Burnout and its repercussions

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Dedicated to my Amma and Papa

Portfolio

Section A: Doctoral research

Exploring burnout and its consequences in DPsych trainee counselling psychologists using a mixed method study.

Section B: Clinical case study

“I have started feeling comfortable with myself”: Integration of self-compassion into cognitive behavioural therapy for social anxiety disorder.

Section C: Publishable article

Thematic inquiry into burnout and its consequences in trainee counselling psychologists.

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Preface

Overview

There are three sections to this portfolio. In this preface, I attempt to bring together the following three components: an original research study, a case study that serves as an example of my professional practice, and lastly, an article that is suitable for publication.

The portfolio's three distinct parts are linked by a common theme, making the entire body of work cohesive. Each section of this portfolio's central theme explores burnout and its consequences. The theme focuses on examining burnout and the contributing stressing factors and situations. Further, it explores some of the consequences individuals face when burned out. Given that burnout has significant effects on people's mental health and increases the risk of depression, substance misuse, and even suicide, it needs to be addressed. Additionally, burnout can be contagious, and it is known to affect the individual's family, organisation, and co-workers.

I chose my field of profession in psychology as I wanted to help and support people with mental, personal, and professional issues. Having been a part of the psychology community for about six years, I noticed that people who offered support to others were not entirely supporting themselves. I saw psychiatrists, psychologists, and nurses being worked up and stressed for a long time, and I often wondered if they knew what was happening to them. Also, if they were aware of how their stressed temperament affected their clinical work, this observation tickled my passion for learning more about work-related stress and burnout.

The population I chose for my doctoral study are trainee counselling psychologists who strive and work hard to succeed in their training to be licensed counselling psychologists. Therefore, I was curious to learn how these trainees handled their stress and if they presented with burnout. Furthermore, I was keen on bringing awareness to trainees of burnout experiences to reflect on how this can be managed at an early stage to prevent further deterioration and the risk of a burnout-out-qualified workforce.

The client I have presented in the case study (section B) is an employee of an NHS hospital. Although she was part of the administrator team, working under stressful situations led to burnout and intensified her social anxiety symptoms. This case is an example of burnout and its consequence.

Therefore, this portfolio aims to enhance healthcare professionals' awareness of the manifestation of burnout and its impact on their personal and professional life (consequences) experiences.

Section A: Doctoral Research

The research section of the portfolio consists of an original and unpublished piece of research. It is a mixed-method study exploring burnout and its consequences in DPsych trainee counselling psychologists. The research ethics panel at the City University of London was consulted for ethical approval of this research (ETH2122-0357). From an ethical standpoint, the empirical research was meticulously planned. The recruitment process was not started until ethical permission was obtained. All phases of the study were conducted in accordance with the British Psychological Society's (BPS) Code of Human Research Ethics (The British Psychological Society, 2014) and Ethics Guidelines for Internet-Mediated Research (BPS, 2013). The study complied with BPS Ethics' best practice guidelines for conducting research with human participants during COVID-19 (The British Psychological Society, 2020).

The criteria for participation were 18 and above and enrolled on a full-time BPS-accredited Professional Doctorate in Counselling Psychology training. In the quantitative study, the online survey consisted of stress, burnout, depression, insomnia, job satisfaction and absenteeism scales. Data from 70 participants are statistically analysed to evaluate four hypotheses. Statistical analysis included correlation, independent samples t-test, one-way ANOVA, and simple linear regression.

Those participants who identified as having experienced burnout or experiencing burnout on their training course in the online survey were contacted via email for a follow-up qualitative study. Nine trainee counselling psychologists participated in the qualitative study. The online interview process prompted the participants to share their experience of burnout and its impact on all aspects of their personal and

professional lives. The findings are analysed using Braun and Clarke's (2022) reflexive thematic analysis model.

The statistical and reflexive thematic analysis's findings are presented and discussed. A review of the work and suggestions for additional research are also included. The study aims to provide an understanding of the trainees' experience of burnout during their training and its impacts. In a broader sense, the purpose is to identify and acknowledge the trainees' experiences with burnout and move forward with improved strategies for managing it, including regular self-care activities.

Section B: A case study

This part of the portfolio offers a case study as an example of my clinical practice. The case study focuses on the range of interventions used throughout therapy and how they were therapeutically beneficial to the client's recovery. The case study uses an understanding of human behaviour, the client, training, supervisory experiences, and my own life experiences to explain what factors affected the choice of such actions.

The client in the case study is a 30-year-old Hungarian woman working in a hospital's administrative division. This case contains numerous interconnected elements, making it a complex case presentation, which is why I am presenting it. The client's motivation to work and her mood are both impacted by the first subject, burnout. Burnout appears to have worsened her social anxiety during the past six months, although she was an anxious person. Another issue that contributed to her social anxiety and burnout was self-criticism. Observing how each subject was affected and influenced by the other was interesting and educational.

My personal and professional traits and subjective experience may have influenced my interaction with this client. In this case, I felt I was part of my client's support and problem. One of the challenges working in the staff well-being service is that the employees might perceive the therapists as part of their workplace. I had to be mindful of this and adapt accordingly. This case brought up anxiety in me. The progress was deviating from the treatment plan, and slowing down and pacing with the client was sometimes stressful.

In this case, the pluralistic approach helped me comprehend all three underlying themes that led to her issues and provided guidance on coping with them. Engaging with this client made me a more self-aware practitioner and helped me feel more comfortable applying an integrated approach to counselling psychology, particularly when a client exhibits opposition to a procedure.

Section C: Publishable article

The last piece in the portfolio, “Thematic inquiry into burnout and its consequences in trainee counselling psychologists”, summarises the qualitative study of the doctoral research project and its key findings with the ultimate goal of further spreading the information in line with the action research’s objectives. Therefore, I present this paper as I intend to submit it for publication in the Counselling Psychology Quarterly journal.

The Counselling Psychology Quarterly is an international, interdisciplinary journal that publishes research articles that are exceptionally well-informed by research and relevant to counselling psychology as a scientific field and career. This magazine particularly interests me since it publishes articles that reflect counselling psychology research worldwide. These articles cover themes including counselling, psychotherapy, approaches to mental and psychological health and worldwide concerns regarding the study of and practice of counselling psychology. Therefore, I believe this journal would be relevant because my thesis is about the in-training experience in counselling psychology.

The publishable journal article is written following the guidelines provided by the Counselling Psychology Quarterly journal. The guidelines can be found in Appendix A2.

Section A: Doctoral Research

Exploring burnout and its consequences in DPsych trainee counselling psychologists using a mixed method study

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Varsha Bagodi

Supervised by: Dr Seraphine Clarke and Dr Jacqui Farrants

Abstract

Introduction: Training in counselling psychology entails numerous professional, academic, and personal demands. Research shows numerous stressors are present throughout counselling training (Kumary & Baker, 2008; Scott, 2015). However, there is only one study, a qualitative exploration of burnout in trainee counselling psychologists, conducted by Archer (2020). Most burnout research has focused on qualified clinical and counselling practitioners, with a few studies on trainee clinical psychologists. The research has either been assessed qualitatively or quantitatively. The current study was designed to explore burnout as a part of a wider context by employing a mixed-method approach to bridge the research gap in how trainees experience burnout.

Method: The online survey consisted of demographic questions, Counselling Psychology Trainee Stress Survey, Maslach Burnout Inventory- Human Services Survey (MBI-HSS), Becks Depression Inventory-II, Athens Insomnia Scale, Minnesota Satisfaction Questionnaire-short, and a question on absenteeism. The study used statistical analysis to test the four hypotheses using 70 participants' data. The hypotheses tested if the participants demonstrated experiencing levels of burnout and if year-3 trainees scored higher on burnout than year-1 trainees, and if burnout predicted psychological and occupational consequences of burnout in the trainees. A follow-up study was also conducted with individuals who self-identified as having experienced burnout during their DPsych training. Nine participants attended the online semi-structured interviews. Braun and Clarke's (2022) reflexive thematic analysis was used to analyse the interview transcripts.

Results: The statistical analysis showed that trainees' burnout levels increased with stress scores. In addition, the trainees demonstrated some level of burnout on MBI-HSS. The mean scores of the three subscales for the trainees showed a high level of emotional exhaustion, a high level of depersonalisation, and a moderate level of reduced personal accomplishment. Burnout predicted depression scores in the trainees and did not predict insomnia, job satisfaction, and absenteeism.

Six themes were generated from inductive reflexive thematic analysis. Theme one, "Burnout: in and out", presented the endurance of burnout in the trainees. The second theme, "Survival mode," is concerned with the trainees' perception of having no time to slow down as they had to keep up with the demands of the training.

Theme three, “Scrapping through”, related to trainees’ ways of coping and managing academics during their burnout experience. Theme four, “The bad therapist”, focused on the trainees’ encounters with clinical practice as they battled burnout. The fifth theme, “Pandemic made it worse”, presented the effect on Covid-19 pandemic on trainees’ experience of burnout. The final theme, “Support network – the bliss and misery”, is related to the impact of support on trainees’ burnout and vice versa.

Discussion: Trainees presented with burnout and reported various personal and professional areas affected by it. There is a need for the trainees to recognise their burnout, slow down and take care of themselves. Necessary recommendations are made in the study.

Chapter 1: Literature Review

1.1. Overview

In the first chapter, I begin with the history of burnout literature, followed by definitions, signs/symptoms, and causes of burnout. After the introduction, previous studies on burnout in mental health professionals, such as trainee clinical psychologists and licensed counselling psychologists, will be examined and critically reviewed. I will then present the context of the current study. In this context, I will summarise the introduction to counselling psychology in the UK and the professional doctorate in counselling psychology programme, followed by research on stress in trainee counselling psychologists and the impact of the unprecedented COVID-19 pandemic on mental health professionals. Subsequently, I will critically review and present the existing literature and research paper on trainee counselling psychologists' burnout experiences. Further, I will include the consequences of burnout, followed by a review of the psychological and occupational effects of burnout. Finally, I will conclude the chapter with a discussion of the research gap, the study's relevance to counselling psychology, and the study's rationale, aim, and research questions.

1.2. History, definitions, symptoms/signs, causes of burnout

1.2.1. History of burnout

In 1971, US air traffic controllers reported a type of tiredness that resulted in a drop in the quality of their work, termed "vocational burnout" (Samra, 2018). The Boston University School of Medicine was asked to conduct a prospective study on the subject following the occurrence of several fatal incidents brought on by human error. This study is known to be the first investigation into burnout. The study recruited 416 participants over three years, and they found that burnout increased hypertension and signs of other psychiatric problems over the period (Rose et al., 1978).

The coining of the term burnout is credited to the American psychologist Herbert Freudenberger in 1974 (Schaufeli et al., 2009). Known as the founding father of the concept, he was known to be burned out when he described, defined, and explored the concept. He then systematically analysed the condition (Heinemann &

Heinemann, 2017; Maslach et al., 2001). Psychologist Freudenberger described burnout as the consequence of severe stress (National Center for Biotechnology Information [NCBI], 2020). He mentioned that professionals who work to respond to the needs of people, jobs such as free clinics and therapeutic communities are prone to burnout (Heinemann & Heinemann, 2017). His description of burnout was based on his observations and introspection in a highly stressful work environment, such as New York City's free clinics.

The helping professionals, such as doctors and nurses, are considered to sacrifice themselves for their work (NCBI, 2020). The profession requires substantial emotional work, personal involvement with clients, and empathy (Heinemann & Heinemann, 2017). In addition, the profession encompasses a caregiver and client relationship (Madonna, 2014), who often experience burnout (Heinemann & Heinemann, 2017; NCBI, 2020). Freudenberger mentioned that workplace conditions, payment, and high demand contributed to employees being burned out (Heinemann & Heinemann, 2017).

Cristina Maslach, one of the pioneers in the field of burnout research (Hallsten, 2005), after Freudenberger's initial work, carried out a significant number of studies with her colleagues (Maslach & Jackson, 1981). As opposed to Freudenberger's qualitative studies on burnout (Vanheule & Verhaeghe, 2005), psychologist Maslach's prime work included constructing the Maslach Burnout Inventory (MBI) burnout measurement based on three factors: exhaustion, cynicism, and inefficacy (Maslach & Jackson, 1981). The exclusive association between burnout and the human-services profession was rejected in the 1990s (Demerouti et al., 2021). The research has expanded the investigation into various other disciplines (Shirom et al., 2006). Nevertheless, more than four decades later, burnout is postulated to be exclusively concerning to those emotionally challenging professionals (Eisenstein, 2018).

1.2.2. Definitions of burnout

In his first article, psychologist Freudenberger defined burnout as "to fail, to wear out, to becoming exhausted by making excessive demands on energy, strength, or resources in the workplace" (Freudenberger, 1974, p. 159). Subsequently, several definitions and descriptions of burnout have been developed (Kumar, 2007). Pines

and Aronson (1988) defined burnout as “an experience of physical, emotional and mental exhaustion caused by long-term involvement in situations that are emotionally demanding” (p. 9). Authors Lee and Ashforth (1990) defined burnout as a syndrome of emotional exhaustion, such as tiredness and reduced emotional resources, depersonalisation, such as impersonal feelings for clients, and a reduced sense of personal accomplishment. This definition is based on Maslach and Jackson’s (1981) work and has been extensively used in literature (Kumar, 2007).

Nil et al. (2010) defined the progress of burnout as “going through several phases, from increased working efforts to cope with external demands, which can lead to mental and physical exhaustion and demotivational affective states, and on to psychosomatic complaints and finally depressive state” (p. 72). Since the work of Maslach and Jackson in 1981, a three-dimensional model of burnout was developed, and the definition has been revised (Maslach & Leiter, 2007). See figure 1. Burnout is defined as “a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism, detachment from the job, and a sense of ineffectiveness and lack of accomplishment.” (Maslach & Leiter, 2016, p. 103). This definition is accepted and used in recent literature and research studies.

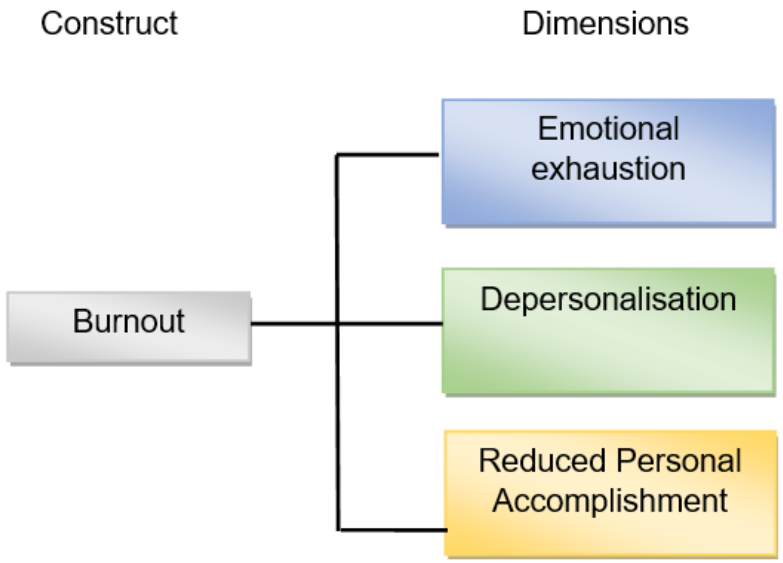
The current study acknowledges the various definitions mentioned in the literature of burnout and understands that the common factor of these definitions is a reduced sense of personal and professional functionality. Therefore, this study follows the definition of “a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job” based on the three dimensions (Maslach & Leiter, 2016, p. 103) with several consequences for workers’ well-being and health (Salvagioni et al., 2017). The three dimensions are emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach & Leiter, 2016). Additionally, the current study posits that burnout occurs when too many demands are made on one’s time, energy, or resources at work, resulting in failure, tiredness, or exhaustion (Freudenberger, 1974). It can be experienced in the form of physical, emotional, and mental exhaustion (A. Pines & Aronson, 1988).

Furthermore, the study emphasises that the symptoms of stress, burnout, and depression may overlap. As a result, the study follows and comprehends stress,

burnout, and depression as follows. The body's natural tendency to react to internal or external stresses is referred to as stress (Gillette & Saripalli, 2022). Stress might make someone feel helpless, uninspired, or incapable of addressing events, but it could also boost awareness and help achieve goals in the case of a favourable outcome (Gillette & Saripalli, 2022). Burnout is frequently conceived within the context of stress distribution (A. M. Pines & Keinan, 2005). Burnout can result from exposure to ongoing stressors, chronic stress, or both, especially if one does not manage their stress from the start (Gillette & Saripalli, 2022). Burnout occurs in response to chronically adverse working conditions (Schonfeld et al., 2018), and historically, the symptoms of burnout coincide with symptoms of depression (Orosz et al., 2017). However, while burnout is known to occur due to work-related stress, the same is not valid for depression. Depression may be caused due to various factors beyond work-related stress and experienced in many different ways compared to burnout (Tavella & Parker, 2020).

Figure 1

A multi-dimensional conceptualisation of burnout



Note. This figure illustrates the three characteristics of burnout: emotional tiredness, depersonalisation, and decreased personal accomplishment (Maslach, 2001; Maslach & Jackson, 1981).

1.2.3. Symptoms/signs of burnout

According to Freudenberger, physical symptoms included “exhaustion, fatigue, frequent headaches and gastrointestinal disorders, sleeplessness, and shortness of breath”, and behavioural symptoms included “frustration, anger, suspiciousness, increased intake of tranquillisers, cynicism, and signs of depression” (Heinemann & Heinemann, 2017). With high socioeconomic challenges, the pressure and stress in individuals’ lives are increasing, and work-related stress, fatigue, and exhaustion are considered prominent signs of burnout (Ahola et al., 2010). Some other signs include feeling helpless, detached from the world, having a negative outlook, self-doubt, procrastination, and overwhelmedness (Smith et al., 2021).

1.2.4. Causes of burnout

Research suggests that various personal and professional factors may cause burnout, and it is a shared understanding that burnout is caused by work-related stress (Freudenberger, 1974). Other causes have been identified in the literature, such as burnout due to a perceived imbalance between work and personal life, feeling inadequate due to lack of recognition, and strained relationships at work (Maslach & Leiter, 2016). Additional causes of burnout include counsellors’ excessive involvement in work and negative affect transferred from others at work (Emerson & Markos, 1996). For doctoral students, some causes identified are the doctoral programme’s high demand and lack of support (Cornér et al., 2017) and the lack of social support in academia and personal life (Jairam & Kahl, 2012).

Burnout among mental healthcare professionals in the UK has been linked to several factors, including prolonged exposure to intense emotional labour with patients or clients (Mann & Cowburn, 2005). Next, the care and treatment of unintentionally detained patients result in more workplace violence reports in mental healthcare services (J. Johnson et al., 2018). Additionally, working with individuals contemplating suicide or who have already attempted it can be emotionally taxing, necessitate extra care, and harm one’s well-being (Hagen et al., 2017) and underlying mental health issues (Johnson et al., 2018).

According to the existing literature, burnout in DPsych trainees may result from the training’s high demands (Kumary & Baker, 2008), a lack of support, an imbalance between personal and professional life (Archer, 2020), a feeling of inadequacy

caused by a lack of recognition at work, a heavy emotional workload, and working with clients or patients who have suicidal thoughts (Gandi et al., 2011).

1.3. Research on burnout in mental health professionals

1.3.1. The presence

This section presents the studies that have explored and investigated the presence of burnout in mental health professionals. These studies will potentially provide awareness of these professionals' vulnerability, existence and other related burnout factors.

Swords and Ellis (2017) explored the literature on burnout and how it has shifted in recent years to include graduate students as well as professional employees. The authors highlighted the gap in research and indicated how little is known about burnout in Health Service Psychology (HSP) doctoral students and their positive experiences during the programme. The authors defined burnout and vigour constructs that they aimed to study and their possible predictors. The authors identified pressure and threat in the work environment, financial strain, work relationship conflicts, and clinical supervision as the stressors a graduate student could face at work. 203 clinical and counselling doctoral students participated in this well-structured and hypothesised study.

The results showed that students experienced both vigour and burnout; however, the level of burnout was substantially high. The threat in the work environment and the supervisory alliance was the highest predictor of burnout. A threat at work was described as feeling overwhelming or nerve-wracking. From this, it may be suggested that if trainees work in a pressurised and target-driven environment such as National Health Service (NHS) (de Castella et al., 2013), experiencing threats is highly possible. This might lead to burnout, and the work stress might prevent coping with stress burnout or failure (de Castella et al., 2013).

Another example is the IAPT (Improving Access to Psychological Therapies) service, where workload, patient complexity and targets and subsequent pressure on psychological staff are ever-increasing (Westwood et al., 2017). This might cause an overwhelming and nerve-wracking experience for the trainees. From this study, it can be said that the HSP doctoral students are vulnerable to burnout, and further study into this would be required as the impact of burnout out psychologists on the

client is harmful (Lawson, 2007). Additionally, it is noteworthy that the students also experienced vigour.

Another study by Wardle and Mayorga (2016) quantitatively determined burnout among students studying master's level counselling programs at South Texas Universities. An online survey consisted of demographic questions and the 2007-Freudenberger Burnout Scale. Of 35 participants, the results showed five to be "fine", nine indicated "they had things to watch out for", five students indicated "being a candidate of burnout", eight of them showed "they were burning out", and eight students indicated "to be burned out" (Wardle & Mayorga, 2016). Overall, 85% of the population in the study presented some level of burnout.

The research showed a well-conducted literature review, a straightforward research question, and hypotheses. However, the survey was not sent to the targeted students but made available on a common platform so that it might raise validity and credibility concerns. Additionally, the study was likely underpowered because of the low participant numbers, and the staggeringly low number of 'usable data' (35 out of 95) begs to consider the limitations of the results. Nevertheless, the study recognises the need to support students in counselling programs by assessing their vulnerability to burnout.

Qualitative research by Hughes and Kleist (2005) explored four education counsellor doctoral students' first-semester experiences. The results of the study showed that students experienced self-doubts along with other unpleasant thoughts and emotions during the early stages of the semester. The study also indicated that personal stress, isolation, and academic requirements increased students' burnout. However, when the students received relevant information and guidance, they were affirmed of their competencies (Hughes & Kleist, 2005). Unfortunately, this state of affirmation did not last long, and the students kept swinging between unpleasant emotions and an affirmation state.

The study highlighted a need for preparedness by the students and course providers (Hughes & Kleist, 2005). Along with a need for more regular check-ins between students and mentors so that students have more reassurance to help them overcome feelings of stress and burnout. The study had only four participants, which can be considered low for a conclusion. However, from this study, it can be

understood that if the initial stressors are not addressed, it may lead to burnout in the later stages of the doctoral programme. Additionally, there is a need for the trainees' regular emotional regulation or guidance so that their stress in their personal and professional life and their apprehensions are acknowledged and necessary support is rendered (a sense of affirmation).

A survey by Cushway (1992) with 287 participants to assess the stress in clinical psychology trainees showed 75% of the participants to be moderately or highly stressed during the training. The essential modules of the training, such as academic workload, clinical placements, personal stressors, and programme organisation, were the sources of stress in addition to financial costs, childcare, personal therapy, and extra supervision. Addressing the contribution of Cushway (1992) to clinical psychology research, authors Kumary and Baker (2008) highlighted the gap in the research of counselling psychology trainees. They conducted a study to examine stressors and psychological distress in 109 UK counselling psychology trainees.

The authors Kumary and Baker (2008) used Cushway's stress survey for clinical psychology trainees, modified it based on the requirements of counselling psychology training, and introduced the Counselling Psychology Trainee Stress Survey (CPTSS), a questionnaire with 37 items. The study's results showed high-stress scores on three factors, academic, placements, personal and professional development. The study has brought up relevant factors, "academic, placements, personal and professional development", affecting the stress in counselling psychology trainees (Kumar & Baker, 2008). Although the CPTSS had acceptable levels of internal reliability, the scale holds unstandardised status.

Furthermore, another qualitative study examined the negative and stressful constructs of six counselling programme graduates from a UK university (Truell, 2001). The researcher, Truell (2001), extensively reviewed the previous literature and highlighted that the training would likely impact the counsellor's relationship, self-perception, drug abuse, ability to resolve personal issues or conflicts, and the increased rate of suicide. The author reports on the research gap in addressing the negative experiences of trainee counsellors and the ways to handle them. The study results showed that trainee counsellors face significant stress levels in their relationships, experience symptoms of depression and stress and that a few of the

trainees could not effectively address these concerns (Truell, 2001). The study was carried out in 2001, and given the facilities available now, the trainees may or may not be able to alleviate all of their worries. Personal therapy, clinical supervision, peer discussion, and personal and professional development components (Vally, 2019) that are a part of training may impact how trainees perceive and experience the events causing stress.

1.3.2. The factors

This section presents the studies that have explored and investigated the personal and professional factors associated with burnout in mental health professionals. These studies will provide awareness of the factors that potentially cause or predict burnout.

A study by Yvonne et al., 2017 explored the literature on the three major burnout risk factors and their impact on their work among psychologists. The factors they investigated were individual factors, job characteristics, and organisational characteristics. The authors aimed to identify the individual factors and job characteristics that might predict burnout among psychologists. The study's results with 518 psychologists showed that overwork, autonomy, and role conflict variables of job characteristics were the highest predictors of burnout syndrome in psychologists (Yvonne et al., 2017). According to the findings of this study, burnout in DPsych trainees may be predicted by their dual roles as doctoral students and trainee counselling psychologists, as well as by the increasing autonomy of their work in years two and three (Yvonne et al., 2017).

Additionally, the study's findings supported the idea that the interaction of personal and professional factors contributes to psychologists' occupational vulnerability (Yvonne et al., 2017). Furthermore, these findings revealed a predictive model for the onset of burnout that included variables related to job characteristics like overwork, autonomy, and role conflict, as well as individual characteristics like self-efficacy and use of coping mechanisms (Yvonne et al., 2017). This result advocates that burnout may arise from work-related and personal variables, which might hold true in the case of trainees as they juggle a full-time doctoral programme along with their personal life.

Similar to the previous study, another study looked at the personal and occupational aspects influencing the well-being of mental health workers. Lawson (2007) conducted a national survey on counsellor wellness and impairments with 501 American Counselling Association members. The author reviewed the personal wellness and work-related factors affecting counsellors and career-sustaining behaviours. The results showed that counsellors are faced with challenging work mainly due to high client workload across all the work settings (Lawson, 2007). In addition, the counsellors who experienced stress or were burned out could not provide a high level of counselling services to their clients, and these counsellors were experiencing low quality of life in physical, social, and emotional domains (Lawson, 2007).

A few participant counsellors of the study were also able to identify five coping strategies for better satisfaction, and they were: “(a) maintain a sense of humour, (b) spend time with partner/family, (c) maintain a balance between professional and personal lives, (d) maintain self-awareness, and (e) maintain a sense of control over work responsibilities” (Lawson, 2007, p. 28). The strategies that scored low were: “(a) discuss work frustrations with spouse/partner/family, (b) engage in formal relaxation activities, (c) receive regular clinical supervision, (d) participate in personal therapy, (e) participate in peer support groups, (f) discuss work frustrations with friends, and (g) use substances to relax” (Lawson, 2007).

Interestingly, the strategies “receive regular clinical supervision”, “participate in personal therapy”, and “participate in peer support groups” were not highly rated (Cushway, 1992). However, these strategies are currently included in the training of DPsych to help the trainees. Clinical psychology trainees reported “talking to peers” as a coping strategy (Cushway, 1992). One might argue that sharing their worries with peers might be easy as they understand the core of the training. However, it might also mean being vulnerable to competitors and fear being judged. This could be why some trainees find it helpful while others find it unhelpful.

Similar to previous studies, Vredenburgh et al. (1999) conducted a quantitative study to examine the relationship between burnout and organisational variables. The variables included the type of practice setting, years of experience in the present position, and the number of client hours. The study also aimed to investigate levels

of burnout in counselling psychologists using the Maslach Burnout Inventory (MBI) (Vredenburgh et al., 1999). The results indicated that counselling psychologists demonstrated a low or moderate level of burnout, and counselling psychologists in private settings reported the lowest level of burnout (Vredenburgh et al., 1999). It can be inferred that the type of setting impacts job stress, and the possible reasons could be autonomy and income (Vredenburgh et al., 1999). Trainees are placed in NHS primary care, secondary care, IAPT services, child and adult mental health services, independent hospitals, the occupational health sector and other such placements, where they are expected to hold some autonomy and are not paid. These factors might influence trainees' burnout.

Additionally, the study result showed a positive correlation between client load and a sense of accomplishment which contradicts a few research studies that reported a non-significant relationship between the two (Friesen & Sarros, 1989; Maslach & Jackson, 1981). This suggests that an increased number of clients might be a burnout risk to psychologists. Trainees have certain clinical hours to complete to pass their training year. Therefore, trainees might have to increase their caseload to meet the clinical hour requirement, which can be a potential stressor. Additionally, if one might have to take a break because of tiredness or personal issues, they would have less time to complete their clinical requirement. This might cause stress. Further, it is worth considering that in the study by Vredenburgh et al. (1999), the predictors accounted for a small portion of the burnout criteria.

Maslach and Leiter (2005) proposed six occupational burnout sources. The factors are workload (excessive work, insufficient resources),
workplace regulations (micromanagement, lack of control), reward (inadequate pay, recognition, or satisfaction), community (isolation, conflict, disrespect), fairness (discrimination, favouritism), and values (ethical conflicts, pointless tasks). These factors are viable for the trainees to experience in their training, either in their institute or placements. Literature suggests that burnout can result from one or more sources (Maslach & Leiter, 2005).

1.3.3. The manifestation of burnout

This section will present the literature on burnout's personal and professional manifestation. In addition, these studies will provide awareness of how professionals experience burnout.

Burnout harms psychological health, hinders social and personal functioning, and frequently leads to lower work performance (Bullock et al., 2017). In addition, the literature suggests that negative emotions become chronic during burnout, eventually leading to emotional fatigue (Espeland, 2006). The most prevalent negative feelings are impatience towards coworkers and clients, anger, despair, feeling stuck, paralysed, cynicism, bitterness, and having bad thoughts about oneself, others, and the world (Espeland, 2006). This suggests that emotional exhaustion is beyond the feelings about their work and clients; it is about themselves, others, and everything in general.

The condition of burnout affects both the brain and the body, in addition to one's state of mind (Michel, 2016). The reduced enthusiasm, engagement, satisfaction, quality, and performance at work can cause stress and guilt in individuals and other physical symptoms (Espeland, 2006). Symptoms such as insomnia (Cheng & Cheng, 2017), dizziness, cold, cough, migraines, headaches (Leilanie Lu, 2007), pain in the back and different body parts (Mák et al., 2021), reduced fatigue with sleep (Espeland, 2006), digestive issues (Rudinskaitė et al., 2020) and skin related problems (R. R. Sharma, 2007). Loss of values, desolation, lack of enthusiasm, loss of self-worth, low self-esteem, and hopelessness are all signs of a lack of purpose in life, which is known to be present during burnout (Espeland, 2006).

1.4. The context of the research

1.4.1. Introduction to Counselling Psychology in United Kingdoms

Counselling psychology is a prominent profession and is an applied field of psychology. It focuses on the potential clinical applications of psychology, psychotherapy theories, and research (The British Psychological Society [BPS], 2020, p. 5). Counselling psychology holds a pluralistic philosophy with humanistic core values and an interdisciplinary attitude (Jones Nielsen & Nicholas, 2016). Counselling psychology within the UK is a branch of applied psychology guided by systematic and scientific research and influenced by counselling, psychotherapy,

and psychiatry disciplinaries (Goodyear et al., 2016). Counselling psychology is concerned with ontology (study of being), epistemology (theory of knowledge), and praxis (clinical application) (Jones Nielsen & Nicholas, 2016).

The inspiration for counselling psychology lies in curiosity, reflexivity and a critical attitude that recognises and accepts all forms of therapeutic approaches and interventions underpinned by various epistemological and ontological stances (BPS, 2020). It is to hold a position within the humanistic and rational value system and focus on exploring, clarifying, and understanding individuals' views of the world, self, underlying assumptions, emotional distress and difficulties, and their interaction between self and the world (BPS, 2020). By focusing on the subjective experience of individuals and their interaction with social, cultural, and spiritual dimensions of living, counselling psychology aims to reduce psychological distress and promote healthy well-being (Jones Nielsen & Nicholas, 2016). The therapeutic relationship is considered to be the driving force through which psychological distresses are understood and reduced (BPS, 2020, p. 5).

The British Psychological Society (BPS) is an academic and professional organisation for psychologists in the UK. Division of Counselling Psychology (DCoP) was founded to promote the well-being of society members, provide training, hold events, and publish news to keep the members informed and involved (The British Psychology Society, 2021). The Qualification in Counselling Psychology (QCoP) provides a path for chartered members to gain a doctoral-level qualification. The title counselling psychologist is legally protected and is regulated by the HCPS: Health and Care Professions Council (HCPC, 2021). The QCoP is an HCPC-approved qualification; therefore, on completion of the qualification, one is eligible to register as a counselling psychologist with HCPC (BPS, 2020, p. 6).

1.4.2. Introduction to Professional Doctorate in Counselling Psychology in the UK

DPsych is training in counselling psychology through a BPS-accredited doctoral programme (Jones Nielsen & Nicholas, 2016). As per the 2015 report, 15 universities offer the DPsych programme in the UK. This QCoP is an independent route that allows the trainees to gain necessary clinical experience whilst training and managing their supervision, placements, and other resources (Jones Nielsen &

Nicholas, 2016). As mentioned in the handbook of the DPsych programme, DPsych is a minimum 3-year full-time programme that commits to developing reflective, ethical, and professional practitioners (City University of London, 2021). In addition, the programme must be dedicated to the anti-exclusionary practice and holds equality, diversity, and inclusion policies (Regent's University London, 2021). Therefore, eligible and successful candidates are selected and admitted irrespective of age, gender, marriage and civil partnership, pregnancy and maternity, race, religious beliefs, and sexual orientation (Regent's University London, 2021).

The well-structured DPsych training provides a solid foundation in various therapeutic approaches, clinical practice, research, and learning, understanding and practising the HCPC and BPS-regulated ethical and professional codes (Regent's University London, 2021). The trainees are expected to engage in research to produce information that contributes to the field of counselling psychology (Kasket, 2012) and research for their clinical practice (HCPC, 2020). In addition, trainee counselling psychologists are required to gain a high level of self-awareness as it benefits the therapeutic alliance with their clients (Lane & Corrie, 2006). This takes place as an ongoing process throughout the training by self-evaluating and being a reflective clinician (Johns, 2012).

The clinical formulation is a key characteristic feature of counselling psychology practice (Challoner & Papayianni, 2018). Trainees must understand, evaluate, and critically assess knowledge and theories in terms of philosophical, social, historical, and cultural contexts to formulate efficiently (Goodyear et al., 2016). In addition, the trainees must acquire an awareness of concerns of social justice, discrimination, and unfair treatment of individuals (Cutts, 2013), as this might be included in the formulation. This suggests that the trainees must acquire knowledge about practising counselling psychology and research and stay up-to-date with ongoing social and cultural affairs.

The structure and requirements of DPsych training might pose various demands for the trainees, which might turn into stressors (Archer, 2020). The trainees are expected to find their clinical placements ensuring they fulfil the requirements of the training (Jones Nielsen & Nicholas, 2016). The trainees bear the cost of commuting to the placements, finding external supervision, and paying fees (Kumary & Baker,

2008). This might aid financial stressors for the trainees, so a few might have to work in paid jobs to meet their training and personal needs. Unlike the professional doctorate in clinical psychology, the training is not publicly funded, so the complete responsibility is upon the trainees (Galbraith, 2016).

Academics at the doctoral level, i.e., at level 8, is commonly described as a situation of high competition and a high-achieving atmosphere (Carson et al., 2013). Literature shows that a few trainees reported not being supported by their institution (Galbraith, 2016) and clinical supervision (Cornér et al., 2017) when they experienced difficulty coping with the pressures of the training (Collins et al., 2011). When the competition is high, and the need to prove their competency is also high, one might experience the pressure to hide their difficulties, especially from the source of help/support (Furnham, 1983). In addition, the DPsych trainees take up the roles of student, researcher, and therapist during their training. The pressure to switch between these roles and adjust to the changes and competency of each role might impact trainees (Collins et al., 2011). Constantly keeping up with these roles' dynamics might lead trainees to doubt their abilities and accomplishments in each role (Cushway, 1992). This might result in trainees developing self-criticism and low self-confidence, which might impact their work performance as practitioners and researchers (Archer, 2020).

Within the clinical aspect of the training, the trainees' fitness to practice is regularly monitored (HCPC, 2016). For training, they are encouraged to reflect periodically and review their practice, along with openness to alternative approaches to the treatment (HCPC, 2016). The trainees are expected to use personal therapy to enhance their self-awareness and reflection throughout the training (Johns, 2012). It can be argued that while personal therapy might be beneficial, it bears extra costs. The training advocates personal development, which hampers some of their relationships (Clifford, 2010), causing personal distress (Truell, 2001). Whilst fulfilling the training requirements, the trainees may undergo unavoidable distresses that might impact their performance and motivation (Archer, 2020). The practical and personal challenges mentioned in this section appear to be an inevitable component of DPsych training. If trainees have trouble dealing with the stressful elements of training, then they may find it challenging to engage in their learning or practise

effectively or ethically (Everall & Paulson, 2004). Unaddressed stress and burnout may lead to trainees dropping out of the training programme (Cornér et al., 2017).

1.4.3. Research on stress in DPsych trainees'

In an unpublished doctoral thesis, Scott (2015) aimed to explore the conceptualisation and experiences of DPsych trainees to generate a model of self-care and stress. Scott (2015) conducted a qualitative study and used a theory-building case study design. 12 counselling psychologists in training enrolled in the Professional Doctorate in Counselling Psychology programme in the United Kingdom participated in the study (Scott, 2015). The interview data were analysed using a thematic approach, and the following themes emerged: One and two concentrated on conceptualisation and self-care techniques, while categories three and four provided research on stress (Scott, 2015).

The results demonstrated trainees' conceptualisations of stress through a common theoretical understanding of stress and the physical and psychological impact of stress. Further, the sources of stress were demands and pressures, financial strains, unhealthy relationships, and personal and professional development (Scott, 2015). The trainees understood stress based on their broad views about it, others' lived experiences and their physical and psychological symptoms. Symptoms included low energy, headaches, emotional responses to things, and diminished productivity (Scott, 2015). The trainees claimed that their sources of stress included (a) managing the high demands of the training, such as workload and placement, (b) managing financial strains due to self-funds and the need for employment to cope, (c) unhealthy relationships due to problematic group dynamics in training, strained personal relationships, and support from personal tutors, and (d) their personal and professional development, which was perceived through self-doubts, fitness to practice, and clinical anxiety (Scott, 2015).

The study suggested ways and methods of self-care to address the categories identified in the analysis. According to the model, the aims of self-care included fostering trainees' capacity to become fully functional trainee counselling psychologists by teaching them how to take care of themselves (Scott, 2015). Further, the model proposed that self-care practices should encourage individual and organisational participation in strategies that help trainees fulfil their training

requirements. The research advised applying the model to counselling psychology training programmes, regulatory agencies, and individual trainee counselling psychology.

The study was conducted in 2015, and to date (2022), no component of self-care or model of self-care has been employed in the DPsych programme for trainees' well-being. Nevertheless, this study acknowledges and supports the conclusion presented by Scott (2015). That is, the importance of self-care for the trainees to fully gain the experience and knowledge of DPsych training. It is possible that when trainees are stressed and can practice self-care, there is a chance of reducing their vulnerability to burnout. However, it can be argued that a few personal factors might hinder trainees from taking time off for their self-care.

Researcher Sykorova (2016) recognised the lack of research on trainees' stress experience and aimed to bridge the gap. In an unpublished thesis, the researcher explored the experience of stress in counselling psychology training from the perspective of young final-year female trainees. The inclusion criteria were being enrolled on BPS accredited counselling psychology programme, should be in their final year, aged between 25-30, and female (Sykorova, 2016). Therefore, semi-structured interviews were conducted with eight final-year female trainees to explore their experiences of stress and major stressors in counselling psychology doctoral training. The study used Interpretative Phenomenological Analysis (IPA) to analyse the transcripts of interviews (Sykorova, 2016).

The research revealed three overarching themes: identifying ambivalence in training, the impact of training on self and 'self-and-others', and managing the lack of boundaries in training (Sykorova, 2016, p. 64). The research revealed that trainees claimed the stress experienced during training was forceful and negatively impacted them. The training's factors of uncertainty, particularly concerning the coursework's objectives, evaluation criteria, therapeutic orientation, disclosure in training, and client work, were the source of the stress (Sykorova, 2016, p. 74). The trainees showed signs of doubts regarding the worth of the training. They did, however, also point out some advantages to stress. The trainees also mentioned the stress of training fully taking over one's life. The trainees claimed that because such high

stakes were involved, the training controlled every aspect of their lives, leaving them with no time outside of it and, thus, fear of failure (Sykorova, 2016).

Sykorova's (2016) findings indicate that DPsych training is absorbing and demanding. However, if the trainees reported that they did not have space or time outside of training, how could they take time for self-care, as Scott (2015) recommended? Perhaps, as the reports demonstrated, trainees encountered stress due to a lack of boundaries in training, which forced them to integrate entirely with the training. The study's conclusions show that young female trainees view stress as a necessary component of training, detrimental to their development (Sykorova, 2016). However, thoughts regarding a situation are crucial in how one feels about the event, as postulated by Cognitive Behavioural Therapy (CBT) (Davis et al., 2017). Therefore, it might be possible that 'in the event' (training), the unhelpful thoughts affect how they perceive the event and their ability to cope. As evidenced, trainees found a few constructive stressful situations recognised after the event and on reflection (Sykorova, 2016).

Similar to Scott (2015) and Sykorova (2016), another study used mixed methods to analyse stress and self-care in trainee counselling psychologists. The researcher Carter (2021) emphasised that a survey from 2020 revealed that psychological practitioners' well-being is lower than the country's average. The survey showed vital interconnections between better patient care, reduced absence rates due to illness, and higher staff retention regarding practitioner well-being (Carter, 2021). The researcher noted that most studies on clinician well-being concentrate on clinical psychologists, with little research explicitly examining counselling psychologists and even less on trainee counselling psychologists. Therefore, in an unpublished doctoral thesis, the researcher aimed to investigate trainees' stress levels, their experience using their self-care tools, and any barriers to practising self-care.

According to the study's quantitative findings, approximately 17.8% of participants experienced no or little overall stress at the time the questionnaire was filled out based on their low Perceived Stress Scale-10 scores, and 11.1% of respondents and 71.1% of the sample scored in the moderate to high range, respectively (Carter, 2021). Additionally, the thematic analysis showed four themes: "Practising what we preach", "Individual differences", "Training structure", and "Competing demands"

(Carter, 2021, p. ii). The findings showed that trainees recognised individual differences and personal contexts playing a role in practising self-care on the course, whether stressed or not. In addition, the trainees noted factors such as life stage, age, and culture (Carter, 2021). The personal factors inevitably differ for each trainee; however, the standard of progression and assessment remains the same. Hence, the current study agrees with the findings of Carter (2021) that differences in individual factors matter.

The study by Carter (2021) also revealed that participants noted how the training format affected their capacity for self-care. Participants concentrated on essential topics that frequently operate as barriers to self-care, such as some role modelling within courses, the difficulties of completing 450 client contact hours of training, and increased stress (Carter, 2021). Participants also emphasised training components like personal therapy and supervision that made it easier for them to take care of themselves. Nevertheless, these undertakings had some difficulties (Carter, 2021). Finally, trainees generally cited balancing their personal and professional lives as the reason for a large amount of stress and lack of self-care (Carter, 2021).

The above-mentioned three recent studies showed that trainees are subjected to stress in training, juggling numerous demands of the course and balancing their personal and professional life. The literature and study findings present the importance of self-care and the factors that hamper trainees' practice. Unable to practice self-care might potentially cause the trainees to burnout and maintain it. The current study's findings aim to provide insight into this area.

1.4.4. The impact of the COVID-19 pandemic on mental health professionals

The UK government enacted lockdown measures on March 23, 2020, to contain the COVID-19 pandemic and lessen the spread of the virus (Liberati et al., 2021). People were advised to confine themselves to their homes and forego all non-essential interactions with people outside their immediate family. Implementing these policies influenced the healthcare system and put unusual stress on healthcare professionals (Liberati et al., 2021). During the coronavirus global pandemic, great emphasis has been paid to the effects of infectious virus epidemics on community mental health (Huang & Zhao, 2020).

Psychologists and other healthcare professionals are frequently seen as the community's pillar of support during pandemics (Schneider et al., 2021). However, they are more vulnerable to psychological anguish, which may result from difficult moral decisions like protecting themselves and their loved ones from exposure or risk while still fulfilling their professional obligations (Goulia et al., 2010). The authors Schneider et al. (2021) acknowledge that trainees have received less attention than established professionals in the literature on healthcare workers' responses to viral outbreaks. They also stressed the importance of knowing the well-being of healthcare trainees, especially those providing psychological support, as they may be more vulnerable to psychological distress and burnout (Richardson et al., 2018).

Helping professionals who continue working through burnout, which is more inclined to occur during a pandemic, may have less capacity to offer clinical empathy and support, which could compromise patient care (Bearse et al., 2013). Furthermore, the study's qualitative analysis revealed that although the trainees said their programme supported them, they wished for greater assistance during the pandemic (Schneider et al., 2021). Additionally, the trainees said they felt pressured to work on the job and preferred to work remotely out of concern about virus contamination. Finally, the results demonstrated that students wanted frequent contact with the institutions and that their views were taken into account when making choices or formulating policies throughout the pandemic (Schneider et al., 2021).

Further, a qualitative interview-based study was conducted in the UK by Liberati et al. (2021). The study used semi-structured, remote interviews with 35 members of staff from NHS secondary mental health services in England and aimed to characterise their experiences of working during the first wave of the pandemic. According to the findings, there have been significant changes in the way secondary mental health care is organised and the type of work in response to the pandemic, including the use of remote working and the assignment of workers to various services in new and unfamiliar positions (Liberati et al., 2021).

Similar to the findings, the DPsych trainees had to accommodate changes in their way of working at their placements. They had to support people affected by the pandemic, increased death cases, and its impact on people. They had to move to remote working and adapt to the new way of training. The study showed difficulties in

working remotely, the limitations on the ability to receive informal assistance, and the rising levels of everyday challenges associated with trying to give care in difficult and constrained settings all reduced the quality of participants' working lives (Liberati et al., 2021). These factors might have played a role in trainees' training experiences during the pandemic.

The study's findings suggested that clinical decision-making, care prioritisation, and compromises in the ability to carry out the therapeutic function of their positions all presented challenging decisions for the participants (Liberati et al., 2021). The apparent inability to deliver good quality care that they believed service clients required was frequently cited as having moral damage symptoms (Liberati et al., 2021). As trainees are placed in NHS placements and considering the employees of these services having such practical and ethical difficulties, it is thought-provoking to explore the impact of COVID-19 on DPsych trainees' clinical practice.

Further, the study by Liberati et al. (2021) reported that participants occasionally attempted to make up for care deficiencies by extending their advocacy, accepting more responsibility, or granting exceptions, but this puts even more stress on their personal relationships. Many people also reported despair, helplessness, loneliness, misery, and burnout. The study by Liberati et al. (2021) provided some of the challenges faced by NHS workers during the pandemic and the impact of those challenges on their work performance and emotional well-being. The results of this study aligned with a quantitative study conducted by Torrente et al. (2021). The study's objective was to evaluate the occurrence of burnout syndrome among frontline healthcare workers in Spain during COVID-19. Six hundred seventy-four workers responded to the online questionnaire. According to the findings, frontline employees who participated in COVID-19 had a burnout syndrome prevalence of 43.4% greater than non-participants. Furthermore, compared to men, women reported higher degrees of burnout, fear of being exposed, and performance anxiety (Torrente et al., 2021).

During the COVID-19 pandemic in the UK, 362 randomly chosen trainee doctors were evaluated by Zhou et al. (2022) for relationships between stressors and burnout. Stressors related to the pandemic and the Maslach Burnout Inventory-Health Services Survey were both included in an anonymous online survey. The

participants had high degrees of burnout, as evidenced by their mean ratings on the EE, DP, and PA scales (Zhou et al., 2022). The factors “Increase in workload and hours owing to COVID-19,” “Poor leadership and management in the National Health Service,” and “Not feeling valued” were discovered to have significant correlations with the burnout dimensions (Zhou et al., 2022). Similarly, Shaw (2020) observed in a scholarly paper that the COVID-19 pandemic may have threatened trainees’ mental health. The trainees feel burned out, helpless, hopeless, and depressed (Shaw, 2020). The author advised the trainees to take these presentations seriously and with caution. Additional suggestions are provided to encourage a culture of openness, support, and, whenever feasible, resilience in coworkers and trainees (Shaw, 2020).

In a study by Sayilan et al. (2021), nurses’ burnout levels and sleep quality during the COVID-19 outbreak were analysed considering the literature on burnout and its related mental health problems. The findings revealed that emotional exhaustion and burnout among nurses increased along with insomnia (Sayilan et al., 2021). Another study by Alkhamees et al. (2021) examined the incidence of burnout and depression symptoms in psychiatry residents during the COVID-19 pandemic and their correlation. 27.3% of respondents reported experiencing depressive symptoms, and another 27.3% reported having burnout symptoms. Additionally, 16.5% of respondents indicated a substantial correlation between their reports of burnout and depressive symptoms (Alkhamees et al., 2021). A participant’s risk increased if they had received mental health treatment in the previous two years and in the first two years of training (Alkhamees et al., 2021).

Further, in an article, Mheidly et al. (2020) expanded on the impact of increased screen use during COVID-19 on mental health with a shift in online working mode. The COVID-19 pandemic had a major effect on the communications industry. It boosted the usage of media tools for teleconferencing, remote work, online education, and social interactions (Mheidly et al., 2020). Spending much time staring at displays, tablets, and other smart devices makes people feel stressed and anxious (Mheidly et al., 2020). Telecommunication-related mental health concerns can compound with other stressors connected to the quarantine period and confinement to finally cause tiredness and burnout (Mheidly et al., 2020).

The studies mentioned in this section are subject to limitations. The studies had drawbacks such as the usage of brief measurements (Schneider et al., 2021), lack of pre-screening of the participants and subjective bias of qualitative study (Liberati et al., 2021), survey fatigue and response bias in the quantitative study (Zhou et al., 2022), and limitations of using specific subgroup population in one country (Alkhamees et al., 2021; Sayilan et al., 2021). However, the studies provide insight into the impact of the unprecedented global pandemic on mental health workers, including trainees. The current study was conducted during the pandemic, so literature on the area and related factors are deemed essential.

The literature and findings of the studies presented in this section are considered essential. Because trainees have reported high-stress levels pre-pandemic (Kumary & Baker, 2008; Scott, 2015), and considering the various factors that changed during the pandemic, it would be crucial to assess trainees' stress and burnout during the pandemic. It is essential to capture the influence of the COVID-19 pandemic aspect in trainees' burnout experience. Additionally, the impact of working online at NHS and other placements, online learning, excessive use of screens, fear of infection, fear of seeing their clients face-to-face and other potential factors on trainees' burnout and its consequences would be a greater insight and findings to the research.

