (Smith et al., 2009); in my case, that speaking to NQ CoPs in MDTs about their work stress can tell us something about how they make sense of, and experience work stress. IPA enables the exploration of connections involved with phenomenon, rather than causal relationships, and encourages the gathering of rich data into work stress beyond presence or absence, to the individual's experience, in the aim of generating useful understanding (Willig, 2013).

3.4 Overview of IPA

IPA is a qualitative research method which seeks to produce a detailed account of personal lived experience (Smith & Osborn, 2015b). It recognises that this endeavour is interpretative, reliant on humans as meaning-makers who seek to make sense of the participant's own sense-making (hermeneutics). Specifically, detailed accounts of each participant's lived experience are examined in turn (idiography), in their own terms (phenomenology), prior to making interpretative claims (Smith & Osborn, 2015b).

3.4.1 Theoretical foundations of IPA.

3.4.1.1 IPA and phenomenology. IPA is phenomenological, in that the researcher seeks to perform a detailed analysis of a participant's lived experience (Smith & Osborn, 2015a). The researcher seeks, as far as possible, to see things in their own terms, as they present, rather than attempting to produce an objective statement regarding an object or event, or defining things by existing scientific or abstract hypotheses, theories or concepts (Eatough & Smith, 2017; Smith & Osborn, 2015a). In seeking this shift, the researcher takes an 'insider perspective' (Conrad, 1987), actively engaging with participants, often in the form of a semi-structured interview. This is done in an attempt to access their inner world, following which the researcher seeks to make sense of the participants' sense-making through their own interpretations (hermeneutics) (Smith & Osborn, 2015a). Through this engagement the research attempts to uncover the 'whatness', the structure that makes up the essence of the phenomenon of interest, and to grasp the participant's sense-making of the phenomenon (Smith & Osborn, 2015a).

3.4.1.2 IPA and hermeneutics. IPA is informed by hermeneutics which Grondin (1994) defined as making meaning intelligible. Hermeneutics is the theory of interpretation, that humans are trying to make sense of their experience, and that access to this experience depends on what the participant shares (Smith et al., 2009). Moreover, IPA researchers engage in double hermeneutics; trying to make sense of the participant, who is also trying to make sense of what they are experiencing (Smith et al., 2009). The researcher has a dual role, in that they are trying to make sense of what is happening to them, as well as interpreting the experience of others (Smith et al., 2009). Although recognising that it is never fully possible to stand in the shoes of another, through a dynamic process of interpretative activity the researcher aims to understand what the participant's experience is like, and to present their meaning in a rich and comprehensible way (Pietkiewicz & Smith, 2014).

3.4.1.3 IPA and idiography. IPA is idiographic, examining individual's particular experiences, perceptions and sense-making, rather than a focus on the universal (Smith et al., 2009). This means giving full appreciation to each individual, analysing each participant's account in detail whilst staying aware of context (Pietkiewicz & Smith, 2014). IPA is resolutely idiographic, as it is about understanding the unique, particular and concrete, whilst maintaining a person's integrity (Eatough & Smith, 2017). Thus, IPA researchers ensure any claims are grounded within the particular, and make known that this is their own interpretation and there could be alternative interpretations (Eatough & Smith, 2017).

3.4.2 Characteristics of IPA. There are three important characteristics for the rationale of using IPA in this research. These are epistemology, context, and language.

3.4.2.1 IPA and epistemology. IPA is based on a set of epistemological assumptions. One assumption is that 'an understanding of the world requires an understanding of experience' (Larkin & Thompson, 2012, p. 102). Experience is not able to be gained directly from engaging with those immersed in the unique contexts we seek to understand, but instead, through one's own process of meaning-making (Pietkiewicz & Smith, 2014). IPA assumes that interpretation is therefore inescapable. To engage with others' experiences researchers need to be reflexive, identifying their role in producing interpretations, and acknowledging their own assumptions and experiences and how these shape their inquiries and interpretations (Eatough & Smith, 2017; M. Larkin & Thompson, 2012). Another assumption made by IPA is that it illuminates a phenomenon, and the subjective knowledge produced can contribute to psychological understanding (Eatough & Smith, 2017).

3.4.2.2 IPA and context. Heidegger furthered Husserl's thoughts on phenomenology and focused on interpretation with recognition of context, interested in exploring (Eatough & Smith, 2017; Pietkiewicz & Smith, 2014) and understanding a person's 'being-in-the-world' (Spinelli, 2005, p. 29). Shaw (2010) noted that meaning-making is at the core of human experience, that we make sense of both our own experiences and each other's, and have agency in engaging with this ability, but that this is done within the constraints of context; the world in which we live. Analysis, through interpretation of their articulation, is all done with awareness of the specific contexts that the participant and researcher are, and have been in. Following Heidegger's phenomenological concept of intersubjectivity (the person-in-context), this study looks into the phenomenon of work stress as it appears on the surface

by NQ CoPs, with the idea that it is integratively connected at a deeper level, both a part of and apart from (Howitt & Cramer, 2014; Smith et al., 2009).

3.4.2.3 IPA and language. IPA takes a critical stance, seeing language differently from discursive research (Eatough & Smith, 2017). Language is seen as expressive, a way of conveying meaning as an entry to experience, rather than as a construction of experience (Smith et al., 1999). IPA is rooted in the epistemological assumption that, through language and articulation, participants can tell us something about phenomenological material and about their understanding of their experiences, their involvement in and orientation towards the world, and how they make sense of it (Smith et al., 2009). Furthermore, language such as metaphors, can help link descriptive interpretations to conceptual interpretations. This further deepens the overall interpretation, thus conveying of meaning through dissemination of the research (Smith et al., 2009).

3.5 Conducting IPA

3.5.1 Sampling and inclusion criteria. Smith et al. (2009) described IPA as 'attempting to capture particular experiences as experienced for particular people' (p. 16). Thus, IPA research seeks a purposive sample in search of a 'more closely defined group for whom the research question will be significant' (Smith & Osborn, 2015a, p. 28). Following this, and in order to enhance transferability of the study, a homogenous sample was aimed for (Braun & Clarke, 2013; Pietkiewicz & Smith, 2014). Thus, with this, and the literature review findings in mind, conditions were set that participants should be of any gender and be aged under 40 years old. An age limit was set in the hope of exploring the experiences of the youngest CoPs, following the literature review findings that those of younger age experience more work stress. The studies make speculations that those who are younger

perhaps might have less life experience, fewer coping strategies, less work experience, less career experience, and fewer personal resources than older CoPs, and suggest future research explore the experience of the younger CoP population (Cushway & Tyler, 1996; Kaeding et al., 2017; Kumary & Baker, 2008; Pakenham & Stafford-Brown, 2012; Rupert et al., 2015; Simionato & Simpson, 2018). Therefore, it was important to limit the age of the sample in attempt to explore the experience of those perhaps missed in previous studies, and seek to make the participant group as homogenous as possible (J. A. Smith et al., 2009). This decision will be reflected on in the discussion.

In order to increase the homogeneity of the sample, another criterion was that participants must have qualified from a Health and Care Professions Council (HCPC) and BPS accredited professional counselling psychology doctorate course no more than 3 years prior to the interview (Good, 1992; Olson et al., 1986; Sagberg, 2014; Scalise et al., 2018). Participants should have been working in their first qualified job as a CoP based in a UK MDT setting so as to explore the experience of the initial transition from trainee to professional (Ackerley et al., 1988; Farber, 1985; Rupert & Morgan, 2005; Sagberg, 2014; Sciberras & Pilkington, 2018; Vredenburgh et al., 1999).

3.5.2 Sample size. Due to its idiographic commitment IPA focuses on smaller sample sizes. Smith and Osborn (2015a) note that to the question of sample size there is no right answer. Pietkiewicz and Smith (2014) wrote that for UK-based clinical psychology doctorates, a suggestion has been six to eight participants. Eight participants were recruited for this study and interviewed once. Recruitment was ceased after the eighth interview following discussions in supervision where IPA suggestions and my newcomer status were considered. Within the data sample there was enough depth and richness to allow for

sufficient examination of convergence and divergence (Brocki & Wearden, 2006; Smith & Osborn, 2015a).

3.5.3 Recruitment. Potential participants were made aware of the study through advertisements via relevant social media groups and sites (Twitter, LinkedIn and Facebook), psychology division emails and newsletters, psychology conferences, and via snowball sampling (Appendix A). Interested participants were asked to email to ensure they met the criteria, mitigating some of the self-selecting sample by using a purposive sampling frame (King et al., 2019). I contacted each participant to send them study details, answer questions and arrange the interview details. Before the interview, participants were requested to read and sign the consent form (Appendix B). As a CoP trainee recruiting CoPs, I worried what participants would think about my study compared to their research. I noticed feelings of inferiority, that I was a novice researcher, and they were fully qualified, and I feared they might perhaps view the study as irrelevant or unimportant. I found myself checking the advert in detail and imagining how it might be perceived. I took these worries to supervision, and we explored this pressure, and I wrote about it to help me process these feelings. The limitations of these methods will be explored further in the discussion chapter.

3.5.4 Participants. To protect participants' privacy and reduce the potential of deductive identification from the recruitment criteria and participants' accounts, demographic details reported here will be deliberately minimal, and transcripts are appropriately anonymised (Damianakis & Woodford, 2012; Kaiser, 2009). This is because Saunders et al. (2015) identified six categories of anonymity, and many of the participants mentioned identifiers in each category. Moreover, the nature of some of the participants'

work places them in a small, connected community and network, making them easily identifiable (Damianakis & Woodford, 2012).

All participants identified themselves as CoPs who had qualified in the last 2.5 years. They reported having been qualified between 1.5 months and 30 months (average 17 months). All the participants identified themselves as female, between the ages of 28 and 39 (average 32 years old), and white, predominantly white/British. All participants reported working in UK MDT settings, predominantly NHS, including forensic, older adults, learning disability, health, CAMHS eating disorder, gender, and CMHT services. All participants worked in public services, thus, factors such as work stress surrounding resources may have been different to private MDT settings, where funding sources and allocation differs. Although not every participant worked in the NHS, the largest proportion of participants primarily did so. Perhaps, this was due to the NHS being the largest single employer of psychologists in the UK (University of Sussex, 2022). Additionally, with NHS placements being a CoP course requirement, perhaps CoPs may be more likely to seek employment with services or employers they have previously worked for. The limitations of these methods will be explored further in the discussion chapter.

3.6 Ethics

Ethical approval was gained from the UEL Ethics Committee (Appendix C, D, E). The BPS Code of Human Research Ethics (BPS, 2014a), the UEL Code of Practice for Research Ethics (UEL, 2015) and the BPS ethics guidelines for internet-mediated research (BPS, 2017a) were followed.

The code of human research ethics outlines four core principles (BPS, 2014a); respect for the autonomy, privacy and dignity of individuals and communities, scientific integrity, social responsibility, and maximising benefit and minimising harm. In following

these principles, participants were provided information about the study (Appendix F) and asked for their informed consent in participating prior to proceeding. They were informed of their right to withdraw for up-to-two weeks after the interview. Participants had the option to choose a pseudonym or have one chosen, and data was kept anonymous (NHS Health Research Authority, 2018). All physical data was kept in a locked room and all electronic data was password protected. To maximise the benefits of the study by allowing time for publication, it will be destroyed 5 years after thesis submission.

Before the study, participants were informed that confidentiality would be maintained except where not sharing the information could lead to significant risk of harm to one's self or others (BPS, 2018). Participants were given a choice of interview location to allow them to choose somewhere comfortable, private, quiet, and where there was minimal danger of being discovered by anyone from whom they may have wanted to conceal their participation, such as from their workplace (King et al., 2019). To increase flexibility and reduce the potential of increasing stress levels, participants were offered the option of being interviewed via remote video-calling technology, further widening access to the study across the UK (Weller, 2017). Alongside convenience, I hoped this might be seen as less intimidating and uncomfortable than inviting a researcher physically into their home (Rappaport & Stewart, 1997), and put participants more at ease discussing difficult issues (Deakin & Wakefield, 2014; Edwards & Holland, 2013).

I explained the limitations of my role, that I was present in an interviewer capacity, not to offer professional therapeutic support or advice (King et al., 2019). During the interviews, I monitored the participant's wellbeing through their verbal and nonverbal communication, checking with the participant when appropriate, allowing for breaks, and reminding them they could stop or withdraw from the study. Skovholt et al. (2001) noted that introspection and reflecting on experiences may help develop self-awareness, increase personal maturity, and enhance professional effectiveness. Moreover, acknowledging a

stressor can help reduce its impact, while if it is not examined and understood it can lead to frustration, dissatisfaction and burnout (Skovholt et al., 2001). Following each interview, the participants were debriefed about the key points of the study, further questions were answered, and a debrief form provided, detailing contacts for support, and recommending they seek supervision and personal therapy if needed (Appendix G).

I used personal therapy and supervision for my own self-care and reflection. Furthermore, to manage risk to myself when conducting face-to-face interviews, I contacted another person before and after each in-person interview at agreed times to ensure a safe departure.

3.7 Data Collection

I followed Smith et al. (2009), who noted that one-to-one, audio-recorded, semi-structured interviews are the method that allows for the most flexibility and the capturing of individual perceptions and sense-making of the participants in IPA.

For online interviews, participants were contacted in advance to ensure they had appropriate software and internet connection to conduct the interview (Rappaport & Stewart, 1997). Audio recording equipment was used during each face-to-face interview, and online interviews were additionally video-recorded using the application's internal screen-recording software and an external Dictaphone. Several interviews had technical issues for participants, such as temporary decreases in sound quality due to a poor internet connection, or laptops running out of charge, which I had accommodated by allocating two hours for each interview. Clarifications were sought following disruptions to avoid a decrease in quality of the data collected, and communication was continued during technical difficulties to maintain rapport (Weller, 2017). Although not a prescriptive approach, Pietkiewicz and Smith (2014) indicated that IPA interviews are often over an hour in length.

In the hope of capturing rich, detailed reflective accounts of experience and meaning (M. Larkin & Thompson, 2012), each interview lasted between 1 hour and 8 minutes and 1 hour and 42 minutes, with an average of 1 hour and 24 minutes.

3.7.1 The interview schedule. Smith and Osborn (2015a) suggest a sequence for producing an IPA semi-structured interview schedule; thinking about the topics sought to cover and related questions to address the areas of interest, including potential prompts and probes, and considering the phrasing and delivery of questions. The interview schedule was constructed and redrafted through supervision, resulting in a small number of open-ended, non-directive, neutral questions, as well as more explicit prompts, to help ensure I did not lose sight of the primary research question, and to provide options if initial questions seemed insufficient or vague (Smith & Osborn, 2015a; Willig, 2008). The questions were based on the topic under investigation, the aims of the research, and the gaps in the reviewed literature, and were designed to meet the conditions noted above.

After completing the brief demographic questionnaire (Appendix H), the interviews primarily started with a descriptive question, with narrative questions as prompts (Appendix I), seeking an overall description of the participant's current job. To help build rapport and open the conversation (Smith & Osborn, 2015a), I opened with potentially the most general, and least sensitive questions.

Following this, were questions on the participant's experience of work stress, of transitioning from trainee to qualified professional, and of working in a MDT. With an aim not to impose my understanding of the phenomenon onto the participant's narrative (Smith et al., 2009), each main question was sufficiently broad to allow the parameters of the topic to be set by the participant, rather than the other way round. Prompts aided further exploration and understanding of the phenomenon and meaning. To stay engaged in the participant's

account, I chose the question order in light of the participant's responses, probing further into interesting and important areas as they arose (Smith & Osborn, 2015a).

One question related to the main phenomenon of interest (work stress), seeking a depth of experience and individual meaning-making concerning the participant's experience of work stress within themselves, within their personal and work life, and as a NQ CoP. To try and draw out individual sense-making, participants were asked descriptive and evaluative questions about the meaning of work stress, structural questions about its manifestation, and were asked to reflect using contrasting questions on the modulators of work stress and their coping and support systems.

Another question explored the participant's experience of transitioning from trainee to qualified professional. Comparative questions sought insight on their stress levels prior to qualification. Moreover, evaluative questions explored participants' preparation for entering the workplace, alongside contrasting questions about the differences they noticed and changes they would wish to see for trainees or NQ CoPs. Other questions reflected more on participants' identity as a CoP, asking evaluative, narrative and descriptive questions about their experience within a MDT. The final question explicitly gave participants a chance to add anything that felt important to say before the interview ended.

3.7.2 Pilot interview. Pilot studies can be advantageous in several ways; allowing novice researchers to practice interviewing, learn the schedule, and check timings so they can be present in the interview (Smith et al., 2009). Moreover, they can help researchers get feedback on their interview style and tone, check that the questions are comprehensible, that they allow the participant to verbalise their personal world, and will gain data on the phenomenon they seek to study (Smith et al., 2009). Prior to the main collection phase, I practiced saying the questions out loud and in sequence to gain confidence. I noted

reflections in my reflective journal about my own ideas about work stress so that I was aware of my own assumptions and expectations. This helped me become aware of any agenda I may have had, and to feel more open to hearing the participants' experiences.

Following this, I conducted a pilot study with one participant personally known to me who met the criteria. Prior to and following the interview I asked them to provide feedback about the information, consent and debrief forms and about the interview, for example, on my interview style and tone, the readability of the forms, and the comprehensibility of the interview schedule (Smith & Osborn, 2015a). The participant reported the interview schedule was as comprehensive and clear and noted that she 'had a lot of freedom and flexibility and felt that you really listened' and that I had been 'great' at interviewing and prompting. Due to there being no difficulties highlighted, the interview schedule was not modified. Furthermore, this participant was included in the final sample.

3.7.3 Conducting the interviews. Interviews were conducted between April and August 2019. Two interviews were conducted in participant's homes, and the others were conducted through Skype.

Throughout the interviews, I sought to phrase questions clearly and concisely, giving participants time to answer and to clarify, and encouraging elaboration on their answers. On reflection, I realised that, due to my inexperience with conducting interviews, and anxiety about interviewing participants that were more experienced in their jobs as CoPs and researchers than myself, I relied quite heavily on the interview schedule to help me ask open questions and to explore the participants' experiences. I feel I could have been more spontaneous and followed the participants' directions more than I did, and this may have limited interesting directions that having less reliance on the schedule could have led to.

Through conducting the interviews, I experienced dual roles as a fellow (although, trainee) CoP and a researcher when several times participants said ‘you know’ or ‘us’ when sharing an experience or view, or did not fully explain concepts. This could be interpreted as them relating to me as a fellow CoP who has also gone through, for example, doctoral training. When I noticed this in the interview, I tried to encourage participants to elaborate and provide illustrations of experiences and events, adopting the position of the naïve interviewer, seeking to give voice to implicit assumptions and expectations (Willig, 2013). The potential impact of my position as an insider/outsider is something I reflected on throughout the process, as explored in the discussion.

Moreover, I was aware that technology could be seen as an emotional barrier in online interviews (Seitz, 2016), especially given the technical issues such as power or internet failures. Thus, occasionally I experienced taking longer to build rapport, which led to a heavier use of prompts, which potentially impacted the participant’s interview experience.

3.8 Data Analysis

3.8.1 Preparation of data. The data was prepared in line with Smith et al. (2009). All the interviews were transcribed verbatim using InqScribe, ExpressScribe and Microsoft Word voice-to-text. This involved listening and re-listening to each interview until each word was captured accurately. If I felt unable to decipher a word, I cross-referenced it with the other recording. For online interviews this included watching a video recording. Although in IPA it is not necessary to transcribe prosodic features of language (Smith & Osborn, 2008), additional non-verbal utterances, such a significant pauses or laughter, that were deemed important to interpretation of meaning were noted. Transcripts were reread several times, checked for accuracy, and transferred into Excel. Identifying information was anonymised

on a case-by-case basis. Transcriptions of all interviews are provided in a separate document accompanying this thesis.

3.8.2 Process of analysis. In line with presenting transparency in my research, this section will outline the analysis process.

3.8.2.1 Stage one: Reading and re-reading. Following Smith et al.'s (2009) IPA guidelines, the first stage was to take one participant's transcript and read and reread the interview. This was to immerse myself in their account, listening to the audio-recording or watching the video-recording of the interview to assist with a more complete analysis (Smith et al., 2009; Smith & Osborn, 2015a). As I read, listened or watched, I noted my initial observations and recollections in a column to the left of the transcript to help me to regain focus on the data, knowing my first impressions were captured (Smith et al., 2009). Additionally, these comments helped me later in the analysis when exploring my part in the interpretation, to help me question my interest, for example, is this rooted in the participant's words, or is this perhaps something I have embellished from my own experience? It was important I trust myself in the process of meaning-making, and this reflexivity supported this process.

3.8.2.2 Stage two: Initial noting. Next, I started my initial noting of descriptive, linguistic, and conceptual comments (Appendix J). I started primarily with descriptive comments, seeking a clear phenomenological focus and staying close to the participant's meaning; for example, noting the subject or content in question (Smith et al., 2009). Then, I wrote linguistic comments, focusing on the specific language the participant used (Smith et

al., 2009). I noted language that stood out to me, use of metaphors, repeated phrases, or changes in pronouns and contradictions (Smith et al., 2009), again keeping an open-mind, and reminding myself of my role in the analysis. Acknowledging this bias and my novice researcher status, I took my initial notes from one participant to supervision. We discussed finding a balance in interpretation between expanding some ideas where I had been hesitant, and not getting too caught up in my own ideas and overinterpreting the data in other areas.

Noticing links between linguistic and descriptive comments and reflecting on my interpretation of the participants' meaning, led to a deeper, more interpretive level of annotation — the conceptual comments (Smith et al., 2009). In IPA, conceptual comments can take an interrogative form (Smith et al., 2009). I questioned the data, which often prompted further questions, some of which led back to the data (Smith et al., 2009). This provided potential answers and led me to a more abstract level of interpretation, shifting my focus from the participants' explicit claims (Smith et al., 2009).

Having never performed IPA, I found interpretation difficult, especially as my training and professional commitments meant there was often long gaps between these stages. Moreover, I wondered what was considered a 'good enough' interpretation. Smith (2004) explored the idea of a 'good enough' interpretation, noting that students' first experiences of IPA may be about doing more first level interpretations rather than feeling forced to produce something groundbreakingly insightful by interpreting at a deeper level. IPA's basic process is about moving from the descriptive to the interpretative, not merely retelling participants' accounts (Brocki & Wearden, 2006; Smith et al., 1999). Thus, I sought help from my supervisor, lecturers, colleagues, and from research, not only to unpick how my bias and experience may have impacted my view of the data, but also, as a novice researcher, to help me further understand, refine, and reflect on my ideas (Smith et al., 2009).

3.8.2.3 Reflexive exercise. Before I interviewed participants, I engaged in a reflexive exercise, exploring the influence of my personal experiences, experiences of work stress, and my values at each step of the research process. On starting the analysis, I repeated this reflexive exercise, reflecting on my own experiences and understanding of work stress, my identity as a trainee CoP, and on my experience working in MDTs. This highlighted that although I often felt like I experienced work stress, I was unsure how I defined work stress. I identified work as most often my main source of stress, experiencing it in varying levels within my career. I felt my work stress was often increased by an imbalance, such as the time, resources, support, or ability level needed for a task, and the level of those available. I noted this resulted in a sense of tension that I felt was work stress. I questioned whether it seemed more of a feeling, or more of an umbrella term for the manifestations which occur as thoughts, feelings, physical sensations, and behaviour. This increased my anticipation and sense of excitement towards researching my participants' experiences; keen to explore their meaning-making of work stress, but aware of my own expectations that the data would contain 'answers' to my questions regarding making sense of work stress.

3.8.2.4 Stage three: Developing emergent themes. The amount of data increased as I added exploratory comments and interpretations; thus to manage this, the next stage involved simultaneously reducing the volume of detail from the transcript and partnering notes whilst maintaining complexity (Smith et al., 2009). Here, the process shifted to condensing the notes into concise phrases that capture the psychological essence of the data, and mapping connections, relationships and patterns throughout the notes to form emergent themes (Smith et al., 2009) (Appendix J). To help me feel more confident in my interpretations I moved back and forth from the transcript and through each of the different

levels of comments, and I noted down what I felt encapsulated the essence of all the levels into concise theme captions.

3.8.2.5 Stage four: Connections in themes for one participant. Next, came a stage of organisation and refinement. I grouped the emergent themes for one participant into clusters and looked for potential sub-ordinate themes that seemed to pull others towards them (Smith et al., 2009). Initially, I printed the emergent themes, then later imitated this process using MindManager mind-mapping software to allow me to work on the groupings longer-term (Appendix K). The software allowed me to consider and question the themes within supervision, to help me stay open to learning from the data, rather than falling into pitfalls such as grouping based around the interview questions. Following this process, I named the clusters, which became main and sub-ordinate themes.

I noticed I found it hard to narrow the focus or discard a theme that did not feel like it was answering my research question. This felt especially difficult for topics that I had not expected to arise, for example, when I had been interested in a tangent a participant had taken and it had seemed important to them. Supervision became crucial to help me stay close to the phenomenon in question, to start to feel comfortable with the focus of my research, and to be able to put aside other emergent themes for now.

3.8.2.6 Stage five: Moving to the next case. Smith et al. (2009) noted that to honour IPA's idiographic commitment and do justice to each participant, it is crucial to treat each case individually. Thus, I made a point of analysing each interview in turn and closing the spreadsheet before moving onto the next participant to allow for new themes to emerge within each participant's account (Smith et al., 2009). Although working on an individual basis, the more participants I analysed, the more I learnt about the analysis process. This

meant that before looking for patterns across cases, I went back over the emergent themes and clusters with my developed ideas of analysis. I noticed the process quickened, and fewer emergent themes arose. Initially I worried that this meant the interviews lacked richness or depth. However, on exploring this in supervision, I realised I felt more able to identify what seemed important to the research question and to start to put aside the other parts of the interview.

3.8.2.7 Stage six: Patterns across cases. The final stage involved looking for patterns across all participants. To start this process, I collated all the emergent themes across all participants. Smith et al. (2009) posited that one important starting point, and a way of enhancing rigour, can be to look at recurrence of themes, the definition of which can be the researcher's decision. Prevalence at the group level still allows for considerable variation, and themes may be evidenced differently between participants (Smith et al., 2009). Thus initially, to narrow the overwhelming number of emergent themes, I recorded any theme that was mentioned by two or more participants, highlighting each participant's main themes (Appendix L). I started with a recurrence of two, as, having looked at each participant separately, there were similar themes under slightly different titles which could be combined, or provide contextualisation or polarisation.

I collated this new set of emergent themes within the mind-mapping software, noting how one theme illuminated another, or perhaps contradicted it, or highlighted another level of depth (Smith et al., 2009) (Appendix M). This stage constantly evolved and I graphically interconnected the recurrent group themes using abstraction and subsumption (Smith et al., 2009). In terms of recurrence, I narrowed my focus to themes mentioned by all participants, then included major themes mentioned by 6/8 participants, and added details from themes mentioned by over half the participants. I negotiated relationships across the participants'

themes and between individuality, commonality, divergence and convergence (Smith et al., 2009). Throughout this process, I reconfigured and relabelled emergent themes and came up with four main themes (Table 1). At each stage I refined and reorganised themes through discussions with my supervisor and colleagues, using my reflexive journal (Appendix N), and going back to the research question, the original audio, and transcripts, seeking to retain the idiographic focus of the individual voice when making encapsulated group themes (Smith et al., 2009). Aware of my identity as a CoP trainee, that elements within the interviews occasionally resonated with my experience; I was challenged by my supervisor and peers to justify my reasoning and ensure I was staying close to the participants' experiences. With regular reflective discussions, I continued editing and organising until there was agreement on the clarity of the naming and clustering of themes, ensuring that everything included in the analysis was relevant to the research question. This reflexivity and refining were important parts of the quality and validity process.

3.9 Quality Appraisal

Yardley (2000) proposed four principles of quality control in qualitative health research, and Smith et al., (2009) detailed how they could be met through IPA. These principles will be briefly discussed in turn, with reference to how I have met these criteria.

3.9.1 Sensitivity to context. I first acknowledged and explored the existing research through my literature review. I took a critical stance, querying and reflecting on my own, and the authors', pre-made assumptions, concepts and perceptions (Yardley, 2000). Yardley (2000) noted it is not just about a theoretical grounding, but about a philosophical grounding. Most of the literature on work stress seemed to come under the paradigm of positivism, a form of philosophical realism in which the researcher seeks primarily to use quantitative

methods, focusing on careful control of empirical variables and seeking to discover causal or correlational relationships between variables with the aim of leading to the prediction and control of phenomena (Denzin & Lincoln, 2018; Ponterotto, 2005). Particularly relevant for work stress was the medical model, which has its roots in positivism, and prioritises 'gold standard' randomised control trial results and the medicalisation of distress, aiming to diagnose, treat and cure (Blair, 2010; James & Bellamy, 2010; Strawbridge & Woolfe, 2010). The aim to identify and 'cure' work stress is in tension with one of the pillars of counselling psychology, which seeks to understand and appreciate individual life experience and perception (James & Bellamy, 2010). Grounding myself philosophically in the current context, as a trainee CoP working in a MDT under the medical model, was therefore about reflecting on my stance and exploring how my views are influenced by working under the medical model, and how this may be similar for my participants.

In addition, sensitivity to context was about being reflexive on the perspectives and socio-cultural context of the participants, such as considering both my own characteristics through reflexive practice, and the research setting (Yardley, 2015). In terms of sensitivity to different perspectives (Yardley, 2000), I adopted an open and curious researcher stance, open to hearing participants' views and incorporating them in the analysis. Mindful interpretations were my own; I stayed aware that there are numerous ways to interpret the same data and sought to notice both similar and contrasting experiences in participants' accounts. I grounded my claims in the data, using extracts, and offering them tentatively, allowing the reader to check the interpretations being made (Smith et al., 2009). This can be seen in the analysis chapter. Moreover, aware of existing literature, I oriented the study and related the interpretations back to the literature (Smith et al., 2009). This can be seen in the discussion chapter.

3.9.2 Commitment and rigour. Yardley (2000) defines commitment as prolonged engagement with the topic, immersion into the relevant data, and development of skills and competence within use of the method. Throughout this research process, I have been attentive and careful, discussing each step with my supervisor and colleagues, examining my epistemological positioning, questioning my decisions, and gaining feedback on my submissions, recruitment material, interpretations, and analysis (Smith et al., 2009). This was a rigorous and lengthy process of questioning to ensure my analysis was clear, appropriate, and relevant to my research question.

In the discussions, my supervisor and university peers challenged me to ensure the themes were distinct from each other, questioning any overlaps or ambiguity. Questioning continued until the analysis had clarity and was felt to be understandable and succinct. To help manage any potential assumptions, I was asked to justify how the themes were relevant to my research question and show examples through the quotes I had found. Through this process I was able to distil the analysis, removing themes I felt were interesting but did not directly answer the research question, such as CoPs speaking about luck when something went well, or when something was less stressful than expected.

In terms of personal commitment and investment, I made sure to attend closely to what the participants said (Smith et al., 2009), spending time before each interview reflecting (see reflexivity section) and focusing on the interview questions so I could be present in the interview. I have shown commitment and sought to grow my skills through keeping up to date with related research as it is published, attended relevant training, lectures, and conferences, and appreciated the complexities of the research process, allocating the largest proportion of my time to undertaking this research.

Yardley (2000) noted that prolonged engagement with the topic may not be as a researcher but as a sufferer. Throughout the research I have reflected on my own experiences of work stress, present not only across my clinical work, but throughout my

academic life, and highly present in the undertaking of this thesis. Weekly therapy, reflective journal writing and conversations with colleagues kept me engaging with the topic of work stress, how I experience the phenomenon and how I cope with it. This reflexivity can be seen throughout this thesis.

Yardley (2000) defined rigour as the completeness of data and analysis. I sought to choose an appropriately homogenous sample and gathered data through in-depth interviews, exploring more deeply when appropriate (Smith et al., 2009). Moreover, I made a point of meticulously transcribing the interviews myself so I could more fully immerse myself in the data, and ensure the most thorough transcription, revisiting the audio content repeatedly to try and make it as complete as possible. In the analysis stage I sought to conduct IPA thoroughly and systematically with idiographic engagement, moving from description to conceptual interpretation with examples from each participant (Smith et al., 2009).

3.9.3 Coherence and transparency. In terms of transparency, I have sought throughout the research process to detail every aspect, as seen throughout this thesis; for example, detailing how I advertised for participants, how I constructed the interview schedule, how I conducted the interviews, and the steps taken in the analysis (Smith et al., 2009). The appendix includes the documents used throughout the process.

Yardley (2000) described coherence as the fit between the researcher's philosophical perspective, the research question, and the method of investigation and analysis. I thought in depth about my positioning and epistemology, carefully considering whether IPA made phenomenological and hermeneutic sense and was a coherent fit (Smith et al., 2009). I have committed to attending to work stress closely throughout the process, yet stayed aware of

IPA as an interpretative activity and thus was nuanced and cautious in my approach (Smith et al., 2009).

