Burnout and work engagement among South African psychologists

B. ROOTHMAN

12028231

Thesis submitted for the degree *Philosophaie Doctor* in Psychology at the Potchefstroom campus of the North-West University

Promoter: Prof. E. van Rensburg

Co-promoter: Prof. I. Rothmann

May 2010

Dedication

All glory to God, with gratitude for the many blessings He has given me.

For my wife, Zelda; I can't tell you how much I appreciate your support and your encouragement. You never stopped believing even when I did, thank you for all the sacrifices you have made, and for never doubting that they were worth it.

For my son, Kai; you are my inspiration. No matter what you want to achieve in life, and no matter how difficult it may seem, always know that you have it in you to reach your goals.

For my mom, Esmé; thank you for all you have done over the years and still do. I hope that you are as proud of me as I am of you.

For Jellybean; you are never forgotten and you are always loved.

Acknowledgements

My gratitude and appreciation for those who assisted me on this challenging journey:

Prof. Esmé van Rensburg for her guidance, humour and most of all, her patience. Thank you for giving me a push when I needed one and for also letting me catch my breath when I needed to. I couldn't have chosen a better promoter.

Prof. Ian Rothmann for his expertise in the field which helped form my thinking with regards to the topic and for assisting my understanding of the statistics.

Prof. Faans Steyn for going above and beyond the call of duty. You were always prepared to assist and didn't mind explaining the statistics to me, repeatedly, until I fully understood.

Mrs. Nicolette Geyer and Mrs. Merisa Robbertze for the detailed and insightful language editing in addition to the support and encouragement you offered.

Mrs. Louise Vos and her colleagues who were always prepared to do yet another database search, and always with a smile.

My family and friends who supported me in this endeavour and especially "Krokkie" for the unending moral support.

Thank you also to the psychologists who allowed me to interview them and those who participated in the research. Without you there would have been no study to conduct.

Summary

Although numerous and divergent stressors are inherent to the professional life of a psychologist, research regarding burnout and its antipode, work engagement in psychologists is sparse. The current research sought to investigate the nature of and the relationship between job demands, job resources, burnout and work engagement in a group of South African psychologists.

The Job Demand-Resources (JD-R) model was employed as the foundation from which to understand and explain the process of burnout development, as well as the process of maintaining work engagement. Personal interviews were conducted and qualitatively analysed to determine occupation-specific themes which were used to develop the Job Demands-Job Resources Scale for Psychologists (JD-JRSP). A group of South African psychologists in private practice (N = 105) completed the JD-JRSP, the Oldenburg Burnout Inventory (OLBI) and the Utrecht Work Engagement Scale (UWES).

The statistical analyses of these instruments reflected that the JD-R model provides a meaningful basis for research into burnout and work engagement. The participants in this study reported low to moderate job demands with moderate to high job resources. In accordance with the underpinnings of the JD-R model, burnout scores were shown to be low, whilst the participants retained high levels of work engagement.

The results suggest that job resources mitigate the debilitating effects of job demands and therefore protect against burnout, whilst promoting work engagement. The present study makes a unique contribution to the field as no other South African or international research has, to date, investigated these four constructs in psychologists.

KEY WORDS

job demands, job resources, burnout, work engagement, psychologists

Opsomming

Alhoewel 'n hele aantal uiteenlopende stresfaktore inherent is aan die professionele lewe van 'n sielkundige, is navorsing oor uitbranding en die teenvoeter daarvan, werkbetrokkenheid, yl gesaai. Die doel van die huidige navorsing was om die aard van en verhouding tussen werksvereistes, werkhulpbronne, uitbranding en werkbetrokkenheid in 'n groep Suid-Afrikaanse sielkundiges te ondersoek.

Die *Job Demand-Resources (JD-R)*-model is gebruik as die basis van waar gepoog sou word om die ontwikkeling van die uitbrandingsproses en die handhawing van werkbetrokkenheid te verstaan en te verduidelik. Persoonlike onderhoude is gevoer en kwalitatief ontleed om die beroep-spesifieke temas te bepaal wat gebruik is om die *Job Demands-Job Resources Scale for Psychologists (JD-JRSP)* te ontwikkel. 'n Groep Suid-Afrikaanse sielkundiges in privaat praktyk (N = 105) het die *JD-JRSP, die Oldenburg Burnout Inventory (OLBI)* en die *Utrecht Work Engagement Scale (UWES)* voltooi.

Die statistiese analise van hierdie meetinstrumente het getoon dat die JD-R-model 'n betekenisvolle basis vorm vir navorsing oor uitbranding en werkbetrokkenheid. Die deelnemers aan die studie het lae tot gemiddelde werksvereistes met gemiddelde tot hoë werkhulpbronne aangemeld. In ooreenstemming met die beginsels waarop die JD-R-model berus, is lae vlakke van uitbranding gerapporteer, terwyl die deelnemers hoë vlakke van werkbetrokkenheid kon handhaaf.

Die resultate dui daarop dat werkhulpbronne die uitmergelende effek van werksvereistes temper, beskerming bied teen uitbranding, en werkbetrokkenheid bevorder. Die huidige studie lewer 'n unieke bydrae tot die vakgebied, aangesien geen ander Suid-Afrikaanse of internasionale navorsing tot nog toe hierdie vier faktore in sielkundiges ondersoek het nie.

SLEUTELWOORDE

Werksvereistes, werkhulpbronne, uitbranding, werkbetrokkenheid, sielkundiges

CONTENTS

TABLES

FIGURES

CHAPTER 1

PROBLEM STATEMENT AND MOTIVATION

1.1 INTRODUCTION

Psychologists are deeply involved in human suffering, problem solving and crisis intervention on a daily basis. They are required to confront others' distress regularly and their role as treatment provider presupposes the ability to address psychopathology, to assist a client in making positive life changes and also to cope with his or her stress. Often clients bring with them the expectation that theirs will be a passive role in the treatment process thus placing the onus for change on the therapist, which frequently results in misperceptions regarding therapist competency and efficacy (American Psychological Association, 2004; Arvay & Uhlemann, 1995; Azar, 2000; Case & McMinn, 2001; Kuyken, Peters, Power & Lavender, 1998; McAdams III & Foster, 2002; Mehta, 2004; O'Halloran & Linton, 2000; Oubiña, Calvo & Fernández-Rios, 1997; Rabasca, 1999; Watkins, 1983; Wityk, 2002).

The role of the psychologist is often described in general terms. Job descriptions include assessment, diagnosis, counselling, skills development, guidance, treatment of current problems, prevention of future difficulties and research into social and human issues (South African Department of Labour, 2004). Kuyken et al. (1998, p. 239) state that a psychologist may regularly be required to "span the roles of individual, family and group therapist, researcher, advocate, teacher, manager, supervisor and team member". Role conflict and role ambiguity have been identified as factors that may potentially contribute to stress and burnout (Wiese, Rothmann & Storm, 2003). It is not unreasonable to suggest that these two factors may also negatively affect work engagement factors such as energy, involvement and efficacy.

According to Rothmann (2003) the general working environment, both internationally and in South Africa is becoming more expectant of its workforce, placing greater demands in terms of time and performance. In addition, the traditional profession of psychology is changing rapidly, with diversification in focus, expansion in application and arguably, restriction in practice frameworks. Preventative and community-based

interventions are coming to the fore (South African Department of Labour, 2004) whilst current psycho-socio-economic structures have given rise to an increase in the need for psychological services and an increase in the severity of presenting problems (Lee, 1998; O'Halloran & Linton, 2000). Despite this heightened need, the practice of psychology is often limited by budget restrictions in medical aid coverage, by time constraints imposed by managed care practices and by diminished faith from other disciplines (Lee, 1998).

The above-mentioned factors may exacerbate feelings of lower levels of perceived control, work overload, lack of social support and lack of resources, which have all been identified as potential risk factors when considering burnout (Wiese et al., 2003). The apparent increase in job demands and lowered resources will likely also be reflected in the levels of work engagement shown by psychologists.

The experience of stress is largely subjective. Researchers have attributed symptoms of psychopathology (such as depression and hyperarousal) to excessive stress levels (Arvay & Uhlemann, 1995). Bavendam (2000) isolates the intrusion of occupational concerns into one's personal life and excessive concern regarding occupation as being precipitated by high levels of stress. Oubiña et al. (1997) put forth that the intrinsic nature of a mental health occupation, with the potential for limited therapeutic outcomes, overwork and the need for sustained empathy, may lead a practitioner to perceive occupational demands as exceeding personal resources with resultant negative psychobiological implications for the practitioner.

These may include libidinal decrease, lethargy and abdominal complaints. Stress is not synonymous with burnout. However, burnout can be viewed as "a particular, multidimensional, chronic stress reaction... the final step in a progression of unsuccessful attempts to cope with a variety of negative stress conditions" (Rothmann, Jackson & Kruger, 2003, p. 52). Coping with stress would involve maintaining a balance between professional and personal lives (Rabasca, 1999) and a regained sense of control, thus perceiving oneself adequately equipped to confront occupational demands. In essence, this equates to the perception that an individual's resources are equal to or exceeding the demands being experienced.

The stressors facing psychologists, and therefore the risk factors for burnout and disengagement, appear to be numerous and pervasive. The phenomenon of burnout has received a great deal of attention in recent years (Kee, Johnson & Hunt, 2002; Vredenburgh, Carlozzi & Stein, 1999), yet a lack of information regarding burnout in mental health professionals persists (Kee et al., 2002; Mehta, 2004). It seems somewhat ironic that little attention has been given to address or even ascertain the extent to which potentially precipitating factors and burnout (and engagement), are subjectively perceived within themselves by psychologists (Arvey & Uhlemann, 1995; Kuyken et al., 1998; Mehta, 2004; Oubiña et al., 1997; Vredenburgh et al., 1999; Watkins, 1983).

Considering that decreased job satisfaction may be regarded as a stressor for psychologists, and that both decreased job satisfaction and increased stress may predispose a psychologist to burnout, it is deemed essential that further research be conducted. The implications of burnout and disengagement in a practising psychologist are far-reaching and sobering. These could include decreased efficacy or professional misconduct, increasing numbers of psychologists leaving the profession or emigrating to practise elsewhere. Statistics regarding resolved complaints lodged with the Health Professions Council of South Africa (HPCSA) reflect that 183 complaints were resolved for the period 2003-2005 as opposed to 109 complaints for the period 2000-2002 (personal communication, 2005). Although this may merely reflect greater attention on the part of the HPCSA to resolving complaints, or possibly even a trend that the public is more inclined to lodge a complaint, the possibility must be considered that it may also reflect an increasing number of professional indiscretions which may be precipitated by a number of factors, including burnout or inadequate work engagement. In addition to the desire for self-care and quality of life for the therapist (Case & McMinn, 2001; Mehta, 2004; O'Halloran & Linton, 2000; Oubiña et al., 1997; Watkins, 1983) there exists also a concern for the quality of therapeutic intervention provided by a psychologist experiencing burnout (McCarthy & Frieze, 1999) and ethical considerations (Wityk, 2002).

The proposed scope of practice guidelines (HPCSA, 2007, p. 8) define clinical psychologists as those who "assess, diagnose and intervene with people dealing

with life challenges, particularly those with relatively serious forms of psychological distress and/or psychopathology". Counselling psychologists are defined as those who "assess, diagnose and intervene with people in dealing with life challenges and developmental problems to optimize psychological well-being" (HPCSA, 2007, p. 7). It is hypothesised that these two professional categories will be exposed to the greatest variety of presenting problems and client/patient population. This is due to the limitations inherent in each HPCSA registration category and the argument that, provided sufficient training has been acquired, a clinical or counselling psychologist is entitled to treat a wider array of presenting problems than would a research, educational or industrial psychologist. Private practice is also deemed to be the most relevant practising context as it is argued that private practice lacks a formal organisational support system and therefore relies heavily on the psychologist him/herself. A minimum of two (2) years in private practice is also included as it is believed that this will reduce confounding variables often associated with start-up businesses. Given this, it was decided to limit the scope of this research to only include clinical or counseling psychologists, who work predominantly in private practice.

The research question therefore is: *What is the nature of burnout symptoms, work engagement, perceived job demands and perceived job resources as experienced by a group of South African psychologists in private practice?*

1.2. RESEARCH AIMS

The aims of this study are:

1. To determine the construct validity and reliability of the measuring instruments which will be used in this research.

2. To assess the nature of burnout symptoms, work engagement, job demands and job resources experienced by a group of South African psychologists.

3. To determine the relationship between burnout, work engagement, job demands and job resources as experienced by a group of South African psychologists.

4. To determine whether the model used within this research offers a satisfactory explanation of results obtained in this study.

5. To compare findings on South African psychologists with similar studies pertaining to burnout, work engagement, job demands and job resources within other South African occupations.

1.3 BASIC HYPOTHESES

The hypotheses are the following:

- The hypothesis for research aim 1.2.1 is that the measuring instruments used in this research have the necessary reliability and validity.

- Due to the investigative nature of this research, no hypotheses can be made regarding study aim 1.2.2.

- The hypothesis for research aim 1.2.3 is that an inverse correlation exists in which high scores for burnout will be associated with low scores for work engagement and that perceived high job demands and/or low job resources will correlate with low work engagement and high burnout scores.

- The hypothesis for study aim 1.2.4 is that the model utilised will provide a satisfactory explanation for the results obtained within this study.

- The hypothesis for study aim 1.2.5 is that the prevalence of burnout and disengagement in South African psychologists will be higher than that in

results obtained from other South African occupations due to current changes within the field of psychology.

1.4. RESEARCH METHOD

Research for this study will involve a literature analysis and an empirical investigation. Both qualitative and quantitative research methods are incorporated within the empirical investigation.

1.5 LITERATURE ANALYSIS

The literature study will focus on the definition and nature of the burnout syndrome, work engagement theories and the unique context of a practising psychologist. In addition, the focus will also be on previous studies dealing with similar themes, both South African and internationally. Data bases consulted: Nexus, EbscoHost, international and South African periodicals, Internet and Medline.

1.6 VALUE OF THE RESEARCH

The research will provide valid information regarding burnout and work engagement in psychologists in a South African context.

The results of this research will provide valuable information to registered psychologists by identifying behaviours and/or characteristics which may predispose them to burnout and/or disengagement.

The results of this research will provide meaningful information to institutions training student psychologists by identifying areas where additional tuition may decrease later vulnerability to burnout and/or disengagement.

The results of this research will serve to identify external job demand and job resource factors currently present (or absent) in the profession, which may be addressed in order to decrease the risk of burnout and/or disengagement in South African psychologists.

The research may be extended to incorporate other professions and their unique contexts.

Once the validity and reliability of the measuring instruments have been determined, other students embarking on a similar study will benefit from this knowledge.

1.7 ETHICAL CONSIDERATIONS

The following will be included to ensure that this research meets ethical standards:

The research proposal will be presented for approval by the Ethical Committee of the North-West University. All potential respondents will receive an introductory letter in which the aims and methodology of this research will be outlined. Thereafter participation will be on a voluntary basis, following informed consent. Respondents may withdraw at any time. Interpretation of returned questionnaires will be conducted by registered psychologists or psychometrists. No harm due to participation in this research is foreseen. Individual results and feedback from questionnaires completed will be available on request. No deception is involved in the research.

1.8 DISSERTATION PREVIEW

Chapter 1: Problem Statement and Motivation
Chapter 2: Job Demands and Job Resources
Chapter 3: Burnout
Chapter 4: Work Engagement in the Salutogenic Paradigm
Chapter 5: Research Methodology
Chapter 6: Results and Discussion
Chapter 7: Discussion of Results, Limitations and Recommendations

In Chapter One, the problem statement, aims and hypotheses and value of the research are provided. In Chapter Two the literature pertaining to job demands and job resources is addressed. Chapter Three constitutes an analysis of the literature pertaining to burnout. Chapter Four reviews the literature relating to work

engagement. Chapter Five discusses the empirical approach and methodology employed within this research. Chapter Six reports the results obtained from the empirical investigation, the interpretation thereof and a discussion of the results. Chapter Seven gives a summary of findings from both the literature review and the current study, with specific conclusions, limitations and recommendations included.

Based on the above overview of this study, an in-depth discussion of the core components is necessary. The first area requiring comprehensive review is regarding the foundation of the present study – the concept of job demands and job resources.

CHAPTER 2

JOB DEMANDS AND JOB RESOURCES

2.1 INTRODUCTION

It was initially intended to begin this thesis with the topic of burnout and follow through with a discussion regarding work engagement, with the concepts job demands and job resources originally envisioned as a background topic. Initially burnout was believed to constitute the primary focus of the research, with work engagement and job demands - job resources as secondary and tertiary concepts, respectively. However, it became clear that the three concepts are strongly inter-related with job demands and job resources as the starting point (Bakker & Demerouti, 2007).

Although each of the three concepts exists independently and are individually prominent in and of itself, the focus of this research is the relationship between them within a group of South African psychologists. The processes leading to burnout and work engagement differ considerably. However, both processes commence at the same point, namely the interplay between job demands and job resources.

2.2 DEFINITION OF JOB DEMANDS AND JOB RESOURCES

Every occupation has inherent demands and resources, and different jobs will have different types of demands and resources. Taken further, the same job occurring in different contexts (such as differing companies or countries) will produce divergent demands and resources. A highly demanding job does not necessarily cause burnout. Similarly, a job that is seemingly low in demands does not guarantee that an employee will not experience burnout. While a simple cause and effect relationship would be relatively easy to comprehend, it is apparent that neither burnout nor work engagement are elementary or "neat' in their conceptualisation. It would appear that a specific constellation of interaction between job demands and job resources will ultimately lead to either outcome. Before this interaction can be fully understood it is necessary to define the concepts under discussion.

2.2.1 Job Demands

Every job has certain specific requirements regarding tasks that need to be completed, in addition to the milieu in which these tasks must be undertaken. The milieu, in this instance, refers not only to the physical work environment but also to the general character of the organisation and the often unspoken conditions or expectations within the profession itself. When referring to demands, Schaufeli and Bakker (2004, p. 296) define job demands "as those physical, psychological, social, or organizational aspects of the job that require sustained physical and/or psychological costs".

