

Abstract

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.

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.

Public Significance statement: This review highlights that there are several different factors which contribute to clinical psychologists' self-care and wellbeing. The results indicate that maintaining self-awareness, being reflective and feeling connected to and supported by others, all positively influence clinical psychologists' wellbeing.

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

Clinical psychologists within the United Kingdom (UK) 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). Clinical psychologists in the UK work with individuals, teams and organisations to support and develop psychological practice. Training to become a clinical psychologist in the UK is a three-year full time taught doctorate training programme. There are additional entry requirements to the doctorate training programme and once qualified clinical psychologists specialise working with different populations across various health settings (NHS Careers, 2024). Within the UK, the training programme to become a clinical psychologist differs from that of the counselling psychologist training and these are therefore standalone roles. Barnett et al. (2007) argued that clinical 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 (Alderwick et al., 2021). This rising pressure is causing a rise in stress among NHS staff and is having a significant impact on clinical 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 psychologists are currently doing to look after themselves (Glassburn et al., 2019). The British Psychological Society (BPS) practice guidelines (2017) highlight the importance of clinical 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 around the world, 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). Research into self-care practices amongst healthcare professionals is limited to mainly a UK and USA (United States of America) context.

Colman et al. (2016) published the first review relevant to this area of research, which explored self-care amongst clinical and counseling psychology students and trainees in the 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, therefore highlighting the need for further review expanding on these findings.

Callan et al. (2021) also published a systematic review which explored ways that doctoral-level clinical and counseling 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 clinical psychologists working outside of the USA, which no published review has addressed to date.

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 clinical 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). NHS staff, including clinical psychologists, are experiencing an increase in work pressures, due to a continually growing population in the UK and there are also escalating staff shortages within the NHS, both of which are negatively impacting staff wellbeing (Sizmur & Raleigh, 2018). Wilkinson (2015) highlighted that amongst NHS workers, satisfaction of work place, pay and staffing levels had all fallen since 2013 and that only 41% of staff reported that they felt valued and the proportion of agreeing they would recommend their organisation as a place to work had dropped. The aim of the NHS Long Term Plan was to address these difficulties that NHS staff were facing. This was done by trying to ensure that there are enough people with the right skills and experience to care for patients well, as well as trying to ensure that people have rewarding jobs within a positive culture, with opportunities to develop and further their

careers. Additionally, the plan aimed to ensure that staff have enough support to manage the complex and stressful nature of delivering healthcare and also strengthen and support good and compassionate at all levels (NHS England, 2018).

There have been no recent studies published within this field and it is therefore necessary to conduct a current and contemporary review, to explore additional ways in which clinical psychologists can take care of themselves and feel more supported in their role. It is essential that a review is conducted that encompasses more a rigorous methodology and widens the focus from just students and trainees to qualified clinical psychologists, which are significant limitations of reviews that have been conducted in this field previously. 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. There is no preregistration of this study that exists.

Methods

Transparency and Openness

The first author has ensured that this review met the minimum of level 1 (disclosure) for all eight aspects of the Transparency and Openness Promotion Standards (TOPS) for research planning and reporting. Specifically, citation standards met level 2, data transparency met level 1, analytic methods (code) transparency met level 1, research materials transparency met level 1, design and analysis transparency met level 2, study preregistration met level 1, analysis plan preregistration met level 1 and replication met level 1.

Eligibility Criteria

The inclusion criteria specified that studies must include trainee or qualified clinical psychologists working in the UK. 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. The published date limiter 2012 to 2023 was applied within each database. Wales was not included as a term as any publications relating to Wales were retrieved using the other search terms, for example ‘NHS’ and ‘UK’.

