Reflective Practice and Self-Care within Clinical Psychology

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Abstract

The purpose of this thesis is to explore reflective practice and self-care within clinical psychology. A systematic review was conducted, which synthesised research into the factors that contribute to clinical psychologists' self-care and wellbeing. There were 10 studies included within the review, which used either a qualitative or mixed methodology. There were three main themes identified within the results of the review: Self-awareness, Connectedness and Proactive self-care steps. The review outlined that there are multiple factors that contribute to clinical psychologists' self-care and wellbeing, including developing and maintaining self-awareness and feeling a sense of connectedness and support.

A qualitative study was also conducted to explore clinical psychologists' experiences of the role that reflective practice plays in their self-care. 10 semi-structured interviews were conducted with qualified clinical psychologists recruited from NHS Trusts and analysed using Interpretative Phenomenological Analysis (IPA). Following analysis, four main themes were identified: The importance of psychological safety; An awareness of internal state; Connecting with others; Reflection leads to action. The findings from this study outlined the importance of psychological safety when engaging with reflective practice, which is a process that helps clinical psychologists with caring for themselves in various ways. Findings from both the systematic review and empirical study are discussed and critically evaluated at length within this thesis.

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Acknowledgments

Firstly, I would like to thank my research supervisor Dr Paul Fisher for supporting me with this research and cheerleading me on over the past three years. I would also like to thank all the clinical psychologists that took part in my empirical paper, I am aware how precious your time is and it was inspiring listening to you and learning about your experiences. A huge thank you to my family and friends for their continuous unconditional love and endless support, without you all, none of this would have ever been possible.

I was turned away from the A-Level Psychology taster session and told that my grades weren't up to scratch for taking such a difficult subject, so I didn't. A hard pill to swallow but I never stopped dreaming. I never imagined I would be here today and there are no words to express how grateful I am to those who knew I could make it and truly believed in me. You will always hold a very special place in my heart and I have learned a lifelong lesson to never give up!

Chapter One

Introduction

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Introduction

With the focus of clinical psychologists' clinical work being mainly on trying to lessen suffering in others, they are at an increased risk of experiencing stress, burnout and compassion fatigue themselves (Barnett & Cooper, 2009; Barnett et al., 2007; Smith & Moss, 2009). Wright (2014) described stress as both a psychological and physiological response an individual has to a perceived threat. Furthermore, burnout has been characterised by emotional exhaustion, depersonalisation and a low sense of self and compassion fatigue has been described as a negative effect in professionals caused by working with traumatised individuals (Sansó et al., 2015). Due to the challenges and stressors of their role, alongside simultaneous challenges within their own personal lives, psychologists may face significant levels of emotional distress and traumatisation, which could affect their fitness to practice (Bettney, 2017; Kolar et al., 2017; Simionato et al., 2019).

The significant and ongoing pressure that the National Health Service (NHS) faces, particularly in more recent times since the COVID-19 pandemic, also has detrimental effects on psychologists' mental health and wellbeing (Rimmer, 2018; Sizmur & Raleigh, 2018, Wilkinson, 2015). Wellbeing has been conceptualised as a spectrum including flourishing, happiness and high wellbeing at one end and elevated depression, anxiety and low wellbeing at the other end of the spectrum (Johnson & Wood, 2017). Evidence highlights the relationship between poor wellbeing and negative outcomes for patients and patient safety (Hall et al., 2016). It is therefore argued that the way in which clinical psychologists' care for themselves and maintain their wellbeing, for both them and the individuals they are supporting, is paramount (Glassburn et al., 2019).

Self-care has been described as engaging with behaviours that both maintain and promote physical as well as emotional wellbeing (Myers et al., 2012). Self-care strategies

might include regular exercise, good sleep hygiene, social support, mindfulness and seeking personal therapy (Wicks, 2008; Wright, 2018).

The relevant clinical psychology regulatory bodies such as the British Psychological Society (BPS, 2017) also require clinical psychologists to maintain their wellbeing. The Health and Care Professions Council (HCPC, 2018) state that registrants must 'be able to maintain fitness to practice', must 'understand the importance of maintaining their own health' and must 'be able to manage the physical, psychological and emotional impact of their practice'.

As well as requiring psychologists to maintain their fitness to practice, regulatory bodies also highlight that registrants must be able to reflect on and review their clinical practice and understand the value of reflective practice (HCPC, 2018). The BPS (2017) emphasises that being a reflective practitioner is a core competency that psychologists meet and maintain throughout their career.

Reflective practice is considered a very important aspect of clinical work, as professionals are regularly faced with difficult decisions to make and usually have a lack of time and information to inform their decisions (Schon, 1983). The term 'reflective practice' was initially developed by Schon (1983), as an illustration of the process by which professionals use more than just academic, rational and technical knowledge when faced with and attempting to make difficult decisions in the moment. Further, it has been described as individuals regularly analysing their own actions with a goal of improving professional and clinical practice (Imel, 1992).

Following the introduction of this notion of reflective practice, Kolb (1984) developed a reflective model based on the concept of experiential learning. This model outlined the way that individuals have their own experiences which are then reviewed, analysed and evaluated in three stages and once this process is complete any new experiences

will create a starting point for another cycle of learning (Kolb, 1984). Furthermore, Gibbs (1988) then developed a six-stage reflective practice model that focused on making sense of structured learning experience. Gibbs (1988) proposed the following stages of a reflective cycle: description, feelings, evaluation, analysis, conclusion and action plan. This reflective cycle emphasised the way that individuals attempting to engage with reflective practice need to capture the experiences to be able to learn from them.

Although there are different approaches to and models of reflective practice that exist and different ways that the process of reflection has been defined and conceptualised, it has been argued that further research is needed to provide a better understanding of this process, particularly within a clinical context (Bennett-Levy, 2003; Fisher et al., 2015; Lilienfeld & Basterfield, 2020). Schon (1983) proposed that a 'reflective practitioner' can explore their experiences and gain an understanding of how their experiences have an impact on themselves as well as others and this can be learnt from to inform their future behaviour. Due to the clinical context, this thesis aligns more with Schon's (1983) model of reflective practice, as it holds less of an educational position and can be considered more clinically relevant and therefore most helpful for clinicians.

There is existing evidence to demonstrate that reflective practice is a competency that has numerous benefits for healthcare professionals (Curry & Epley, 2020; Fisher et al., 2015; Sadusky & Spinks, 2022; Woodward et al., 2015). Research conducted by Curry and Epley (2020) found that for student and newly qualified social workers within the United Kingdom (UK), engaging with reflective practice frameworks, including individual reflective practice supervision and seminars, had a positive and meaningful impact on their self-care. The findings suggested that by engaging with these frameworks, individuals were better able to care for themselves both personally and professionally and felt they had improved emotional health, including better sustainability, satisfaction and longevity within their social work role.

Although limited, there is literature which suggests that the process of self-care is that of a more in-depth and thoughtful one, which is necessary to manage more emotional challenges that arise (Rupert & Dorociak, 2019). This deeper level process of self-care might include more of cognitive focus such as awareness, balance, flexibility (Posluns & Gall, 2020).There is however very limited literature which has explored the process of reflective practice and whether it is a process which helps clinical psychologists take care of themselves and manage the emotional impact of the clinical work they undertake (Carmichael et al., 2020; Wise & Reuman, 2019).

Based on the existing literature discussed, there is a need for further exploration into the areas of reflective practice and self-care amongst clinical psychologists. This thesis therefore outlines research conducted into reflective practice and self-care within the context of clinical psychology. It explores the factors that contribute to clinical psychologists' self-care and wellbeing, as well as the lived experiences of the role that reflective practice plays in self-care.

Chapter two includes a systematic review of the existing research investigating factors that contribute to clinical psychologists' self-care. The introduction attempts to provide an understanding of the process of self-care and the importance of it for clinical psychologists. A narrative synthesis is then provided on the factors that contribute to self-care and wellbeing amongst clinical psychologists.

Chapter three serves as a bridging chapter, which highlights the findings from the systematic review and briefly outlines the relationship between reflective practice and self-care amongst clinical psychologists. Chapter four then includes an empirical IPA study, which explores clinical psychologists' experiences of the role of reflective practice within their self-care.

The thesis ends with a critical evaluation and discussion of the findings from both the systematic review and empirical study in relation to the area of research. The final chapter includes the relevant strengths and limitations of the overall research, the clinical implications and further reflections.

Chapter Two

Systematic Review

A Systematic Review of Factors Contributing to Clinical Psychologists' Self-Care and Wellbeing

This paper has been developed for submission to Training and Education in Professional Psychology. Author guidelines are outlined in Appendix A. Manuscript should not exceed 25 pages in length.

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A Systematic Review of Factors Contributing to Clinical Psychologists' Self-Care and Wellbeing

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Abstract

The National Health Service (NHS) is continually under significant pressure and clinical psychologists are facing multiple challenges and stressors within their role. It is therefore essential that psychologists look after themselves as best they can, to prevent unmanageable stress and burnout. This systematic review aimed to explore factors that contribute to self-care and wellbeing amongst trainee and qualified clinical psychologists, working within the United Kingdom (UK).

Systematic searches of five electronic databases (Academic Search Ultimate, MEDLINE, PsycInfo, CINAHL and Scopus) were carried out adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Studies were screened at title and abstract and full-text review stages. The Mixed Methods Appraisal Tool (MMAT) was used by the first author to assess the methodological quality of the studies included. 10 peer-reviewed studies met eligibility criteria.

Overall, the quality of the papers included was good. Findings indicated that there are a number of ways that clinical psychologists try to maintain their self-care and wellbeing. These included developing and maintaining self-awareness, connectedness with others and taking proactive steps to improve self-care. Further research is needed to develop further understanding of clinical psychologists' self-care and ways in which they can be supported to protect their wellbeing.

Keywords: Clinical psychologists, self-care, wellbeing, mixed-methods, narrative synthesis.

Clinical psychologists are committed to delivering high quality care to service users, with the aim of decreasing the suffering and emotional distress that individuals are experiencing (Smith & Moss, 2009). Barnett et al. (2007) argued that psychologists face multiple challenges and stressors, which over time, places them at risk for experiencing distress, burnout, vicarious traumatisation and possible compromised professional competence (Bettney, 2017; Kolar et al., 2017; Simionato et al., 2019).

Wilkinson (2015) outlined the way in which the NHS is continually under significant pressure and this has been exacerbated more recently with the impact that the COVID-19 pandemic has had on the system. This rising pressure is causing a rise in stress among NHS staff and is having a significant impact on psychologists' wellbeing (Rimmer, 2018; Sizmur & Raleigh, 2018). A number of studies have also found a correlation between poor wellbeing and worse patient safety (Hall et al., 2016). Self-care within the profession of clinical psychology is therefore more important than ever and it seems imperative for further exploration into what clinical psychologist are currently doing to look after themselves. (Glassburn et al., 2019).The British Psychological Society (BPS) practice guidelines (2017) highlight the importance of psychologists maintaining their wellbeing, not only for them as individuals but also for the quality of care for their clients.

Although there is a lack of clarity and agreement around the definition of self-care, Myers et al. (2012, p.56) proposed that self-care is the "engagement in behaviours that maintain and promote physical and emotional wellbeing". It is suggested that self-care practices are unique to the individual, likely to vary from person to person and may include factors such as good sleep hygiene, regular exercise and personal therapy (Wicks, 2008).

Colman et al. (2016) published the first review relevant to this area of research, which explored self-care amongst clinical and counselling psychology students and trainees in the United States of America (USA). The main aim was to explore the relationship between

engagement with self-care and positive outcomes for psychology graduates. The findings from this meta-analysis demonstrated that using various self-care strategies and techniques, was associated with more positive outcomes, for example self-compassion and life satisfaction and less with psychological distress and stress (Colman et al., 2016).Although these valuable findings were amongst the first to contribute to the literature, the focus was solely on psychology graduates and was limited to the efficacy of self-care on specific outcomes.

Callan et al. (2021) also published a systematic review which explored ways that doctoral-level clinical and counselling psychology students within the USA, are trained to build competency in self-care. Five themes of self-care training were identified including culture of self-care, intervention, personal therapy, using a workbook tool and using supervision. Callan et al. (2021) suggested that although only preliminary in its infancy within the literature, the results indicate that the training methods may facilitate increased engagement and competency in self-care amongst psychology students.

Callan et al. (2021) recommended that future research within this area uses more rigorous methodology than that used within their review, such as the inclusion of peer-review papers and exclusion of dissertation studies. This review was also limited to clinical psychology trainees studying within the USA only, leaving a need for the exploration of qualified psychologists working outside of the USA.

An unpublished systematic review conducted by Wright (2018) began to explore how trainee and qualified clinical psychologists maintained and enhanced their psychological wellbeing. Findings suggested that psychologists can implement various strategies such as mindfulness, social support and accessing personal therapy to enhance their psychological wellbeing. Despite this useful contribution to the literature, there has been increasing pressure on the NHS since 2018 and as outlined in the NHS Long Term Plan, staff wellbeing is more

important than ever (NHS England, 2018). There have been recent studies published within this field and it is therefore necessary to conduct a current and contemporary review, to explore additional ways in which psychologists can take care of themselves and feel more supported in their role. Therefore, the aim of the current review was to explore factors that contribute to self-care and wellbeing amongst trainee and qualified clinical psychologists, working within the UK.

Methods

This systematic review was registered with PROSPERO, The International Prospective Register of Systematic Reviews (CRD42022337001) and followed the PRISMA checklist (Appendix B).

Eligibility Criteria

The inclusion criteria specified that studies must include trainee or qualified clinical psychologists working in the United Kingdom. Studies that focussed solely on stress and burnout, with no mention of active self-care or wellbeing strategies, did not meet the inclusion criteria. Papers needed to include empirical data, including qualitative, quantitative or mixed methodology and be published in English in a peer-reviewed journal since 2012. From 2012 onwards, there became more of a specific focus on NHS staff health and wellbeing following the completion of NHS staff surveys, with a major drive and initiatives for improvements by NHS England (Royal College of Physicians, 2015). This date range was therefore chosen for this review due to a need for contemporary and useful results within the current NHS climate, following these NHS initiatives.

Search Strategy and Screening

The following databases were searched in January 2023; Academic Search Ultimate (EBSCO), MEDLINE (EBSCO), PsycInfo (EBSCO), CINAHL (EBSCO) and Scopus. Table 1 shows the search terms used. Medical subject headings (MeSH), index terms and free text terms were used in search strings across the aforementioned databases (Appendix C). The published date limiter 2012 to 2023 was applied within each database. Scoping searches showed that any publications relating to Wales were retrieved using the other search terms for National Health Service for example "NHS' and "UK", therefore Wales was not included as a term.

Table 1

Search Terms

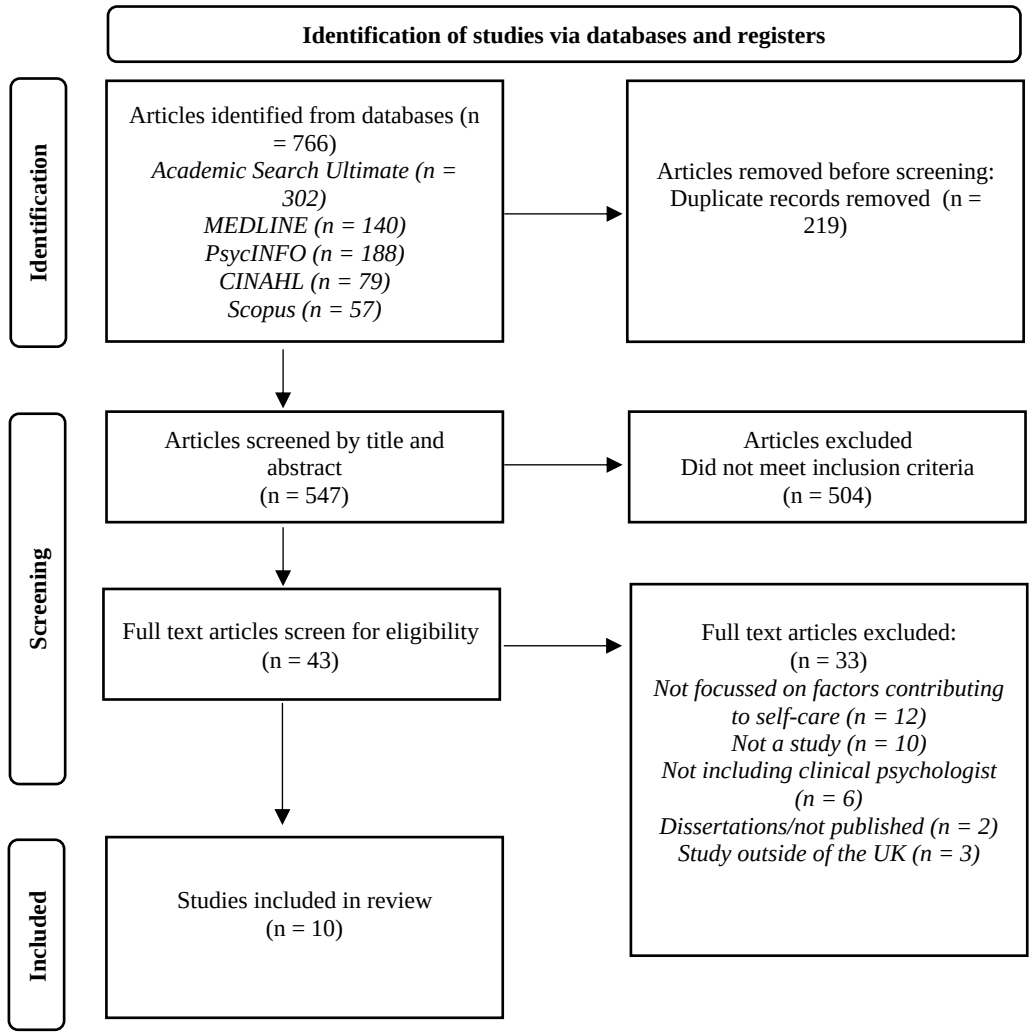
Clinical Psychologists	AND	Self-Care	AND	National Health Service
"Clinical Psychologist*"		"Self-care*" OR		"NHS" OR
		"Self Care" OR		"UK" OR
		"Wellbeing" OR		"United Kingdom" OR
		"Well-being" OR		"England" OR
		"Burnout" OR		"Scotland" OR
		"Resilien*" OR		"Ireland"
		"Stress"		

The initial search across the databases returned 766 results, which were then exported into referencing software EndNote and considered whether eligible or not for inclusion. After removing duplicates, a detailed title and abstract screen was then undertaken by the first author. All remaining full text papers were then reviewed by the first author, based upon the inclusion and exclusion criteria. Fifty percent of the full text papers were also reviewed by another researcher and any inclusion disagreements were discussed and resolved. The

number of papers screened, reviewed for eligibility and therefore included or excluded are outlined in the PRISMA flowchart below (Figure 1.)