Despite the connotative meaning of the term "demands", job demands are not inherently negative nor are they undesired within the work context. In themselves, job demands can supply a sense of challenge and stimulation which motivates an individual. It is only once these demands become overwhelming, specifically in a symbiotic interaction with job resources, that demands become depleting and engulf the individual with a sense of being over-taxed. As job demands evolve into job stressors, so the individual begins to experience excessive effort and an accompanying sense of excessive costs in meeting the demands. This precipitates negative reactions such as anxiety and depression, and may ultimately lead to burnout (Schaufeli & Bakker, 2004).

The influence of technological developments and increasing globalisation, have led to a high rate of change within the workplace. The expectations placed on employees have increased substantially (de Jonge & Kompier, 1997), ultimately to the point where individuals are increasingly reporting more and more negative health effects as a result of their job demands (MacDonald, 2003). Health care work has undergone a number of changes with increased workload, pace of work and escalating demands from patients being cited, despite the apparent lack of an accompanying increase in job rewards (van Vegchel, de Jonge, Bakker & Schaufeli, 2002). This underlines the need for greater exploration of the impact of job demands, the role that job resources can play and how best to achieve synergy for the benefit of individuals, and by implication, those they work with.

2.2.2 Job Resources

Job resources act as protective factors in many ways, counteracting the negative effects of excessive job demands, now perceived as job stressors. Schaufeli and Bakker (2004, p. 296) define job resources as "those physical, psychological, social, or organizational aspects of the job that either/or (1) reduce job demands and the associated physiological and psychological costs; (2) are functional in achieving work goals; (3) stimulate personal growth, learning and development".

Initially the author of this study was eager to include personal characteristics in the concept of "job resources" as these were thought to be intrinsic when considering resources. This belief was substantiated by the findings of researchers such as Jansen, Kerkstra, Abu-Saad and van der Zee (1996) who reported that in their Dutch study involving 402 community-based nurses, they found that job satisfaction showed a greater correlation to job characteristics whereas burnout was more significantly correlated to individual characteristics. However, upon further contemplation it was decided not to include personal characteristics as this would detract from the primary focus of the thesis. In exploring the broader field of job demands and job resources associated with the occupation of psychology, specifically within the domain of private practice in a South African context, the onus needed to remain on the occupation as a holistic entity as opposed to the specific individual characteristics of those within the entity. The argument could be put forth that certain personal characteristics are assumed to be shared, to a greater or lesser extent, among individuals who choose a specific occupation, but that was considered worthy of an independent study rather than as a sub-component of the current research. Despite this, the belief that personal characteristics play an important role remains, and the argument is briefly explored in Chapter 3 of this thesis.

2.3 HISTORICAL OVERVIEW LEADING TO CURRENT CONCEPTUALISATION

It would appear that the earliest basis for the exploration of the interrelationship between job demands and job resources can be found in research isolating job stress. Karasek (1979) developed a stress-management model of job strain which

sought to better understand work-related stress. According to Karasek (1979), the Job Demands-Control (JD-C) model also clarified previous contradictory findings in research that separated the effects of job demands and those of job decision latitude. He stated that it had been repeatedly shown that a combination of high job demands coupled with low decision latitude led to mental strain and low job satisfaction. Essentially this can be seen, in its most simplistic form, as equating to the view that high job demands within an environment which offers little control for the individual, will lead to pathology such as mental strain.

Grounded in this theory that job demands are associated with negative health outcomes, Karasek, Baker, Marxer, Ahlbom and Theorell (1981) conducted a Coronary Heart Disease (CHD) indicator study and a case control mortality study, and found that "both studies demonstrate that psychologically stressful job demands are associated with subsequent cardiovascular disease" (Karasek et al., 1981, p. 699). They reported that two of the low job decision latitude measures were significantly associated with cardiovascular disease, and that the combination with high job demands garnered further significant results. In addition, job dissatisfaction was also found to be predictable on the basis of these variables.

Similarly, a study exploring the relationship between job demands, decision latitude and myocardial infarction (MI) found that "employed males with jobs which are simultaneously low in decision latitude and high in psychological work load... have a higher prevalence of myocardial infarction" (Karasek et al., 1988, p. 910).

The model was later expanded (Karasek & Theorell, 1990 as cited in van Yperen and Hagedoorn, 2003, p. 340) to include a third component, that of social support, and was subsequently renamed the Job Demand-Control-Support (JDCS) model. Searle, Bright and Bochner (1999) sought to investigate this three-factor model of occupational stress incorporating these elements of Karasek's approach, namely job/task demands, control and social support. They found that high job demands positively correlated to higher stress levels and were inversely correlated with perceived performance of tasks. Social support produced similar results: the lower the perceived social support the higher the stress and the lower the perceived task performance.

Interestingly, social support has been identified as a meaningful job resource within the Job Demands-Resources (JD-R) model (Demerouti, Bakker, Nachreiner & Schaufeli, 2001) employed in the present research. Searle et al. (1999) were not working within a demands-resources paradigm per se yet did note the buffering effects of social support. Control, an integral component of Karasek's (1979) model, did not reflect significant correlation with stress levels. Moreover, van Yperen and Hagedoorn (2003, p. 340) report that five studies investigating the role of social support within high-strain jobs provided results that are "highly inconsistent and provide no conclusive evidence regarding Karasek and Theorell's (1990) prediction that job social support is a buffer". They continue by adding that the assumption implicit in their own research is that it is only *instrumental* support (practical support) that will impact positively on detrimental effects associated with high job strain (van Yperen & Hagedoorn, 2003). In contrast however, Pelfrene, Vlerick, Mak, de Smet, Kornitzer and de Backer (2001) found adequate reliability and validity scores in a large scale Belgian study utilising the Job Content Questionnaire (JCQ) which they describe as "a research tool to assess work-related stress that incorporates the scales that belong to the JDCS model" (Pelfrene et al., 2001, p. 298). They concluded that, in broad terms, the data supported the assumptions of the model, but admitted that the strengths and weaknesses that had been apparent in other research were also reflected in their study.

Despite the supporting results obtained by Karasek et al. (1981, 1988), other authors have also stated that empirical support for the strain hypothesis put forth by Karasek is inconclusive (de Rijk, Le Blanc, Schaufeli & de Jonge, 1998; Le Blanc, Bakker, Peeters, van Heersch & Schaufeli, 2001), and that research results regarding the moderating effect of job control on work stress are inconsistent (Beehr, Glaser, Canali & Wallwey, 2001).

This does not detract from the contribution made by Karasek in focusing on an interactive balance between debilitating elements within a work environment (demands) and protective or sustaining factors (specifically control factors such as "personal schedule freedom" and "intellectual discretion" according to Karasek et al., 1981). Such thinking possibly precipitated the next step in the conceptualisation and operationalisation of the role played by demands versus what would come to be

considered job resources. As early as 1986 Maslach, Jackson and Leiter (as cited in Schaufeli & Bakker, 2004, p. 296) isolated demands and resources in the understanding of burnout. These authors proposed a structural model wherein the existence of specific demands coupled with the absence of specific resources would lead to burnout. Although a noteworthy antecedent to the job demands-resources model adopted in this study, Schaufeli and Bakker (2004) are critical of the contribution as it is considered to be entirely descriptive in nature and was constructed to serve as a frame of reference for research results pertaining exclusively to the Maslach Burnout Inventory (MBI).

This focus on demands and resources was extended by Demerouti et al. (2001) with the development of the Job Demands-Resources (JD-R) model which is employed in the current study. This model was successfully tested and puts forth the contention that job demands are correlated with exhaustion, whilst job resources are inversely correlated with disengagement (Schaufeli & Bakker, 2004). These two factors form the core conceptualisation of burnout as defined by the Oldenburg Burnout Inventory (OLBI), developed as an alternative to the MBI (Demerouti, Bakker, Vardakou & Kantas, 2003).

The primary contention appears to be that the MBI had achieved an almost exclusive position in the field of burnout research. Despite this, some misgivings were voiced, predominantly the fact that the original MBI only accounted for human service professions (Demerouti et al., 2001). This was largely addressed by the development of the Maslach Burnout Inventory - General Survey (MBI-GS). Other criticisms however remained, such as the fact that the MBI only included negatively phrased items and the underlying view that burnout and engagement were merely opposite poles on a continuum covered by the MBI (Schaufeli & Bakker, 2004).

Accordingly, the OLBI, which included both negatively and positively worded items was developed (Demerouti et al., 2003). The core concepts of burnout were somewhat redefined to incorporate a broader spectrum of experience and to include all occupations, not merely human service fields. This evolution in definition reflects burnout, as categorised in the original MBI, as comprising *emotional exhaustion*, *depersonalisation* and reduced *personal efficacy*. The MBI-GS widened the definition

by referring to *exhaustion* and *cynicism* as the primary components. Reduced *personal efficacy* had been shown to possess the weakest correlation of the three and was thus not considered a core component (for a detailed discussion, refer to Chapter 3 of the present thesis).

The OLBI retained the same basic conceptualisation as the MBI-GS but renamed the components *exhaustion* and *disengagement*. Similarly, reduced *professional accomplishment* was acknowledged but not deemed to be a central component to burnout. Thus, three distinct operationalisations of burnout were posited: Firstly, Maslach and Leiter's original view, as described above, that burnout and engagement are opposing poles on a continuum (Schaufeli & Bakker, 2004). Secondly, the argument that burnout and engagement require separate measurement by two different instruments because of their independent nature (Schaufeli, Salanova, González-Romá & Bakker, 2002) and lastly, the development of an instrument (Demerouti et al., 2003) that presumes the independent states of burnout and engagement by incorporating both positive items (regarding engagement) and negative items (regarding burnout) in the form of the OLBI (Schaufeli & Bakker, 2004). However, the OLBI remains a measuring instrument for burnout which presupposes that, although it includes positive items pertaining to engagement, the onus is ultimately on the *burnout* component, namely disengagement. Schaufeli and Bakker (2004) describe the JD-R model proposed by Demerouti et al. (2003) as comprising two processes; an energetic process in which high demands overwhelm the individual and lead to exhaustion, and a motivational process in which resources are limited, with a concomitant decreased ability to cope effectively with high demands, thus precipitating disengagement. Schaufeli and Bakker (2004) maintained their earlier conviction and, using the JD-R model as a basis, conducted research which utilised the OLBI as a measure for burnout, and a second instrument, the Utrecht Work Engagement Scale (UWES) to measure work engagement, as they felt independent instruments were necessary for independent states.

This is the approach taken in the present study through which the path to both burnout (as operationalised by the OLBI) and work engagement (as operationalised

by the UWES) is explored, with job demands and job resources acting as the protagonists.

It is important to note that the preceding overview, which summarises the process leading to the development of the Job Demands-Resources model (Demerouti et al., 2001) constitutes research focused on the two separate phenomena of stress and burnout. These are not synonymous but do share certain features and are, erroneously, sometimes used interchangeably by laymen. In Chapter 3 it will be shown that some consider burnout to be the ultimate result of chronic stress, yet burnout has forged its own place as an independent syndrome and not merely an extension of stress. However, stress research does appear to have contributed significantly to later research focusing on burnout, and care was taken in the preceding section to identify the relevant phenomena (stress or burnout), accordingly.

2.4 THE JOB DEMANDS-RESOURCES MODEL

Metaphorically, job demands and job resources are viewed as a road. This road makes many twists and turns and hosts a number of offshoot pathways. Depending on which of the various pathways are taken, the road will lead to one of two destinations, either burnout or work engagement.

It is apparent that job demands and job resources exist simultaneously. Should the demands be high but the individual involved possesses moderate to significant resources, the job is likely to be experienced as stimulating and challenging. In such a case, job resources offer a protective function and mitigate the threat posed by high demands. Should the composition reflect low job demands and high job resources, the individual may feel under-stimulated and bored with a predictable, unchallenging job. This sense of mundane, routine tasks can impact negatively on an individual and will most likely lead to a decrease in work engagement, but not necessarily to burnout. If the combination is that of high job demands in conjunction with low or insufficient job resources, the threat of burnout is high and, by implication, also low levels of work engagement.

It is therefore conceivable for an individual to lack work engagement but not to meet the criteria for burnout. The present author posits that it is possible, albeit in the primary stages only, to experience both burnout and work engagement, although this will be for a short time only. Thereafter the burnout component will overshadow the work engagement and disengagement will occur. The argument behind this thought is that the core components of work engagement, namely vigour, dedication and absorption, are pre-requisites for vulnerability to burnout. Individuals who are not invested in their work will likely not be as sensitive to job demands, excessive or otherwise, as the work would be viewed as a means to an end and not part of their definition of self. This would, colloquially speaking, be considered the difference between having a job, a career, a profession or a calling. It is the last-mentioned element that may, arguably, have led to the initial link between burnout and the human services professions. Within the helping professions (such as medicine, psychology and the clergy) this sense of greater purpose, of having a "calling", specifically in serving others, is often referred to.

Two processes are considered to occur within a work context: the energetic process and the motivational process (Schaufeli & Bakker, 2004).

The energetic process is associated with the path leading to burnout and refers to the initiation and sustainment of mental effort under demanding conditions in order to maintain performance stability (Schaufeli & Bakker, 2004). These authors contend that an individual will need to choose one of two options when confronted by high job demands. They will either need to exert additional effort in order to maintain the level of performance previously shown, or they will choose not to increase their effort with a resultant decrease in performance. They further state that although the former can be considered an active and adaptive coping mechanism in the short term, "it is likely to be maladaptive as a habitual pattern of response to work, or, if sustained over a prolonged period, because it might deplete the individual's energy resources" (Schaufeli & Bakker, 2004, p. 297). They go on to state that a causal relationship between job demands and emotional exhaustion has consistently been shown, and posit that some studies have suggested that cynicism (the second burnout factor within Maslach's conceptualisation, referred to as *disengagement* within the JD-R model) arises from exhaustion.

The second or motivational process refers to the association between job resources and work engagement. Schaufeli and Bakker (2004, p. 298) state that "job resources may play either an intrinsic motivational role because they foster employee's growth, learning and development, or they may play an extrinsic motivational role because they are instrumental in achieving work goals". Irrespective of which motivational domain dominates, the end result, namely work engagement, is positive and healthy, with accompanying implications such as that the employee will feel more fulfilled and the likelihood of him or her leaving their job is lowered. This positive state is clearly desirable and it is in keeping with the current trend in psychology whereby "the emerging positive psychology proposes a shift from this traditional focus on weaknesses and malfunctioning towards human strengths and optimal functioning" (Schaufeli & Bakker, 2004, p. 293).

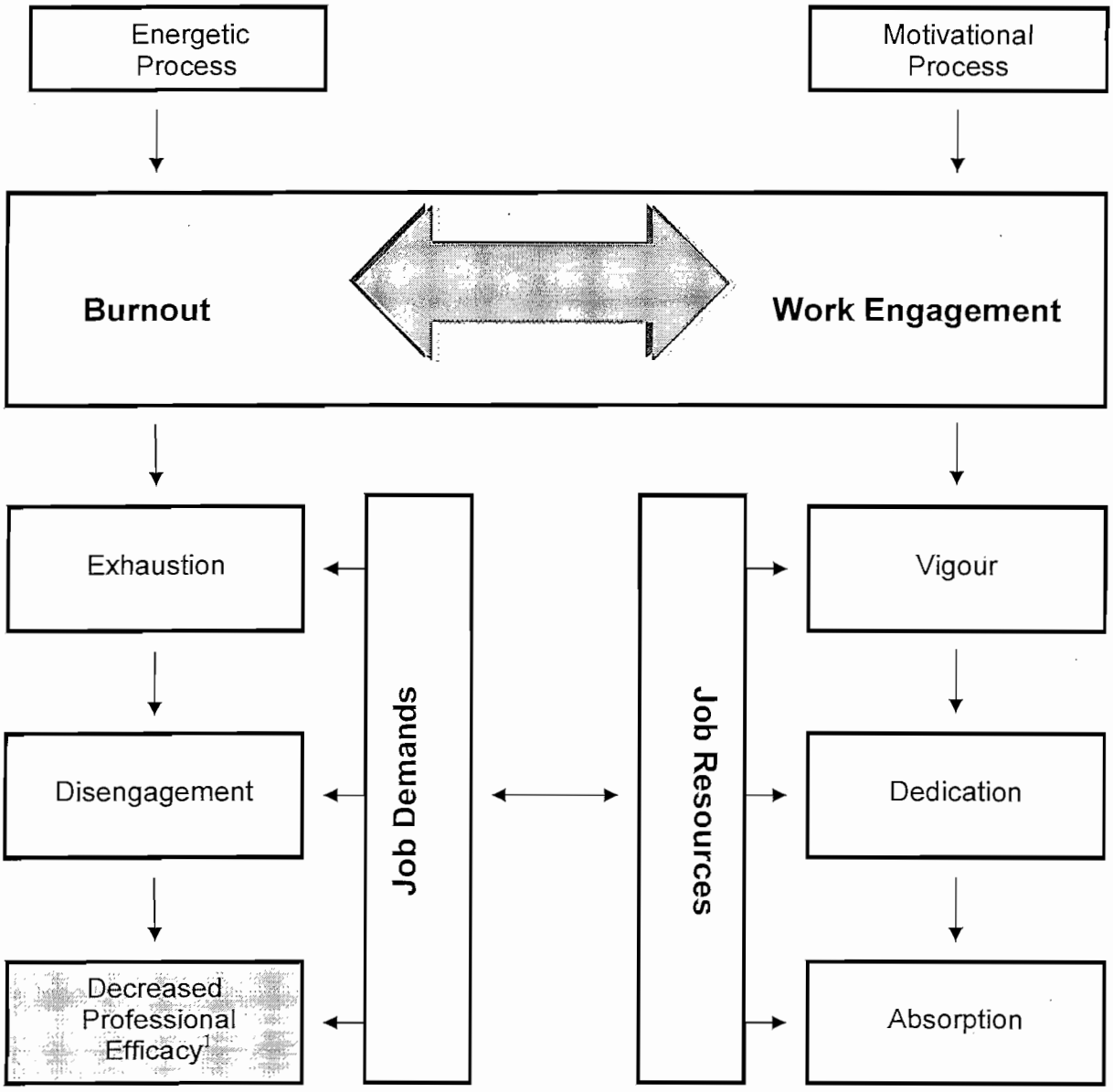
It is therefore clear that job demands in and of themselves are neither malignant nor undesirable. The best illustration of this dynamic would be stress. A low to moderate level of stress (called "eustress") is desirable as it increases performance through the provision of additional adrenaline. It thus assists the organism in the anxiety-producing task at hand. However, should the stress level continue to increase and move into the high or excessive level (called "distress") the same mechanism that initially assists performance will now impede it and cause diminished functioning (Tansey, Mizelle, Ferrin, Tschopp & Frain, 2004).