I am aware of the potential issues of power between a researcher and participant, and of my own impact on participants and the interviews. These issues will be explored and reflected on in the discussion chapter.

3.9.4 Impact and importance. Real validity can be described as whether the research is interesting, impactful, important or useful (Smith et al., 2009). The statistics in the introduction highlighted that work stress is continually increasing in the UK. The literature review highlighted the risk of elevated stress levels for CoPs, CoP trainees, and NQ professionals, and that elevated stress can have adverse effects, personally and professionally, on trainees' functioning. Yet, there is a dearth of research on stress in NQ CoPs. As outlined in the introduction, for the profession of counselling psychology to continue to be successful, CoPs need to ensure they are functioning well. This research shows originality, addresses a gap in research, and seeks to deepen understanding into the important issue of work stress that is currently affecting so many professionals in the UK. It does this through using a qualitative method, seeking to capture insight into the experience of a specific group of psychologists who have been said to experience specific work stresses in a stress-provoking environment. Although I am careful not to overstate the impact of my conclusions, gaining insight into the experiences of work stress for NQ CoPs in MDT settings may be useful research not only for individuals, but on an organisational, economic, and theoretical level.

3.9.5 Reflexivity. Reflexivity is seen to be an integral part of good qualitative research, in which it is important to make its nature explicit (Finlay, 2008; Willig, 2013). Shaw (2010) stressed that engaging with reflexivity is a vital yet complex component through each research stage, especially for IPA, as interpretation plays a central role. Salzman (2002) defined reflexivity as 'the constant awareness, assessment, and re-assessment by the researcher of the researcher's own shaping of inter-subjective research and the consequent research findings' (p. 806).

Throughout the research, I have kept a regular reflexivity journal, including making reflective notes during, but not limited to, the interview process (Appendix O) to contextualise where I was in my process both personally and developmentally. This enabled me to be more focussed on the participant's experience, rather than my own, throughout the interviews (Etherington, 2004). To facilitate this, I used OH Resilio cards (Appendix P), which are multifunctional associative cards based around the topic of stress, to help me reflect on my own stress levels, in seeking to move beyond this to the participants' experience and account of work stress (Finlay, 2008). In engaging with hermeneutic reflexivity and the process of pro-active self-reflection, I have sought to be more transparent, making myself more aware of my feelings and expectations of this research, of the nature of my investigation and of myself as a researcher, and relationship with the data and participants (Finlay, 2008; Shaw, 2010). Furthermore, I dealt with these insights in an a priori and self-conscious fashion, seeking to revise my prior understanding and aiming to make sense of phenomena anew (Finlay, 2008; Shaw, 2010).

Throughout the analysis I engaged in reflexivity to help me become more aware of my reactions, assumptions, and the mechanisms to which my assumptions are constructed (Shaw, 2010). Moreover, in supervision and personal therapy, I have regularly reflected on my own involvement in the research, exploring questions such as 'what is the research process and how am I influencing it?' (Lazard & McAvoy, 2017, p. 9).

ANALYSIS

4.1 Chapter Overview

This chapter aims to provide a rich and explorative analysis of the participants' experiences of work stress as NQ CoPs working within MDTs. The analysis explores four main themes and the sub-ordinate themes (sub-themes) encompassed within them, focusing on different dimensions within the themes.

The hermeneutic circle of IPA includes zooming out, providing summaries of main themes inclusive of many participants, and zooming in, idiographically focusing on extracts from individual participants before relinking their narratives to the themes and analysis as a whole. Aiming for transparency and transferability for the reader, tentative interpretations of participant's experiences are interlinked with extracts that include all the participants. The transcription key for the quotes is presented prior to the introduction chapter.

4.2 The Themes

The four main themes and corresponding sub-themes are contained in Table 1.

Table 1

Main themes and sub-themes

Main themes	Sub-ordinate themes
Stress in transition: The qualified role as a baptism of fire.	1. 'Drinking from a fire hose': Transition as sudden. 2. 'You don't have that safety net': Starting to navigate the qualified space alone. 3. 'But then you've got these additional things': Stress in the reality of the qualified role.
Stress in navigating MDT dynamics.	1. Difference in the MDT: Being a 'thumb compared to all the fingers'. 2. Power in the MDT: 'You're a doctor but you're not'.
Necessities and tensions in support networks.	1. 'Actually offloading': The necessities and tensions in family and friends' support networks. 2. 'People who get it': The importance of peer support networks on qualifying. 3. 'Part of a weird fight club': The necessities and tensions in internal support networks on qualifying.
Managing stress in the qualified space: 'You just have to get on with it'.	1. 'You need to start looking after yourself': Taking responsibility of managing stress on qualifying. 2. 'So un-work-related': Self-care on qualifying.

4.2.1 Main theme one: Stress in transition: The qualified role as a baptism of fire. As the common link throughout the analysis, this theme was identified as an overarching main theme. Following a brief overview of how it links the themes, a detailed exploration of participants' experiences will be included below.

From the participants' narratives, much of their experience of work stress as a NQ CoP in a MDT seemed to centre around suddenly feeling like there were greater demands,

in the context of fewer internal and external resources, than in training. This realisation, and a need to adapt was present throughout participants' accounts. This first theme focuses primarily on transition, with the second theme focusing on navigating MDT dynamics, and the third and fourth themes on adaptation-like experiences.

Broadly, 'Stress in transition: The qualified role as a baptism of fire' captures participants feeling thrown into the deep end on qualification, with less support and adaptations than they received as a trainee. Many participants reported feeling stressed, overwhelmed, scared, deskilled and with a sense of self-doubt. The first sub-theme looks at quite how sudden the transition and need to adapt felt. The second sub-theme explores their self-reflections on their time as a trainee, and of how they navigate the qualified space alone. The third sub-theme explores the feeling of 'additional things' on qualification, not only doing what they did before, but a step-up in what is expected of them.

4.2.1.1 Sub-theme one: 'Drinking from a fire hose': Transition as sudden. All participants spoke about the speed of transition and needing to adapt quickly. The instantaneity of increased pressure, duties, and responsibility in the qualified role seemed to come as a shock to participants, who, in attempt to manage their new role, appeared to try to respond as rapidly as the surprise itself.

Through metaphors of increased speed and feeling overwhelmed, such as, 'drinking from a fire hose', being 'thrown in the deep end' and, 'emerging blinking into the sunset', participants conveyed fear and stress in the transition.

> *it was a bit of a baptism of fire when I started, and came in and instead of just reading the assessments of a pati— you know, a client who came to see me, I was involved in all this decision making (Emma, lines 5480-5483)*

A ‘baptism of fire’ is sometimes used to describe soldiers going into battle, painting a picture of both immediate and severe obstacles, seemingly describing quite how shocking, sudden, and perhaps how scary the step-up felt for Emma. It can describe something opposite of what was expected, and something that happens without transition or preparation, maybe highlighting the difference for Emma between how she felt about the work she imagined, versus the reality of the work. I interpreted the vagueness of ‘all this’ to indicate that Emma was struggling to quantify and get her head around the new elements of her role.

And later…

> *I was like (high pitched voice) ‘I haven't done any of this!’ ‘I don't know this side of things!’ And it was really terrifying erm, to go in and feel like I'm now making decisions, referring people to things, doing all sorts of things that I really really wanted to do but felt like I, it just felt really scary and it was quite overwhelming and having emerged from the bubble of university and, […] being thrown into it and now being qualified it's like, I am, I don't really know who I am and I don't know what my, I don't like who I am as a counselling psychologist (Emma, lines 5700-5715)*

The panic and helplessness in Emma’s voice and her almost pleas to colleagues for help were reflected in many of the participants’ interviews. Furthermore, there appears a contrast of speeds. The slow pace when ‘emerging’ from the protective ‘bubble of university’, contrasted, being ‘thrown’ into a role, suddenly unprotected as the bubble popped. Emma’s voice wobbled here, emphasising perhaps her internalising the feeling of chaos, the sudden loss of control on qualifying, and the doubt and questioning of her CoP identity.

> *there’s so much more responsibility obviously… erm, and there’s just so much more pressure I think, when I was a trainee, I held a caseload of probably five [] it was just quite a different experience… and… yeah there’s definitely erm, it was definitely*

drinking from a fire hose, moving into the erm, qualified space (Nora, lines 4430-4439)

The metaphors about being immediately overwhelmed were echoed by Nora, with the interesting use of ‘space’ perhaps furthering this sense of separation and difference in qualifying, feeling like she is operating within a completely different environment.

Not only did there seem to be the shock of the speed of transition, but a rush to adapt and catch up to match the speed of the service:

[after training] you kind of feel like I’ve done so much, and then you get there, and actually you kind of just have to sort of hit the ground running [] everyone’s kind of just getting on with it, and so you get there and you’re a bit like, ‘shit! I just need to adapt quite quickly’, and [] [the MDT are] not kind of attending over-attending to the fact you’re newly qualified, it’s just you’re a member of the team now so you hit the ground running (Emily, lines 1472-1484)

Emily notes surprise at the pace, alongside maybe a mismatch in her expectations, that despite having ‘so much’ experience, she was not perhaps expecting to go straight into applying it without having the 'over-attending' she received as a trainee.

Throughout the participants’ interviews were metaphors of the transition to becoming a NQ CoP, such as ‘growing up’, ‘going from a child to an adult’, ‘adulting’, and ‘becoming a human being’:

I don’t think anything can prepare you for the fact that you’ve suddenly become a human being [] you’re an adult now, you are no longer like a child-like state (Gabby, lines 871-879)

The suddenness seemed to be not only in the role’s demands on transition, but in the transformation in how participants saw themselves and how others treated them. Gabby

appeared to feel unprepared yet excited by colleagues treating her differently on qualifying, with more power, and accountability; like an adult, a human, more respected and, perhaps, less dismissed than when she was a trainee.

you tell them and they listen to you [] it's just madness (Gabby, lines 865-866)

Although this excitement was echoed by a few participants, the speed of the transition seemed to leave most appearing like a lost child trying to make their way in an adult world, expected to perform like an adult, suddenly responsible, accountable, and just part of the team like everyone else.

As Emma expressed:

start adulting and just get on with it (Emma, lines 5909-5911)

Overall, the speed of the transition seemed to shock participants, catching them off-guard, feeling unprepared, pressurised, and left to adapt to match the pace of the team, whilst not yet feeling fully formed as a practitioner.

4.2.1.2 Sub-theme two: 'You don't have that safety net': Starting to navigate the qualified space alone. Almost all participants reported thinking they would feel more resourced upon qualifying. There was a sense of loss that they were no longer able to hide behind the 'safety net' of being a trainee, and seemingly a realisation that within that 'safety net' had been people, such as their supervisors, protecting them from aspects like team dynamics, that they now faced alone.

> *I just wasn't really privy to that [team dynamics] as a trainee [] you're in quite a luxurious position in some ways in that you come in for 2 days, and people are bickering and you're like completely not part of it, you leave after 2 days and you're just not involved in that shit, and it's* ***so*** *nice (Emily, lines 1811-1818)*

you are protected [] you're kind of exempt from a lot of the politics (Emily, lines 1389-1390)

This loss of protection and separation from team dynamics on qualifying seemed stressful to Emily, not only due to facing them now full-time, as opposed to part-time in training, but because perhaps Emily found the MDT dynamics childish and annoying.

Similarly, Laura noticed on qualifying how protected she had been, desiring to have had training in team dynamics:

as a trainee you are somewhat mollycoddled, and your supervisor does that battle for you (Laura, lines 9528-9529)

There was perhaps the loss of feeling protected, and maybe almost spoilt, by her supervisor and now left to 'battle' for herself.

as trainees [] we don't look at team dynamics, and actually where we sit in that team when we hold a lot of power, but we're so powerless to other bits that go along and, that need to raise your voice at certain times, and where we stand as professionals (Laura, lines 9498-9506)

Protection in training had seemingly raised its own stressors on qualifying, with Laura expressing the realisation that she had not had prior experience navigating team dynamics. Moreover, not only was it something she felt she was not exposed to as a trainee, but it was not something that was 'looked at' in her training.

Additionally, participants not only reported feeling unprotected, and left to face the new experience of team dynamics themselves, but also left without the adaptations and exceptions made for them as a trainee, as alluded to in the repeated phrase of 'I'm the trainee' across the next two quotes:

not having that 'oh I'm a trainee so I can ask my supervisor' and [] 'I'm only seeing trainee appropriate cases' (Emily, lines 1416-1418)

you don't have that safety net of 'oh I'm the trainee' anymore (Charlotte, line 2932)

There seemed on qualifying a loss of the safety net provided by their trainee status, and realisation of having been protected during training.

Furthermore, Emma's narrative below brought in another stressor, alongside the ones mentioned above; that being new to the team meant she did not know who to turn to for help:

*I didn't know the whole rest of the system [] it wasn't my problem to have to, engage with any other rest of it, and then it became my problem to have to engage and understand **all** the rest of it and that was something that I was not introduced to and I was not warned about, and it was, that was **incredibly** stressful (Emma, lines 6160-6171)*

Again, there seemed stress for Emma in feeling like the MDT expected her to know and manage things she was not privy to as a trainee. The emphasis on 'all' perhaps indicated a big jump in what was expected of her, that this seemingly big task of knowing, understanding, and engaging with the system was now her sole responsibility.

*there were things [support] there, but I had to **shout**, and I had to **ask** for them, and when you're in that position where you don't know what to ask, you don't (sigh laugh) you don't know what's there, so you don't know what to ask for, erm, that was quite, that was difficult (Emma, lines 5936-5945)*

The procedures seemed confusing for a new staff member, in that it was seemingly difficult to ascertain whether there was support available, how to ask for it, and who to turn to for help. As Emma spoke, she sounded despairing, with sighs and laughter highlighting

perhaps a sense of powerlessness at the time — uncertain of how to manage, doubting her abilities, and feeling unprepared, uncontained, and unprotected.

Overall, there seemed multiple elements of loss on qualifying. Participants perhaps experienced stress in the realisation that there were aspects of the job they had maybe not been privy to or were protected from as a trainee, and thus did not have experience with. With the loss of this safety net, qualification then maybe seemed a big jump, going from 'nothing' to 'all'. Moreover, participants seemingly experienced stress in feeling left to navigate and 'battle' qualification alone, unsure of who to ask for help, or of their position in the MDT.

4.2.1.3 Sub-theme three: 'But then you've got these additional things': Stress in the reality of the qualified role. On qualifying, all participants spoke about qualification not being as they imagined. They reported feeling unprepared, and with an increased sense of responsibility, accountability, and pressure. Work stress and its fluctuation were mentioned by the majority of participants, with client load, and particularly client risk, seemingly the most stressful elements. Moreover, participants spoke about feeling individual responsibility; that it was now 'their name', and 'their face', hence feeling pressured not to cancel sessions so the client would not 'lose out'. Furthermore, some participants mentioned feeling guilty if they took time off, sacrificing their time for better quality of work. For all participants, the qualified role seemed fuller than when they were trainees, with additional things that, although sometimes expected, seemed to have more impact on them than they imagined.

> *I think the course ground me down and then the write up year, ground me down a little bit and then erm... yeah and then trans- transitioning to being a qualified so, y-*

you're still doing what you were doing but then you've got these additional, things (Katie, lines 7099-7102)

Katie spoke about being worn down throughout training with finite resources, seemingly being relentlessly and perhaps painfully reduced and not replenished at each step. There is a sense of just how depleted she may have been on qualifying, that perhaps even if she was 'still doing what you were doing', it already may be more stressful due to a grinding down over the years, and that is before the 'additional things' added on qualification, thus seemingly entering the role from a place of stress.

*suddenly like it's like 'shit I'm doing this 5 days a week, I've got a full caseload, I'm seeing 5 patients a day, **and** I'm **meant** to be doing this audit, **and** I'm part of this research, **and** I'm, like learning where the post tray is cos I'm still new to this and I don't know how like, things work' (Emily, lines 1418-1425)*

when you're qualified you'll feel much more accountable, and actually it feels like there's less of an excuse to fuck up even though you definitely will, you'll fuck up loads (Emily, lines 1456-1461)

As Emily spoke, she seemed to stress the 'and's, giving emphasis to the increased number of differences and demands expected of her, and the weight of this accountability and responsibility. The realisations on transition seem fast, indicated with expletives, perhaps representing her shock in this change, seemingly unaware until qualification of the extent of the differences. In addition, she stressed the word 'meant', highlighting perhaps that she had not been able to do all the things she felt were expected of her. Moreover, not only was there a fullness that seemed difficult to manage, there appeared to be additional stressors on being a new member of staff, such as learning about the work environment.

Similarly, Emma appeared unaware, before qualifying, of the full extent of what additional things might be part of her role and how these might 'impact':

the amount of responsibility with having a protected title erm, being qualified, and, you know, using it, and then being seen as that as well was- yeah I didn't realise the impact [] and just how, seriously I ...kind of I, took I took it [] until you start working in the job (Emma, lines 5798-5813)

For many participants came a sense of both greater responsibility on qualifying, and of greater individual responsibility. It seemed hard to adapt to the individual elements and balance personal responsibility with the responsibility of the service, MDT, clients, and the CoP role. Additionally, participants seemingly experienced stress and doubt building with the speed and pressure of the change. Some participants found themselves noticing, especially when stressed, that they felt an inflated sense of personal responsibility, feeling guilty about taking time off, and feeling personally and solely responsible for their clients' wellbeing.

*I do tend to feel overly responsible [] but the job really exploited that, and you, cos you were like the named psychologist for a whole area, it wasn't like the psychology team are saying that they can't take this person on [] it was '**Sarah** can't [] it was you, personally, erm, and you were accountable, and as a band 7 newly qualified coming in, it was just too much it just built up and up (Sarah, lines 10268-10279)*

For Sarah, managing more responsibility and personal accountability on qualifying seemed to add an unanticipated layer of pressure, and seemingly played upon some personal attributes, feeling the job as exploitative of her tendency to have an inflated sense of responsibility.

This individual sense of responsibility was echoed by Nora:

your name is your... worth (Nora, line 4134)

Sarah seemed to anticipate additional challenges in her role but appeared surprised at the level of difficulty of these, and seemingly of a harshness on qualifying:

> *I really expected it to be a little bit more developmental and a little bit more nurturing erm, and and it just wasn't (Sarah, lines 10323-10324)*

> *I knew it would be hard in the NHS, I know the NHS is difficult, I know there's limitations, and, you know, politics and stuff and financial issues involved in that, but I didn't expect it to be this severe this early on. And I certainly hadn't experienced that to this level when I was training (Sarah, lines 10972-10976)*

The repetition of 'a little bit' maybe reflected the build-up of Sarah's expectation for the NQ CoP job, a job that, although it would come with additional challenges, would provide appropriate support, growth, and consolidation of learning, and be a stepping-stone from her trainee placements. In contrast, the cutting off, 'it just wasn't', perhaps in its lack of elaboration, replicated her experience of defeat and disappointment she portrayed within her interview, experiencing such a mismatch in her expectations and being signed-off with stress.

> *I have all this experience it's not going to be that, you know, it's not going to be that difficult or different but there was just something about it... being in a, such a responsible role (Emma, lines 5779-5782)*

Emma noted she expected her previous work experience to ease the transition for her, seemingly assuming similarities in potential additional tasks, and thus less stress. When Emma spoke here, her speech slowed down and her pauses increased in length, giving a sense of heaviness in the increase of responsibility. In Emma's interview she said she felt so impacted by this transition she 'unravelled' emotionally.

Overall, across participants there seemed to be a sense of feeling like there was more to do on qualifying, experiencing the job as 'fuller'. In the dissonance between their

expectations and the reality of the role appeared feelings of stress and exposure, with participants surprised at the ‘impact’ surrounding the ‘tough transition’. Participants sought to navigate the new and unknown, not only as a NQ, but as a new staff member, and battling to balance their newly found individual responsibility as a CoP.

4.2.2 Main theme two: Stress in navigating MDT dynamics. Participants reported experiencing unexpected ‘impacts’ of team dynamics; feeling like they needed to fight for their identity, feeling challenged about working with differences across the professions, and attempting to navigate hierarchy and power dynamics. They sought to find their voice and place within the team. Navigating difference and team dynamics in the MDT seemed to foster mixed feelings of isolation, dismissal, and powerlessness, alongside support, learning opportunities, and shared responsibility. This theme highlights the participants’ stresses and tensions navigating MDT dynamics, such as, seeking to hold CoP values and present alternative views to the predominant medical model, yet desiring to be included and part of the ‘ingroup’.

4.2.2.1 Sub-theme one: Difference in the MDT: Being a ‘thumb compared to all the fingers’. All participants spoke about work stress experienced when working with MDT members of different professions. This was often not just about being a psychologist amongst other professionals, but about being a CoP amongst other psychologists. Participants spoke about tensions and the feeling of ingroups and outgroups, with differing guidelines and abilities, and difficulties in communication. Over half spoke about challenges navigating disagreements and conflicts, working with MDT members they felt had strong personalities or inappropriate or dividing opinions, and witnessing disrespectful behaviour. Moreover, participants spoke about constantly trying to present alternative views to the

MDT, but often feeling like the odd one out. This contrasted with over half the participants speaking about the MDT as a source of support and protection, providing learning opportunities, and experiencing a helpfulness in difference.

> *I didn't appreciate the hierarchies, in a hospital, I've never worked somewhere so hierarchical in my life, erm, it's so old-fashioned, erm the consultants are, you know like another species (Sarah, lines 10039-10042)*

As Sarah spoke there was a sense of utter disbelief at how different some of the MDT members were to her. They seemed totally unknown, like 'another species', appearing to position herself as different and separate from them. Sarah's experience of the consultants as old-fashioned, perhaps indicates that she views her own values and ways of working (for example, acknowledging clients' complexities) as more modern and appropriate to the contemporary context of the work.

Fight, battle, and a sense of struggle around identity came up for several participants. Sarah experienced feeling she had to fight to be different, desperate for her CoP identity to be recognised, yet wanting to fit in and feel included.

> *started to feel like the odd one out, in the team in some ways, the team were lovely and tried- couldn't of been nicer in making me feel welcome, supporting me, but I just quite quickly sort of had to- had to almost kind of er— fight for my identity' (Sarah, lines 10047-10051)*

The welcome and support of Sarah's team seemed in acknowledgement of her being a new staff member, yet with a dismissal of her CoP identity, shifting as Sarah fought for recognition as a CoP.

> *there was always this kind of undercurrent... of being different (Sarah, line 10066)*

The ‘undercurrent’ perhaps indicates that the apparent dismissal may not have been spoken about, yet it was a part of Sarah’s experience.

> *I think what that does over time is it sort of chips away at your identity, and it just didn’t feel great (Sarah, lines 10095-10098)*

In contrast to the quick realisations and call to fight, the wearing on Sarah’s identity (‘chipping away’ ‘undercurrent’) seemed to be experienced as more gradual. Within this, appeared to be a dilemma, seemingly facing unwanted and unexpected change, and a lack of recognition for her CoP identity, further emphasised here:

> *I don’t want to be othered, in the sense of sh— shunned, but I also don’t want to pretend that I didn’t train to be a counselling psychologist, or, have to have to kind of minimise it all the time to make them feel better somehow, or to make myself feel better and fit in (Sarah, lines 10724-10728)*

There seemed a pull for many participants in their want to be different, to not be like those they considered ‘old-fashioned’, but at the same time wanting to be included and feel accepted by the team, and fearing being ‘othered’ if they stood firm in their CoP identity. As Sarah spoke, there seemed a sense of sadness, an unease in her changing CoP identity, in her difference, and in feeling that others seemingly saw her identity as problematic or unwanted.

> *you can often at times feel like, this odd one out…constantly trying to present like a bit of a different view (Gabby, lines 152-154)*

The contrast of ‘often’ and ‘constantly’ could perhaps imply a standstill in the team, that Gabby’s views were seemingly not being adopted so felt she must continue to present them. Across the participants was a sense of stress and feeling worn down in repeatedly

offering an alternative view of the client and facing ‘struggles and complexities’ in holding these differing views in contrast to the predominant medical model.

> *sometimes I feel like, not a spare part, but like a thumb compared to all the fingers, like off the side, erm, so still there, still part of the hand, but just doing my own thing (Laura, lines 8858-8860)*

Laura seemed to position herself as part of the team, but as a thumb on a hand, linked and connected, yet perhaps with a unique job, a different identity, and a slightly different function. Again, the idea of feeling different, but included. It seems she saw herself perhaps as bringing difference to a team of colleagues with similar views — all fingers.

Moreover, all participants reported stress in working with different professions, such as having trouble presenting differing views, feeling dismissed, or experiencing challenges in communication. However, over half the participants contrasted this with valued aspects of the MDT, such as learning from difference, the release of pressure in collective responsibility, and using the MDT as a sounding board.

> *there's definitely kind of jarring (pressing fists together) in like philosophy there for sure, and [] some people will say the medics just kind of waltz in and do a medication review and then go away again, and they're coming from a different perspective as well. So equally I've learnt loads from all of them and at the same time there's definitely different ways of thinking (Emily, lines 1963-1972)*

Emily captured the essence of the push and pull many participants experienced in the MDT. When she spoke, she pushed her fists together, highlighting a sense of clashing between the backgrounds and differing perspectives of professionals on the team.

> *‘[in the MDT meeting] you kind of need to be on your A game a **little** bit, but also equally you can go and be like ‘I'm really stuck I need some help’, and sometimes there's 58 different opinions coming at you and, that can be really difficult (Emily, lines 1983-1987)*

The snapshot of Emily's team meeting showed again these mixed feelings, that although she could ask for help, she needed to be feeling her best to ask, knowing perhaps that she might enter a clash, or need to navigate differing opinions that sound overwhelming.

> *'I find it mixed, in some way I find it fantastic because there's so many areas, that they are expert in that I am not, erm, and learning from those areas is* ***incredibly*** *important to me because, a client exists within a* ***whole*** *bunch of different environments' (Nora, lines 4886-4890)*

> *'it does raise its challenges because, different people approach clients in a different way, [] it's very important to learn from the way that they [psychiatrists] are thinking [] But... it can be challenging at times when... you're seeing things in layers that maybe... aren't as clear, to someone who hasn't done the [CoP] training [] it's hard to communicate that, at times' (Nora, lines 4906-4934)*

Similarly, Nora appeared to have mixed feelings about working with people from other professions, appreciating learning from differing perspectives, yet picking up on seemingly unnoticed layers of complexity which felt hard to communicate to those without CoP training. Nora gave an example in the full narrative of talking about a client's unconscious. This presents again the push and pull of the MDT, able to address different areas the client operates within, and providing learning opportunities, yet harbouring the difficulty of expressing one's own client formulation.

Overall, CoP identity and being part of the team seemed important. For many participants this appeared to create a tension as they sought for their CoP views to be heard and understood within a medical model majority environment, whilst seeking to feel included and part of the group. For some participants there was a sense of their identity being slowly chipped away through their work within the MDT, feeling dismissed, different, the odd one

out, not understood, and they feared being shunned and othered. However, there were also positives, with the appreciation of learning from difference and feeling contained.

4.2.2.2 Sub-theme two: Power in the MDT: 'You're a doctor but you're not'.

Almost all participants spoke about power and hierarchy in the MDT, and for half it was a major theme. There seemed a shift in power on qualifying, with an increase in feelings of accountability, responsibility, and weight to their decisions. Yet, this contrasted with a powerlessness when communicating within the MDT. This powerlessness seemed not only to surround their NQ status, but as a psychologist within a medical model majority environment. Even more so for some, was being a CoP, as opposed to a clinical or forensic psychologist, which some experienced as less favoured by the MDT. The medical model majority, primarily mentioned as consultants and doctors, seemed to hold the most power and resources. Within participants' experiences there seemed to be this sense of having to fight to be heard, which felt challenging given their NQ status. Being NQ, some participants felt unconfident and fearful of putting their voice across, made harder by the desire to challenge the views of their team by expressing an alternate, perhaps more complex view of a client.

> *you're one of the doctors, so you're you're positioned very strangely as a psychologist, as a doctor of psychology in the hospital, because you're a doctor but you're not. And, they kind of want you, but they don't want you, and, it's very much, 'can you just fix this person?' (Sarah, lines 11439-11443)*

There is a sense of tension; feeling conditionally wanted, however the conditions seemed to oppose the values of CoP. The way of phrasing the narrative seemed perhaps critical of the expectations of the other doctors, with Sarah maybe viewing the doctors as objectifying clients.

We see participants now fully part of the team, within a MDT that appears to not always value psychology, no longer protected by their supervisors, exposed to more power and hierarchy than on placement, and with a strange, differing sense of power on qualifying. As seen in Sarah's quote below, there seemed not only to be stress in navigating power dynamics in the MDT, but fear. Some participants appeared uncertain of the consequences of speaking up, often thus staying quiet, enhancing their feeling of isolation, dismissal, and loneliness.

> *'there's moments that I wish I had spoken up and said something, but I didn't feel safe enough' (Sarah, lines 11204-11206)*

Across the interviews of some participants were metaphors of a fight, a war, or a battle to be heard, often feeling dismissed and isolated. Participants described incidents of bullying and dismissal, observing arguments between the team, hearing 'shocking' language to describe clients, and witnessing inappropriate conduct between staff perceived to have more power. Some participants appeared to feel a pressure to conform but wanted to challenge and 'bring the grey' to a team which often seemed black and white to them.

> *I got more and more confident of doing that [chipping in with a psychological opinion or formulation] and over the year I can now do that, for pretty much an- whenever I need to, erm I will interrupt them, if they don't hav— take a breath (laughing) erm not always but but some of the time, erm I do still have to judge the mood, there, because it's incredibly medical and if one of them's angry, you'll get nowhere with them [] I've literally seen them screaming at junior doctors erm, it's it's quite shocking actually some of the behaviours [] there is very much an expectation that you fit in, you know, you fit with the model erm, you fit into the MDT and don't interrupt, there is no way if I went on for too long and I extended the time that the MDT took there is no way they would tolerate that, they would literally shut me down, or they'd be like 'we don't want psychology at the MDT anymore', so that you have to pick your battles, erm, and it's a really fine line (Sarah, lines 11046-11068)*

This extract mentions several themes seen across participants; the increase of confidence over time, the powerlessness and fear felt within the MDT at having to fight to be heard, the shock in the different behaviours of the MDT, and the balance between when to challenge and when to step back. Firstly, although there was a sense of development in confidence and reading the team, it still seemed Sarah acted out of fear in the MDT meetings, perhaps experiencing her relationship with the MDT as conditional to her 'fitting in' to the medical model. It seemed if certain circumstances lined up, she might feel able to add her psychological formulation of the client. She seemed fearful perhaps in voicing her formulation, battling a want to stay included with the desire to not be silenced. There appeared a sense of conflict for her over this ('pretty much whenever' 'not always'), perhaps indicating a level of uncertainty, still not fully feeling valued by the MDT or fully able to speak up.

Furthermore, there appeared to be different expectations and allowances in the team, with Sarah's formulation seemingly not tolerated, unlike the 'shocking behaviour' which appeared to be brushed over. There seemed a sense of powerless and pressure as Sarah sought to grasp team dynamics and meeting conventions and follow the rules, but perhaps fearing the consequences, that psychology might be further minimised or dismissed from the team completely. This seems to convey stress surrounding different standards for different professions, and a difference in power levels between her and the consultants. Sarah felt she must pick her battles, be tentative in voicing formulations, and tiptoe around the team, judging the atmosphere, whereas the doctors seemed so powerful that behaviour such as 'screaming at junior doctors' was tolerated.

Navigating the power and hierarchy seemed tiring, which is perhaps echoed in Emma's narrative:

> *there are times when, we have to shout to make ourselves heard because we're not at that same rank, we're not a medic (Emma, lines 5527-5529)*

> *the more experienced clinicians is gonna basically talk over me erm, because I haven't kind of got the kind of the same level of experience [] it's frustrating [] I know my place (Emma, lines 5539-5549)*

Emma appeared frustrated by her status as NQ, aware of where she was in the social order, below those aligned with the medical model, having to shout to gain power. The idea of knowing her place gave a sense of obedience, perhaps again reflecting a want to be included in the ingroup.

> *[being a CoP in a medical model] brings, its own stresses for me... holding those values, erm, and living those values, while (exhale), while working, whilst all having to play the medical model game in order to stay relevant because that's that's the hoops that we have to jump through, [] so I've got to do that [] in as authentic erm, and holistic way as possible, in the time that I'm time given. (Emma, lines, 6437-6450)*

Stress seemed not just to be around navigating inappropriate MDT behaviour and social hierarchy, but also the internal wrestle between holding CoP values and fitting in to the MDT's predominant medical model. Emma held dual roles as a CoP, providing therapy to clients, and doing diagnostic assessments. This split role highlights the balancing dilemma reflected across other participant's narratives.