Figure 1

PRISMA Flowchart



Assessment of Methodological Quality

The Mixed Methods Appraisal Tool (MMAT) was used by the first author, in order to assess the methodological quality of the studies included in this review (MMAT; Hong et al., 2018; Appendix D). This appraisal tool has the following two initial screening criteria, which

need to be met in order to continue with further method specific criteria: 1. Are there clear research questions? 2. Do the collected data allow to address the research questions? Hong et al. (2018) emphasise that it is discouraged to calculate an overall score from the rating of each criteria and instead provide written detail regarding the ratings. Once the first author had completed rating the quality of each study, a second coder then quality rated 50% of the studies included in the review and any disagreements were discussed and resolved.

Narrative Synthesis

All studies included used either a qualitative or mixed methodology. Due a range of different designs and methodologies, a narrative synthesis approach (Popay et al., 2006), commonly used in systematic reviews, was used to synthesise the results. This process involved carrying out a preliminary analysis, which included iteratively reviewing, re-reading and immersion in the results and discussion sections of each study, to become familiar with the findings. Initial descriptions of the main findings from each study were developed within a word document. The main findings from each study were then grouped by coding similarities and identifying patterns across the data. The first author then developed the main themes across the studies based on the study's aims and relevance of the data to this review (Popay et al., 2006).

Results

Data Extraction

10 papers met the inclusion criteria for this systematic review and were therefore included. Data was extracted using a data extraction form. The key characteristics from the studies included are reported in Table 2.

Table 2

Key Characteristics of Studies

Author(s) and Date	Aims	Sample	Recruitment and Data Collection	Design and Data Analysis Methodology
Boellinghaus & Hutton (2013)	To explore how trainee clinical psychologists' experience a 6 session Loving-Kindness Meditation (LKM) course	5 Trainee clinical psychologists and 7 trainee CBT therapists, University in the South East of England	Purposive recruitment, semi-structured interviews	Qualitative – Interpretive Phenomenological Analysis (IPA)
Carmichael et al. (2020)	Investigated the lived experiences of clinical psychologists' use of reflective practice in the context of their clinical work	7 clinical psychologists	Purposive recruitment, reflective diaries and semi-structured interviews	Qualitative – Interpretive Phenomenological Analysis (IPA)
Charlemagne-Odle et al. (2014)	To qualitatively explore the personal accounts of a period of time experienced as distressing for practising clinical psychologists	11 clinical psychologist	Purposive recruitment, semi-structured interviews	Qualitative – Interpretive Phenomenological Analysis (IPA)
Cramond et al. (2019)	Explore the experiences of clinical psychologists working in palliative care, with adults with cancer, to gain an understanding of the impact of this work and how they manage this	12 clinical psychologists working in UK palliative care services	Purposive recruitment, semi-structured interviews	Qualitative – Interpretive Phenomenological Analysis (IPA)
Galvin & Smith (2017)	To consider the pre-qualification stressors reported by trainee CPs. What are the coping strategies employed by trainees to help them deal with these stressors	15 trainee clinical psychologists, DclinPsy Course at Cardiff University	Purposive recruitment, semi-structured interviews	Qualitative – Thematic Analysis
Gregson et al. (2022)	Investigate the experiences of psychologists working in UK learning disability services throughout the pandemic	12 clinical psychologists working in UK services for people with learning disability	Purposive recruitment, semi-structured interviews	Qualitative – Thematic Analysis
Jones & Thompson (2017)	Investigating the context within which stress occurs and the associated coping mechanisms for trainee CPs	16 trainee clinical psychologists	Purposive recruitment, semi-structured interviews	Qualitative – Interpretive Phenomenological Analysis (IPA)
Langdon et al. (2022)	Characterise the changes at work experienced by psychologists working with people with intellectual disabilities during the COVID-19 pandemic	97 HCPC registered psychologists	Purposive recruitment, online survey	Mixed Methods – statistical analysis and thematic analysis
Levinson et al. (2020)	Explore the experiences of newly qualified clinical Psychologists (NQCPs) working within a CAMHS setting	7 newly qualified (under 2 years) clinical psychologists	Purposive recruitment, semi-structured interviews	Qualitative – Interpretive Phenomenological Analysis (IPA)
Tolland & Drysdale (2023)	To explore the wellbeing and experiences of working from home (WFH) for psychology staff during the COVID-19 pandemic	130 clinical psychologists, 18 trainee clinical psychologists	Purposive recruitment, online survey	Mixed Methods – statistical analysis and thematic analysis

Quality Assessment and Presentation of Findings

The results from the quality appraisal process, using the MMAT (Hong et al., 2018) are displayed in Table 3. Based on all the information available within the studies, all of the included studies met the initial two screening criteria on the MMAT, due to including clear research questions and the collected data addressing these questions.

The following 50% of included studies met all further criteria, specific to the methodology used, on the MMAT; Carmichael et al. (2020), Galvin and Smith (2017), Gregson et al. (2022), Jones and Thompson (2017) and Levinson et al. (2020). The remaining papers met all further criteria except one on the quality appraisal tool. Boellinghaus and Hutton's (2013) paper met all criteria except the second qualitative criterion; Are the qualitative data collection methods adequate to address the research question? This was because the study had a small sample size and only included trainees who had attended a MBCT course previously and therefore lacked a comparison condition that had never engaged with this intervention before. There were two studies that did not fully meet the fourth qualitative criterion; Is the interpretation of results sufficiently substantiated by data? Cramond et al. (2019) did not meet this due to not accounting for individual characteristics when exploring compassion fatigue, for example pressure on the service and other external factors could be causing compassion fatigue, rather than the role itself. Additionally, Charlemange-Odle et al.'s (2014) paper was rated as 'can't tell' for this criterion due to the small sample size and the difficulty of generalisability to other individuals that have experienced similar or different personal distress.

On the second mixed-methods criterion; Are the different components of the study effectively integrated to answer the research question? Langdon et al. (2022) did not include what type of registered psychologists were included in the study or which setting they worked in for example inpatient versus community and therefore did not meet this criterion.

Finally, on the third quantitative criterion; Are the measurements appropriate? Tolland and Drysdale's (2023) paper did not include information about the validity or reliability for either measure used within the study, and was therefore rated 'can't tell' for this criterion.

Overall, all of the studies included in this review had clearly defined research aims and questions, with appropriate methods for addressing them. Additionally, all of the papers presented relevant and appropriate data in line with the aims of the study. There is however a limited number of papers in this area, as well as no quantitative studies, making it more difficult to draw conclusions and develop clinical implications. Further, most studies also included contained a small sample size.

Table 3

Summary of MMAT

			Qualitative Quality Criteria					Quantitative Quality Criteria					Mixed Methods Criteria				
Study	S1	S2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Boellinghaus & Hutton (2013)	Y	Y	Y	N	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Carmichael et al. (2020)	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Charlemagne-Odle et al. (2014)	Y	Y	Y	Y	Y	?*	Y	-	-	-	-	-	-	-	-	-	-
Cramond et al. (2019)	Y	Y	Y	Y	Y	N	Y	-	-	-	-	-	-	-	-	-	-
Galvin & Smith (2017)	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Gregson et al. (2022)	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Jones & Thompson (2017)	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Langdon et al. (2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Levinson et al. (2020)	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Tolland & Drysdale (2023)	Y	Y	Y	Y	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	Y	Y	Y

Note. Y= 'Yes'; N= 'No'; ?= 'Can't tell'.

Narrative Synthesis

A summary of the main findings from each study can be seen in Table 4.

Table 4

Summary of Main Findings

Study	Main Findings	Additional Comments on Findings
Boellinghaus & Hutton (2013)	5 main themes: (a) Engaging with the practice, (b) Impact on self, (c) Impact on relationships, (d) Bringing compassion into the therapy room and (e) Integrating LKM into life	Increased self-awareness, compassion for self and others and therapeutic skills for trainees. Offer LKM and Mindfulness based courses to trainees to enhance self-care and compassion
Carmichael et al. (2020)	3 main themes: (a) Exploratory Questioning, (b) Containment of own Thoughts and Feelings in Practice (c) Human Survival	Start of developing more coherent understanding of how reflective practice is grounded in clinical practice. Overall positive impact on self-care and wellbeing
Charlemagne-Odle et al. (2014)	5 main themes: (a) Manifestation of distress, (b) Making sense of personal distress (c) Role and effects of others (d) experiences of help/support, and (e) Using experiences of distress	Continuing to work was helpful in re-building sense of self. Feeling supported by managers and colleagues was important Importance of maintaining a healthy work life balance, noticing earlier if support is needed
Cramond et al. (2019)	3 main themes: (a) Commitment (b) Existential impact on the self (c) The oracle	Learning about colleagues' experiences of compassion fatigue led to normalisation and acceptance. Importance of self-care highlighted; eating well, exercise, time with family and friends and personal use of psychological interventions
Galvin & Smith (2017)	3 main themes: (a) Pressure in applying for training (b) Support networks available to trainees and (c) Commonalities in personal history, experiences and self-reported personality characteristics	Support from supervisor, family and friends and cohort effective in reducing stress. Relationship with client provides a sense of purpose. Encouraging reflective practice increases self-awareness. More information and support regarding self-care should be provided at the earliest opportunity in psychology career. Mindfulness based courses could be integrated into psychology courses
Gregson et al. (2022)	3 main themes: (a) Delivering Psychological Services (b) Wellbeing of PWLD (c) Learning and future practice	CPs held hope during a really difficult time to get through it. Team connection was important for wellbeing, individuals feeling able to vocalise their own experiences. Emphasis on the need for support for healthcare professionals to be able to work effectively
Jones & Thompson (2017)	3 main themes: (a) supervisor/trainee relationship: positive versus negative experiences (b) Imposter phenomenon (c) resilience	Most trainees showed significant levels of resilience and maintained healthy work-life balance. Resilience came from using aspects of adaptive coping, adaptive health practices, emotional competence, and social support

Langdon et al. (2022)	Occupational stress, learning new roles, demands at home, and changes due to the pandemic, were associated with poorer wellbeing. 2 main themes: (a) being human and being an employee (b) triangulation revealed agreement	Using different therapeutic skills on themselves helped them to cope during lockdown. Also using compassion focussed techniques and mindfulness had a positive impact on their wellbeing. Connection with others (family, friends, colleagues) was also valued
Levinson et al. (2020)	3 main themes: (a) A big jump: the transition from TCP to NQCP (b) The support of home comforts, old and new (c) Acknowledging and desiring ongoing development	Once qualified, drawing support from established networks is important. Reaching out to training cohort, as well as creating new connections within the MDT's they are in. Feelings of comfort, belonging and understanding is important to wellbeing during this transition
Tolland & Drysdale (2023)	Work-life balance had improved for some CPs since WFH. Honest, clear and regular communication re. safety measures and decisions being made was important. More informal/social catch ups were necessary and emphasis on compassionate leadership from management	Remote therapy should be directed to those with less complex needs. There should be increased access to occupational health assessments. All staff should be supported to access wellbeing resources available

Note. CPs = clinical psychologists, TCP = trainee clinical psychologist, NQCP = newly qualified clinical psychologist

Self-Awareness

Five studies (Boellinghaus & Hutton, 2013; Carmichael et al., 2020; Cramond et al., 2019; Galvin & Smith, 2017; Levinson et al., 2020) discussed self-awareness and having shared experiences with others, as important aspects of self-care. Psychologists outlined the importance having the ability to reflect upon and acknowledge the moments where self-care has slipped and therefore being able to act on this (Cramond et al., 2020).

Following completion of the Loving-Kindness Meditation course, trainees experienced as increase in their self-awareness, which included greater insight into their own needs, vulnerabilities and difficult feelings associated with clinical work. An increase in self-awareness led to feeling more accepting, compassionate and caring towards themselves and enabled them to create distance from their self-critical thoughts. Additionally, they reported feeling more able to cope with stress and engage in nurturing activities (Boellinghaus & Hutton, 2013).

Additionally, when exploring reflective practice and self-awareness in relation to self-care, psychologists described that engaging with the process of reflection and becoming aware of their own thoughts and feelings, has a positive impact on their self-care and confidence: “It’s good for self-care for my ability to carry on doing the work, erm have confidence in myself” (Carmichael et al., 2020, p. 527).

Three studies (Boellinghaus & Hutton, 2013; Cramond et al., 2019; Levinson et al., 2020) discussed specifically that sharing experiences and becoming aware of others’ experiences is valuable and has a positive impact on wellbeing. Trainees that completed the LKM course talked about the ‘power of the group’ and that meditating together was ‘quite special’ and motivating to continue practicing. Further, they described that discussing their experiences of the course with each other was helpful as they felt supported in their struggles, which helped the practice to feel safer: “What actually helped was that other trainees in the group had felt in a similar way and that was a bit, um, reassuring.” (Boellinghaus & Hutton, 2013, p. 272).

Trainees found a sense of comfort and comradeship in having a shared experience with others: “They knew what I was going through because they were going through the same” (Levinson et al., 2020). For psychologists, being aware of their own thoughts, emotions and behaviours, plays an important role in their self-care. Having self-awareness can lead to an increase in self-compassion and kindness, as well as confidence and self-esteem. This theme outlines the way in which psychologists are able to recognise their own needs and that sharing experiences with others is a way that these needs can be met.

Connectedness

All studies, with the exception of one (Carmichael et al., 2020), discussed connectedness as playing a role in clinical psychologists’ self-care and wellbeing. For clinical

psychologists, connectedness was described as receiving support from others and spending quality time with loved ones.

Five studies (Boellinghaus & Hutton, 2013; Cramond et al., 2019; Galvin & Smith, 2017; Jones & Thompson, 2017; Langdon et al., 2022) highlighted the importance of psychologists' connecting with others particularly within their personal lives, as a way of protecting their wellbeing. For psychologists working within palliative care services, they described spending time with family and friends as part of their self-care methods (Cramond et al., 2019). More specifically, during the COVID-19 pandemic, psychologists tried to 'stay connected' to their friends and family as much as possible. Further, "seeing family via social distancing" (Langdon et al., 2022, p. 200) was both enjoyable and helped them to cope during the pandemic.

Seven studies emphasised the value of being connected to and supported in a professional capacity, as having a positive impact on their wellbeing. Receiving encouragement and support from others, more effectively helped trainees to overcome stress and anxiety during training: "You learn from other people how they manage to kind of relax and manage the stress of the clinical work and the anxiety of the academic work" (Jones & Thompson, 2017, p. 9). Trainees also described the support from their cohort as contributing towards a positive frame of mind and remaining resilient through difficult times. Moreover, the relationship with supervisors, if a strong and positive one, helped decrease stress levels and was seen as a source of support (Galvin & Smith, 2017; Jones & Thompson, 2017).

For newly qualified psychologists working in a CAMHS setting, they perceived their training program and cohort as 'home' which was pertinent to their wellbeing during a time of transition: "Always having that bond and link with the course is really important to me" (Levinson et al., 2020, p. 193) Seeking support from their cohort also provided them with feelings of comfort, belonging and feeling understood.

During the pandemic, psychologists working remotely felt that team connection and identity was important for their wellbeing. Consequently, increasing the frequency of certain meetings such as psychological formulation, worked well and helped with this. 'Virtual coffee breaks' and more informal catch ups with the wider multi-disciplinary team were also created to maintain team connection (Gregson et al., 2022; Tolland & Drysdale, 2023).

Based on the findings from the included studies, for clinical psychologists, feeling connected to and supported by others is essential for them to manage the challenges that arise and feels like a factor that consistently encourages positive emotions and creates a sense of feeling valued and belonging. Although there was some variation across the studies in how connectedness was experienced, feeling love and support from family and friends and feeling encouraged and understood by colleagues were shared experiences of connectedness. Compared to the theme of self-awareness, this theme emphasises the value of psychologists connecting with others more generally, without necessarily maintaining an awareness of their needs and how these can be met.

Proactive Self-Care Step

Eight studies discussed the importance of trying to take proactive steps to maintain or improve their own self-care and wellbeing. The LKM course that trainees attended was experienced overall as an intervention which increased both wellbeing and self-compassion. Most of the trainees felt that the meditation practice as part of the course was soothing, grounding and led to positive feelings and emotions (Boellinghaus & Hutton, 2013). More broadly, mindfulness was also discussed by other trainees as a coping technique and a positive skill to acquire to protect wellbeing (Jones & Thompson, 2017).