Conversely, job resources have been shown to alleviate the depleting effects of excessive job demands within burnout (Bakker, Demerouti & Euwema, 2005) and are considered to be a "buffer'. It has been posited that "burnout is the result of an imbalance between job demands and job resources, and that *several* job resources may compensate for the influence of *several* job demands on burnout" (Bakker et al., 2005, p. 170). The authors state that the Job Demands-Resources (JD-R) model (Demerouti et al., 2001) is an overarching model which assumes that whilst each job will have specific burnout risk factors, the general categories of job demands and job resources can broadly be applied to any occupation. In addition, they propose that burnout will result, in any occupation, once the afore-mentioned dynamic of high job demands and limited job resources is present (Bakker et al., 2005). This view has been tested and supported by a number of researchers (Bakker, Demerouti, de Boer

& Schaufeli, 2003; Bakker, Demerouti & Schaufeli, 2003; Bakker, Demerouti, Taris, Schaufeli & Schreurs, 2003; Bakker, Demerouti & Verbeke, 2004; Demerouti et al., 2001) thus reinforcing the reliability and validity of this hypothesis and the contribution it can make to the field of burnout and work engagement.

Figure 2.1 graphically represents this interactive dichotomy in which job demands and job resources co-exist simultaneously, yet their various combinations lead to different outcomes, most notably; burnout or work engagement.

Figure 2.1 ***Interactional Process of Burnout and Work Engagement as precipitated by Job Demands – Job Resources***



[1] Decreased Professional Efficacy is included here as the present author believes it to be an important consequence of the two core components of burnout. This view is also posited by Shirom (as cited in Demerouti et al., 2001).

2.5 THE JOB DEMANDS-RESOURCES MODEL WITH REFERENCE TO THE PROFESSION OF PSYCHOLOGY

As an overarching approach, with job demands and job resources as its central components, the model can be applied to all occupations (Bakker et al., 2005). It is also posited that each occupation will experience very specific types of risk factors (or "demands") regarding burnout (Bakker, Demerouti, Taris, Schaufeli & Schreurs, 2003). It is not unreasonable to make the assumption that the same is true for specific job resources.

For this reason, it was deemed necessary to develop a measurement instrument specific to the occupation of psychology and moreover, specific to the South African context in which local psychologists perform their professional duties.

When considering job demands, it is easily comprehensible that different jobs will place different demands on an individual (Jackson & Rothmann, 2005). As an example, one might look at the difference in the primary functions, working conditions and relative positioning in work roles between a psychologist and an assembly line worker. The latter will be pressured to maintain a work pace as regulated by an external source, whether the site foreman or the assembly belt itself. Such working conditions may include high levels of physical exertion and/or discomfort. The work may be considered low to moderately skilled labour, suggesting that employees are easily replaced. This sense of dispensability may influence the employees decisions to take leave or time off for sickness. In addition, this may have an effect on self esteem leading the employee to feel like a (replaceable) cog in a machine. Shift work may be required which impacts on the employees family life and even their sleep routine. These factors may be considered potential job demands for an assembly line employee yet none are present in the work context of a psychologist. Does this mean that the psychologist has the easier job? It does not. It does, however, show that the psychologist has different job demands from the assembly line worker. Not necessarily more nor less, merely different. For example, the psychologist may be pressured by time constraints in completing all daily tasks within the given work hours or may experience difficulty when encountering an ethically ambiguous situation which requires sound

knowledge of the ethical code of the profession, insight into the responsibilities towards the client/patient and the wisdom to ultimately make a judgment call when neither of the afore-mentioned can provide enlightenment with regards to the dilemma. The psychologist may have to deal with a particularly difficult client/patient or experience financial stress when medical aid companies repudiate a claim. Again, none of these demands will be experienced by the assembly line worker, suggesting that demands will be specific to an occupation despite the fact that broad categories can be isolated. For example, both the assembly line worker and the psychologist were susceptible to work overload but the manifestation thereof differs greatly.

The same argument can be put forth regarding job resources. In keeping with the above example, consider the resources available to the assembly line employee: no carry-over tasks at the end of the working day, access to union support, paid leave and possibly an annual bonus, no concerns regarding administrative or fiscal aspects of the company. Furthermore, he may appreciate the camaraderie of colleagues during breaks and at lunchtime in addition to incentives such as promotion or other external acknowledgement.

The psychologist, on the other hand, may enjoy a certain status as a professional, may experience opportunities for personal and professional growth albeit not in the form of promotion. Theoretically, he/she has the ability to schedule his/her diary as per his/her own preferences and may therefore feel autonomous in his/her practice. His/her remuneration for services may provide a sense of financial security. In addition, the psychologist may experience meaningful interactions with others and achieve a sense of satisfaction in knowing that he/she is involved in assisting others in improving their quality of life.

These examples serve to illustrate that although broad categories for job demands and job resources may be coming to the fore within the latest research, each job will retain a uniqueness in how these broad categories manifest themselves.

Within the South African context, the field of psychology faces many unique challenges. Serving a vastly heterogeneous population, incorporating 11 official languages and strongly delineated socio-cultural roles, the South African

psychologist may consult a wide range of diverse clients/patients in any given working week. Added to this, socio-political-cultural change in a post-apartheid era has precipitated the need for adjustments, within all cultural groups, often with accompanying anxiety.

In addition to the adaptation experienced by the population as a collective, there have also been alterations within the profession of psychology as practised in South Africa. These changes include the following:

- The implementation of Continuing Professional Development (CPD) of which the requirements are not clear or consistent. This leads to additional financial burdens as private practitioners must fund their own attendance yet simultaneously lose revenue;

- The creation of a new registration category, that of "Registered Counsellor". Although regulations regarding the scope of practice were established, these definitions are somewhat vaguely worded and, arguably, open to subjective interpretation;

- The possible abolishment of the existing registration categories in the field of psychology (Clinical, Counselling, Educational, Industrial and Research) may cause uncertainty regarding a practitioner's role and position within the occupation;

- A proposal to create additional registration categories within the field of psychology, (such as Neuropsychologist and Forensic Psychologist), is being considered by the HPCSA yet no clear indication exists of where that would place individuals who are currently practising in these areas;

- Up and till February 2010 the Department of Health (DoH) has not released recommended tariffs for 2010 (Opperman, 2009a), leaving private practitioners without fee guidelines;

- The creation of the New Credit Act of 1 June 2007 has had numerous and conflicting implications for psychologists (Opperman, 2009b), with specific negative implications regarding the collection of outstanding fees for services rendered.

The above challenges may be considered within the greater context of health care services in South Africa at present, as described by Smit (2006, p.1) who, in reviewing public health care following the political changes occurring after 1994, states that "this process of transformation has lead to an unstable transitional phase characterised by unrealistic expectations, job insecurity, severe staff shortages and heightened stress levels". This also has implications for the psychologist in private practice as the public health sector forms the basis of the secondary support system which is an important component of job resources.

Whilst the above examples provided may not impact on every psychologist in the same way, they cannot be ignored. They form the professional milieu in which all psychologists must practice their profession and will thus indisputably affect each practitioner, directly or indirectly.

Research regarding the job demands - job resources approach within the South African context is relatively limited. In researching the present thesis, no studies that focused on job demands and job resources pertaining specifically to South African psychologists were found. However, other occupations have been studied, and the findings from such research will be discussed in the following section.

2.6 SOUTH AFRICAN RESEARCH PERTAINING TO THE JOB DEMANDS-JOB RESOURCES MODEL IN OTHER OCCUPATIONS

Jackson and Rothmann (2005) investigated the well-being of educators working in the North-West Province of South Africa. Their study comprised three measuring instruments; the Maslach Burnout Inventory - General Survey (MBI-GS) (Schaufeli, Leiter, Maslach & Jackson, 1996 as cited in Jackson & Rothmann, 2005), the Health Questionnaire and the Job Demands-Resources Scale (JDRS). As with the present study, the Job Demands – Resources model has shown that despite the specificity of

each occupation regarding type of demands and resources, the two broad categories of "demands" and "resources" can be applied universally (Jackson & Rothmann, 2005). Their findings support the literature in that exhaustion (as a component of the MBI-GS) was strongly related to overload (as one of the factors arising from the JDRS), and moderately inversely related to the growth opportunities and control factors.

The second component of burnout, as conceptualised within the MBI-GS, namely; cynicism, was moderately inversely related to the growth opportunities and control factors and moderately positively related to the overload factor.

The third component, professional efficacy, was moderately inversely related to the growth opportunities factor. Jackson and Rothmann (2005) concluded that job demands (specifically overload, lack of growth opportunties and lack of control) were predictors of exhaustion. They also state that a lack of job resources contributed to cynicism. Significant scores on all three components of the MBI-GS (exhaustion, cynicism and low professional efficacy) correlated to psychological ill-health. The ultimate conclusion was that "the JD-R model is a useful model in managing and preventing burnout..." (Jackson & Rothmann, 2005, p. 120).

Rothmann, Mostert and Strydom (2006) investigated the psychometric properties of the JDRS (Jackson & Rothmann, 2005). They found that different job demands and job resources arise from different organisations and that work context (which includes the physical environment, the type of organisation and the type of occupation inter alia), precipitates distinctive demands and resources. Secondly, the nature of work per se has altered, bringing greater cognitive and mental demands, alterations to the "when" and "how" work is accomplished and the implication that increased adaptability and flexibility is required of employees, with a resultant potential impact on their well-being within the work context. Thirdly, the construct validity, construct equivalence and reliability of the JDRS achieved satisfactory results thereby supporting the contention that the instrument possesses sufficient validity and reliability (Rothmann et al., 2006).

This finding was further augmented by the study of Jackson, Rothmann and van der Vijver (2006) with educators. These researchers found that a good fit was found between job demands and burnout as well as between job resources and work engagement, and concluded that burnout and work engagement (as both negative and positive aspects of work-related well-being) can be successfully integrated within one model (Jackson et al., 2006).

Another study focused on the job demands and resources experienced within the ministry profession in South Africa (Buys & Rothmann, 2009). The authors adapted the Job Demands-Resources Questionnaire (JD-RQ) specifically for the ministry profession and found that when the sample participants "lacked job resources, they were unable to reduce the potentially negative influence of high job demands (e.g. emotional demands). Job resources therefore, are not only important to deal with job demands but are also important in their own right" (Buys & Rothmann, 2009, p. 135).

The preceding examples serve to highlight the usability of the Job Demands-Resources model for different professions and the fact that the model can be adapted for different occupations being studied.

2.7 SUMMARY

Chapter 2 provided a definition of the concepts job demands and job resources. In addition, the role that demands and resources play as a foundation for burnout or work engagement, including the types of interactions required for specific outcomes, was highlighted. The historical development of the process leading to the current model of job demands and job resources was briefly outlined whilst more emphasis was placed on describing the Job Demands - Resources model. Lastly, the South African context and that of a psychologist privately practising therein were reviewed to illuminate the importance of such research.

The following chapter will deal with the first of two outcomes arising from the job demands and job resources experienced by an individual, namely; the phenomenon of burnout.

CHAPTER 3

BURNOUT

3.1 DEVELOPMENT OF THE CONSTRUCT BURNOUT

In order to understand the construct burnout it is necessary to understand the development thereof, from a "pop psychology" concept to an internationally recognised phenomenon.

3.1.1 Introduction

The experience of burnout is not new. Previously, descriptions such as "exhaustion" or even "overstrain" have been used. Fictional literature described characters with recognisable burnout features as early as 1922 (Maslach & Schaufeli, 1993). Although the idea of burnout was not unknown, it was yet to be conceptualised, defined or named and it was not apparent that it would ultimately become a phenomenon.

Herbert Freudenberger (1974) is consensually credited with first using the term "burnout" as a description of the phenomenon he identified in his own work environment (Janssen, Schaufeli & Houkes, 1999; Kee, Johnson & Hunt, 2002; Maslach, Schaufeli & Leiter, 2001; Scott, 2001). Freudenberger (1974, 1975) noted a decrease in motivation and dedication with accompanying apparent depletion of emotional resources in voluntary workers. This led to the use of the metaphorical term "burnout" borrowed from a colloquial term used at that time to describe long-term drug use.

It was at approximately this time that a social psychology researcher, Christina Maslach, also noted a pattern of similar reactions in some individuals, whilst she was researching coping mechanisms related to emotional arousal on the job (Maslach & Schaufeli, 1993). She adopted the term and found that it was easily grasped by those being interviewed as sufficiently descriptive to apply to their experiences.

During the 1970s the term burnout began to be used consistently, initially in the USA, for a set of observed behaviours and attitudes (Maslach, 2001). Weaver (2000) reports that no academic references to burnout existed before 1974, but notes that a professional literature review spanning 1974-1980 yielded 47 results regarding burnout. An Internet search conducted by the current researcher in 2007 yielded 1,648,132 results on MSN Search (http://search.msn.com) to 15,100,000 results on Google (http://google.com).

This illustrates the burgeoning interest in the topic since its relatively humble beginnings in the early 1970s. Scott (2001) reflects that the social climate in the USA at that time was one of increasing social awareness, upheaval and a re-consideration of values. This suggests an increasing dedication to altruistic pursuits and a sense of unified community. Many young people were striving for ideals related to the socio-economic-political norms characterising that time and the subsequent focus on peace, unity, tolerance and connection with others. Arguably, this collective consciousness within a population of idealistic and dedicated youth, many of whom entered into the human service professions in order to "make a difference", would be a reasonable foundation from which disillusionment, disappointment, a sense of futility and emotional depletion could emerge.

When discussing the 1970s and the context surrounding the beginnings of the burnout phenomenon, Maslach and Schaufeli (1993) highlight the importance of change in interpersonal relationships from one of community cohesion to a more individualistic stance, with an accompanying emphasis on personal satisfaction and contentment to be garnered from the employment arena. Greater expectations were accompanied by fewer coping options than previously available owing to the changing times. The demand for social services became more prominent in this time. Higher levels of credentials and professionalism in social services created often unrealistic expectations in both consumers and practitioners, which ultimately led to burnout and disillusionment. This explains the notion that originally existed that burnout was exclusively found in service professions.

3.1.2 The Pioneering Phase

Maslach et al. (2001) identify two distinct phases regarding the development of the theories, the conceptualisation and assessment thereof and also the expanded research related to burnout. Firstly, the "Pioneering Phase" which is categorised by the exploration of the new-found syndrome. During this period burnout was largely considered as being part of "pop psychology", without academic reinforcement or supporting empirical research foundations (Maslach et al., 2001). No model or conceptualisation of burnout was put forth at that time, which led to different definitions regarding what exactly was meant by the term. This also led to burnout becoming a generalised, overly inclusive term which precipitated the difficulty that "a concept that has been expanded to mean everything ends up meaning nothing at all" (Maslach & Schaufeli, 1993, p. 4).

Interest was growing within the scientific community and burnout was investigated from clinical, social, medical and organisational perspectives, giving rise to divergent opinions and theories. These investigations were still largely qualitative in nature and continued to be primarily in the form of observations and anecdotal evidence. A lack of empirical research, despite a wave of interest, meant that burnout lacked credibility, consensus and a structured approach. However, Maslach and Schaufeli (1993) also point out that this was not necessarily a drawback as it provided the field of burnout with a multitude of theoretical perspectives considered from clinical, organisational and social vantage points.

Although no definitive description or conceptualisation was present at that time, there was some consensus about what constituted the core components of burnout, regardless of theoretical orientation or scientific perspective (Maslach et al., 2001). Researchers recognised the demands made by a care-giving or service-entrenched vocation and the subsequent risk of the exhaustion of emotional resources. They also noted that many individuals displayed a shared coping style in the form of emotional detachment from the service recipients.

Following the largely qualitative interest of the 1970s, a more structured approach was however needed if burnout were to be better understood and acknowledged as

a psychological/social/organisational phenomenon. Empirical investigations soon followed, bringing with them credibility and ultimately, recognition of burnout as a scientifically accepted syndrome.

3.1.3 The Empirical Phase

This second phase, referred to as the "Empirical Phase" (Maslach et al., 2001) came into being in the 1980s when the qualitative approach, predominant until that time, gave way to a more quantitative approach with emphasis on empirical substantiation of theories and hypotheses. Standardised measures were developed including, but not limited to, the Maslach Burnout Inventory (Maslach & Jackson, 1981) which was originally created to assess burnout in the service occupations. Burnout was still researched predominantly in the USA but from the mid-1980s other English speaking countries began to conduct their own research, and in the latter half of the decade non-English speaking countries had begun to use translated versions of measuring instruments. It is noted however that internationally, burnout research tended to utilise conceptualisations derived from the original measurement scales that had already been developed by American researchers (Maslach & Schaufeli, 1993). This allowed for less diversity in terms of differing perspectives internationally and it was only in the 1990s that the international scientific community initiated their own conceptual contributions.

The initial human services focus of burnout research has broadened to include professions not directly related to human service provision, and has even been used to address non-vocational areas such as the parental role and marital relationships. This expansion is not without its concerns however, as it may undermine the progress achieved to date in containing the complexity of burnout and thereby revert to the initial, somewhat chaotic approach shown in the early 1970s.

Currently burnout may be considered an international, contemporary phenomenon with significant relevance in today's psycho-social context. It has been described as a plague of pandemic proportions (Hart, 1995), underscoring the need for continued research.