1.5. Research on burnout in trainee counselling psychologists

A qualitative study by Archer (2020) focused on examining the experience of burnout in counselling psychology trainees. The study had eight third-year trainees recruited from six London universities. Archer (2020) used Interpretative Phenomenological Analysis (IPA) to analyse the semi-structured interviews. The results of the study show three main themes that emerged from the analysis, i.e., "a perfect storm: the demands of counselling psychology training", "treading on shaky foundations", and "impact of training on self and others" (Archer, 2020).

Theme one: "a perfect storm: the demands of counselling psychology training", is where the trainees reported the training as a highly demanding and strenuous experience that left them feeling helpless and resentful of the process (Archer, 2020). Theme two: "treading on shaky foundations", captured the experience where the trainees were frequently unable to assess their progress and judged the training

environment unfavourable to failure and challenges (Archer, 2020). Lastly, theme three: “impact of training on self and others”, showed that the trainees appeared to develop a type of fake confidence to provide the illusion of self-assurance to mask their sentiments of self-doubt (Archer, 2020).

The study findings suggest that the training left the trainee with a sense of hopelessness, resentment towards the programme, dissatisfaction from the inability to assess their progress, and being incongruent with themselves and others. On inspection, having to go through such an experience while masking a brave face might adversely impact the trainees’ well-being and professional development. While the IPA approach to the study facilitates deeper insight into trainees’ burnout experience, there is a strong emphasis on language as it determines one’s thoughts and feelings (Willig, 2008) and the impact of the author’s bias in data analysis (J. A. Smith & Osborn, 2015).

1.6. Consequences of burnout

Burnout is a condition of long-lasting stress (Maslach, 2003) due to negative or unpleasant working conditions (Seidler et al., 2014). Unfavourable working conditions can result in burnout, a syndrome marked by extreme weariness, negative attitudes, or a lack of engagement with clients and discontent with job performance (Salvagioni et al., 2017). Burnout is caused by chronic stress at work (Salvagioni et al., 2017). Burnout could have an impact on employees, their families, and organisations (Maslach & Jackson, 1981). According to research, trained psychologists who experience burnout suffer a variety of consequences (Archer, 2020). Burnout is pervasive, detrimental, and disruptive to society, organisational revenues, and human life (Gabriel & Aguinis, 2022). Therefore, this study recognises the importance of exploring and investigating burnout’s consequences.

Following the multimodal of burnout by Maslach, studies have shown that burnout demonstrates emotional exhaustion (Salvagioni et al., 2017) and other effects of depression, exhaustion, and a lack of motivation (Zhang et al., 2014). The study by Zhang et al. (2014) showed that individuals with a lack of autonomy, having less sense of control over their job, are more prone to burnout due to increased job pressure. This further leads to such individuals’ exhaustion, cynicism and inefficacy (Zhang et al., 2014). Other emotional effects include anger, irritability, paranoia, rigid

perception, loss of confidence, and intensification of psychosomatic illnesses (Henderson et al., 2012).

Burnout is also characterised by depersonalisation, which leads to dehumanisation, disengagement from one's job and clients, and emotional hardening. (Salvagioni et al., 2017). In addition, burnout could result in unethical professional behaviour, loss of clinical effectiveness and professional malpractice (Simionato et al., 2019). A study by Graves et al. (2021) on psychology graduate students' burnout showed that it affects their engagement with training and their clinical practice. The research revealed a lack of engagement and participation in the training, a lack of professionalism and ineffectiveness in their practice, cynicism, and a lack of empathy on the part of the participants, as well as reports of ethical transgressions, a loss of professional confidence, and malpractice cases (Graves et al., 2021).

The third and final dimension in Maslach's model is reduced personal accomplishment (Maslach et al., 2001). A conscious assessment that one's efforts are not leading to the anticipated results, such as assisting others, is referred to as having a diminished sense of accomplishment (Mills & Huebner, 1998). The theory posits that depersonalisation is caused by emotional exhaustion, and depersonalisation is thought to cause lower levels of personal achievement (Hammond et al., 2018). Thus, suggesting that an individual with emotional exhaustion and depersonalisation might also experience reduced personal accomplishment. A survey conducted to investigate burnout in psychologists showed that participants reported reduced personal accomplishment when demonstrating levels of burnout (Lloyd & King, 2004).

Due to the stigma of burnout and the fear of being perceived as less competent, practitioners may be hesitant to acknowledge and seek solutions to problems (Corey & Corey, 2020). As a result, they might take on more work than they are capable of (Bianchi et al., 2015) and have trouble maintaining boundaries with their clients (Everall & Paulson, 2004). Burnout can lead to procrastination, failure of relationships with family, friends, and spouses and perhaps a greater risk of substance and alcohol abuse (Kottler, 2020). This could result in unethical professional behaviour, loss of clinical effectiveness and professional malpractice (Simionato et al., 2019).

So far, the literature in this chapter has concentrated on the factors influencing burnout and the degrees of burnout among professionals (Butler et al., 2016; Lawson, 2007; Wardle & Mayorga, 2016; Yvonne et al., 2017). Next, the chapter further examines the psychological and occupational effects of burnout.

1.6.1. The psychological consequences of burnout

1.6.1.1. Burnout and insomnia

A study by Pagnin et al. (2014) investigated the relationship between burnout and sleep disorders in healthcare students. The Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale, Beck Depression Inventory, and Beck Anxiety Inventory were used to gather data from 127 students who participated in the study. The study results showed an association between burnout and sleep problems. The researcher suggested that there is a bi-directional relationship between the variables. However, sleep disturbances had a unidirectional association with cynicism and academic efficacy.

Additionally, emotional exhaustion and day sleepiness had a mutual influence on each other (Pagnin et al., 2014). According to the study's findings, burnout and sleep difficulties were prevalent and connected to one another. The results of the study by Pagnin et al. (2014) were corroborated by a study conducted by Vela-Bueno et al. (2008). The study revealed a direct link between burnout and sleep disturbances, as evidenced by the high prevalence of insomnia and poor sleep quality among people with high degrees of burnout (Vela-Bueno et al., 2008).

A longitudinal study with 3235 healthy men and women, where insomnia was defined as a continuous variable, showed burnout as a predictor of increased insomnia levels (Armon, 2009). Although the study participants were healthy without any major health-depriving habits that may have had an impact on the result, it can be said that people with low strain also had insomnia due to burnout. Similarly, a study with 1356 healthy participants showed that burnout was a predictor of new cases of insomnia; here, new cases were assessed in a simple yes or no format (Armon et al., 2008). In studies where insomnia is examined, considerations of other external factors, such as sleeping environment, personal concerns, or internal factors, such as health conditions, would be appropriate to include.

In terms of qualitative research, a study by Hammond et al. (2018) explored burnout in Australian solo clinical psychologists. According to the thematic analysis, participants who were burned out reported having trouble sleeping. Among the other reported enduring effects of burnout, the participants emphasised their sleep issues due to burnout (Hammond et al., 2018). Another mixed study by Irizarry (2021) aimed to explore burnout in healthcare graduate students. The study's qualitative findings showed that students had sleep-related problems and that they all agreed that poor sleep quality was a problem (Irizarry, 2021). Some people claimed to have slept longer at night, while others claimed to have slept less, and others claimed to have taken more naps during the day (Irizarry, 2021).

Contrary to the above-mentioned findings, two studies showed no association between burnout and sleep. Jansson-Fröjmark and Lindblom (2010) conducted a study with 1258 working-class participants to examine the association of emotional exhaustion, cynicism, and professional efficacy factors of burnout and insomnia. Self-reported sleep concerns were used to gather data on insomnia. The criteria included difficulty falling asleep or staying asleep for at least 30 minutes for the previous three months on at least three separate occasions each week (Jansson-Fröjmark & Lindblom, 2010). The result showed no association between burnout and insomnia, including incidence and persistence (Jansson-Fröjmark & Lindblom, 2010). Similarly, another study with 146 social workers found that burnout is not a predictor of sleep disturbances (Kim et al., 2011a). This study was based on the participants' self-reports using the Physical Health Questionnaire that assessed difficulties sleeping or during sleep, irrespective of the external factors influencing them.

1.6.1.2. Burnout and depression

To bridge the gap of lack of longitudinal data on burnout and depression's association, Ahola and Hakanen (2007) conducted a three-year follow-up study with 2555 healthcare students to investigate if burnout mediated the association between job strain and depressive symptoms. The results suggested that burnout is a significant predictor of depressive symptoms. Further, the study showed that 23% of the burned-out participants presented depressive symptoms at follow-up, who had shown nil at the start. Additionally, 63% of participants not burned out with

depressive symptoms demonstrated burnout in the follow-up study (Ahola & Hakanen, 2007). The study showed the reciprocal association between burnout and depressive symptoms.

Contrary to previous findings, a study showed no reciprocal association between burnout and depressive symptoms (Hakanen and Schaufeli, 2012). Researchers Hakanen and Schaufeli (2012) aimed to investigate if burnout predicted depressive symptoms among clinicians. They conducted a longitudinal study and collected data at two intervals in addition to baseline data. The study used Maslach Burnout Inventory to assess burnout and Becks Depression Inventory to assess depression. The results showed that burnout predicted depression in the participants. Similarly, 18 monthly follow-up studies of 4861 healthy workers showed burnout as a predictor of an increase in depressive symptoms among the participants (Armon et al., 2014a).

Further, an 18-month follow-up study showed that burnout predicted increased depressive symptoms in healthy adults (Armon et al., 2014b). The depressive symptoms were assessed using Physical Health Questionnaire, and burnout was assessed using the Shirom-Melamed Burnout Measure. The statistical analysis showed intensified depressive symptoms in healthy participants (Armon et al., 2014b). While studies have shown an association between burnout and depression, another study argued the opposite. Bianchi et al. (2015) conducted a two-wave 21-month study with 627 teachers. Depression and burnout were measured using the Patient Health Questionnaire's 9-item (PHQ-9) depression module and the Maslach Burnout Inventory. The PHQ-9 assigns a grade to the severity of depressive symptoms and offers a tentative diagnosis of severe depression (Bianchi et al., 2015). The study concluded that there is no association between burnout and depression (Bianchi et al., 2015).

1.6.2. The occupational consequences of burnout

1.6.2.1. Burnout and job satisfaction

A study by Figueiredo-Ferraz et al. (2012) examined the relationship between burnout and job satisfaction in healthcare professionals. This longitudinal study's time gap was one year between time one (T1) and two (T2). The study used Maslach Burnout Inventory and Work Satisfaction Questionnaire S20/23 instruments

to measure the data. According to the study, job satisfaction and burnout are correlated in both directions over time. However, longitudinal effects of burnout at time point T1 on job satisfaction at time point T2 (i.e., job satisfaction as a result of burnout) are stronger than the opposite (i.e., burnout as a result of low job satisfaction) (Figueiredo-Ferraz et al., 2012). In addition, emotional exhaustion and depersonalisation were found to be predictors of job dissatisfaction (Figueiredo-Ferraz et al., 2012).

Another study examined the impact of burnout on job satisfaction and investigated the factors causing burnout among public health workers (Lizano & Mor Barak, 2015). Two scales, The Quality of Employment Survey and the Maslach Burnout Inventory-Human Services Survey, were used to measure the constructs. The result of the study supported that burnout predicted job satisfaction in the participants (Lizano & Mor Barak, 2015). Further, the results imply that emotional exhaustion is positively associated with depersonalisation and inversely related to job satisfaction, regardless of social support and specialised training (Lizano & Mor Barak, 2015).

Similarly, another study by Hombrados-Mendieta and Cosano-Rivas (2013) aimed to investigate the effects of burnout on job and life satisfaction and examined the role of workplace support as a mediator between burnout and job satisfaction. Maslach Burnout Inventory- General Survey and The Overall Job Satisfaction Scale were used in the survey. The result showed that burnout is a cause of work dissatisfaction and has an impact on life satisfaction (Hombrados-Mendieta & Cosano-Rivas, 2013). Although it is impacted by burnout, workplace support partially functions as a mediator and lessens the negative impacts of burnout on life and job satisfaction (Hombrados-Mendieta & Cosano-Rivas, 2013). Low job satisfaction can result in more job hopping and disengagement, which could decrease the effectiveness of healthcare services (Faragher et al., 2013). Therefore, this study recognises the importance of examining the relationship between burnout and job satisfaction.

1.6.2.2. Burnout and absenteeism

A study by Borritz et al. (2006) investigated whether burnout predicted sickness absence days and sickness absence spells during the last 12 months in 824 human service workers. The results showed that burnout was associated with both sickness absence days and sickness absence spells. High-level burnout workers were more

absent from work, and an increase in burnout indicated a 21% increase in sickness absence days and 9% in sickness absence spells (Borritz et al., 2006). However, this study had certain limitations. Due to three years-long study, the participant's burnout may vary invariably, and there was a nearly 50% reduction of participants in the follow-up study. Additionally, with the data being self-reports with absenteeism, it would be necessary to check other factors like actual health issues and long-prevailing health conditions.

Along similar lines, another study's statistical analysis supported their hypotheses that "burnout predicts future absence duration, but not absence frequency" and "initial levels of work engagement predict future absence frequency, but not absence duration" (Schaufeli et al., 2009). A questionnaire with measures for job demands and job resources was used to perform this two-wave longitudinal study with a 1-year time interval. Workload, emotional strain, and work-home interference were among the hardships of the job (Schaufeli et al., 2009). Burnout, work engagement, sick leave, and elements like social support, autonomy, and work feedback were all considered job resources (Schaufeli et al., 2009). It is found that burnout is associated with ''involuntary'' absenteeism, and an increase in absence duration was an occupational consequence among workers with high levels of burnout (Schaufeli et al., 2009).

A study by Toppinen-Tanner et al. (2009) examined whether burnout was a factor for "future cause-specific hospitalisation". Nine thousand seven hundred five working-class people participated in the study, and results showed that burnout was a predictor of increased sick-leave absences due to hospitalisation with mental and cardiovascular disorders. In addition, specific burnout dimensions, such as exhaustion and cynicism, were also predictive of sick-leave absences due to hospital admissions, and burnout also predicted future mental and cardiovascular ill-health (Toppinen-Tanner et al., 2009). However, no long-term absence was reported due to these hospital admissions (Roelen et al., 2015).

However, a study by Glynn (2013) showed no association between burnout and absenteeism. The association between perceived stress, burnout, job satisfaction, and absences was investigated using a cross-sectional approach. 100 graduate students participated in the study using Maslach Burnout Inventory, the Job

Satisfaction Scale, and the Perceived Stress Scale to quantify the variables (Glynn, 2013). The findings demonstrated a significant relationship between burnout and absenteeism (Glynn, 2013). However, a strong inverse link between job satisfaction and absenteeism was reported, indicating that lower job satisfaction is associated with more time off from work (Glynn, 2013).

1.7. A gap in the research

Only a few nations, such as the Netherlands and Sweden, have recognised burnout as a medical diagnosis, but in most other countries, it remains a controversial diagnostic that is extensively discussed (Heinemann & Heinemann, 2017). Despite its widespread investigation, the World Health Organization just recently classified burnout as an occupational condition in the International Categorization of Diseases (WHO, 2019). There is a lack of understanding of the burnout phenomenon among people, such that in a survey, 85 per cent of UK adults correctly identified the signs of burnout, while 68 per cent misidentified the symptoms of anxiety (Mental Health UK, 2021).

The significant amount of research on burnout focuses mostly on job stressors in qualified health professionals (Schaufeli, Leiter & Maslach, 2009). However, only one study by Archer (2020) looked into trainee counselling psychologists' burnout experience. The qualitative study showed that trainees experienced burnout due to the high demands of the training and the pressure to keep up (Archer, 2020). As highlighted and reported in this literature review chapter, the fact is that various research studies have revealed a high level of stressors among trainees. However, there is a paucity of studies in this field, particularly studies examining distress during the training period (Vally, 2019). The research on burnout first focused on mental health professionals (Ashraf et al., 2019; Kim et al., 2011a), but graduates and trainee counsellors were included (Kaeding et al., 2017; Truell, 2001). Although the indicators that predict burnout have been investigated (Swords & Ellis, 2017), there is no sufficient evidence of significant burnout in trainees.

Counselling psychology values practitioners' training and life experiences because of how they bring their "selves" to the therapeutic relationship and practice (Amari, 2021). The field of counselling psychology is in demand and growing (Jones Nielsen & Nicholas, 2016), and due to the COVID-19 pandemic, there has been a rise in

mental health issues and the need for mental health clinicians (Bell et al., 2021). However, there is a lack of quantitative or qualitative studies to explore burnout in counselling psychology doctoral training. Subsequently, there is a lack of research on understanding and exploring the ramifications of burnout on oneself, training, and personal and professional life. Thus, increasing the need to bridge this gap in research.

The studies mentioned in the consequences of burnout section showed varied literature on the association between burnout and depression, insomnia, job satisfaction and absenteeism. The population of these studies are varied. None of the studies included counselling trainees (on a broader scale) or trainee counselling psychologists. As reported in previous sections, the factors that influence DPsych trainees to experience burnout and further experience consequences of burnout vary. While these studies provide insight into the literature, it supports the current study's aim to explore the occupational and psychological consequences of burnout in DPsych trainees. The current study seeks to explore the burnout phenomena in trainee counselling psychologists and its potential consequences to bridge the gap in research.

1.8. The rationale for the study

The term burnout is extensively used in everyday life and has social importance; however, scientists and clinicians argue about what exactly burnout is and its symptoms (Heinemann & Heinemann, 2017). Subsequently, experts disagree on what constitutes burnout. This has ramifications because it is unclear what burnout is and how to diagnose it, and difficult to estimate its prevalence (National Center for Biotechnology Information, 2020).

Due to the lack of a thorough examination of the aetiology and psychopathology of burnout syndrome (Heinemann & Heinemann, 2017), burnout is not included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2013). However, the most recent edition of the International Classification of Diseases and Related Health Problems (ICD-11) recognised burnout syndrome as a medical diagnosis (Kirsch, 2019). As a result, burnout is becoming more well-recognised, and there are more reports of people experiencing

stress and strain at work, implying that it should be taken seriously and critically examined. This holds good for trainee counselling psychologists too.

Exploring how trainees feel burnout throughout training may allow them to reflect on how they might handle future stressful situations. In addition, the outcomes of this study may enable other trainees to recognise subtle indicators of burnout. The findings may also aid trainees in developing self-care methods and accepting hardships as a normal consequence of becoming a trained counselling psychologist. Since the public does not fund the DPsych programme, the trainees are responsible for organising tuition costs and managing their living expenses (Kumary & Baker, 2008). In addition, they face academic and placement workloads, personal treatment, extra supervision, and personal stresses, all of which could raise their stress expenses (Kumary & Baker, 2008) and may contribute to burnout. If this stress is not dealt with early on, it may harm their training and profession later (Hughes & Kleist, 2005). Furthermore, unaddressed burnout might cause trainees to struggle to maintain attendance at their academic institution, placement, supervision, and personal therapy (Archer, 2020).

Graduate students are vulnerable to various academic and personal issues, and previous research has revealed that at least some have experienced burnout (Swords & Ellis, 2017; Truell, 2010; Wardle & Mayorga, 2016). This damage is not just to themselves but also to their clients; stressed counsellors cannot give their clients high-quality counselling services (Lawson, 2007). Burnout does not develop instantly and might be mistaken for depressive symptoms. As a result, trainee counsellors must be aware of the possibility of burnout before beginning full-time work as counsellors (Wardle & Mayorga, 2016).

Burnout is known to occur in the early phases of a profession in the helping professions (Hawkins & Shohet, 2012). For trainees, this could be during the later stages of their training or transitioning from education to certification. During their training, the trainees' may be led by the belief that to excel in academics, they must prioritise their studies over all other considerations, such as time with friends/family, self-care, and leisure (Stacey et al., 2019). This belief could be contributing to their stress, exhaustion, and burnout.

Trainees may also have unrealistic expectations of themselves regarding knowledge, skills, and accomplishments (Everall & Paulson, 2004). This misunderstanding could lead to the development of poor working habits, such as an inability to set work boundaries in terms of time and place and arrange the time for relaxation, introspection, and self-care (Cohen, 2011). In the long term, the trainee's autonomy and judgement abilities may be affected during and after their programme (Levecque et al., 2017).

Burnout among practitioners has several negative outcomes, including a disconnect with clients, a lack of faith in the treatment, and stifling professional competency growth (Richardson et al., 2018). Unhappy trainees with a negative mental and physical state, as well as a lack of enthusiasm for their work, lead to absenteeism (Toppinen-Tanner et al., 2009), impacting work efficiency and performance (Taris, 2007). A therapist's burnout can harm their clients and patients (Madonna, 2014), and the therapist may even withdraw from engaging with them (Maslach & Jackson, 1981).

Archer's (2020) study identified three major themes that revealed participants reported the training as a highly demanding and arduous experience that made them resent and helpless (Archer, 2020). Furthermore, the trainees reported that the training set-up was hostile to failure and challenges (Archer, 2020). Finally, the study revealed that the trainees appeared to create a form of false confidence to provide the appearance of self-assurance while masking their feelings of self-doubt (Archer, 2020). While Archer's (2020) study illustrated the obstacles and challenges faced by trainee counselling psychologists who had experienced burnout, this study aims to further the field by providing new, in-depth, and comprehensive insight into the field of burnout and its repercussions among trainee counselling psychologists. The study seeks to investigate the occurrence of burnout in DPsych trainees, investigate the link between pertinent associated variables, comprehend the collective experience of the trainees, and investigate some of the repercussions burnout during training has on the trainees.

Considering how chronic stress and burnout might impact trainees and their clinical practice, the current study understands that it is essential that research in this area should be conducted and reported. As a result, the current research explores

burnout in trainee counselling psychologists and its consequences. The additional focus is on examining and capturing the psychological and occupational consequences of burnout in trainees. Of all the potential consequences, the study finds that burnout's repercussions on oneself (the psychological effect) and the occupational (impact on trainees' doctoral training) would be essential based on the existing literature on burnout's consequences.

1.9. Relevance to Counselling Psychology

A professional Doctorate in Counselling Psychology can be considered a crucial phase in a trainee's life. The trainees are subjected to thorough interviews during selection, including validation of their preparedness for a rigorous and challenging programme; however, they may face numerous difficulties beyond their anticipation. Every trainee counselling psychologist has a unique training experience shaped by their placements, academic engagement, professional and peer networks, and personal events (Efstathiou, 2017). The nature of DPsych training involves many stressors, as mentioned in the above sections, which is why it is important to inspect trainees' burnout and research this area. Unfortunately, limited research looks at burnout in the setting of counselling psychology field and training (Archer, 2020).

In the discipline of counselling psychology, understanding this experience is crucial since trainees must be able to recognise and reflect on their own experiences and issues. This would allow them to participate in activities that relieve stress and burnout, improve self-care, and continue practising ethically in their academic and clinical work. Trainees are more prone to burnout in the early phases of their career/training (Vredenburgh et al., 1999) since they may feel pressured to hide their challenges for fear of failing fitness to practice (Rössler, 2012). However, as trainees go through years two and three, they become increasingly independent, and their autonomy increases (Archer, 2020). Thus, if stress and burnout are not recognised and addressed, it may harm all aspects of their training, health, and personal and professional life.

Understanding burnout and its consequences and how individuals experience it within the field of counselling psychology training are deemed necessary as the trainees emerge into full-time practitioners. Generating knowledge about burnout early in counselling psychologists' careers may positively impact their well-being and

clinical practice. As noted previously, there is a scarcity of research on trainees' burnout experiences, with only one qualitative study to date. As a result, it is hoped that this research will contribute a deeper insight into the objective and collective experience of trainees' burnout during their DPsych training.

1.10. Aim and research questions

The study aimed to investigate the following research questions

1. Do trainee counselling psychologists demonstrate experiencing burnout? And what is their experience of burnout during their DPsych training?
2. What consequences of burnout do trainee counselling psychologists experience? Do they present occupational and psychological consequences of burnout?

Chapter 2: Methodology

2.1. Overview

This chapter delves into the research methodology and methods I used to develop and conduct this study. I begin by outlining the research topic and hypotheses. Further, I discuss the epistemological, ontological, and methodological frameworks I used for this study. Furthermore, I discuss the inclusion and exclusion criteria, sampling and participants, materials, recruitment procedure, and analytic strategies for quantitative and qualitative methods. Finally, I end the chapter with ethical considerations and personal reflection in detail.

2.2. Research questions and hypothesis

The study aimed to investigate the following research questions

3. Do trainee counselling psychologists demonstrate experiencing burnout? And what is their experience of burnout during their DPsych training?
4. What consequences of burnout do trainee counselling psychologists experience? Do they present occupational and psychological consequences of burnout?

2.2.1. Part I: Quantitative study

Based on the research questions, the quantitative study investigated burnout levels in trainee counselling psychologists and the psychological and occupational consequences of burnout in trainee counselling psychologists.

The proposed four hypotheses were:

Hypothesis 1: Trainees' stress increases burnout, and they demonstrate some level of burnout

Hypothesis 2: The year-3 trainee counselling psychologists present higher levels of burnout than the year-1 trainee counselling psychologists

Hypothesis 3: Burnout predicts insomnia and depression scores in trainee counselling psychologists

Hypothesis 4: Burnout predicts absenteeism and job satisfaction scores in trainee counselling psychologists

2.2.2. Part II: Qualitative study

Based on the research questions, the qualitative part of the study aimed to explore the experience of burnout and its consequences among trainee counselling psychologists. The hypothesis was that the qualitative interviews would provide an understanding of burnout's collective experience (generating common themes) and its consequences among trainee counselling psychologists.

2.3. Research Methodology

2.3.1. The epistemological and ontological stance

Epistemology focuses on the nature of knowledge. Elements of knowledge's potential, limitations, and the procedures by which it may or may not be gained are all aspects of epistemology (Willig, 2019). It tackles matters like what constitutes true knowledge about what is knowable, how we gain knowledge, and how certain we can be in its accuracy or veracity (Willig, 2019). In comparison, ontology focuses on the existence of knowledge. Ontology investigates what kinds of objects exist and comprise the world (Willig, 2019). A person's presumptions about what exists are expressed in their ontology. Since every theory assumes the existence of specific items or processes, every theory is built on an ontology (Willig, 2019). Ontology describes the fundamental principles around which we base our worldview. Researchers are required to become more conscious of their preconceptions about the nature of knowledge (ontology) and how it is acquired (epistemology) (Willig, 2012).

The ontological belief of this study is critical realism. The researcher acknowledges and accepts that there exists an objective reality in the field of burnout among trainee counselling psychologists, which can be investigated using appropriate research methodology. However, it recognises the complexities of the phenomena and that they can be measured and understood imperfectly (Haigh et al., 2019). The research accepts critical realism's tenet that only a small portion of a deeper and wider reality can be captured by human knowledge and that the nature of reality can be learnt and produced based on a human's understanding of reality (Fletcher, 2017). This ontological stance contrasts with that of naïve realism, which suggests the existence of only one true reality that can be measured without bias (Logue, 2012).

The objective reality in focus is the experience of burnout and its consequences due to various stressors present during the DPysch programme. The study believes that trainees experience burnout during their doctoral training, which has repercussions. This 'reality' can be captured imperfectly and biased by the researcher and participants. The critical realist worldview enabled the researcher to engage with the data fully; it allowed the researcher to go further than the participants' narrates by their interpretation by attempting to identify the social, physiological, or psychological forces that shape the "real" phenomenon (Willig, 2021).

This study adopted a post-positivist epistemological stance. Post-positivism, also known as methodological pluralism (Morris et al., 2009), considers both quantitative and qualitative methods valid (Lindlof & Taylor, 2017). According to positivism, there is just one objective reality, which may be discovered via emotional detachment (Murzi, 2007). It occurs in a structured and controlled environment where a research subject may be discovered and examined using applicable hypotheses (Murzi, 2007). Post-positivism advanced from the positivist worldview.

Post-positivism is concerned with the "subjectivity of reality" and retreats from positivism's solely objective perspective (Ryan, 2006). Post-positivism seeks objective answers by striving to identify and engage with biases in ideas and knowledge developed by the researchers (Given, 2008). According to post-positivists, the researcher's ideas, hypotheses, previous knowledge, and values influence the issue under investigation (Robson, 2002). Post-positivists seek objectivity by recognising the potential effects of biases (Miller, 2007).

The quantitative part of the study is based on post-positivism principles of conducting studies using reliable and valid standardised scales, which are shortened through a confirmatory factor analysis with suitably large numbers of participants (Hunter & Leahey, 2008). The qualitative part of this study used standardised interview methods and inductive reflexive thematic analysis, which also fits in the principles of the post-positivist approach (Fox, 2008). In addition, the post-positivist perspective encourages combining quantitative and qualitative methodologies (Panhwar et al., 2017), thereby supporting the study's mixed-method design.

Trainees may be considered ‘privileged’, but it does not take away the challenges they face in their training and the level of impact stress might have on them. Therefore, this study may have provided a haven for trainees experiencing difficulty and difficulties on the course, including burnout, but did not have sufficient, safe space to express it earlier. The chosen methods fit well within the epistemological and ontological stance taken by the researcher. By using a mixed-methods approach, this study hoped to explore and capture the experience of trainees’ burnout holistically.

2.3.2. Mixed-method framework

According to Willig (2012), each research is directed and guided by a research question it seeks to answer. Various data collection and analysis approaches result in various types of knowledge, depending on the knowledge the study seeks to develop (Willig, 2012). Therefore, the study employed a mixed-method framework based on its objectives and research questions.

With the increasing complexity of healthcare delivery, mixed-method research is growing in the healthcare sector (Shorten & Smith, 2017). The mixed-methods research design is gaining recognition in psychology studies, and counselling psychologists are encouraged to use this approach (Fetters & Freshwater, 2015). It is a recommended methodology for studying mental-health concerns, needs and treatments (Creswell et al., 2011). It is proposed that quantitative and qualitative elements complement each other and allow diverse exploration of the research topic in mixed-methods studies (Greene & Caracelli, 2003). This approach facilitated the researcher to collect and analyse the experience of trainees’ burnout and its consequences using both quantitative and qualitative data within one study (Creswell & Clark, 2017).

Quantitative research objectively tests theories by examining relationships between the variables (Elerian, 2017). The theories are measured using standard instruments that yield numerical data, which can be used in statistical analysis to test the hypotheses (Elerian, 2017). This enables the generalisation of the findings (Creswell, 2009). The adaptability to replicate and generalise findings is a major characteristic of quantitative research (Harwell, 2011). The findings are quantifiable,

and the research's reliability and validity are ensured when protocols are followed appropriately.

The empirical studies that collect data in a standardised and pragmatic manner have their drawbacks, such as access to complex emotions (Tonetto & Desmet, 2012), reduction of human experience (Ryan, 2006), and the usage of self-report measures (Razavi, 2001). Self-report measures are associated with systemic measures that may hamper the responses and analysis (Razavi, 2001). There is the possibility of an acquiescence response style (Anastasi & Urbina, 1997) and careless responses (Schmitt & Stuits, 1985). Additionally, there is a possibility of social desirability bias, extreme and moderate response styles (Razavi, 2001), and negative affectivity bias, which is observed in measures such as job strain and stress (Parkes, 1990). Despite these limitations of self-report measures, the researcher appreciated the advantages of empirical study in addressing the research questions.

Qualitative research entails an in-depth exploration and comprehension of the participants' interpretations of the concept under study. In most cases, the researcher collects data in the presence of the participants and then analyses and interprets the data to develop themes (Creswell, 2009, *p*. 4). Qualitative research allows for close contact with participants, allowing for an insider's perspective and a better understanding of the intricacies and nuances of their responses (Elerian, 2017). As a result, a qualitative researcher acquires a greater understanding of participants' values, beliefs, and assumptions (Choy, 2014). The implementation of critical realism allowed capturing the 'reality' of burnout and its consequences from the individual's perspective and tapping into their subjective experience.

Mixed method research is recognised as a "third methodological movement" after the so-called "paradigm wars" of the 80s (Teddlie & Tashakkori, 2009). The mixed method can be defined as "the type of research in which a researcher or team of researchers combine elements of qualitative and quantitative research approaches for breadth and depth of understanding and corroboration" (Johnson et al., 2007, p. 123). Using both research methods complements one another's strengths while balancing each other's shortcomings (Harwell, 2011). An explanatory-sequential

mixed-method approach was adopted to find answers to the identified research questions (Edmonds & Kennedy, 2017).

The mixed method approach allowed the researcher to empirically explore the variables associated with burnout and generalise the findings to a larger population of trainee counselling psychologists. Further, the qualitative part of this study provided a deeper understanding of trainees' experiences using semi-structured interviews and obtained common themes of their experience of burnout and its consequences.

2.3.3. The rationale for choosing a mixed-method approach

This study adopted an integrated explanatory sequential mixed method, i.e., QUANT → QUAL (Giddings & Grant, 2017). The qualitative study followed the quantitative study, and both held equal priority. The stage of integration of both studies was interpretation (Andrew & Halcomb, 2009). One of the reasons for using a mixed-methods design in the proposed study was to achieve "triangulation" (Elerian, 2017). The researcher intended to see how the outcomes from different methodologies correlated by employing both quantitative and qualitative methods. Further, comparing and contrasting data provided by various individuals as it strengthens the research study's overall validity (Bryman, 2006).

The development feature of the mixed-method approach, where the result of one method helped develop the other method, benefited the current study's design (Greene et al., 1989). The data from the online survey (quantitative method) helped inform the qualitative study (interviews). In the survey, a question was asked to the participants if they had experienced or were experiencing burnout during their training. This question from the online survey benefited the study in identifying participants who had experienced or were experiencing burnout during their training such that in the qualitative study, their subjective experience could be fully captured. Gathering the information of participants having experienced burnout in the survey informed a deeper exploration of their subjective experience of burnout and its consequences. Using a mixed-method approach helped accomplish "expansion," i.e., 'seek to extend the breadth and range of enquiry by using different methods for different inquiry components' (Greene et al., 1989, p. 259). This feature

helped in potentially getting a full picture of capturing the experience of trainees' burnout.

The complementarity feature of mixed methods helped in "elaborating, enhancing, illustrating, clarifying of the results from one method with the results from another" (Greene et al., 1989, p. 259). These further aid in achieving completeness, where the researcher collects diverse types of data to provide a more in-depth and fuller picture of the field of investigation rather than focusing only on either quantitative or qualitative data (Bryman, 2006). The identified research questions could be best answered by using a mixed-methods design to produce rich data and understanding.

The quantitative research method facilitated an understanding of burnout and its relationship with related variables such as stress, depression, insomnia, job satisfaction and absenteeism. This understanding of the relationship between the variables was achieved by using a set of proposed hypotheses to gain knowledge of the objective reality of burnout. It was hoped to address the research questions by quantifying the variables and gathering information using a large sample of data. In addition, the researcher was cognisant that understanding the general patterns and behaviour of the trainees' population concerning burnout would be beneficial. This allowed learning the different factors and variables involved in the burnout phenomenon.

The researcher acknowledges the philosophy of counselling psychology that posits the importance of individuals' unique subjective experiences (Douglas et al., 2017). Although the programme stands standardised for every trainee in training, their subjective experiences of burnout may impact their performance and well-being. Each trainee's stressors may vary depending on various factors. The researcher appreciates the value of "explore, discover and construct" adopted in the qualitative research design (Apuke, 2017). The qualitative research study explored trainees' unique subjective experience of burnout and its ramifications. The qualitative part of this study was designed to utilise an exploratory method to collect data using semi-structured questions to capture subjective experiences of burnout (Apuke, 2017).

The study yielded rich data, providing insight into how they experienced burnout, the emotional, physical, mental, and physical manifestations of it and how burnout affected their personal and professional life.

2.3.4. The rationale for choosing reflexive thematic analysis

Data analysis is essential for reliable qualitative research (Maguire & Delahunt, 2017). Contrary to many qualitative methods, Thematic Analysis (TA) is not with a particular epistemological or theoretical position (Maguire & Delahunt, 2017). TA is a strong yet flexible tool for interpreting qualitative data that may be used for various paradigmatic and epistemological perspectives (Kiger & Varpio, 2020).

TA was deemed an appropriate method for analysing the qualitative data attained from semi-structured interviews. The TA approach includes exploring collected data for identifying, analysing, and reporting repeated patterns (Braun & Clarke, 2006b). It is a strategy of evaluating and describing data using the generated codes and themes to address the research objectives (Kiger & Varpio, 2020). TA is recommended as an appropriate and powerful analytical method when attempting to access and understand “a set of experiences, ideas, or actions” throughout a data set (Clarke & Braun, 2014). Its purpose is to look for participants’ shared or similar meanings or experiences (Kiger & Varpio, 2020). As the study aimed to understand how trainees experienced burnout and its consequences during their training, finding their shared and common experiences using reflexive thematic analysis was assumed to be an appropriate method.

Braun and Clarke recently proposed Reflexive Thematic Analysis (RTA) to enhance the existing TA. The main differentiating factor from the previous versions of TA is that in RTA, the researcher’s situation, awareness, and subjectivity are acknowledged and essential in the analysis process (Braun & Clarke, 2019). Reflexivity involves a disciplined practice of critically interrogating what we do, how and why we do it, and the impacts and inferences of this on our research (Braun & Clarke, 2022). With the chosen epistemological and ontological positions, and the reflexivity principle of counselling psychology (Douglas et al., 2016), the researcher acknowledges that the RTA fits well within the framework of the study. Braun and Clarke (2022) state that a critical realism approach to RTA enables the researcher

to access perceived realities and communicated truths. Therefore, this study adopted an RTA for the qualitative study.

Further, RTA variations based on the data's orientation and focus of meaning were considered. The study conducted an inductive approach of the two kinds of orientation to the data, i.e., inductive (data-driven) and deductive (researcher/theory-driven). The study did not attempt to fit the data into a previous coding framework or the researcher's analytic expectations; rather, it employed a process of coding the data (Nowell et al., 2017). The data coding was led by the collected data from the participants (Braun & Clarke, 2006a). The researcher acknowledges that conducting 'pure' inductive analysis is impossible. Although the data drove the analysis, one cannot deny the researcher's dual role as a trainee counselling psychologist and researcher. Subsequently, the impact of it on how the data was read, labelled, interpreted, and generated the themes. Therefore, reflexivity was given great importance and was a continuous part of the process.

Next, in terms of the level of coding, the study adapted semantic coding. The meaning of the data has been explored at the surface level, as that is the goal of semantic coding (Braun & Clarke, 2022). The analyst was attentive to the language used by the participants and did not seek anything beyond what a participant had said (Braun & Clarke, 2006a). This decision was taken because the study aimed to capture the experience of the trainees' burnout experience as expressed by the trainees than to investigate the deeper meaning and underlying ideas of their experience to theorise it. Additionally, by staying at the semantic level, the researcher could restrict their subjectivity in interpreting the deeper meaning of the trainees' experience.

The stages of thematic analysis are similar to those of grounded theory, ethnography, and other qualitative approaches that depend on coding and analysing sets of data for themes as part of their processes (Kiger & Varpio, 2020). However, TA is different from grounded theory and interpretative phenomenological analysis because it is not theoretically constrained (Braun & Clarke, 2006a). TA may be a strategy that reflects reality while also unpicking or unravelling the surface of reality since it is not bound by a theoretical framework (Braun & Clarke, 2006a). This research used Braun and Clarke's RTA framework for conducting the analysis.

The procedure is broken down into six steps: familiarising oneself with the data, creating initial codes, searching for themes, reviewing themes, defining and identifying themes, and finally, producing the report (Braun & Clarke, 2022).

2.4. Quantitative method

2.4.1. Inclusion and exclusion criteria

The inclusion criteria for the study were to be above the age of 18 years studying in a British Psychological Society accredited DPsych course in the UK. Considering that the trainees' experiences of stress and potential burnout could be for various reasons, the study aimed to recruit as many participants as possible without screening any of their differences or ongoing difficulties. The only exclusion criteria for this population were trainees studying in a part-time mode of study. The course structure for the part-time trainees may differ from the full-time trainees, so it was assumed that the stressors for each category might differ (Darolia, 2014). Hence, the study focused only on full-time trainee counselling psychologists.

Seventeen participants were excluded from the dataset due to not fully completing the online survey. Most of these 17 responses were below 40% completion and thus making the data unusable. The drop-out rate for the study is 19.54%, which falls under the average drop-out rate (30%) for web surveys (Galesic, 2006). Therefore, the total number of participants considered for the quantitative analysis is 70.

2.4.2. Pilot survey

A pilot study was conducted to evaluate the feasibility of the survey that would be used for a larger trainee population (Leon et al., 2011). It was believed that the pilot study would contribute to the survey's improvement. One counselling psychologist in training and one student with a non-psychological background each received a link to the online survey. The principal supervisor additionally took part in the pilot study.

The presentation of each question's options, the introduction of each scale, and the size and font type of the text all contributed to the pilot study's outcome. The modifications were made in response to the comments received. The researcher and primary supervisor then tested it. The pilot data are not included in the study.

After several reviews after the pilot study, the survey was deemed ready for data collection.

2.4.3. Sampling and participants

87 trainee counselling psychologists aged between 23 and 54 from various UK universities participated in the online survey. Participants were recruited by contacting the 15 BPS-accredited universities in the United Kingdom that delivered the Professional Doctorate in Counselling Psychology programme. The course directors of each programme were contacted via email requesting to advertise the study among their trainees. Furthermore, the study was advertised in the private Facebook group for DPsych trainees. Volunteering trainees used the link in the advertisement to learn more about the study and participate by giving their consent (more information on the process is mentioned in the recruitment procedure section). The advertisement flier is available in Appendix C.

2.4.4. Materials

The questionnaires were selected based on their relevance to the current study and research questions.

2.4.4.1. Demographic questions

This section included age, gender, name of the university, mode of study (full-time or part-time), year of study (1,2 or 3), the status of placement (on or not), and mode of placement (face-to-face or remote), hours per week on placement/s, the status of a part-time job, hours spent per week on a part-time job, and e-mail-id. The questions are available in Appendix F.

2.4.4.2. Counselling Psychologist Trainee Stress Survey

This scale consisted of 37 items which are divided into four categories: academic demands, lack of support systems, placement stressors and personal and professional stressors (Kumary & Baker, 2008). The current study used this scale to measure the participants' stress levels. Sample statements include “amount of work expected from trainee”, “putting theory into practice – learning about different models”, and “managing life outside the course – fitting personal life with professional life”. Each statement was rated on a five-point scale, four being very

stressful and zero being least stressful (Kumary & Baker, 2008). Cronbach's alpha for each category ranged from 0.77 to 0.92 (Kumary & Baker, 2008), which showed an acceptable level of internal reliability (George, 2011). The scale is available in Appendix G.

2.4.4.3. The Maslach Burnout Inventory –Human Services Survey

MBI-HSS is specially designed for professionals in human services, such as counsellors, and therapists, which focuses on helping people to better their physical and mental wellbeing (Lheureux et al., 2017). The scale consisted of 22 items comprising three categories: emotional exhaustion (EE), depersonalisation (DP), and a low sense of personal accomplishment (PA). Subsection EE measured feelings of exhaustion from one's work, DP subsection measured detached feelings and engagement with clients seeking care and treatment, and PA measured feelings of success and accomplishment in work (Lheureux et al., 2017). Sample statements include "I feel emotionally drained from my work", "I can easily understand how my recipients feel about things", and "I feel I treat some recipients as if they were impersonal objects". Each statement was rated on a 7-point Likert scale ranging from 0 (never) to 6 (daily). Cronbach's alpha for each category was greater than 0.70 (Sabbah et al., 2012). The scale is available in Appendix H.

2.4.4.4. Becks Depression Inventory-II

This scale consisted of 21 items, and it measured characteristic attitudes and symptoms of depression on a four-point scale, with 0 being symptom absent and 3 being severe symptoms (Jackson-Koku, 2016). This scale did not measure anxiety symptoms; however, cognitive, somatic, and vegetative symptoms reflecting DSM-IV's criteria of major depression were included (Jackson-Koku, 2016). Sample statements include "sadness", "loss of pleasure", and "tiredness or fatigue". A study showed Cronbach's alpha ranging from .92 to .93 (Jackson-Koku, 2016), which showed an acceptable level of internal reliability (George & Mallery, 2003). The scale is available in Appendix J.

2.4.4.5. Athens Insomnia Scale

This scale consisted of eight items and assessed the severity of insomnia based on the International Classification of Diseases (ICD-10). Five questions measured

sleep quality, and the rest three assessed the issues' duration (Soldatos et al., 2000). Sample statements include “overall quality of sleep”, “sleepiness during the day”, and “total duration of sleep”. Each statement was rated on a Likert-type scale ranging from 0 (no problem at all) to 3 (acute sleep difficulties). An initial study found an internal consistency ranging from .87 to .89 (Shahid et al., 2012), indicating an acceptable level of internal reliability (George & Mallery, 2003). The scale is available in Appendix K.

2.4.4.6. Minnesota Satisfaction Questionnaire – short form

This scale had 20 items and was used to assess employees’ job satisfaction in different aspects of work and the work environment (N. E. Hall, 1977). The scale was measured based on three categories: intrinsic, extrinsic, and general satisfaction (Weiss et al., 1967). Sample statements include “the chance to do something that makes use of my abilities”, “the feeling of accomplishment I get from the job”, and “The way my boss handles his/her workers”. The scale was rated on a 5-point Likert scale ranging from ‘not satisfied’ to ‘extremely satisfied’. Studies have shown Cronbach’s alpha ranging from .85 to .91(Martins & Proença, 2014), which showed an acceptable level of internal reliability (George & Mallery, 2003). The scale is available in appendix L.

2.4.4.7. Absenteeism

In order to obtain data for absenteeism, the participants were asked an open-ended question.

Q1: How many leaves did you take on your working days in the last academic year (both at placement/s and university)?

2.4.5. Recruitment procedure

The link to the study was the online Qualtrics survey which comprised an information sheet (Appendix D), consent form (Appendix E), demographic questions (Appendix F), questionnaires (Appendix H, J, K and L), and the debrief sheet (Appendix M). The link to the study was sent to the universities offering the DPsych course (Appendix B) and on a Facebook group. Volunteered participants first read the information sheet by clicking the link. A consent form followed this information sheet. The participants who read the criteria and consented were

allowed to continue the study. The first part of the question included the demographic questions sheet. The participants were informed of the reason for collecting their email IDs, i.e., to contact them for the follow-up study and how it would be stored. The participants were informed of their right not to reply to the email or consent to the follow-up study.

The exclusion of part-time trainees took place at two different stages. First, after reading the information sheet, the participants were asked to read the consent form, and the trainees were able to see the set criteria for the study, including a full-time mode of study to participate in the study. They were given an exit option if they considered they did not fulfil the criteria to participate in the study. The second stage of screening was conducted when the participants filled in the demographic questions. When the trainees selected the part-time option as their mode of study, then a dialogue box appeared, presenting the information that the study was only for full-time trainees. The survey then exited for such participants by directing them to the end page and thanking them for their interest and time. Participants who completed the survey were presented with the debriefing sheet at the end.

After the demographic questions, participants were presented with CPTSS followed by MBI-HSS. After these two scales, participants were asked a yes or no question if they had experienced or were experiencing burnout on their course (Appendix I). This was followed by BDI-II and AIS scales. Then, the participants were presented with the MSQ-SF scale and the absenteeism question. At the end of the survey, debrief sheet (Appendix M) was presented to the participants.

2.5. Qualitative method

2.5.1. Inclusion criteria

The participants who identified and answered “yes” in the online survey as having experienced burnout during their training were contacted for a follow-up study, i.e., for the interview. The participants were contacted on a “first come, first serve basis”.

2.5.2. Pilot interview

The study was considered suitable for pilot after two reviews of the interview schedule with the research supervisor. A pilot study was conducted to test the

practicality of data collection and interview questions (Leon et al., 2011). The pilot study included one trainee who was enrolled in a professional doctoral counselling psychology programme. The pilot study's purpose was to test the interview schedule's effectiveness with the target population and gain experience with interviewing techniques. The results of the pilot interview indicated that all of the questions were understandable and that the participant could open up about their experience in adequate detail due to the interview schedule. It was observed that when participants in the study talked about their experiences, the pandemic was frequently brought up.

One more question was added following a discussion with my supervisor. This was intended to offer trainees an opportunity to consider how a pandemic affected them and reflect on their burnout experiences. The addition of a new question would not have an impact on the pilot study, as was highlighted under supervision, given the participant had previously extensively discussed COVID-19. As a result, the pilot interview has been added to the final sample.

2.5.3. Recruitment procedure

Sixteen trainees were contacted for the interviews. Participants who agreed and consented to participate in the follow-up were followed up to schedule the interview based on availability. Nine trainees participated in the interviews. Seven participants were female, and two participants were male.

2.5.4. Sampling and participants

The participants who answered 'yes' to having experienced burnout during DPsych were contacted for the qualitative part of the research, i.e., the semi-structured interview. The template of the email used to communicate with the participants can be seen in Appendix N. The participants were provided with an information sheet (Appendix O) containing details of the interview and the consent form (Appendix P). The first 9 participants who responded were contacted to schedule the interview. Once sufficient numbers had been reached then, the participants were not contacted for the second part of the study.

The concept of "information power" was used to determine the sample size for a qualitative investigation. In other words, the sample size was based on the

objectives, quality of the data, and method of analysis of the current study (Malterud et al., 2016). After each interview, I actively listened to the audio recording while reading the transcript as the transcription was done. As I was immersed in the data set from the beginning, I was able to assess the quality of the dialogue. Additionally, for thematic analysis, it is recommended that for a small study, 6-10 participants are recommended for interviews (Fugard & Potts, 2015). Thus, after determining that the data properly explained the burnout phenomena and answered the relevant study question, the interviews ended.

Interviews were conducted remotely via Zoom to ensure the security and encryption of the data. The interview took place for up to 40 minutes and was recorded for transcription and analysis. Following the interview, participants were provided with a debrief information sheet (Appendix S) and were allowed to ask questions.

2.5.5. Interview process

The interview started out with a welcome to the participants and some pleasantries. The interviewing procedure was then explained, and the subject of confidentiality was discussed. The zoom recording was initiated once the participants gave their approval. The participants were informed that there were no correct or wrong answers to the questions, and the aim of the interview was to capture their experience of burnout during their DPsych training.

The online interview followed a semi-structured approach, with occasional follow-up question/s to further elaborate on their experience or statements. I employed techniques such as nodding, smiling, and making eye contact to encourage the participants and make them feel comfortable.

The interview schedule is shown in Appendix Q, and the questions were open-ended and designed to gather information freely and without restrictions. Questions were also clearly aimed at answering the research questions firstly in terms of understanding trainees' experience of burnout and what were some of the consequences they experienced as a result of it. Experience of burnout and its consequences were captured in the areas of trainees' training and personal aspects.