There seems to be a compromise here, almost trivialising the medical model as a game to play to get somewhere. Nevertheless, this contrasted with the sense of power it held, with Emma conveying a forcefulness that she had no choice but to yield. However, it seems she could decide how she went about yielding.

it just breaks my brain to think about how that gets balanced actually, I'm doing it every day balancing those two worlds (Emma, lines 6427-6430)

Again, there is this sense of navigating power and control. This extract emphasises both how different Emma saw her CoP role and the medical model, that they were worlds apart, and how regular this stress was for her, navigating this balance throughout every working day.

stepping into this multidisciplinary team with knowing actually, if I don't fight for it it's never gonna happen (Laura, lines 8653-8654)

Laura appeared more confident than other participants, challenging members of staff from the outset on inappropriate behaviour and carving out a role for herself as the only CoP in her MDT. The image of 'stepping into' perhaps paints this idea of control, that she could leave and enter at will, a sense of choice in engaging with the team. Again, this conditional aspect arises, maybe implying that psychological input perhaps felt like an extra, rather than a necessity in the team, and that it was not fully welcomed across the MDT. There is a sense of pressure and responsibility in this conditional aspect, the feeling of necessity in her fighting for what she felt was right for psychology, and a sense of resistance in the team. This is echoed in the extract below:

there is the aspect of feeling a bit like a pariah cos you're, very much in the medical model part of the /service type/, being the, almost voice of the psychology and a bit more balance can sometimes be quite challenging. (Katie, lines 7599-7603)

Katie gave the image of a pariah, feeling responsible to speak out and provide an alternative view to the medical model, yet in doing so she might be outcast from the team, highlighting aspects of stress and fear as a CoP in the MDT.

Emma took this further, highlighting what felt to her to be unique stressors for NQ CoPs in MDTs in comparison to other psychologists:

> *the stress involved with, asserting oneself in that role, and making that role heard, erm... that is fairly unique I think, and then being a newly qualified psychologist within that. I think anyone who is newly qualified at anything goes in an and is just like 'Oh my God I'm never go- like I can't believe they've they've left me to do this on my own', so that's not unique, but, I think the, the uniqueness comes from… taking on the mantle of being a counselling psychologist and then having that expectation, from the wider counselling psychology society I suppose, community of- progressing that as much as possible, fighting, the good fight for our name, and ensuring that we continue to be seen as, as relevant, as qualified, as experienced, as as usable, erm as clin psychs or other psychologists in our role (Emma, lines 6396-6413)*

There seems a pressure and stress in the NQ CoP role, not only from the CoP title, but from the CoP community, that it carries a weight. Again, the feeling was emphasised that that Emma viewed her identity as a CoP as seemingly lesser than other branches of psychology, appearing to feel pressure to catch up and portray a positive image of CoPs, almost to sell the role of the CoP to others. The query here is what she felt might happen if she did not keep this image up.

Charlotte echoed this stress in the pressure to prove herself to the MDT, not only in being a CoP, but being NQ, with these differing identities seemingly adding to her stress.

> *you've got to, you know, kind of prove yourself doubly because you're newly qualified, and… well it's almost more, because you're newly qualified and because the people you work with are so vulnerable, you've got that pressure to help them, erm, what's the other thing I was saying, and because you're a counselling psychologist (Charlotte, lines 2955-2962)*

This pressure was reflected across other participants' narratives, touching again on the idea of an inflated sense of personal responsibility. Some participants noticed that such thoughts and feelings were sometimes a sign that they were highly stressed or burnt out, such as, fear of letting down the CoP community, or that their actions would determine if the MDT would reject or not employ future CoPs. This seemed even more so if participants were the only CoP or only psychologist in the MDT:

> *when you feel like you are the only counselling psychologist, or one of the only few counselling psychologists that, you're somehow representing the profession but that adds a whole other layer of pressure, that I hadn't really anticipated (Sarah, lines 11221-11226)*

Overall, participants seemed to experience fluctuating feelings of power and powerlessness on qualifying within a medical model majority environment which did not always align with their CoP values. Participants highlighted stress in learning social rules, coming to terms with their social ranking, and seeking to gain confidence for their voice to be heard within a hierarchy where they sometimes felt powerless. Some participants seemingly felt they had to fight to be heard and recognised, seeking to 'bring the grey' into an MDT that seemed often to feel very black and white, and sometimes shocking and overwhelming, with some feeling perhaps held to different standards than other professionals with more power. Moreover, there seemed to be a responsibility to represent the profession, feeling pressure from themselves and the community to prove their worth to show the value of counselling psychology, especially if they were the only CoP in the MDT.

4.2.3 Main theme three: Necessities and tensions in support networks. All participants spoke of the importance of having a support network in managing stress upon qualification. Regular opportunities to talk and process with friends, family, partners,

colleagues, therapists, or university peers were highlighted as a necessity in coping with work stress. Participants spoke about stressors within the CoP role, such as the emotional demand, and coping with 'risky' clients. Talking to manage work stress seemed helpful to process the demands of the job, but there were ethical restrictions about who they could talk to, resource restrictions, and an increased caseload yet decreased amount of supervision on qualification.

4.2.3.1 Sub-theme one: 'Actually offloading': The necessities and tensions in family and friends support networks. All participants mentioned the importance of having a supportive network to talk to outside of work, such as family, friends, or a partner, this being especially due to the emotional demands of the CoP role. However, some participants seemingly experienced stress when seeking to 'partition off' work from these relationships to maintain client confidentiality. Many, therefore, sought personal therapy so they felt work overflowed less into their personal relationships, and felt they had more to 'give' to others outside of work.

Emily spoke of the pressure of the role of a NQ CoP in an MDT, and its interaction with her relationships:

> *he'll [Emily's boyfriend] be like 'how was your day?' and I'm like, 'I really just need quiet time for 10 minutes, and can we not talk cos I just feel like, people have been speaking at me all day' erm, and you don't feel like you've got that much to give, but then you feel like quite guilty cos, what if this is having an impact on my relationship [] my boyfriend, my best friends are the most important people to me and I feel sometimes I don't have anything to give them and that's really shitty, that's horrible, you know, that's partly why I'm going back to my own therapy to actually offload to someone that's paid to listen, and so that I feel, erm, feel less like I'm flooding my relationships with my stress, erm, you know I feel sometimes like, I can feel quite tearful, in ways that I wouldn't have done before, cos I'm not really a tearful person,*

but suddenly I'll like be doing the littlest thing and I'll be like 'shit I'm like gonna cry at my desk' when I'd never cried as a trainee (Emily, lines 2088-2106)

Emily's narrative gave a sense of her resources being finite, that perhaps taking some quiet time may, on returning home, recuperate some resources diminished at work. This cycle seemed to leave her questioning, and perhaps fearing the 'impact' work had on her relationships that felt more important to her, feeling guilty and unable to give or reserve resources for them.

Broadly, this excerpt gives a sense of a reservoir that perhaps becomes depleted at work and needs refilling, alongside tension within the transaction of talking and listening. Following this extract, Emily spoke of feeling 'emotionally drained', perhaps adding to this image of a depletable and refillable internal reservoir. Talking seemed somehow diminishing, saying, 'can we not talk', perhaps indicating the importance of creating space for herself after work, in comparison to talking to a therapist which seemed more replenishing.

The use of 'actually offloading' may refer to the difficulties Emily previously mentioned, of being a CoP with boundaries required in client work. This perhaps indicated that it might have felt more permissible and replenishing for Emily to talk to 'someone that's paid to listen', rather than talking to her boyfriend or friends. Emily reported a feeling of guilt in this, unable to be as present as she would like for those important to her. But there also seems something about her own permission to feel, 'shit I'm gonna cry'. Having therapy thus perhaps seemed to be a way of regaining control over her work stress, and over the differing unexpected challenges she seemed to be feeling on qualification.

Work stress in Emily's narrative appeared to have the quality of a fluid, 'flooding' relationships, giving the image perhaps of intense feelings of pressure, volume, or weightiness.

This metaphor continued in Nora's interview:

> *there's not always the space to do that [process], in ... within the work, when there's so much work stress. Erm, and so, that then pours out into personal life in that, erm, for example I pay for personal therapy to be able to have some added, processing space and time, I mean I can't talk about individual clients cos you know information governance, but, when you come from counselling psychology there is I believe a lot more space to explore the impact on you and your impact on the therapy and in the NHS there's just not in my experience [] in order to be the best kind of counselling psychologist I think I can be I need to do that so I have to pay for my personal therapy to be able to do that (Nora, lines 4217-4239)*

Nora illustrated an image of stress again as filling up space at work and overflowing into her personal life, appearing partly due to stress decreasing her processing time. To take control of this and create space and time for herself, Nora accepted a personal expense, using her own time and money to get therapy, which as many participants mentioned, came with the limitations of information governance, reducing what they could discuss.

Nora argued that CoPs need processing space, which seemed for her not to be provided within the NHS, a point echoed by many other participants, not only about stress, but about the decrease of supervision on qualifying.

Moreover, Laura wrestled with CoPs' ethical boundaries, wanting to release stress by speaking openly about work to loved ones. Laura spoke about creating a sense of insiders and outsiders, with frustration and stress appearing to come both from her and her friends and family with the limitations of confidentiality in her role.

> *I can't talk about the cases that I see [] which when you're coming home and you're wanting to offload either to like partners or family like they don't get it (Laura, 573-577)*

Finally, Emma noted a stress-relieving element of her supportive network; that her family could serve as a good reminder of home-work boundaries as she needed to be home on time for her family. This seemingly buffered stress for her, providing a reason to maintain boundaries, and to allow herself to release some of the pressure on herself.

> *having the buffer of family is really really helpful [] because... I just kind of need to put it all down and step away from it [] that's something that I just need to keep remembering having a tiny baby is a very good reminder of that [] it's just a job (Emma, lines 6320-6370)*

Overall, participants spoke about how great it was to have supportive family, friends, and partners to talk to about their stress, providing alternative perspectives, and acting as a stress buffer and reminder of the importance of their personal life. Participants discussed their guilt when stress overflowed into their personal lives, leaving them without anything to 'give' the people most important in their lives, and feeling challenged by the limitations of confidentiality. Some sought to regain processing time and 'actually offload' to someone permissible, such as by attending personal therapy.

4.2.3.2 Sub-theme two: 'People who get it': The importance of peer support networks on qualifying. The majority of participants spoke about how helpful it was to talk to other CoPs, their university peer group, or other psychological practitioners, and have regular opportunities to talk about their stress and reflect on their stress levels. Their university CoP cohort especially held a sense of ease, having previously supported each other through training, noticing how vital this felt on qualifying, and how much they missed more regular contact.

Charlotte spoke about talking to her university cohort for processing space and peer support:

I will still give them like a brief formulation and go 'what do you do?' or, 'have you got resources for this?' [] that's been such a good source of support for me (Charlotte, lines 3350-3354)

particularly when things are difficult, or when I'm worried about something or someone, they can help (Charlotte, lines 3373-3374)

This was echoed by Katie, who discussed the shift in the relationship with her cohort on qualifying:

*not having the friendship groups, in the same way that- that was a definite shift… in terms of going to be qualified, because, cos you get used to with the training you [] spend so much time thinking about your clients, and **talking** about them with your colleagues and things, and that **definitely** gets lost because you transition to being qualified (Katie, lines 6880-6887)*

There seemed a sense of loss in the transition, talking less to university peers, and thus discussing clients less. These losses were echoed across participants, and, like Charlotte, meant some participants actively sought out peer support, utilising these previously created processing spaces to support each other through qualification challenges.

In addition, Laura spoke about loneliness as the only CoP in her MDT:

*I already feel, lonely at times, or like, we'll meet up once a quarter and I **love** it cos I'm like (high pitched voice) 'oh, I'm off to see my family again!' when I joke in work, because it's just nice to be with people who get it, like you don't have to justify your decisions, you don't have to try to explain why you do something in a different way, they already know that (Laura, lines 9541-9547)*

Therefore, Laura highlighted how important CoPs meeting was, with the feeling of family, shared knowledge, connection, and an unwritten understanding between CoPs. This

idea of being ‘with people who get it’ highlighted again the challenge that some participants felt in navigating difference in the MDT, feeling an ease in communicating with CoPs that they often craved.

Emily discussed two other groups of people she, and others, turned to for support; psychologists and psychological practitioners they had worked with in previous placements, and other NQ practitioners on the same public service banding:

> *having those people on tap that you can message at the end of the day and be like, ‘guys I'm having the shittest time’, and they're just always there to talk about it, and that's so invaluable (Emily, lines 1771-1774)*

> *I've found real solace in my colleagues that are also kind of newly qualified band 7s, we've got really good comradery, and I would really struggle without them (Emily, lines 1720-1723)*

Again, there seemed a sense of ease about peer communication, with less caveats than when confiding in friends and family. There seemed a sense of availability and reliability of peer support, reducing isolation, and giving comfort in being supported by others perhaps going through similar stages and stressors at work.

Overall, peer relationships were highlighted as providing an invaluable sense of support, not only in feeling it was more permissible to talk than to friends and family, but seemingly with an ease in conversation, that their peers were ‘people who get it’, with less explaining needed when seeking support. Furthermore, peer support networks were already created, reliable, and available processing spaces. Moreover, talking to people going through similar experiences, such as CoPs or NQ professionals, seemingly helped participants feel less isolated and the relationships more reciprocal.

4.2.3.3 Sub-theme three: 'Part of a weird fight club': The necessities and tensions in internal support networks on qualifying. In contrast to the stress in navigating power and team dynamics of the MDT, some participants highlighted the MDT as a source of support. They seemingly experienced that talking to colleagues about clients and work stress helped them feel less alone in 'carrying' the emotional, risk, and responsibility elements of client work. Moreover, participants reported going through an adjustment period, seeking to adapt and catch up through organisation, and learning from others or asking for help. However, alongside this was an element of holding, supporting, facilitating, and educating the MDT, an additional part of the role on qualification that felt difficult to juggle. In addition, half spoke about a sense of having to 'get on with it' as others in the MDT were 'over it' and were expectant of them as qualified. Most important for the participants was processing time with their supervisor, with almost all participants talking about the difficulty of having less supervision time, with an increased caseload and increased responsibilities on qualifying that they wished to process in supervision.

> *[as a trainee] I didn't feel part of a team the way that I do now [] I kind of see [the team] as a real positive, a real strength (Charlotte, lines 3207-3213)*

> *psychology can be a lonely profession [] holding all these people in your mind (Charlotte, lines 3225-3228)*

> *that kind of collective responsibility for for for people, erm, is really nice (Charlotte, line 3242)*

Charlotte, like all the participants, noted how different on qualification it felt to be in an MDT, now more established, and perhaps more recognised as part of the team. There appeared an isolative quality to psychological work, alone in holding clients, a pressure for which was perhaps released by shared responsibility.

it is appropriate to be stressed and to feel shit and it's, I, firstly for me sharing that with people at work has been so important cos otherwise you just feel really isolated as well, [] someone else comes up to you and says 'I'm really struggling' and it's you know, it's, it's very much a two way thing… which is really nice cos you connect with your colleagues, and they become your friends and, this is not a job I would want to do in in isolation (Emily, lines 2127-2139)

Emily spoke of the appropriateness of her feeling of stress, given she 'carries' and 'gives' so much in her client work, almost a sense of giving herself again permission to feel. Perhaps the two-way element of talking about stress with colleagues helped her feel less alone in her feelings, thus feeling more permissible, and lessening the sense of loneliness conveyed in being a NQ CoP. Emily seemed to convey that there is something about the CoP role, perhaps the emotional demands, that makes it undesirable in isolation. Thus, maybe highlighting the necessity of the connectivity of the MDT in managing work stress, lessening isolation, and maybe giving CoPs permission to feel difficult feelings about the role.

I think without them I wouldn't do this job [] otherwise because you can't talk about it (Laura, lines 9078-9081)

The necessity of the MDT was similarly conveyed in Laura's narrative. The ethical limitations seemingly placed a strain on her relationships outside of work, instead seeking solace in her colleagues and therapist.

it's like part of a weird fight club that you never really realise you're part of, like 'what happens in fight club stays in fight club' and you're like 'great, I didn't sign this at any point' (Laura, lines 9109-9112)

The simile of the MDT being like a ‘fight club’ perhaps conveys inclusion, support, and comradery, yet also secrecy and powerlessness for Laura, unable to fully share her work life with her loved ones. There is a sense that the MDT ‘club’ felt unexpected and possibly unwanted, and that this experience felt slightly unreal, strange and perhaps disconnected from the real world.

Sarah spoke about MDT members giving each other permission to have a break when it felt hard to allow yourself time off:

> *I ended up actually speaking to a couple of people at work and saying I'm not, good, I'm I'm not coping, erm, and I feel really quite unwell, and they were brilliant and they were like, ‘right, you need to take some time off’. I really struggled taking time off, erm, because [] I was like ‘how are they [her clients] going to cope?’ (Sarah, lines 10252-10257)*

It seems perhaps the MDT could help challenge the previously discussed inflated sense of personal responsibility that could come with stress and CoP work on qualification. However, Gabby noted a tension in MDT working:

> *being able to go to the consultant psychiatrist and then bring in another member of the MDT and just sitting there talking about it and finding a way to approach it and knowing that there's someone to to turn and talk to that's what sometimes like mediates the the the madness (Gabby, lines 518-524)*

This quote is in reference to Gabby and her team working out how to address a colleague’s inappropriate behaviour, highlighting the MDT as both a source of stress and support. Here, the MDT does not only feel chaotic, stressful, and mad, but it shows it can have a facilitative, supportive, and mediative quality, providing collective problem-solving, and helping Gabby feel less alone in addressing team dynamics.

In addition, participants noted a reciprocal nature sometimes to the MDT, with participants, as CoPs, feeling more pressured to hold, facilitate and contain the MDT:

> *I'm holding so much from the from the team and the work I do, and not having an outlet, erm, with another psychologist to be able to talk about things on a regular basis (Katie, lines 7287-7290)*

Katie had a real sadness in her tone of voice, trailing off as she spoke about MDT support, having experienced bullying in her team, and feeling her manager had not dealt with this:

> *I think it's more of a, professional support, rather than a kind of caring support, I wouldn't— I don't think I feel particularly cared about at work [] I think there is a lot of supporting yourself, and you just get more equipped at that really...err and hope things continue working out at home so your, support networks remain supportive (Katie, lines 7298-7305)*

Katie seemed to highlight the importance of taking responsibility for supporting herself, as discussed in the final theme, that although the MDT worked well together, they did not fulfil her needs for support. Therefore, she relied instead on herself or external support networks.

Supervisors were highlighted as the most crucial MDT members for participants to seek support from, for some these were external to their immediate MDT.

> *having a supervisor, or next person in line who I can talk to about those things and he's able to say 'yeah but... you know this is what you do, you do this, you're doing it right now (laughs), stop', you know 'you're taking on too much', 'there's only so much you can do' so that's quite helpfu— helpful (Emma, lines 6312-6320)*

Emma, like others, craved the perspective of her supervisor, partially to help her manage her boundaries, workload, and work stress. As mentioned by all participants, supervision time was desired due to the increase in caseload, yet had decreased:

> *so you know can go from having arguably maybe 3 or 4 hours of supervision a week [] to one hour a month [] and within that hour depending on what way your team is resourced that might also be the only hour that you actually see your supervisor (Nora, lines 4326-4331)*

Nora explained the stark difference in reduction of supervision time on qualifying, with the use of 'you' perhaps indicting she felt this was a universal experience, shared with others. This was echoed by other participants who reported similar reductions and subsequent shock, stress, and frustration.

> *there's been times when I desperately needed to process, but my supervisor is a lot more concerned with ticking their boxes that they have to for the NHS [] then there's no room for me to process something that's going on with a client and that was a big big shock (Nora, lines 4340-4346)*

Additionally, Nora outlined the shift of focus from processing client work to management supervision, and therefore the clash in agendas between her and her supervisor. The desperation of Nora's need for processing her client work could be heard in her voice, so frustrated that something she seemed to feel was less important, 'ticking their boxes', was being put before her own needs as a practitioner. Again, there was a desire for space, and a feeling that this would not be, and had not been, available. Nora, alongside other participants, was, due to information governance, denied an external supervisor to help her cope with the additional post-qualification demands, and instead given two hours a month, instead of one hour.

Overall, talking and processing appeared a necessary and crucial way for participants to manage their work stress. This was in part due to the emotional demands of the CoP role, and the ethical boundaries of client work. The boundaries seemingly created an ingroup, the MDT, which helped participants feel more supported and less alone in processing client work. In contrast, there appeared frustration around the 'outgroup', where family, friends, and participants seemingly experienced stress at being unable to talk openly about participants' work, feeling their resources used up, with nothing left to 'give' on returning home. Work stress could be seen to have a transactional nature and depletable/refillable quality; that talking and listening in client work used up resources from their reservoir, which could be refilled on talking to permissible others, making talking feel like a necessity in managing work stress. Most permissible, for participants, seemed to be talking to the MDT or a therapist. However, despite perhaps the stress relief in confiding with the MDT, this seemed to come with a weight and pressure to hold and contain those within it. Supervision seemed vital to participants, giving them processing time and another perspective. However, participants expressed frustration at the reduction of supervision time and with clashing agendas, with some requesting this time be extended to cope with the additional post-qualification demands.

4.2.4 Main theme four: Managing stress in the qualified space: 'You just have to get on with it'. This main theme contains the different ways participants spoke of their experience of managing work stress, seemingly conveying a need to adapt on qualification and put in home-work boundaries. The title of this theme comes from Emily, who compared her trainee to her NQ experiences, discussing the difference on qualifying in others' expectations and adaptations, that 'you just have to get on with it'. On qualification, there seemed the realisation, for many participants, that it was important in the CoP role to keep

on top of self-care, alongside adapting to the new environment and their NQ CoP MDT identity, so they could just ‘get on with it’.

4.2.4.1 Sub-theme one: ‘You need to start looking after yourself’: Taking responsibility of managing stress on qualifying. This sub-theme looks at the realisation, on qualifying, of the importance of managing work stress to cope with being a NQ CoP in a MDT. Participants spoke about an inevitability of stress as a psychologist, and acceptance that this stress level was perhaps always going to be high. Thus, it appeared important to take responsibility to manage their own work stress to continue their role, such as, putting in home-work boundaries to stem the potential of being consumed by their work.

Katie seemed to capture a call to action on qualifying to take responsibility in managing her work stress:

> *you come to the realisation, ‘right, you need to start looking after yourself’ (Katie, line 7105)*

It seemed there had been a shift over time in how she managed stress, bringing a strictness, ‘right…’, perhaps on recognising a need for boundary-setting to stop to the continual erosion of her resources mentioned in the first part of the quote (‘ground’, p. 84).

> *to manage manage your stress you have to look after yourself, [] you're doing this kind of emotionally demanding job then... you have to have some boundaries’ (Katie, lines 7137-7139)*

There appeared sadness in Katie’s voice when speaking about the necessity of setting boundaries to protect herself from the emotional stress. Perhaps, having experienced MDT bullying, the need for taking responsibility was not just to avoid burnout, but because Katie felt others would not reliably support her. She described work as a ‘fluctuating beast

that you can't have much control over' (lines, 7156-7157). This was echoed by many participants regarding fluctuations in caseload numbers and risk, referred to by Emily as an 'ebb and flow the whole time' (lines, 1670-1671), with 'peaks and troughs' (line, 1671). Thus, one notion was to accept that stress and its fluctuation was always going to be feature of the CoP role:

> *what I'm learning to do is accept that, sometimes my- the level of stress will be beyond my control and and I need to just learn how I respond to that, [] I was really daft and I went seven months without having a week off (Emily, lines 1682-1688)*

Within a process of learning and acceptance of both herself and stress seemed to be self-criticism, and perhaps a bit of naivety, reflecting on how obvious it felt now to take time off, and perhaps how difficult it could be in the moment to manage stress.

Charlotte furthered these ideas, with her own personal attributes and expectations on top of a seemingly inevitably high level of client work stress:

> *you know you're never gonna work in that environment and try and help people like that [vulnerable people], and it not be stressful and you know, not if you're really actually like a caring person and you actually do a good job, and like I said because I am newly qualified, I am super—, you know, I've got that real drive to want to do a good job, erm, and with that comes you know, a certain amount of stress, [] it's that sitting with the feeling of I can only do what I can do [] you're not, the super psychologist (Charlotte, lines 3555-3570)*

Here, Charlotte seemingly demonstrated self-awareness of a push and pull in managing stress, noticing a variety of factors at play, such as, her caring nature and wanting to do a good job. This seemed emphasised by her NQ status, that she was operating within a system where it felt frustrating and hard to meet her own expectations. Here, she seemed

to give insight into her internal monologue about how she managed this stress, repeating the limitations of the situation to herself, and sitting with this discomfort.

Although setting a home-work boundary seemed important for almost all participants, Nora reported a tension between managing the stress of being a NQ CoP and meeting her own and the role's demands:

> *after about a year in this role I (sigh) came to a frustrating conclusion, because I was trying to put more boundaries between work and home life [] And I found then that the quality of my work was slipping that I was turning up to appointments or turning up to things and I hadn't had a chance to read over my notes from last time (Nora, lines 4098-4107)*

Participants spoke about their high standards and the pressure they felt as a NQ CoP to do well and be more than good enough, but also the realisation that they needed to set boundaries. Often, it was their supervisors helping them to say no and take breaks.

> *when it came to choosing between, having more free time, that maybe I need anyway, or [] the work, be that for clients or for my name as a psychologist, I automatically had to choose the latter (Nora, lines 4178-4180)*

For Nora, there appeared a tension; that it was necessary on qualifying to manage her stress, yet the increased sense of personal responsibility made the decision to sacrifice her free time seem out of her hands.

For Gabby, acceptance in managing stress seemed to be about accepting the limitations of the service to cope with difficulties:

> *if you're gonna work for a charity you need to accept certain things (Gabby, line 1251)*

Emily, in addition, spoke about taking responsibility for her own stress due to the change in the responses of others to her on qualification, that others perhaps would no longer be looking out for her mental wellbeing:

> *I'm really stressed [] but now people are kind of over that like, you (exhale) your this is just your job, and actually I've had to find ways to make sure that my own, like, mental health is looked after [] that stuff is really important because very quickly you can become quite consumed by work and that's not a nice place to be [] and just also realising that it's, it's, you know it's a marathon not a sprint [] you need to— if I want to be a psychologist you need to just keep going and find ways to keep myself not being burnt out and making sure that I'm, you know, being supported and doing stuff to look after myself (Emily, lines 1608-1620)*

There appeared perhaps an experience of change in the care of others on qualification, that Emily felt allowed to feel stressed in training and that people supported her through this. However, on qualification, there seemed to be a learning experience; having to develop how to manage her stress when others seemed to step back.

Moreover, the tension between 'you need to— if I want to be' maybe highlighted a questioning, an uncertainty in Emily's choice to be a psychologist. That sometimes it may feel like something she 'needs' to do more than 'wants' to do. It seemed she had a learning experience about endurance and pacing as a psychologist, with the image of a marathon giving a sense of inevitable struggle and strain. This perhaps highlighted her beliefs of the power and pace of work, that it would overtake her if she did not manage her stress, perhaps indicating the importance of boundaries in controlling an overwhelming quality that work may inhabit.

> *it's about me having realistic expectations, but also not allowing work to take over and be my sole identity, erm, I think it's very hard for psychologists to switch off and*

*not be psychologists, but I think we **really** have to [] hopefully you have people around you [] who will [] say 'stop being psychologists' (laughs) (Sarah, lines 11824-11835)*

When the interview took place, Sarah was leaving her job, relocating to a CoP role with fewer working hours, in a new area, and out of the hospital environment. Here, Sarah was perhaps reflecting on regaining control over seemingly work's consuming quality and identifying her expectations as a previous stressor. There appeared something about the role of a psychologist that made it hard to main home-life boundaries without external support. Her use of 'we' could reflect that she believed this was felt by other psychologists. Alternatively, she could have been positioning herself with myself as a trainee CoP, seemingly including me or giving me advice in the switch of pronouns. Again, there seemed necessity and importance in taking responsibility to put in these boundaries, and that this could be aided by others.

Overall, there seemed a sense that participants felt they had to take responsibility to manage their work stress on qualification to cope with the increase in demands. For many, this was a work in progress, recognising their own high expectations, and accepting their own limitations along with the available resources, time, and service. For many, it was about regaining control of things they could control, such as their perceptions, accepting that stress in client work fluctuated, and that many factors were out of their control. Finally, for some, taking responsibility was about setting home-work boundaries to stop work from overflowing into their personal life, being all-consuming, and potentially resulting in burnout.

4.2.4.2 Sub-theme two: 'So un-work-related': Self-care on qualifying. This sub-theme explores the coping strategies participants utilised to manage their work stress on qualifying, such as, exercise, organisation, time with friends, acceptance of stress and their own limits, watching TV, drinking wine, and doing hobbies. However, with this came for

some a paradox, that when they needed these strategies the most, were the times they felt hardest to do. Moreover, for some, there appeared an expectation that they should 'practice what they preach'. Some expressed that, as CoPs, they knew helpful ways to manage stress, but that often there was a gap between wanting to do these things, and doing them, sometimes due to the stress and tiredness they felt managing the transition to MDT and NQ work.

> *'having boundaries outside of work is so important. I'm so guilty of, you know, checking my emails, and, staying [] late [] I deleted my work emails at the weekend, and I used to like, check them first thing in the morning [] that's no good to anyone [] you start the day with dread' (Emily, lines 1707-1712)*

Interestingly, Emily noted the idea of 'guilt' surrounding stress management, that perhaps there felt a right and wrong, and that sometimes, despite this knowledge, she did things that might be unhelpful. How she managed stress and took responsibility for this seemed to be very present, discussing the recent weekend. Moreover, holding home-work boundaries, seemed not only to feel important to her, but to help others.

Alongside home-work boundaries, the majority of participants mentioned giving themselves space, having down time and, doing things not associated with their role at work, which forms the title of this sub-theme:

> *I'll try to fill my evenings with actually doing things that are **so** un-work-related (Laura, lines 9426-9427)*

Katie describes some of the activities mentioned by many participants:

> *routine and structure and just making sure you set aside time for yourself, erm is important so yeah, exercise and healthy eating, meditation [] a bit of time to be by yourself and being in the still (Katie, lines 7072-7075)*

Yet, like many participants Emma seemed to highlight a level of complication in managing stress:

> *I'd like to say I take lunch breaks and leave on time, but neither of those things happen (Emma, lines 6642-6643)*

Here, I questioned Emma's motive for why she would like to say this, perhaps wary how I, as a CoP trainee, might view her, or perhaps picking up on her own frustration that these are things she felt would help her, yet she felt unable to do them.

> *I don't practice anything I preach (laughs). So I could tell you what **should** help me, and like what **would** help me [] and I don't do any of them, erm which isn't great, erm, but, (sigh) I mean, (sigh) to be honest, er having a glass of wine, which is a terrible thing to say, but it does help me if I'm having a stressful day [] this is terrible as well, but I'm really into vaping (Charlotte, lines 3403-3419)*

Again, there was this sense of 'shoulds' and 'woulds', that there was a right and wrong in managing stress, emphasised perhaps through the role of being a CoP, with seemingly a difficult disparity and dissonance for Charlotte to manage — a knowledge and practice divide.

Lastly, there was a sense of challenge in managing work stress on qualification due to the idea of a self-care paradox, that the times the participants needed self-care the most were the times it felt hardest to access. Sarah alluded to this downward spiral:

> *I ...sort of, accidentally kind of, let all of the other stuff that nurtures me, and feeds me, drop away [] I was knackered because I was working, suddenly working full time (Sarah, lines 10459-10466)*
>
> *things like yoga and exercise have been really important me, and they very much help me cope during… erm, and down time [] I struggled to have any kind of energy or enthusiasm to be able to do anything other than work (Sarah, lines 10508-10515)*

Here, Sarah highlighted the tension between the importance of managing her own stress and how difficult it was to do these things on qualification. There is a sense that managing stress involved energy and enthusiasm, which seemed to perhaps be a double bind for Sarah, feeling it was necessary to do these things to cope with work stress, but feeling unable to do them due to not having the energy. There seemed a sense of powerlessness watching these important things slip away, and perhaps become more difficult the longer she did not do them. It appeared that self-care perhaps felt like an add-on rather than a necessity, that although these things helped her cope, they seemed, given the additional demands following qualification, too hard to do.

Overall, participants highlighted a variety of ways of managing their work stress. Some highlighted perhaps a knowledge-practice divide, that as CoPs they knew helpful strategies to manage stress, but it was hard sometimes to put these into practice. For some, this seemed to be a self-care paradox, that the demands post-qualification made it harder for them to implement self-care strategies. For some, it was concern about their work slipping if they set boundaries, for others, it seemed that sometimes these things simply did not happen, resulting in feelings of guilt around the ‘shoulds’ of self-care.