Having reviewed the progression of burnout research since it first became a syndrome of psychological interest in the 1970's, it is necessary to discuss the way in which burnout is defined.

3.2 DEFINITION OF BURNOUT

In order to understand the concept of burnout, the factors inherent therein and their definitions require explanation.

Defining burnout has been problematic from the beginning, but recently a general operational definition of burnout was consensually agreed upon by researchers (Maslach, et al., 2001; Schaufeli, et al., 1993). Maslach's multidimensional approach has identified three distinct components: emotional exhaustion, depersonalisation and decreased personal accomplishment. From the literature it would appear that most authors include these components in their perspective on burnout although they do not necessarily agree on the ways in which the three components emerge and interrelate, or their relative strength and importance. Different names are used by different researchers for these components and they are thought to occur in different sequences or even simultaneously, dependent on the specific conceptualisation thereof (Maslach, 1993).

Working from the multidimensional model, burnout can thus be defined as
"a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do "people work" of some kind" (Maslach & Jackson, 1986, p. 1).

- Emotional Exhaustion

Emotional exhaustion is thought to be the most analysed of the three components and deemed by many researchers to be the central aspect. Some contend that the remaining two components are incidental, yet other researchers argue that not to consider the contributions of all three would lead to misinterpreting burnout in totality (Maslach, et al., 2001). Demerouti, Bakker, Nachreiner and Schaufeli (2000, p. 455) put forth that emotional exhaustion "refers to energy depletion or the draining of

emotional resources". This suggests a feeling of being overwhelmed (Halbesleben & Demerouti, 2005), without sufficient means to meet the demands of the work environment. The concept was broadened within the Oldenburg Burnout Inventory (OLBI) to define exhaustion as a whole concept rather than predominantly emotional exhaustion, solely. This approach combines both positively and negatively worded items and encompasses physical, affective and cognitive strain. Together these refer to "general feelings of emptiness, overtaxing from work, a strong need for rest, and a state of physical exhaustion" (Demerouti et al., 2000, p. 458).

- Depersonalisation

Maslach et al. (2001) believe that emotional exhaustion serves as a catalyst that precipitates the next component of burnout, namely depersonalisation. They state that depersonalisation, also referred to as cynicism, correlates very strongly with emotional exhaustion, a relationship which is repeatedly reflected in burnout research. Demerouti et al. (2000, p. 455) define depersonalisation as "the development of negative, cynical attitudes towards the recipients of one's service or care". The irony is that an individual pursues a helping, people-oriented profession only to ultimately withdraw from those people with a feeling of negativity, sometimes even possibly resentment. The OLBI expands upon this definition and reflects not only distantiation from service recipients but also distantiation from one's work, and/or negative attitudes towards the work in general. These include distantiation from the work content and the work object, in addition to negative attitudes and behaviours towards the work (Demerouti et al., 2000).

- Decreased Personal Accomplishment

The third component, that of reduced personal accomplishment, otherwise referred to as inefficacy, reportedly has a more complex connection within the burnout syndrome (Maslach et al., 2001). Simplistically put, experiencing emotional exhaustion and depersonalisation may systematically reduce one's sense of efficacy, but it is also possible that one may reasonably and validly evaluate oneself as less effective in a chosen profession. If an individual has pursued a profession that

intrinsically has interpersonal interaction and connectedness as a basis yet then feels exhausted, drained and desensitised by and towards others, it is not illogical to question efficacy. Demerouti et al. (2000, p. 455) thus define lack of personal accomplishment as "the tendency to evaluate one's own work with recipients negatively, and is accompanied by feelings of insufficiency". It must be noted that this evaluation can be reasonable and substantiated, as shown above, or it may be completely subjective in which case the individual is the only person who views him- or herself as ineffective or deficient in some respect.

Defining burnout allows for the next phase in the conceptualisation process, namely reviewing the divergent models and theoretical approaches that have been applied to the study of burnout, with a view to better operationalising the concept.

3.3 THEORETICAL PERSPECTIVES ON BURNOUT

Burnout has been described in a multitude of ways with an extensive number of varying opinions (Cox, Kuk & Leiter, 1993). Schaufeli et al. (1993) categorise the various approaches into three main groupings *viz.* Interpersonal Approaches, Individual Approaches and Organisational Approaches. These are affiliated with social psychology, personality and clinical psychology and organisational psychology (Maslach & Schaufeli, 1993).

3.3.1 Interpersonal Approaches

Interpersonal approaches emphasise the importance of the asymmetrical relationship between the caregiver and the recipient (Schaufeli et al., 1993). It is posited by Schaufeli et al. (1993) that the imbalance within this "giving" and "receiving" relationship ultimately leads to emotional exhaustion. This is, in their opinion, the key burnout symptom. They describe the three perspectives to be discussed as being based within the interpersonal dynamic, irrespective of whether this is due to affectively demanding relationships experienced by caregivers towards recipients (multidimensional perspective), or towards colleagues (social comparison theory perspective), or as a result of finding no meaning within the interpersonal relationships with recipients (existentialistic perspective).

3.3.1.1 Multidimensional Perspective (Maslach, 1993)

A multidimensional approach to understanding burnout is recommended by Maslach (1993), herself a pioneer of research into the burnout phenomenon. She agrees that viewing burnout as a unitary concept is tempting as this would simplify its conceptualisation, but admits that the empirical evidence for a multifaceted conception cannot be denied. She states that to merely focus on the emotional exhaustion component diminishes burnout to experienced stress only. She makes the valid point that, when considered as multidimensional, the various presentations of burnout are better understood than when the different manifestations of burnout in different individuals are seen as existing in one dimension only. She also notes that a unidimensional approach entrenched in the emotional exhaustion component adds nothing to the body of knowledge on burnout as it closely resembles existing research on stress.

Salient points in her argument include the idea that exhaustion is preceded by high arousal or overload, not monotony and tedium as conceptualised by some (Maslach, 1993). The present author would argue that this is an important point in making the distinction between burnout and low productivity due to understimulation and boredom. Maslach (1993) also highlights the challenge in the human services fields of maintaining a balance between concern and over-involvement. The concept of "detached concern" reflects the "ideal of blending compassion with emotional distance" (Maslach, 1993, p. 21). It is implied that veering too close to compassion precipitates burnout whereas becoming too distantiated suggests depersonalisation.

Although her primary interest lies in the context of social relationships, she feels that further investigation into the influence of individual factors is required and suggests this as an area for future research (Maslach, 1993). She contends that new theoretical approaches are required and that these must incorporate all three components (emotional exhaustion, depersonalisation and reduced personal accomplishment) and furthermore, that these approaches must engender meaningful hypotheses regarding causes and implications from a social and personal viewpoint.

3.3.1.2 Existential Perspective (Pines, 1993)

Pines (1993) proposes an existential perspective to understanding burnout. She puts forth that a need for meaning in life is paramount and the root of burnout lies in the frustration of this need. She believes that religion has been replaced by work as a means of finding a meaningful existence. This suggests that work is burdened with a great deal of significance and should it fail to meet the expectations imposed on it, individuals ultimately fail to find meaning in their lives. According to her, "burnout is a state of physical, emotional and mental exhaustion caused by long term involvement in situations that are emotionally demanding" (Pines, 1993, p. 35). In comparing her views with two other established perspectives, she argues that they differ somewhat on detail but arrive at the same conclusion, namely that burnout is a process experienced by driven individuals who are experiencing a profound sense of disillusionment. She believes such professionals do not consider their profession a job but rather a calling and reiterates that if one's vocational contribution makes a difference then one (as an entity) makes a difference. She highlights predisposing qualities within individuals such as being highly motivated, being hopeful, having a belief that their work is important and caring for others. These initially held qualities create susceptibility to later disillusionment and loss of meaning in that which forms the primary core of who they are. This ultimately leads to burnout.

She further postulates that three basic motivations regarding work exist: universally shared work motivations, profession-specific work motivations and personal work motivations. Universally shared work motivations include the desire for success, acknowledgement and impact. Profession-specific work motivations are grounded in the theory that specific jobs attract specific types of people who, in turn, will share specific motivations and that, once involved in their profession, individuals will be socialised by peers regarding the appropriate norms for that profession. The personal work motivation is entrenched in the unique experience of the individual and is considered to be an "internalized romantic image of the work that is modeled after an important person, an admired character in a book or movie, or a significant event" (Pines, 1993, p. 43). She continues that it is this, the personal work motivation schemata which ultimately identifies those with greater vulnerability to burnout because their expectations and goals will be loftier.

The work environment is deemed to be very important, and individuals who perceive their work context as being unsupportive will be more inclined to develop burnout. This is of course highly subjective and Pines (1993) emphasises that different professionals in the same work environment, experiencing the same workload, external expectations and level of support, may react very differently. She emphasises that, in addition to the experience of the work context being subjective, an individual's perception of his/her reaction to it is also subjective. This suggests that although the professional may feel overwhelmed, overextended and ineffectual, others may perceive him/her as coping adequately. Although this has compensatory implications for the psychologist with regards to patients and colleagues, it may reinforce the problem, as others will not be aware of the professional's subjective distress.

3.3.1.3 Social Comparison Theory Perspective (Buunk & Schaufeli, 1993)

The conceptualisation put forth by Buunk and Schaufeli (1993) rests on the assumption that the relationship between professional and recipient (whether client or patient) involves a dynamic wherein "social exchange processes and expectations of equity and reciprocity play an important role" (Buunk & Schaufeli, 1993, p. 54) and that social comparisons will be made. Comparing their experiences with colleagues may exert an influence on professionals own symptoms of burnout.

Buunk and Schaufeli (1993) identify three primary stressors and a fourth factor, self-esteem, to link social comparison theory to burnout. In the first place, they refer to a sense of *uncertainty*, characterised as a "lack of clarity about what to feel and think, or how to act" (Buunk & Schaufeli, 1993, p. 56). Examples of such uncertainty in practice are doubts that one is handling a situation correctly, self -questioning regarding involvement with patients (over-involved or overly distanciated) and concerns regarding competency. The last mentioned is particularly relevant for newly qualified professionals and relates significantly to beliefs that burnout susceptibility diminishes with continued involvement in the profession (Maslach et al., 2001).

The second stressor they discuss is *imbalance* which refers to the investments and outcomes in relationships with recipients (Buunk & Schaufeli, 1993). They argue that

it is a central human quality to expect a reward in return for investment, particularly affective investment, yet this need is often thwarted in the health professions. They state that interactions with patients may, in themselves, be frustrating as patients are often anxious or may not follow recommendations, thus impeding their own progress. This results in the feeling that, despite a great deal of investment, the professional is not experiencing significant gains in the form of patient progress.

Thirdly, Buunk and Schaufeli (1993) highlight a *lack of control* as a potential stressor linked to burnout. They refer to organisational elements such as bureaucratic systems in addition to patient co-operation as potential sources from which a sense of lacking control may emanate. Landsbergis (as cited in Buunk and Schaufeli, 1993, p. 57) also found that burnout was significantly higher in those occupations where low levels of control were perceived in conjunction with high levels of workload demands.

3.3.2 Individual Approaches

The individual approaches are loosely characterised by a focus on the symptoms of burnout, and are regarded as being predominant during the pioneering phase of burnout research (Schaufeli et al., 1993). This implies that they formed the foundation for later burnout research. These approaches elevate exhaustion as the central symptom and posit that hampered expectations and goals serve as the primary cause for burnout. Individual characteristics are also focused on, with a belief that those most at risk are conscientious individuals with a strong dedication to work and a tendency to become over-involved as a result of excessive dedication and high levels of idealism and personal motivation (Schaufeli et al., 1993).

According to Schaufeli et al. (1993), whilst some authors within this school of thought highlighted the process involved, most were more focused on the end result, namely the burnout syndrome. Two of the three authors discussed in this section align themselves with the former approach. They stress the process involved in bumout, as both believe the end-state approach produces an over-inclusive set of symptomology, thus hampering differentiation from other states such as depression and anxiety (Schaufeli et al., 1993).

3.3.2.1 Action Model of Burnout (Burisch, 1993)

Burnout has, due to extensive input from various fields, become a well-established, overexplained yet nonspecific phenomenon according to Burisch (1993). He states that any attempt at defining burnout "is like defining the exact boundaries of a large cloud" (Burisch, 1993, p. 76). He describes his contribution as a conceptual framework rather than an empirically verifiable theory.

He compiled a symptom list relating to burnout found in the literature, and noted in excess of 130 symptoms, but found that not one was the sole providence of burnout and that each symptom could have been linked to other nosological phenomena. Ironically, he too provides a suggestion of six core symptoms that he believes are typical of burnout. Burisch (1993) admits that these symptoms lack exactitude but when reviewing the process of burnout he often found (1) hyper/hypoactivity, (2) a sense of helplessness, exhaustion or depressed mood, (3) internal uneasiness, (4) lowered self confidence and demoralisation, (5) deterioration in interpersonal relationships and (6) an active endeavor to bring about change.

He subsequently offers a hierarchal analysis of theoretical approaches, with four distinct levels:

- He posits that a *loss of autonomy* is critical in the development of burnout which often arises from inner conflict within an individual. This leads to a sense of being trapped due to an approach-avoidance or an avoidance-avoidance reaction stemming from the internal conflict. The implication of Burisch's argument is that the sense of being trapped could be linked to a double-bind scenario. The individual cannot retain a sense of autonomy which precipitates a burnout process, but also cannot leave the context associated with autonomy loss as this would be a "failure" – yet another form of autonomy loss.

- The second level comprises two factors; *environmental* and *personality dispositions*. Burisch (1993) highlights several studies which suggest that

context and the organisation of the context can exert an influence on the development of burnout. He also poses pertinent questions regarding the possible influence of alternative variables not taken into account by some researchers. A brief salutogenic argument is offered when he argues that autonomy loss and environmental factors cannot be the sole protagonists for burnout, as some individuals, sharing similar contexts and circumstances, do not experience burnout whereas others do. This implies that dispositional factors play a role also.

- Levels three and four relate to the idiographic approach adopted by Burisch (1993) at the macro and micro levels respectively. He believes that individual *case studies* (Level Three) and individual *action episodes* (Level Four) best contribute to the understanding of burnout. The latter forms the basis of his Action Model of burnout as he argues that burnout must be preceded by a disturbed action episode (Burisch, 1993). An action episode (AE) "begins when one or more of an actor's latent motives are activated by some perceived situation. The result is a commitment to an incentive..." (Burisch, 1993, p. 90). This requires action planning in which the individual considers the investment required, the anticipated returns and the possible risks involved. When implemented and the incentive is achieved without needing to exceed the investment envisioned, the action episode is considered successful and the individual is satisfied.

Burisch (1993) identifies four different types of disturbed action episodes, namely goal impediment, motive thwarting, insufficient reward and unexpected negative side effects. Finally, the disturbed action episode(s) may be classified as "first order" and "second order" stress as he posits that a single disturbed action episode is unlikely to result in burnout, but that repeated failed attempts to rectify the situation (second order stress) may well ultimately lead to it. He adds that although coping with loss of autonomy and second order stress are possible and will bring growth and increased competence in general, a failure to cope will ultimately lead to burnout.

3.3.2.2 Hallsten's Framework for Burning Out (Hallsten, 1993)

It appears that burnout researchers themselves cannot come to full agreement regarding the essence of burnout and Hallsten (1993) is no exception. He offers the opinion that "burnout is a certain kind of depression" (Hallsten, 1993, p. 99).

His contribution is grounded in the premise of burnout being a *process* rather than a state conception, with individual coping patterns forming a central component for vulnerability to burnout. Two distinct phases are identified, namely "*absorbing commitment*" (where an individual becomes preoccupied with the present situation with an implication of over-investment therein) and "*frustrated strivings*" (where the realisation occurs that the initially envisioned goals or rewards cannot be achieved). At this point two potential outcomes exist. Either the individual will maintain the pattern and ultimately burn out, or they will adopt a new orientation and generate a solution. These phases are dependent on three interrelated constructs, which form the precipitating factors leading to burnout. Hallsten (1993) isolates vulnerability, goal orientation and an incongruous environment as essential elements in this process. He defines vulnerability as the extent of the related indices of (1) the instability of self-esteem (2) the dependence on self-defined role clarity and (3) external social support. Goal orientation is related to the extent of commitment expressed towards long-term goal achievement plus the amount of effort expended. Environmental congruency refers to the degree of both the personal and organisational skills and resources that exist in relation to the standards required by the organisation or profession, and the social support forthcoming with particular emphasis on values and goal consensus.

Simply put, the basic premise of Hallsten's framework is that an individual defines his/her role within a specific context. This definition is pursued with great conscientiousness and substantial investment in terms of self-concept. At a point the individual becomes aware that the envisaged goals are not being attained or, alternatively, are attained but the envisioned rewards are not materialising. Should this situation arise in an environment in which social support or adequate resources are lacking, the individual will move towards burnout, which Hallsten (1993) likens to a particular form of depression. The individual may, at any point in this process,

initiate a reorientation which is defined as "a more or less deliberate change in the attachment to activities, objects or roles, based on their perceived fit or congruency to the person" (Hallsten, 1993, p. 110). This would result in a resolution and remove burnout risk. Reorientation may also occur as a result of personal restructuring through which self-defined roles are altered, or individuals coming to accept that one role does not define them in their entirety.

3.3.2.3 Conservation of Resources Approach (Hobfoll & Freedy, 1993)

The conservation of resources (COR) is a motivational model which attempts to provide an overarching framework for the understanding of burnout (Hobfoll & Freedy, 1993). These authors consider burnout to be within the stress spectrum and place predominant emphasis on the role of resources. Resources are "those objects (e.g., clothing, crystal goblets), conditions (e.g., employment, quality marriage), personal characteristics (carpentry skills, hardiness), and energies (e.g., stamina, knowledge, money) that are valued or that serve as a means of obtaining resources that are valued" (Hobfoll & Freedy, 1993, p. 117).