Psychologists working remotely during the pandemic explained that they tried to use different therapeutic skills on themselves, which enabled them to carry on with their lives

during the lockdown. These skills included trying to manage catastrophic thinking, using compassion focused techniques, trying to be kinder to themselves when they were not able to 'give 100%' and trying to not be too critical of themselves in terms of productivity (Langdon et al., 2022). Additionally, some psychologists started to use mindfulness techniques and practice mindfulness daily, with a focus on grateful awareness of what they had in their lives. Further, keeping structure and routine and feeling a sense of 'predictability' within their day-to-day life, was important for their self-care too.

Two studies (Charlemange-Odle et al., 2014; Cramond et al., 2020) discussed other self-care steps, including eating well, engaging with some form of exercise, keeping busy and relaxation and personal psychological interventions, to build and maintain resilience. Three studies (Carmichael et al., 2020; Charlemange-Odle et al., 2014; Jones & Thompson, 2017) highlighted that creating and maintaining a good work life balance was pertinent to improving self-care and wellbeing. Using techniques around self-compassion and mindfulness, as well as trying to manage unhelpful thinking patterns are helpful self-care strategies. Creating and developing a working environment that feels safe and containing is also important in being able to manage the more difficult aspects of the job.

Discussion

Overview

This review aimed to provide a current and in-depth synthesis of the factors that contribute to clinical psychologists' self-care and wellbeing. Although the included studies involved both trainee and qualified clinical psychologists from various services and contexts, the findings provide evidence for the importance of psychologists' engaging with self-care and protecting their wellbeing in an ongoing way, within both their professional and personal life. Additionally, the findings have advanced the existing knowledge of specific strategies

that can be used by psychologists to actively improve self-care and wellbeing. There were three main themes identified across the literature: Self-awareness, Connectedness and Proactive Self-Care Steps.

The first theme, self-awareness was identified across five of the included papers and was experienced by psychologists as the ability to reflect and acknowledge that they may need to focus on looking after themselves more. This is a novel finding as the previous review by Wright (2018) did not identify self-awareness as an important factor contributing to psychologists' self-care. Further, becoming aware and learning about others' experiences, was also something that psychologists found led to a sense of validation and normalisation. An increase in self-awareness led to feeling more accepting and compassionate towards the self and increased self-confidence and the ability to manage stress. (Boellinghaus & Hutton, 2013; Carmichael et al., 2020).

Sharing experiences of the challenges faced within the profession was important to wellbeing as it created a supportive environment where a sense of comfort could be felt knowing nobody was alone with their struggles (Levinson et al., 2020). Developing and maintaining an awareness of their own thoughts, emotions and actions is important to psychologists' wellbeing. Based on this new contribution to the literature, it is necessary that opportunities for self-awareness, reflection and shared experience are in place wherever possible. This could include regular structured spaces such as reflective practice for clinical psychologists and healthcare professionals. Future research should try to investigate further the relationship between self-awareness or reflection and self-care, for psychologists.

The second theme of connectedness, a contributing factor in clinical psychologists' self-care, was identified across all except one of the papers. Connectedness was experienced in different ways by psychologists. Experiencing feelings of love and support from family and friends within their personal lives was important to them and their wellbeing. Further,

feeling encouraged and understood by colleagues at work, was important for psychologists to feel better in themselves and more resilient (Galvin & Smith, 2017; Jones & Thompson, 2017; Levinson et al., 2020). Feeling connected to other people was particularly important for psychologists during the COVID-19 pandemic and this was done through talking with and receiving emotional support from others (Langdon et al., 2022).

Based on these findings, it is important that psychologists are supported to communicate with colleagues and both give and receive encouragement and support to one another. It would also be useful for future research to explore in detail, how psychologists experience feeling connected to others and what this looks like as part of the role of a clinical psychologist.

The final theme identified within the included studies was the proactive self-care steps taken by psychologists to try to improve their own wellbeing. There is evidence to suggest that engaging with loving-kindness meditations, as well as mindfulness techniques more generally, lead to positive feelings and emotions (Boellinghaus & Hutton, 2013; Jones & Thompson, 2017). Studies that specifically explored psychologists' wellbeing during the pandemic, highlighted the importance of trying to manage catastrophic thinking and using compassion focussed techniques. Further, psychologists across the studies discussed specific self-care strategies both in their professional and personal life that enhanced their wellbeing, including good diet, regular exercise, using supervision and maintaining a good work life balance (Charlemange-Odle et al., 2014).

To encourage self-care behaviours amongst psychologists, creating a psychologically safe and supportive working environment to enable them to practice compassion focused techniques and mindfulness. Further, creating spaces whereby self-care discussions can take place and various strategies tried out, would be beneficial to psychologists' wellbeing. It also seems necessary for future research to explore in-depth psychologists' experiences of certain

techniques such as mindfulness, how confident and comfortable they feel using these strategies as a way of taking care of themselves.

Clinical Implications

Based on the findings from the current review, it is clear that although self-care for psychologists can look different depending upon the services and teams they work within, there is evidence to indicate that organisations, such as the NHS, can provide opportunities to protect the professions wellbeing as a whole. Self-awareness and reflection should be encouraged, potentially in the form of reflective practice groups/spaces, to create a sense of shared experience and resilience, which is an imperative part of psychologists' self-care. Further, psychologists need to feel connected to and supported by those around at work. This may be in the form of more informal catch ups with colleagues or through structured and consistent clinical supervision.

It is important to create a psychologically safe working environment and provide the opportunities, for psychologists to explore and experiment with specific strategies such as mindfulness and compassion focussed techniques. Receiving help and support early on from managers and the wider system is also necessary for protecting psychologists' wellbeing.

Strengths, Limitations and Directions for Future Research

The body of published literature included in this review had appropriate methodologies for addressing the research aims and questions and overall assessed as containing good quality studies. Although the MMAT was a suitable and useful tool to use within this review, due the inclusivity of qualitative, quantitative and mixed methods studies, when appraising whether or not qualitative studies have adequate data collection methods, factors such as sample size may be taken into account. Consequently, studies with a small

sample size may be rated as lower quality, despite purposely using a small sample to address the research question. This demonstrates the inherent subjectivity in using these types of tools to make judgements about qualitative research and the challenges that may arise in doing so (Dixon-Woods et al., 2004).

This systematic review is the second review to synthesise mixed method studies on factors contributing to clinical psychologists' self-care. This area of research is contemporary and relevant to the developing NHS initiative for improving staff wellbeing, due to the growing recognition of staff burnout and strong relationship between staff burnout and worse patient outcomes (Hall et al., 2016; Royal College of Physicians, 2015).

Based on this review, there is need for a more varied methodological approach to this area of research, as well as a more specific focus on the process by which clinical psychologists develop ways to look after themselves and enhance their self-care and wellbeing. Future qualitative research should consider using a grounded theory approach to contribute understating around the process of self-care for psychologists. Further, it is necessary to try to gain a more in depth understanding of psychologists' experiences of the concepts identified in this review, self-awareness, connectedness and proactive self-care steps. Future research within this area may want to consider larger sample size studies to try to achieve this.

Conclusions

The findings of the present review demonstrate that multiple factors contribute to clinical psychologists' self-care and wellbeing. The novel finding of developing and maintaining self-awareness as a way of improving wellbeing, is an important one and requires further exploration. Opportunities and spaces which encourage self-awareness and reflection, as well as feelings of connectedness and support, can positively impact

psychologists' wellbeing. Despite the current findings, future research should use more varied methodological approaches to develop further the understanding of the experience of the self-care concepts discussed and the process by which psychologists' take care of themselves.

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Chapter Three

Bridging Chapter

Word Count: 280

Bridging Chapter

The previous chapter provided an in-depth systematic review and synthesis of the factors that contribute to clinical psychologists' self-care and wellbeing. Three main themes were identified by synthesising the literature: Self-awareness, Connectedness and Proactive self-care steps.

The findings from the review indicated that there are a number of factors that contribute to clinical psychologists' self-care and wellbeing. Developing and maintaining self-awareness, as well as feeling a sense of shared experience, are key contributions to psychologists' self-care. Further, experiencing feelings of connectedness by receiving love and support from family and friends and feeling understood by colleagues, can help psychologists to feel more resilient. The findings also suggested that there are steps that psychologists can take to actively improve their self-care and wellbeing. These steps include engaging with specific activities such as loving-kindness meditations and mindfulness techniques, as well as more of a cognitive focus such as trying to manage catastrophic thinking and using compassion focused techniques.

Based on the findings from the systematic review, there is a need for further exploration into this area of research to attempt to add to the understanding of the lived experience of the self-care processes that are followed by psychologists. Self-care is subjective, complex and appears to involve deeper level processes, so it is therefore important to try to explore the individual lived experience (Posluns & Gall, 2020; Rupert & Dorociak, 2019).

There are no studies to date that have explored the relationship between reflective practice and self-care amongst clinical psychologists. The aim of the empirical study was therefore to build on existing limited literature outlined to contribute an in-depth

understanding of how clinical psychologists experience the relationship between reflective practice and self-care.

Chapter Four

Empirical Paper

The Experience of Reflective Practice and Self-Care for Clinical Psychologists: An Interpretative Phenomenological Analysis

This paper has been developed for submission to Professional Psychology: Research and Practice. Author guidelines are outlined in Appendix E. Manuscript should not exceed 30 pages in length.

Word Count: 6,440

The Experience of Reflective Practice and Self-Care for Clinical Psychologists: An Interpretative Phenomenological Analysis

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Declarations of interest: None.

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Abstract

Clinical psychologists' must be reflective practitioners and with the emotional challenges and stressors they are faced with within their role, taking care of themselves is paramount for themselves, their clients and their continued registration. This is the first study to explore in-depth the lived experience of the role that reflective practice plays within clinical psychologists' self-care.

Ten qualified clinical psychologists working clinically within the National Health Service (NHS) took part in semi-structured interviews. All participant interviews were transcribed and analysed using an Interpretative Phenomenological Analysis (IPA) methodology. Four main themes were identified within the data, 'The importance of psychological safety', 'An awareness of internal state', 'Connecting with others' and 'Reflection leads to action'.

Psychological safety must be created and maintained on both an organisational and team level, for psychologists to benefit from engaging with reflective practice. When feeling psychologically safe, psychologists are then able to benefit from reflective practice and it can function as a form of self-care. This research provides a deeper understanding to the relationship between reflective practice and self-care, which is essential to the professional and personal development for clinical psychologists, as well as their wellbeing.

Keywords: Clinical psychologists, reflective practice, self-care, interpretative phenomenological analysis (IPA), qualitative.

Reflective practice is an essential area and competency within the clinical psychology profession, for both professional development and quality of care to clients (Cushway & Gathere, 2003). Schon (1983) proposed that the notion of reflective practice is important as professionals are regularly under time pressure, with a lack of information available to them and have to make important decisions which have significant implications on others' health and wellbeing.

The British Psychological Society (BPS) (2017) outlines the way in which being a 'reflective practitioner' is one of the nine core competencies that clinical psychologists must meet and maintain. Further, the BPS highlights that 'reflection' must be recorded by psychologists, in their continued professional development, as a requirement, to retain their registration (British Psychological Society, 2017). The Health and Care Professions Council (HCPC) (2018) also outlines that psychologists must 'effectively reflect and review' their practice and understand the value of reflection, as well as reflect critically on their practice and consider alternative ways of working. Despite the position of the BPS and the HCPC, there is limited clarity or further guidance around what reflection is, how to become and maintain being a 'reflective practitioner', or how to incorporate reflective practice into clinical work.

Fisher et al. (2015) outlined the way in which there have been a number of different definitions and conceptualisations of reflective practice proposed, which is a problem within the literature. The literature has therefore received criticism for there not being clarity, agreement and consensus around a definition of reflection and the processes involved (Lilienfeld & Basterfield, 2020). It has therefore been argued that further exploration into the individual experience of reflective practice is needed and will contribute to this understanding (Bennett-Levy, 2003). Although there is limited literature surrounding clinical psychologists' use of reflective practice, all of the existing findings demonstrate a number of

reasons why it is important. Carmichael et al. (2020) investigated the lived experiences of seven clinical psychologists' use of reflective practice, using semi-structured interviews and reflective diaries. Overall, the themes identified within this study highlighted the importance of reflection on participants' self-care, by supporting them to manage the longer-term impact of the clinical work they were undertaking (Wise & Reuman, 2019). The findings suggest that reflective practice was perceived as helpful, as it relieved discomfort and promoted personal resilience (Curry & Epley, 2020; Sadusky & Spinks, 2022; Woodward et al., 2015). Further, that reflective practice enabled containment, which impacted on the building and maintenance of therapeutic relationships (Fisher et al., 2015).

Hammond et al. (2018) found that amongst clinical psychologists, burnout had a variety of symptoms, including mental stress, fatigue, decreased personal accomplishment, negative affect, depersonalisation, insomnia and reduced productivity and motivation. Additionally, this study found that precursors of burnout consisted of excessive and mismanaged workload, transference and life stresses (Laverdière et al., 2019). Based on the current climate of the NHS, self-care within the profession of clinical psychology is therefore more important than ever (Glassburn et al., 2019).

The BPS practice guidelines (2017) also emphasise the importance of psychologists maintaining their wellbeing, for themselves and the individuals they are working with. Both self-care and reflective practice are paramount to the delivery of care to clients and maintenance of their registration, however professional bodies do not provide registrants with any frameworks or in-depth guidance to define what they are and the relationship between them.

Myers et al., (2012) suggested that self-care might include regular exercise, good sleeping hygiene, the use of social support, mindfulness practice and emotion regulation strategies. Other self-care activities are said to include maintaining adequate diet, seeking

personal therapy or practicing a religion (Wicks, 2008; Wright, 2018). Whilst these strategies are valuable, there is literature that demonstrates that self-care involves deeper and more thoughtful processes, in order to overcome personal challenges and manage difficulties as they arise (Rupert & Dorociak, 2019).

Posluns and Gall (2020) proposed that self-care includes factors such as awareness, balance and flexibility and that engaging with these processes can promote an upward spiral of wellbeing. Although a valuable contribution to this body of research, as it focuses on a deeper level that self-care may occur, there remains a lack of understanding around what awareness is and means and creates a question around if reflective practice is in fact having awareness and therefore essential to individual's self-care.

Whilst a small number of studies have concluded that engaging with reflective practice may have a positive impact on clinical psychologists' self-care and wellbeing, there has been no study to date which has explored specifically the role that reflective practice plays in psychologists' self-care (Carmichael et al., 2020). This study therefore aims to build on the existing knowledge and contribute a deeper understanding by exploring the lived experience of the relationship between reflective practice and self-care. The following research question is therefore proposed; How do clinical psychologists experience the role of reflective practice in their self-care?

Method

Design

This was a qualitative study that adopted an Interpretive Phenomenological Analysis (IPA) framework and used semi-structured interviews. IPA aims to explore and understand participants' lived experience (phenomenology) and how they make sense of their experience (interpretation) in relation to their personal world. Smith et al. (2009) proposed that this can

be achieved through a double hermeneutic process, whereby the researcher aims to make sense of the participant trying to make sense of their own experience and personal world through interpretation. In this way, this study aligns with the critical realist ontology and epistemology adopted. IPA methodology is idiographic and focuses on exploring the experience of a single case, before moving to further cases and analysing the convergences and divergences between each participants' experience (Smith et al., 2009; Smith, 2004).

Ethical Considerations

This study was reviewed and approved by the UK Health Research Authority (HRA) and NHS Trust R&D (Appendix F), as well as the Faculty of Medicine and Health Sciences Research Ethics Subcommittee, at the University of East Anglia (Appendix G).

Participants and Recruitment

The study inclusion criteria were as follows:

- Qualified clinical psychologist currently undertaking a clinical role within an NHS setting.
- Be able to understand study information and consent to take part in an interview in English. There were no tests of fluency in English involved.
- Can identify the use of reflective practice within their professional role.
- Has an awareness and/or experience of self-care.

All participants were purposively recruited through local NHS Trusts. A total of ten qualified clinical psychologists were recruited for this study to conduct substantial individual analyses. All participants were practicing qualified clinical psychologists working within various settings NHS across the East of England. See Table 1 for participant's demographic

data. Demographic data on race and ethnicity was not recorded to prevent deanonymisation of participants.

Table 1

Participant Demographic Data

Participant Identification Number	Pseudonym	Gender	Age	Years since qualifying	Client group setting
1	Ronda	Female	30-39	1-9	Adult
2	Katherine	Female	30-39	1-9	Children & Young People
3	Ruby	Female	50-59	20-29	Other - Adult (Acute) Mental Health
4	Justine	Female	40-49	10-19	Other - Children in Care / Children, Young People and Families
5	Alice	Female	40-49	1-9	Children & Young People
6	Bonnie	Female	30-39	10-19	Children & Young People
7	Lisa	Female	30-39	10-19	Children & Young People
8	Sam	Female	50-59	20-29	Adult
9	Julia	Female	30-39	1-9	Children & Young People
10	Hazel	Female	30-39	1-9	Other - Adult in health setting

Procedure

Potential participants received a copy of the study advert (Appendix H) which included brief details of the research. Once participants had expressed their interest via email, the study information sheet (Appendix I), containing all research information, was sent to them. Informed consent was gained by each participant in written form prior to the interview (Appendix J) and this was checked again verbally with each participant at the start of their interview.

A semi-structed interview topic guide (Appendix K) was developed collaboratively with the wider research team and used flexibly for each interview, to explore participants' experience of reflective practice, self-care and the role that reflective practice plays in their self-care. All ten interviews were conducted by the lead researcher; they took place via

Microsoft Teams and were recorded. Interviews lasted approximately 60 minutes (minimum; 49.14, maximum; 60.01).

Participants were emailed a debrief sheet (Appendix L) once the interview had taken place. All interviews were later transcribed verbatim, some by the lead researcher and others by an external transcription company, with a data processing agreement in place. Pseudonyms were selected by the lead researcher to protect participants anonymity.