I discussed the interview schedule with my supervisor before the interviews started in order to help ensure the correctness of the questions. Each interview also

included a question at the end asking participants to contribute any additional information or experiences that were not covered throughout the interview.

2.6. Ethical considerations

Ethical approval for this study was sought from the City, University of London research ethics panel (ETH2122-0357). The approved form is available in Appendix A. The recruitment procedure was not executed before securing ethical approval. This study followed the principles of the BPS code of Human Research Ethics (The British Psychological Society, 2014) and the BPS Ethics Guidelines for Internet-mediated Research (The British Psychological Society, 2013) at all stages of the study. In addition, during COVID-19, the study adhered to BPS Ethics best practice guidance on researching with human participants during COVID-19 (The British Psychological Society, 2020a).

2.6.1. Consent and debrief information

Participants were required to consent at the beginning of part I (survey) and part II (interview) of the study. They were provided with an information sheet, and only after consenting could they participate in the study. In part-I, an information sheet including the nature of the study, what is being asked of them and how the data will be stored and used was presented. Followed by the information sheet was the consent form highlighting the criteria needed to participate in the study. Consent was gained using a tick box presented in the online survey. Participants who did not tick this box were not able to access any of the further questions. The provision of an email address was taken as consent to being contacted regarding the second research stage but not as consent to participate in the interview.

For part II, the participants were emailed an information sheet that included the nature of the study, the interview process, the duration of the study, and the nature of the interview and the questions. Information regarding their right to withdraw from the study was provided at this stage of the study. Along with the information sheet, a consent form to participate in the interview was sent, and they had to return a digitally signed consent form before the interview was booked. The information contained in the information sheet was verbally informed to the participants at the start of the interview to gain verbal consent from the participant.

The debrief sheet was provided at the end of both part-I and part-II of the study. This information sheet was to thank the participants for their time, provide brief information about the study, and remind participants of available support should they need it. Participants were given information on support services such as the NHS local services and Samaritans. The recruitment materials, information sheet, and debrief sheet had the researcher's and university's contact details.

2.6.2. Confidentiality and data shortage

Participants' email addresses were stored separately from their survey responses and collated in a different file. Participants were given a unique numerical identifier to store their data for the interview. The email addresses were known only to the primary researcher, used only to communicate with the participants, and not shared or used in further research. Participants' information was anonymised in all written work of this study (i.e., in the thesis and publishable article), and they were informed that their anonymised data might be used for publication purposes. Only the audio of the interviews was recorded, and the recordings were accessible only to the primary researcher. The transcriptions were anonymised using pseudonyms. The participants were given pseudonyms to reflect participant's demographics, i.e., gender and ethnicity. Names mentioned in the interviews were anonymised according to the above rules.

This study complied with the BPS Data Protection Regulation: Guidance for researchers (The British Psychological Society, 2018). Therefore, research data was stored securely in a password-protected location and will be destroyed on completion of the thesis and publication of the paper.

2.6.3. Right to withdraw

In part I, participants had the right to withdraw from the survey before submitting their answers by exiting the webpage. Once their response was submitted, they could not withdraw as their data were stored anonymously and identifying their response was impossible. Following the BPS (2020) guidelines, explicit information about their right to withdraw was provided to the participants in the information sheet and consent form.

In part II, participants had the right to withdraw from the study at any given point, such as before interviewing, during the interview or after the interview. This information was provided to them in the information sheet, consent form and verbally before the interview. In addition, participants had the option to withdraw up to one month after their interview.

2.6.4. Distress protocol

For part-I, participants were provided with information on possible risks and benefits in the information sheet. The participants were informed that the study was to understand their experience of burnout during their DPsych course but not to provide any diagnosis. Participants were informed and encouraged to quit the study if their experience distress and to contact their GP or the Samaritans or emergency contact number. The same set of information was provided at the end of the survey in the debrief sheet.

For part II, similar information as mentioned above in part-I was provided in the information sheet and debrief sheet. Additionally, the researcher stayed alert to participants' distress or discomfort that they might experience while answering the questions or due to recollecting certain experiences. If participants had experienced any distress during the interview, then the researcher would follow the distress protocol (Appendix R).

2.7. Analytic strategy

2.7.1. Part I: Quantitative data

All the data collected from the online Qualtrics link were analysed using IBM SPSS (Version 27). For hypothesis 1, a correlation test between stress and burnout was conducted, and the instructions to calculate burnout levels based on sub-scales scores were followed (Wang et al., 2020). Further, the statistical analysis to answer hypothesis 2 included a one-way ANOVA and a t-test. First, one-way ANOVA was conducted to test the difference in burnout scores between the groups (year of study). Then, a t-test was conducted for burnout scores between year-1 and year-3 trainees. Finally, two sets of simple linear regression were conducted to test hypotheses 3 and 4. The relationship between burnout and depression, and insomnia were regression set one. Additionally, the relationship between burnout, job satisfaction and absenteeism were regression set two.

2.7.2. Part II: Qualitative data

The interview data were de-identified before data analysis to maintain the privacy and confidentiality of the trainee participants (Stebbins, 2001). Pseudonyms are used in the transcription, and no identifiable information is present in this report. I attempted to approach the data with open-mindedness and a reflexive stance. Inductive reflexive thematic analysis was conducted, where the data led the investigation to answer the research questions. Holding the critical realism ontology, and based on previous literature, I assumed that the trainees would have experienced high levels of stress and possibly burnout, and the dataset would contain information about it. However, I did not have any preconceived themes before the analysis. I acknowledge that conducting pure inductive reflexive thematic analysis is not possible (Clarke & Braun, 2014), and being a trainee may have impacted the coding and theme development.

Braun and Clarke's (2022) six-phased process for Reflexive Thematic Analysis (RTA) was used to analyse, code, and identify common themes among the data set. The dataset comprised nine interview transcripts, and I analysed the data by following the six phases mentioned below.

Familiarisation with the dataset (Phase 1):

I familiarised myself with the data by immersing myself in the data. I carefully listened to the interviews once to gain better insight into the interviewee's subjective experiences. I did not take notes when listening to the recordings. I listened to the audio recordings again to check the accuracy of the transcribed verbatim (Kvale & Brinkmann, 2015). This was followed by reading and re-reading the transcripts. Then, as I read the transcripts to immerse myself further in the dataset, I made brief reflective notes on each data item and the whole dataset (Braun & Clarke, 2022, p.35). Refer to Appendix JJ for the sample of reflexive notes.

Begin with coding (Phase 2):

I systematically generated initial codes using NVivo-12 software. All the segments of the transcripts were coded. NVivo allows a way to highlight the segments and add a label to them. In this phase, I also noted and identified the relevant and meaningful segments to the research questions. My focus was specific and detailed to capture

the experience of burnout in trainee counselling psychologists. The coding was done at the explicit/surface level; therefore, I conducted a semantic reflexive thematic analysis (Braun & Clarke, 2022). I was keen on learning the experience of the trainees and as they were saying it rather than analysing the underpinned 'beyond' meaning, ideas, and assumptions of what they were saying.

Generate initial themes (Phase 3):

I generated the initial themes by identifying 'common patterned meaning' across the dataset (Braun & Clarke, 2022). I compiled a cluster of codes that seemed to share a core concept that might answer my research questions of (a) the experience of trainee counselling psychologists' burnout during their DPsych training and (b) the impact/consequences of the burnout that they experienced. NVivo allowed the process to group the codes into themes, name-rename them, and edit them if needed.

Develop and review themes (Phase 4):

I reviewed the themes by checking if the identified themes made sense concerning both the code extracts and the dataset. At this stage, I recognised sub-themes within the narratives of the experience of burnout, its consequences on the trainees and the training, and the impact of COVID-19. Phase 4 was worked through with one question in mind, as suggested by Braun and Clarke (2022, p. 35), i.e., "is the theme telling a compelling story about an important pattern of shared meaning concerning the dataset?"

Refine, define, and name the themes (Phase 5):

In this phase, I wrote a brief synopsis of each theme and decided on informative names for each theme and sub-themes (Braun & Clarke, 2022). In addition, I used supervision during this phase to reflect on my work and receive feedback. Based on supervision and the discussion, I re-arranged a few sub-themes and changed the names of a few themes and subthemes. To make these changes, I went back to Phases 2 and 3 to check the codes and to see if all the clustered codes made sense to the newly given names.

Write-up (Phase 6):

In this phase, I attempted to write the analysis report narrating the experience of trainees' burnout and its consequences using the identifying themes. I regularly reviewed my work and themes, so even in phase 6, I made a few changes to the theme names based on their description and codes.

2.7.2.1. Ensuring quality in reflexive thematic analysis

Researchers and authors Braun and Clarke have proposed an updated version of the 15-point checklist to ensure a "rigorousness, systematic and reflexive analytic process" (Braun & Clarke, 2022, p. 268). The authors recommend research quality in terms of depth in engagement, reflexivity, and theoretical knowingness.

I have taken much time and effort to recognise that I wanted to conduct a reflexive thematic analysis. Since the decision, I have further immersed myself in learning the process, gaining research skills, and scheduling accordingly. This was an ongoing process, along with regular supervision. This immersion continued when I started the six steps of reflexive thematic analysis. Each step has been sincerely attended to and reviewed regularly, and I took a non-linear approach. Notes in my diary, discussions with my peers who were also conducting RTA, reflections and discussions in supervision were part of the process. I have regularly shared my work with supervisors and have recorded each phase of the RTA such that an audit trail prevails. Refer to table 1 to find my response to the 15-point checklist.

As a framework for high-quality research, Yardley (2000) presented four open-ended principles: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. In the discussion chapter, I go into further depth about these.

Table 1

My responses to the 15-point checklist for good RTA

Process	No.	Criteria	Response
Transcription	1	The data have been transcribed to an appropriate level of detail; all transcripts have been checked against the original recordings for 'accuracy'	The data from all nine interviews have been transcribed to an appropriate level of detail and have been checked against original audio recordings for 'accuracy
Coding and theme development	2	Each data item has been given thorough and repeated attention in the coding process	All nine transcripts have been given thorough and repeated attention in the coding process. Sample coding was sent to the supervisor, and feedback was sought. A sample of coded data is available in Appendix JJ.
	3	The coding process has been thorough, inclusive and comprehensive; themes have not been developed from a few vivid examples (an anecdotal approach)	The coding process was thorough, inclusive, and comprehensive. The whole dataset, consisting of nine transcripts, was used to generate codes and develop themes. Each theme was constructed using various codes compiled from all nine transcripts, not just one anecdote.
	4	All relevant extracts for each theme have been collated	All relevant extracts for each theme have been collated.
	5	Candidate themes have been checked against coded data and back to the original dataset	Themes have been checked against each other and back to the original data set. In addition, themes were discussed in supervision and

			revised accordingly.
	6	Themes are internally coherent, consistent, and distinctive; each theme contains a well-defined central organising concept; any subthemes share the central organising concept of the theme	Themes are internally coherent, consistent, and distinctive. The themes were discussed in research supervision, and each theme was described in detail. Refer to Appendix KK, which has themes and related codes and quotes. A similar table was used in supervision. Specific changes were made based on supervision such that coherence, consistency and distinctiveness were maintained.
Analysis and interpretation – in the written report	7	Data have been analysed-interpreted, made sense of- rather than just summarised, described, or paraphrased	Data have been analysed and interpreted rather than just paraphrased or described.
	8	Analysis and data match each other- the extracts evidence the analytic claims	Analysis and data match each other – the extracts illustrate the analytic claims. This can be seen in chapter 3 – Analysis.
	9	Analysis tells a convincing and well-organised story about the data and topic; analysis addresses the research question	The analysis addressed the research questions. In chapter 3, it has been noted how the data answers the research questions. Analysis tells a convincing and well-organised story about the data and topic.
	10	An appropriate balance between analytical narrative and data extracts is provided	A good balance between analytic narrative and illustrative extracts is provided.

Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly (including returning to earlier phases or redoing the analysis if need be)	Enough time was allocated to conduct all the phased of the analysis, around nine months. A systematic approach was followed to give each phase sufficient time and ensure I didn't burnout. Sufficient time was allocated to revisit the phases and reporting. I have attempted to provide reflexive and good-quality research.
Written report	12	The specific approach to thematic analysis, and the particulars of the approach, including theoretical positions and assumptions, are clearly explicated	As stated in the methods section, the specific approach to thematic analysis, and the particulars of the approach, including theoretical positions and assumptions, are clearly explained
	13	There is a good fit between what was claimed and what was done - i.e., the described method and reported analysis are consistent	There is a good fit between what I described in the methods section and what I reported in the analysis. It is consistent. This can be seen in the Methodology and Results chapters.
	14	The language and concepts used in the report are consistent with the ontological and epistemological positions of the analysis	Appropriate language and concepts are used in the report. It is consistent with my post-positivism and critical realist position.
	15	The researcher is positioned as active in the research process; themes do not just 'emerge'	Themes did not emerge from the dataset. I have been in an active position in each stage of the analysis. I have developed the themes from the whole dataset.

2.8. Reflexivity

2.8.1. Personal

I understand the importance of reflexivity. As the insider researcher, I acknowledge its impact on the study, including the research questions investigated in the study and the interview questions and prompts asked in the interviews. My motivation and passion in the field of burnout are due to my clinical experience and observations made within different clinical settings. Having worked in an intense psychiatric hospital for two years, I noticed how stressed the employees were. After discussion with a few fellow psychologists, some of the stressors identified were handling many intense critical cases, heavy workload, constant interaction with people having mental health issues, lesser holiday leaves, expectations from clients and their families, and the struggle of balancing personal and professional life.

When I started my training, I wondered how trainee counselling psychologists on a rigorous programme gaining academic and clinical experience might experience burnout and how it may impact them over their training. As a trainee counselling psychologist, I have found a few aspects of the programme quite stressful. Finding a placement, arranging tuition and accommodation fees, and the worry of needing an external supervisor at an additional cost were a few of the unavoidable stressors. My cohort has also shared their stressful experiences, and it was noted everybody was going through some difficulty. My observations and experiences have influenced the topic selection, but the extensive literature review of this field helped me structure and plan the study.

I assumed that the survey would receive high traction and that many trainees would participate. While I acknowledge a good number of responses were received, I reflected on a few factors. Factors such as period of data collection and burnout. The survey was shared during the end of term one of the academic year, so it is possible that the trainees may have been occupied irrespective of the year of study. Next, term one was followed by Christmas. As it was the holiday season, a few trainees may have been on a break and did not participate, or their ‘mood’ of the festive season might have affected their response. Next, I realised that burned-out trainees might find participation in the study as another task or burden. This is why a few trainees who were experiencing this may not have participated in the study.

Due to these reasons, I extended the data collection stage and collected survey data until the mid of March.

The study advertisement included information about my institution, my course, and the purpose of the study. Thereby the participants were aware that I was a trainee counselling psychologist too. Before starting the interview phase, I was nervous and anxious. I was worried that I would not be professional in my approach and make mistakes, and my participants would judge me. However, conducting the pilot interview helped me calm my nerves.

I felt it was easy to connect with my participants in the interview. I encouraged them with nods and 'hmmm', allowing them to use the space to share their experience without many interruptions. Having said that, considering my dual role of trainee and researcher, the participant trainees may have felt the pressure to answer in a way that they thought was expected of the researcher. I am aware of such pressure being experienced by the participants, which will be highly likely in part II of the study. In addition, they might have hesitated to share a few personal and professional experiences due to fear of judgement from another trainee. I acknowledge these factors and limitations in the study.

I enjoyed conducting the interviews. Meeting new fellow trainees and having an opportunity to learn about their experiences was thoroughly rewarding. However, on a few occasions, I felt they were exhausting too. This could be due to my perceived stress. Reflective notes on such incidences, notes on worries about the interview being good enough for analysis, my various apprehensions, and thoughts about research have been noted in the diary. Refer to Appendix LL for a snippet from my reflexive diary. In addition, on regular occasions, I have shared my notes and reflections with my supervisors so that they were attended to and not brushed off. All these steps were taken to reduce my subjective bias in the research.

2.8.2. Reflection on methodology, epistemology, and ontology of the study

Initially, I designed a pure quantitative research study. I was interested in capturing the objective experience of the trainees such that generalisation would be feasible. However, with time and extensive discussion with my supervisors, I felt the need to include a qualitative study in the existing one. I thought that while it was essential to gain quantitative data, it would also be beneficial and rich to gain insight into the

subjective experience. That is how I finalised a mixed-method framework for this study. To collect, analyse, and have quantitative and qualitative data findings and integrate the results for better understanding. I have previous experience conducting quantitative and none in conducting qualitative studies, and I was nervous about conducting interviews. Sometimes I dreaded choosing mixed methods as it was time and energy-consuming. And having to keep up with both parts of the study was occasionally exhausting.

My epistemological and ontological stance changed when I redesigned my study to mixed methods. I took a position that would support my exploration of burnout in trainees. The study adopted post-positivism as it considers both quantitative and qualitative methods to be valid approaches. Therefore, this epistemological stance facilitated in conducting of the mixed method study. By choosing post-positivism, I used structured scales in the online survey to get objective data and semi-structured interviews to get the subjective experience of the trainees.

Further, there is an element of “subjectivity of reality” in post-positivism that supports that there is a reality, but it is subjective to certain biases. This stance allowed me to acknowledge my bias in the study. For example, my interest in burnout construct, the trainees’ population, my idea, hypotheses, previous knowledge, and values, and my construction of the interview schedule may have influenced the issue under exploration and investigation. Critical realism allowed me to recognise and acknowledge some complexities in exploring and learning burnout phenomena and that I have measured and understood them imperfectly.

For the quantitative part of the study, I used structured scales to obtain data on stress, burnout, depression, insomnia, and job satisfaction. I chose these scales as I believed they captured the aspects of the training and the experience of the trainees. I used relevant statistical tests to investigate the hypothesis to obtain the objective reality of trainees’ experience of burnout and psychological and occupational consequences. I am aware of the potential bias in choosing the questionnaires for the survey. This was addressed in supervision, and questionnaires relevant to address the research questions were selected.

I framed the interview schedule based on research questions with no pre-assumptions of themes. I agree that due to my experience and having read literature

on the topic, I had thought that themes of emotions and physical would come up. However, I was more interested in the collective subjective experience of the trainees than individuals' lived experiences. Therefore, I conducted an inductive reflexive thematic analysis. I was interested in learning what the trainees had to say and their subjective experiences rather than holding pre-conceptions in mind and being rigid about them. Also, I believed this would reduce my bias in the analysis. My results and interpretations, in my opinion, are in line with the methodological and epistemological stance I have selected.

Chapter 3: Analysis

3.1. Overview

In this chapter, I provide quantitative and qualitative data analysis. Under the quantitative section, I will report the preliminary analysis followed by the results of four hypotheses. Under the qualitative section, I report the findings of the reflexive thematic analysis and describe each theme in detail.

3.2. Quantitative data analysis

3.2.1. Preliminary analysis

87 trainees participated in the online survey. 17 participants' data were excluded due to not fully completing the survey. Therefore, the total number of participants considered for the analysis is 70 (*54 females, 16 males*). In addition, 21 participants were in year-1, 22 in year-2 and 27 were in their year-3 of DPsych training. The participants' age ranged from 23 to 54 (*M*=33, *SD*= 7.28). The demographic characteristics of the sample are presented in Table 2. The data were checked for outliers using the boxplot graph. No outliers were found for satisfaction and absenteeism. However, one outlier for stress, three for burnout, and one for depression and insomnia was found. The outliers were not excluded due to the nature of the content but also because they did not violate the assumptions and the modest sample size. The descriptive statistics for each test variable are given in Table 3.

Table 2

Demographic characteristics of the sample

Variable (N=70)	Frequency
Age	
21-25	6
26-30	25
31-35	20
36-40	6
41-45	8
46-50	2
51-55	3
Gender	
Male	16
Female	54
Ethnicity	
White	51
Black or African British	1
Asian	9
Others	9
Marital Status	
Married	24
Separated	1
Never married	45
Year of DPsych training	
Year 1	21
Year 2	22
Year 3	27

Table 3

Descriptive statistics for all the test variables

Measure	Year of study	Minimum	Maximum	Mean	SD
Stress	Year1	78	133	107.33	13.56
	Year 2	73	147	109.45	17.12
	Year 3	63	166	105.63	22.74
Burnout	Year1	77	110	84.86	7.43
	Year 2	67	112	86.45	9.04
	Year 3	81	108	92.30	7.12
Depression	Year1	24	52	36.86	6.33
	Year 2	28	60	36.68	5.96
	Year 3	22	60	36.11	10.17
Insomnia	Year1	11	22	16.86	2.46
	Year 2	12	21	16.73	2.60
	Year 3	11	23	16.04	3.07
Job satisfaction	Year1	32	69	59	12.53
	Year 2	32	72	52.64	10.98
	Year 3	29	74	44.59	9.41
Absenteeism	Year1	9	25	16.76	4.56
	Year 2	10	21	16.72	3.35
	Year 3	9	25	16.63	4.61

The normality of distribution was tested statistically using the Kolmogorov-Smirnov (K-S) normality test. K-S test was considered appropriate due to the sample size (Thode, 2002). The data was found normally distributed for stress (D (70) = 0.08, p> .05), burnout (D (70) = 0.09, p> .05), depression (D (70) = 0.09, p> .05), insomnia (D (70) = 0.09, p> .05), satisfaction (D (70) = 0.08, p> .05), and absenteeism (D (70) = 0.09, p> .05). The data for all scores were assumed to be normally distributed.

The scatterplot of standardised residuals was used to test the assumption of homogeneity of variance. The scatterplot of stress, burnout, depression, insomnia, satisfaction, and absenteeism showed that the data met the assumption of

homogeneity of variance. The linearity test was conducted as a requirement for correlation and regression analysis. The linearity test of stress and burnout variables resulted in a deviation of linearity of *.30>.05*; hence, it can be concluded that there is a linear relationship between the variables of stress and burnout. Similarly, the linearity test showed a linear relationship between the variables of burnout and depression (*.26>.05*), burnout and insomnia (*.55>.05*), burnout and satisfaction (*.16>.05*), and burnout and absenteeism (*.35>.05*).

Homogeneity of variance, a parametric assumption of the t-test (Neil, 2010), was conducted for total_burnout scores for year-1 and year-3 trainees. Levene's test indicated equal variance F (1,46) = 0.99, p>.05. No data were removed based on the initial analysis. Refer to Appendix T to Appendix EE for SPSS outputs for the preliminary analysis conducted.

3.2.2. Hypothesis 1

Hypothesis 1, trainees' stress increases burnout, and they demonstrate some level of burnout, was analysed using a correlation test, and the three sub-scales of MBI-HSS were calculated and evaluated for the analysis. The three subscales are Emotional Exhaustion (EE), Depersonalisation (DP), and Personal Accomplishment (PA) (Maslach, 2015). A correlation was conducted to test the strength of the association between stress and burnout scores. The null hypothesis was that the population correlation was zero. The correlation analysis showed that Pearson's r (70) = .31, p = .01 showed a small positive (Field, 2018) but significant relationship between the stress and burnout variables. This suggests a statistically significant linear relationship exists between the variables, and their burnout levels increase as trainees' stress increases. The null hypothesis was rejected.

An emotional exhaustion score (range 0–54), a depersonalisation score (range 0–30), and a personal accomplishment score (range 0–48) were computed for each participant by adding their responses to each subscale (Chiron et al., 2010). For the computation of burnout level, normative ratings are provided in Table 4. The mean scores of the three subscales for the trainees showed a high level of EE (M=39.41, SD=6.47), a high level of DP (M=13.03, SD=2.73), and a moderate level of reduced PA (M=34.84, SD=5.26). 5.71% of the trainees reported moderate EE, and 94.29% reported high on EE. 40% reported low on a moderate level of DP, and 60% on high

DP. Furthermore, 14.29% of trainees reported high PA, 58.57% reported a moderate level of PA, and 27.14% scored at a low level of PA. See Figure 2. The correlation and MBI scores support the hypothesis and suggest that trainees' stress increased burnout, and they demonstrated some level of burnout. Refer to Appendix FF for hypothesis 1 related SPSS outputs.

3.2.3. Hypothesis 2

To analyse hypothesis two, the year three trainee counselling psychologists present higher levels of burnout than the year one trainee counselling psychologists; a one-way ANOVA and an independent t-test were carried out. The null hypothesis is that there is no difference between the two groups. In the one-way ANOVA, burnout was the independent variable, and the year of study was the dependent variable with three levels (years 1, 2 and 3). There was a significant difference between groups (years 1, 2 and 3) as determined by one-way ANOVA, F (2, 67) = 6.12, p = .004. A Tukey post hoc test showed a significant difference in burnout scores between year one and year three trainees with $p < .05$.

An independent-samples t-test indicated that scores were significantly higher for year-3 trainees (M = 92.29, SD = 7.11) than for year-1 trainees (M = 82.85, SD = 7.43), t (46) = 3.52, $p < .05$, d = 1.02. Cohen's d suggested a large effect (Sawilowsky, 2009). Further, this indicates that the group means of years 1 and 3 differ by 1.02 standard deviation. The analysis for hypothesis two suggested a significant difference in burnout scores between year one and year three trainees. See figure 3. The null hypothesis was rejected. Refer to Appendix GG for hypothesis 2 related SPSS outputs.

3.2.4. Hypothesis 3

Two simple linear regressions were carried out to test hypothesis three - burnout predicts insomnia and depression scores among trainee counselling psychologists. First, a simple linear regression was carried out to test if burnout significantly predicted depressive symptoms. The result indicated that the model explained 13.6% (R^2 = 0.136) of the variance and that the model was significant, F (1, 68) = 10.73, $p < .05$. This suggests burnout predicts depression scores in the trainees. Furthermore, a simple linear regression was conducted to test if burnout significantly predicted insomnia. The results indicated the model was non-significant, F (1, 68) =

0.14, *p* = *.71*. This suggested that burnout did not predict insomnia scores among the trainees. Refer to Appendix HH for hypothesis 3 related SPSS outputs.

3.2.5. Hypothesis 4

Hypothesis four, i.e., burnout predicts job satisfaction and absenteeism scores among trainee counselling psychologists, was tested using two simple linear regressions. A simple linear regression was conducted to test if burnout significantly predicted job satisfaction scores. The result indicated the model was non-significant, *F* (1,68) = 3.58, *p* = *.06*. This suggests burnout did not predict job satisfaction scores in the trainees. Furthermore, a simple linear regression was conducted to test if burnout significantly predicted absenteeism scores. The results indicated the model was non-significant, *F* (1,68) = 0.21, *p* = .89. This suggested that burnout did not predict absenteeism scores among the trainees. Refer to Appendix II for hypothesis 4 related SPSS outputs.

Table 4

Normative scores to calculate the level of burnout with the Maslach Burnout Inventory (Sengul et al., 2019)

Levels of burnout	Emotional exhaustion	Depersonalisation	Personal accomplishment
Low	0-16	0-6	>39
Moderate	17-26	7-12	32-38
High	>27	>13	0-31

Figure 2

Percentage of MBI-HSS subscale score (low, moderate and high score) for DPsych trainee counselling psychologists

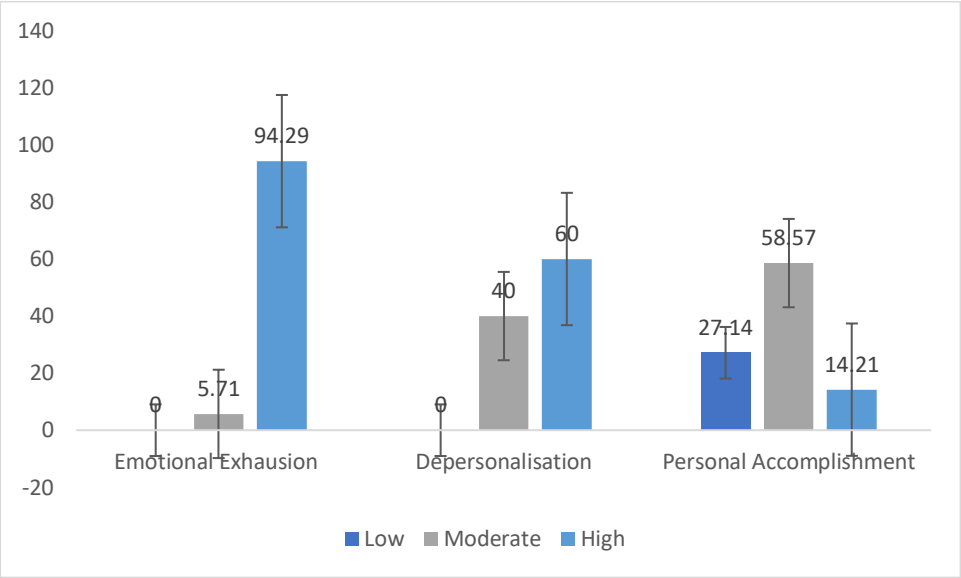
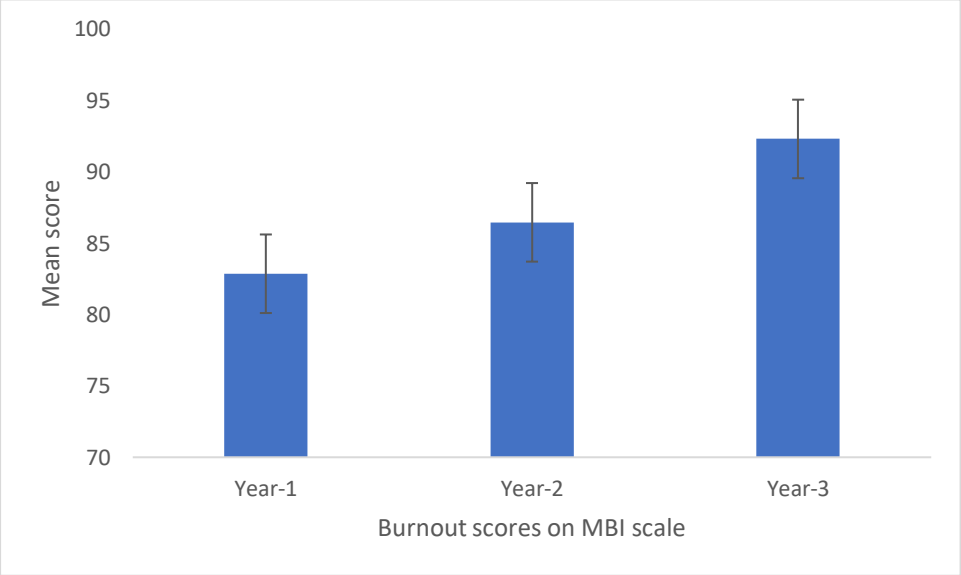


Figure 3

Mean burnout scores of year-1 and year-3 trainees



3.3. Qualitative data analysis

The interview participants self-identified as having experienced burnout. The study's take on the definition was detailed in the information sheet and provided to the participants. The definition provided was "a psychological syndrome emerging as a

prolonged response to chronic interpersonal stressors on the job" based on the three dimensions (Maslach & Leiter, 2016, p. 103). The three dimensions are emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach & Leiter, 2016). Subsequently, when they use the term burnout in their description, they are referring to their understanding of the burnout that they experienced during their training. However, the study acknowledges that the subjective understanding of burnout may differ, and the study aimed to capture it.

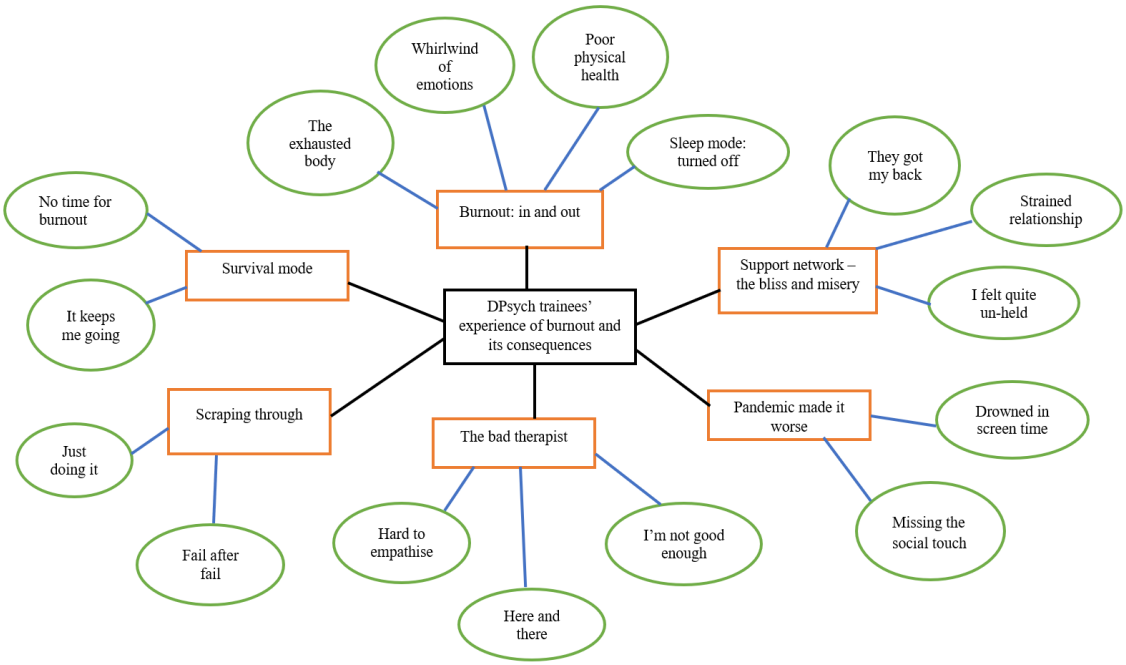
The headings of the themes and subthemes are constructed by my understanding of the collective experience of the trainees'. In order to facilitate this process, I have purposefully and carefully constructed the themes by blending my researcher position, knowledge, and study interests. In addition, I have tried to capture the depth of the trainees' experience of various manifestations of burnout and its ramifications. In some cases, I have used direct quotes from participants to describe the theme or subtheme. For example, "No time for burnout", "Bad therapist", "Hard to empathise," and "I felt quite un-held" are direct quotes.

3.3.1. Findings

Six main themes were generated from the dataset. Refer to figure 4 for a graphical representation of themes and sub-themes. The first theme described the endurance of burnout concerning the mind and body. The second theme related to trainees' survival mode during their training. The third theme expressed trainees' scraping through the demands of the course. The fourth theme described trainees' experience about being a bad therapist. The fifth theme related to COVID-19's impact on their burnout and how it worsened the experience. Finally, the sixth theme described the role played by the support system in trainees' burnout.

Figure 4:

Graphical representation of themes and sub-themes



3.3.2. *Theme 1: Burnout – in and out*

This theme relates to trainees' experience of some of the problems they withstood when they perceived to be burned out. It captures their inside (mind) and out (body) experience of burnout during their DPsych training. Additionally, it provides insight into how trainees perceived their burnout regarding the signs and symptoms in their minds and bodies. Finally, this theme presents the trainee's endurance of emotional and physical manifestations of their burnout.

The first subtheme under this theme is "The exhausted body", which encapsulates trainees' physical exhaustion, body tension, and depleted energy. The participants noted experiencing physical exhaustion with several body aches and fatigue. They further indicated a lack of energy, motivation, and engagement with their training due to their exhausted body. The second subtheme is the "Whirlwind of emotions", which highlights their endurance of numerous unpleasant feelings during their burnout. The trainees described having multiple distressing emotions which affected their mood, work, and relationships.

The third subtheme is “Sleep mode: turned off”, which explains their struggle and endurance of sleeplessness and sleep issues during the period of their burnout. The participants expressed having significant changes in their sleep. A few participants suggested that they recognised sleep issues as their first sign of burning out. The final subtheme under this theme is “Poor physical health”, which reports the participants’ experience of the endured effect of health issues. Participants indicated that their ongoing health issues worsened due to burnout, while a few suggested they noticed new health concerns. All participants noted that when they were burned out during their training, they faced emotional and physical problems.

3.3.2.1. Subtheme 1- The exhausted body

This subtheme falls under the theme – “Burnout: in and out”. As the trainees spoke about their experience of burnout during their training, all participants reported being physically exhausted and having several issues, such as feeling tense in their bodies and having a heavy head. Some of the trainees’ expressed that they were storing stress in their bodies, thus, making their bodies tense. Some participants reported being constantly tired and unable to engage in physical activities as they felt physically weak. It can be perceived that undergoing stress and burnout was taxing for their body, leading them to experience several physical symptoms. A few participants noted that engaging in a run, walk, or exercise would help them reduce the physical tension but could not bring themselves up for it due to lack of energy. Trainees also reported that constant exhaustion impacted their work, focus and ability to think clearly. Their description shows the presence of a sense of mental fatigue along with physical fatigue. They further noted being disappointed with this experience of physical exhaustion. Some of the quotes from the participants are presented below, supporting and explaining the subtheme.

As Noah described his burnout experience, he mentioned its impact on his capacity to work and how his body felt a range of sensations. Further, it comes across that the burnout experience for Noah included being stuck with his exhausted body and unable to cope with them due to the exhaustion itself and the workload.

> *Hmmm, I feel like really lethargic, I feel really like heavy and lethargic and slow. So, my body feels a mixture of heavy and lethargic but also buzzing with anxiety and stress. And the only way to do anything about that for me is to go*

for a run you know, like really spend all that energy but I can't go for a run because of two reasons. One that would mean going to the gym which is time when I should be working and also because I just don't have the energy to go to the gym because I'm so tired (Noah, lines 180 - 185)

From Mia's experience of burnout, it may be perceived that her body sustained a lot of stress which impacted the muscles in her body. Which is why she had to bear the financial cost of seeking help with it. In addition, having to consult a specialist and having to spare time for treatment may be considered an extra task in addition to many others, as noted by the participants (presented under theme 2).

...there was exhaustion, there was feeling of quite tense, and actually I started having problems with my back which I never had before, but by the end of year two where I just been holding myself so tense and I think I hold a lot of tension in my shoulders so my back completely went off. I had to pay to go and see a chiropractor and they said to me what had happened is that my muscles had seized up and they said that's because of stress (Mia, lines 97-101)

Pooja's reflection on her burnout showed how it impacted her physical body and further affected her mood. From her description, the exhaustion seemed to fog her head and impacted her decision-making ability. Her quote explains the various ways in which burnout may manifest inside oneself.

Hmmmm…. hmmmm so tense. Very, very tense, agitated like just fidgeting a lot so like not being able to sit still and kind of focus on one thing and feeling a bit all over the place. And fatigue like really, really tired and just I wouldn't say weak, but kind of you know I've come home some days and I felt really burned out from work and just can't keep my eyes open and I just feel like everything's like a bit blurry and hazy around me (Pooja, lines 144-148).

…I'm just so weak, and like tired and exhausted, that I just can't see and think straight. And yeah, I think more like foggy in my head, kind of, not being able to make clear decisions…. (Pooja, lines 149-151)

3.3.2.2. Subtheme 2- Whirlwind of emotions

The subtheme Whirlwind of emotions falls under the theme - “Burnout: in and out”. This subtheme relates to a range of emotions the participants’ felt when they were burned out during their training. The participants expressed having gone through a turmoil of emotions, and I aimed to use the term whirlwind as I felt it captures the concept of the intensity of one’s experience. Some common feelings mentioned were sadness, hopelessness, anger, fear, tearfulness, and anxiety. Having experienced these feelings affected their mood, and the participants reported their mood to be severely affected.

Additionally, trainees said that being stirred up with several unpleasant emotions impacted their clinical work and academia. This suggested that the trainees’ mood was on the lower side when they experienced burnout in addition to feeling other negative emotions. They mentioned having had an experience of not enjoying what they were engaging with, the DPsych training, and not being hopeful about completing the different stages of the training. The subtheme, Whirlwind of emotions, is in line with emotional exhaustion, considered a key characteristic manifestation of burnout (Lheureux et al., 2017). Below are a few quotes from the participants that support and elaborate on the subtheme.

A sense of overwhelming feeling prevailed in Zeynep’s experience. She was overwhelmed with work and her emotions. It seems that she was engulfed with hopelessness such that there was no enjoyment of the activity in the present and no positive anticipation of the future (concerning the course). Being on a doctoral course and having to “push through” and see no happiness and goodness in it can be quite a challenging experience.

> *I mean the most prominent thing and how I associate my burnout is that feeling of hopelessness. That even though I’m pushing myself to meet the deadlines, to like still do what I’m supposed to be doing, I didn’t have joy during that time and just trying to get done with my day, but that was such a challenge. And it was really like, I was feeling hopeless and wasn’t able to see the light at the end of the tunnel. I was just feeling hopeless, fearful, feeling that everything was just too much that I wasn’t able to handle it (Zeynep, lines 165-170)*

On the other hand, James' reflections showed that he was irritable and easily annoyed along with other feelings. It may be suggested that as James' was burned out, he experienced mixed emotions, which impacted his mood and personal life. Additionally, perhaps, there was a reduction in the tolerance of his surroundings.

> *…I felt it starting to crush me and to come up in this very kind of self-critical and negative feelings. I think that was my experience of it, almost like a like a panic and not a panic attack, but like a long-sustained feeling of anxiety (James, lines 17-19)*

> *I became really snappy and irritable with my children which is not like me actually, you know, usually they're part of the solution rather than part of the problem. Everything started to annoy me, loud noises started to annoy me. Like if someone dropped a tray and it clattered just that it was unbearable and I was being grumpy, I think so. It was like literally unbearable (James, lines 23-26)*

As Lizzy described her emotional difficulties of tearfulness and worries during burnout, she used the term "trapped" to capture her experience. The expression of feeling 'trapped' suggested that although she recognised herself going through some emotional difficulties, she could not halt and take a break for herself, as she said. Hence, perhaps, she needed to keep going all the time.

> *It's that kind of having a sense of being trapped and a little bit of sense of feeling hopelessness as well…. (Lizzy, lines 144-145).*

> *…. Hmm and I had a lot of tearful moments, especially last year because I've always been consistently worried about getting enough hours and each year during sign off, I've been a little bit low. And so, I had a point where I really just needed to take a week off work and I couldn't…. Hmm so I really had that feeling of being trapped (Lizzy, lines 147-151)*

As Viki expressed her difficulties of being burned out during her training, she noted that she started taking antidepressants to cope with her emotional problems during training.

> *I also ended up starting antidepressants because I think I got to a point where I was struggling to cope… (Viki, line 24)*

3.3.2.3. Subtheme 3- Sleep mode: turned off

The subtheme “Sleep mode: turned off” falls under the theme – “Burnout: in and out”. This theme illustrates the trainees’ experience of sleep difficulties as they were burned out during their DPsych training. All participants reported having sleep difficulties and changes in their sleep routines. It may be suggested that as the trainees endured burnout, as reported in the earlier two subthemes, they also experienced sleep difficulties. This may be considered a symptomatic experience of burnout and/or a consequence.

Some participants said that they could not sleep when they got to bed because they were worrying and stressing about their checklist of things-to-do or their assignments, and a few other trainees reported waking up at odd hours and being unable to go back to sleep. Some participants indicated having disturbed, light sleep and not feeling rested in the morning. Further, all participants noted that sleep difficulties impacted their day-to-day activities, including work and training.

One participant used the term vicious cycle to express the issues. It was said that they could not sleep because of worries and stress and would start the day even more worried about not getting enough rest and having an unpleasant mood. This illustrates that the trainees’ sleep routine and quality were affected during burnout as they could not stop worrying and stressing about their work/training. Moreover, this impacted their morning freshness and mood and work during the day. The quotes from the participants that support and clarify the subtheme are included below.

Eliza’s account shows how she tried to hold on to time because of work, affecting her sleep. She explained her disturbed sleep. In addition, she presented the need not to waste any time as it triggered a feeling of anxiousness, which further affected her sleep.

> *Hmmm, I would probably go to bed too late because I had work to do and then I would wake up in the middle of the night and just like pangs of anxiety, it wasn’t like a panic attack or something but just like you know you open your eyes and its middle of the night and you have like the most ridiculous anxiety (Eliza, lines 80-83).*

…. And then feeling anxious that I've now wasted an hour just lying-in bed not sleeping or working. Hmmm, yeah, I think that was quite disruptive actually. I did some of my work during those times and I felt better with that, but then again, then you haven't slept enough, you know (Eliza, lines 87-90)

Naina, a sound sleeper, experienced sleep difficulties during her perceived burnout phase. It may be perceived that the restlessness attribute of her burnout was present at night when she was asleep, thus impacting her sleep quality. While sleep difficulties prevailed, participants noted how it affected their exhaustion which constantly seemed present.

Sleep is something that's been impacted quite heavily and I usually get a full eight hours of sleep. And I'm quite a deep sleeper as well, so when that's disrupted or I have trouble falling asleep, I know that either I'm feeling quite anxious about something or typically stressed or burnout. And also, when I'm really stressed, I have a lot of like weird bad dreams, weird dreams and I'm quite restless in my sleep (Naina, lines 31-36)

Another participant, Noah, shared that his sleep was affected in two stages when he was burned out. His illustration of sleep stages during burnout shows the intense level of impact burnout had on Noah's sleep. His use of the phrase "charged up" indicates that he had a lot on his mind and was preoccupied thinking about it, which is why he could not fall asleep. This hints at the presence of not being unable to switch off from work.

…when I think I'm first getting burned out, I will go to bed and when I put my head on the pillow, my head is just like, it's just really charged up. So, I would be thinking about …. (Noah, lines 103 - 105)

In stage two, Noah noted that he either slept for a few hours or hadn't had any sleep. Here he mentioned that his mind was "not charged up anymore", yet he couldn't fall asleep. Perhaps, this suggests a sense of "giving up" or "helplessness" in his experience of burnout.

…. So, my brain isn't charged up and rushing around anymore. It's just in denial and it feels very low, and it feels very stressed out, and that is when I can't sleep at all. That is when I will not sleep until maybe six in the morning

and then I have to wake up at eight o'clock or when it's really bad I don't sleep at all and I get out of bed and I haven't slept even for one minute (Noah, lines 122-126)

3.3.2.4. Subtheme 4- Poor physical health

The final subtheme under the theme – "Burnout: in and out" is "Poor physical health". This subtheme relates to the trainees' experience of new physical health issues or aggravation of ongoing health issues during their burnout. One of the enduring effects of burnout for the trainees was their poor physical health. Some participants mentioned that they started noticing new health concerns during their training and burnout, while a few reported that their existing health concerns worsened. One of the most common mentions was back pain due to long work hours. In addition, a few female participants indicated changes in their menstrual cycles and severe premenstrual syndrome. Further, the participants also noted that having to experience these health difficulties affected how they engaged with the training and the work, causing more stress. The participant quotes that support and clarifies the subtheme are shown below.

Pooja's account presented how her health condition seemed to have worsened when she experienced burnout. Her experience perhaps shows a connection between perceived stress and body, a link between mind (in) and body (out).

Yeah so, I have a really sensitive stomach and over the last two and a half years I've been doing the course my stomach has been going crazy because of the stress and the burnout (Pooja, lines 156-157)

It's like acidity and like bloating and really like painful, and my stomach goes like rock hard and so I think that's like a big thing that's triggered is my stomach and also like I think this happens when I feel really stressed and when I'm burned out (Pooja, lines 160-162)

Another trainee, Viki, shared her struggle with health issues when she had deadlines to meet. She believed that stress had caused her to develop shingles and that her body was telling her to "stop". Her description suggests that Viki was overwhelmed with deadlines and working towards them, and "stop" meant to pause the work to gain some rest. She further mentioned that the high-stress levels and hormonal

changes were noticed and shown in her physical health, causing more mood and physical pains.

> *yeah so, I, at the end of first year actually I got shingles. Hmm which I think was just from having to meet the deadlines. When I got shingles, I just had to rest and it felt like my body was telling me to stop. Other than that, I guess as a woman, like, I noticed changes in my menstrual cycle when I'm stressed, so I think that was a place physically that I was showing my kind of worse hormonal changes and kind of moods and then also more physical symptoms and pain (Viki, lines 95-98)*

On the other hand, Zeynep mentioned that she had a physical health condition of back pain, which aggravated as she had to sit and work continuously. Zeynep's experience shows a link between workload, burnout, and health condition.

> *I did have the back pain problem beforehand. It's a physical health condition I have, but it got worse, and it had to do with me staying indoors all the time, having to sit and continuously work. Yeah, like during that time, I had a back, umm, really bad back pain (Zeynep, lines 33-35)*

3.3.2.5. Summary of theme 1

The participants endured physical exhaustion and multiple body tension, which were tough to tolerate and fully engage with their DPsych training. They were also left feeling several unpleasant emotions and low moods. They experienced sadness, hopelessness, a sense of overwhelm, and anxiety about their training and what they were going through. Also, they worried about having these difficulties and their impact on their work productivity.

The stress of the course and the work they had going on impacted their sleep. The trainees experienced disturbed or low-quality sleep, which added to their stress and burnout. In addition, the participants endured poor physical health. One of the most significant findings was that the long work hours led to severe back pain. The trainees either noticed health issues or their existing conditions worsened. This theme highlighted the understanding of trainees' perception of burnout with some of the ways it manifested in their minds and bodies. The theme answers the research question, "what was the experience of trainees' burnout during their training".

3.3.3. Theme 2: Survival mode

The theme relates to trainees' experience of being in survival mode on their course in order to keep going on and attend to all the requirements. Trainees reported the DPsych programme as highly demanding training and having to juggle several course requirements, for example, the clinical hours, assignments, and attending the lectures in a short timeframe. Moreover, while they were occupied attending to these demands, they expressed being in a 'survival mode' or 'drive mode' as they did not have time to slow down and notice what was happening. The subtheme "No time for burnout" captures the trainees' experience of juggling numerous activities and not having enough time for themselves. Perhaps, no time for self-care.

A few participants reported that they had not realised they were burning out or had a low mood until they reflected on their experience after a few months. Then, they informed the reason for it being constantly busy and occupied with some work. The subtheme "It keeps me going" illustrates the trainees' ways of managing stress and burnout to keep going forward. The trainees reported engaging in certain activities, which were unhealthy but helped keep going with the demands and course. This indicates that while they did not slow down to manage their burnout, they were instead involved in coping strategies that were not healthy to keep going.

3.3.3.1. Subtheme 1- No time for burnout

Subtheme – "No time for burnout" falls under the theme "Survival mode". This subtheme describes the trainees' intense engagement with their training and keeping up with the extensive essential requisites of the academics and placements. Trainees reported focusing and juggling their assessments, attempting them at a doctoral level, and attending placements where they have to provide 'good' treatment for their clients and gain the required clinical hours for progression. Further, they noted that they have to manage their schedule as well as their tutors/supervisors for the meetings.

A few participants mentioned that if they slowed down or took time to cope with their burnout and stress, they worried they would fail the course or parts of the course. This suggests the high intensity of the course and the capacity and ability the trainees should possess to fulfil the requirements. It is like they had no time for burnout as they were preoccupied with managing the demands of the course.

Further, this illustrates the role the trainees held, i.e., to be a survivor, so they kept going on with it rather than taking time for themselves or self-care.

Pooja emphasised that she thought there was no time for burnout as she was occupied with her assignments and treatment of her clients, making the burnout settle down in her. Pooja's account suggests that burnout was not attended to as there was no time or space for it, thus making it stay perhaps longer and intensified.