The primary argument put forth is that when occupational (or other) conditions threaten the obtaining or maintaining of resources, stress results. This can present in a number of ways such as a threat to existing resources, the loss of existing resources or the investment of resources that do not bring the hoped for returns. Additional provision is made by Hobfoll and Freedy (1993) for physical exhaustion and work overload which are considered to be real but separate contributors to burnout. Furthermore, burnout is also considered to be a process and, as it is an extended process, it can allow an individual to experience numerous stages of burnout.

As summarised above, the central motivating drive is avoidance of loss of resources in any manner. Secondary to this is the importance of gaining additional resources. Hobfoll and Freedy (1993, p. 119) emphasise that the lack of gains "should not be as powerful a predictor of burnout as is loss". Unrealised expectations did not predict burnout with any accuracy whilst role conflict, which the authors associate with direct loss of resources, was deemed to be significantly related to emotional exhaustion.

This allocation of losses as primary and gains as secondary importance in the conservation of resources model was strengthened by a hierarchical regression analysis of results obtained from a study devised to examine COR theory. In contrast to the transition theories of stress, the COR theory correctly predicted that gains provided a moderating effect by being positive instead of harmful (Hobfoll & Freedy, 1993). These authors also propose the interesting consideration that resource losses and gains follow a spiral pattern, and that a loss will be followed by additional losses - ultimately resulting in the depletion of resources. Such lowering of resources inhibits the initiation of a gain cycle which would have served to impede the loss cycle. Similarly, gains in resources empower an individual to invest yet more, thus improving the opportunities for further gains.

In short, the conservation of resources model focuses on avoiding the loss of resources, avoiding investment of resources without the anticipated outcome (gains) and achieving resource gains. Although considered an individual approach, Hobfoll and Freedy (1993) make a strong argument that the system within which the individual functions, should not be discounted. They state that too often systemic issues are ignored whilst individual factors are spotlighted, and contend that occupational stressors are often repetitive or cyclic in nature and that this will gradually erode the coping abilities of even the hardiest of individuals.

3.3.3 Organisational Approaches

According to Schaufeli et al. (1993, p. 131), burnout "is defined as a negative, *work*-related psychological phenomenon" and therefore must be considered within the context of an organisational environment, i.e. by means of an organisational approach. They contend that despite the obvious bearing that burnout will have within the organisational environment, a scarcity exists of approaches or theoretical frameworks that focus on the organisational context. This is notwithstanding the fact that burnout will impact on the organisation as well as the individual.

3.3.3.1 The Role of Professional Self-Efficacy (Cherniss, 1993)

An allusion to the prominence that salutogenesis would play in later burnout research is evident in the arguments posited by Cherniss (1993). The central point of his contribution is the need to review the role of self-efficacy and specifically professional self-efficacy when conducting research into burnout.

Cherniss (1993) confirmed that no central theme had been identified that could neatly bind the different theories together. His own work led him to consider the importance of self-efficacy as he had noted that professionals displayed a strong need to feel a sense of competence in their work. He also noted that a professional was loath to admit to any feelings of inadequacy, resulting in little expression of concerns (Cherniss, 1993).

The concept of psychological success appears to be a rudimentary precursor for later theories regarding work engagement as "work motivation and satisfaction were enhanced when a person successfully and independently achieved a goal that was challenging and personally meaningful. Such achievement led to 'psychological success', which in turn encouraged the individual to become more involved in the job, to set more challenging goals, and to feel more self-esteem" (Cherniss, 1993, p. 137).

Psychological failure, conversely, would result in emotional withdrawal from the work, lowered interest, apathy, devaluing human or intrinsic rewards whilst highlighting materialism, being placed in conflict with the organisation and ultimately even leaving the organisation. Cherniss (1993) notes that this description could be associated with the depersonalisation factor in burnout.

Although initially the theory appears to be relevant to an individual approach, Cherniss (1993) incorporates the organisational element by explaining that environmental factors can exert an influence on an individual's sense of self- efficacy and that a reciprocal relationship exists between the two. It can therefore be considered a predominantly organisational approach. Cherniss (1993) is of the opinion that professional self-efficacy can be delineated into three related

professional performance domains, namely task (the practical aspects of the profession), interpersonal (the relationships with others, of particular relevance within the helping professions) and organisational (the perception of one's influence, socially and politically, within the organisation) (Cherniss, 1993).

A valuable contribution of the approach put forth by Cherniss (1993) is that he offers guidelines which may assist in preventing burnout. He suggests aspects such as (1) the setting of realistic goals and attainable ambitions (2) the need for goals and ambitions to remain meaningful for the individual in order to precipitate greater self-efficacy (3) training experiences to enhance feelings of competence and self-efficacy and (4) career guidance with a specific focus on identifying the best fit between individual and organisation.

3.3.3.2 Organisational Structure and Social Support (Winnubst, 1993)

The importance of organisational social support, defined as acknowledgement of one's identity, a sense of being valued and access to practical support when needed, is emphasised in the model presented by Winnubst (1993). He argues that a lack of support, particularly when high levels of stress are being experienced, will lead to strain which in turn, may ultimately result in burnout. Winnubst (1993) accepted the definition of burnout proposed by Pines and Aronson (as cited in Winnubst, 1993, p. 151) according to which "burnout is a condition of physical, emotional, and mental exhaustion that is the result of chronic emotional strain". However, he disagrees with Maslach (as cited in Winnubst, 1993, p. 152) that burnout is limited to individuals doing "people work" only.

The interactional relationship between stress, social support and burnout is not unique, but this model does offer a new perspective in that it is grounded within the organisational context. He proposes that (1) two different sets of stressors are identifiable, one for blue-collar contexts (called the machine bureaucracy) and another for white-collar environments (called the professional organisation), (2) the structure of an organisation will create an organisational climate which will dictate the way in which social support is offered and (3) the etiology of burnout will be different in the two organisational contexts, but the symptoms experienced will be the same

irrespective of whether they are stemming from a machine bureaucracy or from a professional organisation (Winnubst, 1993).

The model highlights that stress will manifest differently between the machine bureaucracy and professional types of organisations. In the former, burnout will be precipitated by limited potential for growth, continual routine tasks, underload, indifference and excessively delineated processes and protocols, all of which suggest a lack of input opportunities for the employee and conformity as the central tenet. In the professional organisation type burnout is more likely to occur as a result of too little structure regarding processes, overload and a lack of clear boundaries, which could lead to "territory fights" but where the characteristics of innovation and autonomy are held in high esteem (Winnubst, 1993, p. 153).

Winnubst (1993) believes that work climate, defined as the organisational norms regarding traditions, practices and processes is an important aspect of the organisational structure or culture essential for understanding burnout. The contributions of Victor and Cullen (as cited in Winnubst, 1993, p. 153) provide a distinction between the structure aspect and the normative, ethical aspect of the work climate. The former refers to "the nature of the rules, rewards, and control mechanisms" (Winnubst, 1993, p. 153) whilst the latter relates to traits such as warmth and collegiate support.

The contention is essentially that stressors arise differently, dependent on whether the individual is a blue-collar or white-collar worker. The symptoms of stress (and ultimately burnout) will, however, be the same regardless of categorisation. The work climate, as a component of the organisational structure or culture, also guides the nature of social support offered by that organisation. The relationship between social support and burnout is presented by Winnubst (1993) on the basis of literature supporting this view.

Interestingly, he reports on the Michigan model of social support which offers the view that two types of stress impact on the individual: a perceived imbalance between the demands of the organisation and the resources inherent in the individual, and unfulfilled needs due to a lack of opportunities within the organisation.

These stressors cause the individual to feel strained, with accompanying health-related symptoms. The moderating factors in this dynamic are seen to be the personality characteristics of individuals and their social environment, with specific emphasis on the role of social support within the social environment. The initial statement pertaining to the assumptions of the Michigan model link with the model utilised in the current study and, considering the timeline, might have influenced the thinking pre-empting the Job Demands-Resources model of burnout.

3.3.3.3 The Influence of Creativity and Innovation (Noworol, Žarczyński, Fąfrowicz & Marek, 1993)

The framework propounded by Noworol, Žarczyński, Fąfrowicz and Marek (1993) is based on the conceptualisation of burnout as comprising emotional exhaustion, depersonalisation and lack of personal accomplishment arising from "people work". They agree with the description provided by Maslach and Jackson (as cited in Noworol et al., 1993, p. 163). These authors state that the burnout syndrome can be linked to both internal (intrapersonal) and external (organisational) factors leading to serious consequences for the individual and, by implication, for the organisation. Furthermore, Noworol et al. (1993) posit that burnout will be negatively correlated to creativity and innovation as it heightens rigid thinking patterns and inflexibility.

Although the primary focus in the argument offered by Noworol et al. (1993) is on clarifying their understanding of creativity and creative styles as manifested in organisations, they conclude their chapter with empirical findings which show that burnout and creativity are indeed negatively correlated and hypothesise that this will lead to a decrease in innovative problem solving and heightened self-doubt, amongst other characteristics. They do advise caution in interpreting their results, as a causal relationship per se is not posited, merely a correlation. The authors conclude that "the professional burnout syndrome can be seen in a new light as an important factor affecting creativity, and innovation in modern organizations...burnout as a phenomenon that impairs creativity and innovation appears to be an essential factor in determining the effectiveness and development of organizations" (Noworol et al., 1993, p. 175).

This contribution differs from the other models in that it focuses less on how burnout is conceptualised and more on its broader consequences. However, given the importance of creativity and innovation required for highly effective psychotherapy, it was included to highlight the less often mentioned complications that burnout can precipitate.

3.3.3.4 Organisational Healthiness (Cox, Kuk & Leiter, 1993)

A compelling argument is offered by Cox et al. (1993) who review the nature of burnout and its relationship to health which is then, in turn, considered with regards to work stress. These authors explain that each of these concepts can be analysed on a number of levels, which makes the understanding of interrelationships complex. They argue further that different levels may be used for different concepts, leading to confusion.

Cox et al. (1993) posit interesting opinions, such as the idea that burnout became a popular term largely because it held less stigma for the individual than terms such as depression or work stress. They view work stress as an interactive state between the individual and the environment, with accompanying implications of shared responsibility. Another reason for the growth of burnout as a phenomenon is linked to the socio-political climate at the time of its initial conceptualisation.

The question of overlap, and whether burnout and work stress are possibly the same concept described differently, is central to their argument. For them the concept burnout is steeped in "problems of definition that have been said to include vagueness and lack of substance, lack of consensus, and overinclusion" (Cox et al., 1993, p. 179). Despite admitting to the existence of various divergent schools of thought pertaining to the nature and measurement of burnout, Cox et al. (1993) suggest that some general consensus does exist regarding the involvement of three core groups of symptoms, namely; exhaustion (pertaining to cognitive, affective or physical and lack of enthusiasm), depersonalisation (including emotional detachment) and lowered personal accomplishment (also comprising helplessness and decreased self-esteem).

In their effort to distinguish the core characteristic, if any, of burnout, numerous studies are cited. The research designs compared multidimensional and unidimensional scales with each other in order to discern commonality, and found a moderate correlation between emotional exhaustion and depersonalisation. Other studies compared scores from an instrument measuring burnout with observed assessments from psychologists. Whilst these did show a correlation between emotional burnout and objective observation, depersonalisation and personal accomplishment were not correlated. A third research approach involved comparing the scores of volunteers who had self reported burnout with available North American norms. Results showed that emotional exhaustion far exceeded the normative mean suggesting that it is this component that individuals most rely on when self assessing for burnout (Cox et al., 1993). The authors offer a summary of the views of other researchers regarding these findings which reflect divergent opinions.

It was suggested that emotional exhaustion is the definitive core of burnout, arguably implying that it is the only factor worth considering. It was also put forth that emotional exhaustion is the primary component and that depersonalisation and reduced personal accomplishment are followers thereof. It was also opinioned by Leiter (as cited in Cox et al., 1993, p. 181) that "the three components of burnout should be considered together if their analysis is guided by a theoretical model of their interrelationship". The authors appear to support the view that a three-factor model of burnout should be accepted, with the understanding that the emotional exhaustion component remains the most robust of the three factors.

Earlier research by the first author (as cited in Cox et al., 1993, p. 182) associates the emotional exhaustion factor with suboptimum levels of health and well-being. Symptoms are grouped as (1) being "worn out" as evidenced by being fatigued, emotionally labile and cognitively confused and (2) being "uptight and tense", which is physically manifested anxiety, excessive worry, tension and fear. These two factors were quantified using the General Well-Being Questionnaire and were "shown to be determined by individual difference, and by the nature of the person's work and work environment" (Cox et al., 1993, p. 183). As with burnout itself, suboptimum health can be considered a reflection of the nature of the work and work

environment and may also influence the individual's responses to the work. In addition, the "worn out" component appears to closely resemble the emotional exhaustion factor of burnout.

However, the authors are quick to point out that it would be erroneous to consider these two entities as similar as two distinct differences are present. Firstly, the burnout measure (in this case the Maslach Burnout Inventory) functions within the context of work, whereas the general wellbeing measure was specifically created to be a general measure of health and was not context bound. Secondly, the burnout measure focuses on the immediate present whereas the well-being measure considered the six months prior to the present (Cox et al., 1993).

Finally the authors contend that both burnout and the sense of being worn out can be associated with work stress, both as contributing factors and as outcomes. To assume a causal relationship between stress and burnout would be premature however, as the different levels of explanation, definition and measurement imply that mismatching within empirical research can occur and confound results. Cox et al. (1993) offer a theoretical integration for burnout and stress in which the stressors stemming from the organisation (referred to as demands) are seen to determine emotional exhaustion. This is most evident in organisations lacking "effective supports". Although not thus worded, the current author would argue that "supports" could easily be a synonym for "resources". In fact, Cox et al. (1993) do ultimately speak of demands and resources when discussing work stress, and here they offer an approach very similar to that of the current study. Attention is given by Cox et al. (1993) to the perceptual quality often overlooked in burnout literature and summarised as "an imbalance or mismatch between people's perceptions of the demands on them (relevant to work) and their ability to cope with those demands" (Cox et al., 1993, p. 186). As the work situation is perceived as stressful, a negative association develops with ensuing effects on well-being leading to feeling worn out and/or uptight and tense, specifically within the work domain. Although the focus is on work stress, this process can be likened to the burnout process, yet their opinion is clearly stated "that burnout is a condition that is probably unique to human service workers" (Cox et al., 1993, p. 187).

Empirical evidence regarding the overlap, if any, between stress and burnout is inconclusive or contradictory, which these authors again highlight as differences in approach that may confound results. They conclude by suggesting that work stress and burnout may be distinct states, that both arise from similar organisational antecedents, complicated by a dynamic and complex interrelationship between various components of both (Cox et al., 1993).

Having discussed the various approaches to burnout, and their accompanying models, it is necessary to provide a comparison between them.

3.4 CRITICAL COMPARISON OF APPROACHES

For the current researcher, a rational starting point in considering relative strengths and weaknesses in the above mentioned models begins at the macro level. Ten models were briefly described and these were placed within broad frameworks of approaches, namely: interpersonal, individual and organisational. Whilst assisting clarity, this also confines the models under each approach in promoting an aspect of the burnout syndrome as the most important or even as the only important aspect. By each model endorsing a particular aspect, other aspects may be overlooked thus ensuring a limited perspective.

These broad approaches all offer empirical substantiation for their point of departure. Although each approach does have relevance in and of itself, a mutually exclusive or even restricted view provides only a partial understanding of the field of burnout. As with many psycho-social concepts, a more inclusive, holistic view is required in order to comprehend burnout fully.

3.4.1 Critical Evaluation of the Interpersonal Approaches

Interpersonal approaches share the view that burnout is essentially related to interpersonal contact, often cited as the "caregiver' and "recipient" interaction which implies an active and a passive role dynamic between the two role players. The rationale for this thinking is that interpersonal interaction is central to the three factors of burnout most often agreed upon: emotional exhaustion, depersonalisation

and, to a lesser extent, reduced personal accomplishment. However, if interpersonal interaction was the fundamental factor within burnout, how is it that burnout is not explicit in every individual involved in a service occupation? In this chapter there are examples of studies conducted with employees in fields that are intensely interpersonal in nature yet not one study reports a 100% burnout rate. The argument may be made that those who show no burnout are merely in the early stages thereof or pre-burnout yet studies appear to report consistent prevalence within similar occupations. It seems unreasonable to infer that similar numbers of employees are pre-burnout in each study.

Another point of contention is that the interpersonal approaches do not sufficiently take into account the intrapsychic entity of reduced personal accomplishment which stems from the self-evaluation made by an individual on the basis of his/her own perceptions, cognitions and subjective assessment. It therefore remains relatively independent of the external environment per se and can thus develop in a variety of occupations, not limited to service or "people" work.

Having considered the interpersonal approach as a whole, it is necessary to look at the individual models which are categorised therein and review their relative strengths and weaknesses.

- The research offered by Maslach is encompassing and innovative. Maslach was a pioneer in the field of burnout, and the fact that her conceptualisation of this phenomenon remains a foundation for many other approaches is testimony to its relevance. Similarly, the MBI is often quoted as the measurement instrument of choice in burnout research despite criticism that it only incorporated unidirectionally worded items (Demerouti et al., 2001). She herself admits to a shortcoming in her approach, namely that social aspects were emphasised and insufficient attention was given to individual factors, an area she suggested requires further exploration (Maslach, 1993).

- The existential perspective offered by Pines (1993) links in some ways to the approach offered by Cherniss (1993), specifically with regards to the

association between finding meaning in work and self-efficacy. Pines (1993), however, argues that meaningfulness goes deeper than mere self- efficacy because a lack thereof will lead an individual to feel that their efforts at work lack significance. Pines (1993) offers a perspective that resonates with the reader as it presents, simply put, as common sense. Meaningfulness can easily be reconciled with satisfaction. In addition, Pines (1993) makes a clear distinction between burnout and depression whilst emphasising the "people-work" aspect as central to burnout. This is in contrast to the contention of Hallsten (1993) that burnout and depression share sufficient features for burnout to be considered as a type of depression. Although an interpersonal approach, Pines (1993) does state that environment is subjectively experienced and introduces an individual component and, to a lesser extent, an organisational aspect into her model. However, her contention that burnout is a unidimensional construct remains problematic, and empirical evidence suggests that a multidimensional conception of burnout is more appropriate (Maslach, 1993).