Table 1

Search Terms

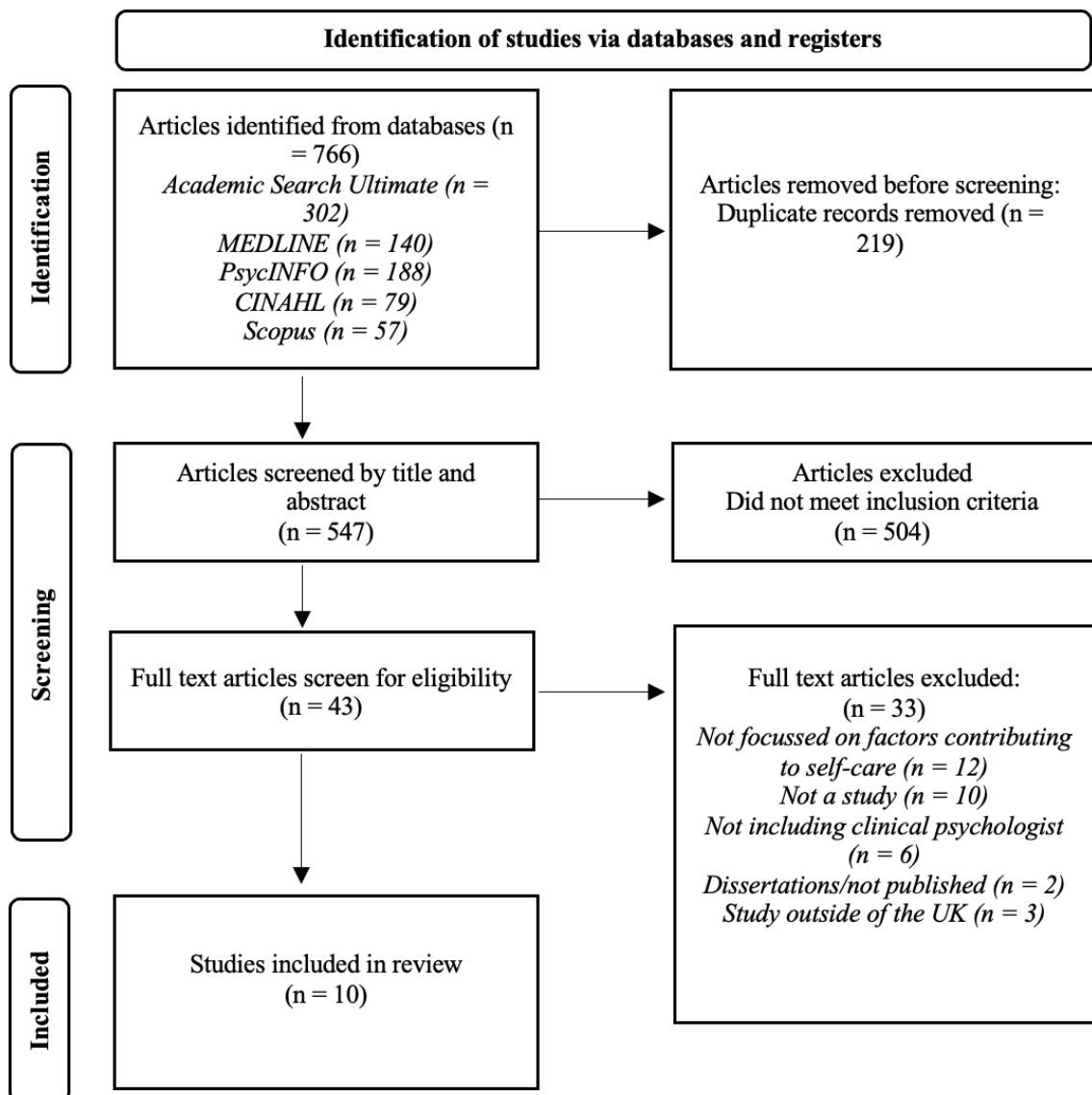
| Clinical Psychologists | AND | Self-Care | AND | National Health Service |
|--------------------------|-----|-----------------|-----|-------------------------|
| “Clinical Psychologist*” | | “Self-care*” OR | | “NHS” OR |
| | | “Self Care” OR | | “UK” OR |
| | | “Wellbeing” OR | | “United Kingdom” 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). 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) emphasize 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, the second author 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 process of coding took place over approximately a three week period and involved additional processes such as pre-reading, developing understanding, supervision, reflection and making amendments accordingly. 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). Once the first author had developed the main themes across the papers, the first author discussed the synthesis process, including

coding and the development of themes with the second author and any uncertainties were discussed and resolved.

Results

Data Extraction

Ten 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. There was no raw data, coding or materials used within this review and therefore not accessible. It is important to note that some studies included in the review were published prior to the COVID-19 pandemic.

Table 2

Key Characteristics of Studies

| Author(s) and Date | Aims | Sample & Setting | 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 from a 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 across clinical settings within the NHS | 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 psychologists working within clinical UK services | 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 clinical psychologists working in UK learning disability services throughout the pandemic | 12 clinical psychologists working in UK services for people with a 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 from two training programmes in Wales | 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 working in intellectual disabilities services | 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 working in CAMHS services | 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 in various clinical services in Scotland | 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 (S1 and S2), due to including clear research questions and the collected data addressing these questions.

Fifty percent of included studies met all further criteria, specific to the methodology used, on the MMAT. The remaining papers met all further criteria except one on the quality appraisal tool. Boellinghaus and Hutton's (2013) paper met all criteria except criteria 2; 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. Two studies that did not fully meet criteria 4; 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.

For criteria 12; 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, for criteria 8; 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 the studies included in this review had clearly defined research aims and questions, with appropriate methods for addressing them. Additionally, all 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

| Study | S1 | S2 | Qualitative Quality Criteria | | | | | Quantitative Quality Criteria | | | | | Mixed Methods Criteria | | | | |
|--------------------------------|----|----|------------------------------|---|---|----|---|-------------------------------|---|---|---|----|------------------------|----|----|----|----|
| | | | 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 |
| Cramond et al. (2019) | 3 main themes: (a) Commitment (b) Existential impact on the self (c) The oracle | Importance of maintaining a healthy work life balance, noticing earlier if support is needed |
| 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 | 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 |
| Gregson et al. (2022) | 3 main themes: (a) Delivering Psychological Services (b) Wellbeing of PWLD (c) Learning and future practice | 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 |
| Jones & Thompson (2017) | 3 main themes: (a) supervisor/trainee relationship: positive versus negative experiences (b) Imposter phenomenon (c) resilience | 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 |
| | | Most trainees showed significant levels of resilience and maintained healthy work-life balance. Resilience came from using |

| | | |
|---------------------------|---|---|
| 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 | aspects of adaptive coping, adaptive health practices, emotional competence, and social support 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

Clinical 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). For clinical 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.