> *Hmm I think you know, trying to meet again multiple things and criteria so trying to not only give your patients a good treatment plan, but also trying to pass an assessment like process report, for example, and juggling that can really make the burnout sit like it just kind of feels like there's no time for burnout you just kind of have to get on with it. And there's no, there's no space for it, because you just you don't have a choice, because otherwise you won't pass the course of those parts of the course (Pooja, lines 191-197)*

Similarly, James explained that the mandatory requirements of the course were a lot to handle. He further highlighted how factors of these requirements might be out of control and tend to be pressurising. James noting all the requirements indicate the high intensity of the doctoral training. Further, it also shows the amount of work, energy, and management skills required from the trainees.

> *I think it's just meeting the requirements of the training, I think. Hmmm and you know, having to make sure that you get your hours done, for example when that's always not in your control because you don't have patients who are attending even though you're going into work every day, that's one thing. And making sure that you've passed the assignments, and not needing to retake things and because as it is the deadline so tight together and trying to meet those deadlines is just so overwhelming. Hmmm that, if you know that you failed one have to retake it, I think it's just the thought of that is quite stressful (James, lines 68 - 74)*

Interestingly, James highlighted a requirement that is not a formal requirement of the programme but is expected from the trainees. He noted that having to engage in a variety of professional activities on placements added to the stress.

And making sure that you're on top of the other requirements of the course like professional activity hours, and you know those things that aren't necessarily a formal part of your placement, but you know, having to find those and then getting a variety of those and …. (James, lines 74 - 77)

James described feeling stressed and overwhelmed while managing the other training responsibilities. His account suggests that he had a lot on his plate, leaving him little or no time for self-care and coping with his stress.

…. like knowing how to write essays and things like that in a doctoral level way and trying to manage people's diaries you know like meeting with tutors or meeting with supervisors and things like that you're not just managing your own deadlines you're managing other people's as well. So, I think it's juggling so many different aspects of the course to just make sure that you just get that pass at the end of it (James, lines 83-87)

On the other hand, Naina, another participant, shared that she had not realised her low mood as she was blinkered by anxiety to get on with things. It may be that as she was engrossed in pushing herself through the programme, she could not reflect on what was going on. This implies that Naina was oblivious to her burnout and what was going on with her until later in her training.

I think in hindsight, when I kind of came out of it I reflected back and realised that my mood would probably have been on the lower side, actually. I think when I was in it…it was such a survival mode that I kind of didn't really realise that my mood had dropped. I was just like blinkered by more anxiety like I've got to get through this, I've got to get through this. And then, looking back now, I can see that my mood was quite low.… yeah (Naina, lines 47-51)

3.3.3.2. Subtheme 2- It keeps me going

The subtheme- "It keeps me going", falls under the theme of "Survival mode". This subtheme relates to trainees' entanglement with behaviours and activities that kept them going with the course. As the trainees were occupied fulfilling the high demands of the course and trying to get through it, they reported that they found themselves having not-so-ideal coping strategies to manage the stress and burnout.

A few participants mentioned that they relied on caffeine to get through their day. They said there was a constant need for caffeine all the time. Additionally, some participants reported seeking comfort in sugar. A few more reported “self-destructive behaviours” of excessive alcohol consumption and smoking as coping mechanisms. Some trainees noted that their appetite fluctuated, mostly overeating, and thus noticed weight changes. This suggests that the trainees were findings ways to march on and to pick up on things that would help them in that process, such as sugar and caffeine. Additionally, probably alcohol and smoking to numb their stress.

As a trainee counselling psychologist, perhaps Eliza was able to identify her behaviour as self-destructive; however, her experience indicates that when she was burned out, she slipped into certain behaviours to cope with the demands of the course.

> *I knew I was doing self-destructive behaviour like not eating healthily, not exercising, drinking and smoking, you know. I’m being pretty self-destructive actually, I said to myself that was a coping mechanism. And also, I don’t even eat that much and I’ve never had an eating issue but during burnout I binged, like proper binge. I fell sick, I didn’t throw up but felt sick and only now realised oh my God that’s like self-destructive to you and then not exercise, gaining weight and yeah (Eliza, lines 70-75)*

On the other hand, Noah, another trainee, shared that he sought comfort in spending money on food, shopping, and indulging in caffeine and sugar.

> *I think I spend money as well. What I mean by that is when I feel burned out and I feel tired, I spend money on online shopping. Or if it’s the weekend and my friends wanted to go to shops like I think oh, I really like that, and I think I spend money because food and shopping are the only things that will bring the comforts when I feel burned out. It’s like self-comfort in a… self-soothing in an unhelpful way. And I drink a lot of tea, but when I when I’m experiencing burnout, I feel like my body craves a lot of caffeine and sugar, and I also, hmmm, probably drink more alcohol (Noah, lines 81-87)*

Further, one more trainee shared how she constantly felt the need to get energy from somewhere to cope with her stress. Lizzy noted that she sought energy food and had a weird appetite. Her experience shows a need to compensate for lack of

internal energy with some sort of external energy.

> *I noticed myself eating too much, just felt sort of hungry all the time, I think it was like looking for energy from somewhere. It didn't help to eat more food, so I wasn't actually hungry, but felt hungry. And I had like weird appetite, high or low, or cravings for specific foods things (Lizzy, lines 148-152)*

3.3.3.3. Summary of theme 2

Interestingly, despite enduring and managing what they were going through (as mentioned in theme 1), the trainees felt the need to be in survival mode to manage the extensive training demands. They thought they had no time to pause, introspect, and reflect as they had numerous tasks and requirements to fulfil. The participants then found themselves indulging in certain activities and behaviours, which might not be ideal but tolerable for them to continue the training process. For example, indulging in behaviours such as excessive caffeine and sugar intake, smoking and drinking.

This theme showed that when trainees experienced burnout, some of the ways they managed and dealt with the high demands of doctoral training. This theme adds to the research questions about the experience of trainees' burnout on the course.

3.3.4. Theme 3: Scraping through

This theme relates to trainees' experience of coping with and managing their academic requirements of the course during their perceived burnout period. The trainee participants shared having to struggle to cope with the academic needs of the training. Their experience included having to do a lot of work without taking a break, multitasking to keep up with the workload, failing assessments, needing extra time to complete tasks and struggling to keep up with the reading materials. Therefore, they indicated that they resorted to doing the bare minimum as if they were just doing it for the sake of it. The subtheme – "Just doing it", encapsulates their experience of struggle and their least ways of doing the tasks. Some participants expressed feeling a sense of 'head-block' and not having the peace of mind to work on their coursework, hence, procrastinating and then feeling rushed to complete it. This then led to poor-quality work and doing things just to fulfil requirements.

Participants reported engaging in poor ways of getting things done, which impacted the outcome of their assessments, and they failed the coursework. The subtheme – "Fail after fail" represents the experience of trainees who failed to fully engage with their academics and coursework, which led to the failure of their evaluated assessments. The theme "Scraping through" and both the subthemes under the theme address the study's research question, which aimed to explore trainees' experience of some of the consequences they faced due to their burnout.

3.3.4.1. Subtheme 1- Just doing it

This subtheme falls under the theme – "Scraping through". This subtheme relates to trainees' struggle to keep up with their academia, the stress of going through it, and how they dealt with it. The trainee counselling psychologists indicated that they struggled with academics and resorted to poor ways of getting things done, for example, not being attentive in the lectures, not doing the essential readings, and how they worked on the assignments. They reported that they took a long time to complete a task because they were burned out and struggled to focus. A few participants said they took longer to read and comprehend the topics, a few mentioned taking longer to write an essay or their assignments, and a few reported procrastinating their work. All of the trainees said that they suffered academically.

This subtheme suggests that the perceived burnout and the physical and mental exhaustion the trainees underwent impacted their academia. Due to this, they struggled to engage with academic tasks entirely and did the bare minimum to get through them. This perhaps might have had an impact on their self-confidence as trainee counselling psychologists.

Naina indicated that her academia was greatly impacted as she struggled with having a clear space of mind. Additionally, she noted that she struggled to focus on work due to her perceived burnout.

> *…. But I think on academic work it has a really heavy impact because you really need to focus, you really need a clear headspace and I don't feel like my head was clear at the time (Naina, lines 142-144)*

Zeynep shared that she resorted to doing the bare minimum when burned out. She noted not doing her readings, attending the classes for only attendance, and not paying full attention to them.

> *I think with the coursework, I remember that I wasn't doing any of the readings, and also, I was attending the lectures for the sake of attendance, I wasn't fully, um, giving my attention, doing the lectures or doing things the I was supposed to be doing such as like reading …… (Zeynep, lines 30-3)*

Like Naina, Pooja indicated her struggle to focus, leading to not finishing the tasks on time. She suggested needing more time to grasp and get involved with her assignments when she struggles with burnout.

> *Hmmm so academically I think I find it difficult to focus so I'm not able to finish things on time. So, it takes me longer to get assignments done, it takes me longer to get my head into like an essay, so I think yeah when I'm burned out, I do suffer academically …. (Pooja, lines 312-314)*

3.3.4.2. Subtheme 2- Fail after fail

This subtheme falls under the theme – "Scraping through". This subtheme relates to the trainees' experience of pushing through the requirements and failing coursework as they struggled to manage it. The trainee participants suggested that with all the difficulties they faced due to stress and burnout, one of the knock-on effects was failing the coursework. The trainees indicated that they failed their assignments as they scraped through the training, managing all the requirements of academics and placements and managing their emotional and physical exhaustion. This implies a sense of "fail after fail" for trainees as they failed to fully engage with their training and fully perform the tasks and failed at the evaluated assessments. Moreover, the coursework failure knocked down their mood, and they felt even more burned out. As reported by trainees, failing on assessed work came with challenges and more stress. The quotes from the participants that support and clarify the subtheme are included below.

As Eliza spoke about how burnout affected her academics, she noted that she could not fully engage with the psychodynamic module, which is why she failed its

coursework. In addition, a lack of involvement in the lecture led to a failed assessment, which affected her mood.

> *And I remember I failed the psychodynamic assignment and I had not attended those lessons …. (Eliza, lines 57-58)*

> *…and then I failed, and I just felt like, I felt a real low, massive…. massive low (Eliza, line 62)*

Noah's description shows that he failed an assignment which made it very difficult to manage the rest of the workload, and the burnout further impacted how he engaged with the work. His failed assessment failed his engagement with other aspects of the training. Noah's account suggests the presence of a vicious cycle – to fail an assignment because of high workload and burnout, then stressing and burning out even more as they have to redo it whilst continuing to manage the workload.

> *…it my second year and I had failed an assignment. I had my placement going on, obviously, and it was a period where there were lots of assignments due in a short space of time, and I think that was a time when I was really feeling burned out because I had been working much harder constantly for a long period of time and the impact that had on me was I felt burned out and I felt like I couldn't switch off from work … (Noah, lines 33-38)*

Noah further explained the phase when he had to reattempt the failed coursework. Attending the failed assessments demanded more work from him, and he could not switch off from work. In addition, it seemed that having to do more work increased his burnout, affecting him and his work even more. Noah also highlighted how his experience of failing assignments and managing all the other requirements added more stress to him. It is possible that Noah had a sense of failure in all of his tasks during that period.

> *…you know, and I couldn't switch off from thinking about my assignments and I just couldn't, I couldn't sleep, because I couldn't stop worrying. And that meant that in the morning I either hadn't slept at all or I'd for two or three hours and that then had the knock-on effect so I couldn't work properly, I couldn't focus on my work. If I sat down to do any work, I couldn't do it. It was*

like this block in my head, I couldn't read, I couldn't, I couldn't face it, it was too much (Noah, lines 40-45)

Lizzy's description shows the worries and anxiety of 'fail after fail'. Failing a re-attempt comes with adverse consequences, and Lizzy was worried about that. She indicated that thoughts about it caused 'real stress and burnout.'

...with the real stress and burnout at the end of second year that was having to redo assignments that I had failed. And being really worried about that if you failed twice then you're thrown out of the course. If I mess this up one more time then I'll be off and everything would have been completely wasted for the last year (Lizzy, lines 86-90)

Lizzy explained how stressful the period was when she had to manage all her redo assignments. The effects of the stress on her body and her ability to work on the assignments

And that was much giving me stress in my whole body, like digestive issues and up at night shaking and trying to get the work done but being so worried about it that I can't put like a pen to paper, but I couldn't. I couldn't start because of how worried I was because I didn't feel like I have anything left in my brain by that point and at that point of academic year (Lizzy, lines 90-94).

3.3.4.3. Summary of theme 3

The findings of theme 3 suggest that as the trainees found ways to manage their stress and burnout, they struggled to cope with the academic requirements. Burned out and struggling to manage the physical and emotional symptomatic experience, they did the bare minimum in academics and did not fully engage with the essential requirements. This behaviour of scraping through the training affected their coursework and led to a few failures. Trainees experienced a sense of "fail after fail". They failed to manage their stress and burnout symptoms, which affected their approach to training and engagement with academics and led to coursework failure.

3.3.5. Theme 4: The bad therapist

This theme relates to trainees' experience of clinical practice at their placement during their burnout. All the participants indicated that their burnout prominently impacted their clinical practice. They expressed being distracted during the sessions, therefore, less attentive. They struggled to hold the core conditions, especially genuinely empathising with the clients. Further, they noted that because they faced such issues at placement and with their clients, they noticed having self-critical thoughts as practitioners. A few trainees indicated that as they were engrossed in their own difficulties and low energy and mood, they could not be there for their clients and, therefore, could not empathise with them. The first subtheme – "Hard to empathise", encapsulates and presents their difficulty empathising with their clients. The illustration of the first subtheme represents their experience of burnout as clinical practitioners in their training. However, only one trainee indicated that although they were not completely looking forward to seeing their clients, they could empathise easily because of common ongoing issues.

Further, the second subtheme – "Here and there", presents the trainees' experience of being caught in limbo. They were physically present with their clients in the sessions, but they were lost in their own sorrows. The trainees indicated focusing on themselves and their lack of capacity to hold and be present with their clients during the sessions. Additionally, a few more suggested that they got into a 'fix mode' and advised their clients on how to solve their issues. Furthermore, having to experience such distress in clinical practice, participants expressed having self-doubts as therapists. The third subtheme – "I'm not good enough", relates to how the trainees doubted themselves as clinical practitioners as they struggled to engage fully with their clients.

3.3.5.1. Subtheme 1- Hard to empathise

This subtheme falls under the theme – "The bad therapist". This subtheme relates to the participants' struggle with empathy towards their clients and the reasons for this issue. A few participants suggested that they lacked a depth of empathy for their clients. They struggled to empathise with their clients' difficulties. Trainees indicated that they struggled with empathy because of their own issues and burnout. Some participants shared that they provided empathic responses without emotions

involving them. Some other participants indicated not being ‘switched on’ in the sessions and were not reflexive and responsive in their practice. A few more participants shared that they felt ‘disconnected from their clients. Trainees suggested that they could not connect with their clients’ narratives and hence had little to offer them.

As Maslach (2015) characterised, depersonalisation with clients was noticed in the trainee participants. This subtheme highlights that the trainees were more focused on themselves because of the perceived stress and burnout, which is why they could not fully or deeply empathise with their clients. Below are some quotes from the participants that support and elaborate on the subtheme.

James reflected on how difficult it was for him to empathise with his clients. He compared his empathic responses when burned to when not burned out. His account presents how burnout impacted his therapeutic skills and abilities. He used terms like “fake” with his clients or “don’t care” for them, which aligns with the characterisation of depersonalisation.

> *I find it very hard to empathise with them so when they’re telling me something really quite horrible and really sad, you know, if I was not burned out then I would empathise with them and say that sounds like it was really difficult for you, you know, but it also sounds like what happened with you was really awful and you didn’t deserve that, you know. I can think about it, I can elaborate and I can put a lot of emotion to it, I can be really present. But when I’m burned out, I just go like ‘that sounds like it was really tough for you’ and I can’t put any emotions into it. And I can hear myself thinking that it sounds really fake and that sounds like you don’t care… (James, lines 203-210)*

Similarly, Viki suggested that she could not fully open up with their clients, thus unable to fully understand what they were saying in the sessions. Her ongoing issues and low mood affected the level and depth of empathy she provided to her clients.

> *…so I think I did have empathy for my clients, but I probably didn’t have the depth of empathy that I used to and or have now. And I think it was difficult for me to allow myself to fully open up to receive and really really feel what they*

were saying, because maybe I was already quite felt down and low (Viki, lines 126-128)

Zeynep highlighted the difficulties of engaging with clients who had similar issues to those she was undergoing. However, whilst it overwhelmed her, she could easily empathise with such clients. Zeynep's account highlights the event when clients' issues are similar to therapists' and how it may impact them. This may hold good for all other burnout-related matters reported by the trainee.

…some of the clients that I've seen during that time, they were also going through burnout and work-related stress, and it helped me to, to empathise with them and see from their perspective much easier but then also me going through a similar experience was just adding an extra burden on myself (Zeynep, lines 83-86)

And sometimes it was…it was an overwhelming experience for me, because I was not only dealing with my own stress and burnout but also having to be there for that other person who was going through same stuff and kind of talking about burnout and stress all the time, made this experience or these feelings really intense for me (Zeynep, lines 86-89)

3.3.5.2. Subtheme 2- Here and there

This subtheme falls under the theme – "The bad therapist". This subtheme relates to the participants' focus on their own personal issues instead of their clients in the sessions. Their own personal issues, in this case, are their experience of perceived burnout. Participants expressed that they lacked focus in the sessions and instead focused on their lack of energy and low mood. They reported being distracted in the sessions, missing out on information, and needing their clients to repeat themselves. One participant mentioned that they engaged with her clients on the telephone and would do some other work during the session and barely listened to their clients. Some participants suggested they would eagerly wait for the session and placement day to end because they were feeling down. This illustrates the trainees' difficulty in containing their clients when they have their own issues. This implies that the participants perceived that the enduring effects of burnout had a significant impact on their clinical practice. This subtheme addresses the experience of trainees' burnout during their training and the consequences of it on them and their work.

Mia explained that her concentration during the session was off, which led her to be fidgety during the sessions. In addition, she indicated missing information presented by her clients because of her attention span, which impacted her ability to empathise with them.

> *My attention span, my concentration generally just went off. In the sessions, I would you know be fidgeting around more (Mia, lines 128-129)*

> *And also, sometimes it might have also made me miss certain points in what they were saying. And in turn, it might have, um, had an impact on the level of empathy I was giving them (Mia, lines 133-134)*

Lizzy shared her difficulties engaging with clients during her burnout and her response to appointment cancellations. She indicated that not having clients show up also came with challenges, affecting her collecting the clinical hours. She used the phrase "it's a spiky ball of (a) sword such that everything you do cuts you" to explain her distress. Using that phrase to explain herself shows how Lizzy was feeling hit or put down by everything around her, especially the aspects of the training.

> *It was more challenging because I didn't have that brain space for clients and so I started becoming a little bit happier around cancellations as well. But then the other side of it where you know it's another hour that I cannot count. I think it's inappropriate to say that the sword has just two edges, I think it's a spiky ball of sword such that everything you do cuts you (Lizzy, lines 185-189)*

In addition, Lizzy noted the challenges in remembering the stories and characters of each client's life. She suggested that a caseload of 6/7 comes with several challenges. Lizzy worried she would say something inappropriate to her clients because she struggled to focus, engage with them, and remember their narratives. This implies that working with a caseload of 6/7 might require a clear headspace to accommodate their clients.

> *…. like keeping track of people in your client's life because if you've got like six or seven clients remembering when they say 'oh Ben did this and that' and I trying to remember whether he is the brother, or grandson or son-in-law. What their relationship is to this person and that sort of thing sometimes,*

when they say a name and you need to clarify, sometimes you capture the relation from the context but sometimes you are really really wrong. You think it's the husband and it's actually their young son and then you are worried you are going to say something inappropriate. Yeah, so that aspect of it as well, like remembering details about clients and remembering which trauma story belongs to which person and I think it was all difficult to focus (Lizzy, lines 190-198)

Naina highlighted how her lack of energy and low mood impacted her attention and clinical work. Naina mentioned that she was very much focused on her low energy and mood, which lowered her attention and ability to empathise with her clients.

I found it difficult, I think, because I was so focused on my own lack of energy and low mood and it's not that it was absent, but it was very much lower like I had lower attention, and also lowered empathy (Naina, lines 100-102)

Naina indicated her frustration for not being able to give her completely energy and attention to her clients because she was eager to be done with the sessions and her day. She noted being less enthusiastic about her engagement with clients.

… was really frustrating because I always like giving my time, my energy, my attention to clients and I remember it had started to feel like…. Okay, I want to wrap up the session or I just you know, want the day to go buy a lot more quicker. So, I would feel less enthusiastic about my engagement with clients (Naina, lines 80-83)

Naina further added that she might have neglected certain aspects of her clients' narratives, especially when she thought it was not an interesting subject. She said that she would be completely present with her clients if she were not feeling burned out, but her attention span was much shorter due to burnout.

And other things may be a bit neglected like you know if they're telling me something about a weekend and maybe it's not as interesting subjectively my attention span would be a lot shorter so I'd definitely say that when I'm experiencing burnout with clients that's definitely present (Naina, lines 87-89)

Naina also shared how she overcompensated because she could not focus and be present with her clients.

I think I try to overcompensate, I thought I'd speak a lot more just to ensure that they knew I was still taking an interest because behind the scenes, I knew I was feeling so tired, so I think I would overcompensate in that area (Naina, lines 94-97)

3.3.5.3. Subtheme 3- I am not good enough

This subtheme falls under the theme – "The bad therapist". This theme relates to participants' emotions and thoughts about their clinical competency and their self-doubts about clinical practitioners. Participants mentioned having feelings of guilt, anxiety, lack of confidence and worried about their competency as they struggled to engage with their clients. Trainees suggested that having to experience their own physical and emotional exhaustion impacted their therapeutic practice, which concerned them. Some of the trainees indicated being worried about grasping the theoretical knowledge of therapy and being able to put it into practice. Other participants mentioned that they did not disclose their struggles or concerns to their placement or training institute as they worried it would impact their training and make them lose fitness to practice. A few trainees reported feeling 'fake' and not being genuine in their approach, which made them wonder if they were not good therapists.

This subtheme suggests that the trainees held ample self-doubts as therapists, doubted their capacity to integrate theories into practice, and their ability to hold and present the core conditions. In addition, as suggested by the trainees in the previous subthemes, they struggled to empathise and be congruent with the clients in the session, which perhaps impacted how they viewed themselves as therapists.

Viki, a trainee participant, mentioned that she had severe anxiety about her ability to practice as a therapist. She reflected on some of the emotions she encountered during that phase. This implies that there was a snowball effect. She was burned out, which affected her clinical practice, and that brought up more worries and emotional exhaustion. It is unpleasant to be flooded with multiple negative emotions when one is burned out but noticing and facing its snowball effect can be even more challenging.

A lot of anxiety was around my ability, my ability to practice as a therapist, I felt insecure and nervous about that. God I can't do this, I'm not very good

therapist, my ability to kind of pick up the kind of theory and integrate that into my practice (Viki, lines 51-53)

…like I can't do it, I am a bad therapist, I shouldn't be doing this and that kind of anxiety surrounding that. That was hard (Viki, lines 54-55)

Viki further expanded on how she felt as she struggled with her clients. She noted feeling inadequate. She also hinted at not doing right by her clients because she thought they were seeing a therapist who they thought was not struggling; however, Viki was stressed and struggling.

….you know, really guilty and also kind of inadequate. So, I felt like oh my gosh these people that I'm working with should be seeing someone that's you know it isn't struggling or so (Viki, lines 103-104)

Viki mentioned that she ended a placement early because she doubted her competency to engage with clients, given what she was going through.

I started a second placement to work with more clients but I was like I can't do it, its not fair on the people that I am seeing. I think it will have impacted the amount of space that I probably had to provide and how able I was to be fairly authentically be myself in the space (Viki, lines 105-107)

Similarly, Mia shared that she felt like a failure and that her confidence was knocked down as she struggled to fully engage with her clients due to perceived burnout.

It made me feel like a failure… it made me feel like I wasn't good enough, and you know, I think it affected my confidence and I'm not sure my confidence is fully recovered from it. Yeah, so yeah, I think it definitely affected how I felt about myself and so as a trainee therapist and whilst I think I've physically recovered from the burnout I think the knocked confidence is going to take a while longer to get over (Mia, lines 233-237)

On the other hand, As Eliza fought burnout, she noticed her work being impacted. However, she mentioned that she would cover up her issues because she feared facing the consequences of disclosing her struggles, including burnout, to her personal therapist, placement supervisor or the institute. She worried that if anybody learned of her difficulties, it would impact her training and her ability to practice.

When I'm burning out maybe I'm trying to cover up the fact that I'm actually burning out. I am even worried to share this with my personal therapist because I am so worried that somehow someone would think that I'm not fit to practice. And it may have some kind of impact on me qualifying or later with HCPC. And I know this stupid, but I'd rather just suck it up and keep going, and be quiet than let it impact my professional work. Also, because I have worked so hard for it, so I am always worried if my supervisor or my therapists knows I am burning out then they might think I'm not fit to practice. And I worry if they're going to tell anyone, are they going to call someone, or would they ever call the university… (Eliza, lines 281-289)

3.3.5.4. Summary of theme 4

The participants felt they were not good therapists to their clients. They struggled to stay focused in the sessions, to listen to their clients attentively, and thus, empathise with them fully. Trainees were caught between being there for their clients and managing their own issues. Having to face these struggles and difficulties in their clinical practice, the participants wondered if they were being good enough therapists, if they could practice the therapeutic theories correctly, and if they were fit to practice.

This theme can be considered a reflection of burnout's consequences on clinical practice in the trainees. It can also be regarded as depersonalization, a characterization of burnout. However, this theme provided insight beyond depersonalization and presented how trainees perceive themselves and their clinical practice as they struggle.

3.3.6. Theme 5: Pandemic made it worse

This theme relates to the impact of the COVID-19 pandemic on trainees' experience of stress and burnout during their course. In recent times, the unprecedented COVID-19 (WHO, 2021) has impacted a large population psychologically and socially (Saladino et al., 2020). The participants expressed having been affected by the pandemic and increasing their burnout levels. During that period, the trainees engaged with their training and placements online. The impact included sinking into online work, which meant excessive screen time, not having social and peer support, feeling lonely, and having to cope with constant changes in regulations and social

isolation. The first subtheme under this theme is “Drowned in screen time” presents the trainees’ continuous engagement with screen time and how it affected their stress, mood and training. Trainees shared her frustration with dealing with frequent changes to the academic rules. Some other trainees expressed difficulties engaging with lectures and placement online whilst having their kids, family, or other people at home all the time.

Additionally, all the trainees indicated the strain of seeing their clients online via video or telephone. The second subtheme, “Missing the social touch”, illustrates the deprivation of in-person social connection during the pandemic and how it affected the trainee’s stress. The trainees reported that of all the people they knew, they believed their colleagues would be the ones who would understand their ongoing issues and difficulties. As they could not get such opportunities, the trainees’ reported feeling lonely on their course. This theme suggests that the global pandemic, an unexpected event, impacted the mode of work for the trainees, and it came with some significant challenges.

3.3.6.1. Subtheme 1- Drowned in screen time

This subtheme falls under the theme – “Pandemic made it worse”. This subtheme relates to the trainees’ experience of constantly working online during the pandemic. Trainees having to attend their university and placement online meant that the trainees were drowned in screen time, which elevated their burnout levels. All nine participants described their DPsych training experience during COVID-19 as a pool of internet and online engagements. Further, they added that this online mode of learning and practising increased their stress and burnout levels. Trainees indicated experiencing severe exhaustion after a long day of online work. They noted that they hardly had enough breaks between the lectures or sessions.

Further, a few participants mentioned that even after engaging in online lectures, they had not learned or grasped the concepts leaving them feeling frustrated. Participants described their online placement as alienated and unsupported. Which then left them feeling lonely, they said. The pandemic almost changed the way of work for everybody. For these trainee counselling psychologists, it comes to an understanding that attending the lectures online, learning online, working on their assessments online, attending the placement online and seeing their clients online

meant being drowned in screen time all the time. The physical exhaustion from long hours of online work, the emotional distress of feeling unsupported from placement, loneliness, and the frustration of not being able to understand the concepts in lectures suggest trainees' experience of burnout and how the pandemic made it worse for them.

Lizzy explained the routine that was followed when working online. Thereby the impact it had on her. She further shared that the burnout experienced online affected her learning ability in online lectures.

> *….with online we'd get a 10-minute break and it was never felt like enough, particularly when you're looking at a screen all day. And I remember coming off the computer at five o'clock and just feeling absolutely frazzled (Lizzy, lines 385-387)*

> *…afternoon lectures I didn't pick up anything that was being discussed in the lectures at all, I would switch off, and so I think that I've really experienced burnout from having the lectures online, it is really, really difficult (Lizzy, lines 393-395)*

Pooja illustrated her hectic Fridays during term time, meaning she would continuously engage online from 10 am to 5 pm. Her use of "back-to-back to back-to-back" showed the intensity of the exhaustion she mentioned from online work.

> *I really, really found it difficult to engage for long periods of time online and having meetings often (Pooja, lines 390-391)*

> *I was just from 10 o'clock to five o'clock back-to-back to back-to-back online staring at a screen. It was a lot and that really had an impact, I think. It really burned me out quite a lot every Friday and I was exhausted (Pooja, lines 395-398)*

Mia expressed having a "brain fog", which she said was specific to attending online lectures. She noted that although she was interested in the topics being discussed, she found it difficult to stay focused and observe the discussion. Perhaps, it was easy to zone out due to online engagement and less vigilance from the lecturers. Mia's description may also be considered "Scraping through" behaviour due to burnout from online work mode.

I think the brain fog was particularly relevant towards the course because it was a time when we were doing online lectures, so we would have an entire day where we would be on the computer screen and it would be things that I was really, really interested in, but I just I couldn't concentrate, I felt that I would keep zoning out, I couldn't take the information in and I would end up kind of doodling on my notepad in front of me and not taking any notes of the lectures (Mia, lines 22-26)

The experience of not entirely being present and learning from online lectures left Mia frustrated and worried because she had assignments to work on based on the lecture topics. Mia highlighted the presence of a vicious cycle in the experience of burnout on the course.

And then I think that in turn made me feel quite frustrated because I would get to the end of the lecture day and go wow, I didn't take any information in and this should have been something I was really excited about and really engaged with and then there's the sense of panic because I've got the assignment to write about the lecture and you have to basically go back and start from scratch which then makes you feel more tired and adds to the burnout because you get into this kind of vicious cycle (Mia, lines 27-32)

3.3.6.2. Subtheme 2- Missing the social touch

This subtheme falls under the theme – "Pandemic made it worse". This subtheme relates to trainees' missing the social touch during the pandemic and its influence on their experience of burnout during their training. Unfortunately, during the COVID-19 pandemic, the lockdowns and the curfew regulations meant social distancing and no social gatherings. As a result, the trainees could not have social or peer gatherings. The trainees indicated that working online during COVID-19 made them feel isolated and lonely. They reported wanting peer support and having casual conversations between breaks at the university or placement. Some participants mentioned that their colleagues were the only people they believed would understand their stress and what they were going through. Being deprived of that support during the training was quite challenging. Terms such as 'alienated', 'isolated', and 'siloed' were used to express their experience. A few trainees emphasised the importance of having casual, informal conversations with their colleagues and how it helped them vent

their stress or worries. Interestingly, this suggests that although the trainees engaged in online work, such as meeting their lecturers, peers, and clients, they experienced an absence of human presence, which may have impacted their emotional well-being.

James explained how challenging it was to carry on with this training during the pandemic. He noted that the reason for his isolation was the unprecedented COVID-19 pandemic.

> *…yeah, I think feeling of being quite isolated and lonely and the people who would most understand and help me or I would most understand and offer help are the people who are exactly in my year exactly at this point of that hardest year. and I think for me it's been the hardest year. They would understand me… but I'm not with them (James, lines 318-321)*

James highlighted some of the challenges of having online Zoom meetings/lectures. He reiterated his desire to be with his peers and seek support from them. He suggested that loneliness on the course was a part of his burnout experience.

> *Everything is very focused where we have a zoom session together and it'll be you know 45 minutes but there isn't that kind of soft time. And so, I felt quite lonely with my feelings because sure I can talk with my therapist about them. And that's great but it's not actually the same. Because I do understand those feelings, but I just want someone else to feel them with me actually or to be able to say look here, we are going through this together. I think that loneliness was part of the burning out (James, lines 166-171)*

Noah shared his thoughts on working from home and added that working from home has a snowball effect on his lifestyle. Additionally, Noah highlighted the difficulties of working from home with partners in a small space.

> *… I don't see anybody, I don't get any exercise done, I don't leave the flat because I have to work. And my work is at home, you see, and my flat isn't massive. So, my girlfriend works in the living room and I work here in the bedroom. So, you know, and this chair isn't comfy and this table isn't very comfy so it did impact me. Hmmm because I really wanted to go back to uni because I wanted to see people, I wanted to leave the house, and I wanted*

my routine back. So, that definitely made me feel more burned out (Noah, lines 286-291)

On the other hand, Pooja shared that COVID-19 helped her not to worry about socialising. She noted that socialising takes up time from the training. And not having to worry about it, Pooja said that the pandemic made her life much easier.

I think, for me, actually Covid really helped because I think, with a lot of time that goes into our training and our placement, we lose a lot of that time for socialising (Pooja, lines 50-51)

…. I didn't have to worry about socialising that made my life a whole lot easier (Pooja, lines 53-54)

Viki shared that she started her placement online due to the pandemic. She expressed how challenging it can be to see clients online and not have human interaction and provision after the sessions.

I think starting a placement online, and when you can't just turn around and talk to people, ask what do you think about this. I think there's a lot of ad hoc kind of conversation, the conversations that you have after you have a difficult session, you might kind of have a cup of tea and just some human interaction, I think. Yeah, so I do think that Covid did play a substantial role on how I felt within my placement (Viki, lines 208-211)

Additionally, Viki noted the importance of informal peer chats and peer support and the lack of it during the pandemic.

And yeah, definitely the same with the course and I think you know having chats in between classes (Viki, lines 211-212)

….but there is a lot lost when you're not having the informal chats (Viki, line 213)

3.3.6.3. Summary of theme 5

The COVID-19 pandemic was prevalent when these participants trained in the DPsych course. They had to face the challenges which inevitably came along with the pandemic. As the trainees continued their training online, they felt lonely and missed their peer connection and support. They had no choice but to engage online

with their academic lectures, meetings, and placement. Online classes, meetings, therapy sessions, reading, and coursework meant they were drowned in screen time, which caused more problems and stress.

This theme presented factors and inevitable circumstances that exacerbated trainees' burnout or aided in maintaining the stress or burnout. Finally, theme 5 presented the experience of trainees' burnout as they trained in the DPsych programme during the COVID-19 pandemic.

3.3.7. Theme 6: Support network – the bliss and misery

Theme 6 is the final theme, and it relates to the role the support network played in trainees' experience of burnout during their training. It included the impact of trainees' perceived burnout on their support network and vice versa. Participants indicated that they could manage their burnout and ongoing stress during their training because of the support from their partners, friends, or family. A few trainees reported that the pressure of managing it all and their stress reduced as their family member/s took some of their day-to-day responsibilities, leaving them with some extra time. The first subtheme – "They got my back", presents the impact of having support from friends and family on trainees' experience of burnout and in managing their workload. Some trainees mentioned that they would have faced severe financial difficulties had their partner not supported them, as they could not manage to have a part-time job.

Further, all trainees indicated that their perceived burnout and ongoing difficulties strained some personal relationships. Trainees indicated that their ongoing stressed emotions and behaviour affected some personal relationships. The second theme – "Strained relationships", illustrates the influence of trainees' perceived stress and difficulties due to training on their relationships. Whilst the trainees emphasised the importance of support, they reported not receiving enough support from their training institute. They noted that the institute did not sufficiently recognise, acknowledge, and support their stress, burnout, and difficulties. The third and final subtheme, "I felt quite un-held", presents the trainees' experience of receiving support for their stress and burnout from their training institutes.

This theme presents and aims to address the research question of gaining insight into trainees' experience of burnout and its consequences during their training.

Subtheme one shows what helped the trainees to reduce their stress and burnout. Subtheme two presents the consequence of trainees' burnout on their relationships. Finally, subtheme three presents how trainees were left feeling when they were experiencing distress and burnout on the course and did not find appropriate support from their training institute.

3.3.7.1. Subtheme 1- They got my back

This subtheme falls under the theme – "Support network – the bliss and misery". This subtheme provides insight into how the support and understanding from their partners/friends/family helped reduce their perceived stress and burnout levels during their training. "They got my back" in this relation illustrates trainees' belief that their loved ones had their back during stressful times. Some trainees reported that having a supportive family member who understood their struggle and stress on the course was comforting. Some other trainees mentioned that having family or friends share their responsibilities was helpful. A few more said that having someone read their work before submission benefitted their coursework. Trainees indicated that in their hours of stressful periods in their training, having someone understand them and support them in some way positively impacted them.

Viki explained that having a partner who understood and supported her was blissful, especially with the finances.

> *After first year, I said to my partner I don't think I can work and do this course, so again, I'm very fortunate that my partner is supporting me financially but it would be nice to be able to work, but I can't. Hmm so yeah, I'm quite lucky and I think my partner is incredibly supportive (Viki, lines 168-170)*

James expressed that it was pleasant to notice people trying to care for him when he was vulnerable. He shared how it took him a while to understand that his family members, especially his brother, were looking after him. He indicated it was a sweet gesture to people to show him care and support.

> *….it was quite interesting to be a bit vulnerable suddenly, and it was quite nice to notice that people were trying to look after me. And I didn't even recognise what they were doing at first, and then I was you're looking after me, thank you very much (James, lines 287-289)*

It made me closer to my brother. So, I noticed that he was really there for me just doing stuff like texting me all the time and sending me city pictures or whatever. And that was really nice (James, lines 282-284)

Mia illustrated that the only way she could bounce back from burnout was with the support and help from her loved ones, especially her husband and sister.

….so, my husband knows what I'm like when I was just struggling and my sister is my best friend, and she was very supportive and my close friends equally (Mia, lines 138-139)

…I suppose the only thing protective factor, or, hmmm, the ability to bounce back, you know, from burnout is having that support. I'm grateful for my support system around me and being able to delegate responsibilities and it takes pressure off in little ways so that I could bounce back (Mia, lines 221-223)

3.3.7.2. Subtheme 2- Strained relationships

This subtheme falls under the theme – "Support network – the bliss and misery". This subtheme relates to the trainees' strained relationships during their training because of what they were going through due to perceived burnout. Trainees shared that their behaviour during burnout strained some of their relationships. For example, they mentioned being withdrawn at some point in their training with their close ones. Some participants felt guilty and selfish for not being there for their friends, and a few shared that it angered them when people vented their issues to them as they already had much stress. Additionally, a few participants reported having relationship issues with the ones they were living with, such as flat-mates, husbands, and fathers. This implies that as the trainees experienced low moods with various unpleasant negative emotions, it impacted their behaviour in their relationships. Behaviours such as snappy, irritation, and withdrawal strained their relationships.

Zeynep explained her strained relationship with her flatmate. Her description presented the level of isolation Zeynep was undergoing. Additionally, the amount of work she had to attend. Finally, she mentioned not communicating with anyone as it felt like added stress and a burden for her.

I wasn't meeting with anyone. I was quite isolated, even with my flat mate. I just didn't want to see her face. Um, I think I might have also socially isolated myself in that way (Zeynep, lines 54-56)

Ummm, the relationship I had with my flat mate just went down the hill. Hmmm…. I didn't want to talk to her because I was having like on the days that I was doing clinical work, because I was seeing clients back-to-back. I was just working myself in my room and only getting out from the room when I had to go to the toilet or when I needed to eat something. I just didn't want to communicate with anyone else. It was just like adding extra stress and burden on me (Zeynep, lines 105-111)

Noah expressed his snappy behaviour with his girlfriend and how he felt bad about it. He mentioned isolation from his parents and friends. As Noah pushed through his training and burnout, a lack of energy affected his social life and relationships.

Yeah so, I get, so I get quite snappy with people. I get snappy with my girlfriend and then I feel bad. I won't pick up calls from my friends because I don't have the energy for them. I won't pick up calls from my mom or my dad because I didn't have the energy for them, I just text them saying 'sorry I'm busy I'll call you later' and I don't. I don't see my friends because I don't have the energy. Hmm so I just withdraw and all of it wedged my relationships (Noah, lines 237-241)

Eliza mentioned how her mood impacted her marital life. In addition, she noted not being present as a mother and as a wife. Eliza's reflection suggests that her emotional exhaustion strained her relationships with her husband and kids.

Yeah, I was moody as hell, I tried not to but I literally couldn't stand my husband at that time, like anything he did or said was just so wrong…. (Eliza, lines 96-97)

… yeah, it definitely impacts. It impacts my relationship for sure. It impacts my mood and that impacts how I am as a mother. And how I am with my patients. Basically, it impacts how present I am. Not just physically but also with my mind (Eliza, lines 194-196)

3.3.7.3. Subtheme 3- I felt quite un-held

This subtheme falls under the theme – “Support network – the bliss and misery”. As the trainees’ struggled to cope with their burnout and the symptomatic experience, they informed that they did not receive adequate acknowledgement and support from their training institutes. This subtheme relates to the trainees’ experience of difficulties and not being supported by their institutes and how it left them feelings because of that. As the participants spoke about having a support system, they also noted a lack of recognition and space to talk and address their issues and burnout in their institutes. Further, the trainees expressed anger, irritation, and sadness due to the lack of acknowledgement. As noted in the first theme, the trainees indicated that having emotional distress, experiencing a range of emotions, and not receiving support from the institute might have increased their intensity or elicited them. Some trainees indicated their wonderment that while they were expected to be reflexive in their training, they did not have the space to act upon it. Furthermore, two trainees shared that while they preached self-care to their clients, they lacked it for themselves and felt the training institute did not recognise this. A few trainees indicated that the institute did not speak about ‘burnout’ and their experience during their training and during the COVID-19 pandemic.

Viki expressed the way she felt towards her course as there was a lack of support from the course and the placement. Her use of “I felt quite un-held” might imply that she felt not sustained, especially when overwhelmed with many things. She noted that the lecturers did not recognise how the trainees were feeling and how they were doing, knowing their problems and struggles.

> *I think, at times there was some anger. Anger at the course and feeling that there was a kind of a real lack of the course and my placement, I felt quite un-held. So, there was some anger, fear and sadness (Viki, lines 79-80)*
>
> *….I think I felt like there was a lack of recognition of how difficult it was by the lecturers. I think I actually remember it was mentioned only twice (Viki, lines 214-215)*

Further, Viki informed that she sought support from BPS but was left disappointed. Viki said that learning and practising online was tough, and everyone struggled.

And I've gone to the BPS meetings before starting second year because I was like look, I'm really worried about doing this online and learning psychodynamic online and they were like no it's fine it won't make any difference and I was like okay. But actually, it was really, really hard and I think that there could have been more support. As probably…. because everyone was struggling (Viki, lines 216-218)

Furthermore, Viki mentioned that the trainees were undertaking a heavy cognitive load and that everyone was just getting through it. However, she said the course did not recognise what the trainees were experiencing.

And so, everyone was just getting through, but I think there could have been more recognition by the course as this is tough. It's tough for everyone, and you know, just think of the cognitive load that's being taken up by us…... (Viki, 218-220)

James mentioned his disappointment with the workload or the number of tasks a trainee is expected to engage with and how little it allows space for self-care and relaxation. James highlighted the irony of the situation. He mentioned not feeling contained by his training school.

…. I got really irritated with my training school, you know, with my university, because I felt that, on the one hand, they are teaching us to exercise self-care, reflexivity insight, thinking deeply and acting carefully. And on the other hand, they're just throwing so many tasks at us that I don't really have time either for reflection or self-care right now. Ummm, it, it didn't feel contained. (James, 40-44)

Mia expressed the importance of recognising and acknowledging burnout and its impact on the trainees. She said that burnout is not talked about enough. This suggests that as it is not much spoken about, probably, that is why there is a lack of support for it. She emphasised the need to have a space for it to share, address and seek the necessary support.

I think it is really difficult, burnout is really really a difficult, umm, thing, and I think it's something that's not talked about enough, and perhaps not supported enough on the course we are on actually (Mia, lines 108-110)

And at this point in our training, you know, where we're learning, we are meant to be doing kind of best job, we're being assessed on this and actually I think it needs to be talked about more and more support put in place. I don't think there is enough space or support in place for that. I felt like it wasn't talked about enough and there wasn't enough support because it definitely impacts (Mia, lines 111-116)

3.3.7.4. Summary of theme 6

In the last theme, the trainees acknowledged and appreciated the help and support they received from their partners, friends, and family. They felt the support helped them in managing their burnout. However, as they experienced stress and burnout, they noticed changes in their mood and behaviour, which impacted their relationships. The trainees experienced strained relationships as they struggled with their burnout and keeping up with their training. As trainees began noticing their stress and burnout, they felt the training institute did not provide enough support. They thought it was not sufficiently acknowledged and spoken about in their training.

This theme highlighted factors/aspects of trainees' personal and professional life that increased or decreased their stress and, therefore, their burnout. It presents the experience of trainees' burnout and its ramifications on strained relationships.

Chapter 4: Discussion

4.1. Overview

In this chapter, I will first discuss the key findings from quantitative data analysis, followed by the findings from reflexive thematic analysis. Next, I will present the integration of quantitative and qualitative results. Then, I will explain the implications of the results to counselling psychology, the strengths and limitations of the study, and suggestions for future research. Following, I will present my reflexive discussion. Finally, I will discuss the study's validity based on Yardley (2000) and end the chapter with conclusion comments.

4.2. Quantitative data findings

4.2.1. Hypothesis 1

Hypothesis 1 - Trainees' stress increases burnout, and they demonstrate some level of burnout, which was investigated based on correlation and the computation method mentioned by the MBI scale. There is a small positive association between stress and burnout. The result was in line with the definition of burnout by author Maslach, i.e., burnout is a condition of long-lasting stress (Maslach, 2003). This result suggests that trainees' stress increases, then their burnout will also increase. The correlation between stress and burnout could result from unaddressed stress, which may have manifested into burnout and affect their well-being (Hughes & Kleist, 2005). Previous studies have shown that trainees presented with high-stress levels (Kumary & Baker, 2008), and various course factors cause them stress (Archer, 2020; Scott, 2015). The result of this study is consistent with them. However, those studies did not investigate burnout and the association between stress and burnout. This study shows the association between stress and burnout among trainee counselling psychologists.

In the analysis, each dimension (sub-scale) of MBI was computed to understand the burnout levels of the trainees. 5.71% (approximately four trainee participants) demonstrated a moderate level of Emotional Exhaustion (EE), while 94.29% (about 66 trainees) reported experiencing a high level of EE. Notably, no trainee reported a low level of EE, indicating that some emotional exhaustion was present in all the participants. Further, the result suggests that the trainees were presenting moderate

to high levels of emotional exhaustion, which shows the intensity of how much they were burned out during their training. In addition, the EE subscale assessed experiencing exhaustion from training and placement, not being motivated for work, and feelings of disappointment, hopelessness, stress, and fatigue (Lheureux et al., 2017). Based on the reported levels, it implies that the participants experienced those aspects of EE at moderate to high levels.

Further, 40% (28 participants) of the trainees reported a moderate level of Depersonalisation (DP), and 60% (42 trainees) reported experiencing a high level of DP. Similar to EE, no trainees reported a low level on DP, which indicates that all of them were experiencing the depersonalisation dimension of burnout. This suggests that their clinical work was impacted due to burnout. Depersonalisation is defined as having a negative attitude towards clients, personal detachment from their work and clients, and loss of principles (Maslach, 1993). The DP subscale assessed if they treated clients as 'objects', were unconcerned for the clients, and were emotionally unavailable to their clients (Lheureux et al., 2017). The results suggest that the trainees experienced these at moderate to high levels. This can be concerning given that the clients are not receiving good treatment and the trainees are being assessed for their work, thus, hampering their progression in training.

Furthermore, 14.29% (10 participants) of trainees reported high Personal Accomplishment (PA), 58.57% (41 participants) reported a moderate level of PA, and 27.14% (19 trainees) scored at a low level of PA. This means that out of 70 participants, only ten trainees had a high sense of personal accomplishment. This indicates that while the trainees were burned out and experiencing emotional exhaustion and depersonalisation, only a few had a high sense of personal achievement, but a majority of them experienced moderate levels of PA, and a few reported low levels of personal achievement. A study by Vredenburgh et al. (1999) showed a positive correlation between workload and a sense of accomplishment. Hence, perhaps, it may be perceived that a few trainees evaluated their hard work and engagement with a rigorous DPsych as having a sense of personal accomplishment. However, the mean scores of the three subscales for the trainees showed a high level of EE, a high level of DP, and a moderate level of PA, suggesting that all the trainees demonstrated some level of burnout.

4.2.2. Hypothesis 2

There was a significant difference in burnout scores for years 1, 2 and 3 trainees. The year-three trainees presented higher burnout scores than the year-one trainees. One-way ANOVA showed that year-3 was higher than years 1 and 2. The mean scores of years 1 and 2 burnout scores were notably high, although lower than year-3. This result suggests that the newly joined year-1 trainees also experienced burnout, possibly due to similar or different reasons than year-3 trainees. Perhaps, it can be proposed that adjusting to a full-time DPsych programme, understanding the requirements, and containing their initial anxiety of being a doctoral student and practising therapy at placement can be stressful.

Additionally, having to fulfil numerous course demands could be one of the stressors which may have aided in the occurrence and maintenance of burnout. This outcome is supported by a study conducted by Hughes and Kleist (2005), which showed the importance and the need for 'preparedness' of the students to begin counselling doctoral education. The results showed that the students presented self-doubts, negative thoughts, and emotions during the early stages of the semester (Hughes and Kleist, 2005). Therefore, these factors could also possibly be some of the causes of stressors for year one trainees. The current study assumed that year-3 trainees would be more stressed and present high levels of burnout as they would be in their final year, having to complete all academic and clinical requirements and submit their doctoral thesis and portfolio.

The study by Vredenburgh et al. (1999) highlighted that burnout levels increased with increased work autonomy. Considering that the trainees in year three are expected to work independently and have a sense of autonomy in understanding and decision-making in their clinical and academic work, it was assumed that they would present higher levels of burnout. Trainees are typically encouraged to create their own professional identity and operate more independently through the final stages of their training (BPS, 2019). It can be, thus, concluded that the year-three trainees presented higher levels of burnout than the year-one trainees. It was thought-provoking to find that both the year trainees experienced high levels of stress and burnout. It would be interesting to know the possible reasons for their burnout experience, which this study anticipates could be different.