- The social comparison theory of Buunk and Schaufeli (1993) emphasises social comparison as a central tenet in burnout. According to this theory, this interaction is most often with colleagues or superiors. Inherently however, a closed professional environment (such as an individual in private practice) affords little opportunity for social comparison. This leaves room for perceptions and assumptions to be made by practitioners regarding themselves relative to others. The authors fail to explain why some individuals not within a social environment (specifically pertaining to colleagues and superiors) also develop burnout.

Given the above, the unconditional acceptance or rejection of the interpersonal approach and its different models is vulnerable to criticism.

3.4.2 Critical Evaluation of the Individual Approaches

The individual approaches were historically focused on the symptomology accompanying burnout, with emphasis on the end state not the process itself, and often concentrated on the intrapersonal aspects in attempting to understand burnout.

These approaches assist in explaining why individuals can share an occupation, perhaps even share a specific work environment, yet follow deviating paths with regards to burnout. It would nevertheless be implausible to suggest that intrapersonal or individual factors are the only relevant factors to consider as it has been shown that specific types of occupation and certain types of work environment reflect higher rates of burnout. This would seem to underline the previous contention that it is the interplay between these broad approaches that precipitates burnout.

The role of external factors as precipitating or predisposing influences on burnout is not adequately acknowledged in this approach. It can be argued that all external factors are filtered through the unique perceptions of each individual. They may therefore not be perceived in the same way by different individuals despite the fact that the factors themselves are identical. This paradigm shift is particularly relevant to the salutogenic approach (Burisch, 1993; Roothman, Kirsten & Wissing, 2003) now gaining popularity within the field of psychology. In this approach the question is asked, "How can individuals share an experience, particularly a challenging experience, and yet react in dissimilar ways?"

A critical analysis of the specific models discussed above, highlights the following:

- The hierarchy of theoretical approaches proposed by Burisch (1993) offers a broader framework as being paramount to understanding burnout. He moves in the direction of a more holistic approach as he acknowledges environmental (organisational) and personality (individual) factors, both of which are secondary to the loss of autonomy. As is the present author's contention, Burisch (1993) feels an overabundance of theories exists, and refers to the gestalt quality of burnout. This is interpreted, by the present author, to suggest that Burisch believes a holistic approach would best serve

the understanding of burnout rather than a neatly packaged one-size-fits-all point of departure. Burisch (1993) links his views on the loss of autonomy to Pines' point that inability to achieve goals and expectations can lead to loss of meaning which, in turn, can lead to burnout. He does however state that although "conceptually fairly close to autonomy loss, as prerequisites for burnout...she focuses on a later link in the causal chain than I do" (Burisch, 1993, p. 85). This purported eminence of autonomy loss is difficult to reconcile with the idea of professionals who are self- employed yet still experience burnout. Self-employment would presuppose autonomy, yet burnout is also found in this group.

- Burnout as a response to stress is postulated by Hobfoll and Freedy, Pines and Cherniss, albeit from divergent origins (Hobfoll & Freedy, 1993). The COR theory of Hobfoll and Freedy (1993) provides some foundation for the later development of the job demands-resources model of burnout in that it highlights the importance of resources in the face of overload, and it also includes the concept of "investment". However, the present author believes that insufficient separation and distinction are made between burnout and stress as unique entities per se, leading to the interpretation that burnout is considered merely to be a form of stress.

3.4.3 Critical Evaluation of the Organisational Approaches

The organisational approaches to burnout are particularly important as it is a syndrome which is predominantly related to the occupational context. Valid empirical evidence has been documented to reinforce the argument that organisational structure can and does impact on individuals and may increase the risks of burnout. However, if the sole denominator for burnout were organisational structure or policy, then it could be expected that all individuals exposed to the structures or policies of the same organisation would ultimately develop burnout. Yet this is not the case. Whilst some organisational factors do appear to heighten the risk of burnout, they do not guarantee it, suggesting that other factors (in this case protective factors) must also exist. The current author suggests that these factors will be found on the individual or intrapsychic level.

- Some convergence is evident in the theories of Cherniss, Pines, Burisch, Hobfoll & Freedy and Hallsten as they all illuminate self-efficacy (linked to a sense of mastery, autonomy, independence or goal achievement) in some form (Schaufeli et al., 1993). Cherniss (1993) offers an additional observation particularly relevant to the present research. He states that only a limited amount of training can be provided before the trainee is considered to be qualified or deemed to be a professional. When trainees enter the field feeling inadequately prepared, their sense of competency can be impaired with a resultant negative effect on self-efficacy and therefore an increased vulnerability to burnout. This struck the present author as highly relevant to psychological training which is generally well advanced before a trainee is given any glimpse into the day-to-day realities of practising as a psychologist. Up to masters degree level, training in South Africa is predominantly academic, steeped in theories and paradigms with little or no practical application.

A second observation by Cherniss (1993) is that professional training programmes are most ineffectual when it comes to the organisational aspects of training. In his study in the South African context Odendaal (2006) found that as students, psychologists received an average of less than two hours of practical training in the business aspects of private practice. This suggests inadequate preparation for the business side of private practice and, if Cherniss' viewpoint is accepted, would equate to a shaky beginning as private practitioner. His argument is augmented by research that suggests the risk of burnout is highest in the first few years of professional life (Ackerley, Burnell, Holder & Kurdek, 1988), suggesting that shortcomings in self-efficacy have the greatest destructive impact early in an individual's working life.

Thirdly, Cherniss (1993) highlights the importance of an organisational atmosphere that offers predictability and control with regards to impact on the sense of self-efficacy, as with burnout a correlation exists between role ambiguity and shortage of control. When relating this to the central focus of the present study, it may not be practically feasible in the profession as a

psychologist implicitly takes on a certain amount of responsibility for a client/patient, despite not having any control over the feelings, thoughts or behaviours of that client/patient. This responsibility is reflected in the wide array of ethical and legal responsibilities attached to the profession. These may include judgment calls regarding confidentiality, the fact that a responsibility exists to both the client/patient and to society, a responsibility to report colleagues who are deemed impaired or unfit, and a responsibility to cease professional activities if the professional feels personally impaired. Even then, the responsibility of ensuring continued treatment for clients/patients with another therapist remains (Allan, 2001).

Another controversial responsibility, linked to a lack of control, centres around the idea that the psychologist should provide an evidence-based service, which implies at least some responsibility regarding the outcome. Some psychologists may respectfully argue that the final outcome is the responsibility of the client/patient whilst others may question what purpose a psychologist serves if goals identified at the beginning of therapy are not met. This question is not merely philosophical as managed care permeates within psychology and the profession is finding itself required to quantify and qualify outcomes based intervention (Miller, Hubble & Duncan, 2008).

- An important contribution provided by the approach of Wirnnubst (1993) is that although his focus on autonomy is reminiscent of the importance of self-efficacy purported by Cherniss (1993), he highlights the interaction between social support and autonomy. Most specifically, the relationship between social support from superiors and autonomy is emphasised. This is problematic when considering the self-employed individual as little explanation is provided regarding organisations structured in any way but stereotypically hierarchal.

- Cox et al. (1993) acknowledge the concept of demands and resources in their discussion but posit that these are more strongly associated with stress than with burnout per se as demands, resources and support are considered to be

"situational antecendents of stress" (Cox et al., 1993, p. 187). Despite this, these authors note the fact that demands and resources may be external or internal to the individual. In this respect Cox et al. (1993) align with Hobfoll and Freedy (1993) in identifying job demands and job resources as integral to the conceptualisation of burnout yet these authors allied this primarily to stress, rather than to burnout.

Having explored an overview and critical analyses of various models and perspectives with regards to conceptualising and operationalising burnout, the approach adopted in the present study will now be discussed.

3.5 CONCEPTUALISATION AND THEORETICAL PERSPECTIVE TAKEN WITHIN THE STUDY

Upon considering the theory and research leading to the present, the current author concluded that burnout needs to be approached holistically to be best understood. It is argued that not one model has been shown to explain burnout in totality, suggesting that it is in all likelihood caused by a combination of factors. For this reason the Job Demands-Resources model of burnout (Demerouti et al., 2001) has been adopted for the current study. This model is considered by the present author to incorporate elements of all of the generalised approaches discussed in the preceding section, namely; interpersonal, individual and organisational.

Initially the present author was of the opinion that burnout is primarily related to the human service professions. However, the arguments and empirical findings of Demerouti et al. (2001) offer convincing evidence to the contrary. As a result, the current author concedes that burnout is not necessarily solely related to the helping professions but still believes that the risks of burnout are greatest in these professions.

Regarding the conceptualisation of burnout, the current author agrees with Demerouti et al. (2001) regarding their expansion of Maslach's service profession orientated constructs of *emotional exhaustion*, *depersonalisation* and *reduced personal accomplishment* to the constructs of *exhaustion*, *disengagement* and

reduced professional efficacy. The hypothesis proposed by Demerouti et al. (2001) was that the dimensions associated with the human services occupations, namely emotional exhaustion and depersonalisation could be presentations of a broader perspective which overarched all occupations and was thus redefined as exhaustion and disengagement. Reduced professional efficacy (previously known as reduced personal accomplishment) remained a by-product of the two central dimensions.

For the purpose of this study the constructs will be defined as follows:

- **Exhaustion** is defined as the end result of intensive strain occurring within the physical, cognitive and affective realms. It displays considerable overlap with extended stress reactions. Demerouti (1999) operationalised the measurement of this construct through the development of the Oldenburg Burnout Inventory (OLBI) which included the subscale exhaustion.

- **Disengagement** includes Maslach's original concept of depersonalisation which "can be characterized as a specific kind of withdrawal or mental distancing from recipients, which in other jobs may manifest itself as alienation, disengagement, or cynicism concerning the job and the work role" (Demerouti et al., 2001, p. 500). Disengagement allows for distantiation not solely from service recipients, but also from work, in that it can include "experiencing negative attitudes toward the work object, work content, or one's work in general" (Demerouti et al., 2001, p. 501). In the present study this will be measured by the disengagement subfactor of the OLBI (Demerouti, 1999).

- **Reduced Professional Efficacy** (originally coined by Maslach (1993) as reduced personal accomplishment) can be defined as an intrapsychic entity which stems from the self-evaluation made by individuals on the basis of their own perceptions, cognitions and subjective assessment that they are less competent than before. Reduced personal accomplishment (or professional efficacy) is not included as a separate dimension in the model proposed by Demerouti et al. (2001). This factor has been shown to possess the weakest

relationship with other variables and to be "a possible consequence of the core negative emotional experience of burnout" (Demerouti et al., 2001, p. 500). Although reduced professional efficacy is not included as a central component within the OLBI (Demerouti, 1999), the present author believes that it is a significant factor when considering burnout. The argument put forth would be that feelings of reduced professional efficacy, even as a mere consequence, will impact in a cyclic manner as an additional demand placed on an individual. Arguably, the belief that efficacy is compromised will also influence the perceptions of an individual, thus making him/her even more susceptible to perceiving excessive demands and limited resources as the sense of being overwhelmed and under-resourced mounts. For this reason the present author views the acknowledgement of the impact of feelings of reduced professional efficacy as paramount to achieving a fuller understanding of burnout.

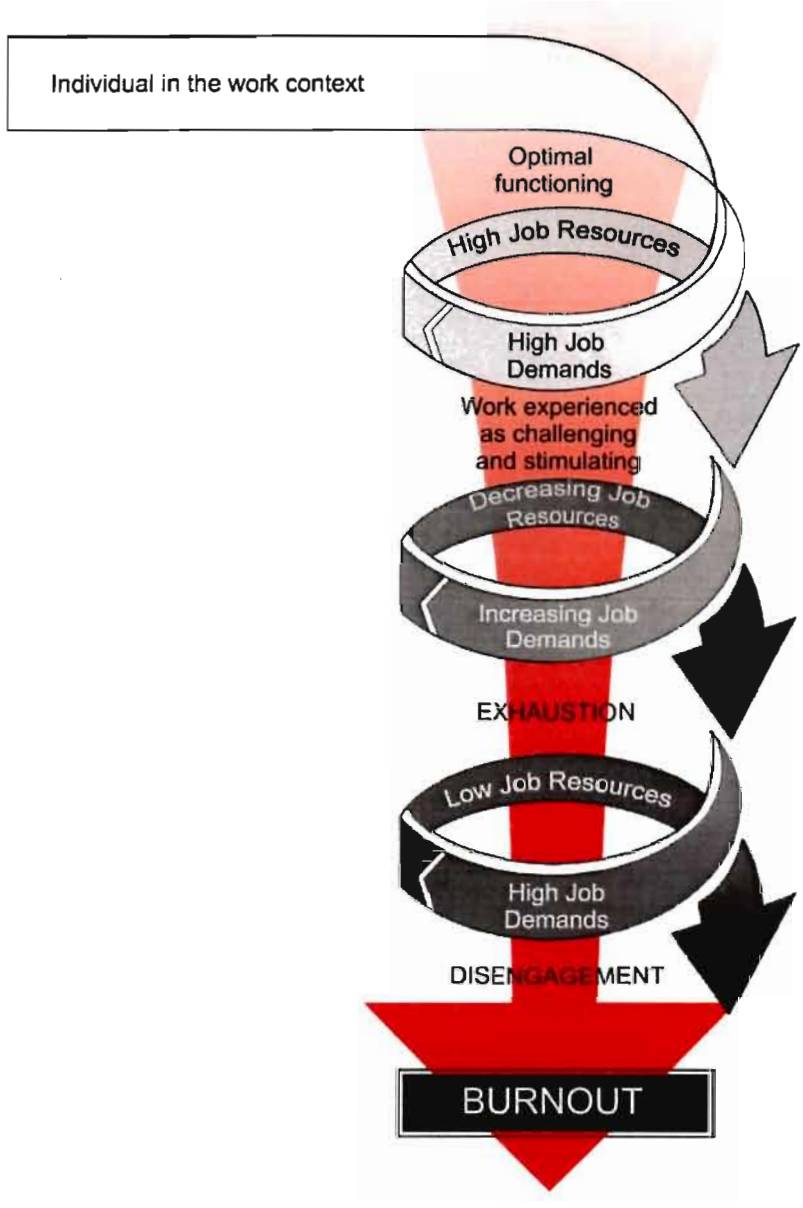
The Job Demands – Resources (JD-R) model of burnout employed in this study isolated two integral components related to burnout, namely job demands and job resources. This model highlighted specific patterns in the job demands – job resources interaction. Demerouti et al. (2001) describe specific job demands such as workload, time pressure, demanding clients and inadequate environmental conditions, whilst job resources include aspects such as performance feedback, job control and participation in decision making (Demerouti et al., 2001). The argument proposed by Demerouti et al. (2001) is that burnout is a process which occurs as a result of a specific constellation of conditions in which high job demands may precipitate exhaustion (but not necessarily disengagement), and a lack of job resources may lead to disengagement (but not necessarily to exhaustion). When both high demands and low resources are experienced, both exhaustion and disengagement will occur. This is known as the burnout syndrome. Their conceptualisation presents burnout as a dichotomous trait with a correlation between exhaustion and disengagement but without a causal relationship. Rather, both are predicted by specific working conditions. Disengagement is not considered an outcome of exhaustion per se, but rather a response to limited job resources.

Whilst the present author accepts this conceptualisation wholly, and finds it links with the original argument regarding a holistic approach, it is felt that further elucidation is required. As it is a dichotomous syndrome, there will be a process of moving from one end of the spectrum to another. So, whilst it is not feasible in this model to classify an individual as low, medium or high in terms of burnout, it is reasonable to state that a process has begun or has significantly progressed when an individual and his/her relative position is considered.

Similarly, job demands and resources, which refer to environmental or organisational conditions, must both be perceived by the individual as a demand or a resource before either will exert an influence. The present author accepts that the perception of a condition as a demand (or a resource for that matter) will be highly subjective. This suggests that although certain factors may be universally considered, for example a job demand such as work overload, the distinctive definition of at which point a "high" workload becomes an "excessive" workload will vary from individual to individual.

The current author's conceptualisation of the process of burnout is represented graphically as provided in Figure 3.1.

Figure 3.1 ***Process of Burnout as a Downward Spiral***



3.6 CLINICAL PICTURE

In the preceding section, the approach used as a foundation for this research was considered. The clinical picture which accompanies burnout will now be explored.

3.6.1 Physical Symptoms

Burnout may manifest itself in a variety of somatic ways, with a common central feature being the effect that stress has on the body. Although stress is a phenomenon in its own right and not synonymous with burnout, there are aspects that interrelate and are therefore relevant in a discussion of burnout. Primarily the body reacts to a sense of being overwhelmed and overtaxed, with accompanying symptoms indicating somatic stress. This may lead to physical illness (Arvay & Uhlemann, 1995; Case & McMinn, 2001; Volz, 2000). An individual experiencing burnout may complain of frequent headaches, chronic fatigue or backaches (Mayo Clinic, 2007; Oubiňa et al.,1997) in addition to insomnia (Gersch & Teuma, 2005; O'Halloran & Linton, 2000), loss of appetite or weight gain due to decreased exercise and/or overeating (Rosenberg McKay, 2007), gastro-intestinal concerns (Brunt, 2007; Neils, 2007), cardiac symptoms (Rosenberg McKay, 2007) as well as hypertension and/or elevated cholesterol levels (Brunt, 2007).

When considering the mind-body duality, it is not unreasonable to put forth that these physical symptoms may precipitate greater anxiety, a further sense of being overwhelmed, feeling unable to meet the demands of one's immediate context, and lead to lower productivity. Ill health may further predispose individuals to the debilitating effects of burnout as it would increase their susceptibility to the threat of emotional exhaustion. Some of the above-mentioned physical symptoms would affect the practical day-to-day and professional functioning of the individual. For example, insomnia experienced over a protracted period may adversely affect attention and concentration abilities. This would negatively impact on the work life of the individual, arguably creating more anxiety, which in turn would negatively affect sleep, thus perpetuating a vicious cycle in which the individual feels less and less equipped to address the demands placed on him/her.