4.3 Analytic Summary

This analysis sought to explore the experience of work stress in eight NQ CoPs working within MDTs in which four main themes were identified. In summary, participants’ experiences of work stress seemed primarily centred around the feeling that there were greater demands on them than they had imagined, in the context of fewer internal and external resources than they were used to. Participants seemed to realise this mismatch suddenly on qualifying, seeking to adapt by taking responsibility for managing their stress so they could navigate the additional demands of a MDT and NQ role. Moreover, tensions

arose for the NQ CoPs in navigating newfound exposure to power dynamics, seeking to stay true to their identity but be part of the ingroup, all with limitations around who they could talk to, and seeking to muster up the energy for self-care. An in-detail summary and consideration of these interpretations will be discussed in the following chapter in relation to existing literature.

DISCUSSION

5.1 Chapter Overview

This chapter concludes the thesis, starting with a discussion of the analysis' key findings, before reflecting personally, epistemologically, and methodologically on the limitations of the study. This is followed by the implications of the study for counselling psychology and those involved with the qualification journey of CoPs, then concludes with suggestions for future research.

5.2 Summary of Analysis

The main theme was that participants seemed to experience work stress in facing more demands on them than they had imagined, or than they had experienced before, and without the safety net of support they had as a trainee, now left to navigate the role alone. There was thus a sense of not only having fewer external resources on qualifying, but feeling they had fewer internal resources, feeling overwhelmed, unprepared, deskilled, and isolated. Stressors presented as a new member of staff, unsure who to turn to for help, and navigating new demands and surroundings, while also as a CoP, now 'grown up', and managing more risk, responsibility, and accountability than as a trainee, with less supervision than in training. Moreover, the transition was experienced as 'tough' with a sense of speed and pressure, and there seemed to be the feeling of 'fullness' in the qualified role, which participants had perhaps been protected from as a trainee.

Working with people from different professions in the MDT seemed both an unexpected stress, and a source of support. Some participants appeared to experience needing to fight to be heard and recognised and, although many longed to be included in the team, they also sought to stay true to their CoP values, which sometimes meant presenting an alternative view to the predominant medical model. These issues seemed

even harder, not only as a new member of staff, but as someone newly qualified, a psychologist, and a CoP, especially if they were the sole psychologist in the MDT. Working with colleagues who were not CoPs meant experiencing different standards of different professions, and navigating different levels of power and hierarchy, which seemed more stressful than expected. In contrast, some participants spoke of using the team as a source of learning and support, helping them process and share their increased responsibility and risk.

Within the stress of transition was the importance of managing work stress through talking to others, processing, and setting boundaries between work and home. There seemed, however, to be complex tensions between talking to others to manage work stress, and the ethical limitations in client confidentiality. Participants sought solace in 'offloading' to supervisors, peers, therapists, and MDT colleagues, feeling restricted in what they could talk about with their friends and families. However, with the relief of collective responsibility in the MDT, came the feeling of having to hold and contain their colleagues.

Moreover, participants' resources appeared finite, like a reservoir, able to be drained and refilled, often through transactional elements of the job, such as talking or carrying and holding emotional content. There seemed a sense of inevitability of burnout as a psychologist, and of work as consuming and eroding. Thus, taking responsibility to manage their stress seemed especially important; for example, putting in home-work boundaries, or doing un-work-related activities to ensure they still had something to 'give', especially to their friends and partners.

5.3 Discussion of Themes in Relation to Existing Literature

In this section, the four main themes are explored in relation to the existing literature. Although most of the elements within the themes of this study (referred to as 'my research'

to differentiate from other studies) are in-line with current research, existing literature has not always discussed this specifically for CoPs, or within the UK, and appears not to have observed some of the tensions that seemed important to my research.

5.3.1 Main theme one: Stress in transition: The qualified role as a baptism of fire. As voiced in ECP studies, participants in my research experienced greater work demands on qualifying with fewer resources available (Dorociak et al., 2017; Kolar et al., 2017; O'Shaughnessy & Burnes, 2016). In this theme participants appeared to experience the reality of the NQ CoP role within the MDT as a sudden shock, a baptism of fire. This seems similar to what has been termed 'practice shock' (Smeby, 2007), 'reality shock' (Kramer, 1974), and 'entry shock' (Sagberg, 2014) which describe the reaction of new workers who, having prepared for a role for years, and feeling ready, transition into their new role only to find they are not prepared. This is followed by a period of making sense of their new role and setting (Sagberg, 2014).

Literature seems to describe a 'honeymoon' period where psychologists are thrilled by their professional role, followed by the entry shock where there is a gradual shedding of illusions and an eventual adoption of more accurate perceptions (Olson et al., 1986; Sagberg, 2014). However, in the present study, although some participants mentioned excitement and enthusiasm, this seemed for most to occur before they started the role. Once they were in the role, the shock, realisation, and need to adapt seemed sudden and immediate, and gradual changes seemed to be related more to their CoP identity within the MDT. The distinction of relevance for my research raises the questions; what made transition so instantly overwhelming for participants, and what can be done to support or prevent this? Additionally, perhaps, are there some things that can only be learnt through experience?

Exploring further into the reality shock literature; preventing shock has been thought to be possible through having optimism, career resilience, good social skills, and a good ability to cope with changes and problems (Kodama, 2015, 2017). However, unrealistic optimism has also been cited as a possible explanation for reality shock (Correa et al., 2015). Moreover, aspects of the ECP role reduce resilience, such as emotionally taxing work, working in MDTs, and lack of supervision (Kolar et al., 2017). This literature adds to the discussion my research highlights; that there are multiple complexities for transition stressors for NQ CoPs in MDTs, not only due to personal factors such as ability to cope, but due to the work of a CoP and the emotional demands required.

Dean and Wanous (1983) describe reality shock as the result of initial expectations being lowered by work experience. In contrast, Sagberg, (2014) proposed that trainee placements may provide realistic expectations. Participants spoke about how helpful experience and practice was in managing stress. However, as depicted in literature, unmet expectations, such experiencing a conflict between expectations and the understanding of a NQ psychology role, seemed linked to negative wellbeing (e.g., Benbassat et al., 2011; Irving & Montes, 2009; Ranung & Wramsby, 2016; Taris et al., 2006). Applying the appraisal theory of work stress to my research, participants may have been appraising their wellbeing based on their expectations of the role from previous training and trainee experience, with unmet expectations leading to reappraisal as stressful.

Moreover, despite previous experiences, the qualified CoP role could not have been fully known to participants. Sagberg (2014) described entry shock as entry to the unknown, but there is a question, as noted earlier, about what can be taught versus what is learnt through experience. Sick (2022) called for research on trainee psychologists' exposure to MDT working and the impact on collaborative readiness and interprofessional competence. Perhaps, rather than teaching about the significant increase of pressure and responsibility on qualifying, it may be more helpful to explore managing feelings of inadequacy, and ways

to utilise support (Sagberg, 2014). Additionally, Szymanska (2002) wrote that expectations could be a hinderance for CoP trainees' development and encouraged reflection on the potential impact of their expectations on their development to be discussed alongside realities. My research has therefore contributed a reflective exercise exploring this topic, included in the implications section.

Perhaps, participants felt like they were thrown in the deep end on qualifying due to the sheer number of identities assumed and reorganised on transition. Smeby (2007) highlighted that different adjustments are needed between being a newcomer to a job and organisation, and as a new professional. Moreover, Ranung and Wramsby's (2016) dissertation noted NQ psychologists need to explore being new in the profession, being part of the psychology profession, and balancing role ambiguity and lack of clarity in tasks. The 'additional things' on qualifying, therefore, may have been more instantly stressful as they were less about task demands than identities; for example, they were new to the job, the team, perhaps the organisation, the profession and without the trainee status which added support and protection.

Furthermore, unique to my research were the CoP elements. Some participants reported feeling pressure to represent the profession in the MDT, feeling less valued than other professionals, and feeling a need to 'catch up' with clinical psychologists and prove themselves. This was not just as a new member of staff, but within MDTs where psychology was seemingly not always valued.

Overall, this theme of stress in transition can be understood in terms of reality shock, experiencing an increase of demands with fewer internal and external resources than expected. Unique, perhaps, to my research was the speed and impact with which this shock appeared, leaving the participants seemingly overwhelmed. Perhaps, it was such a baptism of fire due to the extent of identity reorganisation on qualifying, as NQ, a new staff member,

a CoP and in an MDT. Therefore, the implications may need to target multiple levels to address the numerous identities.

5.3.2 Main theme two: Stress in navigating MDT dynamics. As highlighted in the literature review, in the UK, the MDT has been promoted as a way to provide more holistic and cost effective care (Erskine et al., 2018). Additionally, CoP strengths in MDTs are bringing a humanistic and holistic perspective to settings and advocating for clients' needs which may perhaps be less noticed, less prioritised, or less advocated for by professionals whose focus is more on biomedical diagnosis and treatment (Perrin & Elliott, 2019). However, despite the noted strengths, my research and Kennedy and Arikut-Treece (2016) noted a gap between CoPs' purpose as professionals and the reality of the working environment. My participants spoke of trying to feel heard in a hierarchy where they often felt powerless and stressed about constantly trying to bring in an alternative view to the medical model to an MDT that seemed to not always value psychology. This not only highlights a gap between CoPs' purpose as professionals and the reality of the MDT, but also a gap between MDT policy and practice.

The gap between policy and practice has been noted to be a major explanation in the failure of MDT initiatives (Bussu & Marshall, 2018; Fulop et al., 2012; Lalani et al., 2019).This theme sheds light on the gap, because if, as the participants stated, they are not fully able to speak up and feel heard and valued by the MDT, then the holistic MDT view is not being realised. National Cancer Action Team (2010) noted that MDT's recommendations can only be as good as the information available in the MDT meetings. However, in my research, several participants spoke of leaving their roles, reducing their hours, and being signed off with stress, therefore being unable to present a psychological view of clients in the MDT, and not being cost effective as replacements needed to be found. This, therefore, highlights

the need for more individual support and training for CoPs to be assertive and so provide their psychological perspective.

Furthermore, this theme highlights a gap in interprofessional education (IPE) and organisational development, for CoPs to be supported in MDTs and other professionals to be aware of the value of CoPs and include a space to incorporate psychological perspectives. One argument is that professional isolation or exclusion of psychologists from the MDT will continue if psychologists have minimal involvement in IPE (Chicorelli et al., 2016; Lamparyk et al., 2022). IPE involvement of psychologists can help other professionals learn about psychologists and their importance in healthcare, and help professionals develop shared goals and values for more collaborative, inclusive, and holistic working (Ward et al., 2018). Moreover, without IPE, CoPs face inadequate preparedness for, and skills in, functioning in MDT healthcare teams, which may then have negative implications on reputation and representation of CoPs in healthcare sectors (Boland et al., 2016).

Similar to the accounts in my research, CoPs can feel torn when working in medical model predominant environments, confronted with a moral-political choice, wanting to take a holistic stance and avoid pathologizing or placing distress firmly in the individual, yet feeling forced to claim and justify their expertise using medicalised language to enhance their professional image, employability, and avoid professional marginalisation (Larsson et al., 2012; Sequeira & Scoyoc, 2001; Strawbridge & James, 2001). Additionally, Sciberras and Pilkington (2018) and Papadomarkaki and Lewis (2008) noted that psychologists working in the medical model faced questions about the efficacy and validity of psychology, experienced isolation, criticism and a lack of recognition, and were treated as ‘less than’ medical professionals. They called for such treatment to be investigated. Although my research highlights some positive aspects of working in a MDT, it echoes the tensions of CoPs working in a medical model predominant environment. Through rich accounts of NQ CoPs’ work stress, participants reported being dismissed by the MDT, feeling the odd one

out, having to fight to be heard, and fearing the potential consequences of speaking up or sharing their psychological formulation in MDT meetings.

Important to note, however, is that integration of MDTs alone is not enough to address major inadequacies in structural equalities and underlying resources (R. Miller et al., 2021). Additionally, limited resources and economic drives may contribute to clinicians downplaying the complexity of clients (Kennedy & Arikut-Treece, 2016). This seems to resonate with my research and other papers; that challenges of MDT integration were not only down to difference in the MDT, but were at system level, such as resources, finances, workforce capability and capacity (Exworthy et al., 2017; Robertson, 2011). Bussu and Marshall (2020) point, therefore, towards organisational development to bridge the rhetoric and reality of integrated care that considers training, staff, and workspace. In contrast, Schot et al. (2020) questioned not only organisational responsibility for MDT collaboration, but the less understood individual responsibility. This theme provided individual insight into MDT and public service experience of NQ CoPs, giving a voice to professionals who may not be being heard in the MDT, not only due to hierarchies but as NQ professionals, and new members of staff.

Similar to my research, Stokes (1994) wrote about the tension in MDTs between a desire for both a common togetherness and an independent identity. In terms of CoP identity in the MDT, Mrdjenovich and Moore (2004) wrote about the unique contributions CoPs bring, and the importance of retaining one's professional identity and connection to one's values. However, in my research participants described a chipping away of their identity in the MDT. Best and Williams (2019) raised the question of mobilising a single professional identity before graduating, arguing that a more flexible identity may suit an MDT. This again, highlights a possible topic to explore for NQ CoPs and trainees.

Challenges within MDT working are not a new phenomenon (Hughes, 1958). However, many participants in my research seemed surprised by the behaviour of MDT

members, especially behaviour that seemed inappropriate, shocking, and unacceptable, with a sense that they are held to different standards, especially for those with higher powered roles, such as consultants. This was similarly depicted by Berkel et al. (2019) who noted their surprise as ECPs simply wanted to be respected by colleagues.

Overall, the theme of stress in navigating MDT dynamics brings to question the functioning of the MDT in putting policy into practice. Participants seemingly felt they needed to fight to be heard, questioning whether to speak up with alternative views and risk further isolation, and doing this whilst navigating hierarchy, being NQ and a new member of the team.

5.3.3 Main theme three: Necessities and tensions in support networks. Participants spoke about how crucial it was to have a support network and to process the emotional demands of their role. Similarly, social support has been the most extensively studied job resource in buffering burnout, and is said to be one of the most important for psychologists (Barnett et al., 2006; Maslach et al., 2001; McCormack et al., 2015; Myers et al., 2012). Norcross and VandenBos (2018) wrote that nurturing relationships emerge threefold as the most effective and popular self-care; by reducing the actual strain, buffering, or mitigating the work stressors, and moderating the relationship between the stress and strain. In my research participants spoke about many different types of social support and differing tensions within each group. This is echoed by Halbesleben and Buckley (2006) who noted that social support alone did not correlate with burnout, instead work-related social support was associated more with exhaustion, and non-work related social support was associated more with personal accomplishment and depersonalisation. Likewise, participants in my research emphasised the importance of non-work-related support, and a sense of guilt at not having anything to ‘give’. Similarly, Norcross and VandenBos (2018)

and Greenson (1966) echoed the challenge for psychotherapists to be good listeners and have emotional sustenance out of work.

Participants seemingly conveyed the feeling of resources being depleted and replenished by talking. This appears in line with the conservation of resources theory (CORT) that stress is produced from real or perceived loss of resources (Hobfoll, 1989, 1998; Robins et al., 2018). Moreover, my research's theme about stress from losing the trainee safety net seems similar to the idea within CORT that loss produces loss (Hobfoll, 1989, 1998). Furthermore, CORT links to this study's theme of the importance of boundaries for CoPs to seemingly prevent loss of resources and continue being there for clients and the MDT. Similarly, Papadomarkaki and Lewis (2008) wrote about the need for CoPs to recharge and carry on. However, CORT has been criticised as simplistic, because losing something may not always be negative, and people are unlikely to ever get to the point where all their resources are completely used up (Halbesleben et al., 2014). Nevertheless, this study highlights how NQ CoPs perhaps view talking as a strategy that can both deplete and replenish their resources, which therefore highlights challenges for them, as it is both a crucial part of their job and a crucial way of managing stress.

Numerous studies emphasise the encouragement and reassurance that can come from colleagues to help replenish emotional reserves (Gram, 1992; Johnson et al., 2013; Menninger, 1991; Neimeyer et al., 2012). Several participants in my research saw the MDT as a source of support, but also experienced feelings of isolation and dismissal. Moreover, participants spoke about the tensions over what they could talk about and with whom, with an additional element of uncertainty added in being a new member of staff. There appeared relief for some around being able to talk to, and feeling understood by, their colleagues and supervisors. Similar to Levinson et al. (2020), participants spoke highly about the importance of supervision and about the loss of supervision and processing time as a factor in their work stress. The BPS clinical psychology supervision guidelines (2014b) recommend weekly

supervision for NQ psychologists, however, this is not mentioned in the BPS CoP guidelines. Research, however, points less to the amount of supervision hours, and more to the importance of quality supervision in relation to burnout (Swords & Ellis, 2017; Westwood et al., 2017). Perhaps, the quantity/quality dichotomy is not the most helpful for NQ CoPs, as the amount seemed to matter to my participants; not only maybe due to having less processing time with reduction of supervision from weekly to monthly, but they also gained more clients, more working hours, and no longer had processing space provided in their training. Therefore, it would be interesting to research NQ CoP's supervision and work stress further to explore the elements and tensions of support.

Ranung and Wramsby's (2016) dissertation noted that support from supervisors had more impact on wellbeing than colleague support, with colleague support only associated with job satisfaction. Moreover, Schaufeli and Buunk (2004) found that staff support groups do not seem to have a positive impact on burnout, although colleague satisfaction does appear to increase. Additionally, Engle et al. (2017) noted that support from colleagues, friends and family were more frequently used than personal therapy or supervision. These contrasting results perhaps echo the differing tensions that arose for participants between different support groups.

In Papadomarkaki and Lewis (2008) CoPs were helped by the security and compassion of their families. However, although participants were grateful for their supportive partners and families, there was also a tension, as depicted in Norcross and VandenBos (2018), that the limits of confidentiality can leave family and friends feeling like an outgroup. Nevertheless, Stevanovic and Rupert (2009) noted that despite the high cost of negative spillover, psychology work stressors do not routinely spill into family life. Moreover, work-family spillover came with more enhancers than stressors, such as families enhancing professional functioning. Participants in my research, however, found it seemingly more permissible to talk to peers or personal therapists. Levinson et al. (2020)

similarly noted the importance of cohort peer support for NQ psychologists, that they felt like home. Peer support will be further unpacked in the implications section.

Overall, this study contributes to literature on support groups for managing stress for NQ CoPs in MDTs, highlighting the differing strengths and tensions so those involved in these groups can be aware of the challenges faced.

5.3.4 Main theme four: Managing stress in the qualified space: 'You just have to get on with it'. This theme contributes to the literature in several areas; exploring how NQ CoPs manage work stress, psychologists' responsibility for managing work stress, challenges of self-care, and the inevitability of stress in psychology. Similar to O'Shaughnessy and Burnes (2016), managing stress seemingly moved from being in the participant's periphery and a process-focused part of their career development, to being outcome focussed and central on qualifying. In my research, participants felt this was necessary for a multitude of reasons, such as keeping up with the additional demands, poor support from the MDT, fear of missing client sessions, pressure to prove themselves as CoPs, and to avoid burnout.

Self-care and responsibility has been a topic of debate, with 'self-care' as a term attributing responsibility to the individual. CoPs have a duty of fitness to practice (HCPC, 2015) and Pakenham (2015) highlights that, primarily, self-care is a personal responsibility. However, Engle et al. (2017) noted that given the multitude of professional life stressors psychologists face, it seems unrealistic for the stereotyped 'professional healers' to be responsible for 'self-healing'. Moreover, Maslach (2017) raised that if burnout had originally been defined as a workplace hazard, rather than being individually located, then the search for a solution may be more in responding to the job and the larger environmental context. Research on job-focused and organisational-focused strategies, however, has been far

more neglected (Maslach, 2017). My participants noted role-specific stressors, such as client risk and accountability, but other stressors seemed more organisational or team-based, such as lack of physical resources, navigating hierarchy, and witnessing colleagues' challenging behaviour. By taking on responsibility to manage all elements of their work stress, participants were perhaps adding to their work demands, and external stressors such as difficult team dynamics and lack of resources may perhaps therefore not be addressed.

Dattilio (2015), and a minority of my participants, described psychologists (themselves) as hypocritical; that they do not often practice what they preach. However, Pakenham (2015) commented that emphasising the importance of self-care through risk and criticism only reinforces activation of self-care through self-criticism, which can lead to self-destructive behaviours. Half my participants described 'destructive' strategies, such as smoking, eating junk food, and drinking wine. Interestingly, when talking about these strategies participants often used first-person pronouns, positioning these 'terrible' strategies internally, and feeling a sense of guilt and shame. Whereas the strategies they deemed more helpful, such as exercise, social support, accepting their limits, putting in boundaries, were often spoken using second-person pronouns; 'making sure *you*', externalising the strategies as things CoPs 'should' do. This highlighted perhaps both the wishful thinking and self-blame that has been associated with self-care's ineffectiveness for psychotherapists (Norcross & Aboyoun, 1994) and the general population (Penley et al., 2002; Webb et al., 2012).

Moreover, Dattilio (2015) stated that he was unsure why psychologists would 'drag their feet' (p. 393) on self-care. Alongside the self-criticism and self-blame mentioned above, for my participants there seemed an element of effort needed to manage stress, feeling too tired due to stress. This was echoed by Meghani (2019), that due to the difficult transition as ECPs, self-care is less likely to be a priority over navigating and negotiating their heightened and vulnerable state of identity reorganisation. This resonates with the paradox

of self-care, that self-care is most necessary but hardest to do when most worn down or stressed (Norcross & VandenBos, 2018; Rupert & Dorociak, 2019). Participants in my research not only seemed challenged by tiredness and feeling overwhelmed, but by the pressure of demands as NQ CoPs in MDTs; that they were now more clinically responsible, while wanting to prove themselves as a CoP and new staff member. This adds to the literature on another paradox, that being overly concerned about clients, despite being the biggest predictor of burnout, provides high levels of professional and personal accomplishment (Lee et al., 2011).

The majority of participants spoke about the acceptance of their limits and of work as stressful, with some reporting a feeling of inevitability, that their work stress as a CoP would always be high. Berkel et al. (2019) noted that unless ECPs protect their time, they face burnout, and that intentional stress-managing activities are thus important on transition. This gives a sense of stress as inevitable and a call to action to address it. Whereas, Engle et al. (2017), and Norcross and VandenBos (2018) described the profession as gruelling and demanding but not inherently stressful, and that although it takes personal investment, and sources of work stress decrease quality of life, that therapists have long-lasting careers and overcome stressors. Moreover, Pakenham (2015) called for a shift from the pathology and punishment of threatening self-care or burnout for psychologists to encouraging acceptance and values-based approaches. A further study could compare the effectiveness of a pathology and punishment focus, to a positive psychology focus on stress and wellbeing for psychologists.

Overall, my research has added to the debate, highlighting the marathon-like stress experienced by participants and their responses to manage it. It highlighted how necessary this felt but how challenging it was. This theme highlights further implications for organisational support and training for NQ CoPs in MDTs so the responsibility is not solely on them, and they feel prepared to manage stress more actively on qualifying.

5.4 Reflexivity and Limitations

Kasket (2012) wrote about the importance of reflexivity to increase the rigour of research, including outlining, exploring, and explaining one's positioning and potential impact on the study and how it was managed. I will do this through three kinds of reflexivity: epistemological, methodological, and personal, exploring the limitations of the study throughout these reflections.

5.4.1 Epistemological reflexivity. Epistemological reflexivity looks at how the method shapes the knowledge generated, with awareness that other methods may have produced different insights (Kasket, 2012). Firstly, due to the title and the research aims, purposive sampling was deemed suitable to meet the study's objectives (Smith et al., 2009). Regarding recruitment, all participants reported to have experienced work stress, and the self-reported criteria may have attracted a particular type of participant with experiences and motivations for participating. Some people who fit the criteria may not have responded for various reasons, such as being stressed, not seeing the advertisements, or not feeling they had the time to participate. This means that those in the sample were those who most likely knew someone already involved in the study, who felt they had the time and were willing to participate, or perhaps wanted their voice heard. Moreover, just because they felt they met the criteria does not mean that all individuals had identical experiences of stress, training, and qualification.

Furthermore, although I had not restricted the inclusion criteria to those solely identifying as female, all participants were female, and predominantly White-British. No questions revolved around gender or ethnicity, though one participant reflected on her identity as a woman within the MDT and her experience of discrimination. I am aware that I

too am a White-British female, so I wonder if there were perhaps times where the participants and I made assumptions about our experiences which limited curiosity on occasions. Thus, I would be interested to see further research explore experiences of work stress for NQ CoPs in MDTs of differing gender identities, ethnicities and sexualities and from a different view point; to gain more diverse perspectives of experiences, which could then, like studies such as Pedrotti and Burnes' (2016), perhaps explore more specific issues and implications for those often marginalised.

In addition, to prevent my own ideas about work stress from being forced on participants, I had not recruited based on a particular definition of work stress, nor outlined the extent of participant's current or previous experience of work stress. There are no universally agreed upon definitions or measures of work stress, and I wanted to know how people experienced what they thought was work stress. I was interested in how they defined it, what it felt like for them, how they coped with it, and what changed this feeling of work stress for them. I am aware that work stress seemed to be experienced at different levels with differing impacts on participants, with some being signed off work with stress, becoming burnt out or leaving their role due to the extent of the stress they were experiencing, in contrast to other participants who experienced a decrease in their work stress on qualifying. Nevertheless, my research was about experience of work stress, not of a particular level of work stress.

Bearing in mind the sample I sought to recruit, this study was able to capture diverse elements of work stress. Despite the intentional focus on the particular – the stressors and challenges – rather than the universal CoP experience, participants articulated not only stressors, but strengths in the MDT and CoP training. It is hoped, as expected in an IPA study and by presenting tentative interpretations – not that these interpretations may be generalised to viewing NQ CoPs in MDT experiences as wholly stressful for all – but that

the reader may be able to find resonance with some of the participants' experiences and perhaps transfer relevant parts where they see fit.

The clear research goal was about individual experience of work stress for NQ CoPs in MDTs, and the research questions were based on the identified gaps in previous research. IPA is about voicing experience and cannot filter out all extraneous variables. Having questions and prompts, although focusing the discussion, may have limited exploration of other factors, potentially colouring participants' experience of work stress, such as their self-confidence, interpersonal skills, experience of MDTs, team conflict, high staff turnover, or organisational change. Future studies may seek to unpack these factors further and explore a more holistic picture of the CoP experience, exploring the NQ CoP experience of the MDT, or of being NQ, which may perhaps pick up further nuances not captured from a focus on work stress, and even provide an alternate view on stress within the role, and potentially a more balanced account of the CoP role.

Furthermore, participant's experiences take place in context, and are influenced by the social, linguistic, historical milieu into which they are 'thrown' (Shaw, 2011). All participants qualified from BPS accredited CoP courses within 2.5 years of each other and went straight on to work in publicly funded settings. Therefore, for homogeneity, they were considered to grant a level of common ground. Working in public services meant all participants worked for a large organisation, with a substantial lack of funding and resources, and similar hierarchical and support structures. On the other hand, there were potential variations in the teams, such as, make-up of professionals, if there were other CoPs, experience of MDT professionals, and specific setting type. Moreover, the view of those in private MDTs is missing. These limitations perhaps left potential differing experiences uncaptured. In acknowledgment of the limitations of my research, future studies may want to investigate the relationship between placement or training experience and expectations on qualification, or experience of work stress in specific settings, perhaps where the NQ

CoP is the sole psychologist working in a healthcare, or a forensic setting, or a setting where CoP values are perhaps not in line with the predominant MDT model.

5.4.2 Methodological reflexivity. Methodological reflexivity refers to researcher's choices and how these help shape the results of the research, reflecting on reasons for these decisions and management of issues that arose throughout the process (Kasket, 2012). Being both a CoP trainee and a researcher, as well as working in a MDT, would no doubt have influenced every aspect and stage of this research. IPA notes that researchers are coming from a place of bias, and that their personal experience, values, and agendas will influence the research especially through the hermeneutic cycle. This is part of the process and could be seen as a limitation.

With each decision I purposefully took time to reflect on my expectations, assumptions, and agenda. For example, holding awareness of my CoP trainee lens, and of my presumptions that using IPA could gain insight into participants' experiences of work stress. I noticed I sometimes identified with some trainee work stress literature and subsequently worried about overidentifying with participants. Throughout the project, I perhaps felt more drawn to things that resonated with, rather than differed from, my trainee experience. However, I stayed curious about things that differed and explored further. With this bias in mind, I tried to hold awareness, and managed this by writing my thoughts in a reflective journal, bringing decisions and ideas to exploratory places, such as supervision and peer support, and engaging in debate about my rationale and choices.

When looking for and reviewing literature, I kept a reflective journal, reflecting on what papers I felt drawn to, and trying to achieve a balanced perspective, bringing my notes to peers and supervision. When developing questions, I sought to stay close to identified research gaps, aware of my potential bias, for example, as a trainee CoP who has

experienced work stress, and perhaps with expectations following the literature review that CoPs may have differing experiences of work stress and that these may be affected by age, work experience, and team setting. Therefore, I debated the questions in supervision to ensure I had a rationale for each question based on the literature and the identified gap. Moreover, when I perhaps felt less drawn to a theme that was emerging, I explored the rationale for this.

For recruitment, age was highlighted as one of the biggest factors of difference for risk of work stress in psychologists. Thus, to seek a homogenous sample with shared experience, it seemed important to narrow the sample to those under 40 years old, an age category that had been used throughout the literature (e.g., Arnold et al., 2005; Forrest, 2012; N. G. Smith et al., 2012; Volpe et al., 2014). Although there is no clear rationale for the age limit in literature, the overarching view was that older psychologists have a different experience of work stress to younger psychologists, that perhaps they show more resilience, have more coping strategies, have more therapeutic practice, and are more used to being new in a job (e.g., Farber, 1990; Kaeding et al., 2017; Simionato & Simpson, 2018). Participants did not comment on their age specifically, but I cannot conclude that age was not a factor, as it would be a lens through which participants made meaning. Moreover, IPA cannot provide a comparison, and so I cannot predict whether including over 40s in the study would have provided differences in experience. It would be interesting to explore the accounts of NQ CoPs in MDTs over 40 in a future study, or perhaps using a methodology that could provide a comparison of age.

For the interviews, I was aware that I was a CoP trainee and participants were qualified CoPs. This felt interesting in terms of power. My power manifested in the participants being unaware of the interview questions I planned to ask and how I presented their experiences. However, they had power too, in that they had completed CoP training, written their own theses, and in that I could potentially end up working for them in the future.

To address the potential imbalances of power that could come between participant and researcher I sought to put the participants at ease (Smith et al., 2009), giving them space to ask questions and being transparent about data storage and the reasons for the interview. Moreover, I sought to enable participants to have an active role in sharing their experiences; for example, at the end of the interview and until September 2019, providing space for them to add or to remove anything from their interview.

I addressed and explored the feeling of participant power in several ways. There were moments where participants appeared to be considering my CoP trainee role in their answers; for example, saying they did not want to 'panic me' or put me off training; checking with me about similarities or differences in our training courses, and guessing how I might react to what they were saying. In these times, I reiterated my role in the interview as a researcher rather than a CoP trainee. Moreover, I sought to adopt the role of the naïve researcher, seeking to clarify, explore and investigate, instead of making assumptions; reminding them of the research purpose and encouraging participants to say their answer despite my dual role. Furthermore, there were times when it felt like participants were giving me advice and I sought to be reflective, notice the urge to gain advice, and then bring myself back to the research by staying close to the interview schedule.

On reflection, as a novice researcher, I perhaps used the schedule as more of a crutch, noticing sometimes the depth of detail and interesting insights came when I could be more relaxed with my explorations, in contrast to sticking rigidly to the schedule. This experience highlighted to me just how much co-creation my insider/outsider position may have contributed to the interview narrative, and I continued reflecting on this throughout the research process through a reflective diary and ongoing discussions with my supervisor and peers. Having done this study, I am more aware of the level of reflection needed within IPA research. Therefore, in future research I will seek to be more openly reflexive, exploring further, and more actively, my identities and experiences throughout the research process.

This may help me become even more aware of any bias or agendas I may hold that could impact the research, and potentially allow a depth of detail and insight that I may have perhaps unconsciously limited.

When analysing the interviews I took a critical stance, considering how participants may have viewed me and how that might have affected what they said, questioning perhaps if they were accounting for my trainee status and trying to impress me, play things down, protect or scare me. Thus, with this in mind I have sought to be transparent about myself as the researcher, presenting my interpretations tentatively throughout the analysis, so the reader can make their own decisions about the theoretical transferability.

