

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 self-reflection in a professional context plays within clinical psychologists' self-care. Ten qualified clinical psychologists working clinically within the National Health Service (NHS) in the United Kingdom (UK) 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 their professional 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.

Public Significance Statement: This qualitative study highlights the importance of clinical psychologists' feeling psychologically safe enough to engage with reflective practice within their work either individually or as part of a group. Findings also indicate that reflective practice can contribute the development of clinical psychologists' self-care in many ways and should therefore be supported by the wider system.

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 & Gatherer, 2003). Schon (1983) proposed that the notion of reflective practice is important in the workplace 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.

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 professional 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). In this way part of reflective practice can be seen as an analysis of one's own self in a professional context.

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 research 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.

Although there is limited literature surrounding clinical psychologists’ use of reflective practice in the workplace, 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 on their professional role 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 helped in the understanding of and engagement with clients, specifically in developing and maintaining a therapeutic relationship (Fisher 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.

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). 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. Additionally, the American Psychological Association (APA) ethics code states that psychologists must strive to be aware of the possible effects of their own physical and mental health on their work and the necessity for psychologists to engage in self-care activities to help avoid conditions such as burnout, is also outlined in the Canadian code of ethics for psychologists.

Both self-care and professional 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. Rupert & Dorociak (2019) outlined that defining self-care, specifically critical aspects of self-care, is difficult, but that in a general sense it involves engaging in behaviours or activities that promote health and wellbeing, essentially doing things to make oneself feel better both emotionally and physically (Rupert & Dorociak, 2019). Further, when considering a professional and clinical context, self-care is defined as the process of identifying specific behaviours that are effective for maintaining both personal and professional wellbeing, when faced with the unique demands of psychological work ((Rupert & Dorociak, 2019). Wellbeing specifically has been defined by The Cambridge University Press (2019) as ‘the state of feeling healthy and happy’. Further, 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).

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 professional self-reflection 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 professional self reflection and self-care. The following research question is therefore proposed; How do clinical psychologists experience the role of professional self-reflection in their self-care? There is no preregistration or analysis plan preregistration of this study that exists.

Method

Transparency and Openness

The first author has ensured that this research meets the minimum of level 1 (disclosure) for all eight areas of the Transparency and Openness Promotion Standards (TOPS) for research planning and reporting. More specifically, citation standards meet 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 2 and replication met level 1.

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. (2022) proposed that this can be achieved through a double hermeneutic process, which is a 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 a critical realist epistemology, specifically that there is something real to find out and that different individuals will come to know different things in different ways (Stutchbury, 2022). 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., 2022; Smith, 2004). The rationale for using an IPA approach was to try to gain a deep understanding of participants lived experience of professional self-reflection 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).

Ethical Considerations

This study was reviewed and approved by the UK Health Research Authority (HRA) and NHS Trust Research and Development Department, as well as the Faculty of Medicine and Health Sciences Research Ethics Subcommittee, at the University of East Anglia.

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 professional self-reflection in their working 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, which included brief details of the research. Once participants had expressed their interest via email, the study information sheet, containing all research information, was sent to them. Informed consent was gained by each participant in written form prior to the interview and this was checked again verbally with each participant at the start of their interview.

A semi-structured interview topic guide (Figure 1) was developed collaboratively with the wider research team and used flexibly for each interview, to explore participants' experience of reflective practice in a professional context, 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 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. Study materials and data have not been made accessible following completion of this research.

Figure 1

Interview 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?

Analysis

An IPA approach was used by the lead researcher to analyse the data collected and the IPA methodology recommended by Smith et al. (2022) 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 exploratory noting then commenced and comments were added to each transcript by the researcher. The researcher analysed each transcript individually, identifying experiential statements and then organising them into Personal Experiential Themes (PETs). 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 PET's had been finalised for each participant, Group Experiential Themes (GETs) were developed and key quotes and phrases from the interviews noted, to emphasise how each theme was grounded in the data. There was no code used within this research and therefore is not available to access.

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. The researcher wrote in a reflective log both before and after conducting each interview, as well as when undergoing the various stages of the analysis process. An example of a comment from the researcher's reflective log included, 'I am feeling that that interview was quite different to

previous two interviews, but I really felt as though I was walking in their shoes and understood their experiences and their emotions attached to them’. These comments were then discussed in a supervision space and the researcher was able to maintain awareness of their own beliefs, assumptions and experiences, to ensure reflexivity and validity as much as possible.

Results

Four GETs 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 PET and the related GET.

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 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 in the workplace, they explained that reflecting with others can create feelings of vulnerability. Alice described that professional self-reflection is *“kind of letting your guard down a little bit”*. Similarly, Justine explained that *“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 important 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 professional self-

reflection causing feelings of vulnerability, which can be supported and contained by feeling psychologically 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 in the workplace 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 professional self-reflection, 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”*. This theme builds on the previous theme of ‘reflection means being vulnerable’ as within this theme participants tended to describe their experience of feeling psychologically safe, when feeling vulnerable, for example others being non-judgemental, trusting and accepting.