Analysis

An IPA approach was used by the lead researcher to analyse the data collected and the IPA methodology recommended by Smith et al. (2009) was followed. Once interviews had been transcribed, the researcher took time reading through each participants' transcript multiple times to become familiar with the data. The process of free coding the data then commenced and exploratory comments were added to each transcript by the researcher. The researcher analysed each transcript individually, identifying emergent themes and then organising them into superordinate themes. At this stage of the analysis an iterative approach was used, returning to each individual transcript to check that themes had not been missed. This process was carried out for each transcript and once superordinate themes had been finalised for each participant, main themes from across the group were developed and key quotes and phrases from the interviews noted, to emphasise how each theme was grounded in the data.

Quality Assurance

IPA places significance upon the researcher's awareness of their own knowledge, personal experiences and opinions of a topic, as well as their interpretation of the data. Any

researcher biases identified were recorded and bracketed off in attempt to increase reflexivity (Willig, 2013), which is key to ensuring good quality qualitative research (Braun & Clarke, 2013). Yardley (2000) proposed four core principles for assessing the quality and validity of qualitative research: sensitivity to context, commitment and rigour, transparency and coherence and impact and importance. These principles were met throughout this study mainly by the use of a reflective log completed by the researcher to enhance the validity of the interpretations made during the analysis process. Additionally, they were met through research supervision and reflective discussions with the wider research team.

Results

Four main themes were developed from analysing the interviews; 'The importance of psychological safety', 'An awareness of internal state', 'Connecting with others' and 'Reflection leads to action'. Table 2 shows the representation of participants across each main theme and the related superordinate themes.

Table 2

Representation of Participants Across Themes

Theme	Total	PID1	PID2	PID3	PID4	PID5	PID6	PID7	PID8	PID9	PID10
The Importance of Psychological Safety	9		X	X	X	X	X	X	X	X	X
Reflecting means being vulnerable	6			X	X	X	X		X		X
The need for psychological safety when reflecting	7		X	X	X	X	X		X	X	
Informal reflection is safest and most helpful	9		X	X	X	X	X	X	X	X	X
An Awareness of Internal State	10	X	X	X	X	X	X	X	X	X	X
Noticing how I'm feeling	10	X	X	X	X	X	X	X	X	X	X
Making sense of the way I feel	6	X	X		X	X				X	X
Connecting With Others	10	X	X	X	X	X	X	X	X	X	X
I care for myself by regularly reflecting with others	10	X	X	X	X	X	X	X	X	X	X
The importance of shared experience and validation to self-care	8		X	X	X	X	X		X	X	X
Reflection is part of a shared identity as a psychologist	6	X	X			X		X		X	X
Reflection Leads to Action	10	X	X	X	X	X	X	X	X	X	X
Recognising when I need more self-care and what steps to take	10	X	X	X	X	X	X	X	X	X	X
Managing and processing emotional challenges	10	X	X	X	X	X	X	X	X	X	X
Increased resilience and confidence	10	X	X	X	X	X	X	X	X	X	X
Reflective practice and self-care: A reciprocal relationship	6				X	X	X	X		X	X

The Importance of Psychological Safety

This main theme encapsulates participants' descriptions of psychological safety being the most important condition for reflection. Participants described that reflection means being vulnerable and therefore that there is a need for psychological safety when reflecting. Participants also described that informal reflection is safest and most helpful.

Reflection means being vulnerable

When participants were describing their experiences of either facilitating or participating in reflective practice, they explained that reflecting with others can create feelings of vulnerability. Alice described that reflection is "*kind of letting your guard down a little bit".* Similarly, Justine explained that when reflecting *"you're opening up, vulnerability, you're talking about yourself, you're talking about what's hard and if people don't feel that they can be vulnerable with their colleagues in a safe way, then that's that computation can be harmful, traumatising, really stressful and has the opposite, completely the opposite effect".* Bonnie emphasised that*"you've got to feel safe enough to be vulnerable and I think when you are in very stressful environments or teams that are not functioning particularly well, being vulnerable is not a safe place to be".*

Hazel also shared the same experience that *"there's vulnerability in reflection"* but also described *"courage"* being a part of reflection too, *"because you're willing to be wrong and fail and admit that and also you're drawing on your own personal experiences so I think reflection, in order to be true reflection, has to touch something within yourself and if it doesn't, what is that".* These accounts were interpreted as the process of reflection causing feelings of vulnerability, which can be supported and contained by feeling psychological safe within relationships with others as well as a sense of courage.

The need for psychological safety when reflecting

Participants emphasised that psychological safety is necessary for any reflection to take place. Ruby explained *"I think you can't do any reflection if you don't feel safe"* and this opinion was mirrored by Julia who shared that reflective practice can feel *"quite exposing, so knowing that you're doing that in a safe setting feels really important, in terms of it being non-judgemental, people accepting kind of where you're at, that it's not going to go and then*

be talked about outside the group". Bonnie explained that she reflects better *"in a trusted, safe relationship"* and further shared that *"with safety I suppose what I mean is that sense of knowing that your reflection is going to be held and not judged, not criticised, if that makes sense".*

Justine described having a negative experience of reflective practice, whereby psychologically safety was not felt, therefore emphasising the importance of it as part of the process: *"it's really important that we try, wherever possible to make sure everybody feels psychologically safe, because if one person doesn't that can affect everybody… I guess that's where I feel like my more negative experience of the reflective practice where I didn't feel psychologically safe, has helped me to understand the significance of that".*

Informal reflection is safest and most helpful

Participants described the way in which they experience more formal and informal reflective practice. Katherine shared *"I appreciate the informal moments where, I don't know if you would classify as reflective practice, but the moment where you grab a colleague in the office or your supervisor or somebody that you're working with that, grab moments to be able to think through and recognise either what you're doing or the impact of the work on you".*

Ruby described that it's the *"informal reflection"* that *"makes the difference"* in terms of *"self-care".* Sam explained that in the more informal spaces, trusted colleagues can be picked to reflect with: "*people that I know think like me, I'm not going to have an informal chat about I've had a very difficult session with somebody with somebody in the team that I don't trust or value".*

An Awareness of Internal State

All participants described how engaging with reflection creates and maintains an awareness of their internal state.

Noticing how I'm feeling

Participants shared the experience that through reflection, they are able to notice how they are feeling. Ronda described using reflection to *"think physically I'm feeling whatever and emotionally I'm feeling whatever, and what's that doing to my behaviour within this session".* Lisa explained that within a session she may notice that she *"felt maybe different"* and that the reflection might focus "*on the content and the opportunities and how I dealt with certain things, my responses and reactions".* Bonnie used the following analogy: "*constantly reflecting gets you to stop, think, how full is my bucket? Is my bucket getting full? At which point if you notice it's getting full, then you're at the point where you can think about emptying some of it out and noticing it".* Hazel also shared that through reflecting, she can notice how she feels and is seeing things: "*just noticing how I feel, you know how am I feeling, how am I seeing things, how do I experience the world, am I seeing things slightly more doom and gloom, or am I feeling more anxious or stressed, feeling in tune with my body and also my thoughts, bringing that awareness is so important, questioning and being curious about that, what does that mean".*

Making sense of the way I feel

Participants explained how reflection leads to them making sense of the way they are feeling. Alice shared "*it is containing just to understand why, it gives, it gives a structure to understand why you feel certain ways and why you do certain things".* Justine described that reflection has *"helped to really put a focus on what the challenges are at work and why my*

personal self is so entwined with it, so why is it affecting me so much as opposed to if someone else was doing this job, would they feel the same".

Katherine drew upon a reflective practice group she attended in the past and reflected "*when I look back on it and think about it, I think it was really helpful in terms of just tolerating that process, understanding myself more".* Julia described reflecting as an internal supervisor for her: "*so I think it's that kind of internal supervisor for me… noticing the impact of the work on me and how much of that is about my own stuff and how much of that is about what's happening in relationship dynamics"*. These accounts were interpreted as the process of reflection playing an important role in gaining a deeper understanding of feelings and emotions.

Connecting With Others

All participants emphasised the importance of feeling consistently connected to and supported by their colleagues emotionally, in their self-care.

I care for myself by regularly reflecting with others

All participants explained how important reflecting and connecting with others is for their self-care. Lisa shared: "*if you haven't connected with someone else that day, it just feels like you've got less head space to deal with everything".* Bonnie described the importance of reflecting with others specifically to manage the emotional burdens of the job: "*actually the art of coming together and reflecting brings you together and it shares the load a little bit, which I think given the emotional burdens of our work is really important".* Similarly, Ruby shared that *"the sense of you're not the only one feeling overwhelmed about this and other people having that that kind of shared discussion, is kind of quite validating and I think*

getting different sort of perspectives on it". All participants accounts demonstrated that reflecting with others was a way of caring for themselves within their role.

The importance of shared experience and validation to self-care

Participants described the importance of shared experience and validation. Katherine shared that for her, validation from others is *"the most important thing in terms of self-care at work".* Sam described that feeling valued and validated helps her to cope with stress at work: "*feeling valued and that's what you get when somebody seems to be interested and is listening and then feeling validated when they go, yes I know I get that, I know what you mean and then you can cope with the stresses".*

A similar experience was described by Hazel as she explained that *"having that kind of normalised and validated as well, we do quite a demanding, amazing but demanding and emotional job and you have to keep tabs on how that's making you feel because you are your tool in a way, your intuition, your reflection, your skills are only as good as how you're feeling, so it's hugely important to take care of yourself and I constantly remind myself it's a marathon not a race"*

Reflection is part of a shared identity as a Psychologist

Participants described reflection as an integral part of being a psychologist. Ronda expressed that she would feel *"very concerned if I met a psychologist who said that it wasn't like, an important part"* and that for her *"reflection is probably, maybe the key skill of psychologists like certainly, I think it's the most important thing that I do in my work".* Similarly, Julia shared "*I see it as really not just kind of valuable but actually integral to the work we do as psychologists".* Hazel also shared the same experience *"I think it underpins everything we do, and I think personally I consider myself naturally quite a reflective*

person". These accounts were interpreted as reflection being key to the role of a psychologist and bringing about a sense of shared identity amongst the group.

Reflection Leads to Action

The final theme captures all participants' descriptions of reflection leading to action. Reflection allows them to notice when they need more self-care and what steps to take and also supports them in managing and processing emotional challenges. Additionally, the experience that reflection leads to an increased sense of resilience and confidence and that the relationship between reflective practice and self-care is reciprocal.

Recognising when I need more self-care and what steps to take

All participants described that by engaging with reflection, they are able to recognise when they need to look after themselves more and identify the steps that need to be taken in order to do this. Justine shared "*I'm not a grumpy person, so when I notice myself just being more grumpy with myself or in my little mutterings, then I have to sort of stop and think what's going on".* Sam also expressed sometimes recognising an *"internal block"* and noticing that she sometimes *"can't think"* is *"overwhelmed"* and *"incredibly reactive"* when she needs more self-care.

Ruby shared "*I do notice much more easily now when I'm starting to get kind of sense of being overwhelmed and so that would be the point at which I would stop and I would start looking at my workload and I would be going back to my teams and saying I don't, I can't fit, you've given me 10 referrals this week, I have, I have space to do 8 things".* Similarly, Katherine expressed "*sometimes it's even just being able to reflect and notice that I'm not ok and my solution to that is binge watching Netflix for the weekend… I think if you didn't have*

reflective skills or the reflection wasn't part of it, you wouldn't know when you necessarily needed to be taking care of yourself more".

Managing and processing emotional challenges

All participants described experiencing reflection as a way of managing and processing emotional difficulties that arise within their work. This was particularly highlighted by Alice when she shared that reflection *"helps me to care for myself in that I don't think I could do the job if I didn't do it, because I would just be completely overwhelmed".* Julia shared that reflecting for her "*means you're not left with loads of emotional stuff that just feels really uncomfortable or feels really tricky".* Similarly, Ronda described that without engaging with reflection "*sadness would still be there, and maybe it would be worse, because I haven't, like I'm all about processing emotions and like sitting in them".*

Justine shared experiences of reflection enabling her to notice the good in difficult situations or when they are undergoing hard times: "*I suppose it helps me to notice the good stuff and it helps me to balance, like I say, the bad stuff so I don't always blame myself, I'm not blaming myself for why things are hard".* Accounts given by participants were interpreted as reflection playing an important role in managing and processing difficult emotions and therefore a protective factor in self-care.

Increased resilience and confidence

All participants described experiencing an increase sense of resilience and confidence through reflection, which is essential to their self-care and wellbeing. Lisa expressed that reflection has played a role in the development of her self-care: "*in terms of recognising my own limitations, recognising what I had the resource and capacity to deal with.* Sam also

shared "*I felt better those weeks because I just said, look this is what I'm doing, this is how I'm feeling about it, this is what I need and they were like, right yes that makes sense… I just thought suddenly work felt doable".* Ronda expressed that engaging with reflection feels *"rewarding"* and helps increase her *"self-esteem".* Both Ruby and Julia's experiences were in line with these, with Ruby sharing that reflection helps her to be *"more kind of resilient to saying no"* to improve her self-care.

Reflective practice and self-care: A reciprocal relationship

Participants emphasised the reciprocal relationship between reflection and self-care. Alice explained "*I think if I'm not doing good self-care, I probably do less reflection because it feels harder, so I will just fill up my diary even more because I don't want to be doing the reflection, it's that just keep swimming just get through and get to the end".* Bonnie shared a similar view that better self-care leads to an increased ability to reflect: "*But I also think that looking after yourself properly and attending to your self-care enables you to reflect better, if I'm stressed and not looking after myself, then actually I think the emotional blinkers come on, at which point the ability to reflect I think is quite inhibited".*

As well as describing the reciprocal relationship, Alice expressed "*I think it would I would count it as part of my self-care definitely, if I didn't have that, then my self-care would be even worse".* Hazel used an analogy to describe her experience of the importance of reflection in her role: "*it would be like one of your senses had gone and it's really informative because it's your intuition, it's your gauging, it's your assessment, it's your everything".* Participants accounts were interpreted as demonstrating that reflection plays an essential role in self-care and managing challenges within their role.

Discussion

Overview

The aim of this study was to explore and gain a deeper understanding of the role that reflective practice plays in clinical psychologists' self-care. Through analysis of 10 semi-structured interviews, the following main themes were developed, 'The importance of psychological safety', 'An awareness of internal state', 'Connecting with others' and 'Reflection leads to action'.

Almost all participants described the importance of psychological safety when engaging with reflection as part of their role. Participants described feeling a sense of vulnerability when reflecting with others and that feeling psychologically safe, can both manage and contain this feeling. Further, participants discussed feeling as though reflection, which is meaningful and helpful to self-care, cannot take place unless feeling psychologically safe and this includes a space which is non-judgmental and not critical. Participants also shared that less formal reflection with trusted and valued colleagues can feel safer and more helpful than formal reflective practice groups. This novel finding adds to the understanding of the process of reflective practice and the implications on self-care.

Although McLeod et al. (2020) proposed that fostering a psychologically safe environment is paramount for reflection to take place, no study to date has explored the experience of the relationship between reflective practice and psychological safety. The current findings indicate that psychological safety is key to the development and maintenance of reflective practice and self-care.

Kolbe et al. (2020) described psychologically safety as a fragile and complex perception that is influenced by multiple interacting factors on organisational, team and individual level. Moreover, they highlighted the importance of psychological safety when facilitating debriefings within a healthcare setting and proposed that conveying positive affect

and being validating and normalising of individuals' concerns, can both maintain and restore psychological safety in the space (Kolbe et al., 2020). Liddiard et al. (2017) also outlined the negative implications that reflective practice can have on individuals when they are not feeling psychologically safe. The current study has therefore started to build on this knowledge and explore in more depth the concept of psychological safety as a condition of reflective practice, within a clinical context, which no other study has done.

All participants provided in-depth accounts about how engaging with reflection, creates and maintains an awareness of how they are feeling emotionally and in being aware, allows them to make sense of their internal state, which improves self-care. This expands on the findings from Fisher et al.'s (2015) study, which suggested that reflective practice is beneficial to clinical psychologists and specifically improves self-awareness.

Additionally, in line with Carmichael et al.'s (2020) recommendations, this research is the first to explore reflective practice and self-care specifically in the context of clinical work for psychologists. The findings from this study have therefore provided a deeper and more meaningful understanding of reflective practice and self-care, which was needed due to a lack of clarity and guidance from regulatory bodies and existing literature. The findings can begin to support psychologists understand what is currently valuable in terms of reflective practice and self-care and therefore gain more insight into what is required of them by the BPS and HCPC to meet the current standards.

Participants described their experience of connecting with others through reflection as essential to their self-care. They described that by regularly reflecting with others, they feel supported which alleviates feeling overwhelmed. Further, the importance of shared experience and validation for self-care was emphasised and participants discussed reflection being a part of a shared identity of a clinical psychologist. When taking into account that

isolation is a known risk factor for burnout amongst healthcare staff (Stebnicki, 2007), it is clear that connection with others plays an essential role in clinical psychologists' self-care.

Participants described that reflection leads to action regarding their self-care. Through engaging with the process of reflection, participants were able to recognise when more self-care was needed and which steps to take to do this. Additionally, participants described feeling more resilient and confident having engaged with reflection and described reflection and self-care have a reciprocal relationship. This finding builds on previous research, whereby reflection has been helpful in manging the emotional impact of work and a form of resilience (Carmichael et al., 2020; Walsh et al., 2020).

Based on this finding, it is important that that psychologists have regular opportunities to reflect and be able to notice when they need to take care of themselves more. Encouraging psychologists to reflect may lead to them being able to better manage and process emotional challenges and feel more resilient and confident within their clinical role. It is important to acknowledge the experience that reflective practice and self-care were experienced as a reciprocal relationship and therefore and increase in reflection can lead to better self-care for psychologists.