In addition, I am aware that as a trainee CoP, talking and processing is something I encourage clients to do, and it is something I do in my own therapy. When outlining the purpose of the interview I noted that this was not a therapy session, however, as a CoP it was interesting being with participants as they talked and processed some of their experiences of work stress. Some participants seemed to become more aware of their work stress; for example, at one point Charlotte noted she felt her work was not particularly stressful, but then changed her mind when she noticed that she uses the stress of her job in arguments with her husband. Moreover, some participants reported appreciating the time to stop and reflect on their own work stress, where they were at, and what they had been through. It is worth considering these elements in participants' motivations for what they revealed.

I chose for interviews to be conducted at the participant's location of choice, seeking to avoid unnecessary stress for those already experiencing work stress. I felt comfortable and familiar with my setup for online interviews as it was in my own home; however, it meant I was not in control of the participant's technology or internet connection. Thus, I had to cope with interruptions out of my control. Likewise, face-to-face interviews were, for me, in unfamiliar settings, which bought a level of nerves and processing. Therefore, to keep a

sense of control and consistency for my own process, I sought to do my own reflexive exercises before and after each interview regardless of setting, and kept a similar setup and debrief for each participant.

Furthermore, I am aware that IPA studies are reliant on language and interpretation, that participants can articulate their experience and that researchers can interpret this and use it to provide an understanding of phenomenological material (Smith et al., 2009). Neither the face-to-face interviews nor online interviews were void of interruptions; for example, participants' phones ringing, or experiencing issues with technology. In times such as these, I asked participants to repeat themselves or I focussed attention back to the interview. I am aware that I was making interpretations from audio recordings, which do not capture non-verbal communication, which can be important in understanding the intention of participants, and that there are a small number of words I was unable to transcribe due to lack of clarity of the recording. Although I tried to make some notes about context or things that seemed important to note during the interview, I am aware that my interpretations of findings are limited by these factors.

5.4.3 Personal reflexivity. Personal reflexivity is about awareness of the researcher's positioning, relation to the topic, presuppositions, history, hopes and biases, and how their potential impact on the research has been managed (Kasket, 2012). When I began exploring this topic, I had the naïve assumption that I would not be impacted by the participants' accounts of their work stress. I had experienced work stress, and felt I had realistic expectations about how I would experience the work stress of doing this research. However, I noticed, especially when closely analysing the interviews, that I started to feel deeply for the participants. I empathised with their experiences of training, and as a pre-qualified CoP, I found it hard to hear that they had gone through similar difficulties to myself.

It was hard to hear participants say how ‘broken’ they felt and quite how much they felt work stress had ‘affected’ them. I felt a strong sadness at the difficulties they had faced, and even more so for the participants moving onto new roles, still with perhaps high expectations that things would be different next time around. I found it difficult to accept my supervisor’s feedback when it meant losing parts of their stories that did not feel relevant to the research question. I wanted the extent of their stresses to be conveyed and for people to recognise what the participants had gone through. I started to become aware that some of the sadness I felt for the participants might be for myself, about to qualify, wishing my experience to be different.

I noticed writing my thesis became harder and I became completely uninterested in looking for a job, feeling disillusioned about the reality of qualifying, fearing that it may be more stressful than I had experienced on the training course. I still notice the thinking that on completing my training everything will be fine, and the stress will be over, but in reading this I know that it most likely will not be the case; the stress might be different, but it may continue in new ways. It has helped me with my own expectations, and I remind myself that I specifically asked about work stress and difficult experiences, and thus it was to be expected that I might feel the participants’ stress, and that this was not the end of the participants’ CoP journeys, nor would it be the end of mine.

My research has already felt useful, and I learnt a lot from the participants. Throughout this research I have been going through the stages of qualification, working within differing MDTs in and out of the NHS, and currently am in a locum role following the completion of the clinical stages of the CoP course. I have evaluated my own expectations, I have thought about the difficulties in transition, about moving house whilst starting a new job and trying to ease the transition. In previous placements, not in NHS settings, I was expected just to see clients. I was not invited to team meetings and not given an area to meet anyone else. I sought out a fuller experience more vigorously in my final year. MDT

working became a crucial part of my role, not an added recommendation, but something that was necessary to ease the transition for me. Following the interviews with the participants, I was working in an NHS setting and I sought to embed myself in the MDT, attending MDT meetings, shadowing colleagues, and experiencing the MDT as fully as possible.

I could empathise with many of the participants' experiences, for example, attending my own therapy to avoid feeling like I was burdening my boyfriend and friends, and making use of peer networks for mutual CoP understanding. In addition, I sought to be more proactive in managing my own work stress, putting in boundaries between home and work, something made more difficult by the current climate of Covid 19 and working from home. I spoke to my fellow trainees about the course ending, about the potential difficulties in the transition, about the staggered ending and how it may feel for us. I spoke about my themes with my peers, and we thought about working in teams where we were the only psychologist and what it might be like; we put together peer supervision and continue to meet, offering extra space now most have qualified.

5.5 Implications of the Findings for Counselling Psychology

Green and Hawley (2009) wrote that today's NQ CoPs are tomorrow's leaders in the field, defining the future trajectory of practice, education and research, and the next zeitgeist of psychology. The profession is only as strong as those in the professional chain, yet NQ CoPs face many obstacles and work stressors, in addition to a training journey that for many is experienced as stressful (Green & Hawley, 2009; Kumary & Baker, 2008; Papadomarkaki & Lewis, 2008). Broadly, my research highlighted that these NQ CoPs in MDTs felt they had to 'do more with less' on qualifying, feeling pressure as CoPs to keep working, thus adapting

through creating home/work boundaries, and seeking out permissible people to talk to, such as personal therapists and members of the MDT.

Given that there are many people involved in these experiences, such as the CoPs themselves, those who trained them, those supervising, employing, and supporting them, it follows that there are significant implications for all those involved in the CoP qualification journey. I am aware that some of my suggestions require resources such as time, energy or financial means which may be difficult to obtain, especially for those experiencing work stress or feeling powerless, and that some of the issues surrounding a lack of resources are on a political, systemic, or organisational level. These implications are thus to act as ideas, talking points, or to raise awareness of how things could perhaps be changed within the CoP journey, given the findings of this research.

5.5.1 A role for counselling psychology training courses. Throughout their interviews, participants mentioned several strengths of their training courses, such as the CoP values and ideals instilled, the learning of boundaries, the ethical role-plays, the personal development through the course and having personal therapy. In addition, as mentioned by Sagberg (2014), this research is not to say that the education preparation is inadequate, but instead about suggestions where small tweaks could be made to already existing elements in the courses.

Through reflective exercises counselling psychology courses are often very good at facilitating reflection in trainees. Following this research, it may be interesting to lead trainees in a reflective exercise on the developing identities lost and assumed on qualifying, and their expectations for qualification (see Appendix Q). This could be done as a cohort, in the trainees' clinical supervision groups, or in a peer supervision format, where trainees,

tutors and perhaps past trainees could share experiences and facilitate reflection on jobs trainees may want to apply for.

Moreover, tutors could reflect with trainees on research, such as Sagberg's (2014), which discusses that there may be a feeling of inadequacy as a newcomer to the team and of being NQ, and that the reality of the role in comparison to their placements may come as a shock. This may provide an arena to think about how to work with shock on transition, and what support they may be able to utilise. Establishing a more realistic view of qualification and MDTs, and thinking about how they might navigate work stress, may hopefully reduce work stress on qualifying, as well as increase their chances of recognising, accepting, and addressing work stress before it might develop into burnout, and enable preparation for potential challenges.

Recent American research has started to recommend CoPs get interprofessional training and training related to working within services under the medical model (Berkel et al., 2019; Perrin & Elliott, 2019; Raque-Bogdan et al., 2020). Some participants spoke about their desire to have had more preparation on the doctoral training about MDT working in public services. There are limitations to MDT training, as MDTs will include different setups of professionals, and different settings may have different hierarchies; however, participants discussed role-playing how they might manage difficult team dynamics or issues of power or systemic issues, in addition to having more honest conversations with lecturers and supervisors about potential upcoming challenges. This may be a chance to explore how NQ CoPs might manage power or conflict in the MDT. It might also be a way to think about how CoPs can work on their assertiveness, feeling more able to explain their skills and perspectives to other professionals, and getting their needs met in the workplace to feel more supported, especially in the difficult transition from trainee to qualified professional.

As highlighted earlier in the chapter, it is also important for CoPs to be included in IPE so professions can hear each other’s perspectives, models, and guidelines, and think

about shared values and goals to encourage inclusion and collaboration. However, there are limitations such as; time to plan and deliver, availability of facilities that can house several trainee professionals, funding limitations, faculty availability/interest, and maintaining ongoing/consistent engagement across professions (Kent et al., 2018). Ward et al. (2018) argued that IPE could be supported by a psychology champion who would advocate for psychology inclusion in MDTs, problem-solve barriers, and help design events so psychologists' work in MDTs can be highlighted.

Moreover, self-care is vital to CoPs (Galbraith, 2016) and although it is included in the BPS practice guidelines (2017b), and appears to be espoused more in the UK than in US CoP programmes, there is a difference between being taught self-care and a self-care culture being actively developed (Vally, 2019; Zahniser et al., 2017). Self-care for many participants seemed reactionary in nature – to cope with 'having to do more with less' – and it does not need to be this way. Although self-care can be hard to do, teach, and model, there are many ways psychology courses could create a culture of shared responsibility as seen in A. E. Miller (2021). Furthermore, despite the importance of mentorship schemes for ECPs (Green & Hawley, 2009), schemes are not always fully set up. Moreover, Vally (2019) wrote that training programmes can be a chance for trainees to be exposed to 'models of healthy and competent psychological practitioners' (p. 641) who can demonstrate positive self-care practices and awareness of their own work stress, and encourage trainees to do the same. Additionally, Zahniser et al. (2017) highlighted that for psychology graduates, building professional support systems and gaining awareness of stressors and one's reactions to them are two of the most important elements of self-care. Moreover, they noted that self-care skills acquired via mentor-modelling in clinical psychology graduate training were considered to have longitudinal effects, with skills used for years following qualification.

Although many of these suggestions could be started with small additions, such as inclusion of a reflective exercise or role play, there are pragmatics which inhibit their

development and implementation within psychology courses, such as lack of space in the curriculum, lack of time to develop exercises, and the limitations of what can be taught. Moreover, bigger changes such as interprofessional education would need wider support across other professions' training, and a culture shift of self-care would need a holistic course commitment. As explored below, therefore, it is important for these changes to be further researched so as to strengthen the rationale and be considered on a wider, curricular level, for example, by the BPS.

5.5.2 A role for the British Psychological Society. As noted above, the CoP training accreditation is set by the BPS, and therefore the implications above would need to be considered by them. Providing space for these in the course may mean something else needs to be removed or reduced, therefore more research needs to be done to develop how the implications above can be incorporated.

Additionally, the majority of research surrounding NQ psychologists is about ECPs, which is an American Psychological Association professional group. My research highlights some of the challenges for NQ CoPs in the UK for which, alongside those about to qualify, the BPS may be able to support.

Participants spoke about the increase in their caseload yet a decrease in their supervision time, difficulties with having a place to stop and reflect on their work stress, and the challenges faced navigating the MDT. Several participants mentioned attending therapy or seeking external supervision, both of which come with a financial cost. There could, therefore, be a space within the Division of Counselling Psychology for a NQ group to provide reflective confidential spaces and even training on areas such as working in a MDT. To encourage those experiencing stress and not feeling like they have enough time to prioritise this reflection, it could count towards the continuing professional development

requirement (BPS, 2017b). NQ CoPs could reflect together on MDT working, working in a medical model setting, managing their stress, the sense of powerlessness they may feel, and managing their expectations. This may be especially useful for those not working with other CoPs, or perhaps those no longer in contact with their university cohort, giving them a chance to explore identity together, offload perhaps, and not feel so alone in navigating challenges.

5.5.3 A role for employers of NQ CoPs. Participants seemed to experience work stress in feeling like they were having to do 'additional things' without a 'safety net' on qualification. This seemed especially difficult in the initial transition and for those who were the sole psychologist or CoP in the MDT. For some, this had resulted in them leaving the MDT for another CoP role. Sagberg (2014) wrote that it is the organisation's role to help ease newcomer psychologists' transition, and the HSE (2017) states that employers are legally required to assess the risk of stress-related ill-health for employees. Not only do employers have a duty of care to their staff, but CoP work stress can impact on an organisational and economical level; for example, regarding staff retention and productivity if CoPs are burning out, taking paid sick leave**,** or quitting their role. This may especially be an issue for MDT settings where there is only one psychologist and thus other team members may not be able to cover the work, leaving clients and the team without psychological support. Therefore, to ease the transition for NQ CoPs it may be helpful for employers to think about initially offering more supervision time, and to start with a lower caseload.

Moreover, participants spoke about a feeling of powerlessness, and struggling to speak up in the MDT. Employers may think about how hierarchy and power is managed in the MDT, and how new members may be able to feel included and heard. This is something

employers may feel able to discuss, perhaps on a team day, providing opportunities for individual feedback, and may include a perspective-taking exercise, providing each profession a section in the meeting to feedback, or take turns chairing a meeting.

One participant had worked in her NQ workplace for placement and was not given an induction on starting in her qualified role. To ease the transition, it may be helpful for employers, even if the participant has worked there on their placement, to offer an induction. This could involve shadowing MDT members to help get perspective on their roles and viewpoints, being introduced in an MDT meeting – which they may not have attended on their placement – and being talked through the service setup. Participants spoke about 'shocking' behaviour they witnessed and bullying behaviour they felt went unaddressed; the induction may also include how inappropriate behaviour can be reported to several different levels to enable staff to feel supported in reporting such conduct, especially regarding those in power.

Participants spoke about the support their employers gave them around work stress, such as, having a 'wellbeing corner' to do activities like jigsaws to create a break space at work, providing personal therapy, including opportunities to talk about their work stress, doing reflective practice, and working as a team to formulate a client. One participant noted how, although she felt she was in a supportive, open MDT, several colleagues had taken time off work for stress about which the MDT was unaware. For employers, and perhaps MDT colleagues, this may be a reminder about the importance of creating an atmosphere supportive of difference, and facilitating work stress conversations, boundaries and coping strategies which may need to be individualised to meet the team's needs. It could include ideas such as including wellbeing check-ins in supervision, or MDT meetings, or organising joint activities or team lunches.

5.5.4 Informing CoP trainees. Although, as noted in this research, training can be a stressful time when internal resources are limited, this research could be used to highlight areas some CoP trainees may want to investigate or explore if they are seeking perhaps a smoother transition into qualified CoP life. It appeared for participants that sometimes NQ CoP's expectations were not aligned with the reality of their qualified role. Thus, it may be helpful for trainees to think about and explore what their expectations and perceptions are for qualified life and MDT working before qualifying. Some participants mentioned they had not considered all the life changes on transition, or all the differing identities that transitioning into a NQ CoP in a MDT may bring, such as moving house as well as joining a new job and new team. With this in mind, trainees may want to reflect on the individual life and identity changes that may occur on qualification, and to consider factors when applying for jobs such as how they will cope in a MDT, especially if they will be the sole psychologist for the team (see Appendix Q for an exercise about this, created from this study).

Being aware of the themes in this research ahead of qualifying may help guide trainees who can choose their placements. Knowing that some NQ CoPs in my research, and in the literature presented, have found MDT work particularly challenging, may encourage trainees to seek out an MDT placement and to ask for support from their supervisors in practicing being assertive, or requesting they have an opportunity to present a formulation in an MDT meeting. One participant spoke about shadowing other roles, encouraging trainees to spend a 'day in the life' to help them get perspective on other MDT professions and to gain insight into other professionals' roles, standards, and guidelines. Another participant said those teaching her did not have NHS experience to share, so this research may highlight the importance of seeking out those with NHS experience to gain insight into the challenges trainees may face on qualification, dispelling myths, and enabling them perhaps to prepare for the complexities ahead.

Moreover, knowing that the transition may be difficult, and thinking about potential work stress, trainees may seek to encourage each other to think about how they might cope. For example, learning and implementing self-care strategies, thinking about what job they apply for and what support they can seek in the transition time, and thinking about the CoP connections they have to aid them with their CoP identity.

Participants spoke about the importance of support networks, especially of their peers from university. Knowing how important these peers may be in providing a sense of mutual understanding, especially for those who may go on to be the only psychologist or CoP in an MDT, may encourage trainees to pre-emptively set up peer supervision groups or meetings. These meetings could provide spaces to practice assertiveness, discuss how to ask for more support from managers, and explore how to cope in navigating team power dynamics. Furthermore, if the university's mentor scheme does not fulfil their needs, to help dispel potentially inaccurate expectations and provide a clearer image of what MDT working may be like, trainees may want to take responsibility of seeking out a mentor.

5.5.5 Informing NQ CoPs working in MDTs. Understandably NQ CoPs in MDTs experiencing work stress may feel stuck in the self-care paradox. This research may make them feel less alone and isolated, knowing others perhaps are facing similar challenges. Skovholt et al. (2001) wrote about the importance of awareness of sources of counsellor stress and frustration, seeking to protect counsellors from becoming overwhelmed, depleted, or burned out. This research may encourage them to connect with their peers, to support each other and to think about their CoP identity, how they may be able to assert themselves in their MDT, and their expectations on themselves as NQ CoPs. Reading about other CoPs' work stress may encourage reflection on their own levels of work stress and how they manage it, thus encouraging taking responsibility for their own self-care and

boundary setting, and recognising their own work stress so they can seek support for it rather than it perhaps going unnoticed and developing into burnout.

Some participants in my research had restarted personal therapy, found a new CoP job with more CoP colleagues, reduced their hours, had bought up the fact that they were struggling with their team, had gained more supervision time on request, or had taken some time off and a much-needed holiday. As mentioned in the supervisor section, for CoPs struggling with their CoP identity it may be helpful to reach out to support networks of other CoPs to help feel less alone. When thinking about the challenges of who to talk to, it may be about turning to peers, restarting therapy like some of the participants, or talking in supervision about possibilities such as reflective practice groups.

5.5.6 A role for supervisors of trainee or newly qualified CoPs. Supervision was noted by all participants as being an important way to manage and process their work stress. Participants spoke of the difficulty of decreased supervision time on qualifying, with some seeking external supervision or an increase in supervision time. In terms of initial supervision on qualifying, Sagberg (2014) wrote that supervision can be helpful surrounding being a newcomer to the role, team, and also to the profession, and that more quality supervision in the transition time is helpful to cover the need for advice and support. Having read my research, it may be helpful for supervisors to think about their initial availability when NQ CoPs start their new roles, helping to balance perhaps the feeling of facing greater demands on qualifying, with fewer resources than in training, providing a space to freely talk about work stress and client work, looking out for work stress, and encouraging boundary setting and self-care. For supervisees struggling with their identity, it may be about signposting them to available CoP groups, such as the Psychological Professions Network or the BPS Division of Counselling Psychology network. Having heard the participants' experiences of feeling

shielded from the MDT, supervisors supervising CoP trainees may seek to encourage trainees to get involved with the MDT. For example, attending placement on the same day as the MDT meetings, talking to supervisees about working towards assertiveness and confidence in MDTs, and encouraging them to present in MDT meetings, to lead a section, or to get involved in team activities.

5.5.7 A role for friends, family, and peers of NQ CoPs. Participants spoke about the importance of having a support network, of having a boundaried space that was not about work, and of having people to talk to about their stress. Moreover, they spoke of difficulties in talking to their family and friends about their role, with tensions surrounding ethical and confidentiality limitations, and feeling unable to always fully 'give' to those important in their life due to the emotional demands of the role.

his research may help family, friends, and peers to be aware of what a NQ CoP in a MDT may be experiencing. Thus, they may be able to support them in encouraging coping strategies in the transition, especially providing support in implementing home-work boundaries, and perhaps talking about what their signs of stress might be and what to do if they notice them. In terms of expectations and additional demands on qualifying, they may be able to think through what the reality may be for the NQ CoP when searching for a job, navigating the potential challenges such as moving house, and starting a new job simultaneously. Family, friends, and peers may be able to provide a space for NQ CoPs to talk about stress or encourage them to seek professional help if the NQ CoP feels unable to fully 'offload'.

Peers seemed a huge support network for participants, appearing underestimated, but crucial. Gram (1992) wrote that clinician peer groups can have multiple advantages over having a mentor. For example, peer groups often have a non-hierarchical mutuality, do not

have a financial cost, and due to being a group, can offer a multitude of interactions and perspectives on clinical challenges (Norcross & VandenBos, 2018). Moreover, they can provide a sense of community and support with other professionals, and be a place where peers may feel less alone facing similar issues, such as feeling like an imposter, or feeling powerless (Norcross & VandenBos, 2018). Furthermore, peer groups can be a place to fulfil unmet needs of appreciation, to learn from each other about MDT working and practice management, and to share challenging cases and feelings (Norcross & VandenBos, 2018). Having gone through the same training, peers may have a mutual frame of reference which may help them to feel more comfortable working together and exploring their identities, able to refer their peers back to lectures they attended, or formulating in a way they learnt together. One participant spoke about a sense of family in meeting up with other CoPs, feeling understood, and not needing to explain her values or identity. For peers having read about the work stress and the experiences of those in the study, setting up peer group supervision, or simply interacting more, could be a way of helping each other manage the mismatch in expectations, the sense of 'doing more with less', the issues with power and difference, and adapting to their NQ role.

5.5.8 Informing therapeutic practice. Several participants mentioned their therapists as a necessary source of support regarding work stress, providing them a place to 'offload' where they felt freer from the limits of ethical practice and confidentiality. Within the 'more with less' aspect of qualification, therapy was identified as something important to make up for the 'less' talking and processing time they had on qualifying, helping CoPs to cope with the transition and manage their work stress.

UK CoP trainees are required to have personal therapy during their training, often with a CoP. These findings may then be particularly relevant to the personal therapists of

CoP trainees and NQ CoPs. For trainees it may be helpful, if appropriate, to explore the upcoming transition to qualification, including their expectations. For both trainees and NQ CoPs it may be important to emphasise self-care and boundary setting between work and home. It may be about coming up with strategies together or encouraging connection from their support network.

Some of the participants spoke about not immediately recognising their work stress, with some noticing mid-interview. Personal therapists, having read this research, may seek to look out for their clients in terms of work stress, helping them to identify and talk about their stress, rather than it potentially developing into burnout. Moreover, most importantly, it may be about providing a non-judgemental confidential space for CoPs to feel seen and heard and able to fully 'offload'.

For CoPs struggling with power or bullying behaviour in the MDT it may be a space to explore advocacy or to work on assertiveness, perhaps to help them voice their needs or ideas. Furthermore, it may be a chance to explore the CoP's identity on transition or come to a place of acceptance and self-compassion about being NQ, re-evaluating their expectations and realisations together and helping them come to terms with and process these potential losses.

5.6 Implications for Future Research

Kasket (2012) wrote about how counselling psychology research can notice an important gap that, when filled, enhances professional practice. The analysis has highlighted several areas for NQ CoPs in MDTs that may benefit from further exploration. Several implications for future research have already been mentioned throughout this chapter, such as researching the experiences of work stress for NQ CoPs who are not White-British, do not identify as female, or who are over the age of 40, so as to broaden the scope of insight

about NQ CoPs in MDTs, and perhaps pick up on issues not mentioned by those in my research. Another recommendation is to explore CoP work further, specifically surrounding the balance of MDTs as both a source of stress and support, seeking to explore this dynamic to help strengthen the supportive gains. Moreover, exploring the experience of NQ CoPs in MDTs, not just their work stress, may provide important insights into the CoP journey that the work stress focus missed.

Additionally, the findings around mismatched expectations suggests that the role of expectations in CoPs' experience of work stress may be interesting to explore further. It might be helpful to research the expectations of CoP trainees before they qualify, or of those who perhaps identify as not particularly experiencing much work stress on qualifying, maybe exploring what their expectations were. Looking into expectations and their role in work stress may help to inform those in and surrounding the training process to help manage expectations, and thus work stress, both in training and on qualifying.

From a more positivist stance, a quantitative study could be conducted to explore the scope of the issue of work stress for CoPs in MDTs so wider changes, such as IPE and CoP curricular changes, might be made. From studies such as this one, a questionnaire could be developed for NQ CoPs in MDTs to gain information about the amount and type of pre-qualification MDT training and experience CoPs received, and to further research areas of stress and support for CoPs from MDT-working. To continue exploring potential extraneous variables, participants could be asked for details about their MDT make-up, setting and organisation. Another quantitative study may be about stress management in NQ CoPs, with comparison groups between an individual or organisational focus on wellbeing or avoiding/reducing stress. Studies such as these could support further development of IPE, and organisational or individual support for NQ CoPs in MDTs, especially around transition.

Moreover, from a more social constructionist stance, a qualitative study could be conducted into responsibility, self-care, and managing stress. Studies may explore, for

example, how CoPs perceive and talk about responsibility and wellbeing regarding themselves, as a CoP, and for their clients. Perhaps, research may explore where CoPs attribute responsibility when it comes to managing stress. The aim would be to further unpack the topic of responsibility, as highlighted in theme four, so as to support CoPs, raise awareness of expectations and pressures, and continue to shed light on elements of the CoP role.

Previous research has not differentiated between those working privately and those working in psychology teams or MDTs. This research highlighted specific work stressors affecting MDT working for participants and work stressors surrounding setting-related elements, for example, working within the medical model, working in dual roles as assessors as well as therapists, and working in hospitals or prison settings.

It may be helpful to explore more specifically the work stressors, identity issues and challenges faced especially for those who are the sole CoPs or sole psychologists. As CoPs increasingly branch out into less traditional, and perhaps more specialist roles (Berkel et al., 2019) it would be helpful to gain insight into their experiences so as to increase awareness of the challenges and barriers faced, to support CoP representatives in these settings, and to continue to explore, encourage and identify ways to develop the CoP qualification journey. CoPs have valuable, informed, unique and culturally competent skills that are needed in healthcare (Berkel et al., 2019), yet, especially for those who are younger, transitioning into the profession and have less experience, they are vulnerable to work stress and burnout which could result in them leaving the profession before they have started (McCormack et al., 2018; O'Shaughnessy & Burnes, 2016; Sagberg, 2014; Simionato & Simpson, 2018). Overall, further research into NQ CoP experiences and work stress could help us to adapt and adjust our sails as a profession (Perrin & Elliott, 2019).

5.7 Summary and Conclusions

The aim of this research was to explore the subjective experience of work stress in NQ CoPs working in MDT settings, gaining an understanding of the work stress experienced and how participants coped with it. Work stress in NQ CoPs in MDTs appeared to be characterised by the sense of having greater work-related demands on qualifying in the context of fewer internal and external resources than in training. The sudden speed and unexpected nature of these changes seemingly left some participants feeling deskilled, unprepared, and pressured to adapt and 'catch up' with what they felt was expected of them as a qualified CoP. The work stress seemed to revolve around the multitude of roles and identities assumed by participants, without the safety net of support they received as a trainee; not only being new to the job, but new to the team, potentially to the organisation, and to the qualified role, and with the pressure of representing the CoP profession, and conveying their skills and identity to the MDT.

Additionally, participants seemed to experience work stress in navigating difference in the MDT, describing the MDT both as a source of stress and support. Participants sought to feel part of the MDT ingroup. However, they equally wanted to stay true to their CoP identity, seeking to present alternative views to the predominant medical model. On the other hand, they often felt unable to represent their views due to having less power than expected. Moreover, some participants felt their identity was dismissed or not understood, and they felt isolated, seeking solace in talking to other CoPs.

Participants sought to manage their work stress by taking responsibility, setting boundaries between home and work, doing things 'un-work related', and talking to others to process their stress. However, for some participants there seemed tension in who they truly felt able to offload to as they were ethically bound to confidentiality in client work. Thus, several participants turned to personal therapy, colleagues, and supervisors for support, all of which came with drawbacks, such as limited time and resources.

Overall, the original contribution of this research is demonstrated as follows: Firstly, by using IPA to explore work stress through qualitative accounts beyond its presence, this research has helped generate a picture of NQ CoPs' experiences in MDTs. It has explored the transition to qualification, realisations, adaptations, responsibilities, and navigation of power in the MDT. This research provides a perspective of work stress specific to NQ CoPs in the UK to add to literature surrounding work stress, CoPs in the UK, being a CoP in a MDT, and NQ CoPs. Secondly, this research has identified work stress tensions experienced by NQ CoPs in MDTs, such as who to talk to about their stress, and how they might stay true to their identity but feel part of the group in the MDT, which may have previously been overlooked due to focusing specifically on one topic.

Participants seemed to experience a sudden increase of 'additional things' on qualifying, with their expectations not matching the reality of the role. This contrasted with the existing literature that described a gradual dispersal of expectations. Moreover, previous literature has often not differentiated between types of psychologists. Whereas, this research highlights some of the unique work stresses for UK CoPs, such as participants feeling like they needed to 'catch up' when entering the NHS, feeling 'less than' as a CoP, experiencing isolation and work stress when presenting an alternative view than the medical model, dismissal of their identity, and powerlessness in the MDT, even in comparison to other psychologists.

In summary, this research will contribute to the field of counselling psychology by helping the employers, supervisors, therapists, and trainers of NQ CoPs in MDTs be aware of the work stress that participants experienced so they may be able to better support CoPs on their CoP journey, thus avoiding potential burnout. This research provides points to reflect on for trainee CoPs, NQ CoPs, peers, friends, and family in the hope that work stress can be more regularly spoken about, thought about, and perhaps prepared for, through ideas

such as peer group support, evaluating one's expectations and identities on qualifying, and taking responsibility in seeking MDT experiences as a trainee.

In conclusion, this reflection on NQ CoPs' experiences of work stress in MDTs can help those within and surrounding the field think how best to evaluate, cope, and adapt to qualification and MDT working so the potential for burnout in an already emotionally demanding role can potentially be reduced in future.

SECTION A: REFERENCES

Academy of Medical Royal Colleges. (2020). *Developing professional identity in multi-professional teams*. https://www.aomrc.org.uk/wp-content/uploads/2020/05/Developing_professional_identity_in_multi-professional_teams_0520.pdf

Ackerley, G. D., Burnell, J., Holder, D. C., & Kurdek, L. A. (1988). Burnout among licensed psychologists. *Professional Psychology: Research and Practice*, *19*(6), 624–631. https://doi.org/10.1037/0735-7028.19.6.624

American Psychological Association. (2006). *Building bridges: Opportunities for learning, networking, and leadership*. American Psychological Association. www.apa.org/earlycareer/

American Psychological Association. (2014). 2013 Annual report of the American Psychological Association. *The American Psychologist*, *69*(5, Suppl.), S1–S48. https://doi.org/10.1037/h0099386

Archer, A. (2020). *The experience of burnout in counselling psychology trainees: An interpretative phenomenological analysis*. [Doctoral dissertation, University of East London]. UEL Research Repository. https://doi.org/10.15123/uel.8840w

Arnold, J., Coyne, I., Randall, R., & Patterson, F. (2020). *Work Psychology: Understanding Human Behaviour in the Workplace* (7th ed.). Pearson Education Limited.

Arnold, J., Randell, R., Patterson, F., Silvester, J., Robertson, I., Cooper, C. L., Burnes, B., Harris, D., Axtell, C., & Nugroho, M. B. (2016). *Work psychology: Understanding human behaviour in the workplace* (6th ed.). Pearson Education Limited. https://doi.org/10.1017/CBO9781107415324.004

Arnold, J., Silvester, J., Patterson, F., Robertson, I., Cooper, C., & Burnes, B. (2005). *Work psychology* (4th ed.). Pearson Education Limited. https://doi.org/10.1037/004166

Arora, P. G., Brown, J., Harris, B., & Sullivan, A. (2017). Professional development needs and training interests: A survey of early career school psychologists. *Contemporary School Psychology*, *21*(1), 49–57. https://doi.org/10.1007/s40688-016-0108-8

Awa, W. L., Plaumann, M., & Walter, U. (2010). Burnout prevention : A review of intervention programs. *Patient Education and Counseling*, *78*, 184–190. https://doi.org/10.1016/j.pec.2009.04.008

Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being* (1st ed.). American Psychological Association. https://doi.org/https://doi.org/10.1037/10482-000

Baker, E. K. (2004). Caring for ourselves: A therapist's guide to personal and professional well-being. *Caring for Ourselves: A Therapist's Guide to Personal and Professional Well-Being.* https://doi.org/10.1037/10482-000

Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. I. (2014). Burnout and work engagement: The JD–R approach. *Annual Review of Organizational Psychology and Organizational Behavior*, *1*, 389–411. https://doi.org/10.1146/annurev-orgpsych-031413-091235

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In Pursuit of Wellness: The Self-Care Imperative. *Professional Psychology: Research and Practice*, *38*(6), 603–612. https://doi.org/10.1037/0735-7028.38.6.603

Barnett, J. E., Johnston, L. C., & Hillard, D. (2006). Psychotherapist wellness as an ethical imperative. In L. VandeCreek & J. B. Allen (Eds.), *Innovations in clinical practice: Focus on health and wellness* (pp. 257–271). Professional Resources Press.