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. Following completion of the Loving-Kindness Meditation course, trainees experienced an 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, clinical 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).

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 across the studies as receiving support from

others and spending quality time with loved ones. 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.

Five studies (Boellinghaus & Hutton, 2013; Cramond et al., 2019; Galvin & Smith, 2017; Jones & Thompson, 2017; Langdon et al., 2022) highlighted the importance of clinical psychologists' connecting with others particularly within their personal lives, as a way of protecting their wellbeing. For clinical 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, clinical 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 emphasized 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 clinical psychologists working in a CAMHS setting, they perceived their training programme 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, clinical 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).

Proactive Self-Care Steps

Eight studies discussed the importance of trying to take proactive steps to maintain or improve their own 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.

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).

Clinical psychologists working remotely during the pandemic explained that they tried to use different therapeutic skills on themselves, which enabled them to continue

persevering working from home 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 clinical 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.

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, following a major shift of focus on wellbeing within the NHS in 2012. Although the included studies involved both trainee and qualified clinical psychologists from various services and contexts, the findings provide evidence for the importance of clinical 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 clinical 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 clinical 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 clinical psychologists' self-care. Further, becoming aware and learning about others' experiences, was also something that clinical 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 clinical 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 clinical 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 clinical 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 clinical 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 clinical 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 clinical 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 clinical 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 clinical 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 clinical psychologists' wellbeing during the pandemic, highlighted the importance of trying to manage catastrophic thinking and using compassion focussed techniques. Further, clinical 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). In addition, when considering other populations of clinical psychologists internationally, it is important to note that alternative effective self-care interventions may include personal therapy and more practical based interventions such as using a workbook tool as a more structured approach to self-care (Callan et al., 2021). In order for clinical psychologists to have more opportunities to explore and improve their own self-care, it is important that their workload is manageable and if this is not the case it is essential that regular conversations take place with supervisors and managers so that this can be adjusted accordingly.

To encourage self-care behaviours amongst clinical 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 clinical psychologists' wellbeing. It also seems necessary for future research to explore in-depth clinical 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 clinical psychologists can look different depending upon the services and teams they work within, there is evidence to indicate that leadership organisations, such as the NHS and the BPS, 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 clinical psychologists' self-care. Further, clinical psychologists need to feel connected to and supported by those around at work. This may be in the form of more informal peer supervision with colleagues or through structured and consistent clinical supervision. When considering the supervision of trainee clinical psychologists specifically, supervisors should be encouraging ongoing conversations around the impact of the clinical work on self-care and wellbeing and it is recommended that universities ensure that systems are in place for trainees to easily access consistent group support from their peers. These systems could involve creating an online platform for trainees to be able to talk if and when they need to and also could be valuable to create groups and meeting within the academic timetable for trainees to come together and discuss wellbeing and self-care strategies.

Based on the findings from this review, leadership organisations such as the NHS and the BPS should consider passing policy that clinical psychologists must engage with conversations and individual action plans around protecting and managing their wellbeing as part of their role. It is also recommended that the NHS continues trying to develop a culture whereby positive wellbeing is paramount, by being talked about more and measured regularly, and support networks are in place when clinical psychologists are experiencing burnout. A measure that could be considered administering regularly within this process is the Index of Psychological Wellbeing at Work (IPWBW; Dagenais-Desmarais & Savoie, 2012). Additionally, based on these findings it may be helpful for NHS England and the BPS to produce a specific framework and guidance on workload management, specifically for clinical psychologists. Further, the development of a workload management tool would be useful within this process.

It is important to create a psychologically safe working environment and provide the opportunities, for clinical 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 clinical 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). Although this review has discussed the similarities of self-care strategies used across the studies, it is of note that clinical psychologists did experience both similar and different stressors within their role across the varying settings and contexts. An example of this is trainee clinical psychologists within a university versus qualified clinical psychologists working within a community setting or a palliative care service. An additional example is whether or not the working conditions were pre, during or post the COVID-19 pandemic. Additionally, CBT trainee therapists were also included within a sample of one paper in the review and this type of training differs significantly to the clinical psychology program, so despite contributing valuable data, this should be taken into consideration when generalising experiences of stressors and self-care. It is also important to note that there are both individual, as well as systemic factors that contribute to clinical psychologists experience of stress and burnout. The current review has therefore provided suggestions which encompasses both individual self-care strategies in conjunction recommendations for the wider systems and organisations in which clinical psychologists practice within.

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 understanding around the process of self-care for clinical psychologists. Further, it is necessary to try to gain a more in depth understanding of clinical 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 and organisations such as the NHS should consider funding quantitative research in this field to continue to develop knowledge in this area. In addition, it may be valuable for further research in this area to focus specifically on exploring self-care between trainee versus qualified clinical psychologists as well as the amongst the various different work settings clinical psychologists are based within.

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 clinical 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 clinical psychologists' take care of themselves.

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