Strengths and Limitations

A particular strength of the study to draw upon is the position of the researcher. The researcher in the current study was a trainee clinical psychologist and although quality assurance and reflexivity were ensured throughout the process, being in this position allowed the researcher to bring their own authentic self to the interview process which encouraged deeper exploration. Additionally, during each interview the theme of psychological safety played out due to the researcher's positioning as a trainee psychologist and both researcher and participants' awareness of this. As each interview progressed, participants reported that

they felt settled openly sharing their experiences and some explicitly commented on the degree of comfort they felt.

Although the services in which participants worked in and the length of time since qualifying varied, it is of note that all participants were female, which reflects the demographic of clinical psychologists within the geographical location and limits diversity within the sample, making it more difficult to draw conclusions more broadly. Further, without additional information about the participants, for example their ethnicity, it is difficult to contextualise their experiences in relation to their individual characteristics.

Using an IPA methodology to address the research question allowed the lived experience of individuals to be explored, resulting in a richer understanding of reflective practice and self-care to be gained. However, future research within this area should use different methodological approaches, including quantitative designs and mixed method designs with larger sample sizes, to build on the current findings and explore further into more practical strategies that can be used to ensure psychological safety in reflective practice and ways psychologists can engage with self-care.

Conclusions

The current study was the first to explore the lived experience of the role that reflective practice plays in self-care for clinical psychologists. Further, this study has added to the understanding of reflective practice and self-care specifically in the context of clinical work, as suggested by previous research within this area.

The findings have highlighted the importance of clinical psychologists feeling psychologically safe enough to engage with reflective practice, which is a process that helps with their self-care in many ways. Further, they have demonstrated the importance of having an awareness of internal state and feeling connected with others, for the development and

maintenance of self-care. The findings also highlighted that reflection plays an important role in psychologists' knowing what action to take to look after themselves. Although further research is needed within this area, based on the findings from this study, it is recommended that a psychologically safe environment is created and maintained on an organisational and individual team level, to ensure that reflective practice is most effective and psychologists feel as though they can continually maintain and develop their self-care.

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Chapter Five

Discussion and Critical Evaluation

Word Count: 3,210

Discussion and Critical Evaluation

This final chapter provides a discussion and critical evaluation of the findings from both the systematic review and empirical paper, with reference to the existing literature in the field of research. The strengths and limitations of both papers as well as the wider clinical and research implications of this thesis are discussed. This chapter ends with the researchers' reflections and an overall conclusion of the thesis.

Summary of Findings

The systematic review aimed to summarise and synthesise the existing literature surrounding factors that contribute to clinical psychologists' self-care and wellbeing. Studies included both trainee and qualified clinical psychologists from different services and contexts within the UK. Overall, the findings demonstrated the importance of clinical psychologists engaging with self-care in both their professional and personal life, in an ongoing way. There were three themes identified across the included papers, self-awareness, connectedness and proactive self-care steps. The review outlined that developing and maintaining self-awareness around thoughts, emotions and actions is an important part of psychologists' self-care. Self-care also included feeling a sense of love and support from family and friends, as well as feeling encouraged and understood by their colleagues within their professional life. The papers highlighted the different ways in which psychologists can take proactive steps to improve their self-care and wellbeing, including engaging with compassion focused techniques and mindfulness.

The empirical paper aimed to gain an in-depth understanding of the lived experience of the role that reflective practice plays within clinical psychologists' self-care. Findings from this study were divided into four main themes: the importance of psychological safety, an awareness of internal state, connecting with others and reflection leads to action. Almost all

participants outlined the importance of psychological safety when engaging with reflective practice. Pertinent to the findings from the systematic review were participants' accounts of how engaging with reflection created and maintained self-awareness of emotions and allowed them to make sense of their internal state, which improved their self-care. Also mirroring findings from the systematic review, participants described connecting with others through the process of reflection was an essential part of their self-care. Finally, the empirical paper built upon literature highlighting the steps psychologists can take to improve self-care, through participants' accounts of the process of reflection leading to action. It was found that through reflection, participants were able to recognise when more self-care was needed and take the steps required.

Extended Discussion

Existing literature has outlined that clinical psychologists are at risk of experiencing distress within their role because the clinical work they undertake and therefore are more vulnerable to becoming burnt out (Barnett & Cooper, 2009; Smith & Moss, 2009). In addition, evidence suggests that if psychologists experience significant levels of distress and traumatisation, this can have an impact on their clinical practice and lead to negative outcomes for the patients they work with (Hall et al., 2016; Kolar et al., 2017; Simionato et al., 2019). Further to this, the NHS is currently facing significant and ongoing pressure, which is also having damaging impact on psychologists' wellbeing (Rimmer, 2018; Wilkinson, 2015).

Most of the existing self-care literature is focused mainly on the practical and behavioural aspects to self-care and has highlighted that engaging with regular exercise and maintaining good sleep hygiene can be considered effective self-care strategies for psychologists (Wright, 2018). Whilst both the systematic review and the empirical paper

demonstrated the importance of clinical psychologists developing and maintaining their self-care and although the aforementioned strategies were outlined, both papers suggest that self-care involves more meaningful and deeper level processes.

Findings from the systematic review indicated that developing self-awareness was a way in which psychologists were able to notice how they were feeling and take the necessary steps to improve their self-care. Additionally, the empirical paper emphasised the importance of using reflective practice to better understand their emotions and internal state and therefore take steps to improving their self-care.

There is currently very limited published literature in relation to what deeper level processes are involved in engaging with self-care and reflective practice. The overall results from the empirical paper suggested that for participants, engaging with reflective practice was paramount for their self-care and clinical work in several ways. Consequently, the papers provided preliminary evidence that although self-care strategies such as engaging with exercise and maintaining good sleep hygiene are useful, clinical psychologists experience self-care as a more in-depth and thoughtful process, whereby self-awareness and reflection plays an important role (Posluns & Gall, 2020; Rupert & Dorociak, 2019).

One finding of particular note that has not been reported in the literature before was the importance of psychological safety for participants when engaging with reflection. This finding from the empirical paper further indicated that there are also deeper and more complex processes involved in reflective practice, as well as self-care. Although regulatory bodies outline that clinical psychologists must be reflective practitioners and understand the value of reflection (BPS, 2017; HCPC, 2018), there is a lack of in-depth detail and guidance around reflection as a process and how it can be most beneficial to psychologists and their clinical work. Previous literature has described psychological safety as a complex and fragile perception that is influenced by multiple interacting factors and that creating a

psychologically safe environment is essential for reflection to take place (Kolbe et al. 2020; Liddiard et al., 2017; McLeod et al., 2020). The empirical paper has therefore contributed a deeper understanding and insight into the more implicit processes of reflective practice and how this relates to self-care, which the relevant regulatory bodies do not offer.

Both papers demonstrated the way in which clinical psychologists valued connecting with others as a way of caring for themselves. Findings from the systematic review highlighted that experiencing feelings of love and support within their personal lives, as well as feeling encouraged and understood by colleagues, was essential to their self-care and wellbeing (Galvin & Smith, 2017; Jones & Thompson, 2017; Langdon et al., 2022; Levinson et al., 2020). Findings from the empirical paper furthered this knowledge through participants' accounts of how engaging with reflective practice was a way connecting with others, which felt like a way of caring for themselves. Additionally, the empirical paper outlined the importance of shared experience and validation through reflection, which participants considered an important part of their self-care. Previous literature has highlighted that healthcare professionals that experience a lack of connection with others or feel isolated within their role are more at risk of experiencing burnout (Stebnicki, 2007). Based on this existing knowledge and the findings from both papers, it is important for services and teams to create a sense of connection and shared experience, through reflection, which in turn can have a positive impact on psychologists' self-care

Findings from the systematic review outlined a number of ways that clinical psychologists can take proactive steps to improve their self-care including using techniques around self-compassion and mindfulness and trying to manage unhelpful thinking patterns. Findings from the empirical paper outlined more specifically that engaging with reflective practice helped participants to understand and make sense of emotions which led to them being able to better manage emotional challenges and increased their confidence and

resilience. These findings together build upon previous literature suggesting that reflection is helpful in managing the emotional impact of work (Carmichael et al., 2020; Walsh et al., 2020) and contributes a more in-depth understanding of these processes.

Critical Review

The aim of the systematic review was to explore the different factors that contribute to clinical psychologists' self-care. Although the review met this aim and provides valuable insights into psychologists' experiences of self-care, when interpreting the data, there are limitations that must be considered.

There was a considerably small number of papers that met the inclusion criteria which limits the generalisability of the overall findings. Furthermore, although the review was inclusive of papers which had a qualitative, quantitative and mixed-methods design, all but two of the final papers had a qualitative design. Although synthesising qualitative research does play a role in bringing together literature to contribute to knowledge and clinical practice, the validity and generalisability of this review could have been strengthened by including papers published outside of the UK (Zimmer, 2004).

The review was enhanced by having involvement of another researcher at the screening and quality appraisal stages of the process. Having the screening and quality stage completed by a second rater, decreased the risk of researcher bias and increased the validity of the review. However, during the analysis process of the review, reflexivity and objectivity could have been increased by the lead researcher using a reflective log to minimise the risk of any researcher bias (Braun & Clarke, 2013).

The aim of the empirical paper was to provide an in-depth understanding of the experience of the role that reflective practice plays in clinical psychologists' self-care. The rationale for using an IPA approach was to try to gain a deep understanding of participants

lived experience of reflective practice and self-care. IPA is based on phenomenological epistemology, which explores the subjective experience of the participant, rather than attempting to define an objective reality (Smith et al., 1999). The consistency of this epistemology throughout the research process, from design through to analysis and interpretation, can be considered a particular strength of this study.

Turpin et al. (1997) recommend that at least 6-8 participants are recruited as part of an IPA study being completed as part of a UK Doctorate in clinical psychology. Although this study exceeding this recommended number of participants, it is important to acknowledge the lack of diversity within the sample as a limitation of the study. Future research should therefore use a more diverse sample which would perhaps allow for a range of experiences to be captured and understood which could lead to a better understating of the phenomena.

With regards to the analysis, the lead researcher followed IPA guidance outlined by Smith et al. (2009) when completing the initial stages of analysis, including reading and re-reading the data and initial noting, right through to developing themes and looking for patterns across the cases. Examples of the process of initial noting and developing themes are provided in Appendix M. Although there is no single process of IPA that must be followed, a thoughtful inductive and iterative approach was taken by the lead researcher throughout the process to ensure validity (Smith et al., 2009). This was done through ongoing reflection on the analysis process and its iterative nature within supervision.

Braun and Clarke (2013) outline the importance of reflexivity in qualitative research. A particular strength of the empirical paper was the lead researchers' awareness throughout the research process of their own beliefs, assumptions and experiences and the impact these may have had on their perception and interpretation of the data. A reflective log was kept by the lead researcher and written in at each stage of the process, to ensure reflexivity and

validity as much as possible. An excerpt from the reflective log can be seen below, which includes the lead researchers' reflection before and after carrying out an interview.

Before Interview

- *Noticing that I'm feeling a bit more confident about asking questions generally and not feeling pulled into following the topic guide as much and as rigidly if they are willing to bring richer and deeper details about their experiences*
- *Looking forward to hearing how similar/different their experience is to the others I have interviewed*
- *I'm feeling more insightful about the process of IPA now and now that I have started to listen back to the first interview and kickstarted process of understanding and beginning to try to make sense of experiences, I feel more comfortable with the process*

After Interview

- *Feel that interview was quite different to previous 2 interview but really felt as though I was walking in their shoes and understood their experiences and their emotions attached to them*
- *Feeling as though I can relate to their experiences more as I have worked in inpatient/acute settings and I'm noticing that I felt more empathy as a result, may be helpful to talk about this more in supervision*
- *Feeling privileged so far to have had the opportunity to talk to such busy people about such important topics, noticing my interest and passion for this area of research*
- *Felt a lot of empathy for them when they talked about the more difficult experiences they have had at work and within their personal life. Feel that they are brave and it is*

making me reflect a lot on how I have taken care of myself at work up until now and what I can do going forwards

Clinical Implications and Directions for Future Research

The findings from this thesis highlight the importance of self-care within the clinical psychology profession, which is particularly important at this time due to the ongoing pressures the NHS and services are facing. More specifically, findings suggest that that whilst engaging with self-care might be experienced differently by psychologists, there are ways in which services and teams within the NHS can encourage and support the professions wellbeing. Findings form the systematic review and empirical paper taken together, indicate that opportunities for self-awareness and reflection within a psychologically safe context, should be facilitated wherever possible, as these are processes have been experienced as valuable to psychologists' self-care, which ultimately impacts patient care (Hall et al., 2016).

Findings from the empirical paper emphasised the importance of psychological safety to be able to engage with reflective practice and the process feel most effective to self-care and clinical practice. Through regular opportunities to reflect, psychologists may be better able to notice when they need to take care of themselves more and also may lead to more effective ways of processing and managing emotional challenges within their clinical work. Opportunities may include formal reflective practice groups, more informal reflective spaces with colleagues or exist within a clinical supervision context.

Further, experiencing feelings of connectedness and support from those around them through reflection was also an essential part of self-care for clinical psychologists. Ensuring that psychologists feel connected to colleagues through supervision, peer supervision or informal check ins could therefore be extremely protective of their wellbeing and encourage feelings of confidence and resilience. A culture that encourages psychologists to take the time

and opportunities to explore self-care and supports with taking steps to improve wellbeing, seems paramount in protecting their wellbeing in an ongoing way.

Findings from this thesis are amongst the first within the literature to offer a more in-depth understanding of self-care and reflective practice process amongst clinical psychologists. This area of research is therefore one which requires further exploration.

It is recommended that future research within this area uses different methodological approaches with larger sample sizes to build on the findings from both the systematic review and empirical paper and explore psychologists' experiences of self-care and reflective practice further. Moreover, based on the findings from the empirical paper, it is recommended that future research explores psychologists' experiences of psychological safety further and the ways in which it can be both created and maintained in relation to reflection and self-care.

Researcher Reflections

Working for a number of years across various NHS mental health services, I have always had an acute awareness of the significant pressure that exists on both a systemic and individual level. Personally, it has been extremely challenging working within teams and watching colleagues continually struggle to manage the emotional impact of their work and become burnt out time and time again. I have witnessed numerous mental health nurses take long term sick leave, clinical psychologists leaving the profession and clinicians experiencing trauma symptoms and trying to support them on my own has never been enough.

I have received endless feedback from colleagues around there being a lack of clarity and direction when it comes to trying to take care of ourselves at work and questions around what this should look like. I have myself, in more recent times since beginning training, been curious about how concepts such as reflective practice can be most beneficial and have a

positive impact on staff wellbeing as well as patient care. My determination to try to begin to explore this was where this project grew from.

During The Research Process

Whilst undertaking this project I have faced many challenges and I feel that my passion for supporting and encouraging staff wellbeing has allowed me to overcome these. Additionally, whilst completing this project, I have used reflection continually to learn and manage difficulties that have arisen along the way. When feeling stressed and burnt out I was able to notice this, be open with my supervisor and find ways of managing these difficult and uncomfortable feelings.

Reflecting both individually and within supervision throughout the research process, enabled me to understand, make sense of and feel comfortable with my position as a trainee completing research within this area. Through reflection I was aware that as a trainee, I felt privileged to be undertaking a project that involved hearing and learning about qualified psychologists' personal experiences, which has provided me with valuable insight going forwards.

I have also reflected on the way the findings from my empirical paper have played out within my own supervisory relationship whilst completing this thesis. I have experienced psychologically safety within the supervisory relationship and during each supervision, which I feel has enabled me to reflect in an open, honest and authentic way. Although completing this thesis has been extremely emotionally challenging at times, the in-depth and continuous reflection has helped me to work through these difficulties. Feeling psychological safe and being able to reflect in this way has therefore become extremely valuable to me.

Completing The Research Process

Completing this thesis has pushed me to my limits at times, however it has allowed me to develop and strengthen my knowledge, understanding and skills in this field of research. I have learnt the value of qualitative research, specifically IPA, in giving individuals a voice to talk through their experiences and sit alongside them in this process, whilst trying to understand their experiences on a deeper and more meaningful level.

Completing this project has cemented my passion for staff wellbeing and highlighted the importance of continuing to explore the ways that I can look after myself, as I transition from a trainee to qualified clinical psychologist. The knowledge I have gained around the process of reflection will be invaluable for both the future research and the clinical work I will undertake in my role.

Conclusions

The aim of this thesis was to explore experiences of self-care amongst clinical psychologists as well as experiences of self-care in relation to reflective practice. A systematic review was conducted to investigate the different factors that contribute to clinical psychologists' self-care. A qualitative empirical study was then completed to explore the lived experience of the relationship between reflective practice and self-care amongst clinical psychologists.

Findings from both papers demonstrate the importance of clinical psychologists actively engaging with self-care and more specifically utilising reflective practice as a way of maintaining and improving self-care. Although further research within this field is needed, this thesis has outlined that by creating and maintaining opportunities and spaces that feel psychologically safe for psychologists to reflect, their self-care can strengthen which is paramount for themselves and the individuals they work with.

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Appendices

Appendix A: Training and Education in Professional Psychology Author Guidelines

Manuscripts

Manuscripts should be approximately 25 pages in length in total including tables and references (more pages must be strongly justified).
Manuscripts should be written with the goal of enhancing the practice of education, training, and supervision in health service psychology.
Each manuscript should conclude with a specific section on the implications of the research or theory presented.