Bearse, J. L., McMinn, M. R., Seegobin, W., & Free, K. (2013). Barriers to psychologists seeking mental health care. *Professional Psychology: Research and Practice*, *44*(3), 150–157. https://doi.org/10.1037/A0031182

Benbassat, J., Baumal, R., Chan, S., & Nirel, N. (2011). Sources of distress during medical training and clinical practice: Suggestions for reducing their impact. *Medical Teacher*, *33*(6), 486–490. https://doi.org/10.3109/0142159X.2010.531156

Berkel, L. A., Nilsson, J. E., Joiner, A. V, Stratmann, S., Caldwell, K. K., & Chong, W. W. (2019). Experiences of early career counseling psychologists working in integrated health care. *Counseling Psychologist*, *47*(7), 1037–1060. https://doi.org/10.1177/0011000019895495

Best, S., Robbé, I., & Williams, S. (2022). Mobilizing professional identity in multidisciplinary teams: An appreciative inquiry. *International Journal of Healthcare Management*, *15*(2), 132–141. https://doi.org/10.1080/20479700.2020.1862399

Best, S., & Williams, S. (2019). Professional identity in interprofessional teams: findings from a scoping review. *Journal of Interprofessional Care*, *33*(2), 170–181. https://doi.org/10.1080/13561820.2018.1536040

Bianchi, R., Schonfeld, I. S., & Laurent, E. (2015). Burnout–depression overlap: A review. *Clinical Psychology Review*, *36*, 28–41. https://doi.org/10.1016/j.cpr.2015.01.004

Blair, L. (2010). A critical review of the scientist-practitioner model for counselling psychology. *Counselling Psychology Review*, *25*(4), 19-30. https://www.researchgate.net/publication/272021892

Blumer, H. (1969). The methodological position of symbolic interactionism. *Sociology: Thought and Action*, *2*(2), 147–156.

Boland, D. H., Scott, M. A., Kim, H., White, T., & Adams, E. (2016). Interprofessional immersion: Use of interprofessional education collaborative competencies in side-by-side training of family medicine, pharmacy, nursing, and counselling psychology trainees. *Journal of Interprofessional Care*, *30*(6), 739–746. https://doi.org/10.1080/13561820.2016.1227963

Bor, R., Watts, M., & Parker, J. (1997). Financial and practical implications of counselling psychology training: A student survey. *Counselling Psychology Quarterly* . https://doi.org/10.1080/09515079708251412

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage Publications Ltd.

Brindley, P. G., Olusanya, S., Wong, A., Crowe, L., & Hawryluck, L. (2019). Psychological 'burnout' in healthcare professionals: Updating our understanding, and not making it worse. *Journal of the Intensive Care Society*, *20*(4), 358–362. https://doi.org/10.1177/1751143719842794

British Psychologial Society. (2006). *Division of counselling psychology: Professional practice guidelines*. http://www.bps.org.uk/sites/default/files/documents/professional_practice_guidelines_-_division_of_counselling_psychology.pdf

British Psychological Society. (2014a). *Code of human research ethics*. British Psychological Society. http://www.bps.org.uk/sites/default/files/documents/code_of_human_research_ethics.pdf

British Psychological Society. (2014b). *DCP Policy on Supervision* (Issue May). http://www.bps.org.uk/system/files/Public files/inf224_dcp_supervision.pdf

British Psychological Society. (2017a). *Ethics guidelines for internet-mediated research*. https://doi.org/INF206/04.2017

British Psychological Society. (2017b). *Practice guidelines: Third edition* (Issue August). British Psychological Society. https://www.bps.org.uk/sites/bps.org.uk/files/Policy - Files/BPS Practice Guidelines (Third Edition).pdf

British Psychological Society. (2018). *Code of ethics and conduct*. British Psychological Society. https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy - Files/BPS Code of Ethics and Conduct %28Updated July 2018%29.pdf

British Psychological Society. (2019a). *Briefing: 2019 Member survey*. British Psychological Society. www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy - Files/BPS Briefing - 2019 Member Survey.pdf

British Psychological Society. (2019b). *DCoP annual survey 2018 summary*. British Psychological Society. https://www.bps.org.uk/sites/www.bps.org.uk/files/Member Networks/Divisions/DCoP/DCoP Annual Survey REP128.pdf

British Psychological Society. (2019c). *Standards for the accreditation of doctoral programmes in counselling psychology*. British Psychological Society. www.bps.org.uk/partnershipwww.bps.org.uk/partnership

British Psychological Society. (2020). *Division of counselling psychology newsletter Feb 2020*. British Psychological Society.

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, *21*(1), 87–108. https://doi.org/10.1080/14768320500230185

Bucher, S. V., Chreim, S., Langley, A., & Reay, T. (2016). Contestation about collaboration:

Discursive boundary work among professions. *Organization Studies*, *37*(4), 497–522. https://doi.org/10.1177/0170840615622067

Burrows, G. D., & McGrath, C. (2000). Stress and mental health professionals. *Stress Medicine*, *16*, 269–270.

Bussu, S., & Marshall, M. (2018). *Organisational development towards integrated care: a comparative study of Admission Avoidance, Discharge from hospital and End of Life Care pathways in Waltham Forest, Newham and Tower Hamlets*. https://www.ucl.ac.uk/iehc/research/primary-care-and-population-health/research/isl/current-projects/Waltham_Forest_Report

Bussu, S., & Marshall, M. (2020). Organisational development to support integrated care in East London: the perspective of clinicians and social workers on the ground. *Journal of Health Organization and Management*, *34*(5), 603–619. https://doi.org/10.1108/JHOM-10-2019-0294

Butler, S., & Constantine, M. (2005). Collective Self-Esteem and Burnout in Professional School Counselors. *Professional School Counseling*, *9*(1), 55–62. https://doi.org/10.5330/prsc.9.1.17n4415l163720u5

Butt, T. (1999). Realism, constructivism and phenomenology. In *Social constructionist psychology : a critical analysis of theory and practice.* (pp. 127–140). Open University Press. http://eprints.hud.ac.uk/id/eprint/2983/

Carson, L., Bartneck, C., & Voges, K. (2013). Over-competitiveness in academia: A literature review. *Disruptive Science and Technology*, *1*(4), 183–190. https://doi.org/10.1089/dst.2013.0013

Chartered Institute of Personnel and Development. (2021). *Health and wellbeing at work 2021* (Issue April). https://www.cipd.co.uk/Images/health-wellbeing-work-report-

2021_tcm18-93541.pdf

Chicorelli, J., Dennie, A., Heinrich, C., Hinchey, B., Honarparvar, F., Jennings, M., Keefe, C., Metro, T. L., Peel, C., Snowdon, C., Tempelman, J., Wong, M. E., Forbes, S. L., & Livingston, L. A. (2016). Canadian student leaders' perspective on interprofessional education: A consensus statement. *Journal of Interprofessional Care*, *30*(4), 545–547. https://doi.org/10.3109/13561820.2016.1159187

Chong, W. W., Aslani, P., & Chen, T. F. (2013). Shared decision-making and interprofessional collaboration in mental healthcare: a qualitative study exploring perceptions of barriers and facilitators. *Https://Doi.Org/10.3109/13561820.2013.785503*, *27*(5), 373–379. https://doi.org/10.3109/13561820.2013.785503

Cohen, S., & Janicki-Deverts, D. (2012). Who's stressed? Distributions of psychological stress in the United States in probability samples from 1983, 2006, and 2009. *Journal of Applied Social Psychology*, *42*(6), 1320–1334. https://doi.org/10.1111/J.1559-1816.2012.00900.X

Colley, R., Eccles, F., & Hutton, C. (2015). Clinical psychologists' experiences of NHS organisational change. *Clinical Psychology Forum*, *270*, 14–18.

Comeau-Vallée, M., & Langley, A. (2020). The interplay of inter-and intraprofessional boundary work in multidisciplinary teams. *Organization Studies*, *41*(12), 1649–1672. https://doi.org/10.1177/0170840619848020

Conrad, P. (1987). The experience of illness: Recent and new directions. *Research in the Sociology of Health Care*, *6*, 1–31.

Correa, J. M., Martínez-Arbelaiz, A., & Aberasturi-Apraiz, E. (2015). Post-modern reality shock: Beginning teachers as sojourners in communities of practice. *Teaching and*

Teacher Education, *48*, 66–74. https://doi.org/10.1016/j.tate.2015.02.007

Cox, T. (1985). The nature and measurement of stress. *Ergonomics*, *28*(8), 1155–1163. https://doi.org/10.1080/00140138508963238

Cox, T., & Griffiths, A. (2010). Work-related stress: A theoretical perspective. In S. Leka & J. Houdmont (Eds.), *Occupational Health Psychology* (pp. 31–56). Wiley-Blackwell.

Cramond, L., Fletcher, I., & Rehan, C. (2020). Experiences of clinical psychologists working in palliative care: A qualitative study. *European Journal of Cancer Care*, *29*(3). https://doi.org/10.1111/ecc.13220

Cushway, D., & Tyler, P. (1996). Stress in clinical psychologists. *International Journal of Social Psychiatry*, *42*(2), 141–149. https://doi.org/10.1177/002076409604200208

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

Damianakis, T., & Woodford, M. R. (2012). Qualitative research with small connected communities: Generating new knowledge while upholding research ethics. *Qualitative Health Research*, *22*(5), 708–718. https://doi.org/10.1177/1049732311431444

Dattilio, F. M. (2015). The self-care of psychologists and mental health professionals: A review and practitioner guide. *Australian Psychologist*, *50*(6), 393–399. https://doi.org/10.1111/ap.12157

Deakin, H., & Wakefield, K. (2014). Skype interviewing: Reflections from two PhD researchers. *Qualitative Research*, *14*(5), 603–616. https://doi.org/10.1177/1468794113488126

Dean, R. A., & Wanous, J. P. (1983). *Reality shock and commitment: A study of new employees' expectations.* [Paper presentation] Annual Convention of the American

Psychological Association 91st, Anaheim, CA, United States.

Denzin, N. K., & Lincoln, Y. S. (2018). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Lincol (Eds.), *The SAGE handbook of qualitative research* (5th ed., pp. 29–71). Sage Publications Ltd.

Dewe, P. (1991). Measuring work stressors: The role of frequency, duration, and demand. *Work and Stress*, *5*(2), 77–91. https://doi.org/10.1080/02678379108257006

Dewe, P., Driscoll, M. O., Cooper, C., & Blackwell, W. (2010). *Coping with work stress: A review and critique*. Wiley-Blackwell. https://doi.org/10.1002/9780470711712

Doran, J. M., Kraha, A., Marks, L. R., Ameen, E. J., & Hassan El-Ghoroury, N. (2016). Graduate debt in psychology: A quantitative analysis. *Training and Education in Professional Psychology*, *10*(1), 3–13. https://doi.org/10.1037/tep0000112.supp

Dorociak, K. E., Rupert, P. A., & Zahniser, E. (2017). Work life, well-being, and self-care across the professional lifespan of psychologists. *Professional Psychology: Research and Practice*, *48*(6), 429–437. https://doi.org/10.1037/pro0000160

Eatough, V., & Smith, J. A. (2017). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *Handbook of Qualitative Psychology* (2nd ed., pp. 193–211). Sage. https://doi.org/10.4135/9781526405555

Edwards, R., & Holland, J. (2013). *What is qualitative interviewing?* Bloomsbury Academic. https://doi.org/10.5040/9781472545244

El-Ghoroury, N. H., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology*, *6*(2), 122–134. https://doi.org/10.1037/a0028768

Elliott, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*.

Sage Publications Ltd. https://doi.org/10.4135/9780857020246

Ellis, G., & Sevdalis, N. (2019). Understanding and improving multidisciplinary team working in geriatric medicine. *Age and Ageing*, *48*, 498–505. https://doi.org/10.1093/ageing/afz021

Elman, N. S., & Forrest, L. (2007). From trainee impairment to professional competence problems: Seeking new terminology that facilitates effective action. *Professional Psychology: Research and Practice*, *38*(5), 501–509. https://doi.org/10.1037/0735-7028.38.5.501

Engle, N. W., Peterson, M., McMinn, M., & Taylor-Kemp, N. (2017). Stressors and resources of psychologists: How are helpers being helped? *North American Journal of Psychology*, *19*(1), 123–138.

Erskine, J., Castelli, M., Hunter, D., & Hungin, A. (2018). The persistent problem of integrated care in English NHS hospitals: Is the Mayo model the answer? *Journal of Health Organization and Management*, *32*(4), 532–544. https://doi.org/10.1108/JHOM-01-2018-0020

Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. Jessica Kingsley Publishers.

Exworthy, M., Powell, M., & Glasby, J. (2017). The governance of integrated health and social care in England since 2010: great expectations not met once again? *Health Policy*, *121*(11), 1124–1130. https://doi.org/10.1016/J.HEALTHPOL.2017.07.009

Farber, B. A. (1985). Clinical psychologists' perceptions of psychotherapeutic work. *Clinical Psychologist*, *38*, 10–13.

Farber, B. A. (1990). Burnout in psychotherapists: Incidence, types, and trends.

Psychotherapy in Private Practice, *8*(1), 35–44. https://doi.org/10.1300/J294v08n01_07

Farber, B. A., & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. *Professional Psychology*, *13*(2), 293–301. https://doi.org/10.1037/0735-7028.13.2.293

Finlay, L. (2008). Through the looking glass: Intersubjectivity and hermeneutic reflection. In L. Finlay & B. Gough (Eds.), *Reflexivity: A practical guide for researchers in health and social sciences* (pp. 106–119). Blackwell Science Ltd. https://doi.org/10.1002/9780470776094.ch8

Forrest, L. (2012). Early career psychologists: Untapped talent and savvy. *The Counseling Psychologist*, *40*(6), 826–834. https://doi.org/10.1177/0011000012438418

Fothergill, A., Edwards, D., & Burnard, P. (2004). Stress, burnout, coping and stress management in psychiatrists: Findings from a systematic review. *International Journal of Social Psychiatry*, *50*, 54–65.

Fouad, N. A. (2003). Career development: Journeys of counselors. *Journal of Career Development*, *30*(1), 81–87. https://doi.org/10.1023/A:1025181709898

Freadling, A. H., & Foss-Kelly, L. L. (2014). New counselors' experiences of community health centers. *Counselor Education and Supervision*, *53*(3), 219–232. https://doi.org/10.1002/J.1556-6978.2014.00059.X

Fulop, N., Walters, R., Perri, & Spurgeon, P. (2012). Implementing changes to hospital services: Factors influencing the process and "results" of reconfiguration. *Health Policy*, *104*(2), 128–135. https://doi.org/10.1016/J.HEALTHPOL.2011.05.015

Galbraith, V. E. (2016). Developing self-care and resilience. In B. Douglas, R. Woolfe, S. Strawbridge, E. Kasket, & V. E. Galbraith (Eds.), *The Handbook of Counselling*

Psychology (4th ed., pp. 213–227). Sage Publications Ltd. https://doi.org/10.4135/9781529714968.n14

Galvin, J., & Smith, A. P. (2015). Stress in U.K. mental health training: A multi-dimensional comparison study. *British Journal of Education, Society & Behavioural Science*, *9*(3), 161–175. https://doi.org/10.9734/BJESBS/2015/18519

Galvin, J., & Smith, A. P. (2017). It's like being in a little psychological pressure cooker sometimes! A qualitative study of stress and coping in pre-qualification clinical psychology. *Journal of Mental Health Training, Education and Practice*, *12*(3), 134–149. https://doi.org/10.1108/JMHTEP-05-2015-0020

Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, *40*(3), 266–275. https://doi.org/10.1037/0003-066X.40.3.266

Gersch, I., & Teuma, A. (2005). Are educational psychologists stressed? A pilot study of educational psychologists' perceptions. *Educational Psychology in Practice*, *21*(3), 219–233. https://doi.org/10.1080/02667360500205909

Good, G. E. (1992). New and early professionals in counseling psychology: Issues in various settings. *The Counseling Psychologist*, *20*(1), 5–9. https://doi.org/10.1177/0011000092201001

Gorbenko, K., Mendelev, E., & Keefer, L. (2019). Can multidisciplinary team meetings reduce burnout? *Journal of Evaluation in Clinical Practice*, 1–3. https://doi.org/10.1111/jep.13234

Gram, A. M. (1992). Peer relationships among clinicians as an alternative to mentor-protégée relationships in hospital settings. *Professional Psychology: Research and Practice*, *23*(5), 416–417. https://doi.org/10.1037/0735-7028.23.5.416

Gran, J. (2019). Counselling psychology: Surprisingly enduring? *Counselling Psychology Review*, *34*(2), 3–4.

Green, A. G., & Hawley, G. C. (2009). Early career psychologists: Understanding, engaging, and mentoring tomorrow's leaders. *Professional Psychology: Research and Practice*, *40*(2), 206–212. https://doi.org/10.1037/a0012504

Greenson, R. R. (1966). That "impossible" profession. *Journal of the American Psychoanalytic Association*, *14*(1), 9–27. https://doi.org/10.1177/000306516601400102

Greidanus, E., Warren, C., Harris, G. E., & Umetsubo, Y. (2020). Collaborative practice in counselling: A scoping review. *Journal of Interprofessional Care*, *34*(3), 353–361. https://doi.org/10.1080/13561820.2019.1637334

Grondin, J. (1994). *Introduction to philosophical hermeneutics*. Yale University Press. https://doi.org/10.12987/9780300156904

Haine, P., & Booysen, D. D. (2020). Life after training: Professional experiences of early career clinical and counselling psychologists in South Africa. *Journal of Psychology in Africa*, *30*(5), 475–483. https://doi.org/10.1080/14330237.2020.1821317

Haines, A., Perkins, E., Evans, E. A., & McCabe, R. (2018). Multidisciplinary team functioning and decision making within forensic mental health. *Mental Health Review Journal*, *23*(3), 185–196. https://doi.org/10.1108/MHRJ-01-2018-0001

Halbesleben, J. R. B., & Buckley, M. R. (2006). Social comparison and burnout: The role of relative burnout and received social support. *Anxiety, Stress and Coping*, *19*(3), 259–278. https://doi.org/10.1080/10615800600747835

Halbesleben, J. R. B., Neveu, J. P., Paustian-Underdahl, S. C., & Westman, M. (2014).

Getting to the “COR”: Understanding the role of resources in conservation of resources theory. *Journal of Management*, *40*(5), 1334–1364. https://doi.org/10.1177/0149206314527130

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. https://doi.org/10.1080/09638230410001700871

Harper, D. (2012). Choosing a qualitative research method. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 83–97). John Wiley & Sons, Ltd.

Health and Care Professions Council (HCPC). (2015). *Standards of proficiency: Practitioner psychologists*. https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---practitioner-psychologists.pdf

Health and Safety Executive. (1999). *The management of health and safety at work regulations 1999, SI 1999/3242*. https://www.legislation.gov.uk/uksi/1999/3242/made

Health and Safety Executive. (2017). *Tackling work-related stress using the Management Standards approach*. http://www.hse.gov.uk/pubns/wbk01.pdf

Health and Safety Executive. (2019). *Tackling work-related stress using the management standards approach: A step-by-step workbook*. https://www.hse.gov.uk/pubns/wbk01.pdf

Health and Safety Executive. (2020). *Work-related stress, anxiety or depression statistics in Great Britain, 2020*. https://www.hse.gov.uk/statistics/causdis/stress.pdf

Health and Safety Executive. (2021a). *HSE business plan 2021/22*. https://www.hse.gov.uk/aboutus/strategiesandplans/businessplans/plan2021.pdf

Health and Safety Executive. (2021b). *Work-related stress , anxiety or depression statistics in Great Britain , 2021*. http://www.hse.gov.uk/statistics/lfs/index.htm

Health Education England. (2021). *Psychological professions workforce plan for England*. Health Education England. https://healtheducationengland.sharepoint.com/:b:/s/MHPe/EeUhNTjNxn5Clq54znX7sKABppRQs9q6AwSgNLNIRkANvQ?e=FMZZiL

Heidegger, M. (1962). *Being and time*. Harper & Row. (Original work published 1927).

Hellman, J. D., & Morrison, T. L. (1987). Practice setting and type of caseload as factors in psychotherapist stress. *Psychotherapy*, *24*, 427–433.

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, *44*(3), 513–524. https://doi.org/10.1037/0003-066X.44.3.513

Hobfoll, S. E. (1998). *Stress, culture, and community*. Plenum Press.

Horlait, M., Baes, S., Dhaene, S., Van Belle, S., & Leys, M. (2019). How multidisciplinary are multidisciplinary team meetings in cancer care? An observational study in oncology departments in Flanders, Belgium. *Journal of Multidisciplinary Healthcare*, *12*, 159–167. https://doi.org/10.2147/JMDH.S196660

Horlait, M., De Regge, M., Baes, S., Eeckloo, K., & Leys, M. (2022). Exploring non-physician care professionals' roles in cancer multidisciplinary team meetings: A qualitative study. *PLoS ONE*, *17*(2), 1–17. https://doi.org/10.1371/journal.pone.0263611

Howitt, D., & Cramer, D. (2014). *Introduction to research methods in psychology* (4th ed.). Pearson Education Limited. https://doi.org/10.1016/S0272-4944(05)80228-2

Hughes, E. C. (1958). *Men and their work*. Collier-Macmillan.

Humphrey, N. N., & Kang, E. (2009). The role of the psychologist in a medical setting: The

interdisciplinary team approach. In C. A. Davis, S. F., Giordano, P. J., & Licht (Ed.), *Your career in psychology: Putting your graduate degree to work* (pp. 215–228). Wiley-Blackwell. https://doi.org/10.1002/9781444315929.ch16

Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy*. North Western University Press. (Original work published 1936).

Irving, P. G., & Montes, S. D. (2009). Met expectations: The effects of expected and delivered inducements on employee satisfaction. *Journal of Occupational and Organizational Psychology*, *82*(2), 431–451. https://doi.org/10.1348/096317908X312650

James, P. E. (2019). Counselling psychology: 10 years back and 10 years ahead. *Counselling Psychology Review*, *34*(2), 8–11.

James, P. E., & Bellamy, A. (2010). Counselling psychology in the NHS. In R. Woolfe, B. Strawbridge, B. Douglas, & W. Dryden (Eds.), *The handbook of counselling psychology* (3rd ed., pp. 397–415). Sage Publications Ltd.

Johnson, B. W., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2013). The competence constellation model: A communitarian approach to support professional competence. *Professional Psychology: Research and Practice*, *44*(5), 343–354. https://doi.org/10.1037/a0033131

Jones, A. (2006). Multidisciplinary team working: Collaboration and conflict. *International Journal of Mental Health Nursing*, *15*(1), 19–28. https://doi.org/10.1111/j.1447-0349.2006.00400.x

Jones Nielson, J. D., & Nicholas, H. (2016). Counselling psychology in the United Kingdom. *Counselling Psychology Quarterly*, *29*(2), 216–224.

https://doi.org/10.1080/09515070.2015.1127210

Jones, R. S. P., & Thompson, D. E. (2017). Stress and well-being in trainee clinical psychologists: A qualitative analysis. *Medical Research Archives*, *5*(8), 1–19. https://journals.ke-i.org/mra/article/view/1455/1123

Jordaan, I., Spangenberg, J. J., Watson, M. B., & Fouchè, P. (2007). Emotional stress and coping strategies in South African clinical and counselling psychologists. *South African Journal of Psychology*, *37*(4), 835–855. https://doi.org/10.1177/008124630703700411

Kaeding, A., Sougleris, C., Reid, C., van Vreeswijk, M. F., Hayes, C., Dorrian, J., & Simpson, S. (2017). Professional burnout, early maladaptive schemas, and physical health in clinical and counselling psychology trainees. *Journal of Clinical Psychology*, *73*(12), 1782–1796. https://doi.org/10.1002/jclp.22485

Kahill, S. (1986). Relationship of burnout among professional psychologists to professional expectations and social support. *Psychological Reports*, *59*, 1043–1051.

Kaiser, K. (2009). Protecting respondent confidentiality in qualitative research. *Qualitative Health Research*, *19*(11), 1632–1641. https://doi.org/10.1177/1049732309350879

Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*, *27*(2), 64–73.

Kennedy, G., & Arikut-Treece, Y. (2016). Working as a counselling psychologist in primary care. In B. Douglas, R. Woolfe, S. Strawbridge, E. Kasket, & V. Galbraith (Eds.), *The Handbook of Counselling Psychology* (4th ed., pp. 496–510). Sage Publications Ltd. https://doi.org/10.4324/9781315626499-15

Kent, F., Nankervis, K., Johnson, C., Hodgkinson, M., Baulch, J., & Haines, T. (2018). ‘More effort and more time.’ Considerations in the establishment of interprofessional

education programs in the workplace. *Journal of Interprofessional Care*, *32*(1), 89–94. https://doi.org/10.1080/13561820.2017.1381076

Kerasidou, A. (2019). Empathy and efficiency in healthcare at times of austerity. *Health Care Analysis*, *27*(3), 171–184. https://doi.org/10.1007/s10728-019-00373-x

King, N., Horrocks, C., & Brooks, J. (2019). *Interviews in qualitative research* (2nd ed.). Sage Publications Ltd.

Kline, F. M. (1972). Dynamics of a leaderless group. *International Journal of Group Psychotherapy*, *22*(2), 234–242. https://doi.org/10.1080/00207284.1972.11492162

Kodama, M. (2015). Constructs of career resilience and development of a scale for their assessment. *Shinrigaku Kenkyu: The Japanese Journal of Psychology*, *86*(2), 150–159. https://doi.org/10.4992/jjpsy.86.14204

Kodama, M. (2017). Functions of career resilience against reality shock, focusing on full-time employees during their first year of work. *Japanese Psychological Research*, *59*(4), 255–265. https://doi.org/10.1111/jpr.12161

Kolar, C., von Treuer, K., & Koh, C. (2017). Resilience in early-career psychologists: Investigating challenges, strategies, facilitators, and the training pathway. *Australian Psychologist*, *52*(3), 198–208. https://doi.org/10.1111/ap.12197

Kramer, M. (1974). *Reality shock: Why nurses leave nursing*. The C.V. Mosby Company.

Kumary, A., & Baker, M. (2008). Stresses reported by UK trainee counselling psychologists. *Counselling Psychology Quarterly*, *21*(1), 19–28. https://doi.org/10.1080/09515070801895626

Lalani, M., Fernandes, J., Fradgley, R., Ogunsola, C., & Marshall, M. (2019). Transforming community nursing services in the UK; Lessons from a participatory evaluation of the

implementation of a new community nursing model in East London based on the principles of the Dutch Buurtzorg model. *BMC Health Services Research*, *19*(1), 1–9. https://doi.org/10.1186/S12913-019-4804-8/PEER-REVIEW

Lamparyk, K., Williams, A. M., Robiner, W. N., Bruschwein, H. M., & Ward, W. L. (2022). Interprofessional education: Current state in psychology training. *Journal of Clinical Psychology in Medical Settings*, *29*(1), 20–30. https://doi.org/10.1007/s10880-021-09765-5

Landridge, D. (2007). *Phenomenological psychology: Theory, research and method*. Pearson Education Limited. https://doi.org/10.4135/9781848607927.n10

Lantham, A., & Toye, K. (2006). CPD and newly qualified clinical psychologists. In L. Golding & I. Gray (Eds.), *Continuing professional development for clinical psychologists: A practical handbook* (pp. 81–101). Blackwell Publishing Ltd. https://doi.org/10.1002/9780470754900

Larkin, C., & Callaghan, P. (2005). Professionals' perceptions of interprofessional working in community mental health teams. *Journal of Interprofessional Care*, *19*(4), 338–346. https://doi.org/10.1080/13561820500165282

Larkin, M. (2015). Phenomenological psychology. In P. Rohleder & A. C. Lyons (Eds.), *Qualitative research in clinical and health psychology* (pp. 155–174). Palgrave Macmillan. https://doi.org/10.4324/9780203816936.ch53

Larkin, M., & Thompson, A. R. (2012). Interpretative phenomenological analysis in mental health and psychotherapy research. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (1st ed., pp. 99–116). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781119973249

Larsson, P., Brooks, O., & Loewenthal, D. (2012). Counselling psychology and diagnostic categories : A critical literature review. *Counselling Psychology Review*, *27*(3), 55–68.

Lazard, L., & McAvoy, J. (2017). Doing reflexivity in psychological research: What's the point? What's the practice? *Qualitative Research in Psychology*, 1–19. https://doi.org/10.1080/14780887.2017.1400144

Lazarus, R. S. (2001). Relational meaning and discrete emotions. In K. R. Scherer, A. Schorr, & T. Johnstone (Eds.), *Appraisal processes in emotion: Theory, methods, research* (pp. 37–67). Oxford University Press. http://www.oup.com/us/catalog/general/subject/Psychology/Cognitive/~~/dmlldz11c2EmY2k9OTc4MDE5NTEzMDA3Mg==

Lee, J., Lim, N., Yang, E., & Lee, S. M. (2011). Antecedents and consequences of three dimensions of burnout in psychotherapists: A Meta-Analysis. *Professional Psychology: Research and Practice*, *42*(3), 252–258. https://doi.org/10.1037/a0023319

Levinson, S., Nel, P. W., & Conlan, L. M. (2020). Experiences of newly qualified clinical psychologists in CAMHS. *Journal of Mental Health Training, Education and Practice*, *16*(3), 187–199. https://doi.org/10.1108/JMHTEP-08-2019-0043

Maddock, A. (2014). Consensus or contention: an exploration of multidisciplinary team functioning in an Irish mental health context. *European Journal of Social Work*, *18*(2), 246–261. https://doi.org/10.1080/13691457.2014.885884

Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *The British Psychological Society*, *91*(1), 1–20. https://doi.org/10.1348/000712600161646

Martin, P. (2010). Training and professional development. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of counseling psychology* (3rd ed., pp. 547–

568). Sage Publications Ltd.

Maslach, C. (1976). Burned out. *Human Behavior*, *5*, 16–22.

Maslach, C. (2003). Job burnout: Current directions in research and intervention. *Current Directions in Psychological Science*, *12*(5), 189–192. https://doi.org/10.1111/1467-8721.01258

Maslach, C. (2017). Finding solutions to the problem of burnout. *Consulting Psychology Journal: Practice and Research*, *68*(2), 143–152. https://doi.org/10.1037/cpb0000090

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour*, *2*(2), 99–113. https://doi.org/10.1002/job.4030020205

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*, 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

Maxwell, J. A. (2012). *A realist approach for qualitative research*. Sage Publications Inc.

Maynor, W., & Suite, D. (2009). Working in hospitals and community mental health centers: Rewards and pitfalls versus private practice. In S. F. Davis, P. J. Giordano, & C. A. Licht (Eds.), *Your career in psychology: Putting your graduate degree to work* (pp. 201–214). Wiley-Blackwell.

McCarley, T. (1975). The psychotherapist's search for self-renewal. *American Journal of Psychiatry*, *132*, 221–224.

McCormack, H. M., MacIntyre, T. E., O'Shea, D., Campbell, M. J., & Igou, E. R. (2015). Practicing what we preach: Investigating the role of social support in sport psychologists' well-being. *Frontiers in Psychology*, *6*(1854). https://doi.org/10.3389/fpsyg.2015.01854

McCormack, H. M., Macintyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018).

The prevalence and cause(s) of burnout among applied psychologists: A systematic review. *Frontiers in Psychology*, *9*(1897), 1–19. https://doi.org/10.3389/fpsyg.2018.01897

McDaniel, S. H., & DeGruy, F. V. (2014). An introduction to primary care and psychology. *American Psychologist*, *69*, 325–331. https://doi.org/10.1037/a0036222

Meghani, D. T. (2019). Self-care together: Strategies that benefit early career psychology faculty and psychology doctoral trainees. *Psychotherapy*, *54*(2), 5–12. www.societyforpsychotherapy.org

Melamed, S., Shirom, A., Toker, S., Berliner, S., & Shapira, I. (2006). Burnout and risk of cardiovascular disease: Evidence, possible causal paths, and promising research directions. *Psychological Bulletin*, *132*(3), 327–353. https://doi.org/10.1037/0033-2909.132.3.327

Menninger, W. W. (1991). Patient suicide and its impact on the psychotherapist. *Bulletin of the Menninger Clinic*, *55*(2), 216–227.