Informal reflection is safest and most helpful

Participants described the way in which they experience more formal and informal reflective practice in a professional context. 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 in a professional context creates and maintains an awareness of their internal state.

Noticing how I'm feeling

Participants shared the experience that through professional self-reflection, they are able to notice how they are feeling. Ronda described using professional self-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 professional self reflection, 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 professional self-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 professional self-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 workplace 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 reflective practice in a professional context 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 professionally 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 professional self-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 professional self-reflection leading to action such as managing and processing emotional challenges, noticing when they need more self-care and what steps to take . Additionally, the experience that professional self-reflection leads to an increased sense of resilience and confidence and the reciprocal nature of professional self-reflection and and self-care .

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

All participants described that by engaging with professional self-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 professional self-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 professional self 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 professional self-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, which is essential to their self-care and wellbeing. Lisa expressed that self-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 self-reflection feels *“rewarding”* and helps increase her *“self-esteem”*. Both Ruby and Julia's experiences were in line with these, with Ruby sharing that self-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 professional self-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 professional self-reflection plays in clinical psychologists' self-care. Through analysis of 10 semi-structured interviews, the following GETs 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 professionally reflecting with others and that feeling psychologically safe, can both manage and contain this feeling. Further, participants discussed feeling as though reflection in the workplace, 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 professional 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 professional self-reflection 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 professional self-reflection 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 professional self-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 professional self reflection and self-care and therefore gain more insight into what is required of them by the BPS and HCPC to meet the current standards. The findings also provide insight into how clinical psychologists interpret and make sense of the process of reflective practice in a professional context. The clinical psychologists within this study described professional self-reflection as a process which can take place internally, as well as with others for example with colleagues in an informal discussion or more formal group space.

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 professional self reflection leads to action regarding their self-care; 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 professional self-reflection and described a reciprocal relationship with self care. This finding builds on previous research, whereby reflection has

been helpful in managing 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 psychologists have regular opportunities to reflect in the workplace 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 professional self-reflection and self-care were experienced as a reciprocal relationship and that self-reflection is a component of self-care, therefore an increase in self-reflection may 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. This study also ensured that Yardley's (2000) core principles of quality assurance were met throughout. The principle of 'sensitivity to context' was met through the researcher maintaining an empathetic and respectful stance throughout each interview to help participants feel at ease and empowered to share their experiences. 'Commitment and rigor' was met through purposive sampling and the analysis encompassing

a systematic nature involving the second author to ensure accurate interpretation and bracketing of any biases. The principle of ‘transparency and coherence’ was upheld by each process of the research being clearly documented in research supervision notes and in the researcher’s reflective log. Finally, the principle of ‘impact and importance’ was met through the findings of this research, which provides new knowledge within the field of reflective practice and self-care and have important clinical implications.

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 the profession more broadly 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 professional self-reflection 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 professional self reflection and ways psychologists can engage with self-care. These approaches could also help explore any potential impact of demographic factors such as gender. The demographic data within this study was reduced to ranges to protect the confidentiality and anonymity of participants, therefore future research within this area could take a grounded theory approach to explore how professional reflective practice develops over time for clinical psychologists post qualifying, to gain a deeper understanding of the role of years of experience and other variables. Although this study has provided a deeper

understanding of the process of professional self-reflection for clinical psychologists, it would be valuable for future research to further explore different types of reflection, for example formal vs. informal and individual vs. group and interpretations and feelings they experience in relation to psychological safety.

Conclusions

The current study was the first to explore the lived experience of the role that professional self-reflection 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 professional 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 professional self-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 in the workplace is most effective and psychologists feel as though they can continually maintain and develop their self-care.

References

- Bennett-Levy, J. (2003). Reflection: A blind spot in psychology. *Clinical Psychology*, 27(7), 16-19.
- Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners. London: Sage.
- British Psychological Society (2017). *Practice Guidelines* (3rd ed.). British Psychological Society.
- Carmichael, K., Rushworth, I., & Fisher, P. (2020). 'You're opening yourself up to new and different ideas': Clinical psychologists' understandings and experiences of using reflective practice in clinical work: an interpretative phenomenological analysis. *Reflective Practice*, 21(4), 520-533.
- Cambridge University Press. (2019). *Online dictionary*. Author.
<https://dictionary.cambridge.org/dictionary/english/well-being>
- Curry, A., & Epley, P. (2020). "It Makes You a Healthier Professional": The Impact of Reflective Practice on Emerging Clinicians' Self-Care. *Journal of Social Work Education*, 1-17.
- Cushway, D., & Gatherer, A. (2003). Reflecting on reflection. *Clinical Psychology*, 27(6), 6-10.
- Fisher, P., Chew, K., & Leow, Y. J. (2015). Clinical psychologists' use of reflection and reflective practice within clinical work. *Reflective Practice*, 16(6), 731-743.
- Gibbs, G. (1988). Learning by doing: A guide to teaching and learning methods. *Further Education Unit*.
- Glassburn, S., McGuire, L. E., & Lay, K. (2019). Reflection as self-care: models for facilitative supervision. *Reflective Practice*, 20(6), 692-704.