Review policy

Once *TEPP* receives a manuscript, the editor reviews the manuscript for appropriateness for publication and competitiveness for publication in *TEPP*. If appropriate, the Editor assigns the manuscript to an associate editor who seeks masked review by at least two consulting editors or ad hoc reviewers.
The editorial review process takes approximately 60 to 90 days for the author to receive editorial comment about the manuscript

Manuscript preparation

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* using the 7th edition. Manuscripts may be copyedited for bias-free language (see Chapter 5 of the *Publication Manual*).
Review APA's Journal Manuscript Preparation Guidelines before submitting your article.
Manuscripts should be approximately 25 pages in length in total including tables and references (more pages must be strongly justified).
Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*. Additional guidance on APA Style is available on the APA Style website.
If your manuscript was mask reviewed, please ensure that the final version for production includes a byline and full author note for typesetting.

Inclusive Research and Reporting Standards

The journal encourages submissions which extend beyond Western, educated, industrialized, rich, and democratic (WEIRD) samples (Henrich, et al., 2010). The journal welcomes submissions which feature Black, Indigenous, and People of Color (BIPOC) and other historically marginalized sample populations. The journal particularly welcomes submissions which feature collaborative research models (e.g., community-based participatory research [CBPR]; see Collins, et al., 2018) and study designs that address heterogeneity within diverse samples. Studies focused exclusively on BIPOC and other historically excluded populations are also welcome.
To promote a more equitable research and publication process, *Training and Education in Professional Psychology* has adopted the following standards for inclusive research reporting.

Author contribution statements using CRediT

The *APA Publication Manual (7th ed.)* stipulates that "authorship encompasses…not only persons who do the writing but also those who have made substantial scientific contributions

to a study." In the spirit of transparency and openness, *Training and Education in Professional Psychology* has adopted the Contributor Roles Taxonomy (CRediT) to describe each author's individual contributions to the work. CRediT offers authors the opportunity to share an accurate and detailed description of their diverse contributions to a manuscript. Submitting authors are encouraged to identify the contributions of all authors at initial submission according to the CRediT taxonomy. If the manuscript is accepted for publication, the CRediT designations will be published as an author contributions statement in the author note of the final article. All authors should have reviewed and agreed to their individual contribution(s) before submission.
Authors can claim credit for more than one contributor role, and the same role can be attributed to more than one author. Not all roles will be applicable to a particular scholarly work.

Participant description, sample justification, and informed consent
Authors are encouraged to include a detailed description of the study participants in the Method section of each empirical report, including (but not limited to) the following:

- Age
- Sex
- Gender
- Racial identity
- Ethnicity
- Nativity or immigration history
- Socioeconomic status
- Clinical diagnoses and comorbidities (as appropriate)
- Any other relevant demographics (e.g., disability status; sexual orientation)

In both the abstract and in the discussion section of the manuscript, authors are encouraged to discuss the diversity of their study samples and the generalizability of their findings (see also the constraints on generality section below).
Authors are also encouraged to **justify their sample demographics** in the Discussion section. If Western, educated, industrialized, rich, and democratic (WEIRD) or all-White samples are used, authors should justify their samples and describe their sample inclusion efforts (see Roberts, et al., 2020 for more information on justifying sample demographics).
The Method section also must include a statement describing how informed consent was obtained from the participants (or their parents/guardians), including for secondary use of data if applicable, and indicate that the study was conducted in compliance with an appropriate Internal Review Board.

Reporting year(s) of data collection
Authors are encouraged to disclose the year(s) of data collection in both the Abstract and in the Method section in order to appropriately contextualize the study.

Positionality statements
Authors are encouraged to include a positionality statement in the author note. Positionality statements are intended to address potential author bias by transparently reporting how the identities of the authors relate to the research/article topic and to the identity of the participants, as well as the extent to which those identities are represented in the scientific record. The statement should be included in the author note and expanded upon in the Discussion section. See this example from Jovanova, et al. (2022):

- Sample positionality statement: "Mindful that our identities can influence our approach to science (Roberts, et al. 2020), the authors wish to provide the reader with information about our backgrounds. With respect to gender, when the manuscript was

drafted, four authors self-identified as women and four authors as men. With respect to race, six authors self-identified as white, one as South Asian and one as East Asian."

For more guidance on writing positionality statements, see Roberts, et al. (2020) and Hamby (2018).

Reflexivity

The journal welcomes submissions that proactively challenge racism and other forms of oppression. In line with the APA Guidelines on Race and Ethnicity in Psychology (2019), authors are encouraged to include reflexive statements in the Discussion section, addressing the following questions.

- What are the policy implications of these findings?
- Could this research be misinterpreted or misused to negatively affect underrepresented groups? Does the research have the potential to cause harm to vulnerable groups? If so, how can this be addressed and mitigated?
- Does the design or framing of this research reinforce negative stereotypes about marginalized populations?
- What roles do the researcher(s)' values and worldview play in the selection of this topic or design of the study?

Inclusive reference lists

Research has shown that there is often a racial/ethnic and gender imbalance in article reference lists, and that Black women's work is disproportionately not credited or cited as often as White authors' work (Kwon, 2022). Authors are encouraged to ensure their citations are fully representative by both gender and racial identity before submitting and during the manuscript revision process. Authors are encouraged to evaluate the race and gender of the authors in their reference lists (see this open-source code by Zhou, et al., 2020, that authors can use to predict the gender and race of the authors in their reference lists) and to report the results in a **citation diversity statement** in the author note or Discussion section of the manuscript.

See Dworkin, et al. (2020)'s sample citation diversity statement:

> "*Citation Diversity Statement*. Recent work in neuroscience and other fields has identified a bias in citation practices such that papers from women and other minorities are under-cited relative to the number of such papers in the field (Caplar et al., 2017, Chakravartty et al., 2018, Dion et al., 2018, Dworkin et al., 2020, Maliniak et al., 2013, Thiem et al., 2018). Here, we sought to proactively consider choosing references that reflect the diversity of the field in thought, gender, race, geography, seniority, and other factors. We used automatic classification of gender based on the first names of the first and last authors (Dworkin et al., 2020, Zhou et al., 2020), with possible combinations including man/man, man/woman, woman/man, and woman/woman. Code for this classification is open source and available online (Zhou et al., 2020). We regret that our current methodology is limited to consideration of gender as a binary variable. Excluding self-citations to the first and last authors of our current paper, the references contain 12.5% man/man, 25% man/woman, 25% woman/man, 37.5% woman/woman, and 0% unknown categorization. We look forward to future work that could help us to better understand how to support equitable practices in science."

Reporting year(s) of data collection

Authors are encouraged to disclose the year(s) of data collection in both the abstract and in the Method section in order to appropriately contextualize the study.

Data, materials, and code

Authors must state whether data and study materials are available and, if so, where to access them. Recommended repositories include APA's repository on the Open Science Framework (OSF), or authors can access a full list of other recommended repositories.

In both the author note and at the end of the method section, specify whether and where the data and material will be available or note the legal or ethical reasons for not doing so. For submissions with quantitative or simulation analytic methods, state whether the study analysis code is available, and, if so, where to access it (or the legal or ethical reason why it is not available).

For example:

- All data have been made publicly available at the [repository name] and can be accessed at [persistent URL or DOI].
- Materials and analysis code for this study are not available.
- The code behind this analysis/simulation has been made publicly available at the [repository name] and can be accessed at [persistent URL or DOI].

Constraints on generality

In a subsection of the discussion titled "Constraints on generality," authors should include a detailed discussion of the limits on generality (see Simons, Shoda, & Lindsay, 2017). In this section, authors should detail grounds for concluding why the results are may or may not be specific to the characteristics of the participants. They should address limits on generality not only for participants but for materials, procedures, and context. Authors should also specify which methods they think could be varied without affecting the result and which should remain constant.

Public significance statements

Authors submitting manuscripts to *Training and Education in Professional Psychology* are required to provide 2–3 brief sentences regarding the public significance of the study, meta-analysis, or issues described in their paper. This description should be included within the manuscript on the abstract/keywords page. It should be written in language that is easily understood by both professionals and members of the lay public.

When an accepted paper is published, these sentences will be boxed beneath the abstract for easy accessibility. All such descriptions will also be published as part of the table of contents, as well as on the journal's web page. This new policy is in keeping with efforts to increase dissemination and usage by larger and diverse audiences.

Examples of these 2–3 sentences include the following:

- "This study highlights how certain therapist practices relate to the experiences of clients who are in consensually nonmonogamous (CNM) relationships. The results identify practices that are perceived as generally helpful or unhelpful, and point to the need for additional research, training, and guidelines to bridge therapists' knowledge gap regarding CNM."
- "This study suggests that nonsuicidal self-injury (NSS) among transmasculine people may be related to a combination of known risk factors for NSSI and experiences of stress from stigma due to their transgender identity. Findings highlight the need for health care providers to anticipate stressors related to transgender identity development in the context of societal stigma attached to gender minority identities and NSSI, take steps to intervene at the individual and family levels, and advocate for changes in policy to reduce stigma and facilitate gender affirmation."
- "As the Latinx population in the U.S. continues to grow, it is important to examine the consequences associated with multiple identities and interlocking systems of

inequality. This intersectionality framework has the potential to advance our understanding of Latinx mental health but several theoretical, methodological, and statistical issues must be considered."

- "Inhibitory processes, particularly related to temporal attention, may play a critical role in response to exposure therapy for posttraumatic stress disorder (PTSD). The main finding that individuals with PTSD who made more clinical improvement showed faster improvement in inhibition over the course of exposure therapy supports the utility of novel therapeutic interventions that specifically target attentional inhibition and better patient-treatment matching."
- "When children participated in the enriched preschool program Head Start REDI, they were more likely to follow optimal developmental trajectories of social-emotional functioning through third grade. Ensuring that all children living in poverty have access to high-quality preschool may be one of the more effective means of reducing disparities in school readiness and increasing the likelihood of lifelong success."

To be maximally useful, these statements of public health significance should not simply be sentences lifted directly from the manuscript.
They are meant to be informative and useful to any reader. They should provide a bottom-line, take-home message that is accurate and easily understood. In addition, they should be able to be translated into media-appropriate statements for use in press releases and on social media.
Please refer to the Guidance for Translational Abstracts and Public Significance Statements page to help you write this text.

Additional manuscript preparation instructions

Display equations

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.
To construct your equations with MathType or Equation Editor 3.0:

- Go to the Text section of the Insert tab and select Object.
- Select MathType or Equation Editor 3.0 in the drop-down menu.

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.
Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

Computer code

Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.
In online supplemental material

We request that runnable source code be included as supplemental material to the article. For more information, visit Supplementing Your Article With Online Material.

In the text of the article

If you would like to include code in the text of your published manuscript, please submit a separate file with your code exactly as you want it to appear, using Courier New font with a type size of 8 points. We will make an image of each segment of code in your article that exceeds 40 characters in length. (Shorter snippets of code that appear in text will be typeset in Courier New and run in with the rest of the text.) If an appendix contains a mix of code and explanatory text, please submit a file that contains the entire appendix, with the code keyed in 8-point Courier New.

Tables

Use Word's Insert Table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

Academic writing and English language editing services

Authors who feel that their manuscript may benefit from additional academic writing or language editing support prior to submission are encouraged to seek out such services at their host institutions, engage with colleagues and subject matter experts, and/or consider several vendors that offer discounts to APA authors.

Please note that APA does not endorse or take responsibility for the service providers listed. It is strictly a referral service.

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Supplemental materials

APA can place supplemental materials online, available via the published article in the PsycArticles® database. Please see Supplementing Your Article With Online Material for more details.

References

List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the references section.

Examples of basic reference formats:

Journal article

McCauley, S. M., & Christiansen, M. H. (2019). Language learning as language use: A cross-linguistic model of child language development. *Psychological Review*, *126*(1), 1–51. https://doi.org/10.1037/rev0000126

Authored book

Brown, L. S. (2018). *Feminist therapy* (2nd ed.). American Psychological Association. https://doi.org/10.1037/0000092-000

Chapter in an edited book

Balsam, K. F., Martell, C. R., Jones. K. P., & Safren, S. A. (2019). Affirmative cognitive behavior therapy with sexual and gender minority people. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive behavior therapy: Practice and supervision* (2nd ed., pp. 287–314). American Psychological Association. https://doi.org/10.1037/0000119-012

Figures

Preferred formats for graphics files are TIFF and JPG, and preferred format for vector-based files is EPS. Graphics downloaded or saved from web pages are not acceptable for

publication. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file. When possible, please place symbol legends below the figure instead of to the side.

Resolution

- All color line art and halftones: 300 DPI
- Black and white line tone and gray halftone images: 600 DPI

Line weights

- Adobe Photoshop images
  - Color (RGB, CMYK) images: 2 pixels
  - Grayscale images: 4 pixels
- Adobe Illustrator Images
  - Stroke weight: 0.5 points

APA offers authors the option to publish their figures online in color without the costs associated with print publication of color figures.

The same caption will appear on both the online (color) and print (black and white) versions. To ensure that the figure can be understood in both formats, authors should add alternative wording (e.g., "the red (dark gray) bars represent") as needed.

For authors who prefer their figures to be published in color both in print and online, original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay:

- $900 for one figure
- An additional $600 for the second figure
- An additional $450 for each subsequent figure

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APA policy prohibits an author from submitting the same manuscript for concurrent consideration by two or more publications.

See also APA Journals® Internet Posting Guidelines.

APA requires authors to reveal any possible conflict of interest in the conduct and reporting of research (e.g., financial interests in a test or procedure, funding by pharmaceutical companies for drug research).

- Download Disclosure of Interests Form (PDF, 38KB)

Authors of accepted manuscripts are required to transfer the copyright to APA.

- For manuscripts **not** funded by the Wellcome Trust or the Research Councils UK Publication Rights (Copyright Transfer) Form (PDF, 83KB)
- For manuscripts funded by the Wellcome Trust or the Research Councils UK Wellcome Trust or Research Councils UK Publication Rights Form (PDF, 34KB)

Ethical Principles

It is a violation of APA Ethical Principles to publish "as original data, data that have been previously published" (Standard 8.13).

In addition, APA Ethical Principles specify that "after research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release" (Standard 8.14).

APA expects authors to adhere to these standards. Specifically, APA expects authors to have their data available throughout the editorial review process and for at least 5 years after the date of publication.

Authors are required to state in writing that they have complied with APA ethical standards in the treatment of their sample, human or animal, or to describe the details of treatment.

- Download Certification of Compliance With APA Ethical Principles Form (PDF, 26KB)

The APA Ethics Office provides the full Ethical Principles of Psychologists and Code of Conduct electronically on its website in HTML, PDF, and Word format. You may also request a copy by emailing or calling the APA Ethics Office (202-336-5930). You may also read "Ethical Principles," December 1992, *American Psychologist*, Vol. 47, pp. 1597–1611.

Other information

Visit the Journals Publishing Resource Center for more resources for writing, reviewing, and editing articles for publishing in APA journals.

Appendix B: PRISMA Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Page 1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Page 2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Page 5
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 5
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Page 5
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 6
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Page 6
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Page 6
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Page 6
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Page 8
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	-
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Page 7, 8
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	-
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Page 9
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	-
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Page 12
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	-
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	-
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	-
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	-
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Page 10,11

Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Page 6
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Page 7
Study characteristics	17	Cite each included study and present its characteristics.	Page 9
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Page 10, 11
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	-
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Page 10,11
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	-
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	-
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	-
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	-
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Page 10, 11
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Page 17, 18
	23b	Discuss any limitations of the evidence included in the review.	Page 20, 21
	23c	Discuss any limitations of the review processes used.	Page 20, 21
	23d	Discuss implications of the results for practice, policy, and future research.	Page 20
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Page 5
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Page 5
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	-
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Page 1
Competing interests	26	Declare any competing interests of review authors.	Page 1
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	-

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71
For more information, visit: http://www.prisma-statement.org/

Appendix C: Full Search Terms

Database	Search String
Academic Search Ultimate (EBSCO)	Clinical N3 psychologist* OR DE “CLINICAL psychologists” AND "Self care*” OR self-care OR well-being OR wellbeing OR burnout OR resilien* OR stress OR DE "PSYCHOLOGICAL well-being") OR DE "MENTAL health of psychologists" OR DE "PSYCHOLOGICAL burnout" AND "National health service" OR NHS OR "united kingdom" OR UK OR england OR scotland OR Ireland
MEDLINE (EBSCO)	Clinical N3 psychologist* AND "Self care*” OR self-care OR well-being OR wellbeing OR burnout OR resilien* OR stress OR MH "Burnout, Psychological" OR MH "Stress, Psychological" AND "National health service" OR NHS OR "united kingdom" OR UK
PsycInfo (EBSCO)	Clinical N3 psychologist* OR DE "Clinical Psychologists" OR DE "Psychologists" AND "Self care*” OR self-care OR well-being OR wellbeing OR burnout OR resilien* OR stress OR DE "Self-Care" OR DE "Burnout" AND "National health service" OR NHS OR "united kingdom" OR UK OR england OR scotland OR Ireland

CINAHL (EBSCO)	Clinical N3 psychologist* OR MH "Psychologists" AND "Self care*" OR self-care OR well-being OR wellbeing OR burnout OR resilien* OR stress OR MH "Psychological Well-Being" OR MH "Mental Health" OR MH "Burnout, Professional" AND "National health service" OR NHS OR "united kingdom" OR UK OR england OR scotland OR Ireland
Scopus	Clinical W/3 psychologist* - All Title, Abstract, Keywords AND "Self care*" OR self-care OR well-being OR wellbeing OR burnout OR resilien* OR stress – All Title, Abstract, Keywords AND "National health service" OR NHS OR "united kingdom" OR UK OR england OR scotland OR Ireland – All Title, Abstract, Keywords

Appendix D: MMAT Tool

Part I: Mixed Methods Appraisal Tool (MMAT), version 2018

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5 Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to adsdress the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Appendix E: Professional Psychology: Research and Practice Author Guidelines

Manuscript length and style

A standard serif font (e.g., Times New Roman) of 12 points (no smaller) should be used and margins should be set to at least 1 inch on all sides. The entire paper (text, references, tables, etc.) must be double spaced and written in the style described in the APA Publication Manual. Typically, manuscripts should not exceed 30 pages (including cover page, abstract, text, references, tables, and figures). However, if your material requires additional pages, please consult with *Professional Psychology: Research and Practice's* editor.