The negative relationship between burnout and cardiovascular disease, type 2 diabetes and impaired fertility, in addition to behaviours not conducive to health promotion such as smoking, insufficient exercise and increased calorie intake were noted by Toker et al. (2005). Burnout has been linked to decreased cortisol levels which has implications for the immune system and inflammatory processes within the body which, in turn, may have implications regarding cardiovascular disease, diabetes and cancer (Smith Bailey, 2006).

3.6.2 Cognitive Symptoms

In reporting the experience of burnout Volz (2000) reflects that the thought process central to burnout vulnerability is that success is achieved solely through the drive of an individual which leads to an overdeveloped work ethic. He highlights expectations, both external and internal, that create the framework for ambition, productivity or achievement at the expense of health.

Self-criticism and cynicism have been identified as cognitive concepts central to burnout (Neils, 2007). Cynicism may be connected to one of the core components of burnout, the disengagement factor. Mehta (2004) also refers to feelings of inefficacy and lack of achievement associated with the reduced personal accomplishment component of burnout, which arises from self-evaluation, a predominantly cognitive task. Self-evaluation is grounded in perception and may therefore be tainted by subjective thoughts.

It is hypothesised by the current author that, due to the confidential nature of a psychologists' work, this subjective appraisal is central to the experience of burnout in such practitioners. Very little opportunity is afforded to adequately compare their work to that of colleagues, to gauge their comparative progress, approach, efficacy or competence with any success or through any objective means.

Case and McMinn (2001, p. 29) refer to the "enormous sense of responsibility associated with work" experienced by burnt-out psychotherapists. This may reflect erroneous thought processes in which the psychologist adopts a view that he/she is solely responsible for change in a patient and that the patient's progress is directly

and solely attributable to his/her competency and skill as a therapist. This can be associated with role confusion and over-identification with the occupation to the extent that the work-personal life balance is forfeited, and consequently to the sense that autonomy within the vocation is lacking (Mayo Clinic, 2007).

3.6.3 Behavioural Symptoms

Abuse of substances such as alcohol and drugs, (Arvay & Uhlemann, 1995; Case & McMinn, 2001) in an effort to "cope" with the effects of feeling burnt-out, and financial problems (Case & McMinn, 2001) may be evident in an individual experiencing burnout.

Loss of intimacy with significant others such as family and friends (O'Halloran & Linton, 2000) may also occur. This could possibly reflect a form of withdrawal in an effort to conserve emotional energy, and be exacerbated by features of disengagement often seen within the burnout clinical picture.

3.6.4 Affective Symptoms

Depression as a possible effect of burnout has been identified by numerous authors (Brunt, 2007; Gersch & Teuma, 2005; O'Halloran & Linton, 2000; Rosenberg McKay, 2007). As previously discussed, although not synonymous, burnout and depression do share certain core features.

The comparison of symptoms of burnout and depression is represented in Table 3.1.

Table 3.1 ***Comparison of Burnout and Depression Symptomology***

Major Depressive Episode	Burnout
Diminished interest or pleasure in all, or almost all, activities most of the day	The combination of decreased personal accomplishment, emotional exhaustion and disengagement lead to a generalised sense of negativity and futility. It is argued that the experience in burnout is not as pervasive as the anhedonia experienced in a depressive episode.
Significant weight loss or gain	Increased calorie intake was identified by numerous researchers as often experienced by burnt-out individuals.
Insomnia or hypersomnia	Sleep disturbance, most notably insomnia, commonly noted by researchers.
Fatigue or loss of energy	Chronic fatigue routinely reported. Arguably this is as a result of combined exhaustion and sleep pattern changes.
Feelings of worthlessness or excessive or inappropriate guilt	A lowered sense of personal accomplishment is central to the architecture of the burnout syndrome.
Diminished ability to think or concentrate or indecisiveness	Attention and concentration difficulties, in addition to impaired memory capabilities, are often reported by individuals experiencing burnout.

It is essential not to consider these two descriptions as variations of the same disorder. Although certain features are similar, they are entirely separate entities and it is possible to experience burnout and a major depressive disorder concomitantly,

or either of the two separately. The predominant differences between the two would be (1) precipitating factors (2) predisposing factors and (3) context. Depression can be the result of an endogenic predisposition or a pathological reaction to a stressful life situation in which all aspects of the individual's life are adversely affected by negative mood symptoms. Burnout on the other hand may be more commonly experienced by individuals predisposed to over-conscientiousness in reaction to a negatively experienced occupational situation, and will primarily affect the vocational experience.

Feelings of being emotionally overextended and not possessing adequate emotional resources (Mehta, 2004) are associated with the (emotional) exhaustion component of burnout. This would be akin to experiencing a decreased sense of mastery and would conceivably be related to a pervasive, generalised anxiety. Kaplan and Sadock (1998, p. 15) discuss the inherent burnout risks for a physician specifically, but their viewpoint may be generalised to other helping professions. They state that "a sense of futility and failure can begin to permeate their attitudes and can set the stage for anger and frustration about their profession, their patients and themselves".

3.6.5 Vocational Symptoms

The vocational symptoms of burnout may be linked directly to exhaustion. This suggests that an individual feels depleted of resources and possibly besieged by the demands of work. As physical and cognitive energy dissipate, so the individual becomes less able to meet demands and is increasingly overwhelmed by them. Essentially, individuals would become less productive as they utilise more time to achieve less. Affectively drained, the individual will experience the second core component of burnout, namely disengagement. This distantiation is not only from individuals to whom services are rendered, but also from work or aspects of work. This may result in a literal distantiation (such as increased absences from work) or an attitudinal distantiation such as lowered conscientiousness or decreased attention to detail. Negative feelings about work, workplace or the consumers of services may emerge. Finally, the individual may perceive feelings of reduced personal/professional accomplishment. This would manifest in feelings of futility, and self-assessments suggestive of decreased efficacy, ultimately leading to a sense of

purposelessness. This could in turn trigger affective, behavioural and physical symptoms in an interactional manner.

These symptoms may depend on the context of the occupation. Although the symptoms are pervasive, their practical manifestation will be unique for different occupations. Salient points that could manifest in the career of a psychologist as well as their personal, professional, ethical and legal implications will now be highlighted.

3.7 BURNOUT IN PSYCHOLOGISTS

This section will review burnout in relation to the profession of psychology specifically. The prevalence, nature, predisposing factors and implications of burnout in psychologists will be discussed.

3.7.1 Introduction

Although research into burnout is burgeoning, research specifically in respect of psychologists remains surprisingly limited (Ackerley et al., 1988) despite the fact that psychologists are acknowledged as an "at risk" group (Case & McMinn, 2001; Much, Swanson & Jazazewski, 2005; Murtagh & Wollersheim, 1997; Stevanovic & Rupert, 2004). Limited research within a South African context is also reflected. Jordaan (2005) states that at the time of her research, her literature review revealed only two other South African studies regarding burnout in clinical or counselling psychologists. Utilising the NEXUS database, the current researcher identified seven studies conducted between 1991 and 2005 specifically related to burnout in South African psychologists.

3.7.2 The Prevalence and Nature of Burnout in Psychologists

Mehta (2004) makes note of statistics from the USA reflecting up to 40% of American psychologists reporting burnout whereas the sole national study incorporating clinical psychologists in the UK showed 29% to be highly stressed and that 47% indicated a high possibility of leaving their job. Career change was also reported earlier by Watkins (1983), who stated that given the type of work conducted

by counsellors and the ensuing high risk for developing burnout, it is not surprising that many people in the helping professions eventually seek other occupations.

In her South African study on the incidence of the burnout syndrome in psychologists Smith (1998) found the group of psychologists who participated in her study to be relatively healthy, with a sense of self-efficacy, professional competence and empathy. She identified three groups categorised as "low" (4.6% of sample), "moderate" (82% of sample) and "high" (6.2% of sample) in respect of burnout. A minority met the criteria for burnout, with accompanying feelings of depersonalisation, emotional exhaustion and decreased self-efficacy. Two important findings of her study were that the "high" scoring group generally possessed lower academic qualifications (predominantly masters-level psychologists) as opposed to the "low" scoring group tending to hold a doctoral level qualification. The "lower" scoring group had, on average, 8.5 years' working experience in the field of psychology whereas the "higher" scoring group averaged 13.5 years. This possibly indicates significant differences in the ages of respondents in each group.

Jordaan (2005) studied stress, burnout and coping strategies in South African clinical and counselling psychologists. She incorporated instruments measuring depression, anxiety, coping orientations and burnout. She reported that 54.2% of the sample could be considered to be at least "mildly depressed" and that 56.3% of respondents displayed above average levels of anxiety. Approximately 50% of the sample scored moderate to high levels on the burnout instrument utilised. As with Smith's research in 1998, correlations were found between specific demographic variables and specific facets within the burnout syndrome. Psychologists who had been in practice for a longer period of time displayed lower scores on the emotional exhaustion facet, in parallel with this, older psychologists also displayed lower scores for emotional exhaustion and depersonalisation. Increased hours spent with clients correlated to increased emotional exhaustion and depersonalisation but also showed higher scores for personal accomplishment. Greater problems regarding medical aid payments were reflected in higher scores on all three of the above-mentioned facets. No significant gender differences were found although men did display a tendency to higher scores on emotional exhaustion and depersonalisation than their female

colleagues. Jordaan (2005) states that her research findings were largely in agreement with findings from similar international studies.

A phenomenological approach was adopted by Van Der Walt (2001) who found that burnout was evident within the group as evidenced by themes highlighted from unstructured questions and a qualitative analysis thereof. Descriptive results suggested that feelings of dissatisfaction, a sense of being overwhelmed and of possessing inadequate resources to address the expectations placed on them, depersonalisation and a sense of futility were experienced by those who participated.

The relationship between burnout and stressors encountered from the occupation of psychology within the South African context, with coping as a moderating variable, was explored by Philip (2004). She reported that 38% of the psychologists who participated in her study displayed high levels of emotional exhaustion, 29% scored "high" on the depersonalisation subscale and 73% achieved "low" scores for personal accomplishment. In the instrument utilised by Philip, high scores on emotional exhaustion and depersonalisation, coupled with low scores on personal accomplishment suggest a "high" degree of burnout. This would imply that a large portion of the sample was experiencing high levels of burnout at the time of the research. However, the author warns against drawing conclusions on the basis of individual subscale results, and proposes that the respondents were experiencing diminished self-efficacy but that no conclusive statements could be made regarding burnout per se.

A study by Black (1991) incorporating 73 educational psychologists, researched occupational stress and burnout in the KwaZulu-Natal province of South Africa. He found that results from his study suggest lower levels of emotional exhaustion and depersonalisation, and similar levels of personal accomplishment when compared to findings reported by Maslach and Jackson (1981), who included a diverse range of occupations in their sample. Interestingly, Black (1991) obtained a finding different from that of Smith (1998) with regards to academic qualifications. His study reflects increased levels of emotional exhaustion correlated with higher qualifications. Contrary to the findings of Jordaan (2005), Black reports that female respondents

scored significantly higher than men on the emotional exhaustion subscale of the instrument he used to measure burnout.

The above highlights the importance of context in the prevalence and nature of burnout.

3.7.3 Predisposing Factors

In existing research regarding burnout in psychologists, the focus is often on etiology and, more specifically, on factors that ultimately contribute most to burnout. Some of the factors that may predispose, precipitate or exacerbate the risk to psychologists are presented below.

3.7.3.1 The Process of Becoming a Psychologist

Some researchers warn of high burnout risk as already present in the student phase of a psychologist's training (Badali & Habra, 2003, Weaver, 2000). Qualifying as a psychologist requires a great deal of time and effort with a number of selection phases. Although the specific processes may differ in different countries and education systems, the general sense is that a student working towards becoming a qualified psychologist will encounter a number of stressors. In the South African context the following are applicable:

- The demand for placement greatly exceeds the availability of positions in the masters course (Abel & Louw, 2009), resulting in a highly competitive selection process.

- Each university has its own selection format. Typically this would entail a three to five day process comprising individual interviews, group interviews, role play and panel interviews, with daily posting of applicants who may proceed to the next round of elimination. Re-application can only be made the following year if an applicant is unsuccessful, and it is not unusual for such prospective candidates to repeat attempts at being selected. This suggests

that the process of being selected to complete the training is, in itself, a stressful experience.

- Once selected, a student completes a year of intensive training that includes academic instruction, community work, practical case presentations, supervised client/patient consultations, thesis research, multiple assignments and class presentations. Finally, written and oral examinations are held at the end of the year. It is clear that the M1 year places high demands on the participants.

- After completion of the M1 year, the student begins a twelve month internship. This comprises client consultations interspersed with case presentations, live supervision, intern meetings and workshop attendance. Professional progress is assessed quarterly and the student must display sufficient competence to successfully complete the internship. It is possible for a postgraduate student to fail examinations during the academic phase of masters training, and also to have an internship extended or even revoked should progress be unsatisfactory. The fact that progress is constantly being monitored contributes significantly to anxiety.

- The addition of a community service year for all prospective clinical psychologists, over and above the internship, extends the process. It takes a minimum of seven years from start to finish to qualify as a clinical psychologist, provided that each successive phase is immediately available to the candidate.

- In addition to this, the HPCSA requires that the successful completion of the National Examination of the Board be undertaken prior to registration. This examination ensures that a satisfactory standard in professional competency and ethics is maintained and it must be passed with a minimum of 70% (HPCSA, 2009c).

The above supports the contention that South African psychologists go through a highly stressful process to become professionally qualified.

Internationally similar challenges would seem to exist. Badali and Habra (2003) discuss numerous stressors facing Canadian psychology students. These include competitiveness for placement, external factors such as high workload, multiple role fulfilment, constant assessment, and interpersonal demands from family and friends, combined with internal stressors such as self-doubt, compassion fatigue, dilemmas regarding mastery and ethical concerns. The authors point out that this process is merely a stepping stone as, upon completion of studies, students encounter the next challenge of establishing themselves in the field through job placement, gaining vocational experience, competing for academic positions or beginning a private practice, with the accompanying anxiety involved in initiating self employment.

Ehrenfels (2005) implies that following a career in psychology is not for the faint-hearted, as it may culminate in a vocational result not equivalent to the cost, time and effort needed to achieve it. It is his opinion that qualification (in this case, post-doctoral) merely leads to the next level of challenges namely maintaining registration through congress attendance and continuing professional education or the competitive tenure track in universities in the USA. Interestingly, a British study utilising a sample of 183 psychologists in clinical training (Kuyken et al., 1998) found that although the trainee clinical psychologists did experience comparatively high levels of perceived stress, they did not feel that psychological adaptation was adversely affected. Despite this, the authors conclude that 25% of the sample did, in fact, report significant difficulties relating to, amongst others, anxiety and depression.

3.7.3.2 The Intrinsic Nature of Work as an Occupational Hazard

The nature of the work involved in being a psychologist is inherently stressful (Much et al., 2005) and includes specific difficulties highlighted previously in this chapter. These include diffuse role descriptions, possible role conflict or ambiguity, a sense of isolation (especially in a private practice context), potential ethical conflicts, and patient expectations which can, in certain cases, be excessive or unreasonable.

3.7.3.3 Practice Setting as an Exacerbating Factor

Vredenburgh et al. (1999) researched counselling psychologists registered with the American Psychological Association (APA) with a view to determining whether practice setting can influence burnout levels. They found that psychologists in private practice reported the lowest levels of burnout and theorised that this reflected the protective effects that autonomy and financial rewards, deemed to be associated with private practice, can offer.

Somewhat contradictory, Rupert and Morgan (2005) found that private practitioners experienced greater levels of autonomy, but also more over-involvement with clients/patients than colleagues working in other contexts. Their study reveals that "psychologists who feel less control over their work activities, work longer hours, spend more time in administrative/paperwork activities, see fewer direct pay clients, and deal with more negative client behaviours may be at higher risk of developing burnout" (Rupert & Morgan, 2005, p. 550).

3.7.3.4 The Influence of Geographical Context

Work context was also emphasised by Kee et al. (2002) in their research which incorporated a sample of registered masters level counsellors in Kansas in the USA. The researchers were interested in examining the effect of a rural work environment on a mental health counsellor's experience of burnout. They conclude that the participants in their study are at great risk for burnout, with approximately 65% scoring moderate to high on the burnout measurement tool they utilised for the study. Moderate levels of burnout were reported by 43.8% of the sample, and high levels by 20.8%. The researchers also identified an inverse correlation between burnout and social support.

3.7.3.5 Areas of Specialisation as Precipitating Factors

Specialisation per se is not relevant within a South African context beyond registration category. Certain psychologists do, however, choose to work primarily within one area.

3.7.3.5.1 Child Abuse

The type of presenting problem seen by the practitioner is a potential burnout factor that is receiving attention (Azar, 2000). Her paper aimed at preventing burnout in mental health professionals focuses specifically on child abuse and neglect cases. She warns against the risk of "vicarious traumatization" and "compassion fatigue" (Azar, 2000, p. 646). She isolates depression, diminished morale, over-identification with clients, trauma symptoms, somatic complaints and decreased job commitment as potential outcomes for psychologists working extensively with trauma, most specifically trauma inherent in child abuse and neglect cases.

3.7.3.5.2 Suicide

McAdams and Foster (2002, p. 232) refer to the "occupational hazard" of potential client/patient suicide in the helping professions, and state that approximately 24% of the 376 respondents in their USA study reported having had a client who committed suicide. The researchers comment on the far-reaching effects this has on the life of the professional, with responses ranging from anticipatory anxiety regarding other clients, self-blame, guilt and a sense of failure, to intrusive thoughts, grief reactions and melancholia. They add that reactions can extend over a prolonged period of time. Although not directly stated by McAdams and Foster, this author would put forth that such feelings can be considered adequately fertile ground for potential burnout. The self-doubt noted by McAdams and Foster (2002) can be likened to feelings of lowered efficacy (decreased professional efficacy) prevalent in burnout. Similarly, negative associations due to hypervigilance regarding potential suicide in other clients could precipitate exhaustion in a psychologist, perhaps even giving rise to disengagement as a coping mechanism.