Miller, A. E. (2021). Self-care as a competency benchmark: Creating a culture of shared responsibility. *Training and Education in Professional Psychology*, Advance online publication. https://doi.org/10.1037/tep0000386

Miller, G. E., Buckholdt, D. R., & Shaw, B. (2008). Introduction: Perspectives on stress and work. *Journal of Human Behavior in the Social Environment*, *17*(1–2), 1–18. https://doi.org/10.1080/10911350802165403

Miller, R., Glasby, J., & Dickinson, H. (2021). Integrated health and social care in England: Ten years on. *International Journal of Integrated Care*, *21*(S2). https://doi.org/10.5334/ijic.5666

Milton, M. (2001). Counselling psychology placements: Reflections from the health service. *Counselling Psychology Review*, *16*(2), 4–10. http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2001-07094-001&site=ehost-live

Monroe, S. M. (2008). Modern approaches to conceptualizing and measuring human life stress. *Annual Review of Clinical Psychology*, *4*(1), 33–52. https://doi.org/10.1146/annurev.clinpsy.4.022007.141207

Moore, K. A., Deakin, U., & Cooper, C. L. (1996). Stress in mental health professionals: A theoretical overview. *International Journal of Social Psychiatry*, *42*(2), 82–89. https://doi.org/10.1177/002076409604200202

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, *39*(5), 341–352. https://doi.org/10.1007/s10488-011-0352-1

Mrdjenovich, A. J., & Moore, B. A. (2004). The professional identity of counselling psychologists in health care: A review and call for research. *Counselling Psychology Quarterly*, *17*(1), 69–79. https://doi.org/10.1080/09515070410001665758

Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology*, *6*(1), 55–66. https://doi.org/10.1037/a0026534

National Cancer Action Team. (2010). *The characteristics of an effective multidisciplinary team (MDT)*. http://www.ncin.org.uk/view?rid=136

Negri, A., Zamin, C., Parisi, G., Paladino, A., & Andreoli, G. (2021). Analysis of general

practitioners' attitudes and beliefs about psychological intervention and the medicine-psychology relationship in primary care: Toward a new comprehensive approach to primary health care. *Healthcare (Switzerland)*, *9*(5), 613. https://doi.org/10.3390/healthcare9050613

Neimeyer, G. J., Taylor, J. M., & Cox, D. R. (2012). On hope and possibility: Does continuing professional development contribute to ongoing professional competence? *Professional Psychology: Research and Practice*, *43*(5), 476–486. https://doi.org/10.1037/a0029613

NHS Health Research Authority. (2018). *GDPR guidance for researchers and study coordinators*. https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/data-protection-and-information-governance/gdpr-guidance/

NHS Staff Coordination Centre. (2021). *NHS staff survey 2021 national dashboards*. Tableau Public. https://public.tableau.com/app/profile/piescc/viz/ST21_national_data_2022-03-30_PIEFH25/Aboutthissurvey

Nic a Bháird, C. (2015). *Multidisciplinary team meetings in community mental health care: a mixed-methods investigation of their functions and organisation*. [Doctoral dissertation, University College London] UCL Discovery. https://discovery.ucl.ac.uk/id/eprint/1471491/.

Nic a Bháird, C., Xanthopoulou, P., Black, G., Michie, S., Pashayan, N., & Raine, R. (2016). Multidisciplinary team meetings in community mental health: A systematic review of their functions. *Mental Health Review Journal*, *21*(2), 119–140. https://doi.org/10.1108/MHRJ-03-2015-0010

Norcross, J. C., & Aboyoun, D. C. (1994). Self-change experiences of psychotherapists. In

T. M. Brinthaupt & R. P. Lipka (Eds.), *Changing the self: Philosophies, techniques, and experiences* (pp. 253–278). State of University of New York Press.

Norcross, J. C., & VandenBos, G. R. (2018). *Leaving it at the office: A guide to psychotherapist self-care* (2nd ed.). The Guilford Press.

O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice*, *32*(4), 345–350. https://doi.org/10.1037//0735-7028.32.4.345

O'Shaughnessy, T., & Burnes, T. R. (2016). The career adjustment experiences of women early career psychologists. *The Counseling Psychologist*, *44*(6), 786–814. https://doi.org/10.1177/0011000016650264

Okuyama, A., Wagner, C., & Bijnen, B. (2014). Speaking up for patient safety by hospital-based health care professionals: A literature review. *BMC Health Services Research*, *14*(1), 1–8. https://doi.org/10.1186/1472-6963-14-61/FIGURES/2

Olaussen, I. M., Skaar, E., Hauge, L. J., & Skogstad, A. (2010). Utbrenthet blant psykologer med kortere ansiennitet. [Predictors of burnout among psychologists with less than seven years of tenure.]. *Tidsskrift for Norsk Psykologforening*, *47*(3), 195–202. https://psykologtidsskriftet.no/fagartikkel/2010/03/utbrenthet-blant-psykologer-med-kortere-ansiennitet?redirected=1

Olson, S. K., Downing, N. E., Heppner, P. P., & Pinkney, J. (1986). Is there life after graduate school? Coping with the transition to postdoctoral employment. *Professional Psychology: Research and Practice*, *17*(5), 415–419. https://doi.org/10.1037/0735-7028.17.5.415

Onyett, S., Pillinger, T., & Muijen, M. (1995). *Making community mental health teams work: CMHTs and the people who work in them*. Sainsbury Centre for Mental Health.

Ooley, C., & Farndon, H. (2021). *Best practice in psychology recruitment*. British Psychological Society. https://cms.bps.org.uk/sites/default/files/2022-06/Best practice in psychology recruitment.pdf

Pakenham, K. I. (2015). Comment on “The self-care of psychologists and mental health professionals” (Dattilio, 2015). *Australian Psychologist*, *50*(6), 405–408. https://doi.org/10.1111/ap.12145

Pakenham, K. I., & Stafford-Brown, J. (2012). Stress in clinical psychology trainees: A review of current research and future directions. *Australian Psychologist*, *47*, 147–155. https://doi.org/10.1111/j.1742-9544.2012.00070.x

Palmer, S., & Dryden, W. (1995). *Counselling for stress problems*. Sage.

Papadomarkaki, E., & Lewis, Y. (2008). Counselling psychologists’ experiences of work stress. *Counselling Psychology Review*, *23*(4), 39–51.

Payne, M. (2006). Identity politics in multiprofessional teams: Palliative care social work. *Journal of Social Work*, *6*(2), 137–150. https://doi.org/10.1177/1468017306066741

Pedrotti, J. T., & Burnes, T. R. (2016). The new face of the field: Dilemmas for diverse early-career psychologists. *Training and Education in Professional Psychology*, *10*(3), 141–148. https://doi.org/10.1037/tep0000120

Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine*, *25*(6), 551–603. https://doi.org/10.1023/A:1020641400589

Perkbox. (2020). *The 2020 UK workplace stress survey*. https://www.perkbox.com/uk/resources/library/2020-workplace-stress-survey

Perrin, P. B., & Elliott, T. R. (2019). Setting our sails: Counseling psychology in the age of

integrated health care. *The Counseling Psychologist*, *47*(7), 1061–1067. https://doi.org/10.1177/0011000019895493

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal*, *20*(1), 7–14. https://doi.org/10.14691/CPPJ.20.1.7

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, *52*(2), 126–136. https://doi.org/10.1037/0022-0167.52.2.126

Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research and Practice*, *25*(3), 247–258. https://doi.org/10.1037/0735-7028.25.3.247

Psychological Professions Network. (2018). *Delivering the expansion in the psychological professions*. Psychological Professions Network. https://www.nwppn.nhs.uk/attachments/article/2578/PPN_Brochure_June18_Online_SinglePages.pdf

Radeke, J. A. T., & Mahoney, M. J. (2000). Comparing the personal lives of psychotherapists and research psychologists. *Professional Psychology: Research and Practice*, *31*(1), 82–84. https://doi.org/10.1037/0735-7028.31.1.82

Ranung, E., & Wramsby, A. (2016). *The well-being of Swedish psychologists in their early work-life: The relationship between emotional demands, role stressors, social support, appraised well-being and job satisfaction (Dissertation)*. http://urn.kb.se/resolve?urn=urn:nbn:se:umu:diva-130619

Rappaport, J., & Stewart, E. (1997). A critical look at critical psychology: Elaborating the

questions. In D. Fox & I. Prilleltensky (Eds.), *Critical psychology: An introduction* (pp. 301–317). Sage.

Raque-Bogdan, T. L., Ratchford, J. L., Garriott, P. O., Borges, N. J., & Duffy, R. D. (2020). Counseling psychologists in medical education in the United States: Career development, professional identity, and training implications. *Counselling Psychology Quarterly*, *33*(2), 218–244. https://doi.org/10.1080/09515070.2018.1511970

Raquepaw, J. M., & Miller, R. S. (1989). Psychotherapist burnout: A componential analysis. *Professional Psychology: Research and Practice*, *20*(1), 32–36.

Ravalier, J. M., McVicar, A., & Boichat, C. (2020). Work stress in NHS employees: A mixed-methods study. *International Journal of Environmental Research and Public Health*, *17*(18), 1–14. https://doi.org/10.3390/ijerph17186464

Reeves, S., Freeth, D., Glen, S., Leiba, T., Berridge, E. J., & Herzberg, J. (2006). Delivering practice-based interprofessional education to community mental health teams: Understanding some key lessons. *Nurse Education in Practice*, *6*(5), 246–253. https://doi.org/10.1016/J.NEPR.2006.02.001

Riggio, R. E. (2018). *Introduction to industrial/organizational psychology* (7th ed.). Routledge. https://doi.org/10.4324/9781315620589

Rippere, V., & Williams, R. (1986). *Wounded healers: Mental health workers' experiences of depression*. Wiley.

Robertson, H. (2011). Integration of health and social care: A review of literature and models implications for Scotland. *Royal College of Nursing*, *January*, 1–42. https://my.rcn.org.uk/__data/assets/pdf_file/0008/455633/Hilarys_Paper.pdf

Robins, T. G., Roberts, R. M., & Sarris, A. (2018). The role of student burnout in predicting

future burnout: Exploring the transition from university to the workplace. *Higher Education Research and Development*, *37*(1), 115–130. https://doi.org/10.1080/07294360.2017.1344827

Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner: Growth and stagnation of therapists and counselors*. Routledge.

Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. *Professional Psychology: Research and Practice*, *50*(5), 343–350. https://doi.org/10.1037/pro0000251

Rupert, P. A., Miller, A. O., & Dorociak, K. E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research and Practice*, *46*(3), 168–174. https://doi.org/10.1037/a0039297

Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice*, *36*(5), 544–550. https://doi.org/10.1037/0735-7028.36.5.544

Sagberg, I. (2014). Frustrated with the system: The professional entry of psychologists. *Nordic Psychology*, *66*(3), 187–201. https://doi.org/10.1080/19012276.2014.931814

Salzman, P. C. (2002). On reflexivity. *American Anthropologist*, *104*(3), 805–813. https://doi.org/10.1525/aa.2002.104.3.805

Sampson, E. E. (1993). Identity politics: Challenges to psychology's understanding. *American Psychologist*, *48*(12), 1219–1230. https://doi.org/10.1037/0003-066X.48.12.1219

Sarbin, T. R. (Ed.). (1986). *Narrative psychology: The storied nature of human conduct*. Praeger. https://psycnet.apa.org/record/2001-18244-001

Saunders, B., Kitzinger, J., & Kitzinger, C. (2015). Anonymising interview data: Challenges and compromise in practice. *Qualitative Research*, *15*(5), 616–632. https://doi.org/10.1177/1468794114550439

Scalise, D., Sukumaran, N., Merson, E. S., Pursell, C., Grossman, L., Johnson, C., & Elliot, J. F. (2018). A qualitative analysis of early career women's adjustment to work in professional psychology: Practitioners' reflections. *Journal of Career Development*, *46*(5), 1–19. https://doi.org/10.1177/0894845318786460

Schaufeli, W. B. (2003). Past performance and future perspectives of burnout research. *SA Journal of Industrial Psychology*, *29*(4), 1–15. https://doi.org/10.4102/sajip.v29i4.127

Schaufeli, W. B. (2017). Burnout: A short socio-cultural history. In S. Neckel, A. K. Schaffner, & G. Wagner (Eds.), *Burnout, fatigue, exhaustion: An interdisciplinary perspective on a modern affliction* (pp. 105–127). Springer Nature. https://doi.org/10.1007/978-3-319-52887-8_5

Schaufeli, W. B., & Buunk, B. P. (2004). Burnout: An overview of 25 years of research and theorizing. In M. J. Schabracq, J. A. M. Winnubst, & C. L. Cooper (Eds.), *The handbook of work and health psychology* (2nd ed., pp. 383–428). John Wiley & Sons, Ltd. https://doi.org/10.1002/0470013400

Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of research and practice. *Career Development International*, *14*(3), 204–220. https://doi.org/10.1108/13620430910966406

Schot, E., Tummers, L., & Noordegraaf, M. (2020). Working on working together. A systematic review on how healthcare professionals contribute to interprofessional collaboration. *Journal of Interprofessional Care*, *34*(3), 332–342. https://doi.org/10.1080/13561820.2019.1636007

Schwartz-Mette, R. A. (2009). Challenges in addressing graduate student impairment in academic professional psychology programs. *Ethics and Behavior*, *19*(2), 91–102. https://doi.org/10.1080/10508420902768973

Sciberras, A., & Pilkington, L. (2018). The lived experience of psychologists working in mental health services: An exhausting and exasperating journey. *Professional Psychology: Research and Practice*, *49*(2), 151–158. https://doi.org/10.1037/pro0000184

Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, *5*(9), 9–16. https://doi.org/10.5539/elt.v5n9p9

Seitz, S. (2016). Pixilated partnerships, overcoming obstacles in qualitative interviews via Skype: A research note. *Qualitative Research*, *16*(2), 229–235. https://doi.org/10.1177/1468794115577011

Sequeira, H., & Scoyoc, S. (2001). Division round table 2001: Should counselling psychologists oppose the use of DSM-IV and testing? *Counselling Psychology Review*, *16*, 44–480.

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, *1*(2), 105–115. https://doi.org/10.1037/1931-3918.1.2.105

Shaw, R. L. (2010). Embedding reflexivity within experiential qualitative psychology/interpretative phenomenological research in psychology. *Qualitative Research in Psychology*, *7*(3), 233–243.

http://publications.aston.ac.uk/12328/1/Shaw_QRP_2010_7_233-243.pdf

Shaw, R. L. (2011). The future's bright: Celebrating its achievements and preparing for the challenges ahead in IPA research. *Health Psychology Review*, *5*(1), 28–33. https://doi.org/10.1080/17437199.2010.524808

Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice*, *29*(1), 79–85. https://doi.org/10.1037/0735-7028.29.1.79

Sick, B. (2022). Commentary: A call to action for interprofessional education in psychology. *Journal of Clinical Psychology in Medical Settings*, *29*(1), 31–33. https://doi.org/10.1007/s10880-021-09842-9

Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology*, *74*, 1431–1456. https://doi.org/10.1002/jclp.22615

Simmonds, S., Coid, J., Joseph, P., Marriott, S., & Tyrer, P. (2001). Community mental health team management in severe mental illness: A systematic review. *British Journal of Psychiatry*, *178*(JUNE), 497–502. https://doi.org/10.1192/bjp.178.6.497

Simpson, S., Simionato, G., Smout, M., van Vreeswijk, M. F., Hayes, C., Sougleris, C., & Reid, C. (2019). Burnout amongst clinical and counselling psychologist: The role of early maladaptive schemas and coping modes as vulnerability factors. *Clinical Psychology & Psychotherapy*, *26*(1), 35–46. https://doi.org/10.1002/cpp.2328

Skovholt, T. M., Grier, T. L., & Hanson, M. R. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development*, *27*(3), 167–176. https://doi.org/10.1177/089484530102700303

Skovholt, T. M., & Ronnestad, M. H. (2003). Struggles of the novice counsellor and therapist. *Journal of Career Development*, *30*(1), 45–58. https://doi.org/10.1177/089484530303000103

Smeby, J.-C. (2007). Connecting to professional knowledge. *Studies in Higher Education*, *32*(2), 207–224. https://doi.org/10.1080/03075070701267251

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, *1*(1), 39–54. https://doi.org/10.1191/1478088704qp004oa

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage Publications Ltd.

Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. S. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp. 218–239). Sage.

Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 53–80). Sage. https://doi.org/10.1002/9781119975144.ch9

Smith, J. A., & Osborn, M. (2015a). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods* (3rd ed., pp. 25–52). Sage Publications Ltd. https://doi.org/10.1027/1618-3169.52.1.80

Smith, J. A., & Osborn, M. (2015b). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain*, *9*(1), 41–42. https://doi.org/10.1177/2049463714541642

Smith, N. G., Keller, B. K., Mollen, D., Bledsoe, M. L., Buhin, L., Edwards, L. M., Levy, J. J.,

Magyar-Moe, J. L., & Yakushko, O. (2012). Voices of early career psychologists in division 17, the society of counseling psychology. *The Counseling Psychologist*, *40*(6), 794–825. https://doi.org/10.1177/0011000011417145

Smith, P. L., & Moss, S. B. (2009). Psychologist impairment: What is it, how can it be prevented, and what can be done to address it? *Clinical Psychology: Science and Practice*, *16*(1), 1–15. https://doi.org/10.1111/j.1468-2850.2009.01137.x

Smoot, S. L., & Gonzalez, J. L. (1995). Cost-effective communication skills training for state hospital employees. *Psychiatric Services*, *46*(8), 819–822. https://doi.org/10.1176/ps.46.8.819

Spensley, J., & Blacker, K. H. (1976). Feelings of the psychotherapist. *American Journal of Orthopsychiatry*, *46*(3), 542–545. https://doi.org/10.1111/J.1939-0025.1976.TB00954.X

Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology* (2nd ed.). Sage Publications Ltd.

Stevanovic, P., & Rupert, P. A. (2004). Career-sustaining behaviors, satisfactions, and stresses of professional psychologists. *Psychotherapy*, *41*(3), 301–309. https://doi.org/10.1037/0033-3204.41.3.301

Stevanovic, P., & Rupert, P. A. (2009). Work-family spillover and life satisfaction among professional psychologists. *Professional Psychology: Research and Practice*, *40*(1), 62–68. https://doi.org/10.1037/a0012527

Stevens, E., Hulme, A., & Salmon, P. M. (2021). The impact of power on health care team performance and patient safety: A review of the literature. *Ergonomics*, *64*(8), 1072–1090. https://doi.org/10.1080/00140139.2021.1906454

Stokes, J. (1994). Problems in multidisciplinary teams: The unconscious at work. *Journal of Social Work Practice*, *8*(2), 161–167. https://doi.org/10.1080/02650539408413977

Strawbridge, S., & James, P. (2001). Issues relating to the use of psychiatric diagnostic categories in counselling psychology, counselling and psychotherapy: What do you think? *Counselling Psychology Review*, *16*(1), 4–6.

Strawbridge, S., & Woolfe, R. (2010). Counselling Psychology: Origins, developments and challenges. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of counseling psychology* (3rd ed., pp. 3–22). Sage Publications Ltd.

Summers, E. M. A., Morris, R. C., & Bhutani, G. E. (2020). A measure to assess the workplace well-being of psychological practitioners. *Clinical Psychology & Psychotherapy*, *27*(1), 11–23. https://doi.org/10.1002/cpp.2401

Summers, E. M. A., Morris, R. C., Bhutani, G. E., Rao, A. S., & Clarke, J. C. (2021). A survey of psychological practitioner workplace well-being. *Clinical Psychology and Psychotherapy*, *28*(2), 438–451. https://doi.org/10.1002/cpp.2509

Swords, B. A., & Ellis, M. V. (2017). Burnout and vigor among health service psychology doctoral students. *Counseling Psychologist*, *45*(8), 1141–1161. https://doi.org/10.1177/0011000017747548

Sykorova, E. (2016). *"I was just in this bubble of the course": An interpretative phenomenological analysis of young final year female trainees' experiences of stress in counselling psychology*. [Doctoral dissertation, London Metropolitan University]. EThOS and London Met Repository. http://repository.londonmet.ac.uk/961/

Szymanska, K. (2002). Trainee expectations in counselling psychology as compared to the reality of training experiences. *Counselling Psychology Review*, *17*(1), 20–25.

Szymanska, K. (2008). Stress and burnout. In S. Palmer & R. Bor (Eds.), *The practitioner's handbook: A guide for counsellors, psychotherapists and counselling psychologists* (pp. 209–219). Sage Publications Ltd.

Taris, T. W., Feij, J. A., & Capel, S. (2006). Great expectations – and what comes of it: The effects of unmet expectations on work motivation and outcomes among newcomers. *International Journal of Selection and Assessment*, *14*(3), 256–268. https://doi.org/10.1111/j.1468-2389.2006.00350.x

Tucker, R., Moffatt, F., & Timmons, S. (2020). Austerity on the frontline- a preliminary study of physiotherapists working in the National Health Service in the UK. *Physiotherapy Theory and Practice*. https://doi.org/10.1080/09593985.2020.1812139

University of East London. (2015). *Code of practice for research ethics*. https://view.officeapps.live.com/op/view.aspx?src=https://www.uel.ac.uk/wwwmedia/schools/graduate/documents/UEL-Code-of-Practice-for-Research-Ethics-2015-16.doc

University of Sussex. (2022). *Getting into the psychology sector*. University of Sussex. https://guides.careers.sussex.ac.uk/psychology

Vally, Z. (2019). Do doctoral training programmes actively promote a culture of self-care among clinical and counselling psychology trainees? *British Journal of Guidance and Counselling*, *47*(5), 635–644. https://doi.org/10.1080/03069885.2018.1461195

Valsania, S., Laguía, A., & Moriano, J. A. (2022). Burnout: A review of theory and measurement. *International Journal of Environmental Research and Public Health*, *19*(3), 1780. https://doi.org/10.3390/ijerph19031780

Volpe, U., Luciano, M., Palumbo, C., Sampogna, G., Del Vecchio, V., & Fiorillo, A. (2014). Risk of burnout among early career mental health professionals. *Journal of Psychiatric and Mental Health Nursing*, *21*(9), 774–781. https://doi.org/10.1111/jpm.12137

Vredenburgh, L. D., Carlozzi, A. F., & Stein, L. B. (1999). Burnout in counseling psychologists: Type of practice setting and pertinent demographics. *Counselling Psychology Quarterly*, *12*(3), 293–302. https://doi.org/10.1080/09515079908254099

Waldman, J. D., Kelly, F., Arora, S., & Smith, H. (2004). The shocking cost of turnover in health care. *Health Care Management Review*, *29*(1), 2–7. https://doi.org/10.1097/00004010-200401000-00002

Ward, W., Zagoloff, A., Rieck, C., & Robiner, W. (2018). Interprofessional education: Opportunities and challenges for psychology. *Journal of Clinical Psychology in Medical Settings*, *25*(3), 250–266. https://doi.org/10.1007/s10880-017-9538-3

Webb, T. L., Miles, E., & Sheeran, P. (2012). Dealing with feeling: A meta-analysis of the effectiveness of strategies derived from the process model of emotion regulation. *Psychological Bulletin*, *138*(4), 775–808. https://doi.org/10.1037/a0027600

Weller, S. (2017). Using internet video calls in qualitative (longitudinal) interviews: Some implications for rapport. *International Journal of Social Research Methodology*, *20*(6), 613–625. https://doi.org/10.1080/13645579.2016.1269505

Westwood, S., Morison, L., Allt, J., & Holmes, N. (2017). Predictors of emotional exhaustion, disengagement and burnout among improving access to psychological therapies (IAPT) practitioners. *Journal of Mental Health*, *26*(2), 172–179. https://doi.org/10.1080/09638237.2016.1276540

Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method* (2nd ed.). Open University Press. https://doi.org/10.4135/9780857029034

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Open University Press.

Willig, C. (2016). Constructivism and 'the real world': Can they co-exist? *QMiP Bulletin*, *21*. http://openaccess.city.ac.uk/13576/http://openaccess.city.ac.uk/

Wood, L., Williams, C., Billings, J., & Johnson, S. (2019). The role of psychology in a multidisciplinary psychiatric inpatient setting: Perspective from the multidisciplinary team. *Psychology and Psychotherapy: Theory, Research and Practice*, *92*(4), 554–564. https://doi.org/10.1111/PAPT.12199

World Health Organization. (2022). *International classification of diseases eleventh revision (ICD-11)*. https://icd.who.int/en

Yardley, L. (1997). Introducing discursive methods. In L. Yardley (Ed.), *Material discourses of health and illness* (pp. 25–49). Routledge.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, *15*(2), 215–228. https://doi.org/10.1080/08870440008400302

Yardley, L. (2015). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to methods* (3rd ed., pp. 257–272). SAGE Publications Ltd.

Yardley, L., & Bishop, F. L. (2017). Mixing qualitative and quantitative methods: A pragmatic approach. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (2nd ed., pp. 398–414). SAGE Publications Ltd.

Zahniser, E., Rupert, P. A., & Dorociak, K. E. (2017). Self-care in clinical psychology graduate training. *Training and Education in Professional Psychology*, *11*(4), 283–289. https://doi.org/10.1037/tep0000172

SECTION B: APPENDICES

Appendix A: Advertisement example

The Experience of Work Stress in Newly Qualified Counselling Psychologists Working in Multi-Disciplinary Team Settings

UEL University of East London

Is this you?:

- 0-3 years post-Counselling Psychology doctorate (BPS & HCPC accredited)
- Under 40 years old
- Working in your first role as a qualified Counselling Psychologist
- Working in the UK
- Working with professionals other than Counselling Psychologists
- Willing to explore and articulate your lived experiences of work stress in your current job

If so, please get in touch!

I am looking to do a 60-90 minute face-to-face or online interview with those who fulfil the above criteria about their experiences as a newly qualified Counselling Psychologist working in a multi-disciplinary team setting.

If you would be interested in participating, know someone who would be, or you have any questions please get in touch:

Hannah Warwick
Counselling Psychologist in Training
Professional Doctorate in Counselling Psychology, University of East London

This research has been approved by the University of East London's School of Psychology Research Ethics Committee.

Appendix B: Participant consent form

University of East London Consent to Participate
The experience of work stress in newly qualified Counselling Psychologists working in multi-disciplinary team settings

I have the read the information sheet relating to the above research study and have been given a copy to keep. ☐
The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. ☐
I understand what is being proposed and the procedures in which I will be involved have been explained to me. ☐

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed. ☐

I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. ☐
I also understand that should I withdraw; the researcher reserves the right to use my anonymous data after analysis of the data has begun (one month after the interview). ☐

I consent for the interview to be audio recorded ☐
ONLINE ONLY- I consent for the interview to be video recorded ☐

I consent for anonymised interview data to be presented in the study ☐
I consent for anonymised interview data to be presented at a conference ☐
I hereby freely and fully consent to participate in the study which has been fully explained to me. ☐

Participant’s Name (BLOCK CAPITALS)

…….

Participant’s Signature

……..

Researcher’s Name (BLOCK CAPITALS)

……..

Researcher’s Signature

……

Date: ……..…….

Appendix C: Original ethical approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Joe Schwaerzler

SUPERVISOR: **Lisa Fellin**

STUDENT: Hannah Warwick

Course: Professional Doctorate in Counselling Psychology

Title of proposed study: What is the experience of work stress in newly qualified Counselling Psychologists working in multi-disciplinary team settings?

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY
(Please indicate the decision according to one of the 3 options above)

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES

Minor amendments required *(for reviewer)*:

My only query was around the issue of persons over 40 being excluded from the study. Your application does not give a clear rationale for this, raising the possibility that some potential participants might be barred from your study unnecessarily. Please consider with your supervisor whether this criteria has a good rationale in terms of the aims and questions for your project (in which case it can be retained), or whether it should be removed.

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature):* Hannah Warwick
Student number: u1516421

Date: 15.3.19

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐ MEDIUM (Please approve but with appropriate recommendations)

☒ x

Reviewer comments in relation to researcher risk (if any).

Reviewer *(Typed name to act as signature)*: Joe Schwaerzler

Date: 15.3.19

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Appendix D: Ethics amendment 1

UNIVERSITY OF EAST LONDON
School of Psychology

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Tim Lomas (Chair of the School Research Ethics Committee. t.lomas@uel.ac.uk).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Tim Lomas at **t.lomas@uel.ac.uk**
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant:	Hannah Warwick
Programme of study:	Professional Doctorate in Counselling Psychology
Title of research:	The experience of work stress in newly qualified Counselling Psychologists working in multi-disciplinary team settings: An interpretative phenomenological analysis
Name of supervisor:	Lisa Fellin

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
To complete interviews in participants' houses	A participant has requested we do the interview in her house as she feels more able to focus at home

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	YES	

Student's signature (please type your name): Hannah Warwick

Date: 9/7/19

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	~~NO~~
Comments Please take all necessary safety precautions: inform your supervisor and family members / friends when you are traveling to the participant's home and when the interview has finished.		

Reviewer: Dr Rona Hart

Date: 9th July 2019

Appendix E: Ethics amendment 2

University of East London
Psychology

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed title change to an ethics application that has been approved by the School of Psychology.

By applying for a change of title request you confirm that in doing so the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed then you are required to complete an Ethics Amendments Form.

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. Using your UEL email address, email the completed request form along with associated documents to: **Psychology.Ethics@uel.ac.uk**
4. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

REQUIRED DOCUMENTS

1. A copy of the approval of your initial ethics application.

Name of applicant:	Hannah Warwick
Programme of study:	Counselling Psychology Doctorate DProf
Name of supervisor:	Cristina Harnagea

Briefly outline the nature of your proposed title change in the boxes below

Proposed amendment	Rationale
Old Title: What is the experience of work stress in newly qualified Counselling Psychologists working in multi-disciplinary team settings?	The title on the ethics application was the research question not the title. The new title reflects the actual thesis title.
New Title: The experience of work stress in newly qualified Counselling Psychologists working in multi-disciplinary team settings: An interpretative phenomenological analysis	

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	x	
Does your change of title impact the process of how you collected your data/conducted your research?		x

Student's signature (please type your name): Hannah Warwick

Date: 30/9/20

TO BE COMPLETED BY REVIEWER		
Title changes approved	APPROVED	
Comments		

Reviewer: Glen Rooney

Date: 10/05/2021

Appendix F: Participant invitation letter

Participant invitation letter

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?
I am Hannah Warwick, a Professional Doctorate in Counselling Psychology student at the School of Psychology at the University of East London. I have worked in multi-disciplinary teams in public and third sector mental health settings. As part of my studies I am conducting the research you are being invited to participate in.

What is the research?
I am conducting research into the experience of work stress in newly qualified Counselling Psychologists working in multi-disciplinary team settings. I am interested in hearing about your experience of being newly qualified, the transition from trainee to qualified professional, what it is like working in a multi-disciplinary team setting and how you experience work stress. The study involves the completion of a semi-structured interview asking some questions about work stress, being newly qualified, your identity as a Counselling Psychologist and working in a multi-disciplinary team setting. The study aims to give newly qualified Counselling Psychologists the chance to speak about their work stress in the hope it can inform Counselling Psychologists in training, course providers, other Counselling Psychologists, those working in multi-disciplinary teams, personal therapists and supervisors.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Why have you been asked to participate?
You have been invited to participate in my research as someone who fits the participant criteria.
I am looking to involve Counselling Psychologists who are:

- Under 40 years old
- 0-3 years post-Counselling Psychology doctorate which is BPS & HCPC accredited
- Working in their first role as a qualified Counselling Psychologist
- Able to speak English
- Working in the UK
- Working in a multi-disciplinary team setting

- Any gender or ethnicity
- Willing to explore and articulate their lived experiences of work stress in their current job

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect. You are quite free to decide whether to participate and should not feel coerced.

What will your participation involve?

- If you agree to participate you will be asked to partake in a semi-structured interview about your subjective experience of work stress as a newly qualified Counselling Psychologist working in a multi-disciplinary team setting and asked to complete a short demographic questionnaire
- The interview will take 60-90 minutes and participation should take no longer than two hours
- The interview will take place in a quiet and confidential space that we will agree on together, such as a university or library. If it is not feasible to meet face-to-face, the interview can be conducted online using online remote video calling technology such as Skype or Facetime. The interview will not be conducted in your work place
- The interview will be like having an informal chat. You do not need to bring anything, although if there is something you feel would be beneficial in helping you verbalise your experiences then you are welcome to bring it along
- Face-to-face interviews will be audio recorded and online interviews will be audio and video recorded
- I will not be able to pay you for participating in my research, but your participation would be very valuable in helping to develop knowledge and understanding of my research topic

Your taking part will be safe and confidential

Your privacy and safety will be respected at all times.

- You will be anonymised in the data collected and in any written material resulting from the data collected and in any write-up of the research
- You do not have to answer all questions asked of you
- You are welcome to pause the interview at any time or take a break and you can stop your participation at any time
- Confidentiality will be maintained except where not sharing the information could lead to significant risk of harm to oneself or others in line with the British Psychological Society's (BPS) guidelines

What will happen to the information that you provide?