For general guidelines to style, authors should study articles previously published in the journal. They should note that the readership of *Professional Psychology: Research and Practice* consists of psychologists from a broad range of subspecialties engaged mainly in practice, and some in training careers.

The introduction of the manuscript should be written to anchor the topic in the experiential world of these readers. The final section should be an implications and applications section, which provides concrete and usable information that can be used in everyday clinical practice or in training programs. View additional writing guidelines. Those needing assistance with English language or academic writing may find information about several available editing services. These services may provide discounts for those submitting manuscripts to APA journals.

Professional Psychology: Research and Practice accepts brief reports that may not meet requirements for full-length manuscripts because of limited focus or applicability; innovative work with preliminary findings in need of replication or stronger empirical evidence; or replications studies of existing work applied to new populations, problems, or settings. Replication submissions should include "A Replication of XX Study" in the subtitle of the manuscript as well as in the abstract. Brief reports should not exceed 16 manuscript pages, including abstract, references, tables, and figures. Brief reports cannot focus on material previously published, and authors must agree not to submit a full report of the study to another journal while the brief report is under review or after it is published in *Professional Psychology: Research and Practice* .

Masked review policy

Professional Psychology: Research and Practice uses a masked reviewing system.

In order to permit anonymous review, all authors' names, affiliations, and contact information should be removed from the manuscript itself and included instead in the submittal letter. Every effort should be made by the authors to see that the manuscript itself contains no clues to their identities, including grant numbers, names of institutions providing IRB approval, self-citations, and links to online repositories for data, materials, code, or preregistrations (e.g., Create a View-only Link for a Project).

Please ensure that the final version for production includes a byline and full author note for typesetting.

Journal Article Reporting Standards

Authors shoulr review the APA Style Journal Article Reporting Standards (JARS) for quantitative, qualitative, and mixed methods. The standards offer ways to improve transparency in reporting to ensure that readers have the information necessary to evaluate the quality of the research and to facilitate collaboration and replication.

The JARS:

- recommend the division of hypotheses, analyses, and conclusions into primary, secondary, and exploratory groupings to allow for a full understanding of quantitative analyses presented in a manuscript and to enhance reproducibility;
- offer modules for authors reporting on replications, clinical trials, longitudinal studies, and observational studies, as well as the analytic methods of structural equation modeling and Bayesian analysis; and
- include guidelines on reporting of study preregistration (including making protocols public); participant characteristics (including demographic characteristics); inclusion and exclusion criteria; psychometric characteristics of outcome measures and other variables; and planned data diagnostics and analytic strategy.

The guidelines focus on transparency in methods reporting, recommending descriptions of how the researcher's own perspective affected the study, as well as the contexts in which the research and analysis took place.

Equity, diversity, and inclusion in *Professional Psychology*

Professional Psychology is committed to improving equity, diversity, and inclusion (EDI) in scientific research, in line with the APA Publishing EDI framework and APA's trio of 2021 resolutions to address systemic racism in psychology.

The journal encourages submissions which extend beyond Western, educated, industrialized, rich, and democratic (WEIRD) samples (Henrich, et al., 2010). The journal welcomes submissions which feature Black, Indigenous, and People of Color (BIPOC) and other historically marginalized sample populations. The journal particularly welcomes submissions which feature collaborative research models (e.g., community-based participatory research [CBPR]; see Collins, et al., 2018) and study designs that address heterogeneity within diverse samples. Studies focused exclusively on BIPOC and other historically excluded populations are also welcome.

To promote a more equitable research and publication process, *Professional Psychology* has adopted the following standards for inclusive research reporting.

Author contributions statements using CRediT

APA stipulates that "authorship encompasses…not only persons who do the writing but also those who have made substantial scientific contributions to a study." In the spirit of transparency and openness, *Professional Psychology* has adopted the Contributor Roles Taxonomy (CRediT) to allow authors the option to describe each author's individual contributions to the work. CRediT offers authors the opportunity to share an accurate and detailed description of their diverse contributions to a manuscript.

Utilization of author contributions statements is optional. Submitting authors will be asked to identify the contributions of all authors at initial submission according to this taxonomy. Authors can claim credit for more than one contributor role, and the same role can be attributed to more than one author.

If the manuscript is accepted for publication, the CRediT designations will be published as an author contributions statement in the author note of the final article. All authors should have reviewed and agreed to their individual contribution(s) before submission.

Participant description, sample justification, and informed consent

The method section of each empirical report must contain a detailed description of the study participants, which should include (but is not limited to) the following:

- age
- sex
- gender
- racial identity

- ethnicity
- nativity or immigration history
- socioeconomic status
- clinical diagnoses and comorbidities (as appropriate)
- any other relevant demographics (e.g., disability status; sexual orientation)

In both the abstract and in the discussion section of the manuscript, authors should discuss the diversity of their study samples and the generalizability of their findings (see also the constraints on generality section below).

Authors should also **justify their sample demographics** in the discussion section. If Western, educated, industrialized, rich, and democratic (WEIRD) or all-White samples are used, authors should justify their samples and describe their sample inclusion efforts (see Roberts, et al., 2020 for more information on justifying sample demographics).

The method section also must include a statement describing how informed consent was obtained from the participants (or their parents/guardians), including for secondary use of data if applicable, and indicate that the study was conducted in compliance with an appropriate Internal Review Board.

Constraints on generality

In the Discussion, preferably in a subsection titled "Constraints on generality," authors should include a detailed discussion of the limits on generality of their research (see Simons, Shoda, & Lindsay, 2017 for discussion and examples). In this section, authors should identify and justify the target populations for their findings, and address limits on generality not only for participants but for materials, procedures, and context. They should also specify which methods they believe could be varied without affecting the result and which should remain constant for the purposes of replication.

Positionality statements

Authors are encouraged to add a positionality statement from each individual author or collectively, from the group of authors. Positionality statements are intended to address potential author bias by transparently reporting how the identities of the authors relate to the research/article topic and to the identity of the participants, as well as the extent to which those identities are represented in the scientific record. The statement should be included in the author note and expanded upon in the Discussion section. See this example from Jovanova, et al. (2022):

- Sample positionality statement: "Mindful that our identities can influence our approach to science (Roberts, et al. 2020), the authors wish to provide the reader with information about our backgrounds. With respect to gender, when the manuscript was drafted, four authors self-identified as women and four authors as men. With respect to race, six authors self-identified as white, one as South Asian and one as East Asian."

For more guidance on writing positionality statements, see Roberts, et al. (2020) and Hamby (2018).

Reflexivity

The journal welcomes submissions that proactively challenge racism and other forms of oppression. In line with the APA Guidelines on Race and Ethnicity in Psychology (2019), authors are encouraged to include reflexive statements in the discussion section, addressing the following questions.

- What are the policy implications of these findings for professional practice?

- Could this research be misinterpreted or misused to negatively affect underrepresented groups? Does the research have the potential to cause harm to vulnerable groups? If so, how can this be addressed and mitigated?
- Does the design or framing of this research reinforce negative stereotypes about marginalized populations?
- What roles do the researcher(s)' values and worldview play in the selection of this topic or design of the study?

Inclusive reference lists

Research has shown that there is often a racial/ethnic and gender imbalance in article reference lists, and that Black women's work is disproportionately not credited or cited as often as White authors' work (Kwon, 2022). Authors are strongly encouraged to ensure their citations are fully representative by both gender and racial identity before submitting and during the manuscript revision process. Authors are encouraged to evaluate the race and gender of the authors in their reference lists (see this open-source code by Zhou, et al., 2020, that authors can use to predict the gender and race of the authors in their reference lists) and to report the results in a **citation diversity statement** in the author note or Discussion section of the manuscript.

See Dworkin, et al. (2020)'s sample citation diversity statement:

> "*Citation Diversity Statement*. Recent work in neuroscience and other fields has identified a bias in citation practices such that papers from women and other minorities are under-cited relative to the number of such papers in the field (Caplar et al., 2017, Chakravartty et al., 2018, Dion et al., 2018, Dworkin et al., 2020, Maliniak et al., 2013, Thiem et al., 2018). Here, we sought to proactively consider choosing references that reflect the diversity of the field in thought, gender, race, geography, seniority, and other factors. We used automatic classification of gender based on the first names of the first and last authors (Dworkin et al., 2020, Zhou et al., 2020), with possible combinations including man/man, man/woman, woman/man, and woman/woman. Code for this classification is open source and available online (Zhou et al., 2020). We regret that our current methodology is limited to consideration of gender as a binary variable. Excluding self-citations to the first and last authors of our current paper, the references contain 12.5% man/man, 25% man/woman, 25% woman/man, 37.5% woman/woman, and 0% unknown categorization. We look forward to future work that could help us to better understand how to support equitable practices in science."

Transparency and openness

APA endorses the Transparency and Openness Promotion (TOP) Guidelines by a community working group in conjunction with the Center for Open Science (Nosek et al. 2015). Effective July 1, 2021, empirical research, including meta-analyses, submitted to *Professional Psychology: Research and Practice* must at least meet the "disclosure" level for all eight aspects of research planning and reporting. Authors should include a subsection in the method section titled "Transparency and Openness." This subsection should detail the efforts the authors have made to comply with the TOP guidelines. For example:

- This article follows the JARS reporting standards (Kazak, 2018). Analysis code and research materials are available at [stable link to repository]. Data are available to qualified investigators who follow the procedures for data access specified by [repository such as ICPSR]. We used MAXQDA 2020 (VERBI Software, 2019) for data analysis. This study's design and its analysis were not preregistered.
- This article follows the JARS reporting standard (Kazak, 2018). Analysis code and research materials are available at [stable link to repository]. Data are the property of

the institution where they were gathered and are not available for release. Data were analyzed using R, version 4.0.0 (R Core Team, 2020). This study's design was pre-registered at clinicaltrials.gov (identifer NCT00287391). Its analysis plan was not pre-registered.

Links to preregistrations and data, code, and materials should also be included in the author note.

Data, materials, and code

Authors must state whether data and study materials are available and, if so, where to access them. Recommended repositories include APA's repository on the Open Science Framework (OSF), or authors can access a full list of other recommended repositories.

In both the author note and at the end of the method section, specify whether and where the data and material will be available or include a statement noting that they are not available. For submissions with quantitative or simulation analytic methods, state whether the study analysis code is available, and, if so, where to access it.

For example:

- Data are available from [the author; XX Hospital].
- Data may be requested from [XX clinical/educational institution].
- To protect participant privacy given the nature of the information gathered for this study, data are not available for release.
- All data have been made publicly available at the [repository name] and can be accessed at [persistent URL or DOI].
- Materials and analysis code for this study are available by emailing the corresponding author.
- Materials and analysis code for this study are not available.
- The code behind this analysis/simulation has been made publicly available at the [repository name] and can be accessed at [persistent URL or DOI].

Preregistration of studies and analysis plans

Preregistration of studies and specific hypotheses can be a useful tool for making strong theoretical claims. Likewise, preregistration of analysis plans can be useful for distinguishing confirmatory and exploratory analyses. Investigators are encouraged to preregister their studies and analysis plans prior to conducting the research (e.g., ClinicalTrials.gov, the Preregistration for Quantitative Research in Psychology template, or the Qualitative Preregistration template) via a publicly accessible registry system (e.g., OSF, ClinicalTrials.gov, or other trial registries in the WHO Registry Network).

Articles must state whether or not any work was preregistered and, if so, where to access the preregistration. If any aspect of the study is preregistered, include the registry link in the Method section and the author note.

For example:

- This study's design was preregistered; see [STABLE LINK OR DOI].
- This study's design and hypotheses were preregistered; see [STABLE LINK OR DOI].
- This study's analysis plan was preregistered; see [STABLE LINK OR DOI].
- This study was not preregistered.

Manuscript preparation

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* using the 7th edition. Manuscripts may be copyedited for bias-free language (see Chapter 5 of the *Publication Manual*).

Review APA's Journal Manuscript Preparation Guidelines before submitting your article. Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*. Additional guidance on APA Style is available on the APA Style website.
Below are additional instructions regarding the preparation of Public Significance Statements, display equations, computer code, and tables.

Public Significance Statement
Please submit a Public Significance Statement: a short statement of 1-2 sentences written in plain English for the educated public. This text should summarize the article's findings and why they are important (e.g., understanding human thought, feeling, and behavior and/or to assisting with solutions to psychological or societal problems). This article feature allows authors greater control over how their work will be interpreted by key audiences – practitioners, policy makers, news media, members of the public, etc. Please refer to Guidance for Translational Abstracts and Public Significance Statements to help you write this text.

Display equations
We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.
To construct your equations with MathType or Equation Editor 3.0:

- Go to the Text section of the Insert tab and select Object.
- Select MathType or Equation Editor 3.0 in the drop-down menu.

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.
Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

Computer code
Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.

In online supplemental material
We request that runnable source code be included as supplemental material to the article. For more information, visit Supplementing Your Article With Online Material.

In the text of the article
If you would like to include code in the text of your published manuscript, please submit a separate file with your code exactly as you want it to appear, using Courier New font with a type size of 8 points. We will make an image of each segment of code in your article that

exceeds 40 characters in length. (Shorter snippets of code that appear in text will be typeset in Courier New and run in with the rest of the text.) If an appendix contains a mix of code and explanatory text, please submit a file that contains the entire appendix, with the code keyed in 8-point Courier New.

Tables

Use Word's insert table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

Academic writing and English language editing services

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APA can place supplemental materials online, available via the published article in the PsycArticles® database. Please see Supplementing Your Article With Online Material for more details.

Abstract and keywords

All manuscripts must include an abstract containing a maximum of 250 words typed on a separate page. After the abstract, please supply up to five keywords or brief phrases.

References

List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the references section.

Examples of basic reference formats:

Journal article

McCauley, S. M., & Christiansen, M. H. (2019). Language learning as language use: A cross-linguistic model of child language development. *Psychological Review*, *126*(1), 1–51. https://doi.org/10.1037/rev0000126

Authored book

Brown, L. S. (2018). *Feminist therapy* (2nd ed.). American Psychological Association. https://doi.org/10.1037/0000092-000

Chapter in an edited book

Balsam, K. F., Martell, C. R., Jones. K. P., & Safren, S. A. (2019). Affirmative cognitive behavior therapy with sexual and gender minority people. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive behavior therapy: Practice and supervision* (2nd ed., pp. 287–314). American Psychological Association. https://doi.org/10.1037/0000119-012

Data set citation

Alegria, M., Jackson, J. S., Kessler, R. C., & Takeuchi, D. (2016). Collaborative Psychiatric Epidemiology Surveys (CPES), 2001–2003 [Data set]. Inter-university Consortium for Political and Social Research. https://doi.org/10.3886/ICPSR20240.v8

Software/Code citation

Viechtbauer, W. (2010). Conducting meta-analyses in R with the metafor package. *Journal of Statistical Software*, 36(3), 1–48. https://www.jstatsoft.org/v36/i03/
Wickham, H. et al., (2019). Welcome to the tidyverse. *Journal of Open Source Software, 4*(43), 1686, https://doi.org/10.21105/joss.01686

All data, program code, and other methods not original to the submitted work (developed by others) should be appropriately cited in the text and listed in the references section.

Commentaries and responses
Professional Psychology: Research and Practice occasionally publishes commentaries and responses to commentaries when these manuscripts provide educational value to journal readers. Editors are under no obligation to publish these materials.

Commentaries
In general, commentaries are not encouraged unless they contain educational value. Commentaries should be based on data, theory, or existing literature. Commentaries should be respectful in tone, and must not be personal or harsh. They should be approximately half the length of the manuscript on which the commentary is based, including title page, references, and tables, and figures. Commentaries are sent out for peer review. If accepted for publication, the authors of the original article will be invited to respond to the commentary, and both the commentary and response will be published simultaneously. Except in very unusual circumstances, that will end the discussion in this journal. Commentaries should be titled as "Commentary on [insert author last name(s) of article being commented on]'s + [insert title of article being commented on]."

Replies
If a comment is accepted for publication, efforts will be made to contact the author of the original article on which the commentary was based, and to invite the original author to respond. A time limit for responding will be set, typically 4–6 weeks after the author is invited to respond. Replies to commentaries should be no longer than the commentary itself, including title page, references, tables, and figures. Replies must be respectful in tone, and must not be personal or harsh. Replies are sent out for peer review. If accepted for publication, the commentary and reply will be published simultaneously. Except in very unusual circumstances, that will end the discussion in this journal. Replies should be titled as "Reply to [insert last name(s) of commentary author(s)]'s + [insert title of commentary being replied to]."

Figures
Preferred formats for graphics files are TIFF and JPG, and preferred format for vector-based files is EPS. Graphics downloaded or saved from web pages are not acceptable for publication. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file. When possible, please place symbol legends below the figure instead of to the side.

Resolution
- All color line art and halftones: 300 DPI
- Black and white line tone and gray halftone images: 600 DPI

Line weights
- Adobe Photoshop images
    - Color (RGB, CMYK) images: 2 pixels
    - Grayscale images: 4 pixels

- Adobe Illustrator Images
    - Stroke weight: 0.5 points

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It is a violation of APA Ethical Principles to publish "as original data, data that have been previously published" (Standard 8.13).
In addition, APA Ethical Principles specify that "after research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the

participants can be protected and unless legal rights concerning proprietary data preclude their release" (Standard 8.14).
APA expects authors to adhere to these standards. Specifically, APA expects authors to have their data available throughout the editorial review process and for at least 5 years after the date of publication.
Authors are required to state in writing that they have complied with APA ethical standards in the treatment of their sample, human or animal, or to describe the details of treatment.