- Hammond, T. E., Crowther, A., & Drummond, S. (2018). A thematic inquiry into the burnout experience of Australian solo-practicing clinical psychologists. *Frontiers in Psychology*, 8, 1996.
- HCPC (2018). The Standards of Proficiency for Practitioner Psychologists. *Health & Care Professions Council*.
- Imel, S. (1992). Reflective Practice in Adult Education. ERIC Clearinghouse.
- Johnson, J., & Wood, A. M. (2017). Integrating positive and clinical psychology: Viewing human functioning as continua from positive to negative can benefit clinical assessment, interventions and understandings of resilience. *Cognitive therapy and research*, 41, 335-349.
- Kolb, D. A. (1984). Experience as the source of learning and development. *Upper Saddle River: Prentice Hall*.
- Kolbe, M., Eppich, W., Rudolph, J., Meguerdichian, M., Catena, H., Cripps, A., Grant, V., & Cheng, A. (2020). Managing psychological safety in debriefings: a dynamic balancing act. *BMJ simulation & technology enhanced learning*, 6(3), 164-171.
- Laverdière, O., Kealy, D., Ogrodniczuk, J. S., Chamberland, S., & Descôteaux, J. (2019). Psychotherapists' professional quality of life. *Traumatology*, 25(3), 208.
- Liddiard, K., Sullivan, J., & Chadwick, A. (2017). Nurses' views on reflective practice sessions in a medium secure unit. *Mental Health Practice*, 20(10).
- Lilienfeld, S. O., & Basterfield, C. (2020). Reflective practice in clinical psychology: Reflections from basic psychological science. *Clinical Psychology: Science and Practice*, e12352.
- McLeod, G. A., Vaughan, B., Carey, I., Shannon, T., & Winn, E. (2020). Pre-professional reflective practice: Strategies, perspectives and experiences. *International Journal of Osteopathic Medicine*, 35, 50-56.

- Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology, 6*(1), 55.
- Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling, 42*(1), 1-20.
- Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. *Professional Psychology: Research and Practice, 50*(5), 343.
- Sadusky, A., & Spinks, J. (2022). Psychologists' engagement in reflective practice and experiences of burnout: a correlational analysis. *Reflective Practice, 23*(5), 593-606.
- Sansó, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., & Benito, E. (2015). Palliative care professionals' inner life: exploring the relationships among awareness, self-care, and compassion satisfaction and fatigue, burnout, and coping with death. *Journal of pain and symptom management, 50*(2), 200-207.
- Schon, D. (1983). *The Reflective Practitioner*. New York Basic Books.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative research in psychology, 1*(1), 39-54.
- Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: theory, method and research* (2nd ed.). SAGE.
- Stebnicki, M. A. (2007). Empathy fatigue: Healing the mind, body, and spirit of professional counselors. *American Journal of Psychiatric Rehabilitation, 10*(4), 317-338.
- Stutchbury, K. (2022). Critical realism: an explanatory framework for small-scale qualitative studies or an 'unhelpful edifice'?. *International Journal of Research & Method in Education, 45*(2), 113-128.

- Walsh, P., Owen, P. A., Mustafa, N., & Beech, R. (2020). Learning and teaching approaches promoting resilience in student nurses: an integrated review of the literature. *Nurse education in practice*, 45, 102748.
- Wicks, R. J. (2007). *The resilient clinician*. Oxford University Press.
- Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education.
- Wise, E. H., & Reuman, L. (2019). Promoting competent and flourishing life-long practice for psychologists: A communitarian perspective. *Professional Psychology: Research and Practice*, 50(2), 129.
- Woodward, N. S., Keville, S., & Conlan, L.-M. (2015). The buds and shoots of what I've grown to become: the development of reflective practice in Trainee Clinical Psychologists. *Reflective Practice*, 16(6), 777-789. <https://doi.org/10.1080/14623943.2015.1095728>.
- Wright, K. (2014). Alleviating stress in the workplace: advice for nurses. *Nursing Standard*, 28(20).
- Wright, N. (2018). *Personal and Professional Experiences of Self-Care in the Clinical Psychology Profession*. Staffordshire University.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and health*, 15(2), 215-228.