What I will do with the material you provide will involve:

- Personal contact details will be stored on a password protected computer in a password protected document, stored in a separate document from the interview data
- Your interview data will be kept on a password protected computer
- You will be asked to choose a pseudonym that will be linked to your interview data so it will be kept anonymous

- Any identifiable information in the interview will be removed from the interview transcript
- The anonymised data will be viewed by the research supervisor, examiners and may be put forward for publication in an academic journal or presented at a conference
- After completion of the study your contact details will be stored until thesis completion
- Interview recordings and transcripts will be kept for a total of 5 years to allow for publication, after which they will be destroyed
- If I feel there is concern about one's fitness to practice, I may seek support from the HCPC or BPS

What if you want to withdraw?
You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. However, if you withdraw, I would reserve the right to use material that you provide once analysis of the data has begun (one month after the interview).

Contact Details
If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me, Hannah Warwick, via email u1516421@uel.ac.uk.

If you have any questions or concerns about how the research has been conducted, please contact the research supervisor Lisa Fellin, School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: l.c.fellin@uel.ac.uk
or
Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Appendix G: Participant debrief sheet

Debriefing Form: The experiences of work stress in newly qualified Counselling Psychologists working in multi-disciplinary team settings

Thank you for taking part in this study. What I want to find out from this research is what work stress is like for those who are newly qualified Counselling Psychologists working in multi-disciplinary team settings. Your interview data, alongside other participants' will be analysed and emerging themes will be explored.

In writing up the study all your data will be anonymised under the pseudonym you choose, and your contact details will not be seen by anyone other than me. If you do want to withdraw your data, then do let me know as soon as possible, as after one month I will be analyzing the data and it will no longer be able to be withdrawn.

If you would like to know when my thesis has been completed, then do email me on u1516421@uel.ac.uk

If taking part in this study has raised any specific concerns for you then do raise them with your supervisor, personal therapist or GP. Alternatively, here are some contact details for other places you may feel more able to get some support:

CALM

CALM is the Campaign Against Living Miserably, for men aged 15 to 35.

Phone: 0800 58 58 58 (daily, 5pm to midnight)

Website: www.thecalmzone.net

Men's Health Forum

24/7 stress support for men by text, chat and email.

Website: www.menshealthforum.org.uk

Rethink Mental Illness

Support and advice for people living with mental illness.

Phone: 0300 5000 927 (Mon to Fri, 9.30am to 4pm)

Website: www.rethink.org

Samaritans

Confidential support for people experiencing feelings of distress or despair.

Phone: 116 123 (free 24-hour helpline)

Website: www.samaritans.org.uk

SANE

Emotional support, information and guidance for people affected by mental illness, their families and carers.

SANEline: 0300 304 7000 (daily, 4.30 to 10.30pm)

Textcare: comfort and care via text message, sent when the person needs it most: http://www.sane.org.uk/textcare

Peer support forum: www.sane.org.uk/supportforum

Website: www.sane.org.uk/support

Relate

The UK's largest provider of relationship support.

Website: www.relate.org.uk

Appendix H: Participant demographic questionnaire

Demographic Questionnaire

Name: ……

Email address:……..

Contact telephone number:……

Job title:……..

Employer (e.g. NHS trust):……

Team/Service Name (e.g. Mental Health Liaison Service):……

…….

Age:…….

Ethnicity:……..

Gender:…….

Duration since qualification as a Counselling Psychologist:…….

Appendix I: Interview schedule

1. **Consent form**
2. **Demographic Questionnaire**
3. **Choose a pseudonym**

1. Can you tell me about your current job?

a) Where are you working at the moment?

b) How long have you worked there?

c) How did you get into the role?

d) How did you get the job?

e) What work do you do?

f) What approach(s) do you work with?

g) What client group do you work with?

h) Who's in your team?

i) What's your team like?

j) How do you find the work?

k) How do you find your work load?

l) How do you find your colleagues?

m) How do find your work environment?

2. Can you tell me about your experience of work stress?

a) What does 'work stress' mean to you?

b) How have your experienced work stress in your current role?

c) What do you feel increases your work stress?

d) What do you feel decreases your work stress?

e) How does your stress manifest?

f) Where does your stress manifest? Where do you feel it?

g) How does work stress affect your life? How does it impact other areas of life? Personal life?

h) How unique is your work stress as a newly qualified Counselling Psychologist? Do you feel it is different from your colleagues/ from other roles you have had?

i) What support do you get for your work stress?

j) What support would you like for your work stress?

2. Can you tell me about your experience of transitioning from trainee to qualified professional?

a) How did you find the transition from trainee to a qualified professional?

b) How did you find being a trainee?

c) What were your stress levels then, compared to now?

d) How different is your current workplace to your trainee placements? Different/similar/better/worse?

e) How prepared do you feel you were for the transition?

f) Given your experiences, what changes (if any) would you wish to see for those in training/ newly qualified?

3. Can you tell me about your experience of working in a multi-disciplinary team?

a) How do you feel you fit as a Counselling Psychologist within the structure?

b) How do you experience work stress within the multi-disciplinary team?

c) What is your experience of working within the medical model?

d) How do you find working with other professionals that are not Counselling Psychologists? What do you feel your relationship is like with them?

e) How do you feel about your role in the team?

f) What is unique/similar/different about being a Counselling Psychologist compared to other professionals?

g) How do you feel your training/background/values as a Counselling Psychologist effect your experience of working in a multi-disciplinary team?

h) What support do you get in your current role?

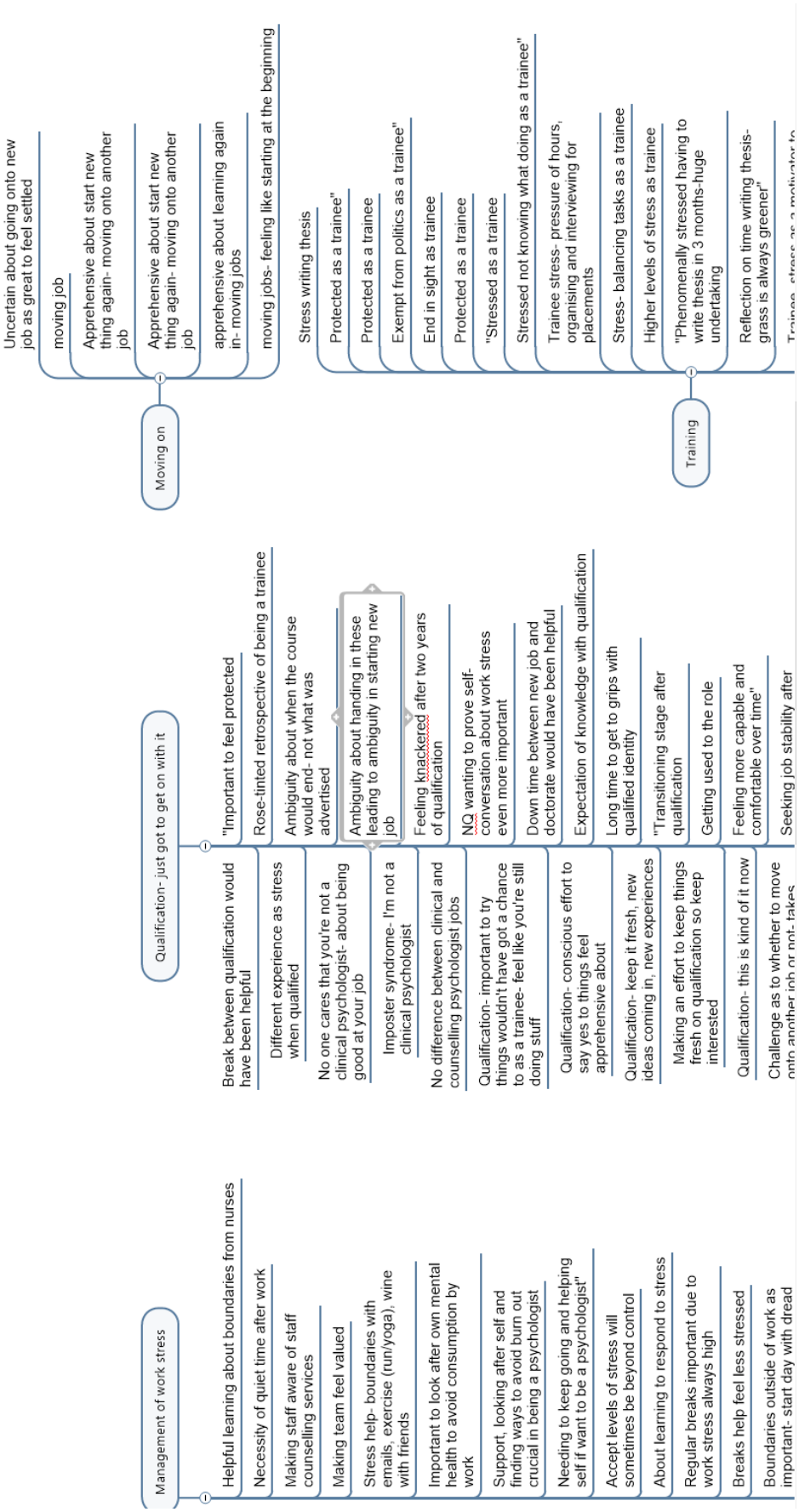
5. Is there anything you have not said that you feel might be important to add?

6. Debrief form

Appendix J: Transcription example

	B	C	D	E	F	
1	General first impressions and thoughts	Verbatim	Descriptive comments	Linguistic comments	Conceptual comments	Emergent themes
321	Interesting quote- if I didn't fight for it it's never gonna happen	[00:29:21.06] Participant: so it's I think that helped then stepping into this multidisciplinary team with knowing actually if I don't fight for it it's never gonna happen		if I don't fight for it- a sense of responsibility, importance on her- what is it about it being an MDT vs her placements?	why does it always need to be fought for? What does it mean about her perspective that there is a sense of a power struggle, a strength needed, a divide and conflict what would it be like for something not to happen? What would happen then?	fighting for change fighting as necessary
322		[00:29:34.02] Interviewer: yeah				
323		[00:29:34.24] Participant: I didn't like the idea of that one day we'll take trainees and what I've set up for isn't the practice that I'd want them to learn	Wants her practice to be what she wants trainees to learn		thinking about what she is passing on to her own trainees, how others see her, modelling- a sense of her as a parental figure modelling to her children	
324		[00:29:39.20] Interviewer: mmm				
325		[00:29:39.20] Participant: so I was really putting the foot down and kind of following examples of supervisors of old and what /a London university/ taught me as a trainee and trying to put that into practice knowing if I say like like once you've made your bed you lie in it	Following supervisors' examples and what taught at university and putting it into practice	putting the foot down- asserting her power- that she does hold power here that she can assert once you've made your bed- a sense of needing to do this first time, lacking flexibility, a pressure to do this first time- now or never- again this image of her by herself, making her own bed and lieing in it, rather than her within the team	this continuation, passing down of skills- her supervisors passing it onto her, her passing it onto the MDT and future trainees	following examples of supervisors learning from experience putting training into practice
326		[00:29:55.19] Interviewer: yeah				
327	that other's wouldn't be awkward- maybe a bit contradictory perhaps- a sense that what she is doing is right and necessary but that it's awkward but that another Counselling Psychologist might not be that way? But maybe because they're coming after she's had to do the awkward work?	[00:29:55.29] Participant: like now or never the way you are a brand new member of staff and the first one they've employed it's also like, please don't hate counselling psychologists I swear we're not all this awkward	First Counselling Psychologist employed	now or never- quite black and white, not a sense of grey, of flexibility	being the first- representing the profession and the pressure that comes with that- referring to herself as all counselling psychologists- CoPs not as all like her, but that's how she feels other people are seeing her in the job, as representative	representative of CoP as sole CoP anxiety about being sole CoP
328		[00:30:05.28] Interviewer: mmm				
329	almost feeling like needed to back down on somethings, trying to manage how others were viewing her perhaps	[00:30:06.04] Participant: erm so I was trying to find a nice balance of where I could compromise as well so	Trying to find a balance and compromise		First talk of more of a compromise than a fight, a sense of balance rather than things being black or white	compromise

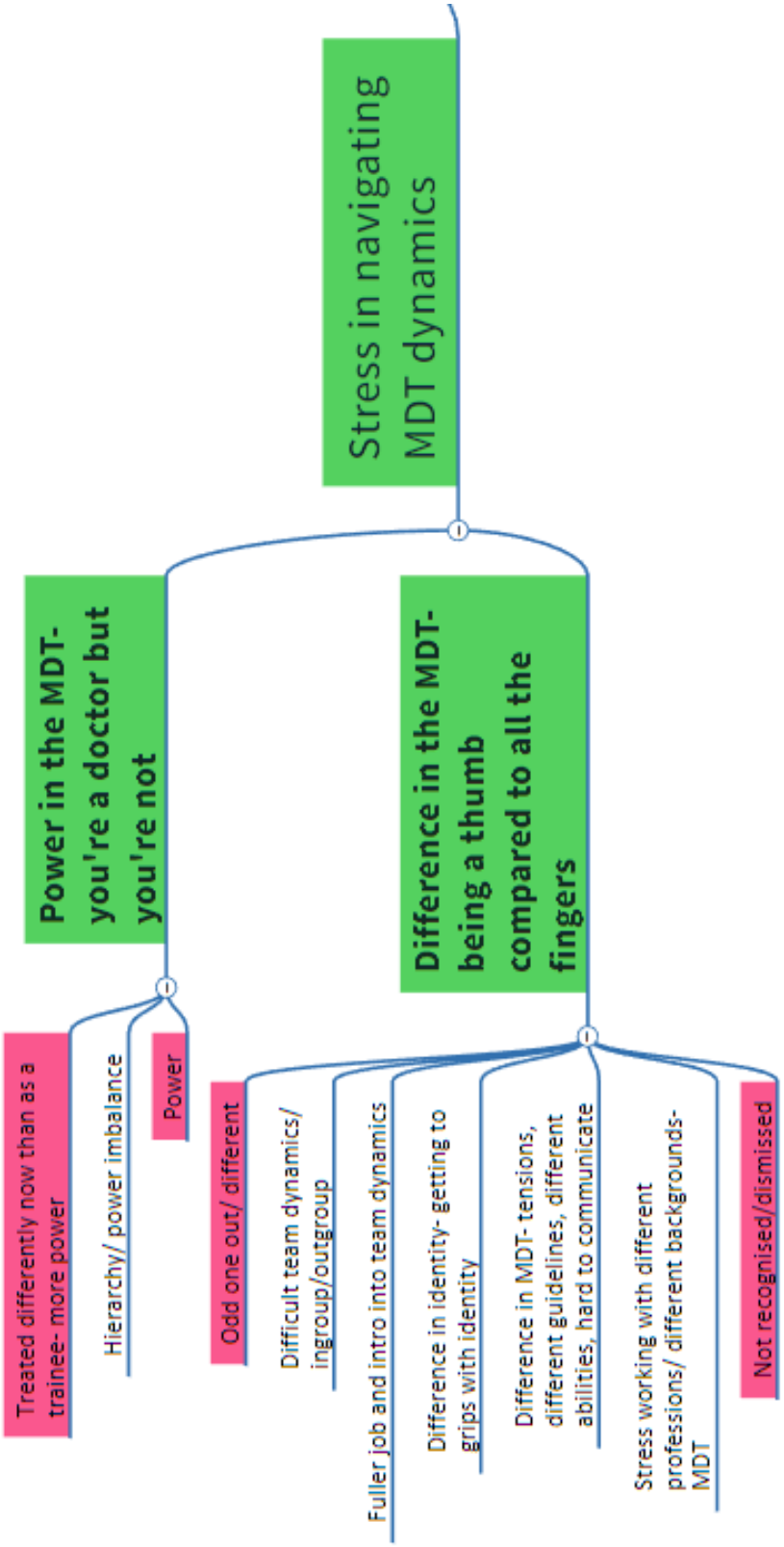
Appendix K: Mind mapping emergent themes example



Appendix L: Exploring recurrence of emergent themes

A	B	E	G	H	I	J	K	L	M	N	O
#	Emergent theme	Main in individual	Gabby	Emily	Charlotte	Nora	Emma	Katie	Laura	Sarah	Total Y-8= highest
14	Unprepared/ need to adapt quickly		Y	Y	Y	Y	Y	Y	Y	Y	8
24	Qualification not what expected	Y	Y	Y	Y	Y	Y	Y	Y	Y	8
89	Supportive network- friends/fam, other NQs, supervisor, MDT, course peers		Y	Y	Y	Y	Y	Y	Y	Y	8
117	Stress working with different professions/ different backgrounds- MDT	Y	Y	Y	Y	Y	Y	Y	Y	Y	8
25	Expectation- thought would feel more resourced		Y	Y	Y	Y	Y		Y	Y	7
57	Work impacting home life and relationships	Y		Y	Y	Y	Y	Y	Y	Y	7
59	Expectations	Y	Y	Y	Y	Y	Y		Y	Y	7
70	Doubt/ questioning		Y		Y	Y	Y	Y	Y	Y	7
90	Boundaries			Y	Y	Y	Y	Y	Y	Y	7
118	Difference in MDT- tensions, different guidelines, different abilities, hard to communicate	Y	Y	Y	Y	Y	Y		Y	Y	7
134	Difficult team dynamics/ ingroup/outgroup	Y	Y	Y	Y		Y	Y	Y	Y	7
2	Difference in identity- getting to grips with identity	Y	Y	Y			Y	Y	Y	Y	6
18	Stress as higher on qualification		YN	B	YN			YY	YN	YY	6
19	Adjustment period (learning to drive Katie)		Y	Y			Y	Y	Y	Y	6
28	Fuller job and intro into team dynamics		Y	Y	Y	Y	Y	Y			6
51	Risk	Y		Y	Y	Y	Y	Y	Y		6
54	Expectations/pressure on self		Y		Y	Y	Y		Y	Y	6
81	Different types of stress			Y	Y	Y		Y	Y	Y	6
84	Lack of resources			Y	Y	Y		Y	Y	Y	6
94	Supervision		Y	Y		Y	Y	Y	Y		6
97	Acceptance of stress and limits			Y	Y		Y	Y	Y	Y	6
98	Organisation/schedule		Y	Y	Y		Y	Y	Y		6
100	Give self space			Y	Y	Y	Y	Y	Y		6
101	Down time			Y	Y		Y	Y	Y	Y	6
109	Practice/ experience				Y	Y	Y	Y	Y	Y	6
119	Hierarchy/ power imbalance	Y	Y	Y			Y	Y	Y	Y	6
88	Exercise		Y	Y		Y		Y	Y	Y	6
3	Getting to grips with job role/ Uncertainty		Y	Y			Y	Y		Y	5

Appendix M: Mapping emergent themes across participants example



Appendix N: Reflective journal entry example during analysis

Research journal entry- Interpretative work P9 25.8.20

It's two days after the first day of doing interpretative work and I want to jot down what I remember about what jumped out at me. I'm struck by this idea of expectations and stress. That with P9 it seems that she had a long time to grow her expectations of the job, getting the job in the Feb and starting in the Sept (?) and saw this as her 'dream' job expecting it to be perfect and relocating her and her partner so she was in walking distance of the job. But there was this word 'quickly' that came up a lot when she started the job, the 'quick' realisations that she was doing things she wasn't expecting to do, that was higher than her banding (although maybe not out of her competence perhaps, but more than she felt she was paid to do as a band 7). So the expectations of what a band 7 would be were changed, of what she would be doing (supervision and service development over therapeutic work) and that the team, all clinicals primarily, were not big fans of counselling psychologists- a sense of difference from them, yet frustrated that they minimised difference. The positioning sometimes within this team of clinical, seeing herself perhaps with them, but separate from the nurses (who had differing opinions on CoPs- implications they saw all CoPs the same, but that they were not all one) and these consultants (who were seen as another species, and at the top of the hierarchy). So a quick realisation about the hospital dynamics, the bullying nurses or ones who didn't like CoPs because so many go on maternity leave or leave their jobs so the psychology service is patchy. The hierarchy that was unexpected, that consultants can kick her out of a room so she can't plan sessions and the fire wardens said they couldn't continue using their store cupboard for meetings- so there's this stress from the physical environment- the smell, the lack of meeting rooms. There's things that seem less stressful, because she expected them, like her clients dying, but more stressful seems to be them not prioritising sessions. There's the high turnover of her supervisors, and this imagery that comes out when she talks about them, an anchor, a sense of loss- having to start a therapeutic relationship all over again.

This helplessness and hopelessness that comes with hierarchies- people's contracts being sold, the bullying happening over and over

This idea of identity- is it important? Who is it important to? A sense of being ground down, her counselling psychology identity seemingly less important, and being taken over by being a psychologist

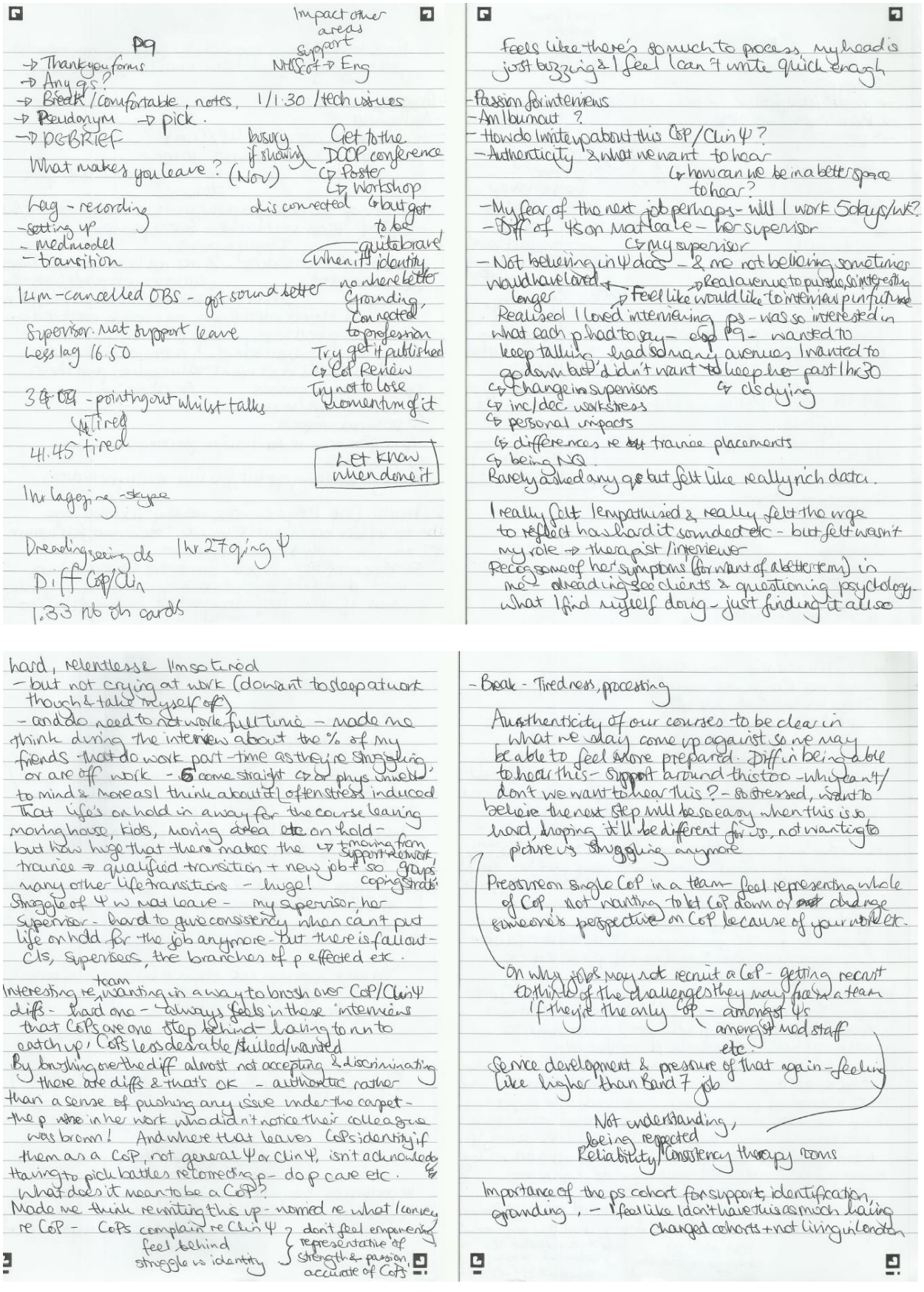
The support there through the burnout- so there was someone there- but then this sense of guilt and shame, the inflated responsibility for the patients

So key at the moment that stick in my head:
Expectations
Quick realisations- the transition into the job- meeting with reality
Stress from setting- which brings with it MDT

24.8.20

Interesting that the sections that seem to be most explicit about stress- the environment, and it being 'slightly traumatising' and her physical, embodied responses to stress- I'm not really sure how to interpret- I don't know if they seem to be more straightforward maybe? But it feels like they clip as descriptions rather than anything deeper at the moment- I guess it's interesting about the switching of tenses, what she mentions is present and what she refers to in the past tense- perhaps

Appendix O: Reflective journal entry example during and post interview



P9

→ Thank you forms
→ Any qs?
→ Break / comfortable, notes, 1/1:30 / tech issues
→ Pseudonym → pick.
→ DEBRIEF

What makes you leave? (Nov)

Impact other areas
support
NHS of → Eng

busy if showing

Get to the DCOP conference
↳ Poster
↳ Workshop

disconnected ↳ but got to be quite brave

Lag - recording
- setting up
- med model
- transition

When it identity
no where better
Grounding,
Connected to profession

Try get it published
↳ CoP Review
Try not to lose momentum of it

Let know when done it

1 cm - cancelled OBS - got sound better

Supervisor not support leave
Less lag 16.50

3 & OBS - pointing out whilst talks
tired
41.45 tired

1hr lagging - Skype

Dreading seeing ds 1hr 27 aging Ψ
Diff CoP/Clin
1.33 nb oh cards

Feels like there's so much to process, my head is just buzzing & I feel I can't write quick enough

- Passion for interviews
- Am I burnout ?
- How do I write up about this CoP / Clin Ψ ?
- Authenticity & what we want to hear
  ↳ how can we be in a better space to hear?
- My fear of the next job perhaps - will I work 5 days/wk?
- Diff of Ps on Mat leave - her supervisor
  ↳ my supervisor
- Not believing in Ψ does - & me not believing sometimes would have loved ↳ longer → Feel like would like to interview pinpoint
  → Real avenue to pursue, so interesting
  Realised I loved interviewing ps - was so interested in what each p had to say - esp P9 - wanted to keep talking, had so many avenues I wanted to go down but didn't want to keep her past 1hr 30
  ↳ Change in supervisors ↳ ds dying
  ↳ inc/dec. work stress
  ↳ personal impacts
  ↳ differences re ~~bet~~ trainee placements
  ↳ being NQ.
  Rarely asked any qs but felt like really rich data.

I really felt I empathised & really felt the urge to reflect ha I had it so hard etc - but felt wasn't my role → therapist / interviewer
Recognised some of her symptoms (for want of a better term) in me ~~&~~ dreading ~~so~~ clients & questioning psychology - what I find myself doing - just finding it all so

hard, relentless & I'm so tired
- but not crying at work (don't want to sleep at work though & take myself off)
- and do need to not work full time - made me think during the interview about the % of my friends that do work part-time as they're struggling or are off work - 5 come straight ↳ or phys unwell, to mind & more as I think about it, often stress induced
That life's on hold in a way for the course leaving moving house, kids, moving area etc on hold - but how huge that there makes the ↳ moving from support / rework, trainee → qualified transition + new job + so many other life transitions - huge! coping strats
Struggle of Ψ w not leave - my supervisor, her supervisor - hard to give consistency when can't put life on hold for the job anymore - but there is fallout - CDs, Supervisees, the branches of p effected etc.

Interesting re wanting in a way to brush over CoP/Clin Ψ team diffs - had one - 'always feels in these interviews that CoPs are one step behind - having to run to catch up, CoPs less desirable / skilled / wanted
By brushing over the diff almost not accepting & discriminating there are diffs & that's OK - authentic rather than a sense of pushing any issue under the carpet - the p who in her work who didn't notice their colleague was brown! And where that leaves CoPs identity if them as a CoP, not general Ψ or Clin Ψ, isn't acknowledged having to pick battles re correcting p - do p care etc.
What does it mean to be a CoP?
Made me think re writing this up - named re what I convey re CoP - CoPs complain re Clin Ψ → don't feel empowered, feel behind, struggle w identity } representative of strength & passion, accurate of CoPs

- Break - Tiredness, processing

Authenticity of our courses to be clear in what we may come up against so we may be able to feel more prepared. Diff in being able to hear this - support around this too - why can't / don't we want to hear this? - so stressed, want to believe the next step will be so easy when this is so hard, hoping it'll be different for us, not wanting to picture us struggling anymore

Pressure on single CoP in a team - feel representing whole of CoP, not wanting to let CoP down or ~~not~~ change someone's perspective on CoP because of your work etc.

On why jobs may not recruit a CoP - getting recruit to think of the challenges they may face as a team if they're the only CoP - amongst Ps amongst med staff etc.

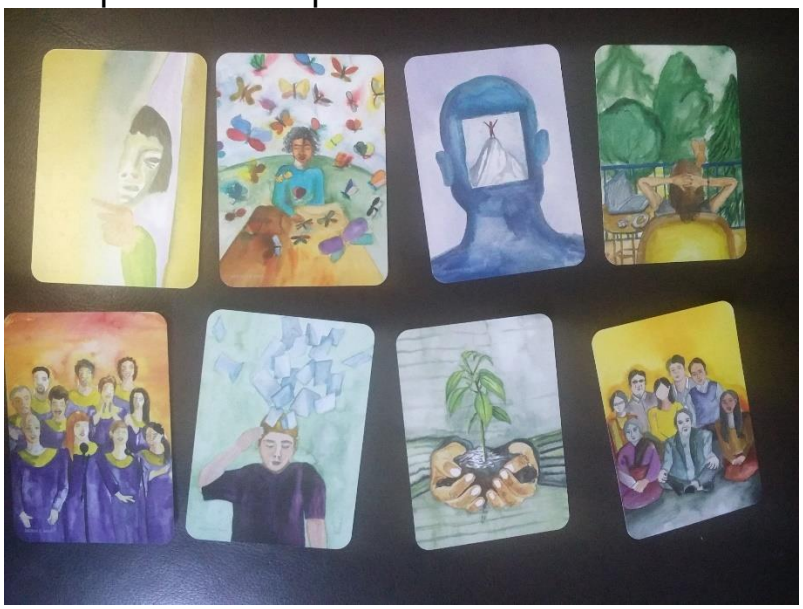
Service development & pressure of that again - feeling like higher than Band 7 job

Not understanding, being respected
Reliability / consistency therapy rooms

Importance of the ps cohort for support, identification, grounding, - I feel like I don't have this as much having changed cohorts + not living in London

Appendix P: Resilio OH cards example

Example: cards explored before Laura's interview



Example: cards explored following Laura's interview

Appendix Q: Examples of reflective practice talking points

Reflecting on the transition from trainee to newly qualified counselling psychologist (CoP):

- How do you feel about the course ending?
- How do you feel about the transition from training to being a qualified CoP?
- What sort of job do you see yourself going into on qualifying?
- What are your expectations on qualifying?
- What are your expectations for your job role on qualifying?
- What are your expectations of your work as a CoP?
- What might be different in your qualified role compared to your placement?
- What individual challenges might there be for you on qualifying?
- How might you overcome these challenges?
- What life changes might there be for you on starting a newly qualified CoP role?
- How might you manage these changes?
- What are your current identities?
    - How might these differ on qualifying?

Reflecting on working as a newly qualified CoP in a MDT:

- What identities might you assume on qualifying?
- What strengths as a CoP do you feel you might bring to a MDT?
- What might be some of your areas of development in working in a MDT?
- What do you feel might be some challenges of working in a MDT?
- How do you feel you might overcome some of the challenges identified?
- How do you feel about working in a team with professionals that might have different standards, expectations, or guidelines to you?
- How do you feel about working under the medical model?
- How do you feel about presenting formulations of clients in MDT meetings?
- What might be some of the challenges of working under the medical model?
- How might you explain your CoP identity to someone from outside the CoP profession?
- If there is a chance you are the only psychologist, or only CoP in your team, what do you feel might be the challenges for you?
- What support do you think you could seek?

Sometimes CoPs might feel a sense on qualifying of having greater demands on them with fewer resources than as a CoP trainee. With this in mind:

- What do you feel could be the ‘greater’ elements for you on qualifying? e.g., clinical responsibility, higher caseload etc.
- What might be the ‘fewer’ elements on qualifying? e.g., less supervision, less time to think about clients.
- Having thought of these, how might you prepare for these potential changes?

Managing work stress:

- How do know when you are feeling stressed?
- What things do you do to manage work stress?
- Who can you talk to about your stress?
- One idea is that our internal resources are finite, and just like a reservoir, our resources can be refilled and can be depleted.
- What depletes your reservoir? e.g., the emotional demands of client work, disputes within the team at work.
- What refills your reservoir? e.g., talking to friends, watching a film.

Following these exercises are there any things you feel you might want to continue thinking about? Anything you would like to action?