4.2.3. Hypothesis 3

Burnout predicted depression scores among the trainees but not the insomnia scores. This suggests that the experience of burnout may have the psychological consequence of depression among trainee counselling psychologists. Therefore, this implies that burnout predicts depressive symptoms in trainees. One of the three dimensions of burnout is emotional exhaustion which includes feelings of being overextended and exhausted due to work (Maslach & Jackson, 1981). Hypothesis one showed that the trainees presented moderate to high levels of EE. Therefore, this further suggests that emotional exhaustion was present not only at the workplace but also in their personal life, which could be said to be depressive symptoms. Trainees experiencing stress and burnout may impact their emotional well-being, and this statistical analysis shows it may result in depressive symptoms. This simple regression result is supported by a quantitative study by Ahola and Hakanen (2007), which suggested that burnout is a significant predictor of depressive symptoms.

Similarly, another study by Armon et al. (2014) showed that burnout increased depressive symptoms in the participants. Becks Depression Inventory-II (BDI-II) investigated feelings of sadness, loss of pleasure, crying, loss of interest, worthlessness, and so on, which is intended to capture depression in trainees. This implies that the trainees were experiencing such symptoms of depression due to burnout. Further, the second simple regression showed that burnout did not predict insomnia; this result suggests burnout has no impact on insomnia among the trainees. The study aimed to test the impact of burnout on insomnia as an assumption was made that the experience of stress and burnout may affect the sleep either by quality or duration of sleep, which probably feeds into their burnout. The assumption was also made by understanding the results of previous studies, which showed burnout as a predictor of an increase in insomnia levels (Armon, 2009). However, the current study's outcome is in line with previous studies that showed no association between burnout and insomnia (Salvagioni et al., 2017) and burnout as not a predictor of sleep disturbances (Kim et al., 2011).

It can be argued that issues with sleep can be considered a presentation of depressive symptoms (Nutt et al., 2008); However, the depression scales do not assess the depth and breadth of the sleep problems, including BDI-II, thus making it

a necessity to assess sleep issues using an appropriate scale. Sleep and sleep-related factors are considered vital in indicating prevalence and maintaining burnout (Ekstedt et al., 2006; Grossi et al., 2015). Therefore, the study assessed insomnia as a distinct consequence of burnout, with a possibility of identifying the co-morbidity of depression and insomnia in burned-out trainees. However, the results showed that burnout predicted depressive symptoms and not insomnia in trainee participants.

4.2.4. Hypothesis 4

Burnout did not predict job satisfaction and absenteeism scores among trainees. From these results, it can be implicit that burnout is not a predictor of occupational consequences of job satisfaction and absenteeism in trainees. It may be suggested that although the trainees experienced burnout with high emotional exhaustion, depersonalisation, and moderate personal accomplishment, it did not impact how they perceived their job satisfaction. There is a possibility that the trainees might have been aware of the work and time they were investing in their clients, which might have brought a sense of satisfaction. Or perhaps burnout impacted a sense of personal achievement but not significantly.

Additionally, there is a possibility that the trainees' viewed the questions as relevant only to their placements due to the use of "job" in the questionnaire, and it did not prompt them to think of their training. The instructions for the survey clearly mentioned to the trainees to consider both their training and placement to answer the questions. However, it is to note that the questions are phrased such that they are more focused on eliciting job-related satisfaction. This may have impacted how the trainees perceived and answered the questions, thus, impacting the results of this hypothesis.

The result was not supported by previous studies, which showed that emotional exhaustion was a predictor of job dissatisfaction (Lizano & Mor Barak, 2015), and depersonalisation was found to be a significant predictor of job satisfaction (Figueiredo-Ferraz et al., 2012). The outcome highlights the importance of further investigation and evaluation of the personal meaning of satisfaction and achievement, personality traits, and one's method of evaluating success and satisfaction. The level of motivation and perception of an individual's satisfaction is

influenced by their personality traits (Sowunmi, 2022). However, in this case, burnout did not predict job satisfaction in trainees.

Further, the simple regression showed that burnout is not a predictor of absenteeism among trainees. The study assumed that due to chronic stress and burnout, one might have to take more work leave to cope with their well-being; Hence the study wanted to test if burnout predicted absenteeism. This assumption was supported by previous studies, which showed an association between burnout and both sickness absence days and sickness absence spells, and that high-level burnout workers were more absent from work (Borritz et al., 2006). The population sample of Borritz's (2006) study included employed human service workers, which brings the possibility of taking absence due to sickness, and policies are in place such that they are able to take absence while continuing their employment status and benefits. However, in the case of trainees, the case might be different. Although there are policies for temporary withdrawal or taking a longer break (BPS, 2020), it comes with challenges and additional costs.

Therefore, the current result may suggest that although the trainees are in distress, they engage in their academic and clinical work to fulfil their trainee responsibilities, or perhaps they have not realised the impact of their symptoms. As previously stated, burnout did not predict trainees' work satisfaction or absence.

4.3. Contextualising the findings in the literature

Six themes were generated from reflexive thematic analysis: "Burnout: in and out", "Survival mode", "Scraping through", "The bad therapist", "Pandemic made it worse", and "Support network – the bliss and misery". This section of the chapter discusses them in turn. The participants in the semi-structured interview included trainees who self-identified as having experienced burnout during their training. Therefore, when they explained their experience, or specific incidents and circumstances, they mentioned them as they occurred during their perceived burnout.

4.3.1. Theme 1: Burnout – in and out

Theme 1: "Burnout: in and out" presented some of the ways the trainees experienced burnout during their training. This included the physical and emotional manifestation and symptomatic encounter of burnout. According to Osborn (2004),

burnout is the process of physical and emotional depletion due to conditions at work or, more succinctly, continuous job stress. Subsequently, from the trainees' accounts, it comes to an understanding that they had a similar experience, as defined by Osborn (2014). Trainees described that they endured emotional and physical troubles when they felt highly stressed and burned out. This current study's findings align with studies that showed that counselling psychology students are vulnerable to burnout (Wardle & Mayorga, 2016) as various factors are causing them high stress (Kumary & Baker, 2008; Scott, 2015).

As trainees reflected on their experience of burnout during their DPsych training, they suggested that they were undergoing high-stress levels and thought it was being stored in their bodies. This sense of holding stress in their body made them have a tense bodies with shoulder and back pains. Along with bearing heavy stress in their body, they noted a depletion of energy and motivation. Similar concerns of constant physical exhaustion, lack of energy, and stress within their bodies during training were reported by trainees in another qualitative study (Scott, 2015). However, this study provides further implications for those physical issues in their training and trainees' overall well-being. This energy and motivation depletion was inferred to have impacted how trainees engaged with their course and personal relationship (discussed in later themes).

Trainees regarded their tiredness as constant and felt nothing was reducing it. Further, they indicated being fatigued and lethargic. It is inferred that trainees' feeling of tiredness was not reduced or overcome but was prolonged, which might have led to fatigue. The definition of fatigue by Hernandez-Ronquillo et al. (2011) supports this inference. They defined fatigue as "extreme and persistent tiredness, weakness or exhaustion that could be mental, physical or both" (p. 120). Literature shows that extreme physical exhaustion and fatigue are the key features of clinical burnout (Schaufeli, Leiter, et al., 2009). The participants shared characteristics of fatigue during burnout.

It may be perceived that the participant's body was weighed down with stress, which they experienced in the form of various body pains. Trainees endured pains in the form of sore body and shoulder, headache, back pain, etc. They also indicated feeling anxiety in their bodies. This anxiety could be due to the stress they faced, the

worries caused by their reduced engagement with their course, their loss of energy or perhaps the anxiety was one reason the trainees were burning out. Trainees' experience of fatigue, lethargy, and anxiety in their body illustrates a presence of mixed sensations, i.e., slowed down and on alert. Interestingly, the trainees also indicated that they recognised what would help them reduce fatigue and ease body tension. They mentioned running, walking, or going to the gym to release the tension. However, they lacked the energy to get going with the solution and could not bring themselves to do any of those physical activities. This illustrates the level of exhaustion they might have undergone during their burnout. However, trainees' indication of solutions required them to use some strength/energy to exercise the activity, which could be why they could not participate. It would have benefited the trainees to consider less energy-demanding activities such as meditation, relaxation, and mindfulness-based exercises (relevant recommendations are made in a further section).

This study acknowledges that numerous reasons are plausible for trainees to experience chronic tiredness. One explanation could be that they had too many things to manage, leaving them less time to upkeep their well-being and re-energise. Another could be their exhausted energy, as mentioned above. Another explanation might be related to a finding presented by Archer (2020). The study highlighted that trainees' felt proud when they experienced burnout, encouraging them to compete. So, the need to not fall behind and keep up with their colleagues urged them to push through than self-care. Therefore, they perhaps continued engaging with the course (discussed in theme 2) but could not engage in self-care activities.

Further, the trainees indicated having a range of emotions which added to their stress and experience of burnout. As they were completely occupied with their training, they had the issues of having a plethora of emotions and managing them. The previous study has shown that trainee psychologists indicated substantial burnout and emotional exhaustion levels (Simionato et al., 2019), which was also the case among participants of this study. Trainees expressed sadness, hopelessness, anxiety, overwhelm, irritability, and annoyance. This suggests that they had a mixture of emotions which was taxing them. It impacted their mood, which they reported to be on the lower side. These feelings expressed by the participants can be considered indicators of burnout, as suggested by the literature. Some emotional

indicators of burnout include frustration, lower motivation, overwhelm, overworked, and emotional drain (Espeland, 2006).

What is interesting about their experience of this emotional exhaustion is that they did not just have these unpleasant emotions about themselves but also about their training. They lost joy in what they were doing and lacked motivation. Trainees' lowered motivation is consistent with Cordes and Dougherty's (1993) and Archer's (2020) findings. The experience of undergoing emotional and physical exhaustion took away the pleasure of the training for them. The feeling of "lost joy" was present despite them meeting most of the training demands. The trainees claimed they could not enjoy the course since they were overwhelmed and too occupied with their training (Archer, 2020). This highlights that the trainees were not evaluating their efforts and engagement with the course as they were stressed and perhaps lacked a sense of achievement. So thus, a whirlwind of emotions impacted their participation in academics and clinical practice (discussed in themes 3 and 4).

Furthermore, the trainees also faced sleep difficulties. Burnout often co-exists with sleep issues (Grossi et al., 2015), and it was noted in trainees' descriptions. Sleep disturbance, difficulty falling asleep, or fragmented sleep are critical indicators of burnout (Ekstedt et al., 2006; Grossi et al., 2015), and these presentations aligned with trainees' experiences. When trainees struggled to fall asleep at night, they had worrying thoughts. They worried about their course, the things they had planned to do in the coming days, and their assignments. It may be argued that they probably could not fall asleep because they were worrying. The trainees also worked late hours as they had to manage a heavy workload in a short timeline. A need to hold on to time reported by the participants impacted their sleep by quality or quantity.

Additionally, there were instances where the trainees would wake up at strange times and have trouble falling back asleep. Hence, they were left to worry about being unable to sleep and waste time by not working while they were up.Participants who reported being sound sleepers noticed sleep issues as an early sign of burnout. Due to trainees' sleep issues, they often felt not rested and tired when they started their day. It was also noted that it affected their mood and work during the day. Trainees' experience is coherent with the literature as it shows insomnia is strongly associated with burnout, and individuals experience non-restorative sleep (Metlaine

et al., 2017). In a way, not having sound sleep helped maintain burnout among the trainees, as sleep is a crucial element in recovery (Meerlo et al., 2008).

Lastly, trainees endured poor physical health as they experienced burnout during their training. Trainees started noticing new health conditions when they burned out since they started training. Moreover, a few others saw their existing health conditions worsening due to levels of stress and burnout. The reported experiences align with the previous study, which showed that burned-out individuals reported more physical health complaints with increased burnout levels (Kim et al., 2011b). Back pain was the most common noted health condition. A study showed that burnout predicted neck and shoulder pain and back pain in individuals (Grossi et al., 2015). Trainees regarded the primary reason for their back pain as sitting for long hours to do their university work. Another possible explanation could be that psychology training is mainly sedentary, which could also account for back, neck and shoulder pain. Physiological responses to stress, such as stressed body, skin conditions, and headaches, were reported by trainee counselling psychologists in another study (Scott, 2015).

Digestive issues were another common complaint from the trainees. The trainees presented a narrative that they believed that severe stress manifested in the form of health issues. The female participants noticed changes in their Premenstrual Syndrome (PMS). Their symptoms intensified when they were highly stressed. According to a study, stress levels and the intensity of PMS symptoms are positively correlated (Gollenberg et al., 2010). The participants said that their stress was noticed in the form of some pain in their bodies, which caused health issues. Additionally, they believed it was a way for their body to ask them to slow down to take care of themselves. This theme provided information and insight into the understanding of trainees' perceived burnout and the various ways in which they experienced it.

4.3.2. Theme 2: Survival mode

Theme 2: "Survival mode" presented the burned-out trainees' experience of needing to push through the high and numerous demands of DPsych training. The trainees felt compelled to keep going as if they were in "drive mode" without pausing for anything, including their well-being. This could also be one of the reasons the

trainees could not engage in self-care, i.e., being in a survivor role. The trainees were required to fulfil the extensive demands of their training, such as clinical hours, ethical practice, therapeutic competency and attending supervision. They also engaged in various professional activities at placement, attending lectures, producing coursework, and conducting a doctoral-level research study. Trainees indicated that the nature of the course is highly demanding and pressurising, and a lot of stress comes from managing the heavy workload and completing numerous tasks (Scott, 2015). While previous studies have indicated that counselling psychology trainees are subjected to high stress, this study aligns with those findings and further adds information as to how trainees manage it while burning out.

Further, the trainees felt the pressure and stress to keep up with all the demands. As they intended to survive the course, they needed to be in survival mode to keep up with the tasks. This meant that they either did not realise what was going on with their well-being, thus, leading to an increase of stress and burnout, or even when they realised they felt they had no time to attend to it. Archer (2020) mentions that trainees often feel a loss of agency during their training, and perhaps it was something that resonated with the current study's participants. That is, the training controlled them, not vice-versa; thus, they needed to be on the go to survive. The trainees feared that if they "paused" or "failed" to meet any of the requirements, they would fail that aspect of the course, which would then mean that they had to retake it, causing even more stress. This finding is in line with Archer (2020), who explained the demands of counselling psychology training as a perfect storm. The trainees had a lot to juggle, so they did not have enough time to fully reflect on and process their training and clinical work (Archer, 2020).

Subsequently, in marching on, the trainees resorted to behaviours and strategies that might have helped them keep going. However, the trainees knew these strategies might not have been healthy. The trainees felt the need for caffeine to carry on with their day, so there was excessive caffeine intake. The participants hoped that the caffeine would alert and refresh them so that they could engage with their work. Linking this behaviour to the sleep issues mentioned under theme 1- "Burnout: in and out". It may be that excessive caffeine intake affected their delayed onset of sleep or quality of sleep. Craving and consumption of sugar was another prevalent behaviour amongst the participants. According to studies, the desire to

lessen the consequences of stress is the underlying cause of emotional eating (Van Strien et al., 1986), and sugary foods have been shown to reduce stress (Ulrich-Lai et al., 2011). Eating that develops in reaction to various unfavourable feelings is known as emotional eating (for example, stress, anxiety, anger, and depression) (Arnow et al., 1995). Therefore, it can be suggested that the trainees found ways to reduce their stress, and sugar-based foods were probably a convenient and tempting solution in addition to the participants' binge eating behaviour.

Trainees engaged in increased smoking and alcohol intake when they felt highly stressed and burned out. This behaviour was also found in a study where high stress led to smoking and unhealthy eating among trainees (Scott, 2015). Previous studies have shown a positive association between burnout and increased smoking and drinking among burnout participants (Chen & Cunradi, 2008). Interestingly, participants who mentioned their 'unhealthy' ways of coping with their burnout were aware of the unhealthiness aspect and were not pleased with it. However, some stress was associated with the behaviour as they engaged. The stress of being overweight and over-indulgence in non-ideal activities.

This theme provides information and insight into the research questions the study aimed to explore. It illustrates factors which added to the trainees' perceived stress and burnout, and in maintaining it, perhaps, might have also caused the burnout. Further, the way trainees behaved in dealing with the stressors. In addition, the trainees' behaviour of indulging in non-ideal activities can be considered as one of the consequences they experienced due to burnout.

4.3.3. Theme 3: Scraping through

Theme 3: "Scraping through" presented how the trainees' engaged with their academic demands of DPsych training and the consequences they faced as they struggled with burnout. Due to the perceived burnout, the trainees faced problems fully immersing themselves in academia and fully participating in the essential requirements of the training. The trainee participants had a sense of "blocked head", which meant they could not think clearly or focus clearly, leading to them avoiding the work and, thus, procrastination. Mental fatigue, for example, brain fog and blocked head, is known to be a persistent feature of burnout (Stenlund et al., 2012). On the contrary, the trainees also needed to multitask as they were aware of the

heavy workload. This suggests that trainees were overwhelmed with a high workload and were perplexed about managing it, which often led to procrastination. Research has shown a positive association between high burnout levels and a high tendency to procrastinate work (N. C. Hall et al., 2020). The study by Scott (2015) showed that trainees' stress and worries affected their work productivity and often led to procrastination.

The participants felt they could not easily comprehend their tasks, i.e., what was expected from them, and how they might work on them. Similarly, stress from uncertainty around expectations was reported by trainees (Sykorova, 2016). They felt that they needed extra time to complete their academic work. One reason for needing more time was their struggle to focus on their work. Another reason being they were taking an unusually long time to complete the tasks. Individuals with burnout undergo cognitive deficits and have reported decreased learning abilities and focus on daily tasks (Feuerhahn et al., 2013). The trainees struggled to cope and manage their academic needs with a lack of focus and comprehension issues. Relating these findings to previous theme 1 – "Burnout: in and out", which elicited some of the problems the trainees underwent during their burnout, it may be implied that the experience of burnout impacted their ability to work productively.

In addition, the problems and related behaviours were not only present when they worked on tasks but also when they attended lectures or seminars. The participants were required to do essential readings for the classes, but they could not adhere to them. The trainees had issues focusing in their classes and were less attentive. The participants were not doing their readings, which implies that they had not done their "homework", so it might have been easier to drift away in the lectures. Unable to concentrate and to engage entirely with academic work, the trainees might have resorted to doing just the bare minimum. Similar findings were seen in a study where students' academic engagement, such as attending classes, the performance of assignments, working with deadlines and learning motivation, negatively correlated with burnout (Cazan, 2015). A burned-out student will engage less with their academic requirements and be less motivated to learn. Linking the discussions of themes two and three, trainees presented a common behaviour. There was a need to keep going no matter what. The focus was on "pushing through" with the course rather than their learning and experience quality.

Further, trainees' coursework was impacted because of their issues with engagement in academia. Participants were unsure of their work and presented a lack of confidence and held self-doubts. Trainees expressed self-doubt and doubts about passing the different aspects of the training and meeting all the requirements, which caused them stress. The relationships between demands, lack of confidence and stress have also been noted in Scott (2015). It can be assumed that because trainees could not focus or were taking longer time to complete their tasks, they thought it did not deserve a pass. Alternatively, their being in survival mode to keep going did not allow them sufficient space to reflect and be mindful of what they were going through. Firstly, to recognise and understand their burnout and the need to take care of it. Secondly, they lost belief in themselves and had self-doubts even when working hard on their training. This illustrates that the trainees lacked a sense of achievement during their perceived burnout phase (Maslach, 2015). A phase where they were overwhelmed with burnout, had emotional and physical indicators of burnout and struggled to keep up with their training demands, but still had to keep going with it.

Furthermore, the participants failed the coursework. Their minimum engagement in academia led to the failure of the coursework. Trainees face the risk of failing (Sykorova, 2016), and for the study participants, it came true, and they faced failure in coursework. As trainee participants could not participate in their training appropriately, they failed their evaluated examinations. It also implies that their psychological and physical difficulties related to burnout may have influenced how they performed on their assessments. Failed coursework added to more stress and emotional distress in addition to their perceived stress and burnout. This theme illustrates the trainees' experience of burnout, the consequences they underwent because of it, and its impact on their academia. Further, it presented some aspects that may have added more stress to them and maintained their perceived burnout.

4.3.4. Theme 4: The bad therapist

Theme 4: "The bad therapist" illustrated the trainees' experience with therapeutic practice and some of their struggles during their perceived burnout from the training. DPsych trainees are expected to be on placements during their training to gain clinical experience. They are expected to showcase their competency in therapeutic

modalities and collect clinical hours per requirements. Many trainees experience stress caused by fear and self-doubt about clinical performance and expectations for therapeutic outcomes (Pakenham & Stafford-Brown, 2012). The participants underwent substantial changes as a therapist and their ability to practice as they had their own issues and were highly stressed.

Trainees were finding it hard to be present with their clients. As if they could not be switched on and were not fully available for their clients. Depersonalisation, a vital element of burnout (Maslach, 1993), refers to the growth of callous and condescending views toward those who receive one's services (Vercambre et al., 2009), a shift in perspective toward one's job and a change in behaviour toward patients (Nurka & Ljiljana Maleš, 2014). Participants presented the presence of depersonalisation characteristic of burnout in their experience. It was present in terms of how they felt about their placement, their clients, their ability to engage and exhibit clinical skills, and their belief in therapy.

Trainees thought that they lacked the depth of empathy for their clients. They could not fully empathise with them as they were engrossed in their problems. Burnout is known to lower empathy among mental health professionals (Walocha et al., 2013). This indicates that the trainees also tried to push through their clinical practice. Trainees lacked reflective practice, and they lacked genuine responses to their clients. This lack of empathy for clients and inability to provide it implies that the trainees did not have the emotional capacity in that period of burnout, which is why they could not offer it. An individual's capacity and drive to empathise with their patients may be hampered by burnout, which can cause irritability and a sense of being emotionally drained and burdened (Williams et al., 2017).

Further, the trainees were zoning in and out of the sessions. There were physically present but not always mentally present with their clients. This meant that they could not gauge what their clients were saying. They had to ask them to repeat or take some time to grasp what was being discussed. The trainees lacked or held a short attention span in their sessions. However, the participants were aware of their behaviour. They said their low mood and lack of energy hindered them from being completely present with their clients. Burnout is associated with cognitive impairments of attention and memory (Deligkaris et al., 2014). This indicates that

trainees' burnout affected their concentration and memory, further affecting how they could empathise with their clients.

The experience of burnout impacted their ability to listen and empathise with the clients, and perhaps it affected the therapeutic relationship. According to the literature, trainees' unresolved stress can harm the therapeutic relationship by projecting personal problems onto the client, leading to poor containment and making it difficult to be fully present in the session (Scott, 2015). Due to the awareness of the problems, a few trainees ended their placement early because they wanted to do right by their practice, whilst a few became happy with no-shows. Additionally, trainees tried to overcompensate in the session because they were aware of the lack of their engagement. "One cannot pour from an empty glass; take care of oneself" – this phrase suits the experience of trainees' struggle with clinical practice due to their ongoing stress and burnout.

Subsequently, the trainees worried about their competency. The participants were unhappy with their behaviour as therapists. They felt guilty for not being there for their clients, were concerned about their role as a therapist, and believed they were not good, making them anxious. The trainees were anxious about their learning, ability to put theories into practice, and ability to be good therapists. Literature suggests that learning to work with clients and dealing with their intense presentations can be stressful for trainees (Scott, 2015). While it can be said that placements are a challenging part of the training, facing them with their own issues can be even more stressful. Further, this stress can stem from difficulties in client work and may lead to self-doubts (Sykorova, 2016). As the trainees were aware of not being able to hold the core conditions, to be able to take and give in the sessions, they doubted themselves as therapists. An expectation of failure rather than triumph characterises the feeling of inadequacy and uncertainty (Archer, 2020).

Furthermore, there is a possibility of a presence of a vicious cycle. Trainees were stressed and burned out, so they had problems engaging with their clients, and this behaviour led to even more worries and anxiety. So, it added to their existing stress. Or perhaps, the initial issues of burnout started because they held doubts and worried about their practice because they were trainees. Trainees indicated not wanting to disclose their worries to the officials as it would harm their progress on the

course. Corey & Corey (2020) has emphasised that trainees could be reluctant to address their issues and find solutions because of the stigma associated with burnout and the worry that they would be seen as less competent. Similar perceptions of burnout and the behaviour to hide their issues were also present in the participants. Trainees preferred dealing with all of their concerns by themselves.

The participant discussed their burnout experiences in therapeutic work. Their statements revealed that they were struggling and were unable to entirely adhere to the ethical guidelines of practice. The BPS has provided trainees with a code of conduct, and ethical practice standards so that they are aware of what is expected of them and what they must monitor. I investigated and addressed any ethical concerns that arose when the trainees talked about their experiences. For this, I consulted BPS publications, academic articles, and supervision. Although it is imperative that trainees follow all guidelines to preserve the safety of their practice, it is generally known that practitioners frequently encounter difficulties. Trainee performance concerns are common but complicated by the confluence of the four domains of behaviour, clinical knowledge and skills, health, and the learning environment (Sandhu et al., 2022).

According to Harrison et al. (2016), the ethical dilemmas when a trainee struggles in clinical practice may be due to “cultural differences (informed consent, truth-telling, autonomy), professional issues (power dynamics, training of local staff, corruption), limited resources (scope of practice, material shortages), and personal moral development (dealing with moral distress, establishing a moral compass, humility and self-awareness)” (p. 1). Additionally, numerous research studies have explored and reported the adverse impact of mental health practitioners’ burnout impact on their clinical practice.

Taking into account all of the considerations and the unavoidable component of burnout impacting one's profession, I believe that the participant trainees struggled to fully engage but did not violate the requirements in such a way that any legal misconduct or official complaints were documented either by their clients or supervisor/placement. Their reports were more about their insight, comprehension of their challenges, and awareness. Nonetheless, I emphasise that it is a trainee's obligation to raise any concerns (of any type) with their clinical supervisor or personal tutor at university so that the consequences of their ongoing troubles may

be addressed as soon as possible (The British Psychological Society, 2017). Also, it is the supervisor's responsibility to check for these problems and inconsistencies in their practice in a timely manner (BPS, 2017). Similar recommendations for resolving such concerns are presented under clinical implications.

4.3.5. Theme 5: Pandemic made it worse

Theme 5: “Pandemic made it worse” presented the effect of the unprecedented pandemic on trainees’ experience of stress and burnout in their training. The participants of this study were trainees who were facing the pandemic. They had noticed its impact on their training. Some of the changes were attending university and placement online, attending online meetings with their peers and supervisors, and so on. The sudden change, especially the work lifestyle, due to COVID-19 had a massive impact on everyone. For the trainees, it meant they had to adapt to the online work mode. For example, to have a space in their house for online work, to have the necessary arrangement, to be able to concentrate long hours on online lectures, and to attend meetings online. Trainees not only struggled with being drowned in excessive screen time but also with their learning. Trainees found it difficult to concentrate online and to be in front of a screen for long hours. It exhausted their eyes, mind and body.

Participants had difficulty grasping the concepts being discussed in the lectures. Online meetings demand greater attention than face-to-face because one must remain focused and alert throughout the session to hear and see all members’ verbal and nonverbal cues (Schoenenberg et al., 2014). This may contribute to digital burnout, which refers to exhaustion (Sharma et al., 2020). As indicated by the participants, the struggle would be either because they cannot focus online or because they are exhausted working online. As specified by the trainees, they had difficulties managing workload, academia, and placement, and they noted it became even more difficult due to the pandemic. Trainees thought that online work exacerbated their stress and burnout levels. Being constantly connected via smartphones, laptops, and tablets makes individuals vulnerable to digital fatigue, which is made worse by overusing technology during a pandemic (M. Sharma et al., 2020).

Subsequently, participants' experience of not understanding the concepts via online lectures frustrated them. Although they invested time and energy in attending online lectures, not learning much upset them. Holding attention was another issue. They would easily zone out from the lectures or engage in other tasks. This behaviour also impacted their learning. A study showed that students had difficulties understanding the material discussed in classes during the pandemic (Surani & Hamidah, 2020). Students would quickly get bored and would not pay attention to the lectures, unfavourably affecting their learning (Hasri et al., 2019). Trainees felt the need to spend more time reading and learning the topics discussed in the classes. They worried about the impact of disengaged learning on their coursework. They were anxious about keeping up with their academics.

Due to the pandemic, the physical and emotional distress that came with the online working mode worsened trainees' burnout. Participants were frequently adapting to new ways of working to keep going on in their training, and it came with challenges which increased trainees' stress levels. Their mood and emotions varied and were heavily impacted due to online academia. Academic issues such as disengaged in-class activities, not paying attention, and feeling detached in class (Bikar et al., 2018) contributed to burnout, which in turn caused high anxiety levels around assessments, absenteeism, demoralisation, and scepticism about academic performance (Demir et al., 2017).

In addition to online university, the trainees had to attend their placement online, which was a challenging experience. They had to practice therapy online, put theory into practice online, conduct video calls or telephone sessions, and receive supervision online. For some trainees, engaging with their clients online was not easy. They struggled to practice a therapeutic modality online; for some, finding a safe space at home to conduct the sessions was challenging. This made the trainees more worried and anxious and even more stressed. Virtual therapy sessions may be a viable substitute for in-person treatment. Still, there are drawbacks, including difficulties communicating with sensitive subjects and evoking empathy, which may affect the therapeutic relationship and raise the risk of therapeutic errors and burnout (Shachak & Alkureishi, 2020). In addition, trainees' felt they did not receive full support from their placements for online therapy. Moreover, a few trainees faced disengaged

supervision due to online. It could be because the supervisors were also struggling to cope with the pandemic and online mode of working.

Trainees thought they did not have enough breaks to refresh and re-energise in the online working mode. They were working back-to-back either at their university or placement. Furthermore, this continuous work came with physical exhaustion and brain fog. Trainees highlighted the lack of digital hygiene in their online mode of training. To practice good digital hygiene, one must take frequent breaks from using a screen, set aside specific times for online work and pleasure, and engage in some form of physical activity (M. Sharma et al., 2020). Due to the high workload, it can be perceived that trainees were unable to practice digital hygiene. Subsequently, the trainees were upset for missing the social touch in their training. They missed having ad hoc conservations and being able to have a safe space to discuss their worries. Trainees felt relatively isolated and lonely as they engaged in their training online.

The participants saw their lecturers, colleagues, clients, and supervisors online. They felt it did not suffice and missed the presence of face-to-face engagement. Adults experienced higher levels of loneliness during the pandemic, even with extensive online social networks (M. L. Smith et al., 2020). Increased social isolation is linked to lower psychological well-being, increased depression, and lower life satisfaction (Usher et al., 2020). Trainees missed meeting their colleagues, who were also struggling and thought supporting each other's would be helpful. Peer groups were found to be supportive and helped normalise stress and difficulties among trainees in a previous study (Archer, 2020). This theme presented trainees' experience of burnout in their training during the pandemic.

4.3.6. Theme 6: Support network: the bliss and misery

Theme 6: "Support network – the bliss and misery" presented the impact of receiving and not receiving support for their experience of burnout during their training. Correspondingly, the effect of burnout on their relationships. As participants shared and explained their understanding of burnout during their DPsych training, they noted the importance of having a support system. This support was either from their partners, friends, or family members. Scott (2015) showed that support from friends and family was crucial for trainees during their training. Trainees thought that they found it incredibly helpful when they had someone understand their difficult time,

shared a hand in reducing their workload, or when someone took care of their responsibilities outside of training. Trainees believed their loved ones had their back and found it comforting. Receiving support and help meant that trainees had extra time to attend their training or/and reduce their stress. As indicated by a trainee participant, having support might have helped the trainee recuperate from their burnout.

The study's survey phase included a question regarding the participants' marital status with the intention and potential to use the information to investigate its influence on trainees' stress and burnout as well as the diversity of the participants. However, the marital status data was not used as the study and research questions developed over time. Also, it was restricted to only marital, whereas other forms of relationships could have been present. Therefore, it would have been essential to collect more information on the relationship status considering the role it played in trainees' life and burnout during their training. Collecting information beyond the marital status would be helpful in future studies such that the relation and integration of the data in their understanding of support systems during burnout would be beneficial.

Spending time with friends was considered a self-care activity to release stress by the trainees (Scott, 2015). In this case, due to the pandemic, socialising and spending time with friends was not always possible for the participants of this study, which might have stopped them from engaging in that self-care activity. Further, one of the aspects of being in this training is to be able to manage their personal and professional life. Trainees noticed strained relationships in their personal life as they struggled with burnout. Their low mood and constant exhaustion affected their interaction with their close ones and social engagements. As a result, trainees were isolated from social life and did not entertain messages, call, or meet their friends or family. In contrast, it is noted that socialising in some form can benefit (Scott, 2015), but trainees also preferred being alone as they were burdened with the course and its related stress. Perhaps, having the option of socialising is helpful and not constrained, which was the case during the pandemic.

Additionally, trainees' irritable moods interfered with how they spoke to the people they lived with, for example, being snappy with partners or flatmates. Trainees felt

guilty for being distant in their relationships but thought they had no energy to engage and that if their close ones had problems, they worried it would be an added burden for them. While it may have helped the trainees avoid engaging in relationships, it helped temporarily, as having strained relationships might have caused further stress. The finding about strained relationships is in line with a study by Archer (2020). Trainees witnessed strained relationships when their loved ones could not understand their behaviour or thoughts (Archer, 2020).

Further, trainees were disappointed that they did not have a space to talk about and share their burnout experience in their course. Trainees thought it was not discussed enough, thus not sufficient support. Discussions about the pressures from their academics or placements, as well as trainees' experience of burnout, were not recognised, acknowledged, or supported by their training institutions. Trainees expressed anger and disappointment towards their training for not receiving the support. Although not much literature is available in this area, Archer (2020) noted that trainees felt it was them versus the training. Trainees reported non-supportive relationships at placement, and the programme structure was designed to push them into burnout (Archer, 2020).

The participants noted the importance of acknowledging and discussing burnout so that people can recognise necessary help and support. Imposter syndrome, frequent rejection, and burnout are among the professional difficulties academics face at various stages of their careers (Jaremka et al., 2020). These adverse experiences are rarely spoken about in public, and discussing them should be standard practice in academic life (Jaremka et al., 2020). Does this imply that as burnout is not spoken about or addressed in training, perhaps, the trainees felt the need not to disclose it or hide it from their training, placement, and personal tutor as they would be judged or evaluated? Additionally, the fear of undergoing stress and burnout and not having to receive any support from the institute might have added more worries and stress. It is crucial to have a curriculum that normalises the trainee experience and offers debriefing chances to boost resilience and lessen burnout, as people routinely show a loss in empathy and an increase in burnout throughout training (Fischer et al., 2019).

4.4. Integration of quantitative and qualitative findings

The triangulation feature of the mixed methods approach (Elerian, 2017) allowed the study to explore and investigate the DPsych trainees' experience of burnout and its consequences. Triangulation allowed for capturing the burnout experience using quantitative and qualitative approaches and integrating the results to understand its implications. The quantitative study focused on objectively investigating the trainees' stress and burnout levels and the occupational (absenteeism and job satisfaction) and psychological (depressive symptoms and insomnia) consequences of burnout. Qualitative semi-structured interviews followed the survey to get a deeper subjective insight into trainees' burnout experience and the effects they face beyond the three facets of burnout. Both parts of the study complemented each other. The complementarity of the mixed research (Greene et al., 1989) allowed many trainee participants to undertake the online survey and to identify participants who have undergone burnout during their training. This facilitated approaching the identified participants for a follow-up qualitative study. In addition, it enabled the follow-up study to elaborate on their experience. This approach allowed an expansion of the quantitative research such that trainees could extend their subjective experience of burnout and speak about various components present in their experience (Greene et al., 1989).

The statistical analysis showed that all participant trainees were burnout and presented some levels of burnout (low, moderate, or high), and there was a positive association between stress and burnout. The presentation of the burnout levels, especially from EE and DP subscale scores, implies that trainees presented higher burnout levels. The qualitative study expanded the statistical result. Theme one – "Burnout: in and out"- expanded hypothesis 1 and deepened how the trainees experienced burnout. The theme showed physical exhaustion, the tension in their body, and a range of unpleasant emotions. Therefore, it went beyond the emotional exhaustion component of burnout and revealed the physical element involved in trainees' burnout experience. EE and DP, the subscales of MBI, were at moderate to high levels in trainees. The qualitative findings also found the presence of EE and DP and elaborated on the components. Theme 4 – "The bad therapist" showed that trainees underwent depersonalisation in their work. It added rich data on struggle with empathy, active listening, and how depersonalisation added more stress and

burnout. All the themes presented that each stressful experience, whether academic, personal, or placement, affected their burnout, mood, and performance on the course.

Literature showed DPsych training as a highly demanding course and that there are numerous stressors the trainees face in their training. The quantitative results of the current study showed significant stress and burnout levels in trainees, and the qualitative research expanded this finding. For the trainees to keep up with the demands, if considered a consequence of burnout, the qualitative study showed that trainees were in survival mode and had no time for themselves or to pause but to keep going in some way in the training. To juggle various aspects of the training, trainees burned through the process. The qualitative findings provided information on how they managed to stay in survival mode. Subtheme – “It keeps me going” showed trainees using non-ideal coping strategies such as excessive caffeine, sugar, cigarettes, and alcohol. Additionally, the theme – “Scraping through”, showed trainees’ bare minimum engagement with academics as they could not fully engage due to burnout. I would argue that these components of trainees’ experience qualify as an experience of burnout and its consequences. While it was vital to investigate trainees’ stress and burnout levels objectively, it was also equally essential to explore and expand the stress and burnout experience of the trainees.

The study aimed to investigate the relationship between burnout and depression. The linear regression showed that burnout predicted depressive symptoms in trainees. The qualitative findings aligned with the quantitative result, providing depth into the relationship. The subtheme – “Whirlwind of emotions” in theme 1, the subtheme – “I am not good enough” in theme 4, and the subtheme - “strained relationships” in theme 6 showed the presence of depressive symptoms among the participants. The qualitative findings showed the prevalence and how emotional exhaustion was experienced in different areas of the training and its interconnections. That is, how trainees' experiences affected their studies, clinical work, relationships, stress, and burnout. The quantitative and qualitative findings complemented each other.

The study was inquiring about exploring the relationship between burnout and insomnia. The statistical analysis showed that burnout did not predict insomnia in

trainees. However, the aim of the insomnia scale used in the questionnaire was not to clinically diagnose the participants but to evaluate the severity of insomnia symptoms. Contrary to the quantitative result, the reflexive thematic analysis found that trainees had sleeping difficulties when they experienced burnout during their training. This dissonance in the findings of the current mixed method study is not a sign of failure but beneficial as it may lead to new conclusions and a richer understanding (Miles & Huberman, 1994). Previous studies have shown conflicting results in investigating burnout and insomnia. A few studies have shown burnout as a significant predictor of insomnia (Armon, 2009; Armon et al., 2008). A few studies have shown a non-significant relationship between the two constructs (Kim et al., 2011b; Salvagioni et al., 2017).

When trainees answered the survey, they possibly did not have high-severity sleep issues. One can argue that there may be a presence of problems, but it was not significant. This is similar to the findings of another study. One study showed a non-significant relationship between burnout and insomnia, but participants with high burnout levels reported poor sleep quality and frequent awakening at night (Söderström et al., 2004). The reflexive thematic analysis findings showed that trainees' sleep was affected during their burnout experience. When trainees reflected on their sleep issues, they described and associated them with worries, their work, and the desire to use time. The questions asked in the questionnaire were straightforward, aiming to capture the quality and severity of sleep issues, which could be why there is a difference between quantitative and qualitative findings. The "Sleep mode: turned off" subtheme, which presented trainees' sleep issues, was in line with an earlier study. The study revealed that burnout is associated with greater difficulty in falling and sustaining sleep, with early morning awakenings and weariness when waking up (Melamed et al., 1999).

There is a dissonance in findings on the relationship between burnout and job satisfaction. The statistical analysis showed that burnout did not predict job satisfaction in trainees. The result implied that burnout does not increase or decrease job satisfaction in the trainees. Contrary to these results, qualitative findings presented that trainees' job satisfaction was on the lower side. It is interesting that burnout did not predict job satisfaction as there is a possibility of a bidirectional relationship among them. Job demands and workplace characteristics

are considered possible causes of burnout (Freudenberger, 1974), implying that burned-out individuals would have lower satisfaction. However, it may also indicate that individuals are stressed and burned out due to their work. However, they are aware of the workplace circumstances, their workload, and their efforts to keep up with these factors. In such a situation, although the experience of burnout may lower job satisfaction, it may not be significant.

There is also a possibility that trainees must have evaluated job satisfaction only for placement and answered accordingly. The instructions before the scale were clearly mentioned; however, the way the questions are phrased, it is possible that the participants might have only considered the placement component of the training. Findings from the semi-structured interview showed that trainees had decreased training satisfaction when burned out. The “Scraping through” theme showed that trainees were unhappy with their engagement and academic performance. Theme 4 – “The bad therapist” showed that trainees were unsatisfied with their clinical practice. This mixed method study showed that trainees’ perception of satisfaction with their training is decreased when they are stressed and burnout, but it may not be a significant low and is the case all the time.

Further, the quantitative study tested the relationship between burnout and absenteeism. The statistical analysis showed that burnout did not predict absenteeism in trainees. Although no theme directly captured the component of absenteeism in reflexive thematic analysis results, the quantitative and qualitative findings can be considered to complement each other. Trainees indicated having too many tasks to juggle and did not have time to stop. This suggested they did not have time to take a break or were absent from their training. The theme “Survival mode” captures trainees’ experience of being heavily occupied with the demands of the course even when they were having issues. Symptomatic manifestations of burnout are presented in theme 1 – “Burnout: in and out”. Due to these findings and their implications, the relationship between burnout and absenteeism is consistent and complementary.

Finally, the qualitative study further elaborated on the experience of trainees’ burnout with some new findings. The impact of the COVID-19 pandemic on trainees’ burnout, their friends and family's support, personal relationships’ difficulties, and support

from training were new findings that supported and expanded the quantitative results. Themes five and six reported these findings. The mixed method study was time-consuming and required quantitative and qualitative skills from the research, which can be stressful. However, the study findings align with the existing research and further provide a new understanding.

4.5. Implications of findings to Counselling Psychology

The findings from this mixed-method study have implications for different areas in Counselling Psychology. Firstly, from a broader perspective, the findings from this research may provide the Counselling Psychology community, the BPS, and the training institutes an insight into trainees' experience of burnout, allowing for supportive actions to be put into place for future trainees. The Division of Counselling Psychology is interested and curious to learn about trainees' experiences and to support them appropriately (BPS, 2022). This study might provide them with insight into implementing necessary support. Secondly, the training institutes might consider involving the university's student counselling/wellbeing service in DPsych training to help the trainees, such that attending those sessions (individual or group) does not come with an added cost, but support is in place. Frequently arising issues such as adjustment issues (such as doctoral course, new city), managing stress, and coping with self-doubts can be addressed for all-year trainees of the DPsych training.

Third, the findings present a broad impact of burnout on the trainees, from how they experience it physically and emotionally, how it impacts their well-being and healthy habits (for example, sleep and appetite), and their disengagement in academia and clinical practice. This indicates that the trainees found it tough to manage the workload and stress, or the support did not suffice. It is noted that this study was conducted with trainees who had faced the impact of the pandemic. Perhaps, the support was insufficient because the external factors increased for the trainees, and the staff was also undergoing a significant change due to the pandemic. However, this does not eliminate the importance of addressing and normalising burnout, as suggested by participants in theme 6 – "Support network – the bliss and misery"). One of the ways this can be done at the early stage might be to include a topic on stress and burnout in the induction. Examples of previous trainees' burnout experience, including academic and clinical stress, may be spoken about so the

trainees know that undergoing such difficulties might be possible. If so, it is normal, and one has to tend to it.

Further, while the personal tutors are present to support and evaluate the trainees' additional information on the purpose of support can be elaborated. For example, the theme - "The bad therapist" findings showed that trainees feared disclosing their worries. On the contrary, the theme "Support network – the bliss and misery" showed that the trainees wanted to discuss but did not have a space. So, each individual might have a different preference. However, a safe space and clarification of the purpose might be helpful. For example, personal tutors might suggest regular personal tutor meetings to discuss some of the trainees' difficulties. Moreover, they can reiterate the ways to cope with them, primarily not to chase the destination (completion of the course) but to learn at each stage and healthily manage their worries and problems. Another way to provide a space for the trainees might be to include an intra-reflexive session where trainees from all years might come together to share their experiences. It can be a way where they all are united to support each other and not feel lonely.

Another example might be the purpose of a personal tutor. As attending personal therapy is a mandatory part of the course, it can often be considered a professional space than a personal one. This might influence the way the trainees use the space. Therefore, clarifying the purpose, defining "fitness to practice", and that it is common to use the therapy space to address their training stress and worries. The confidentiality clause holds the same meaning for the trainees in their personal therapy as in other therapy sessions. Personal tutors and therapists can help the trainees recognise their burnout and help them understand its adverse impact (as reported in themes 2, 3 and 4), and slow down and nip the stress and burnout levels in the bud. The theme "Scraping through" showed the unhealthy approaches taken by the trainees to be on their toes in training. While being in that drive mode might keep them going, it may also keep the burnout going. This finding, along with the "Whirlwind of emotions" and their struggle in clinical practice, might help the personal therapists of trainees to assess these areas and support them appropriately.

Fourth, the findings of this study may help the upcoming trainees or in-training trainees to prepare for their training. Learning that all undergo some level of stress

and burnout may normalise the experience of burnout in training. Findings from the theme – “The bad therapist” may allow the trainees to notice some of the impact of their stress and burnout in their clinical work. This shows that while trainee counselling psychologists struggle in clinical practice, the clients may also face the consequences of it. It may also allow the placements to recognise and support such experiences. Having a reflexive session in the placements to discuss their difficulties, including their emotional and competency difficulties, to share with their colleague trainees may allow that safe space the trainees notified in theme 6 – “The support network – the bliss and misery”. While the purpose of these sessions is not to judge and highlight their struggles but to share, acknowledge and receive support for it. Support may be in the form of reiterating the need for self-care, taking regular breaks, discussing the caseload, and reducing it if needed.

Further, the theme – “Burnout: in and out” showed various areas the trainees might struggle with, how their body withstands the stress, their emotional distress and sleep difficulties, and their stress and burnout impact their physical health. This will allow the trainees to recognise if they are also undergoing them and if they are then to care for it. The health and care professions council highlight that one must manage their health to either modify or stop practising if they have physical or mental health issues that might impact their therapeutic practice (HCPC, 2016). When such an allowance for modification/alteration on one practice, the trainees must recognise the need to care for their health to improve their well-being, and their clients receive good quality therapy.

One of the most common values noticed in the findings was the idea of “pushing through”. The findings highlighted the impact of pushing through in academia and placement on the quality of work. While pushing through might have seemed to be a way to keep up and progress in training, it had some adverse effects. For the new trainees, these findings will provide an insight into the importance of the structure of the course. It will support essentials put in place in the training, such as lectures, readings, and coursework. Disengagement in these areas might impact the outcome of their evaluated assignments, clinical practice, and competency. This indicates the need to pause and reflect. Instead of pushing through, the need to manage their stress and stressors might reduce their burnout levels and increase their capacity to acquire and retain the learnings.

“I am not alone in feeling stressed” – Hypothesis one of the quantitative analyses shows that all trainees were undergoing stress and burnout. There was a significant correlation between the two. While feeling stressed on the course may be unavoidable due to a few factors, knowing that the trainees are not alone in this experience might help them not feel isolated or have severe self-doubts. DPsych training is one of a kind which combines research and clinical practice. It is structured so the trainees can continuously develop their skills and competency. Therefore, this study emphasises the need to recognise burnout and take the time to manage it. Trainees need to “practice what they preach”. As there has been an increase in the third-wave approach in recent times (Hayes & Hofmann, 2017), it may be helpful for the trainees to use some of such approaches for themselves.

Mindfulness-based exercises have improved emotional exhaustion and personal accomplishment subscales of burnout (Fendel et al., 2019). Further, research has shown mindfulness programmes to have recused burnout and increased empathy in primary care workers (Krasner et al., 2009). Mindfulness practice involves paying attention on purpose, in the here and now, and without judgment (Nassim et al., 2021). Trainees can practice meditation exercises, yoga, and other mindfulness-based exercises (Shapero et al., 2018) as part of their self-care routine. Trainees consequently acquire a profound sense of emotional stability and well-being due to a natural rise in their ability to deal with challenging emotional situations during their training (Asuero et al., 2014). Additionally, this self-awareness in therapeutic practice lowers symptoms of stress and burnout and fosters a sense of well-being and compassion in the trainees and their clients (Salvado et al., 2021).

The result of this study highlights the need to address and explore the hidden curriculum. The hidden curriculum is defined as "unintended learning outcomes or messages" of the formal curriculum” (Townsend, 1995, p. 3) and “the hidden curriculum as implicit messages arising from the structure of schooling" (Portelli, 1993, p. 345). The unintended outcome of various factors and structures of DPsych training, which could be included for the benefit of trainees, may have an impact on one’s experience of stress and burnout. Additionally, the social structure, tutor/supervisor’s authority, and rules governing the relationship shared with tutors/supervisors, standardised learning structure and the barrier in institutional structures impact how trainees perceive their training and their experience within it,

which may become stressors (Townsend, 1995). Hence, the need to explore it becomes essential.

The literature on the hidden curriculum in counselling psychology training is limited; therefore, this study reviewed and adapted the understanding of the hidden curriculum in doctoral students and medical professional trainees. By including the investigation of the hidden curriculum in DPsych training, students may understand the potential implications of the underlying curriculum by recognising and acknowledging it. The hidden curriculum could be a helpful tool for starting discussions on topics like power, individual resiliency, and professional stereotypes in the healthcare industry (Neve & Collett, 2017). Encouraging students to reflect critically on experiences from the hidden curriculum will give them the power to actively choose the lessons they want to retain (Neve & Collett, 2017).

The unspoken curriculum can have a significant impact on student's professional growth. Thus, exploring will lift the veil of invisibility from doctorate education and enhance the doctoral student experience and achievement only when educators and students jointly evaluate the hidden curriculum and reflect on their roles in reproducing that hidden curriculum (Foot, 2017). For the benefit of the trainees, the training institutions may include reflective sessions to talk about the unintended learning outcomes or hidden messages of the training along with related factors so that they can learn what is expected of them and how to handle it and for the staff to learn about the trainees' experiences and how to help improve it.

The implications made in this section are to be considered based on individual factors such as traits, personal life, needs, and beliefs. For example, individualisation plays a vital role when one considers including regular self-care based on their circumstances, preferences, personal and social context, and feasibility to practice. Nevertheless, the implications and recommendations are made based on the quantitative and collective outcomes of the study and with the DPsych context.

4.6. Strengths and limitations of the study

The study has several strengths that contribute to Counselling Psychology and Burnout. The current study exploring the experience of DPsych trainee counselling psychologists' burnout and its consequences using a mixed method is the first one exploring and investing burnout construct in trainee counselling psychology. Due to

the mixed method framework, the study presented both generalisable findings and collective subjective experience of trainees' burnout and its impact. The quantitative part of the study allowed data collection from a larger sample using a cost-effective online survey. The quantitative piece of the study was designed based on the extensive literature review, and the current study's findings are considered in line with the research. The reflexive thematic analysis provides a rich collective experience for the trainees. Some of the developed themes enhance the existing research on DPsych trainees' stress and burnout. For example, the perception of not having space or time for oneself to keep up with the demands, the need for external energy of some kind to compensate for lack of internal energy, the implication of burnout on their therapeutic practice, and their perception of lack of support from training institutes.