- Download Certification of Compliance With APA Ethical Principles Form (PDF, 26KB)

The APA Ethics Office provides the full Ethical Principles of Psychologists and Code of Conduct electronically on its website in HTML, PDF, and Word format. You may also request a copy by emailing or calling the APA Ethics Office (202-336-5930). You may also read "Ethical Principles," December 1992, *American Psychologist*, Vol. 47, pp. 1597–1611.

Other information
Visit the Journals Publishing Resource Center for more resources for writing, reviewing, and editing articles for publishing in APA journals.

Appendix F: HRA & NHS Trust R&D Ethical Approval

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

NHS
Health Research Authority

Miss Sibella Riccio
University of East Anglia
Norwich Research Park
Norwich
NR4 7TJ

Email: approvals@hra.nhs.uk

28 April 2022

Dear Miss Riccio,

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**Clinical Psychologists' Experience of the Role that Reflective Practice plays in their Self-Care.**
IRAS project ID:	**309181**
Protocol number:	**N/A**
REC reference:	**22/HRA/1205**
Sponsor	**Research and Innovation Services, University of East Anglia**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?
HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?

The *"After HRA Approval – guidance for sponsors and investigators"* document on the HRA website gives detailed guidance on reporting expectations for studies with HRA and HCRW Approval, including:

- Registration of Research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?
Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **309181**. Please quote this on all correspondence.

Yours sincerely,

Margaret Hutchinson
Approvals Specialist
Email: approvals@hra.nhs.uk

Copy to: *Polly Harrison*

List of Documents

The final document set assessed and approved by HRA and HCRW Approval is listed below.

Document	*Version*	*Date*
Copies of materials calling attention of potential participants to the research [Study Advert]	1	13 October 2021
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [UEA EL PL 2021-22]	1	11 March 2022
Interview schedules or topic guides for participants [Draft Topic Guide]	1	05 March 2022
IRAS Application Form [IRAS_Form_18032022]		18 March 2022
IRAS Checklist XML [Checklist_18032022]		18 March 2022
IRAS Checklist XML [Checklist_23042022]		23 April 2022
Letter from sponsor [I&I Cover Letter 07.03.2022]	1	07 March 2022
Letters of invitation to participant [Draft E-mail]	1	05 March 2022
Organisation Information Document [Organisation Information Document – IRAS 309181]	1	23 April 2022
Participant consent form [Consent form]	1	13 October 2021
Participant information sheet (PIS) [PIS]	1	13 October 2021
Research protocol or project proposal [Thesis Proposal]	2	13 October 2021
Schedule of Events or SoECAT [SoE]	1	05 March 2022
Summary CV for Chief Investigator (CI) [Chief Investigator (CI) CV]	1	05 March 2022
Summary CV for student [Chief Investigator (CI) CV]	1	05 March 2022
Summary CV for supervisor (student research) [Paul IRAS CV]	1	05 March 2022
Summary CV for supervisor (student research) [Imogen IRAS CV]	1	15 April 2022
Summary of any applicable exclusions to sponsor insurance (non-NHS sponsors only) [UEA PI 2021-22]	1	11 March 2022

Information to support study set up

The below provides all parties with information to support the arranging and confirming of capacity and capability with participating NHS organisations in England and Wales. This is intended to be an accurate reflection of the study at the time of issue of this letter.

Types of participating NHS organisation	Expectations related to confirmation of capacity and capability	Agreement to be used	Funding arrangements	Oversight expectations	HR Good Practice Resource Pack expectations
There is only one participating NHS organisation therefore there is only one site type.	Organisations will not be required to formally confirm capacity and capability, and research procedures may begin immediately after provision of the local information pack, provided the following conditions are met. You have contacted participating NHS organisations (see below for details) HRA and HCRW Approval has been issued. The NHS organisation has not provided a reason as to why they cannot participate. The NHS organisation has not requested additional time	An Organisational Information Document has been submitted and the sponsor is not requesting and does not expect any other site agreement to be used.	No application for external funding will be made	The Chief Investigator will be responsible for all research activities performed at study sites	No Honorary Research Contracts, Letters of Access or pre-engagement checks are expected for local staff employed by the participating NHS organisations. Where arrangements are not already in place, research staff not employed by the NHS host organisation undertaking any of the research activities listed in the research application would be expected to hold Letters of Access if focus groups/interviews were held in clinical areas. Letters of Access would not be expected if they were held in non-clinical/administrative buildings.

	to confirm. You may start the research prior to the above deadline if HRA and HCRW Approval has been issued and the site positively confirms that the research may proceed. You should now provide the local information pack for your study to your participating NHS organisations. A current list of R&D contacts is accessible at the NHS RD Forum website and these contacts MUST be used for this purpose. The password to access the R&D contact list is Redhouse1.				

Other information to aid study set-up and delivery

This details any other information that may be helpful to sponsors and participating NHS organisations in England and Wales in study set-up.
The applicant has indicated that they do not intend to apply for inclusion on the NIHR CRN Portfolio.

FW: IRAS 309181. Provision of local information pack to [redacted] NHS Foundation Trust - [redacted]

JK [redacted]

Monday, 16 May 2022 at 13:16

To: Sibella Riccio (MED - Postgraduate Researcher)

Warning: This email is from outside the UEA system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Dear Bella

RE: IRAS 309181, Clinical Psychologists' Experience of the Role that Reflective Practice plays in their Self-Care.

Thank you for providing the local information pack for the above study. The [redacted] NHS Foundation Trust has no objections to the study taking place.

Best wishes

[redacted]

Working Days
Mon-Thurs

Appendix G: UEA Ethical Approval

University of East Anglia
Norwich Research Park
Norwich. NR4 7TJ

Email: ethicsapproval@uea.ac.uk
Web: www.uea.ac.uk

Study title: Clinical Psychologists' Experience of the Role that Reflective Practice plays in their Self-Care.

Application ID: ETH2122-1484 (significant amendments)

Dear Sibella,

Your amendment to your study was considered on 15th March 2022 by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

If your study involves NHS staff and facilities, you will require Health Research Authority (HRA) governance approval before you can start this project (even though you did not require NHS-REC ethics approval). Please consult the HRA webpage about the application required, which is submitted through the IRAS system.

This approval will expire on **29th September 2023**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

Please can you send your report once your project is completed to the FMH S-REC (fmh.ethics@uea.ac.uk).

I would like to wish you every success with your project.

On behalf of the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee)

Yours sincerely,

Paul Linsley

Appendix H: Study Advert

Clinical Psychology, The Role of Reflective Practice in Self-Care Research

An invitation for all Clinical Psychologists to share their experiences of reflective practice and self-care.

About Me
My name is Sibella Riccio and I am a trainee Clinical Psychologist. I have an interest in the use of reflective practice amongst Clinical Psychologists and the role that it plays in self-care in day-to-day work life.

What is this research about?
As you may be aware, in the current literature, reflective practice has not been and is not easily defined. There are various definitions of reflective practice and there does not seem to be a mutual agreement around how it is best defined. In addition to this, there also seems to be the same lack of consensus surrounding the definition of self-care, within Clinical Psychology. Relevant bodies such as the HCPC and BPS outline the way in which Psychologists should meet the competency of being 'reflective practitioners', as well as be able to 'maintain fitness to practice' within their professional role. Studies have highlighted that Psychologists consider reflective practice as valuable and beneficial to them both professionally and personally.

Research has also shown that staff within the NHS are experiencing feelings of stress, fatigue and burnout as the service faces such significant financial pressures. There has been very limited research carried out exploring Psychologists' experiences of self-care and specifically the role that reflective practice plays in their self-care during their day-to-day professional life. This research therefore aims to hear about the individual and unique experiences of reflective practice and self-care, to begin gaining and deepening our understanding within this area.

Want to know more?
Please e-mail me at s.riccio@uea.ac.uk if you want to know more about this research or have any questions.

Appendix I: Study Information Sheet

Clinical Psychologists' experience of the role that reflective practice plays in their self-care.

Participant Information Sheet

This leaflet aims to explain the research and the process that will take place if you decide to take part in it.

What is the research about?

The aim of this research is to gain a deeper understanding of Clinical Psychologists' experiences of the role that reflective practice plays in their self-care, in their day-to-day work. By gaining insight and deepening our understating about the individual experience, we hope to contribute to the existing knowledge around reflective practice and self-care. This research is a thesis is a doctoral thesis project.

Who is conducting this research?

The research study is being undertaken by Sibella Riccio as part of her Doctorate in Clinical Psychology at the University of East Anglia. This study has been reviewed and approved by UEA FMH-REC Ethics. It has also gained HRA (Health Research Authority) governance approval. This research is being sponsored by the University of East Anglia.

Why am I invited to take part?

You have been approached to take part in this study as you have been identified as a Clinical Psychologist working within the NHS. By taking part, you will help to contribute to the existing knowledge of reflective practice and self-care.

Do I have to participate?

No, you do not have to take part. Participation for this study is voluntary and if you decide not to become involved you do not need to provide a reason at all. If you decide to participate and later change your mind, this is also ok and you can withdraw at any time up to 2 weeks after your interview, when all anonymised you choose to take part in this study or not, your professional relations with the University or any current or future supervisory roles will not be impacted.

What would I have to do in the study?

If you agree to take part in this study, I will arrange to meet you online via Microsoft Teams, at a time convenient to you. The interview would last around one hour. In the interview I will ask you a variety of questions about your experience of reflective practice and self-care within your professional role. If you give your consent, your interview will be recorded via Microsoft Teams and will then be transcribed. If an individual/company is used for transcription, the researcher will ensure that data processing agreements are in place to ensure confidentiality and privacy throughout the process. The information you give me during the interview will be analysed and written up as a report which will be disseminated and published in relevant journals.

Will I be paid for participating?

There won't be any payment involved for taking part in this study, but we would be extremely grateful for your time and participation.

Will my information be kept confidential?

All information that is collected throughout the research process will be kept strictly confidential in line with the Data Protection Act 2018 and GDPR, unless the researcher feels there is significant imminent risk to yourself or others. Once the interview has been audio recorded, it will be transcribed to written text. You will then be allocated a participant ID number and there will be a list of interviewee names and their corresponding ID numbers, which will be stored on a password protected computer that only the researcher and their supervisor has access to. Although verbatim quotes from the interviews may be included in the study write up/report, your real name will not be used and the researcher will do everything to protect anonymity.

How will we use information about you?

We will need to use information from you for this research project.

This information will include your name and contact details. People will use this information to do the research or to check your records to make sure that the research is being done properly.

People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

We will keep all information about you safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

What are your choices about how your information is used?

- You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.
- We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- our leaflet available from www.hra.nhs.uk/patientdataandresearch
- by asking one of the research team
- by sending an email to Ellen Paterson dataprotection@uea.ac.uk, or
- by ringing us on 01603 592431.

What next?

If you are willing to consider taking part in an interview, please email Sibella Riccio s.riccio@uea.ac.uk. I will then contact you by email or telephone and would be happy to answer any questions you may have about this study. If you would like to take part in the study, we will then arrange a convenient time for us to meet online.

If you have any questions

If you would like any further information on the research, please contact Sibella Riccio s.riccio@uea.ac.uk. If you have any concerns about the research you may contact Director of the UEA ClinPsyD programme, Professor Niall Broomfield n.broomfield@uea.ac.uk.

If you would like to make a complaint

If you have any concerns about this research or would like to make a complaint during the research process please contact the Director of the UEA ClinPsyD programme, Professor Niall Broomfield n.broomfield@uea.ac.uk.

Appendix J: Study Consent Form

Consent Form

Participant Identification Number:

Title of Project: **Clinical Psychologists' experience of the role that reflective practice plays in their self-care.**

Name of Researcher: Sibella Riccio

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated…13.10.2021…. (version……2….) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw up to 2 weeks after my interview (when all anonymised data will be analysed), without giving any reason and without this having any impact on my relations with the University of East Anglia and/or my current or future supervisor role. ☐

3. I agree to being interviewed and recorded by the researcher and understand that my interview will transcribed by the researcher/an individual/a transcription service. ☐

4. I understand that my personal information will remain confidential unless the researcher feels that there is significant imminent risk to myself or others. ☐

5. I understand that verbatim quotes from my interview may be included in the write up/report but my real name will not be used and the researcher will do ☐

everything to protect anonymity.

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

Appendix K: Interview Topic Guide

Clinical Psychologists' experience of the role that reflective practice plays in their self-care.

Draft Topic Guide

1. **What is your experience of reflective practice?**

- How would you define reflective practice/what does reflective practice look like for you?
- How often do you feel that you engage in reflective practice?
- Do you feel that reflective practice is helpful to you professionally? Why/why not?

2. **What is your experience of self-care?**

- What does self-care mean for you/look like to you?
- Do you feel that engaging in self-care helps you in your professional life?
- How often do you feel that you engage in self-care?
- How do you notice when you need more self-care?

3. **Do you feel that reflection/reflective practice plays a role in your professional day-to-day self-care?**

- Do you feel that reflecting on your clinical work helps with caring for yourself? Why/why not?
- Do you think there would be an impact on your self-care if you didn't engage in reflection/reflective practice Why/why not?
- Does reflection on your clinical work look different when you aren't caring for yourself as much as you want or need to? Why/why not?
- How do you feel that reflection plays a role in your self-care or others' self-care?

Appendix L: Study Debrief Sheet

Clinical Psychologists' experience of the role that reflective practice plays in their self-care.

Participant Debrief Sheet

We would like to thank you for taking the time to participate in this research.

We hope that as a result of you talking to us about your individual experiences, we are able to begin to develop a deeper understanding of the role that reflective practice plays in self-care, through the lens of Clinical Psychologists.

If you have found that talking about your experiences has brought up difficult or distressing thoughts or feelings that you would like some further support and guidance with, please visit the recommended websites below and/or get in touch with your GP to explore the local support available to you.

- https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/
- https://www.nhs.uk/service-search/find-a-psychological-therapies-service/
- https://www.samaritans.org
- https://www.mind.org.uk

Kind regards,

Sibella Riccio.

Appendix M: Initial Noting & Developing Themes Example

Participant/Line Number	Emergent Themes	Original Transcript	Exploratory Comments
Hazel/214-230		**Researcher:** So do you feel in terms of thinking about reflection and self-care kind of alongside each other, do you feel that reflection helps you to care for yourself?	
	Reflection gives me skills in resilience and coping Through reflection I can make sense of the way I'm feeling	**Hazel:** Yes absolutely. I feel, yes, in a way very fortunate for my line of work because I feel it gives me skills in resilience and coping, I feel like I kind of share those with loved ones as well, take on that role a bit. I wish it was taught in schools much more than perhaps it is. Definitely. Perhaps there's a shorter time lag in terms of me not feeling great, and then being able to address it or at least notice it and think how I can address it, know what's going on for me. It's more of a probably quicker understanding, literacy if you like about my feelings and my knowledge around that and I wonder whether sometimes it might be unhelpful, I've always wanted to do this and I feel like I'm in the right job, but equally there's a fantasy of well if I was in something completely different and I just went to work and didn't have to think about other peoples' distress, and taking on a lot of responsibilities for other people, you know all of that stuff, what would my wellbeing-	'Absolutely' – emphasis on strongly feeling yes it does help Reflection encourages skills in resilience and coping Noticing needing more self-care is important Less of a time lag between noticing and taking action for self-care Reflection encourages more literacy around feelings Reflecting that another role might be less stressful, wellbeing better?
	Reflective skills being perceived by other as sensitivity	would I feel a lot lighter, would I be able to cope better? I don't know. But then that wouldn't be me, and I think I have a natural kind of aptitude to it, but sometimes a reflection I've been told by my sister and my parents that I'm too sensitive, and I think hang on is that sensitivity or is that reflection and psychological skills and stuff. So sometimes it can be used against you, because people don't like it for whatever it brings up in them, and sometimes I think yes sometimes am I reflecting too much and does that bring me down into a spiral? So mostly good but hold it lightly in a way. Especially if it's applied to yourself and if you're not feeling 100% you know. Because we all have our own blind spots, we all obviously by aspiring stuff and judgements and things.	Wouldn't fit with who she is if did another job, natural pull to it Highlighting idea of too much reflection/overthinking, questioning sensitivity or psychological skills 'hold it lightly' - ability to engage with reflection more/less depending on how she's feeling?

Emergent Themes	Quotes	Participant Superordinate Themes	Group Superordinate Theme	Main theme
Seeking safety Noticing if I'm ok Others' noticing if I'm ok	**Katherine:** you'll be expected to be able to talk to them and our patients aren't like that and we're not like that and sometimes it's about getting the right fit uhm so it does feel kind of safe supportive, useful uhm yeah, so there's definitely an element of safety there	I need to feel psychologically safe to reflect and look after myself		
Disruption in self-care Feeling alone when reflecting	**Ruby:** I think it's really unhelpful for some people, I think it disrupts their self-care	If we don't feel safe, reflective practice can be damaging to our self-care	The need for psychological safety when reflecting	The importance of psychological safety
Safety to learn how to look after myself Can't reflect feeling unsafe	**Justine:** it's really important that we try, wherever possible to make sure everybody feels psychologically safe uhm because if one person doesn't that can affect you know everybody, but also that that's just that's important to know that they're not feeling, you know, that's important to address uhm and I guess that's where I feel like my more negative	It isn't possible to reflect without feeling safe		
	experience of the reflective practice where I didn't feel psychologically safe like has helped me to understand the significance of that			
Sense of safety People feeling safe to approach and depend on me	**Sam:** I think it's safe on two levels. So it's safe on me as a person. Am I going to be judged for going, oh they've just really wound me up or I'm so frustrated with this?	I need safety to reflect and feel ok		