The current study was flexible and adapted the influence of COVID-19 into its existing research design. I was mindful that the pandemic had a massive role in trainees' experience, so including it seemed the sensible decision. Thus, this is the first research that presented the influence of COVID-19 on DPsych trainees' stress and burnout levels. New findings from the qualitative analysis include capturing trainees' unhealthy coping strategies to cope with stress and burnout, their pushing-through attitude that came with adverse effects, the impact of the pandemic, and the importance of a support system. The interview participants suggested that the study advertisement helped them recognise and correctly label their distressing experiences. A few said the interview felt like a safe space for them to share and voice their experience. In a way, this study helped the trainees to own their tough time during the training.

I received two emails and two messages on Facebook from trainees sharing their thoughts on the topic and saying that they found the survey helpful. Additionally, one email from a university professor keen to learn more about the study. The point is that the current study worked on a relevant topic where the findings might add to the research, and fellow trainees find better ways to manage burnout. Some of the stressors were identified and mentioned in the literature, such as high demands, attending supervision, finding placements, putting theory into practice and so on (Kumary & Baker, 2008), and stress from theoretical understandings, demands and pressures of the training, financial strains and so on (Scott, 2015). However, there is

a lack of several comprehensive, reflective reports from trainees counselling psychologists on their experience of burnout. This study provided comprehensive and in-depth information beyond the bounds of the three-dimensional conceptual models.

The study has some limitations to note. The study did not include confounding variables while recruiting the participants. For the online survey, no pre-screening was conducted to gain information on pre-existing depression, anxiety, or personality traits. Such information may be necessary for understanding the endurance of burnout in training. The study aimed to hold a pragmatic approach as the trainees are admitted to the training irrespective of their physical and mental health, age, ethnicity, and marital status; Thus, I wanted to capture their experience without excluding anybody on any factors. However, it is a limitation of the study. For example, a less emotionally stable and introverted person may be more likely to burnout (Koutsimani et al., 2019). Also, many clinicians who have either personal or family experience with trauma or mental illness are driven to become professionals (Bray, 2018). Therefore, it is essential to consider these factors.

The online survey included five scales, one yes/no question, and one open-ended numerical question. The average time needed to complete the survey was 36 minutes, as reported by Qualtrics. This can be a limiting factor as it can be time and energy-consuming for the participants, thus affecting the way they answer the questions. Also, considering that they have a lot on their plate and are perhaps stressed by the high demands of the training, investing around 30 minutes in the survey can be strenuous. Next, being stressed and burned out might have restricted trainees from participating in or completing the survey. While the online survey captured the immediate presence of burnout and its consequences, the semi-structured interview had participants with previous experience with burnout on the course. This means that not all interview participants were burned out during that period. Thus, this impacted the integration of the quantitative and qualitative findings. However, it provided new insights into the concept.

Further, while the questionnaires collected information on stress and burnout using a wide range of questions covering different areas of stress on training and aspects of burnout, the semi-structured questions did not focus on learning what made the

trainees stressed and burnout. Similarly, the study did not focus on exploring what helped reduce or overcome the stress and burnout in their training. These areas of exploration would have provided the beginning-to-end experience of trainees' burnout. Of the nine participants for the semi-structured interview, only two were male, and the others were female. Therefore, the study's results should be considered with the understanding that a large percentage of the population was female. This consideration is essential as the role, nature, engagement, performance, and perception of stress for each gender may vary. This can be one of the potential limitations of the study. It is essential to note that this was conducted during the global pandemic of COVID-19. The pandemic influenced the participants' experience of burnout. Thus, the findings should be considered cautiously and this information in mind.

Furthermore, the absenteeism data was collected using an open-ended numerical text. The study had no baseline or measurement criteria to weigh the responses. Also, measuring "absenteeism" during the pandemic was harder when people were not physically required to attend. For example, the trainees could turn off their computer cameras while disengaging cognitively. This disengagement could be a more subtle form of absenteeism than not attending face-to-face lectures. Also, the trainees could be in any city or place to attend the classes, but if they had to go somewhere during a non-pandemic phase, they had to take an absence from university or placement. Virtual engagement allowed people to attend worldwide if they had an internet connection. Due to these reasons, it was hard to measure absenteeism. This is one of the limitations of the study.

Finally, my dual role as a trainee counselling psychologist and researcher comes with a few limitations. During the interview, the participants might have felt it easy to share their experiences with me as an insider, and I would easily understand them. However, I wonder if the participants withheld some information as they saw me as their colleague somehow, and it was uncomfortable to share their experience with me. In the interview, I maintained transparency to mitigate this limitation. I attempted to provide a safe space to the participants by clearly stating the confidentiality and data storage clauses and informing them that there were no correct answers to the questions. Further, as I am part of the training and have unavoidably undergone stress and burnout, my subjective experience of the training and burnout influenced

how I read and understood the data and how it predicted and labelled the themes. The mentioned limitations pave the way for future research in this area.

4.6.1. Validity of research study

Yardley (2000) proposed four criteria to evaluate the validity of a qualitative study. This section presents all four criteria and explains how they have been observed and met by the current study.

4.6.1.1. Sensitivity to context

In this study, I have aimed to adhere to sensitivity to the context at all stages. I demonstrated this by extensively reading, becoming aware, and considering the existing literature in the investigation area (Yardley, 2000). This included the literature on various methodologies, epistemology, and ontological positions. Various aspects of burnout have been explored, such as its history, multiple definitions, causes, endurance, and consequences. The relevant definition of the study has been highlighted by being sensitive to the population under investigation. Burnout and related research have been thoroughly reviewed regarding prevalence and implications.

Yardley (2000) emphasised that researchers should be mindful of the study's sociocultural context and how it may impact participants and the researcher's beliefs, expectations, and viewpoints. The study has thus considered the UK's counselling psychology sector, the DPsych programme, the pressures on the course, and the COVID-19 pandemic. In addition, sociocultural contexts have been included in explaining the study findings' implications and recommending future studies. The methodology and discussion chapters extensively cover my position as a researcher and trainee counselling psychologist and its impact on the study process. Ethical issues have been considered, addressed and detailed in the methodology chapter.

The interview method was also directed by context awareness so that the collected data would answer the research questions. Additionally, the Reflexive Thematic Analysis (RTA) recommends that researchers demonstrate context awareness and consider it frequently with reflections. I documented any identification with or biases about the participant's experiences that surfaced in my reflective diary and explored supervision.

4.6.1.2. Commitment and Rigour

As a researcher, I was committed to immersing myself in the literature review and developing the skills required for the study (Yardley, 2000). I have spent a good time reading, understanding, and learning how to conduct RTA. Sufficient time and considerations were made before starting the data collection and analysis, thereby not rushing through the phases of research. I was committed to conducting a good-quality qualitative study and RTA. Next, thorough data collection and following the six steps of RTA analysis of the data shows my rigour (Yardley, 2000). I kept the interviews semi-structured so there would be minimal intervention and allowed participants to talk freely without impressing my ideals and preconceptions. The interview schedule was discussed with supervision multiple times to ensure it was coherent with the aims and objectives of the study. The pilot interview helped in testing the questions and my interview skills.

During the interview, I communicated the information about the study and ethical matters of confidentiality and data storage to the participants before seeking their verbal consent and starting the interview. Further, I comforted participants by attentively listening to their experiences and holding an empathic and warm temperament which helped create rapport. In addition, I believe I demonstrated my commitment to the interview process by ensuring that the environment was secure and confidential for participants to speak honestly about possibly painful and sensitive topics. Distress protocol was planned and in place if circumstances had arrived. RTA is not a linear analytic process; all six steps were frequently reviewed, thus improving the analysis. Supervision played a vital role during the analysis phase. Guidance and feedback were regularly sought from the supervisor during that phase.

4.6.1.3. Transparency and coherence

Throughout qualitative research, Yardley (2000) emphasises the need for transparency in procedures and analysis. The clarity of the description and the integration of the study's aims, philosophical position, and methods are referred to as coherence (Yardley, 2000). I have demonstrated transparency in stating previous studies, the current study's importance, and developing the study to seek the proposed research questions. Furthermore, I have clearly stated my chosen

methodology, and epistemological and ontological positions, which are coherent throughout the study.

I displayed transparency in how I carried out the data collection and analysis approach. I have explained my perspective on RTA inductive and semantic variations as they impact the development of themes, subthemes, and subsequent interpretations. Throughout the study, quotes from the participants' own words were utilised to verify my conclusions and to allow the participants' stories of burnout to be heard. I attempted to express clarity in the method I conducted the analysis and reached the conclusions, which is a need in presenting transparency in qualitative research (Yardley, 2000). In supervision, I discussed the coding samples and preliminary and amended thematic maps with descriptions to seek feedback. The appendices include examples of my analysis. Coherence between constructed themes and interpretations and their links to research questions.

4.6.1.4. Impact and importance

The study's potential impact and significance are clearly outlined in Chapter 1. The contributions of research results to theoretical knowledge and their practical consequences are referred to as impact and significance (Yardley, 2000). The findings are intended to provide insight into DPsych training and its challenges, to guide future trainees to understand what DPsych training is like and what to expect, to normalise setbacks and burnout, and to urge trainees to integrate self-care into their routine. The findings might also help counselling psychology training staff to include wellness and burnout management. This is discussed in further depth in the discussion chapter under implications for Counselling Psychology.

4.7. Recommendations for further research

There is a vast scope for future research based on this study. The current study can be replicated with two major modifications. One, collecting the online survey data and conducting semi-structured interviews with the trainees who identify as "currently experiencing burnout" or the participants who score high on MBI can be contacted for a follow-up study. This will allow coherence between the quantitative and qualitative parts of the mixed study, and the integration of the findings will be robust and reliable. Secondly, conducting the study when WHO announces the end of the COVID-19 pandemic. The study participants had to make many changes and

adjustments due to the pandemic. There was also a scare for their health and their family's health. Therefore, gaining insight into trainees' experience of burnout and its consequences when there is no stressor from a pandemic might significantly influence the findings.

The year-three trainees reported higher levels of burnout than in years two and three. As discussed under hypothesis two of this chapter, the number of stressors and the pressure of completing the course for third years might be slightly higher than the other year trainees; however, it might be helpful to explore this further. As one of the possibilities is not attending to their burnout in the early stage might increase over the years. If the trainees do not care for and work on their wellbeing, they might enter the professional community as burned-out qualified psychologists. Therefore, a future mixed method study with the MBI scale and a semi-structured interview to explore the stressors and their burnout might provide different stressors for different year trainees. Factors such as not taking enough breaks after each year's completion or delayed training progress might explain why third years are scoring high and if it is a cumulative experience.

The foundation of Cognitive Behavioural Therapy (CBT) is that ideas, feelings, physiological sensations, and behaviours are interconnected and can all result in a vicious cycle (Beck, 2011). Taking this CBT approach to trainees' burnout while experiencing anxiousness, low mood, and worries might be considered as consequences of burnout. However, it may be possible that they might also be causing trainees stress and burnout. Therefore, exploring what caused the trainees' burnout in their training may be essential. A qualitative study might provide personal, personality, academic, and placements related factors that may have caused the trainees to experience burnout which further harms them. The study findings will help the university and placement to learn the burnout-causing factors, and the future trainees will be vigilant about them.

A percentage of the trainees' population may have worked on their stress and burnout levels. They may have invested their time and energy during their training for their wellbeing, sought support from relevant resources, set realistic schedules and targets, and so many other ways they managed their burnout and overcame it. While it is essential to explore and research the experience of burnout, a positive approach

to this topic would be to explore what helped the trainees to manage their burnout and eventually overcome it during their training. This explorative study would provide insight into positive coping skills and strategies used by the burned trainees that helped them better their well-being and reduce their stress and burnout.

According to literature, people from different cultures may respond to stress differently throughout their lives, depending on their early experiences. Cultures pass along belief systems that may impact how their members interpret stressors and, as a result, their capacity to cope with them (Aldwin, 2004). In a collectivist culture, individuals relate mental health problems like stress to internal, personal causes and see them as personal failures. In contrast, the Western viewpoint sees mental illness as an external event brought on by interactions between the individual and their environment. In the West, certain mental health conditions, like stress, are treated as illnesses, which implies that treatment is necessary for recovery. However, cultural norms can impact how mental health issues are handled and how people access treatment (Otto, 2020).

Furthermore, a person's cultural background and upbringing influence how they view mistakes and the idea of perfectionism (Amherst & Kawamura, 1999). Therefore, trainees' ethnic background and cultural beliefs may influence how they view their difficulties, struggle, stress, and burnout. It may also impact how they handle them; therefore, it is suggested to conduct a study to explore the influence of ethnic background and cultural beliefs on trainees' experience of burnout during their DPsych training. The cultural exploration and findings will help the BPS and DPsych providing institutes as they are continually trying to consider cultural factors. They actively work towards being more inclusive, particularly since the incident of George Floyd. If the demographics of the quantitative study is noticed, the percentage of white is noticeably high. Currently, it may be the case that the university/training structure prefers the "privileged" group over another as they might be more capable of meeting the requirements. Also, the cultural exploration will welcome insights from international students as well.

4.8. Researcher's reflexivity

Burnout has been an area of interest for a few years for me. Being in a fast-moving world and noticing people prioritising work over health and family intrigued me about this topic. When I had to submit a research proposal along with my DPsych application, I had proposed a study on burnout, and since then, I immersed in the literature on burnout. However, I noticed I was stressed more than usual after I started my training. The stress of settling into the course and finding placements were my initial stressors. However, this stress came with self-doubts, low mood, and anxiety. I noticed a few fellow trainees undergoing a similar situation. This piqued my interest in exploring DPsych trainees' burnout experience.

Towards the end of 2019, when COVID-19 was still not detected in the UK, I had the opportunity to attend the training face-to-face. During that time, I actively discussed some of the stressors in training and had the chance to listen to others' perspectives and experiences. This helped to gain some insight. However, this might have affected how I framed my study and held some assumptions. Assumptions include trainees being stressed and worried and having self-doubts and anxiety, struggling to cope, and so on. From my personal interest, I focused on only exploring the occupational and psychological consequences of burnout. Due to my assumption that trainees might not undergo severe physical health conditions due to the perceived level of burnout in their training, I did not find exploring physical consequences relevant. Accordingly, I framed the aims and research questions. I feel it is important for this reflection because a theme relating to poor physical health was identified and reported during inductive reflexive thematic analysis. I was surprised at how the data falsified my assumption.

Before starting the statistical analysis in SPSS, I was overwhelmed with anxiety. I was worried about making errors, failing to understand the output, and reporting false analyses. Additionally, there was a fear of not getting significant results for all hypotheses. While I kept convincing myself that any result was still a result, I was overwhelmed with fear and anxiety. Often suggested for qualitative analysis, but I found the practice of maintaining a reflexive journal for quantitative analysis helpful. Penning down my emotions allowed me to acknowledge the importance of significant and non-significantly results and introduce regular breaks while researching. I feel this reflection helped in avoiding confirmation bias while interpreting the results. I mindfully constantly relied on statistical tests for quantitative analysis. The diary

allowed me to understand my excitement and enthusiasm for reaching the analysis phase of my research study. This normalised having various emotions and helped me to contain them. This open-mindedness helped me reduce making errors in SPSS and missing any variables. Refer to Appendix LL for a snippet from my reflexive diary.

I was aware of citation bias; therefore, I reported all favourable and unfavourable results. It is important to acknowledge that there may be various confounding factors affecting one's experience of burnout which may have been unknown to the researcher. I did not find exporting the Qualtrics data onto SPSS, conducting the analysis and saving the results stressful. However, I found the process of reporting the statistical report quite intense. Writing the result in APA style was hard, and I made many errors. My supervisor helped me recognise and correct that, and checking the report regularly with fresh eyes also helped correct the minor and major mistakes.

This study is my first attempt at qualitative research, and I was extremely nervous about conducting the reflexive thematic analysis. Because of my nervousness, I procrastinated on the process for a while. As I was late to the party of qualitative analysis, I tried to get a good amount of work done in a short time frame. This was at the beginning of the six phases of reflexive thematic analysis. As I began reading the transcripts and making initial notes, I tried to rush through the process. This behaviour and action stressed me even more, and I started to burnout. I started to worry that I was doing it incorrectly, and because of burnout, I started losing interest. This reflection during that stage helped me recognise that I need to take it slow, schedule one transcript at a time, and take sufficient breaks. When I shared my initial notes and transcripts with my supervisor, she noted that I had moved away from the participants' language several times. After discussing the importance of staying cognisant of trainees' language to capture their experience, I had to re-start phase one. This, inevitably, made me worry about my timeline to completion and having to do it whilst managing other coursework. However, I used scheduling to break the work and attend to it one by one than overwhelm myself again.

Reading the book "Thematic analysis: a practical guide by Braun and Clarke (2022)" helped me accept that my subjective experience and interpretation of reading the

data would inevitably impact data analysis. Reflective practice at every stage of thematic analysis gave me a space to write my understanding of the data and its impact on me. I think this reflective practice helped reduce the mixing of my emotions and experience with the content of the data. For example, while familiarising myself with the transcripts, I made notes of it when I felt sad or empathetic, paused the analysis, and engaged in self-care activities. This, I believe, helped in differentiating my feelings from the emotions mentioned in the data. However, I would like to admit that there could be some bias.

At times, I found myself creating a narration or story for the participants as being an insider, and it would be easy for me to connect the dots and deeply empathise with them. And this took me away from what they were saying and getting into an assumed story of my own. I had to stop, shake myself out of the fantasy and attend to their experience. The formation of the themes was based on the data. It was a data-led analysis. As mentioned earlier, I was surprised to notice the physical consequences of burnout in the data, and I was not expecting a theme about support systems, and when it did, I was surprised and happy. I was happy and comprised to see the outcome of data-driven analysis and that I was not just confirming my own views in the study. I struggled with naming the themes. I would often keep the names either quite broad or narrow. Supervision was extremely helpful in organising, rearranging, naming, and renaming the themes and subthemes.

My own personal burnout experience affected the sixth phase of reporting the reflexive thematic analysis. I was constantly tired and had low motivation to get work done, but I had to keep going. Burnout impacted my initial draft of the analysis. I kept the description short, did not explain through the quotes, and the draft was slightly clumsy. Again, my supervisor noticing this and allowing me a space to reflect helped to take a break. I took a long break before I re-attended the chapter. I saw a tremendous improvement when I attended the reporting and did not feel quite burned out. As an insider researcher, it helped me connect with the participants' data much more easily and understand their experiences without much difficulty. However, there were times I found myself trying to understand the underlying concepts/assumptions/reasons for the themes (latent thematic analysis), but I had to stop and stay coherent with the chosen methodology. Although I have made an active effort to be reflexive in my analytic approach, I would like to admit and say that

my stress and burnout during the DPsych course would have impacted how I perceived and interrupted the data and in presenting and reporting the findings.

4.9. Conclusion

There is a lack of research on burnout among trainee counselling psychologists. Recently, a few studies on their stress, self-care, and well-being have been conducted, providing great literature for this study. The current research aimed to explore burnout and its consequences in DPsych trainee counselling psychologists using a mixed-method study. The research questions focused on investigating the experience and the consequences. The findings showed that trainees are significantly burned out and bear adverse impacts. Consequences include their physical and mental health, performance and progress in the training, and the service the clients get from the burned trainees. The study followed the three facets of burnout designed by Maslach, but the findings showed that burnout could be experienced beyond the three key components.

The findings aligned with previous recent studies, which highlighted a wide range of stressors the trainees face, and the impact they may have on them. This study added more insight into the previous findings and showed that due to those stressors' trainees experience burnout. Burnout affects their mind and body, day-to-day activities, cognitive capacity, and clinical practice. Additionally, it showed the role of personal life on trainees' burnout and vice versa. While the quantitative results showed that trainees' burnout predicted depressive symptoms in them, the qualitative findings showed that burnout affected many other areas. For example, sleep and satisfaction had non-significant results, but the qualitative showed their presence in trainees.

It is essential and crucial to have psychometric scales to assess the phenomena, but the existence of the phenomena should not be denied based only on the scores. Reflexive sessions might help the trainees to share, identify and support each other in their burnout difficulties. The study has noted various clinical implications, limitations, and strengths. It has suggested interesting future recommendations in this field of research. This study attempted to capture trainees' burnout experience using both quantitate and qualitative studies. I conclude that the study offers rich findings.

References

Ahola, K., & Hakanen, J. (2007). Job strain, burnout, and depressive symptoms: A prospective study among dentists. *Journal of Affective Disorders*, *104*(1–3), 103–110. https://doi.org/10.1016/j.jad.2007.03.004

Ahola, K., Väänänen, A., Koskinen, A., Kouvonen, A., & Shirom, A. (2010). Burnout as a predictor of all-cause mortality among industrial employees: A 10-year prospective register-linkage study. *Journal of Psychosomatic Research*, *69*(1), 51–57. https://doi.org/10.1016/j.jpsychores.2010.01.002

Aldwin, C. M. (2004). *Culture, coping and resilience to stress*. Centre for Bhutan Studies.

Alkhamees, A. A., Assiri, H., Alharbi, H. Y., Nasser, A., & Alkhamees, M. A. (2021). Burnout and depression among psychiatry residents during COVID-19 pandemic. *Human Resources for Health*, *19*(1). https://doi.org/10.1186/s12960-021-00584-1

Amari, N. (2021). On Becoming a Counselling Psychologist: Making Sense of Presence. *Journal of Humanistic Psychology*. https://doi.org/10.1177/0022167821995371

Amherst, S., & Kawamura, K. Y. (1999). *Differences in perfectionism across cultures :: a study of Asian-American and Caucasian college students.*

Anastasi, A., & Urbina, S. (1997). *Psychological testing*. Prentice Hall/Pearson Education.

Andrew, Sharon., & Halcomb, Elizabeth. (2009). *Mixed methods research for nursing and the health sciences*. Wiley-Blackwell Pub.

Apuke, O. D. (2017). *Arabian Journal of Business and Management Review (Kuwait Chapter)*. *October*. https://doi.org/10.12816/0040336

Archer, A. (2020). *The Experience of Burnout in Counselling Psychology Trainees: An Interpretative Phenomenological Analysis* [University of East London]. https://doi.org/https://doi.org/10.15123/uel.8840w

Armon, G. (2009). Do burnout and insomnia predict each other's levels of change over time independently of the job demand control-support (JDC-S) model? *Stress and Health*, *25*(4), 333–342. https://doi.org/10.1002/smi.1266

Armon, G., Melamed, S., Toker, S., Berliner, S., & Shapira, I. (2014a). Joint effect of chronic medical illness and burnout on depressive symptoms among employed adults. *Health Psychology*, *33*(3), 264–272. https://doi.org/10.1037/a0033712

Armon, G., Melamed, S., Toker, S., Berliner, S., & Shapira, I. (2014b). Joint effect of chronic medical illness and burnout on depressive symptoms among employed adults. *Health Psychology*, *33*(3), 264–272. https://doi.org/10.1037/a0033712

Armon, G., Shirom, A., Shapira, I., & Melamed, S. (2008). On the nature of burnout-insomnia relationships: A prospective study of employed adults. *Journal of Psychosomatic Research*, *65*(1), 5–12. https://doi.org/10.1016/j.jpsychores.2008.01.012

Arnow, B., Kenardy, J., & Agras, W. S. (1995). The Emotional Eating Scale: The development of a measure to assess coping with negative affect by eating. *International Journal of Eating Disorders*, *18*(1), 79–90.

Ashraf, F., Ahmad, H., Shakeel, M., Aftab, S., & Masood, A. (2019). Mental health problems and psychological burnout in medical health practitioners: A study of associations and triadic comorbidity. *Pakistan Journal of Medical Sciences*, *35*(6), 1558–1564. https://doi.org/10.12669/pjms.35.6.444

Asuero, A. M., Queraltó, J. M., Pujol-Ribera, E., Berenguera, A., Rodriguez-Blanco, T., & Epstein, R. M. (2014). Effectiveness of a mindfulness education program in primary health care professionals: a pragmatic controlled trial. *Journal of Continuing Education in the Health Professions*, *34*(1), 4–12.

Bearse, J. L., McMinn, M. R., Seegobin, W., & Free, K. (2013). Barriers to psychologists seeking mental health care. *Professional Psychology: Research and Practice*, *44*(3), 150–157. https://doi.org/10.1037/a0031182

Beck, J. S. (2011). Cognitive behavior therapy. *New York: Basics and beyond. Guilford Publication*.

Bell, C. A., Crabtree, S. A., Hall, E. L., & Sandage, S. J. (2021). Research in counselling and psychotherapy Post-COVID-19. *Counselling and Psychotherapy Research*, *21*(1), 3–7. https://doi.org/10.1002/capr.12334

Bianchi, R., Schonfeld, I. S. am, & Laurent, E. (2015). Burnout does not help predict depression among French school teachers. *Scandinavian Journal of Work, Environment & Health*, *41*(6), 565–568. https://doi.org/10.5271/sjweh.3522

Borritz, M., Rugulies, R., Christensen, K. B., Villadsen, E., & Kristensen, T. S. (2006). Burnout as a predictor of self-reported sickness absence among human service workers: Prospective findings from three year follow up of the PUMA study. *Occupational and Environmental Medicine*, *63*(2), 98–106. https://doi.org/10.1136/oem.2004.019364

Braun, V., & Clarke, V. (2006a). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2006b). Using thematic analysis in psychology . In *Qualitative research in psychology* (Vol. 3, Issue 2, pp. 77–101). Taylor & Francis Group . https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2022). *Thematic analysis: a practical guide*. SAGE. https://go.exlibris.link/YtkV94p4

Bray, B. (2018, May 20). *Past trauma in counselors-in-training: Help or hindrance?* Counseling Today. https://ct.counseling.org/2018/05/past-trauma-in-counselors-in-training-help-or-hindrance/

Bryman, A. (2006). Integrating quantitative and qualitative research: How is it done? *Qualitative Research*, *6*(1), 97–113. https://doi.org/10.1177/1468794106058877

Bullock, G., Kraft, L., Amsden, K., Gore, W., Prengle, B., Wimsatt, J., Ledbetter, L., Covington, K., & Goode, A. (2017). Canadian Medical Education Journal The prevalence and effect of burnout on graduate healthcare students. In *Canadian Medical Education Journal* (Vol. 8, Issue 3).

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

Carter, C. (2021). *DRINKING FROM AN EMPTY GLASS: A MIXED METHODS ANALYSIS OF STRESS AND SELF-CARE IN COUNSELLING PSYCHOLOGY TRAINEES*.

Cazan, A.-M. (2015). Learning motivation, engagement and burnout among university students. *Procedia-Social and Behavioral Sciences*, *187*, 413–417.

Challoner, H., & Papayianni, F. (2018). Evaluating the role of formulation in counselling psychology: A systematic literature review. *The European Journal of Counselling Psychology*, *7*(1), 47–68. https://doi.org/10.5964/ejcop.v7i1.146

Chen, M. J., & Cunradi, C. (2008). Job stress, burnout and substance use among urban transit operators: The potential mediating role of coping behaviour. *Work and Stress*, *22*(4), 327–340. https://doi.org/10.1080/02678370802573992

Cheng, W.-J., & Cheng, Y. (2017). Night shift and rotating shift in association with sleep problems, burnout and minor mental disorder in male and female employees. *Occupational and Environmental Medicine*, *74*(7), 483–488.

Chiron, B., Michinov, E., Olivier-Chiron, E., Laffon, M., & Rusch, E. (2010). Job satisfaction, life satisfaction and burnout in french anaesthetists. *Journal of Health Psychology*, *15*(6), 948–958. https://doi.org/10.1177/1359105309360072

Choy, L. T. (2014). The Strengths and Weaknesses of Research Methodology: Comparison and Complimentary between Qualitative and Quantitative Approaches. In *IOSR Journal Of Humanities And Social Science (IOSR-JHSS* (Vol. 19, Issue 4). www.iosrjournals.org

City University of London. (2021). *Programme Handbook 2021-22 DPsych Counselling Psychology*. https://www.city.ac.uk/prospective-students/courses/postgraduate/professional-doctorate-in-counselling-psychology#accordion513943-header513943

Clarke, V., & Braun, V. (2014). Thematic Analysis. In T. Teo (Ed.), *Encyclopedia of Critical Psychology* (pp. 1947–1952). Springer New York. https://doi.org/10.1007/978-1-4614-5583-7_311

Clifford, M. (2010). *A qualitative exploration of personal change through counselling psychology training*.

Cohen, S. M. (2011). Doctoral Persistence and Doctoral Program Completion Among Nurses. *Nursing Forum*, *46*(2), 64–70.

Collins, C., Falender, C., & Shafranske, E. (2011). Commentary on Rebecca Schwartz-Mette's 2009 Article, "Challenges in Addressing Graduate Student Impairment in Academic Professional Psychology Programs." *Ethics & Behavior - ETHICS BEHAV*, *21*, 428–430. https://doi.org/10.1080/10508422.2011.604547

Cordes, C. L., & Dougherty, T. W. (1993). A review and an integration of research on job burnout. *Academy of Management Review*, *18*(4), 621–656.

Corey, M., & Corey, G. (2020). *Becoming a Helper* (8th ed.). Brooks/Cole.

Cornér, S., Löfström, E., & Pyhältö, K. (2017). THE RELATIONSHIPS BETWEEN DOCTORAL STUDENTS'PERCEPTIONS OF SUPERVISION AND BURNOUT. *International Journal of Doctoral Studies*, *12*, 91–106. http://www.informingscience.org/Publications/3754

Creswell, J. W. (2009). Editorial: Mapping the Field of Mixed Methods Research. *Journal of Mixed Methods Research*, *3*(2), 95–108. https://doi.org/10.1177/1558689808330883

Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research*. Sage publications.

Creswell, J. W., Klassen, A. C., Plano Clark, V. L., & Smith, K. C. (2011). Best practices for mixed methods research in the health sciences. *Bethesda (Maryland): National Institutes of Health*, *2013*, 541–545.

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

Cutts, L. A. (2013). *Considering a social justice agenda for counselling psychology in the UK*. https://www.researchgate.net/publication/261056065

Darolia, R. (2014). Working (and studying) day and night: Heterogeneous effects of working on the academic performance of full-time and part-time students. *Economics of Education Review*, *38*, 38–50. https://doi.org/10.1016/j.econedurev.2013.10.004

Davis, M. L., Witcraft, S. M., Baird, S. O., & Smits, J. A. J. (2017). Learning Principles in CBT. In *The Science of Cognitive Behavioral Therapy* (pp. 51–76). Elsevier Inc. https://doi.org/10.1016/B978-0-12-803457-6.00003-9

de Castella, K., Byrne, D., & Covington, M. (2013). Unmotivated or Motivated to Fail? A Cross-Cultural Study of Achievement Motivation, Fear of Failure, and Student Disengagement. *Journal of Educational Psychology*, *105*(3), 861–880.

Deligkaris, P., Panagopoulou, E., Montgomery, A. J., & Masoura, E. (2014). Job burnout and cognitive functioning: A systematic review. *Work & Stress*, *28*(2), 107–123.

Demerouti, E., Bakker, A. B., Peeters, M. C. W., & Breevaart, K. (2021). New directions in burnout research. *European Journal of Work and Organizational Psychology*. https://doi.org/10.1080/1359432X.2021.1979962

Douglas, B., Woolfe, R., Strawbridge, S., Kasket, E., & Galbraith, V. (Eds.). (2016). *The Handbook of Counselling Psychology*. SAGE Publications, Limited. http://ebookcentral.proquest.com/lib/city/detail.action?docID=5942912

Douglas, K. M., Sutton, R. M., & Cichocka, A. (2017). The psychology of conspiracy theories. *Current Directions in Psychological Science*, *26*(6), 538–542. https://doi.org/10.1177/0963721417718261

Edmonds, W. A., & Kennedy, T. D. (2017). *An Applied Guide to Research Designs: Quantitative, Qualitative, and Mixed Methods*. SAGE Publications, Inc. https://doi.org/10.4135/9781071802779

Efstathiou, V. (2017). *Experiencing Counselling Psychology Training: An IPA Analysis*. http://hdl.handle.net/10552/5891

Eisenstein, L. (2018). To Fight Burnout, Organize. *The New England Journal of Medicine*, *376*(6), 509–511. https://doi.org/https://doi.org/10.1056/NEJMp1803771

Ekstedt, M., Söderström, M., Åkerstedt, T., Nilsson, J., Søndergaard, H.-P., & Aleksander, P. (2006). Disturbed sleep and fatigue in occupational burnout. *Scandinavian Journal of Work, Environment & Health*, 121–131.

Elerian, M. (2017). *Mixed Methods Research-Theoretical Framework (Literature Review)*. https://www.academia.edu/43051601/Mixed_Methods_Research_-Theoretical_Framework_Literature_Review_

Emerson, S., & Markos, P. A. (1996). Signs and Symptoms of the Impaired Counselor. *The Journal of Humanistic Education and Development*, *34*(3), 108–117. https://doi.org/10.1002/j.2164-4683.1996.tb00335.x

Espeland, K. E. (2006). Overcoming burnout: How to revitalize your career. *The Journal of Continuing Education in Nursing*, *37*(4), 178–184.

Everall, R. D., & Paulson, B. L. (2004). Burnout and Secondary Traumatic Stress: Impact on Ethical Behaviour. *Canadian Journal of Counselling*, *38*(1), 25–35.

Faragher, E. B., Cass, M., & Cooper, C. L. (2013). The relationship between job satisfaction and health: a meta-analysis. *From Stress to Wellbeing Volume 1*, 254–271.

Fendel, J. C., Bürkle, J. J., & Göritz, A. S. (2019). Mindfulness-based interventions to reduce burnout and stress in physicians: A study protocol for a systematic review and meta-analysis. *BMJ Open*, *9*(11). https://doi.org/10.1136/bmjopen-2019-032295

Fetters, M. D., & Freshwater, D. (2015). Publishing a Methodological Mixed Methods Research Article . In *Journal of mixed methods research* (Vol. 9, Issue 3, pp. 203–213). SAGE Publications . https://doi.org/10.1177/1558689815594687

Feuerhahn, N., Stamov-Roßnagel, C., Wolfram, M., Bellingrath, S., & Kudielka, B. M. (2013). Emotional exhaustion and cognitive performance in apparently healthy teachers: A longitudinal multi-source study. *Stress and Health*, *29*(4), 297–306.

Field, A. P. (2018). *Discovering statistics using IBM SPSS statistics* (Fifth). SAGE. https://go.exlibris.link/CV0SLNFF

Figueiredo-Ferraz, H., Grau-Alberola, E., Gil-Monte, P. R., & García-Juesas, J. A. (2012). [Burnout and job satisfaction among nursing professionals]. *Psicothema*, *24*(2), 271–276. http://www.ncbi.nlm.nih.gov/pubmed/22420356

Fischer, J., Alpert, A., & Rao, P. (2019). Promoting Intern Resilience: Individual Chief Wellness Check-ins. *MedEdPORTAL : The Journal of Teaching and Learning Resources*, *15*, 10848. https://doi.org/10.15766/mep_2374-8265.10848

Fletcher, A. J. (2017). Applying critical realism in qualitative research: methodology meets method. *International Journal of Social Research Methodology*, *20*(2), 181–194.

Foot, R. E. (2017). *"IT'S NOT ALWAYS WHAT IT SEEMS": EXPLORING THE HIDDEN CURRICULUM WITHIN A DOCTORAL PROGRAM*.

Fox, N. J. (2008). Post-positivism. *The SAGE Encyclopedia of Qualitative Research Methods*, *2*, 659–664.

Freudenberger, H. J. (1974). *Staff Burn-Out*. *90*(1), 159–165.

Friesen, D., & Sarros, J. C. (1989). *Sources of burnout among educators*. *10*(January 1988), 179–188.

Fugard, A. J., & Potts, H. W. (2015). Supporting thinking on sample sizes for thematic analyses: a quantitative tool. *International Journal of Social Research Methodology*, *18*(6), 669–684. https://doi.org/10.1080/13645579.2015.1005453

Furnham, A. (1983). The A type behaviour pattern, mental health and health locus of control beliefs. *Social Science & Medicine*, *17*(20), 1569–1572. https://doi.org/https://doi.org/10.1016/0277-9536(83)90101-6

Gabriel, K. P., & Aguinis, H. (2022). How to prevent and combat employee burnout and create healthier workplaces during crises and beyond. *Business Horizons*, *65*(2), 183–192. https://doi.org/10.1016/j.bushor.2021.02.037

Galbraith, V. (2016). Engaging with academia and training programmes. In B. Douglas, R. Woolfe, S. Strawbridge, E. Kasket, & V. Galbraith (Eds.), *The Handbook of Counselling Psychology* (4th ed., pp. 74–92). SAGE Publications Ltd.

Galesic, M. (2006). Dropouts on the Web: Effects of Interest and Burden Experienced During an Online Survey. *Journal of Official Statistics*, *22*(2), 313–328.

Gandi, J. C., Wai, P. S., Karick, H., & Dagona, Z. K. (2011). The role of stress and level of burnout in job performance among nurses. *Mental Health in Family Medicine*, *8*, 181–194.

George, D. (2011). *SPSS for windows step by step: A simple study guide and reference, 17.0 update, 10/e*. Pearson Education India.

George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference. 11.0 update*.

Giddings, L. S., & Grant, B. M. (2017). Mixed methods research for the novice researcher. *Contemporary Nurse*, *23*(1), 3–11.

Gillette, H., & Saripalli, V. (2022, May 22). *Stress vs. Burnout: How to Tell Them Apart*. PsychCentral. https://psychcentral.com/stress/stress-vs-burnout

Given, L. M. (2008). Postpositivism . In *The SAGE Encyclopedia of Qualitative Research Methods* (Vols. 1–10). SAGE Publications, Inc.

Glynn, A. (2013). *Is absenteeism related to perceived stress, burnout levels and job satisfaction?* DBS School of Arts.

Gollenberg, A. L., Hediger, M. L., Mumford, S. L., Whitcomb, B. W., Hovey, K. M., Wactawski-Wende, J., & Schisterman, E. F. (2010). Perceived Stress and Severity of Perimenstrual Symptoms: The BioCycle Study. *JOURNAL OF WOMEN'S HEALTH*, *19*(5).

Goodyear, R., Lichtenberg, J., Hutman, H., Overland, E., Bedi, R., Christiani, K., di Mattia, M., du Preez, E., Farrell, B., Feather, J., Grant, J., Han, Y. J., Ju, Y., Lee, D. G., Lee, H., Nicholas, H., Jones Nielsen, J., Sinacore, A., Tu, S., & Young, C. (2016). A global portrait of counselling psychologists' characteristics, perspectives, and professional behaviors. *Counselling Psychology Quarterly*, *29*(2), 115–138. https://doi.org/10.1080/09515070.2015.1128396

Goulia, P., Mantas, C., Dimitroula, D., Mantis, D., & Hyphantis, T. (2010). General hospital staff worries, perceived sufficiency of information and associated

psychological distress during the A/H1N1 influenza pandemic. *BMC Infectious Diseases*, *10*. https://doi.org/10.1186/1471-2334-10-322

Graves, T. A., Dunbar, A., Taylor, J., Partlow, B., & Graves, B. N. (2021). *The Hidden Pandemic: Identifying and Addressing Burnout in Clinical Psychology Graduate Students*. Harold C. Schott Foundation Eating Disorders Program.

Greene, J. C., & Caracelli, V. J. (2003). Making paradigmatic sense of mixed methods practice. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social & behavioral research* (pp. 91–110). SAGE.

Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a Conceptual Framework for Mixed-Method Evaluation Designs. In *Educational Evaluation and Policy Analysis Fall* (Vol. 11, Issue 3).

Grossi, G., Perski, A., Osika, W., & Savic, I. (2015). Stress-related exhaustion disorder–clinical manifestation of burnout? A review of assessment methods, sleep impairments, cognitive disturbances, and neuro-biological and physiological changes in clinical burnout. *Scandinavian Journal of Psychology*, *56*(6), 626–636.

Hagen, J., Knizek, B. L., & Hjelmeland, H. (2017). Mental Health Nurses' Experiences of Caring for Suicidal Patients in Psychiatric Wards: An Emotional Endeavor. *Archives of Psychiatric Nursing*, *31*(1), 31–37. https://doi.org/10.1016/J.APNU.2016.07.018

Haigh, F., Kemp, L., Bazeley, P., & Haigh, N. (2019). Developing a critical realist informed framework to explain how the human rights and social determinants of health relationship works. *BMC Public Health*, *19*(1), 1–12. https://doi.org/10.1186/s12889-019-7760-7

Hakanen, J. J., & Schaufeli, W. B. (2012). Do burnout and work engagement predict depressive symptoms and life satisfaction? A three-wave seven-year prospective study. *Journal of Affective Disorders*, *141*(2–3), 415–424. https://doi.org/10.1016/j.jad.2012.02.043

Hall, N. C., Lee, S. Y., & Rahimi, S. (2020). Self-efficacy, procrastination, and burnout in post-secondary faculty: An international longitudinal analysis. *PLOS ONE*, *14*(12), e0226716-. https://doi.org/10.1371/journal.pone.0226716

Hall, N. E. (1977). *Minnesota Satisfaction Questionnaire-Short Form*. *1*(1967), 1–3.

Hallsten, L. (2005). Burnout and wornout: Concepts and data from a national survey. In *Research companion to organizational health psychology.* (pp. 516–536). Edward Elgar Publishing. https://doi.org/10.4337/9781845423308.00044

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*(JAN). https://doi.org/10.3389/fpsyg.2017.01996

Harrison, J. D., Logar, T., Le, P., & Glass, M. (2016). What are the ethical issues facing global-health trainees working overseas? A multi-professional qualitative study. *Healthcare (Switzerland)*, *4*(3). https://doi.org/10.3390/healthcare4030043

Harwell, M. R. (2011). Research design: Qualitative, quantitative, and mixed methods: Pursuing ideas as the keystone of exemplary inquir. In C. Conrad & R. C. Serlin (Eds.), *The Sage handbook for research in education: Pursuing ideas as the keystone of exemplary inquir* (2nd ed.). Sage.

Hasri, S. A., Basori, B., & Maryono, D. (2019). Game Based Learning Effectiveness with the Kahoot Application Viewed from Learning Interests and Learning Outcomes of Learners in Digital Simulation Subjects. *Indonesian Journal of Informatics Education*, *3*(1), 31–38.

Hawkins, P., & Shohet, R. (2012). Supervision in the Helping Professions. In *AJPP-60* (Issue 1). McGraw Hill Open University Press. https://journals.kent.ac.uk/index.php/ajpp/index

Hayes, S. C., & Hofmann, S. G. (2017). The third wave of cognitive behavioral therapy and the rise of process-based care. In *World Psychiatry* (Vol. 16, Issue 3, pp. 245–246). Blackwell Publishing Ltd. https://doi.org/10.1002/wps.20442

HCPC. (2021). *Professions and protected titles*. Health & Care Professions Council . https://www.hcpc-uk.org/about-us/who-we-regulate/the-professions/

HCPC - Health & Care Professions Council. (2016). *Standards of conduct, performance and ethics*.

HCPC - Health & Care Professions Council. (2020). *Standards of proficiency: Practitioner psychologists*. https://www.hcpc-

uk.org/globalassets/resources/standards/standards-of-proficiency---practitioner-psychologists.pdf?v=637106257690000000

Heinemann, L. v, & Heinemann, T. (2017). *Burnout Research : Emergence and Scientific Investigation of a Contested Diagnosis*. https://doi.org/10.1177/2158244017697154

Henderson, M., Brooks, S. K., del Busso, L., Chalder, T., Harvey, S. B., Hotopf, M., Madan, I., & Hatch, S. (2012). Shame! Self-stigmatisation as an obstacle to sick doctors returning to work: a qualitative study. *BMJ Open*, *2*, 1776. https://doi.org/10.1136/bmjopen-2012

Hernandez-Ronquillo, L., Moien-Afshari, F., Knox, K., Britz, J., & Tellez-Zenteno, J. F. (2011). How to measure fatigue in epilepsy? The validation of three scales for clinical use. *Epilepsy Research*, *95*(1–2), 119–129.

Hombrados-Mendieta, I., & Cosano-Rivas, F. (2013). Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model. *International Social Work*, *56*(2), 228–246. https://doi.org/10.1177/0020872811421620

Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry Research*, *288*. https://doi.org/10.1016/j.psychres.2020.112954

Hughes, F. R., & Kleist, D. M. (2005). *First-Semester Experiences of Counselor Education Doctoral Students*. *45*(December), 97–108.

Hunter, L., & Leahey, E. (2008). Collaborative Research in Sociology: Trends and Contributing Factors. *The American Sociologist*, *39*(4), 290–306. https://doi.org/10.1007/s12108-008-9042-1

Irizarry, K. (2021). *A Qualitative Study of Burnout in Graduate Students Enrolled in Healthcare Programs Healthcare Programs* [Philadelphia College of Osteopathic Medicine]. https://digitalcommons.pcom.edu/psychology_dissertations

Jairam, D., & Kahl, D. (2012). Navigating the Doctoral Experience: The Role of Social Support in Successful Degree Completion. *International Journal of Doctoral Studies*, *7*. https://doi.org/10.28945/1700

Jansson-Fröjmark, M., & Lindblom, K. (2010). Is There a Bidirectional Link Between Insomnia and Burnout? A Prospective Study in the Swedish Workforce. *International Journal of Behavioral Medicine*, *17*(4), 306–313. https://doi.org/10.1007/s12529-010-9107-8

Jaremka, L. M., Ackerman, J. M., Gawronski, B., Rule, N. O., Sweeny, K., Tropp, L. R., Metz, M. A., Molina, L., Ryan, W. S., & Vick, S. B. (2020). Common Academic Experiences No One Talks About: Repeated Rejection, Impostor Syndrome, and Burnout. *Perspectives on Psychological Science*, *15*(3), 519–543. https://doi.org/10.1177/1745691619898848

Johns, H. (2012). *Personal Development in Counsellor Training* (2nd ed.). SAGE Publications Ltd.

Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2018). Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. In *International Journal of Mental Health Nursing* (Vol. 27, Issue 1, pp. 20–32). Blackwell Publishing. https://doi.org/10.1111/inm.12416

Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a Definition of Mixed Methods Research. *Journal of Mixed Methods Research*, *1*(2), 112–133. https://doi.org/10.1177/1558689806298224

Jones Nielsen, J. D., & Nicholas, H. (2016). Counselling psychology in the United Kingdom. *Counselling Psychology Quarterly*, *29*(2), 206–215. https://doi.org/10.1080/09515070.2015.1127210

Kaeding, A., Sougleris, C., Reid, C., Vreeswijk, M. F. van, Hayes, C., Dorrian, J., & Simpson, S. (2017). *Professional Burnout , Early Maladaptive Schemas , and Physical Health in Clinical and Counselling Psychology Trainees*. *73*(12), 1782–1796. https://doi.org/10.1002/jclp.22485

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher*, *42*(8), 846–854. https://doi.org/10.1080/0142159X.2020.1755030

Kim, H., Ji, J., & Kao, D. (2011a). Burnout and physical health among social workers: A three-year longitudinal study. *Social Work*, *56*(3), 258–268. https://doi.org/10.1093/sw/56.3.258

Kim, H., Ji, J., & Kao, D. (2011b). Burnout and physical health among social workers: A three-year longitudinal study. *Social Work*, 258–268.

Kottler, J. A. (2020). *On Being a Therapist* (4th ed.). Jossey-Bass.

Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology*, *10*(MAR), 1–19. https://doi.org/10.3389/fpsyg.2019.00284

Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C. J., & Quill, T. E. (2009). Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians. *JAMA*, *302*(12), 1284–1293. https://doi.org/10.1001/jama.2009.1384

Kumar, S. (2007). Burnout in psychiatrists. *Worl Psychiatry*, *6*(3), 186–189.

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

Kvale, S., & Brinkmann, S. (2015). *Interviews: Learning the Craft of Qualitative Research Interviewing* (3rd ed.). Sage Publications.

Lane, D. A., & Corrie, S. (2006). Counselling psychology: Its influences and future. *Counselling Psychology Review*, *21*(1), 12–24.

Lawson, G. (2007). *Counselor Wellness and Impairment : A National Survey*. *46*(0302), 20–34.

Lee, R. T., & Ashforth, B. E. (1990). On the meaning of Maslach's three dimensions of burnout. *The Journal of Applied Psychology*, *75*(6), 743–747.

Leilanie Lu, J. (2007). Multiple interactions of hazard exposures, role stressors and situational factors, and burnout among nurses. *International Journal of Occupational Safety and Ergonomics*, *13*(1), 73–82.

Leon, A. C., Davis, L. L., & Kraemer, H. C. (2011). The role and interpretation of pilot studies in clinical research. *Journal of Psychiatric Research*, *45*(5), 626–629. https://doi.org/10.1016/J.JPSYCHIRES.2010.10.008

Levecque, K., Anseel, F., de Beuckelaer, A., van der Heyden, J., & Gisle, L. (2017). Work organization and mental health problems in PhD students. *Research Policy*, *46*(4), 868–879. https://doi.org/10.1016/j.respol.2017.02.008

Lheureux, F., Truchot, D., Borteyrou, X., & Rascle, N. (2017). The Maslach Burnout Inventory-Human Services Survey (MBI-HSS): Factor structure, wording effect and psychometric qualities of known problematic items. *Travail Humain*, *80*(2), 161–186. https://doi.org/10.3917/th.802.0161

Liberati, E., Richards, N., Willars, J., Scott, D., Boydell, N., Parker, J., Pinfold, V., Martin, G., Dixon-Woods, M., & Jones, P. B. (2021). A qualitative study of experiences of NHS mental healthcare workers during the Covid-19 pandemic. *BMC Psychiatry*, *21*(1). https://doi.org/10.1186/s12888-021-03261-8

Lindlof, T. R., & Taylor, B. C. (2017). *Qualitative communication research methods*. Sage publications.

Lizano, E. L., & Mor Barak, M. (2015). Job burnout and affective wellbeing: A longitudinal study of burnout and job satisfaction among public child welfare workers. *Children and Youth Services Review*, *55*, 18–28. https://doi.org/10.1016/j.childyouth.2015.05.005

Lloyd, C., & King, R. (2004). A survey of burnout among Australian mental health occupational therapists and social workers. *Soc Psychiatry Psychiatr Epidemiol*, *39*, 752–757. https://doi.org/10.1007/s00127-004-0808-7

Logue, H. (2012). IX-W hy N aive R ealism ? . *Proceedings of the Aristotelian Society (Hardback)*, *112*(2pt2), 211–237. https://doi.org/10.1111/j.1467-9264.2012.00332.x

Maguire, M., & Delahunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *All Ireland Journal of Teaching and Learning in Higher Education*, *8*(3), 3351–3364. http://ojs.aishe.org/index.php/aishe-j/article/view/335

Mák, K., Kapus, K., Tóth, G., Hesszenberger, D., Pohl, M., Pusch, G., Fejes, É., Fehér, G., & Tibold, A. (2021). Neuropathic low back pain and burnout among hungarian workers. *International Journal of Environmental Research and Public Health*, *18*(5), 2693.

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample Size in Qualitative Interview Studies: Guided by Information Power. *Qualitative Health Research*, *26*(13), 1753–1760. https://doi.org/10.1177/1049732315617444

Mann, S., & Cowburn, J. (2005). Emotional labour and stress within mental health nursing. *Journal of Psychiatric and Mental Health Nursing*, *12*, 154–162. https://doi.org/10.1111/j.1365-2850.2004.00807.x

Martins, H., & Proença, T. (2014). Minnesota satisfaction questionnaire: psychometric properties and validation in a population of portuguese hospital workers. *Psychology*. https://doi.org/DOI:10.26537/IIRH.V0I3.1825

Maslach, C. (1993). Burnout: a Multidimensional Perspective. In *Professional burnout: Recent developments in theory and research* (pp. 19–32). Taylor & Francis. https://doi.org/10.4324/9781315227979-3

Maslach, C. (2001). *Burnout, Psychology of* (N. J. Smelser & P. B. B. T.-I. E. of the S. & B. S. Baltes, Eds.; pp. 1415–1418). Pergamon. https://doi.org/https://doi.org/10.1016/B0-08-043076-7/03843-2

Maslach, C. (2003). *Job Burnout : New Directions in Research and Intervention*. *1992*.

Maslach, C. (2015). Psychology of Burnout. In J. D. Wright (Ed.), *International Encyclopedia of the Social & Behavioral Sciences* (2nd ed., pp. 929–932). Elsevier. https://doi.org/10.1016/B978-0-08-097086-8.26009-1

Maslach, C., & Jackson, S. (1981). The measurement of experienced burnout*. *JOURNAL OF OCCUPATIONAL BEHAVIOUR*, *2*, 99–113.

Maslach, C., & Leiter, M. P. (2005). An organizational approach to healing burnout. *SSIR*, *3*, 46.

Maslach, C., & Leiter, M. P. (2007). *Burnout** (G. B. T.-E. of S. (Second E. Fink, Ed.; pp. 368–371). Academic Press. https://doi.org/https://doi.org/10.1016/B978-012373947-6.00062-3

Maslach, C., & Leiter, M. P. (2016). *Understanding the burnout experience : recent research and its implications for psychiatry*. *June*, 103–111.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). *Job burnout*. 397–422.

Meerlo, P., Sgoifo, A., & Suchecki, D. (2008). Restricted and disrupted sleep: effects on autonomic function, neuroendocrine stress systems and stress responsivity. *Sleep Medicine Reviews*, *12*(3), 197–210.

Melamed, S., Ugarten, U., Shirom, A., Kahana, L., Lerman, Y., & Froom, P. (1999). Chronic burnout, somatic arousal and elevated salivary cortisol levels. *Journal of Psychosomatic Research*, *46*(6), 591–598.

Mental Health UK. (2021). *Burnout*. Mental Health UK. https://mentalhealth-uk.org/burnout/

Mheidly, N., Fares, M. Y., & Fares, J. (2020). Coping With Stress and Burnout Associated With Telecommunication and Online Learning. In *Frontiers in Public Health* (Vol. 8). Frontiers Media S.A. https://doi.org/10.3389/fpubh.2020.574969

Michel, A. (2016, January 26). *Burnout and the Brain*. Association for Psychological Science. https://www.psychologicalscience.org/observer/burnout-and-the-brain

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. sage.

Miller, K. (2007). *Communication Theories: Perspectives, Processes, and Contexts* (2nd ed.). Peking University Press.

Mills, L. B., & Huebner, E. S. (1998). A Prospective Study of Personality Characteristics, Occupational Stressors, and Burnout Among School Psychology Practitioners. In *Journal of School Psychology* (Vol. 36, Issue 1).

Morris, J., McNaughton, D., Mullins, R., & Osmond. (2009). *Post-positivist epistemology*. University of Victoria.

Murzi, M. (2007). Logical Positivism. In T. Flynn (Ed.), *The new encyclopedia of unbelief*. Prometheus Books.

Nassim, M., Park, H., Dikaios, E., Potes, A., Elbaz, S., Mc Veigh, C., Lipman, M., Novak, M., Trinh, E., & Alam, A. (2021). Brief mindfulness intervention vs. health enhancement program for patients undergoing dialysis: a randomized controlled trial. *Healthcare*, *9*(6), 659.

National Center for Biotechnology Information. (2020, June 18). *Depression: What is burnout?* Institute for Quality and Efficiency in Health Care. https://www.ncbi.nlm.nih.gov/books/NBK279286/

Neil, J. S. (2010). Homogeneity of Variance. In *Encyclopedia of Research Design*. SAGE Publications, Inc.

Neve, H., & Collett, T. (2017). Empowering students with the hidden curriculum. *The Clinical Teacher*, *15*. https://doi.org/10.1111/tct.12736

Nil, R., Jacobshagen, N., Schächinger, H., Baumann, P., Höck, P., Hättenschwiler, J., Ramseier, F., Selfritz, E., & Holsboer-Trachsler, E. (2010). Burnout–eine Standortbestimmung. *Schweizer Archiv Für Neurologie Und Psychiatrie*, *161*(2), 72–77.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, *16*(1). https://doi.org/10.1177/1609406917733847

Nurka, P., & Ljiljana Maleš, B. (2014). Depersonalization or cynicism as dimension of burnout syndrome. In *Article in Asian Academic Research Journal of Multidisciplinary*. www.asianacademicresearch.org

Nutt, D., Wilson, S., & Paterson, L. (2008). Sleep disorders as core symptoms of depression. *Dialogues in Clinical Neuroscience*, *10*(3), 329–336. https://doi.org/10.31887/DCNS.2008.10.3/dnutt

Orosz, A., Federspiel, A., Haisch, S., Seeher, C., Dierks, T., & Cattapan, K. (2017). A biological perspective on differences and similarities between burnout and depression. *Neuroscience & Biobehavioral Reviews*, *73*, 112–122. https://doi.org/https://doi.org/10.1016/j.neubiorev.2016.12.005

Otto, danny. (2020). *HOW CULTURE CAN HAVE AN INFLUENCE ON DEALING WITH STRESS*. European Institute for Intercultural Development. https://eifid.com/how-culture-can-have-an-influence-on-dealing-with-stress/

Pagnin, D., de Queiroz, V., Carvalho, Y. T. M. S., Dutra, A. S. S., Amaral, M. B., & Queiroz, T. T. (2014). The relation between burnout and sleep disorders in medical students. *Academic Psychiatry*, *38*(4), 438–444. https://doi.org/10.1007/s40596-014-0093-z

Pakenham, K. I., & Stafford-Brown, J. (2012). Stress in clinical psychology trainees: Current research status and future directions. *Australian Psychologist*, *47*(3), 147–155.

Panhwar, A. H., Ansari, S., & Shah, A. A. (2017). Post-positivism: An effective paradigm for social and educational research. *International Research Journal of Arts & Humanities*, *45*(45), 253–260.

Parkes, K. R. (1990). Coping, negative affectivity, and the work environment: additive and interactive predictors of mental health. *The Journal of Applied Psychology*, *75*(4), 399–409. https://doi.org/10.1037/0021-9010.75.4.399

Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures.* Free press.

Pines, A. M., & Keinan, G. (2005). Stress and burnout: The significant difference. *Personality and Individual Differences*, *39*(3), 625–635. https://doi.org/10.1016/j.paid.2005.02.009

Portelli, J. P. (1993). Exposing the hidden curriculum. *Journal of Curriculum Studies*, *25*(4), 343–358. https://doi.org/10.1080/0022027930250404

Razavi, T. (2001). Self-report measures: an overview of concerns and limitations of questionnaire use in occupational stress research. *Discussion Paper in Accounting and Management Science*, 1–23. http://eprints.epwp.eprints-hosting.org/id/eprint/93

Regent's University London. (2021). *DPSYCH COUNSELLING PSYCHOLOGY 2021/2022 PROGRAMME HANDBOOK*. https://www.regents.ac.uk/study/psychotherapy-psychology/dpsych-counselling-psychology

Richardson, C. M. E., Trusty, W. T., & George, K. A. (2018). Trainee wellness : self-critical perfectionism , self- compassion , depression , and burnout among doctoral trainees in psychology. *Counselling Psychology Quarterly*, *00*(00), 1–12. https://doi.org/10.1080/09515070.2018.1509839

Robson, C. (2002). *Real world research* (2nd ed.). Blackwell Pubishing.

Roelen, C. A. M., van Hoffen, M. F. A., Groothoff, J. W., de Bruin, J., Schaufeli, W. B., & van Rhenen, W. (2015). Can the Maslach Burnout Inventory and Utrecht Work Engagement Scale be used to screen for risk of long-term sickness absence? *International Archives of Occupational and Environmental Health*, *88*(4), 467–475. https://doi.org/10.1007/s00420-014-0981-2

Rose, R., Jenkins, C., & Hurst, M. (1978). Air traffic controller health change study. In *Report prepared by Boston University School of Medicine for US Dept of Transportation, FAA Office of Aviation Medicine*. https://huntlibrary.erau.edu/collections/aerospace-and-aviation-reports/faa-medicine-reports/

Rössler, W. (2012). Stress, burnout, and job dissatisfaction in mental health workers. In *European Archives of Psychiatry and Clinical Neuroscience* (Vol. 262, Issue 2 SUPPL.). Dr. Dietrich Steinkopff Verlag GmbH and Co. KG. https://doi.org/10.1007/s00406-012-0353-4

Rudinskaitė, I., Mačiūtė, E., Gudžiūnaitė, G., & Gerulaitytė, G. (2020). Burnout Syndrome Amongst Medicine Students in Lithuania and Germany. *Acta Medica Lituanica*, *27*(2), 53.

Ryan, A. B. (2006). Post-positivist approaches to research. *Researching and Writing Your Thesis: A Guide for Postgraduate Students*, 12–26.

Sabbah, I., Sabbah, H., Sabbah, S., Akoum, H., & Droubi, N. (2012). Burnout among Lebanese nurses: Psychometric properties of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). *Health*, *04*(09), 644–652. https://doi.org/10.4236/health.2012.49101

Saladino, V., Algeri, D., & Auriemma, V. (2020). The Psychological and Social Impact of Covid-19: New Perspectives of Well-Being. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.577684

Salvado, M., Marques, D. L., Pires, I. M., & Silva, N. M. (2021). Mindfulness-based interventions to reduce burnout in primary healthcare professionals: A systematic review and meta-analysis. In *Healthcare (Switzerland)* (Vol. 9, Issue 10). MDPI. https://doi.org/10.3390/healthcare9101342

Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & de Andrade, S. M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS ONE*, *12*(10), 1–29. https://doi.org/10.1371/journal.pone.0185781

Samra, R. (2018). Brief history of burnout. In *BMJ (Online)* (Vol. 363). BMJ Publishing Group. https://doi.org/10.1136/bmj.k5268

Sandhu, D., Gill, V., Otoom, O., & Sharma, D. (2022). Supporting Struggling Trainees with Performance Issues: Lessons from a UK Model. *Indian Journal of Surgery*. https://doi.org/10.1007/s12262-022-03607-w

Sawilowsky, S. S. (2009). Very large and huge effect sizes. *Journal of Modern Applied Statistical Methods*, *8*(2), 597–599. https://doi.org/10.22237/jmasm/1257035100

Sayilan, A. A., Kulakaç, N., & Uzun, S. (2021). Burnout levels and sleep quality of COVID-19 heroes. *Perspectives in Psychiatric Care*, *57*(3), 1231–1236. https://doi.org/10.1111/ppc.12678

Schaufeli, W. B., Bakker, A. B., & Rhenen, W. V. (2009). *How changes in job demands and resources predict burnout , work engagement , and sickness absenteeism*. *917*(September 2007), 893–917. https://doi.org/10.1002/job

Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of research and practice. In *Career Development International* (Vol. 14, Issue 3, pp. 204–220). https://doi.org/10.1108/13620430910966406

Schmitt, N., & Stuits, D. M. (1985). Factors Defined by Negatively Keyed Items: The Result of Careless Respondents? *Applied Psychological Measurement*, *9*(4), 367–373. https://doi.org/10.1177/014662168500900405

Schneider, M. B., Greif, T. R., Galsky, A. P., Gomez, D., Anderson, C., Edwards, D. S., Cherry, A. S., & Mehari, K. (2021). Giving Psychology Trainees a Voice During the COVID-19 Pandemic: Trainee Mental Health, Perceived Safety, and Support. *Training and Education in Professional Psychology*, *15*(1), 76–85. https://doi.org/10.1037/tep0000343

Schoenenberg, K., Raake, A., & Koeppe, J. (2014). Why are you so slow? - Misattribution of transmission delay to attributes of the conversation partner at the far-end. *International Journal of Human Computer Studies*, *72*(5), 477–487. https://doi.org/10.1016/j.ijhcs.2014.02.004

Schonfeld, I. S., Bianchi, R., & Palazzi, S. (2018). What is the difference between depression and burnout? An ongoing debate. *Rivista Di Psichiatria*, *53*(4), 218–219. https://doi.org/https://doi.org/10.1708/2954.29699

Scott, A. J. (2015). *How to survive and flourish: a case study and research informed-model of self-care and stress in trainee counselling psychologists*. University of Manchester.

Seidler, A., Thinschmidt, M., Deckert, S., Then, F., Hegewald, J., Nieuwenhuijsen, K., & Riedel-Heller, S. G. (2014). The role of psychosocial working conditions on burnout and its core component emotional exhaustion - A systematic review. *Journal of Occupational Medicine and Toxicology*, *9*(1), 1–13. https://doi.org/10.1186/1745-6673-9-10

Sengul, H., Cınar, F., & Bulut, A. (2019). The Effects of Anxiety Levels on Burnout Syndrome in Nurses. *Kocaeli Medical* , *8*(2), 219–229. https://www.researchgate.net/publication/335422947

Shachak, A., & Alkureishi, M. A. (2020). Virtual care: A “Zoombie” apocalypse? In *Journal of the American Medical Informatics Association* (Vol. 27, Issue 11, pp. 1813–1815). Oxford University Press. https://doi.org/10.1093/jamia/ocaa185

Shahid, A., Wilkinson, K., Marcu, S., & Shapiro, C. M. (2012). STOP, THAT and one hundred other sleep scales. In *STOP, THAT and One Hundred Other Sleep Scales*. https://doi.org/10.1007/978-1-4419-9893-4

Shapero, B. G., Greenberg, J., Pedrelli, P., de Jong, M., & Desbordes, G. (2018). Mindfulness-based interventions in psychiatry. *Focus*, *16*(1), 32–39.

Sharma, M., Anand, N., Ahuja, S., Thakur, P., Mondal, I., Singh, P., Kohli, T., & Venkateshan, S. (2020). Digital Burnout: COVID-19 Lockdown Mediates Excessive Technology Use Stress. *World Social Psychiatry*, *2*(2), 171. https://doi.org/10.4103/wsp.wsp_21_20

Sharma, R. R. (2007). Indian model of executive burnout. *Vikalpa*, *32*(2), 23–38.

Shaw, S. C. K. (2020). Hopelessness, helplessness and resilience: The importance of safeguarding our trainees’ mental wellbeing during the COVID-19 pandemic. In *Nurse Education in Practice* (Vol. 44). Elsevier Ltd. https://doi.org/10.1016/j.nepr.2020.102780

Shirom, A., Nirel, N., & Vinokur, A. D. (2006). Overload, autonomy, and burnout as predictors of physicians’ quality of care. *Journal of Occupational Health Psychology*, *11*(4), 328–342. https://doi.org/10.1037/1076-8998.11.4.328

Shorten, A., & Smith, J. (2017). Mixed methods research: Expanding the evidence base. *Evidence-Based Nursing*, *20*(3), 74–75. https://doi.org/10.1136/eb-2017-102699

Simionato, G., Simpson, S., & Reid, C. (2019). Burnout as an ethical issue in psychotherapy. *Psychotherapy (Chicago, Ill.)*, *56*(4), 470–482. https://doi.org/https://doi.org/10.1037/pst0000261

Simionato, G., Smout, M., Simpson, S., Hayes, C., Sougleris, C., & Reid, C. (2019). *Burnout amongst clinical and counselling psychologist : The role of early maladaptive schemas and coping modes as vulnerability factors*. *April 2018*, 35–46. https://doi.org/10.1002/cpp.2328

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain*, *9*(1), 41–42. https://doi.org/10.1177/2049463714541642

Smith, M. L., Steinman, L. E., & Casey, E. A. (2020). Combatting Social Isolation Among Older Adults in a Time of Physical Distancing: The COVID-19 Social Connectivity Paradox. *Frontiers in Public Health*, *8*. https://doi.org/10.3389/fpubh.2020.00403

Smith, M., Segal, J., & Robinson, L. (2021, November). *Burnout Prevention and Treatment*. Help Guide. https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm

Söderström, M., Ekstedt, M., Åkerstedt, T., Nilsson, J., & Axelsson, J. (2004). Sleep and sleepiness in young individuals with high burnout scores. *Sleep*, *27*(7), 1369–1377.

Soldatos, C. R., Dikeos, D. G., & Paparrigopoulos, T. J. (2000). *Athens Insomnia Scale : validation of an instrument based on ICD-10 criteria*. *48*.

Sowunmi, O. A. (2022). Job satisfaction, personality traits, and its impact on motivation among mental health workers. *South African Journal of Psychiatry*, *28*. https://doi.org/10.4102/sajpsychiatry.v28i0.1801

Stacey, J., Talbot, C. v, & Coxon, A. (2019). A Guide for Psychology Postgraduates: Surviving Postgraduate Study. In H. Walton, M. R. J. Aquino, C. V. Talbot, & C. Melia (Eds.), *Self-care and social support in postgraduate study* (2nd ed., pp. 129–134). Psychology Postgraduate Affairs Group/ British Psychological Society.

Stebbins, R. A. (2001). *Exploratory Research in the Social Sciences*. SAGE Publications, Inc.

Stenlund, T., Nordin, M., & Slunga Järvholm, L. (2012). Effects of rehabilitation programmes for patients on long-term sick leave for burnout: a 3-year follow-up of the REST study. *Journal of Rehabilitation Medicine*, *44*(8), 684–690.

Surani, D., & Hamidah, H. (2020). Students Perceptions in Online Class Learning During the Covid-19 Pandemic. *International Journal on Advanced Science, Education, and Religion*, *3*(3), 83–95. https://doi.org/10.33648/ijoaser.v3i3.78

Swords, B. A., & Ellis, M. v. (2017). Burnout and Vigor Among Health Service Psychology Doctoral Students. *Counseling Psychologist*, *45*(8), 1141–1161. https://doi.org/10.1177/0011000017747548

Sykorova, E. (2016). *"I was just in this bubble of the course": An Interpretative Phenomenological Analysis of Young Final Year Female Trainees' Experiences of Stress in Counselling Psychology*. London Metropolitan University.

Tavella, G., & Parker, G. (2020). Distinguishing burnout from depression: An exploratory qualitative study. *Psychiatry Research*, *291*. https://doi.org/10.1016/j.psychres.2020.113212

Teddlie, C., & Tashakkori, A. (2009). *Foundations of Mixed Methods Research: Integrating Quantitative and Qualitative Approaches in the Social and Behavioral Sciences* (Issue 4). Sage Publications.

The British Psychological Society. (2013). Ethics Guidelines for Internet-mediated Research. In *British Psychological Society*. www.bps.org.uk/publications/policy-and-guidelines/research-guidelines-policy-documents/research-guidelines-poli

The British Psychological Society. (2014). *Code of Human Research Ethics*. http://www.bps.org.uk/sites/default/files/documents/code_of_human_research_ethics.pdf

The British Psychological Society. (2017). *BPS Practice Guidelines (Third Edition)*. https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Practice%20Guidelines%20%28Third%20Edition%29.pdf

The British Psychological Society. (2018). Data Protection Regulation : Guidance for researchers. In *British Psychological Society* (Issue December).

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

The British Psychological Society. (2020a). Ethics best practice guidance on conducting research with human participants during Covid-19. *British Psychological Society*. https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy - Files/Conducting research with human participants during Covid-19.pdf

The British Psychological Society. (2020b). *Qualification in Counselling Psychology. Handbook for candidates*. www.bps.org.uk/qualifications

The British Psychological Society. (2022). *Division of Counselling Psychology Handbook for Committee Members*.

The British Psychology Society. (2021). *Division of Counselling Psychology*. BPS. https://www.bps.org.uk/member-microsites/division-counselling-psychology

Thode, H. C. (2002). *Testing for normality*. CRC Pres.

Tonetto, L., & Desmet, P. (2012). *Natural language in measuring user emotions: A qualitative approach to quantitative survey-based emotion measurement*.

Toppinen-Tanner, S., Ahola, K., Koskinen, A., & Väänänen, A. (2009). Burnout predicts hospitalization for mental and cardiovascular disorders: 10-Year prospective results from industrial sector. *Stress and Health*, *25*(4), 287–296. https://doi.org/10.1002/smi.1282

Torrente, M., Sousa, P. A. C., Sánchez-Ramos, A., Pimentao, J., Royuela, A., Franco, F., Collazo-Lorduy, A., Menasalvas, E., & Provencio, M. (2021). To burn-out or not to burn-out: A cross-sectional study in healthcare professionals in Spain during COVID-19 pandemic. *BMJ Open*, *11*(2). https://doi.org/10.1136/bmjopen-2020-044945

Townsend, B. K. (1995). *Is There a Hidden Curriculum in Higher Education Doctoral Programs?* https://files.eric.ed.gov/fulltext/ED460663.pdf

Truell, R. (2001). The stresses of learning counselling : Six recent graduates comment on their personal experience of learning counselling and what can be

done to reduce associated harm. *Counselling Psychology Quarterly*, *14*(1), 67–89. https://doi.org/10.1080/09515070110059133

Ulrich-Lai, Y. M., Ostrander, M. M., & Herman, J. P. (2011). HPA axis dampening by limited sucrose intake: reward frequency vs. caloric consumption. *Physiology & Behavior*, *103*(1), 104–110.

Usher, K., Bhullar, N., & Jackson, D. (2020). Life in the pandemic: Social isolation and mental health. *Journal of Clinical Nursing*, *29*(15–16), 2756–2757. https://doi.org/10.1111/jocn.15290

Vally, Z. (2019). *Do doctoral training programmes actively promote a culture of self-care among clinical and counselling psychology trainees ? self-care among clinical and counselling psychology trainees ? 47*(5), 635–644. https://doi.org/10.1080/03069885.2018.1461195

van Strien, T., Frijters, J. E. R., Bergers, G. P. A., & Defares, P. B. (1986). The Dutch Eating Behavior Questionnaire (DEBQ) for assessment of restrained, emotional, and external eating behavior. *International Journal of Eating Disorders*, *5*(2), 295–315.

Vanheule, S., & Verhaeghe, P. (2005). Professional burnout in the mirror: A qualitative study from a Lacanian perspective. *Psychoanalytic Psychology*, *22*(2), 285–305. https://doi.org/10.1037/0736-9735.22.2.285

Vela-Bueno, A., Moreno-Jiménez, B., Rodríguez-Muñoz, A., Olavarrieta-Bernardino, S., Fernández-Mendoza, J., de la Cruz-Troca, J. J., Bixler, E. O., & Vgontzas, A. N. (2008). Insomnia and sleep quality among primary care physicians with low and high burnout levels. *Journal of Psychosomatic Research*, *64*(4), 435–442. https://doi.org/10.1016/j.jpsychores.2007.10.014

Vercambre, M. N., Brosselin, P., Gilbert, F., Nerrière, E., & Kovess-Masféty, V. (2009). Individual and contextual covariates of burnout: A cross-sectional nationwide study of French teachers. *BMC Public Health*, *9*. https://doi.org/10.1186/1471-2458-9-333

Vredenburgh, L. D., Carlozzi, A. F., & Stein, L. B. (1999). Burnout in counseling psychologists : Type of practice setting and pertinent demographics. *Counselling*

Psychology Quarterly, *12*(3), 293–302. https://doi.org/10.1080/09515079908254099

Walocha, E., Tomaszewski, K. A., Wilczek-Ruzyczka, E., & Walocha, J. (2013). EMPATHY AND BURNOUT AMONG PHYSICIANS OF DIFFERENT SPECIALITIES. *FOLIA MEDICA CRACOVIENSIA*, *3*(2), 35–42.

Wang, J., Wang, W., Laureys, S., & Di, H. (2020). Burnout syndrome in healthcare professionals who care for patients with prolonged disorders of consciousness: A cross-sectional survey. *BMC Health Services Research*, *20*(1). https://doi.org/10.1186/s12913-020-05694-5

Wardle, E. A., & Mayorga, M. G. (2016). *Research papers burnout among the counseling profession : a survey of future professional counselor*. *10*(1), 9–15.

Weiss, D. J., Dawis, R. v, England, G. W., & Lofquist, L. H. (1967). *Manual for the Minnesota Satisfaction Questionnaire*. Minneapolis: University of Minnesota, Industrial Relations Center.

Westwood, S., Morison, L., Allt, J., & Holmes, N. (2017). Predictors of emotional exhaustion, disengagement and burnout among improving access to psychological therapies (IAPT) practitioners. *Journal of Mental Health*, *26*(2), 172–179. https://doi.org/10.1080/09638237.2016.1276540

WHO- World Health Organisation. (2019). *International Statistical Classification of Diseases and Related Health Problems*. https://icd.who.int/

WHO- World Health Organisation. (2021). *Coronavirus disease (COVID-19)*. World Health Organisation. https://www.who.int/health-topics/coronavirus#tab=tab_1

Williams, B., Lau, R., Thornton, E., & Olney, L. S. (2017). The relationship between empathy and burnout – Lessons for paramedics: A scoping review. In *Psychology Research and Behavior Management* (Vol. 10, pp. 329–337). Dove Medical Press Ltd. https://doi.org/10.2147/PRBM.S145810

Willig, C. (2008). *Introducing Qualitative Research in Psychology*. McGraw-Hill Education (UK).

Willig, C. (2012). Perspectives on the epistemological bases for qualitative research. In P. M. Camic, A. T. Panter, D. Rindskopf, D. L. Long, H. Cooper, & K. J. Sher

(Eds.), *APA handbook of research methods in psychology, Vol 1: Foundations, planning, measures, and psychometrics* (pp. 5–21). American Psychological Association. https://doi.org/10.1037/13619-002

Willig, C. (2019). Ontological and epistemological reflexivity: A core skill for therapists. *Counselling and Psychotherapy Research*, *19*(3), 186–194. https://doi.org/10.1002/capr.12204

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, *15*(2), 215–228. https://doi.org/10.1080/08870440008400302

Yvonne, S., Rodriguez, S., & Carlotto, M. S. (2017). Predictors of Burnout Syndrome in psychologists. *Estudos de Psicologia*, *34*(1), 141–150. https://doi.org/10.1590/1982-02752017000100014

Zhang, C., Li, C., & Feng, F. (2014). Empirical Research on the Relationship among Sense of Control, Control Demand and Job Burnout. *Journal of Human Resource and Sustainability Studies*, *02*(04), 201–205. https://doi.org/10.4236/jhrss.2014.24020

Zhou, A. Y., Hann, M., Panagioti, M., Patel, M., Agius, R., van Tongeren, M., Esmail, A., & Bower, P. (2022). Exploring Associations between Stressors and Burnout in Trainee Doctors During the COVID-19 Pandemic in the UK. *Academic Psychiatry*. https://doi.org/10.1007/s40596-022-01660-x

Appendices

Appendix A: Ethics approval for the study

Dear Varsha

Reference: ETH2122-0357

Project title: Exploring burnout and its consequences in DPysch trainee counselling psychologists

Start date: 1 Oct 2021

End date: 31 Oct 2022

I am writing to you to confirm that the research proposal detailed above has been grantedformal approval from the Psychology low risk review. The Committee's response is basedon the protocol described in the application form and supporting documentation. Approvalhas been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

Please ensure that you are familiar with City's Framework for Good Practice in Researchand any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

Project amendments/extension

You will need to submit an amendment or request an extension if you wish to make any ofthe following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and
- supervisor;Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating tothe safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants;
- Change the design and/or methodology of the study, including changing or adding anew research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets

for relatives or carers;

- Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

Adverse events or untoward incidents

You will need to submit an Adverse Events or Untoward Incidents report in the event ofany of the following:

a) Adverse events

b) Breaches of confidentiality

c) Safeguarding issues relating to children or vulnerable adults

d) Incidents that affect the personal safety of a participant or researcher

Issues a) and b) should be reported as soon as possible and no later than five days afterthe event. Issues c) and d) should be reported immediately. Where appropriate, the researcher should also report adverse events to other relevant institutions, such as the police or social services.

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Psychology low risk review, I do hope that the project meetswith success.

Kind regards
Mehdi Keramati
Psychology low risk review
City, University of London

Ethics ETH2122-0357: Miss Varsha Bagodi (Low risk)

Appendix B: Email template used to communicate with course directors

Dear XXXX,

My name is Varsha Bagodi, and I am a 3rd -year DPsych trainee at City, University of London. I am emailing you because I am doing a research study as part of the requirements for DPsych in Counselling Psychology.

The study aims to explore the stress and burnout among DPsych trainee counselling psychologists and its potential consequences.

I am looking for trainee counselling psychologists at any stage of their training who would be willing to take part in the study. Participation is entirely voluntary.

This is a mixed-method study, and the participants would be asked to complete an online questionnaire about their stress, burnout, and its consequences. There is a follow-up interview to this study which some participants will be invited to take part in. The online survey takes about 20 minutes to answer the online survey. Study advertisement and an information sheet are attached.

Link to the survey:

https://cityunilondon.eu.qualtrics.com/jfe/form/SV_6htKKuB1O82pPwy

It is my sincere request to share this email and study information with your trainees. This would help me to recruit participants for the study and I appreciate your help.

The study has been given ethical approval by the research ethics committee of the City, University of London and is being supervised by Dr Seraphine Clarke. The supervisor can be contacted via seraphine.clarke@city.ac.uk.

Please email me if you would like to know more.

Kind regards,
Varsha Bagodi
Trainee Counselling Psychologist
City, University of London

Appendix C: Study advertisement poster

Department of Psychology
School of Arts and Social Sciences
City, University of London

Participants needed for research into
Exploring burnout and its consequences in DPsych trainee counselling psychologists'

We are looking for volunteers who are trainee counselling psychologist pursuing Professional Doctorate in Counselling Psychology to take part in a study exploring burnout and its consequences. Participants should be over the age of 18 and on a full-time study mode.

As a participant in this study, you would be asked to complete an online questionnaire about your stress, burnout, and its consequences. There is a follow-up interview to this study which some participants will be invited to take part in.

The online survey will take approximately 25 minutes.

To take part in this study,

please follow the link below:

https://cityunilondon.eu.qualtrics.com/jfe/form/SV_6htKKuB1O82pPwy

For more information about this study please contact:

Principal Researcher: varsha.bagodi@city.ac.uk

Research Supervisor: seraphine.clarke@city.ac.uk

This study has been reviewed by [ETH2122-0357] and received ethics clearance through the Psychology department at City, University of London.

If you would like to complain about any aspect of the study, please contact the Secretary to the Senate Research Ethics Committee on 020 7040 3040 or via email: Anna.Ramberg.1@city.ac.uk
City, University of London is the data controller for the personal data collected for this research project. If you have any data protection concerns about this research project, please contact City's Information Compliance Team at dataprotection@city.ac.uk

Appendix D: Survey – information sheet

REC reference number, date, and version of the information sheet: ETH2122-0357, 01/11/2021

Title of study: Exploring burnout and its consequences in DPsych trainee counselling psychologists'

Name of principal researcher: Varsha Bagodi

Invitation paragraph

You are being invited to take part in a research study to further our understanding of stress and burnout in trainee counselling psychologists. Furthermore, to understand if there exist the consequences of burnout. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish, a copy of which you can keep for your records. This study is being conducted by student researcher Varsha Bagodi and project supervisor Dr Seraphine Clarke from the School of Psychology, City University of London, who are happy to be contacted at varsha.bagodi@city.ac.uk or seraphine.clarke@city.ac.uk if you have any questions.

What is the purpose of the study?

Freudenberger (1975) mentioned that professionals who work to respond to the needs of people, jobs such as free clinics, therapeutic communities are the ones who are prone to burnout (Heinemann & Heinemann, 2017). The author, Madonna (2014), mentions that the qualities required for these occupations are also the reasons the professionals are prone to be burned out. The training of a Professional Doctorate in Counselling Psychology can be considered as a crucial phase in a trainee's life, and previous research has shown that due to various stress factors in trainee's personal and professional life, they could be prone to burnout. The current study understands the importance of trainees' well-being and its impact on their personal and professional life. Hence, this study aims at exploring burnout and its consequences in DPsych trainee counselling psychologists'.

Why have I been invited to take part?

You are invited to this study as you're a trainee counselling psychologist pursuing Professional Doctorate in Counselling Psychology. The study aims at recruiting around 100 trainee counselling psychologists on Professional Doctorate in Counselling Psychology in the United Kingdoms.

Do I have to take part?

Participation in this study is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. It is up to you to decide whether to take part. If you do decide to take part, you will be asked to sign a consent form. If you decide to take part, you are still

free to withdraw at any time and without giving a reason. The collected data will be stored in a de-identified way (e.g. using ID numbers, not email-id). Electronic data will be stored on a password-protected computer. De-identified data may be made publicly available through online data repositories or at the request of other researchers.

What will happen if I take part?
The overall study will take 25 minutes to complete. If you decide to take part, as part A you will be asked demographic questions, and as part B you will be asked to answer five questionnaires. Questionnaire Counselling Psychologist Trainee Stress Survey will take about 5 minutes, The Maslach Burnout Inventory – Human Services Survey will take 15 minutes, Athens Insomnia Scale will take about 3 minutes, Becks Depression Inventory will take 5 minutes, and Minnesota Satisfaction Questionnaire – the short form will take 5 minutes. In the final section, you will be asked one question on absenteeism. In the end, you will be presented with a debrief sheet.

Based on your scores you might be invited for an online interview lasting 30-40 minutes. The interview is semi-structured, and the researcher will ask you some questions to talk about your experience of burnout and its impacts. You will be contacted via email with the information sheet and consent form. You have the right to not participate in the interview. You have the right to withdraw from the study at any point, even if you've agreed to be interviewed.

The research design proposed for this study is mixed-methods. The results of this research may be written into a scientific report for a Professional Doctorate in Counselling Psychology thesis.

What are the possible disadvantages and risks of taking part?
The study foresees no possible disadvantages and risks in participating in this study. However, if this research raises some concerns in you, then you might consider taking help from: The Samaritans provide a 24-hour listening service. Contact jo@samaritians.org.uk or www.samaritans.org or freephone (from the UK) 116 123. If you feel that you are in crisis and need immediate support, you can go to your local accident and emergency service and speak with a professional there, or you can call your GP and request to speak to the duty doctor. If it is out of hours, you can still call your GP and you will be put through to an out of hours service. The same information is provided again at the end of the study.

What are the possible benefits of taking part?
Future trainee counselling psychologists may benefit from this study as the universities may consider certain modifications to reduce stressors for the trainees or to help them manage their stress. Additionally, the results of the study could be vital to the field of counselling psychology. You may be playing a role in contributing knowledge to this area of research.

What will happen to the results?
The results of this research may be written into a scientific report for a Professional Doctorate

in Counselling Psychology thesis. We anticipate being able to provide a summary of our findings on request from 1st October 2022.

Who has reviewed the study?
This study has been approved by the City, University of London [ETH2122-0357, 01/11/2021] Research Ethics Committee.

What if there is a problem?
If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to the Senate Research Ethics Committee and inform them that the name of the project is Exploring burnout and its consequences in DPsych trainee counselling psychologists'.

You can also write to the Secretary at:
Anna Ramberg
Research Integrity Manager
City, University of London,
Northampton Square London,
EC1V 0HB
Email: Anna.Ramberg.1@city.ac.uk

Further information and contact details
Varsha Bagodi – varsha.bagodi@city.ac.uk
Dr Seraphine Clarke – seraphine.clarke@city.ac.uk

Thank you for taking the time to read this information sheet.

Appendix E: Survey – Consent form

Name of principal researcher: Varsha Bagodi
Research Supervisor: Dr Seraphine Clarke

Title of study: Exploring burnout and its consequences in DPsych trainee counselling psychologists'

		Please tick or initial box
1.	I am a trainee counselling psychologist	
2.	I understand that I am agreeing to take part in the City, University of London research described here and that I have read and understood the information sheet.	
3.	I understand that my participation is entirely voluntary, that I can choose not to participate in the study, and that I can withdraw at any stage of testing without having to give a reason and without being penalized in any way.	
4.	I understand that since the study is anonymous, it will be difficult to withdraw my data once I have completed and submitted the test.	
5.	I agree with City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).	
6.	I understand that my collected data will be stored in a de-identified way (e.g. using ID numbers, not names). Electronic data will be stored on a password-protected computer. De-identified data may be made publicly available through online data repositories or at the request of other researchers.	

- I have read and understood the information above, and I consent to take part in the study

Appendix F: Demographic questions

1. How old are you? [Free text box for participants to write their information]
2. With which ethnicity would you most identify?
3. What is your gender identity?
4. What is your marital status
5. What is the name of your university? [select from list]
6. In which year of DPsych are you currently studying?
7. What is your mode of study? [exclusion criteria]
    - Full-time
    - Part-time
8. Are you currently on placement?
9. If yes, how many hours per week are you on placement?
10. How are you currently engaging with placement?
11. Are you currently engaged in a part-time job?
12. If yes, how many hours per week?
13. You may be contacted for a follow-up study, you may receive an email inviting you to an interview via Zoom (or Microsoft Teams if you prefer). You have the right to not respond or consent to participate. The interview will last up to 40 minutes, and you will receive more information before the interview. You have the right to withdraw from the study at any point, even if you've already agreed to be interviewed.
    Your email address:

Appendix G: Counselling Psychology Trainee Stress Survey (CPTSS)

‘‘Academic’’ items

1. Meeting deadlines
2. Time spent doing assignments
3. Transcribing transcripts
4. Demanding timetable
5. Amount of work expected from trainee
6. Finding time for reading and critical reflection
7. Developing academic writing style (for process reports, case studies, research)
8. Feedback received
9. Taking examinations
10. Attitude of staff
11. Putting theory into practice – learning about different models
12. Learning about what is the identity of the counselling psychologist
13. Doing research

‘‘Support system’’ items

14. General support from the course – resources and information
15. Support from tutors
16. Support from peers
17. Support from others
18. Support in the process of becoming a counselling psychologist

‘‘Placement’’ items

19. Difficulty in finding counselling placements
20. Being interviewed for placements
21. Feeling deskilled – questioning your professional ability
22. Completing counselling hours
23. Fitting placement in with other commitments
24. Applying theory to clinical practice
25. Demanding clients
26. Coping with client dilemmas
27. Assessing clients
28. Developing professional writing skills (for session notes, reports, etc)

‘‘Personal and professional development’’ items

29. Managing life outside the course – fitting personal life with professional life
30. Paying for fees and other course-based money restrictions
31. Dual role of being a trainee and a professional
32. Finding time to reflect (in the face of ‘constantly running’)
33. Starting three things at once – personal therapy, placement, and supervision
34. Finding a personal therapist
35. Finding money to attend other short courses
36. Travelling incurred by placement and/or academic course
37. Coping with supervision

Appendix H: The Maslach Burnout Inventory – Human Services Survey (MBI-HSS)

Emotional exhaustion

1. I feel emotionally drained from my work.
2. I feel used up at the end of the workday.
3. I feel fatigued when I get up in the morning and have to face another day on the job.
4. Working with people all day is really a strain for me.
5. I feel burned out from my work.
6. I feel frustrated by my job.
7. I feel I'm working too hard on my job.
8. Working with people directly puts too much stress on me.
9. I feel like I'm at the end of my rope.

Personal accomplishment

1. I can easily understand how my recipients feel about things
2. I deal very effectively with the problems of my recipients.
3. I feel I'm positively influencing other people's lives through my work.
4. I feel very energetic.
5. I can easily create a relaxed atmosphere with my recipients.
6. I feel exhilarated after working closely with my recipients.
7. I have accomplished many worthwhile things in this job.
8. In my work, I deal with emotional problems very calmly.

Depersonalisation

1. I feel I treat some recipients as if they were impersonal objects.
2. I've become more callous toward people since I took this job.
3. I worry that this job is hardening me emotionally.
4. I don't really care what happens to some recipients.
5. I feel recipients blame me for some of their problems.

Appendix I: Follow-up study questions

1. Have you experienced burnout at any stage during DPsych training?
   Yes/No
2. Are you currently experiencing burnout?
   Yes/No

Appendix J: Beck Depression Inventory-II (BDI)

1. Sadness
   0 I do not feel sad.
   1 I feel sad
   2 I am sad all the time and I can't snap out of it.
   3 I am so sad and unhappy that I can't stand it.

2. Pessimism
   0 I am not particularly discouraged about the future.
   1 I feel discouraged about the future.
   2 I feel I have nothing to look forward to.
   3 I feel the future is hopeless and that things cannot improve.

3. Past Failure
   0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   2 As I look back on my life, all I can see is a lot of failures.
   3 I feel I am a complete failure as a person.

4. Loss of pleasure
   0 I get as much pleasure as I ever did from the things I enjoy.
   1 I don't enjoy things the way I used to.
   2 I get very little pleasure from the things I used to enjoy
   3 I can’t get any pleasure from the things I used to enjoy

5. Guilty Feelings
   0 I don't feel particularly guilty
   1 I feel guilty for a good part of the time.
   2 I feel quite guilty most of the time.
   3 I feel guilty all of the time.

6. Punishment Feelings
   0 I don't feel I am being punished.
   1 I feel I may be punished.
   2 I expect to be punished.
   3 I feel I am being punished.

7. Self- Dislike
   0 I feel the same about myself as ever
   1 I have lost confidence in myself.
   2 I am disappointed in myself.
   3 I dislike myself.

8. Self-Criticalness
   0 I don't criticize or blame myself more than usual
   1 I am critical of myself than I used to be
   2 I criticize myself for all my faults.
   3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes
   0 I don't have any thoughts of killing myself.
   1 I have thoughts of killing myself, but I would not carry them out.
   2 I would like to kill myself.
   3 I would kill myself if I had the chance.

10. Crying
   0 I don't cry any more than usual.
   1 I cry more now than I used to.
   2 I cry all the time now.
   3 I used to be able to cry, but now I can't cry even though I want to.

11. Agitation
   0 I am no more restless or wound up than usual.
   1 I feel more restless or wound up than usual.
   2 I am so restless or agitated, it's hard to stay still.
   3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of interest
   0 I have not lost interest in other people or activities.
   1 I am less interested in other people or things than before.
   2 I have lost most of my interest in other people or things.
   3 It's hard to get interested in anything.

13. Indecisiveness
   0 I make decisions about as well as I ever.
   1 I find it difficult to make decisions than usual.
   2 I have greater difficulty in making decisions than I used to.
   3 I have trouble making any decisions.

14. Worthlessness
   0 I don't feel I am worthless.
   1 I don't consider myself as worthwhile and useful as I used to.
   2 I feel more worthless as compared to others
   3 I feel utterly worthless.

15. Loss of energy
   0 I have as much energy as ever.

1 I have less energy than I used to have.
2 I don't have enough energy to do very much.
3 I don't have enough energy to do anything.

16. Changes in sleeping pattern
0 I sleep somewhat more than usual
1 I sleep a lot more than usual
2 I sleep most of the day
3 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

17. Irritability
0 I am not more irritable than usual.
1 I am more irritable than usual.
2 I am much more irritable than usual.
3 I am irritable all the time.

18. Changes in appetite
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19. Concentration Difficulty
0 I can concentrate as well as ever
1 I can't concentrate as well as usual
2 It's hard to keep my mind on anything for very long.
3 I find I can't concentrate on anything.

20. Tiredness or Fatigue
0 I am no more tired or fatigued than usual.
1 I get more tired or fatigued than usual
2 I am too tired or fatigued to do a lot of the things I used to do.
3 I am too tired or fatigued to do most of the things I used to do

21. Loss of interest in sex
0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

Appendix K: Athens Insomnia Scale (AIS)

1. Sleep induction (time it takes you to fall asleep after turning-off the lights)

    0 No problem

    1 Slightly delayed

    2 Markedly delayed

    3 Very delayed or did not sleep at all

2. Awakenings during the night

    0 No problem

    1 Minor problem

    2 Considerable problem

    3 Serious problem or did not sleep at all

3. Final awakening earlier than desired

    0 Not earlier

    1 A little earlier

    2 Markedly earlier

    3 Much earlier or did not sleep at all

4. Total sleep duration

    0 Sufficient

    1 Slightly insufficient

    2 Markedly insufficient

    3 Very insufficient or did not sleep at all

5. Overall quality of sleep (no matter how long you slept)

    0 Satisfactory

    1 Slightly unsatisfactory

    2 Markedly unsatisfactory

    3 Very unsatisfactory or did not sleep at all

6. Sense of well-being during the day

    0 Normal

    1 Slightly decreased

2 Markedly decreased

3 Very decreased

7. Functioning (physical and mental) during the day

0 Normal

1 Slightly decreased

2 Markedly decreased

3 Very decreased

8. Sleepiness during the day

0 None

1 Mild

2 Considerable

3 Intense

Appendix L: Minnesota satisfaction questionnaire – short form

1. Being able to keep busy all the time
2. The chance to work alone on the job
3. The chance to do different things from time to time
4. The chance to be "somebody" in the community
5. The way my boss handles his/her workers
6. The competence of my supervisor in making decisions
7. Being able to do things that don't go against my conscience
8. The way my job provides for steady employment.
9. The chance to do things for other people
10. The chance to tell people what to do
11. The chance to do something that makes use of my abilities
12. The way company policies are put into practice
13. My pay and the amount of work I do
14. The chances for advancement on this job
15. The freedom to use my own judgment
16. The chance to try my own methods of doing the job
17. The working conditions
18. The way my co-workers get along with each other
19. The praise I get for doing a good job
20. The feeling of accomplishment I get from the job

Appendix M: Survey- Debrief sheet

Exploring burnout and its consequences in DPsych trainee counselling psychologists'

Thank you for taking part in this study. Now that it's finished, we'd like to tell you a bit more about it.

The research aims at exploring the stress levels trainee counselling psychologists undergo during the training and if that aids in them being burned out. They may present different levels of burnout and it can have an impact on them, personally and professionally. Further, the study also looks at investigating if the trainee counselling psychologists indicating levels of burnout present psychological, insomnia and depression, and occupational, absenteeism and job satisfaction, consequences of burnout. Finally, the study is interested in finding if the year three trainees indicate a higher level of burnout than the year one.

You may be contacted for a follow-up study, you may receive an email inviting you to an interview via Zoom (or Microsoft Teams if you prefer). You have the right to not respond or to not consent to participate. The interview will last up to 30 minutes, and you will receive more information before the interview. You have the right to withdraw from the study at any point, even if you've already agreed to be interviewed.

If this research has raised come concerns in you, then you might consider taking help from:
The Samaritans provide a 24-hour listening service.
Contact jo@samaritians.org.uk or www.samaritans.org or freephone (from the UK) 116 123.

If you feel that you are in crisis and need immediate support, you can go to your local accident and emergency service and speak with a professional there, or you can call your GP and request to speak to the duty doctor. If it is out of hours, you can still call your GP and you will be put through to an out-of-hours service.

We hope you found the study interesting. If you have any other questions, please do not hesitate to contact us at the following:
Varsha Bagodi – Varsha.bagodi@city.ac.uk
Dr Seraphine Clarke – seraphine.clarke@city.ac.uk
Ethics approval code: ETH2122-0357

Appendix N: Template of interview invite

Hello XXX,

Re: Exploring burnout and its consequences in DPsych trainee counselling psychologists'

Thank for you taking part in the research survey. This email is to invite you for an online interview (via Zoom) that will last for 30-40 minutes. **The interview is semi-structured, and the questions are based to explore your experience of burnout during your DPsych training.**

Participation in this interview is voluntary, and you can choose not to participate in part or all of the project. You have the right to not respond to this email or consent to participate. The information sheet and consent form are attached.

If you would like to participate, kindly respond to this email and we can schedule an interview according to our availability.

Kind regards,
Varsha Bagodi
Trainee Counselling Psychologist

Appendix O: Interview – Information sheet

REC reference number: ETH2122-0357

Title of study:

Exploring burnout and its consequences in DPsych trainee counselling psychologists'

Name of principal researcher

Varsha Bagodi

Invitation paragraph

You are being invited to take part in a research study to further our understanding of stress and burnout in trainee counselling psychologists. Furthermore, if there exist consequences of burnout. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish, a copy of which you can keep for your records. This study is being conducted by student researcher Varsha Bagodi and project supervisor Dr Seraphine Clarke from the School of Psychology, City University of London, who are happy to be contacted at Varsha.bagodi@city.ac.uk or seraphine.clarke@city.ac.uk if you have any questions.

What is the purpose of the study?

Burnout is defined as "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job" based on the three dimensions (Maslach & Leiter, 2016, p. 103).The three dimensions are emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach & Leiter, 2016).

Freudenberger (1975) mentioned that professionals who work to respond to the needs of people, jobs such as free clinics, therapeutic communities are the ones who are prone to burnout (Heinemann & Heinemann, 2017). The author, (Madonna, 2014), mentions that the qualities required for these occupations are also the reasons the professionals are prone to be burned out. The training of a Professional Doctorate in Counselling Psychology can be considered as a crucial phase in a trainee's life and previous research has shown that due to various stress factors in trainee's personal and professional life, they could be prone to burnout. The current study understands the importance of trainees' well-being and its impact on their personal and professional life. Hence, this study aims at exploring burnout and its consequences in DPsych trainee counselling psychologists'

Why have I been invited to take part?

You are invited to this study as you're a trainee counselling psychologist pursuing Professional Doctorate in Counselling Psychology and have identified that you've or are

experiencing burnout during the training. All responses will be kept confidential and only the principal researcher will know any personal details about you or hear the recording of the interview.

Do I have to take part?

Participation in this study is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. It is up to you to decide whether to take part. If you do decide to take part, you will be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason. You can withdraw your data from the study if you change your mind afterwards by emailing the principal researcher at: varsha.bagodi@city.ac.uk withdraw up to one month after their interview.
The collected data will be stored in a de-identified way (e.g. using ID numbers, not e-mail id). Electronic data will be stored on a password-protected computer. De-identified data may be made publicly available through online data repositories or at the request of other researchers.

What will happen if I take part?

You are expected to take part in an online interview lasting 30-40 minutes. The interview is semi structured, and the researcher will ask you some questions to talk about your experience of burnout and its impact.

Participation in the project is voluntary, and you can choose not to participate in part or

all of the project. A maximum of 10 participants will be separately interviewed for this study. The researcher will generate common themes observed from the information gathered in the interviews. The research is planned to be completed by September 2022.

What are the possible disadvantages and risks of taking part?

The study foresees no possible disadvantages and risks in participating in this study. However, if this research raises come concerns in you, then you might consider taking help from: The Samaritans provide a 24-hour listening service.

Contact jo@samaritians.org.uk or www.samaritans.org or freephone (from the UK) 116 123.

If you feel that you are in crisis and need immediate support, you can go to your local accident and emergency service and speak with a professional there, or you can call your GP and request to speak to the duty doctor. If it is out of hours, you can still call your GP and you will be put through to an out of hours service.

The same information is provided again at the end of the study.

What are the possible benefits of taking part?

Future trainee counselling psychologists may benefit from this study as the universities may consider certain modifications to reduce stressors for the trainees or to help them manage their stress. Additionally, the results of the study could be vital to the field of counselling psychology. You may be playing a role in contributing knowledge to this area of research.

Will my taking part in the study be kept confidential?

The only person who will have access to the contact details and audio recordings is the researcher Varsha Bagodi, and the research supervisor, Dr. Seraphine Clarke. Contact details for the participants who would like to be informed of the results of this study once it has been completed will be retained. No other personally identifiable information will be recorded. Quotes from the interview recordings will be anonymised. Restrictions apply to confidentiality should there be a need to report violence, abuse, self-inflicted

harm, harm to others, criminal activity. The researcher will consider confidentiality in the context of legislation, risk and safeguarding. Depending on the severity of the risk/safeguarding concern, your information may be shared with the research supervisor, local crisis team, or the relevant local authorities.

Where possible, the researcher will aim to discuss this with you before making a disclosure.

Audio records, interview transcripts and research data will be stored on City OneDrive, for 10 years after the research is concluded. The audio records, interview transcripts and research data will be destroyed and deleted from the laptop after 10 years.

What will happen to the results?

The results of this research may be written into a scientific report for a Professional Doctorate in Counselling Psychology thesis. We anticipate being able to provide a summary of our findings on request from 1st October 2022 (Varsha.bagodi@city.ac.uk).

Who has reviewed the study?

This study has been approved by the City, University of London *[ETH2122-0357]* Research Ethics Committee.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to the Senate Research Ethics Committee and inform them that the name of the project is Investigating the Psychological and Occupational consequences of burnout in Trainee Counselling Psychologists.

You can also write to the Secretary at:

Anna Ramberg
Research Integrity Manager

City, University of London, Northampton Square
London, EC1V 0HB

Email: Anna.Ramberg.1@city.ac.uk

Further information and contact details

Varsha Bagodi – varsha.bagodi@city.ac.uk

Dr Seraphine Clarke – seraphine.clarke@city.ac.uk

Thank you for taking the time to read this information sheet.

Appendix P: Interview – Consent form

Name of principal researcher: Varsha Bagodi

REC reference number: ETH2122-0357

Title of study: Exploring burnout and its consequences in DPsych trainee counselling psychologists'

		Please tick or initial each box
1	I confirm that I have read and understood the participant information dated 01/11/2021 for the above study. I have had the opportunity to consider the information and ask questions that have been answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw without giving a reason without being penalized or disadvantaged.	
3.	I understand that I will be able to withdraw my data up to the point of analysis write-up (January 2022)	
4.	I agree to this interview being audio recorded for transcription and analysis	
5.	I agree to anonymized information from this interview (including direct quotes) to be used in academic write-up pieces to form part of a doctoral thesis, as well as for publication and presentation at research conferences	
7.	I agree with City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).	
8.	I agree to take part in the above study.	

Participant name as signature: _____

When you have completed this consent form, please return it to the researcher before your interview at varsha.bagodi@city.ac.uk .Your interview cannot take place before this form is completed and returned to the researcher.

Appendix Q: Interview schedule

1. Based on your experience how would you describe burnout?
    a. **Prompt:** How would you describe your experience of burnout?
2. When did you first notice you were experiencing burnout? What did you notice?
    a. **Prompt:** What were the symptoms/signs you experienced?
    b. **Prompt:** Did you notice any changes in your sleep?
    c. **Prompt:** Did you notice any changes in your mood?

1. What were some of the emotions you experienced during burnout?
    a. **Prompt:** What feelings did you mostly have or notice?
2. As you were experiencing burnout, how did you feel in your body?
    a. **Prompt:** Does any physical sensation come to your mind?
    b. **Prompt:** What physical health changes did you notice?
4. How would you describe the experience of working with clients whilst you were feeling burnout?
    a) **Prompt:** did you experience any changes in your behavior?
    b) **Prompt:** How did you find empathizing with clients?
    c) **Prompt:** Did you notice any changes in your attention span?
5. Did you notice any changes in your personal life as a result of experiencing burnout?
    a) **Prompt:** Did you notice any changes in your relationships?
    b) **Prompt:** Were there any changes in your day-to-day activities?
    c) **Prompt:** Did it bring any changes in your other responsibilities?
6. Did you notice any changes in your work performance as a result of experiencing burnout?
    a) **Prompt:** Did you notice any changes in your coursework?
    b) **Prompt:** Were there any changes in research work?
    c) **Prompt:** Did you notice any changes in your work performance placement?
7. Was there an impact of COVID-19 on your experience of burnout?
    a. **Prompt:** If yes, can you describe how it impacted you?
8. When you think about burnout and your experience around it, does anything else come to your mind?

Appendix R: Distress protocol

Getting emotional or showing minimal signs of distress (e.g., cracking voice, teary eyes)	Check-in with the participant, ask if it is okay for them to continue
Getting severely emotional or showing visible signs of distress (e.g., start to cry, raise voice)	Pause the tape, check-in with the participant and allow to come back
Keep on showing visible signs of distress	Stop the interview. Let the participant know we can take a break or re-schedule.

Appendix S: Interview – Debrief sheet

Thank you for taking part in this study. Now that it's finished, we'd like to tell you a bit more about it.

The research aims at exploring trainee counselling psychologists' burnout and its consequences. undergo during the training and if that aids in them being burned out. Each trainee may experience burnout in different ways and due to different factors. This part of the study aims to capture their subjective experience of burnout and its consequences.

If this research has raised come concerns in you, then you might consider taking help from:
The Samaritans provide a 24-hour listening service.
Contact jo@samaritians.org.uk or www.samaritans.org or freephone (from the UK) 116 123.

If you feel that you are in crisis and need immediate support, you can go to your local accident and emergency service and speak with a professional there, or you can call your GP and request to speak to the duty doctor. If it is out of hours, you can still call your GP and you will be put through to an out-of-hours service.

We hope you found the study interesting. If you have any other questions, please do not hesitate to contact us at the following:

Varsha Bagodi – varsha.bagodi@city.ac.uk

Dr Seraphine Clarke – seraphine.clarke@city.ac.uk

Ethics approval code: ETH2122-0357

Appendix T: SPSS – demographic questions frequencies

What is your gender identity?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	16	22.9	22.9	22.9
	Female	54	77.1	77.1	100.0
	Total	70	100.0	100.0	

Please specify your ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	51	72.9	72.9	72.9
	Black or African American	1	1.4	1.4	74.3
	Asian	9	12.9	12.9	87.1
	Other	9	12.9	12.9	100.0
	Total	70	100.0	100.0	

What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	24	34.3	34.3	34.3
	Separated	1	1.4	1.4	35.7
	Never married	45	64.3	64.3	100.0
	Total	70	100.0	100.0	

In which year of DPsych are you currently studying?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Year 1	21	30.0	30.0	30.0
	Year 2	22	31.4	31.4	61.4
	Year 3	27	38.6	38.6	100.0
	Total	70	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
What is your age?	70	23.00	54.00	32.7000	7.28578
Valid N (listwise)	70				

Appendix T: SPSS – Descriptive statistics of test variables

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Total_stress	70	63.00	166.00	105.5714	18.73118
Total_depression	70	22.00	60.00	36.5143	7.84403
Total_insomnia	70	11.00	23.00	16.5000	2.73861
Total_satisfaction	70	29.00	74.00	51.4429	12.32017
Total_burnout	70	67.00	112.00	88.2286	8.42214
How many leaves did you take on working days in the last academic year (both at placement/s and university)	70	9.00	25.00	16.7000	4.17845
Valid N (listwise)	70				

Appendix U: SPSS –Descriptive and normality test of CTSS

Descriptive Statistics

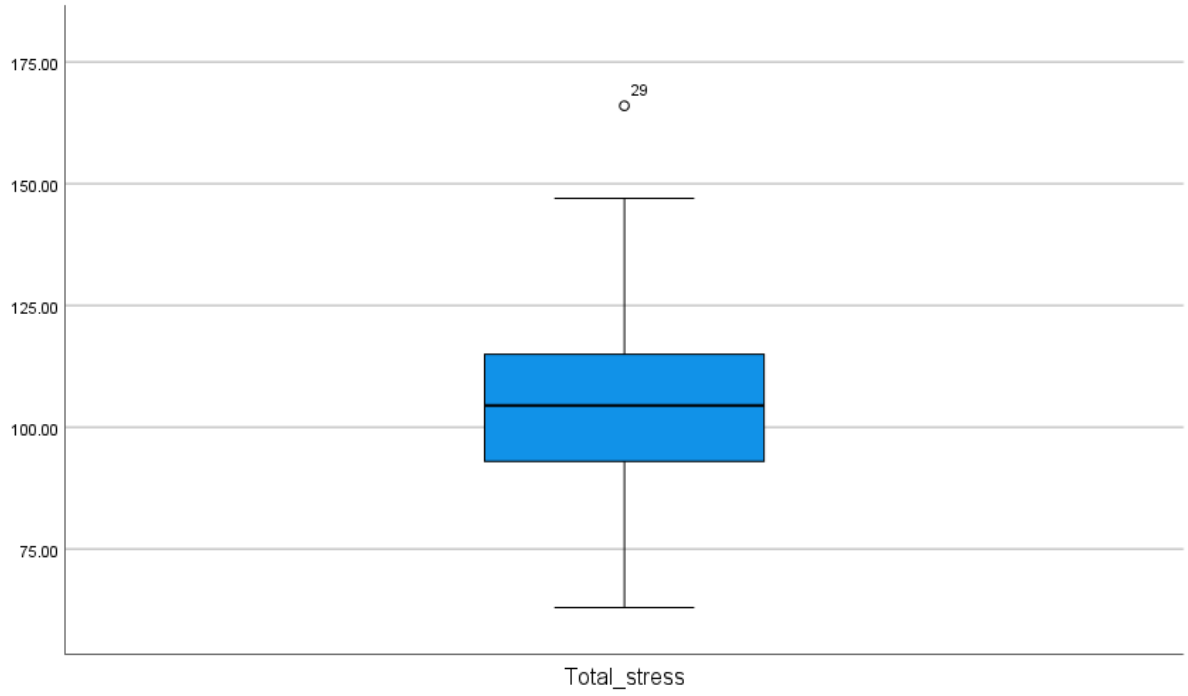
	N	Minimum	Maximum	Mean		Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Total_stress	70	63.00	166.00	105.5714	2.23880	18.73118	350.857	.441	.287	.928	.566
Valid N (listwise)	70										

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total_stress	.085	70	.200*	.979	70	.281

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction



Appendix V: SPSS –Descriptive and normality test of MBI-HSS

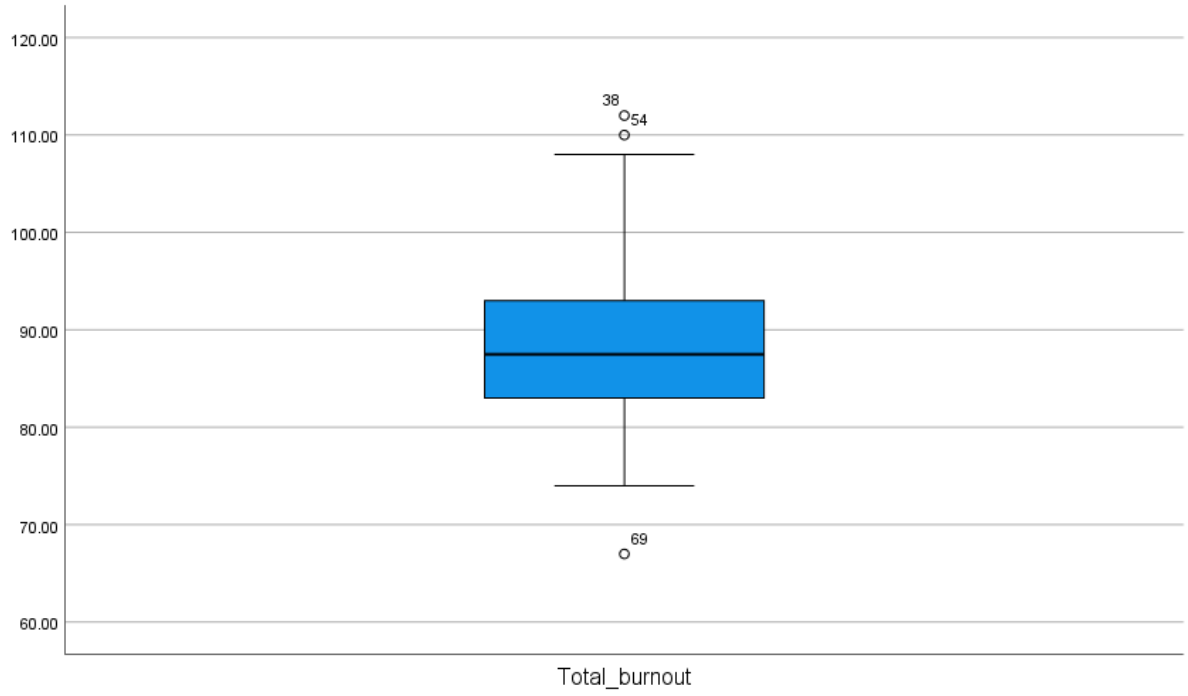
Descriptive Statistics

	N	Minimum	Maximum	Mean		Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Total_burnout	70	67.00	112.00	88.2286	1.00664	8.42214	70.933	.603	.287	.922	.566
Valid N (listwise)	70										

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total_burnout	.097	70	.175	.966	70	.052

a. Lilliefors Significance Correction



Appendix W: SPSS –Descriptive and normality test of BDI-II

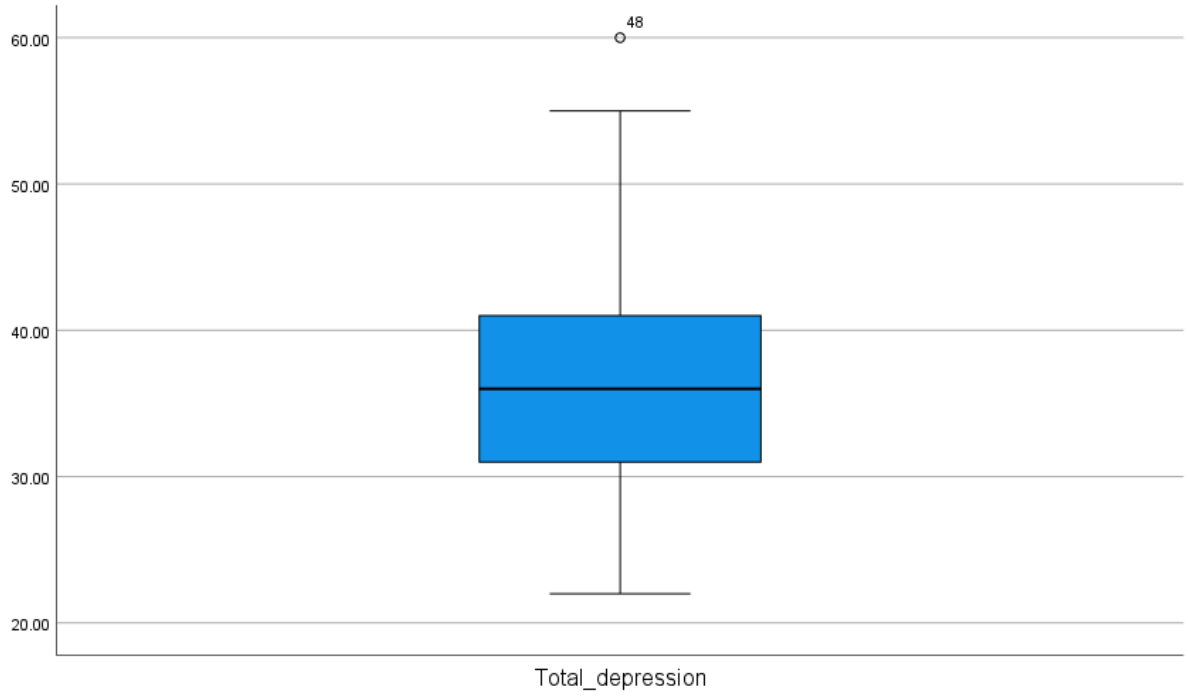
Descriptive Statistics

	N	Minimum	Maximum	Mean		Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Total_depression	70	22.00	60.00	36.5143	.93754	7.84403	61.529	.668	.287	.556	.566
Valid N (listwise)	70										

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total_depression	.098	70	.093	.964	70	.042

a. Lilliefors Significance Correction



Appendix X: SPSS –Descriptive and normality test of AIS

Descriptive Statistics

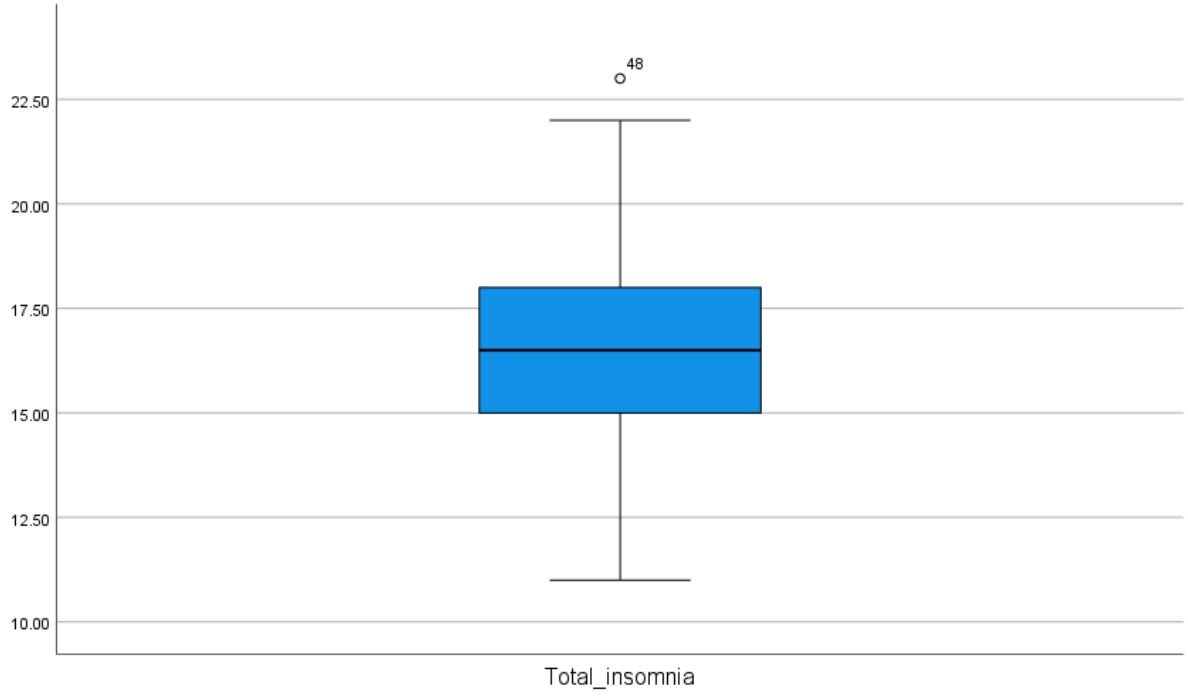
	N	Minimum	Maximum	Mean		Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Total_insomnia	70	11.00	23.00	16.5000	.32733	2.73861	7.500	.078	.287	-.361	.566
Valid N (listwise)	70										

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total_insomnia	.092	70	.200*	.979	70	.288

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction



Appendix Y: SPSS –Descriptive and normality test of Minnesota satisfaction questionnaire – short form

Descriptive Statistics

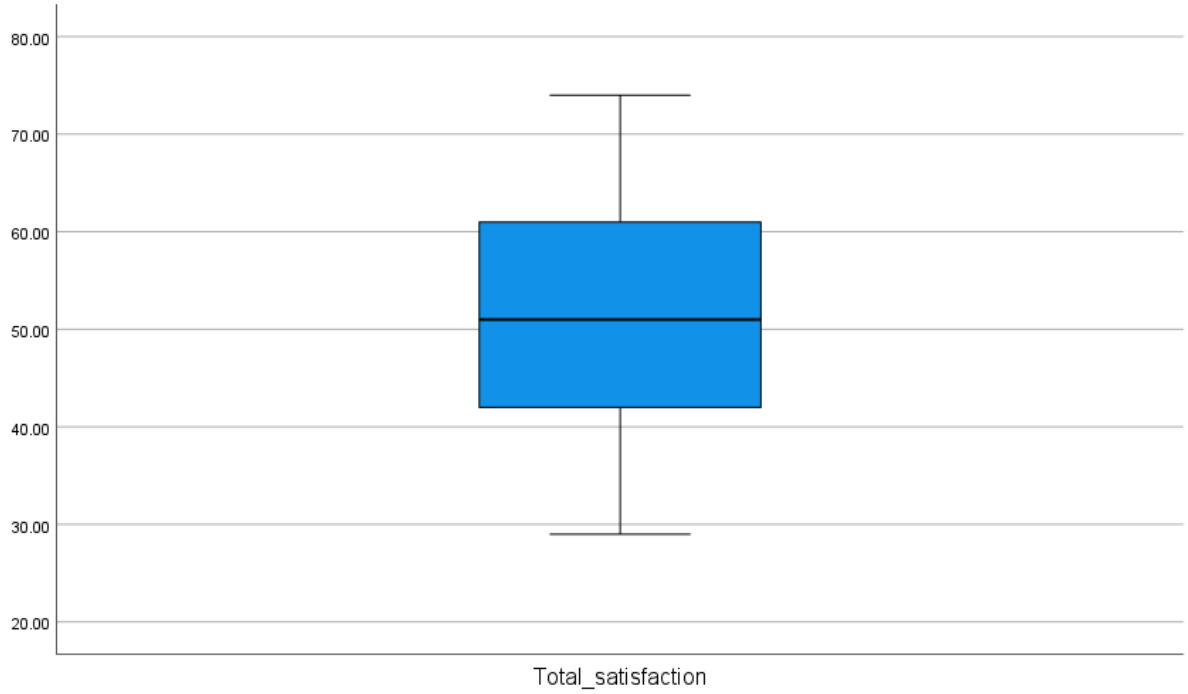
	N	Minimum	Maximum	Mean		Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Total_satisfaction	70	29.00	74.00	51.4429	1.47254	12.32017	151.787	.037	.287	-1.062	.566
Valid N (listwise)	70										

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total_satisfaction	.085	70	.200*	.965	70	.047

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction



Appendix Z: SPSS- Linearity test for stress and burnout

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Total_burnout * Total_stress	Between Groups	(Combined)	3405.319	43	79.193	1.383	.191
		Linearity	481.768	1	481.768	8.412	.007
		Deviation from Linearity	2923.551	42	69.608	1.215	.303
	Within Groups		1489.024	26	57.270		
	Total		4894.343	69			

Appendix Z: SPSS- Linearity test for burnout and depression

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Total_depression * Total_burnout	Between Groups	(Combined)	2280.686	29	78.644	1.601	.083
		Linearity	578.570	1	578.570	11.779	.001
		Deviation from Linearity	1702.116	28	60.790	1.238	.264
	Within Groups		1964.800	40	49.120		
	Total		4245.486	69			

Appendix AA: SPSS- Linearity test for burnout and insomnia

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Total_insomnia * Total_burnout	Between Groups	(Combined)	206.417	29	7.118	.915	.593
		Linearity	1.030	1	1.030	.132	.718
		Deviation from Linearity	205.387	28	7.335	.943	.558
	Within Groups		311.083	40	7.777		
	Total		517.500	69			

Appendix BB: SPSS- Linearity test for burnout and satisfaction

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Total_satisfaction * Total_burnout	Between Groups	(Combined)	321.500	37	8.689	1.419	.158
		Linearity	10.747	1	10.747	1.755	.195
		Deviation from Linearity	310.753	36	8.632	1.409	.164
	Within Groups		196.000	32	6.125		
	Total		517.500	69			

Appendix CC: SPSS- Linearity test for burnout and absenteeism

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
How many leaves did you take on working days in the last academic year (both at placement/s and university)* Total_burnout	Between Groups	(Combined)	138.110	16	8.632	1.206	.295
		Linearity	16.386	1	16.386	2.289	.136
		Deviation from Linearity	121.723	15	8.115	1.134	.351
	Within Groups		379.390	53	7.158		
	Total		517.500	69			

Appendix DD: SPSS- Tests conducted for hypothesis 1

Correlations

		Total_stress	Total_burnout
Total_stress	Pearson Correlation	1	.314**
	Sig. (2-tailed)		.008
	N	70	70
Total_burnout	Pearson Correlation	.314**	1
	Sig. (2-tailed)	.008	
	N	70	70

Low_EE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	70	100.0	100.0	100.0

Mod_EE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	66	94.3	94.3	94.3
	1.00	4	5.7	5.7	100.0
	Total	70	100.0	100.0	

High_EE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	4	5.7	5.7	5.7
	1.00	66	94.3	94.3	100.0
	Total	70	100.0	100.0	

Low_DP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	70	100.0	100.0	100.0

Mod_DP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	42	60.0	60.0	60.0
	1.00	28	40.0	40.0	100.0
	Total	70	100.0	100.0	

High_DP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	28	40.0	40.0	40.0
	1.00	42	60.0	60.0	100.0
	Total	70	100.0	100.0	

Low_PA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	51	72.9	72.9	72.9
	1.00	19	27.1	27.1	100.0
	Total	70	100.0	100.0	

Mod_PA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	29	41.4	41.4	41.4
	1.00	41	58.6	58.6	100.0
	Total	70	100.0	100.0	

High_PA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	60	85.7	85.7	85.7
	1.00	10	14.3	14.3	100.0
	Total	70	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Total_EE	70	19.00	51.00	39.4714	6.47564
Total_DP	70	7.00	18.00	13.0286	2.73449
Total_PA	70	27.00	52.00	34.8429	5.26029
Valid N (listwise)	70				

Appendix EE: SPSS- Tests conducted for hypothesis 2

Group Statistics

	In which year of DPsych are you currently studying?	N	Mean	Std. Deviation	Std. Error Mean
Total_burnout	Year 1	21	84.8571	7.43159	1.62171
	Year 3	27	92.2963	7.11885	1.37002

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Total_burnout	Equal variances assumed	.099	.754	-3.523	46	<.001	-7.43915	2.11133	-11.68903	-3.18927
	Equal variances not assumed			-3.504	42.200	.001	-7.43915	2.12295	-11.72283	-3.15548

Independent Samples Effect Sizes

		Standardizer[a]	Point Estimate	95% Confidence Interval	
				Lower	Upper
Total_burnout	Cohen's d	7.25648	-1.025	-1.628	-.413
	Hedges' correction	7.37754	-1.008	-1.601	-.406
	Glass's delta	7.11885	-1.045	-1.673	-.400

ANOVA

Total_burnout

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	754.687	2	377.344	6.107	.004
Within Groups	4139.656	67	61.786		
Total	4894.343	69			

Descriptives

Total_burnout

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Year 1	21	84.8571	7.43159	1.62171	81.4743	88.2400	77.00	110.00
Year 2	22	86.4545	9.04343	1.92806	82.4449	90.4642	67.00	112.00
Year 3	27	92.2963	7.11885	1.37002	89.4802	95.1124	81.00	108.00
Total	70	88.2286	8.42214	1.00664	86.2204	90.2368	67.00	112.00

Appendix FF: SPSS- Tests conducted for hypothesis 3

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.369[a]	.136	.124	7.34338

a. Predictors: (Constant), Total_burnout

b. Dependent Variable: Total_depression

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	578.570	1	578.570	10.729	.002[b]
	Residual	3666.916	68	53.925		
	Total	4245.486	69			

a. Dependent Variable: Total_depression

b. Predictors: (Constant), Total_burnout

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.045[a]	.002	-.013	2.75593

a. Predictors: (Constant), Total_burnout

b. Dependent Variable: Total_insomnia

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.030	1	1.030	.136	.714[b]
	Residual	516.470	68	7.595		
	Total	517.500	69			

a. Dependent Variable: Total_insomnia

b. Predictors: (Constant), Total_burnout

Appendix GG: SPSS- Tests conducted for hypothesis 4

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.224[a]	.050	.036	12.09613

a. Predictors: (Constant), Total_burnout

b. Dependent Variable: Total_satisfaction

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	523.763	1	523.763	3.580	.063[b]
	Residual	9949.508	68	146.316		
	Total	10473.271	69			

a. Dependent Variable: Total_satisfaction

b. Predictors: (Constant), Total_burnout

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.018[a]	.000	-.014	4.20840

a. Predictors: (Constant), Total_burnout

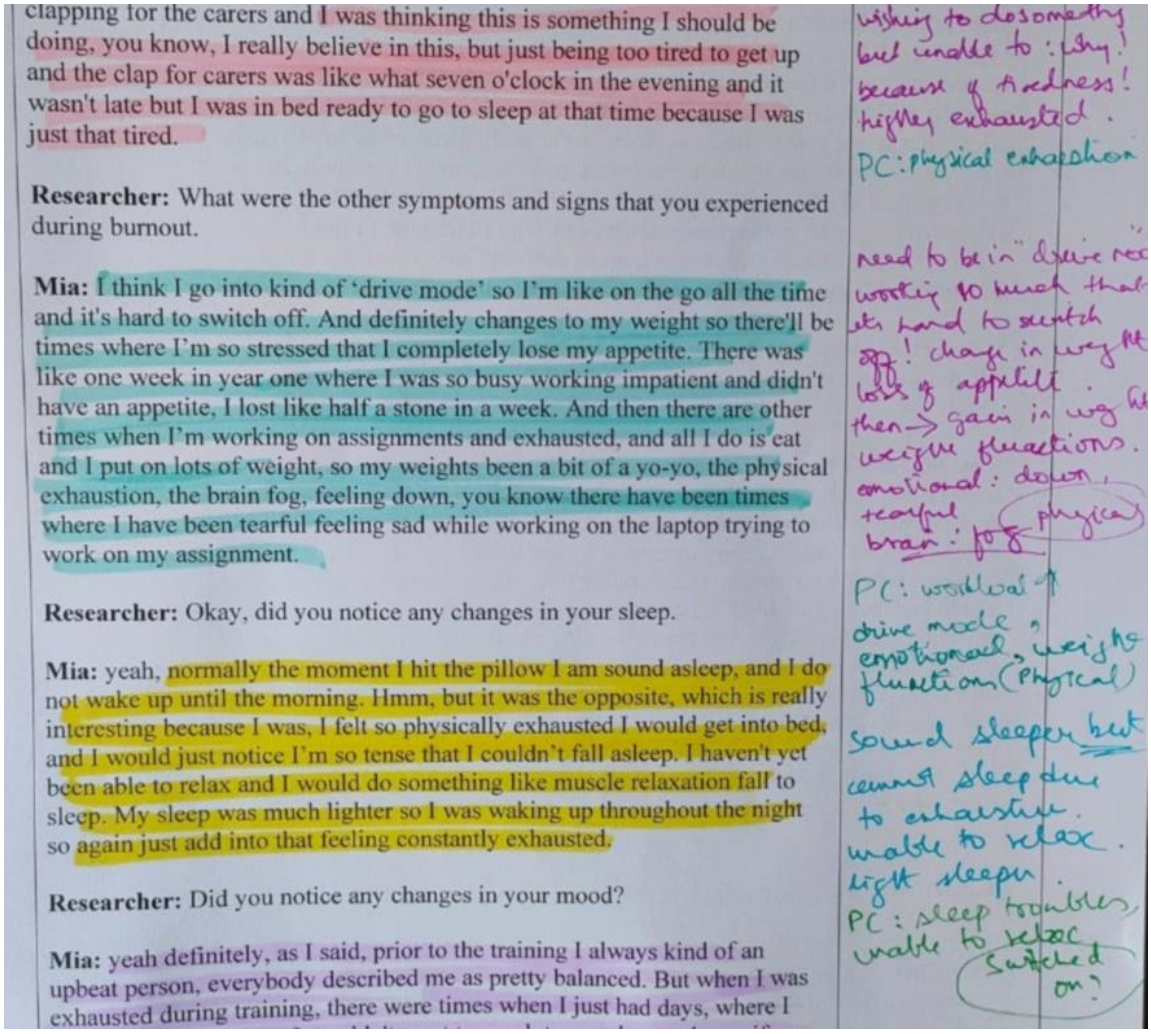
b. Dependent Variable: How many leaves did you take on working days in the last academic year (both at placement/s and university)

Residuals Statistics[a]

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	16.5144	16.9079	16.7000	.07365	70
Residual	-7.81168	8.31949	.00000	4.17780	70
Std. Predicted Value	-2.521	2.822	.000	1.000	70
Std. Residual	-1.856	1.977	.000	.993	70

a. Dependent Variable: How many leaves did you take on working days in the last academic year (both at placement/s and university)

Appendix HH: Sample of initial reflective notes



clapping for the carers and I was thinking this is something I should be doing, you know, I really believe in this, but just being too tired to get up and the clap for carers was like what seven o'clock in the evening and it wasn't late but I was in bed ready to go to sleep at that time because I was just that tired.

Researcher: What were the other symptoms and signs that you experienced during burnout.

Mia: I think I go into kind of 'drive mode' so I'm like on the go all the time and it's hard to switch off. And definitely changes to my weight so there'll be times where I'm so stressed that I completely lose my appetite. There was like one week in year one where I was so busy working impatient and didn't have an appetite, I lost like half a stone in a week. And then there are other times when I'm working on assignments and exhausted, and all I do is eat and I put on lots of weight, so my weights been a bit of a yo-yo, the physical exhaustion, the brain fog, feeling down, you know there have been times where I have been tearful feeling sad while working on the laptop trying to work on my assignment.

Researcher: Okay, did you notice any changes in your sleep.

Mia: yeah, normally the moment I hit the pillow I am sound asleep, and I do not wake up until the morning. Hmm, but it was the opposite, which is really interesting because I was, I felt so physically exhausted I would get into bed, and I would just notice I'm so tense that I couldn't fall asleep. I haven't yet been able to relax and I would do something like muscle relaxation fall to sleep. My sleep was much lighter so I was waking up throughout the night so again just add into that feeling constantly exhausted.

Researcher: Did you notice any changes in your mood?

Mia: yeah definitely, as I said, prior to the training I always kind of an upbeat person, everybody described me as pretty balanced. But when I was exhausted during training, there were times when I just had days, where I

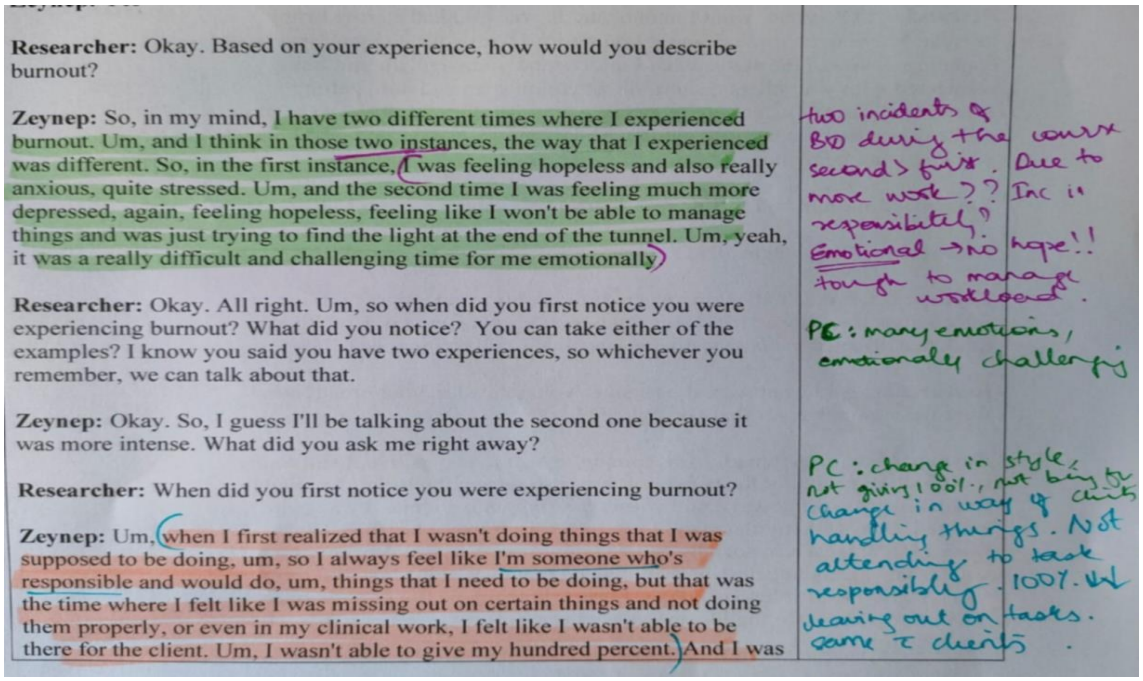
wishing to do something but unable to : why! because of tiredness! highly exhausted. PC: physical exhaustion

need to be in "drive mode" working so much that hard to switch off! change in weight loss of appetite. then → gain in wg weight fluctuations. emotional: down, tearful physical brain: fog.

PC: workload ↑ drive mode, emotional, weight fluctuations (Physical)

sound sleeper but cannot sleep due to exhaustion. unable to relax. light sleeper.

PC: sleep troubles, unable to relax switched on!



Researcher: Okay. Based on your experience, how would you describe burnout?

Zeynep: So, in my mind, I have two different times where I experienced burnout. Um, and I think in those two instances, the way that I experienced was different. So, in the first instance, I was feeling hopeless and also really anxious, quite stressed. Um, and the second time I was feeling much more depressed, again, feeling hopeless, feeling like I won't be able to manage things and was just trying to find the light at the end of the tunnel. Um, yeah, it was a really difficult and challenging time for me emotionally.

Researcher: Okay. All right. Um, so when did you first notice you were experiencing burnout? What did you notice? You can take either of the examples? I know you said you have two experiences, so whichever you remember, we can talk about that.

Zeynep: Okay. So, I guess I'll be talking about the second one because it was more intense. What did you ask me right away?

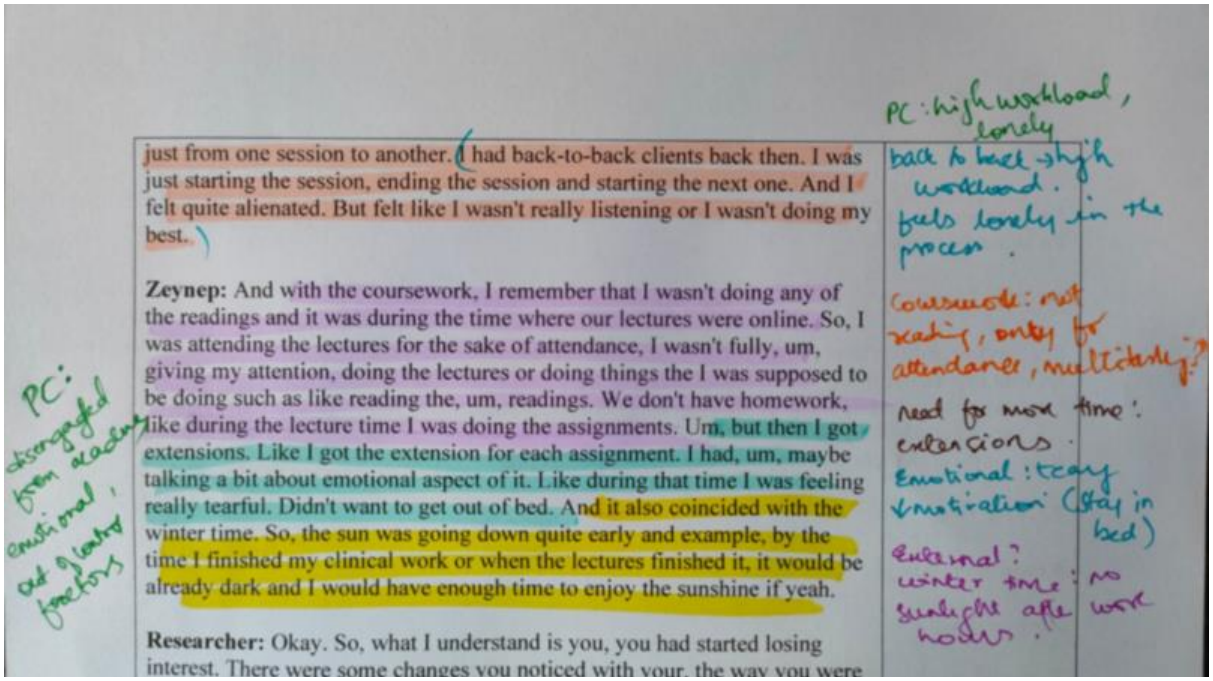
Researcher: When did you first notice you were experiencing burnout?

Zeynep: Um, when I first realized that I wasn't doing things that I was supposed to be doing, um, so I always feel like I'm someone who's responsible and would do, um, things that I need to be doing, but that was the time where I felt like I was missing out on certain things and not doing them properly, or even in my clinical work, I felt like I wasn't able to be there for the client. Um, I wasn't able to give my hundred percent. And I was

two incidents of BD during the course second > first. Due to more work?? Inc in responsibility. Emotional → no hope!! tough to manage workload.

PC: many emotions, emotionally challenging

PC: change in style, not giving 100%, not being the change in way of client handling things. Not attending to task responsibly. 100%. Not leaving out on tasks. some ↑ clients.



just from one session to another. I had back-to-back clients back then. I was just starting the session, ending the session and starting the next one. And I felt quite alienated. But felt like I wasn't really listening or I wasn't doing my best.

Zeynep: And with the coursework, I remember that I wasn't doing any of the readings and it was during the time where our lectures were online. So, I was attending the lectures for the sake of attendance, I wasn't fully, um, giving my attention, doing the lectures or doing things the I was supposed to be doing such as like reading the, um, readings. We don't have homework, like during the lecture time I was doing the assignments. Um, but then I got extensions. Like I got the extension for each assignment. I had, um, maybe talking a bit about emotional aspect of it. Like during that time I was feeling really tearful. Didn't want to get out of bed. And it also coincided with the winter time. So, the sun was going down quite early and example, by the time I finished my clinical work or when the lectures finished it, it would be already dark and I would have enough time to enjoy the sunshine if yeah.

Researcher: Okay. So, what I understand is you, you had started losing interest. There were some changes you noticed with your, the way you were

Appendix II: Themes and related codes and quotes

Themes	Description	Sample codes	Example data excepts
One – Burnout: in and out	This is related to how burnout is presented in their mind and body. It included subthemes of “exhausted body”, “whirlwind of emotions”, “poor physical health”, and “sleep mode: turned off”	Body and energy exhaustion, constant tiredness, fatigue, less active, low mood, feeling overwhelmed, angry mood, anger towards self, tearfulness, increased weight, no exercise, fluctuating appetite, disturbed sleep, worries at night, unable to sleep, less energetic	*Eliza:* I had like really tense shoulders, I had tense face, I had tense teeth as I slept with my teeth clenched together *Noah:* Hmmm feelings of guilt from not getting things done *Viki:* I think there was a lot of sadness because I felt like I was failing on something that I really wanted and I couldn't do it. *James:* physical feelings my body like I had loads of pain in my shoulders and upper back which, I think, maybe it was from sitting here at this desk. *Pooja:* I eat more as

			well, and then I worry about you know putting on weight because I'm sitting down all day is that also have an impact on my mood *Mia:* I felt so physically exhausted I would get into bed, and I would just notice I'm so tense that I couldn't fall asleep
Two – Survival mode	This is related to trainees' on-the-go mode of having to keep up with their training's numerous demands, the impact of it and how they dealt with it. It included subthemes "no time for burnout" and "it keeps me going."	High workload, unsustainable, frustration as no quality life, demanding course, need to keep going, drop-out, low motivation, unhealthy eating, increased caffeine, overeating, constant hunger, spike in drinking, routine messed up	*James:* I had, like sort of eight things that I needed to do, and so I was doing these big long days at my desk Lizzy: like an academic brain burnout where like the functioning on that really high level of academia, where you're maybe like reading research papers and doing your own research and having those conversations and looking at research

			design and analysis or thinking about philosophy, or something like that. *Mia:* I think I go into kind of 'drive mode' so I'm like on the go all the time and it's hard to switch off. *Naina:* I drink a lot of tea, but when I when I'm experiencing burnout, I feel like my body craves a lot of caffeine and sugar. *Noah:* I would drink more than I usually would. Probably because I've been so tense or stressed out for last week that it's an opportunity for me to really kind of relax.
Three – Scrapping through	This is related to how trainees coped and managed their academia as they struggled with burnout. The subthemes are "just	For the sake of it, need more time, cannot focus, inattentive, unable to engage, mind block, fail, fallen behind, a lot to juggle, one affecting another, barely	*Zeynep:* I didn't do the readings. I was only attending the lectures for the sake of it and I was getting extensions for each assignment.

	doing it" and "fail after fail"	managing, not reading, not attending	*Naina:* my method of getting things done was really poor because I'd leave everything to the evening and my sleep was already impacted and I would feel very rushed and I don't think sometimes my best quality of work was produced. *Viki:* yeah so I failed my case study and [……] there was a lot going on. Which is why I particularly struggled with this case study *Eliza:* ..failed, and I just felt like, I felt a real low massive massive. Lizzy: ..with the real stress and burnout at the end of second year that was having to redo assignments that I had failed

Four – The bad therapist	This related to trainees' experience with clinical practice as they were burned out. It included subthemes "hard to empathise", "here and there", and "I am not good enough."	Added burden from clients, mind wanders in sessions, demanding clients, disconnected from patients, doubts as a therapist, loose belief in treatment, not engaging at placement, not engaging 100% with patients, less confident, cannot absorb the sessions, distracted	*Zeynep:* …it affected or had the negative impact on how much attention I was giving to them *Pooja:* …and feeling a bit like disconnected from my patients I think *Naina:* I was so focused on my own lack of energy and low mood and it's not that it was absent, but it was very much lower like I had lower attention to empathy *Mia:* I didn't feel like I was giving my clients 100%, and I didn't feel like I was switched on, I didn't feel like I was as reflexive and as responsive in the sessions. *Viki:* A lot of anxiety was around my ability, my ability to practice as a therapist, I felt

			insecure and nervous about that *James:* I when I was going through burnout feeling I got to a place where I didn't believe in it anymore, you know I believed that it was crushing these people
Five – Pandemic made it worse	This is related to the impact of the COVID-19 pandemic on trainees' experience of training and burnout. It included subthemes "missing social touch" and "drowned in screen time."	Back-to-back lectures, blurred boundaries, no time to process, loneliness, lack of socialisation, poor supervision, the pressure of course still prevails, online is exhausting, need to see people, exhausted from online work, online lectures causing stress, stress from uncertainty, social media affecting mental health	*Eliza:* I would literally go out or in the car whatever do the phone calls because I had no space. And I that found quite stressful too. *Lizzy:* it just it was worse last year, because we were online and so it was harder to pay attention to like, in the lecture I found myself a lot less motivated *Noah:* all of that impacted my mood, it also impacted the amount of work I do and my efficiency, so,

			yes COVID-19 definitely made me feel more burned out without any question *Naina:* the boundaries in my life, became very blurred, so you have a home setting, study setting, social setting and everything was in one place *James:* There's 20 of us in my cohort and I think I've only ever met sort of five of them face to face….[…..]…yeah, definitely. Yeah, I think feeling of being quite isolated and lonely *Pooja:* go for a walk with a friend or with my dad or like watching a film with him, and you know just trying to switch off from just having information talked at you, for the whole day

Six – Support network – the bliss and misery	This is related to the impact of the support system on trainees' burnout and vice-versa. The subthemes are "they got my back", "strained relationships", and "I felt quite un-held."	Help lessened responsibilities, having a support system helped, receiving the care was nice, coursework was manageable with extra help, high expectation from husband, anti-social, distant from relationships, compassion fatigue, being short with people, less time for family, anger towards uni, sad about the uni, un-held, uni doesn't speak and support.	*Mia:* So, I think I managed that but probably partly due to my sister proofreading silly grammatical errors and spelling mistakes. *James:* It was just that feeling which I didn't notice for ages that he was looking after me, it was really sweet. *Lizzy:* like not having energy for family or friends or anything […]..yes, I've got too much on my own thing so having to stop conversation sometimes. Because of that mostly it's feeling spaced out in some way or another. *Viki:* nobody was talking about you know how you learn about something how you feel about them and how placements are going and I think I

			felt like there was a lack of recognition of how difficult it was by the lecturers.

Appendix JJ: Snippet from researcher's reflexive diary

The stress of getting participants for the survey – I wonder the peer support and active participation. Also, knowing that only 1 person attended the BPS session – there is maybe a lack of unity or one-ness in the community. Or maybe.. maybe people are so stressed and burned out that they are unable to take the survey. NOTE THIS POINT!!!

It's been almost 4 years since I last used SPSS. I feel like I don't remember anything. I don't feel very confident about it. I feel nervous and anxious about having to run so many tests, understand the analysis and report it. I wonder if I took more than I could handle. Also, what if all the hypotheses have non-significant results:/ .. Oh God... I need to breathe.

What can I do? What can I do to reduce my anxiety and let it not affect my time with SPSS!!!!!!!!!!!!!!! The things to do: YouTube tutorial videos, practical ppt's from MSc, allow one week time to immerse and play with the day, regularly check the work and emotions, keep reformulating the plan accordingly.

Transcribing – oh my God. Oh my my my.. arrrghhh. It is so stressful and exhausting. My ears hurt from using earphones. I need a break. I need to come up with a schedule that I divide and attend to the audio recording. I need to make sure, I need to avoid any human errors – recheck a couple of times

I feel sad and low when I read Zeynep's transcript. I think it is because I am empathizing with Zeynep. I think I am considering her as a part of my team, a part of the DPsych community and that might be influencing the way I am approaching her experience. When I read this, I can't help but see and think of the maintenance cycle in Zeynep's behaviour. I find it difficult to shut off my trainee clinician side. This might not help me see the data with an open mind. I should re-read and re-code being aware of this behaviour.

What does this mean??? I wonder!! I think the clinician side of me is being expressed more than the researcher. I need to learn to contain my emotions to reduce my influence!

From Naina's answers, it makes me think of how hard I have been working in the last 2 weeks. And it has definitely affected my sleep. Makes me wonder if less sleep has an impact on my mood. I find it fascinating how I keep coming back, on and off, to my life and what happens with me when I read the transcripts. I feel because I am unable to make this connection – will I without any bias code Naina's experience on sleep? Interesting!!!

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