3.7.3.5.3 General Trauma

In a Canadian study examining counsellors (including psychologists) working with trauma, Arvay and Uhlemann (1995) report that 14% of their sample reported traumatic stress consistent with a Post Traumatic Stress Disorder clinical picture.

Furthermore, 16% identified high levels of emotional exhaustion, 4% high levels of depersonalisation and 26% experienced low levels of personal accomplishment. The authors state that their results reflect higher burnout rates than Canadian research conducted by Kahill (1986), but add that their sample worked predominantly with trauma cases.

3.7.4 Implications of Burnout for Psychologists

The damaging effects of burnout are well documented, and specific attention has been given to the threat of burnout in human service professionals yet there is a paucity of research regarding psychologists and burnout (Ackerley et al., 1988; Mehta, 2004; Rupert & Morgan, 2005, Vredenburgh et al., 1999; Watkins, 1983). This is difficult to explain given that, when reviewing the precipitating and predisposing factors considered to be related to vulnerability to burnout, the experience of the practising psychologist would be a "textbook" case, as the work of a psychologist is inherently stressful (Azar, 2000; Much et al., 2005; Murtagh & Wollersheim, 1997; Oubiňa et al., 1997). It has been suggested that mental health professionals may not necessarily give adequate attention to self-care (O'Halloran & Linton, 2000) with ensuing susceptibility to burnout (Wityk, 2002). Other authors highlight the fact that in the research that has been conducted regarding psychologists and burnout, some potentially relevant variables and/or contexts have been neglected (Case & McMinn, 2001; Kee et al., 2002). They suggest that results obtained from divergent studies may be inconsistent or even contradictory (Kee et al., 2002; Rupert & Morgan, 2005).

On considering burnout in terms of its core components, it is reasonable for a researcher to suggest that exhaustion will predispose psychologists to lowered attention and concentration, which in turn may have a negative effect on their "presence" within a therapeutic session, which may affect clinical judgment. Nuances and potential therapeutic openings may be overlooked, thus limiting opportunities in the session and potentially adversely affecting the rapport between therapist and client/patient. Investment of self with regard to a client/patient is likely to be lower following exhaustion, as could be the motivation to assist. The therapist might "go through the motions" but not necessarily be fully present in consultation. Memory

may be hampered, causing a staccato approach in therapy as details are repeated, and clients/patients may begin to feel that they are not being fully heard. This could have implications for how the clients/patients perceive themselves, the practitioner and therapy in general. It may also result in serious mistakes if important details are overlooked regarding history, current symptoms or concurrent treatment from other disciplines. Practically, ethical breaches may occur when a psychologist is unable to maintain adequate administrative functions due to exhaustion with lowered memory, planning abilities or motivation. For example, a practitioner may obtain consent from a patient to disclose pertinent information but omit to do so in writing. This could place the practitioner in a very precarious position due to oversight rather than gross negligence per se. Physical energy too would be decreased, potentially giving rise to a sense of inertia in the therapist which may be interpreted negatively by a patient.

Disengagement, the second core component in burnout, could lead the psychologist to regard the individuals with whom they work as mere cases or simply as a diagnosis. Empathy, a central feature of psychotherapy, would be severely affected by such a personal distantiation, causing an imbalance between clinical objectivity and an empathic connection with the patient.

Reduced professional efficacy, the third pillar of burnout, would have far-reaching effects on the therapist's perception of his/her own efficacy, would cause a sense of futility in the psychotherapeutic intervention which could project a feeling of negativity to the client/patient. The therapist would question his or her clinical acumen, perhaps not unnecessarily, with a resulting sense of decreased self-worth.

The phrase "vicious circle" is most relevant to the process of burnout and will be illustrated with a description of how burnout can develop and manifest within a psychologist. Although hypothetical, this description is grounded in the findings reported in the literature, as presented in the preceding sections.

The psychologist begins with a strongly developed sense of duty, steeped in an, arguably, excessively conscientious work ethic. Some authors have described this as an idealistic or even naïve approach to the work. A practitioner invests a large sense of self and self-worth in the vocational role, and could adopt a greater sense

of responsibility towards therapeutic outcomes than is prudent. When considering the long and arduous process that the psychologist has completed in order to qualify, it is clear that a substantial commitment to and investment in the idea of becoming a psychologist has already been made. The considerable academic and personal requirements have been completed, with the accompanying time, effort and financial implications. The practitioner is diligent, puts in extra hours, believes fervently in what he/she does and, at least initially, is characterised by enthusiasm, creativity and zeal. As the therapeutic interaction progresses the practitioner may begin to find it difficult to maintain this intensity of investment, given the occurrence of therapeutic "failures", patient non-compliance, difficult cases, poor prognoses despite intervention, frustrating factors from external sources such as medical aid companies, other disciplines or unrealistic patient expectations, administrative pressures and ethical dilemmas. The psychologist may encounter greater resistance, hostility or indifference from patients than expected or less gratitude and recognition for his/her efforts. This in itself is a potential conflict for the therapist as his/her training has strongly emphasised the importance of remaining clinically objective and not expecting the patient to respond in an ego-gratifying manner. It is deemed self-indulgent, unprofessional and even potentially harmful to seek acknowledgement and, even if provided, should be redirected back to the patient as a means of supporting the patient's self concept, progress, growth and effort in therapy. This suggests that the psychologist must rely predominantly on his/her own self-critique to gauge therapeutic efficacy, competence and judgment. This is problematic as it raises the question of how these concepts would be measured. It is certainly true that a patient may experience positive changes as a result of factors unrelated to the therapeutic intervention, conversely a patient may display no such positive changes despite excellent psychotherapeutic intervention.

The psychologist begins, perhaps unknowingly, to experience a sense of discrepancy in the "investment-return" balance of his/her vocational dedication. As facets of the three central components emerge, so the psychologist experiences a situation where the more he/she does, the less is achieved, at least subjectively. Perhaps too a feeling that their achievements hold less significance for them than previously. They retain, however, the strong work ethic and their self concept remains entrenched in their work. As they begin to experience decreased efficacy so

it feeds their own concerns about ability, competence and the value of their contribution. This suggests to them to try harder, invest more. This is not difficult because they are finding it necessary to put in more time and effort to reach certain goals. This taxes their already depleted resources further, precipitating greater exhaustion, disengagement and questions regarding professional efficacy. They may begin to question their decision to pursue the career of psychologist but consider the time and cost involved in their training as prohibitive to considering other options. They recall their initial fervour and the satisfaction received from their work. It can be excruciatingly demoralising for a psychologist to feel that they entered the field in order to provide help and assistance only to come to believe that their contribution is either of insufficient quality or impact to truly "make a difference".

Ultimately the psychologist will invest more and more whilst experiencing a feeling of obtaining less and less (satisfaction, results, productivity). Trying to battle the core components of burnout ironically contributes to the burnout thus completing the "vicious circle" referred to earlier.

When considering burnout in psychologists, it is evident that it has multiple implications. Firstly, it will significantly decrease the psychologist's sense of fulfilment within the work context. This may permeate to other areas of life, especially in the case of a psychologist working in full-time private practice which constitutes the largest portion of their day. It must be borne in mind that a passionate, dedicated psychologist would be more inclined to develop burnout, suggesting that it is precisely the committed psychologist who manages a full client/patient load that is likely to be most vulnerable. Eventually the psychologist may reach a point where he/she exits from the profession (Case & McMinn, 2001; Watkins, 1983). Alternatively, as a result of a developing burnout picture in the consulting psychologist, clients/patients may receive a lowered quality of service (Mehta, 2004). Research has shown that "therapist burnout appears to be predictive of clients' perceptions of the outcomes of their therapy" (McCarthy & Frieze, 1999, p. 47). The symptoms of burnout in a therapist may lead to ethical violations such as lowered competence, decreased efficacy, boundary transgressions and inappropriate responses towards clients/patients such as aggressiveness or blatant disregard (Wityk, 2002).

3.8 SUMMARY

In this chapter the historical development of burnout was discussed, as well as various theories attempting to conceptualise the construct. A critical comparison of theories was offered and the approach adopted in the present study was described. A description of the symptoms associated with burnout was reviewed culminating in a discussion regarding the specific implications for psychologists. Although research into burnout in psychologists in a South African context has previously been undertaken, the present study is important because the current research differs from that described above for a number of reasons.

- Firstly, although comprehensive demographic information was obtained, this does not constitute the basis of the independent variable.

- Secondly, the sample was restricted to clinical or counselling psychologists within private practice.

- Thirdly, the burnout measuring instrument utilised in the current study includes a broader definition, and thus a richer perspective of the factors underlying burnout.

- Fourthly, the impact of job demands and job resources specific to the occupation of psychologist and the South African context, was explored.

- Lastly, a salutogenic paradigm was incorporated through the inclusion of the work engagement component in the research. The current research therefore reflects a counter-balance between burnout and work engagement, as mitigated by job demands and job resources. To the present author's knowledge, these factors allow for a unique approach to burnout research in psychologists practising in South Africa.

Burnout having been discussed, it is necessary to review the other possible outcome of job demands and job resources, namely work engagement.

CHAPTER 4

WORK ENGAGEMENT IN THE SALUTOGENIC PARADIGM

4.1 INTRODUCTION

Having discussed burnout, the pathogenic outcome arising from job demands and job resources, the author will now review the positive or salutogenic outcome, namely work engagement. The development of positive psychology will be briefly discussed and the construct of work engagement will be defined. Work engagement will be shown to be a reflection of the contemporary focus on strengths currently receiving attention in the field of psychology. Lastly, a review of relevant research will be provided.

Positive psychology can be considered as dating back to ancient times when philosophers ruminated on the source of happiness, or it can be considered to be a new phenomenon in the field of psychology, with approximately a decade of scientific interest behind it (Diener, 2009). Some authors attribute Kahn's contribution to the field in 1990 as the beginning of the focus on positive psychology (Bakker, Demerouti, Hakanen & Xanthopoulou, 2007) whereas Martin Seligman is considered by others to be the initial proponent of the approach (Diener, 2009).

The motivation for the rise of positive psychology and the focus on human strengths, from a field that was seemingly entrenched in human problems (Diener, 2009) is ascribed to an array of factors. Diener (2009) suggests that increased education, longevity and relative security and freedom in an industrialised society led to people seeking answers to questions about the best way to create optimal quality of life for themselves. Within those parameters, Seligman and Csikszentmihalyi (2000, p. 5) suggest that "the aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities".

From this generalised interest in the positive aspects of psychology, specific areas of focus such as intrapersonal and occupational well-being burgeoned, leading to the conceptualisation of work engagement.

4.2 DEFINITION AND DESCRIPTION OF WORK ENGAGEMENT

An early definition of engagement was offered by Khan (as cited in Ferreira, 2009, p. 25) who described it as the connection of self to the work role, with engagement allowing the individual to be fully expressive in physical, cognitive and emotional ways whilst performing the work role. May, Gilson and Harter (2004) also contend that engagement involves the physical, cognitive and affective realms. They stress the importance of active utilisation of these areas in performing work tasks and the subsequent identification with the work role that follows a sense of deep engagement.

In the present study work engagement is defined as "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption. Engagement refers to a persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual, or behavior" (Schaufeli & Bakker, 2004, p. 295).

- Vigour

Mental resilience and the maintenance of high levels of physical energy in the work context are core elements of vigour. Also included are the willingness to persevere, particularly with regard to difficult challenges, and the continued investment of effort in work endeavours. The implication is that the individual is invigorated from the work rather than experiencing it as depleting or draining (Schaufeli & Bakker, 2003; Schaufeli & Bakker, 2004; Schaufeli, Martínez, Marques Pinto, Salanova & Bakker, 2002).

- Dedication

Dedication refers to a cognitive stance regarding the work context, where the work is approached with enthusiasm and pride. Work is considered to be challenging - in the sense that it is stimulating and not overtaxing. It is seen as significant and inspiring, suggesting that the individual experiences it as meaningful (Schaufeli & Bakker, 2003; Schaufeli & Bakker, 2004; Schaufeli et al., 2002).

- Absorption

To a large degree, this is a behavioural component as it refers to being engrossed in one's work, fully attentive and focused. The passage of time is not noticed as the individual concentrates on the task at hand, being fully "in the moment" (Schaufeli & Bakker, 2003; Schaufeli & Bakker, 2004; Schaufeli et al., 2002). Absorption may be likened to Csikszentmihalyi's concept of "flow" (as cited in Schaufeli and Bakker, 2004, p. 295) which refers to a state of optimal experience characterised by effortless concentration, clear-mindedness, loss of self-consciousness and intrinsic enjoyment. The greatest difference between the two concepts would be that "flow" is viewed as an irregular state with peaks occurring, while absorption is persistent and pervasive.

Therefore, work engagement is considered to be a construct comprising three factors representative of the physical, cognitive, affective and behavioural domains in which an individual is energetic, resilient, enthused, stimulated and focused within the work role.

4.3 THEORETICAL PERSPECTIVES ON WORK ENGAGEMENT

Kong (2009) reflects that the positive psychology movement has highlighted work engagement as the new focus for scholarly research. The reasoning behind this is apparent, given the view that work engagement predicts employee outcomes and leads to organisational and fiscal success, in addition to the alarming belief that work

engagement is on the decline (Saks, 2006). Work engagement, from a salutogenic paradigm, will be highlighted in the following section.

4.3.1 Work Engagement within a Salutogenic Paradigm

Despite its explicit interest in the pathogenic, the field of psychology has shown an awareness of positive attributes throughout the history of man. As will be shown in the next section, this awareness was often defined in less exacting ways than is done at present, but provides insight into how the salutogenic paradigm has evolved over the decades.

4.3.1.1 Introduction

A current trend in psychology is to turn attention away from focusing solely on pathology and concentrate instead on strengths inherent in people, with a view to optimal functioning (Schaufeli & Bakker, 2004). Within this salutogenic paradigm concepts such as satisfaction with life, a sense of coherence, resilience and well-being feature prominently as researchers attempt to explain why the majority of people thrive despite the presence of difficulties in their lives (Roothman et al., 2003).

The introduction of the humanistic perspective in psychology in the 1950s is believed to have initiated the positive psychology approach in which heightened interest is shown in inherent positive qualities (Rothmann, 2003). According to Peterson (2006) the term "positive psychology" was first used by Abraham Maslow in 1954 in describing creativity and self-actualisation, but was officially introduced in 1998 by Martin Seligman, in his (then) role as the American Psychological Association (APA) president. Antonovsky may be credited with coining the term *salutogenesis,* which refers to the origins of health, in the late 1970s. He proposed that a sense of coherence (incorporating comprehensibility, manageability and meaningfulness) formed the basis of a healthy state of well-being. It was suggested by Strümpfer that the salutogenic concept be extended to include both health and strengths, thus labeling the perspective *fortigenesis* (Rothmann, 2003). This construct was again refined with the later suggestion by Wissing and van Eeden that *psychofortology* be

acknowledged. Psychofortology is a perspective that highlights the foundation for psychological well-being, in addition to sparking interest and research into the way that well-being comes about, how it is manifested and ways in which it can be augmented (Wissing & van Eeden, 1997).

The development of positive psychology in South Africa can thus be categorised in three distinct phases: the foundational contribution of Antonovsky describing *salutogenesis*, the progression proffered by Strümpfer in the form of *fortigenesis* and finally the addition of a deeper conceptualisation posited by Wissing and van Eeden (1997) with their offering of *psychofortology*.

4.3.1.2 Phases of Development of Positive Psychology in South Africa

According to Breed, Cilliers and Visser (2006) the field of positive psychology, specifically salutogenesis, received a great deal of attention in South Africa from approximately 1990, and numerous studies have since been undertaken to explore the nature and parameters of this relatively new manner of viewing psychology.

4.3.1.2.1 Salutogenesis

Antonovsky (1996) alludes to his initial thoughts regarding the promotion of health first described by him in 1972 and conceptualised in 1979 as salutogenesis. Two decades later he states that although a number of "bright ideas" have emerged from his original contentions regarding the promotion of health, he feels that the literature continues to reflect risk factors, stating that "we remain squarely in the realm of disease prevention" (Antonovsky, 1996, p. 13). He argues that a theoretical model that does not rely on dichotomous classification (having pathology versus having health) is essential in order to progress to the next step of understanding the promotion of health. He argues that by considering all individuals to be inherently flawed by virtue of entropic processes and ultimately death, health can be viewed as a continuum rather than a dichotomous variable. A true salutogenic orientation will steer "both research and action efforts to encompass all persons, wherever they are on the continuum, and to focus on salutary factors" (Antonovsky, 1996, p. 14). Salutary factors are those that actively promote health and are negentropic, as

opposed to factors that merely reflect lowered risk. Antonovsky (1996) suggests that a pathogenic perspective encourages the marginalisation of people as the focal point is the pathology, an approach which disregards the rest of the individual.

He explains that the salutogenic perspective he had proposed was intended to act primarily as a basis for further theory pertaining to the promotion of health. This is central to his argument as it highlights his belief that "the concept of health promotion, revolutionary in the best sense when first introduced, is in danger of stagnation. This is the case because thinking and research have not been exploited to formulate a theory to guide the field" (Antonovsky, 1996, p. 11). This need for theoretical direction assisted Antonovsky in developing his sense of coherence theory in which the construct relates to a cognitive, emotional and instrumental ability to make sense of the world and ultimately to "a generalized orientation toward the world which perceives it, on a continuum, as comprehensible, manageable and meaningful" (Antonovsky, 1996, p. 15). These three factors presuppose a belief that the challenges faced are understandable, the resources required to cope are available and that the motivation to cope is present. When considering the elements that constitute work engagement (vigour, dedication and absorption) it could be argued that some overlap exists with the description above of a sense of coherence. Vigour relies on available resources, and dedication would require that meaningfulness is experienced in the task. Absorption and manageability are less obviously linked yet the sense remains that the general principles surrounding a sense of coherence can be associated with the general principles of work engagement. This is not to say that these are the same construct as they refer to entirely different phenomena. Rather it is intended to show how the positive psychology approach precipitated the thinking that led to interest in work engagement, as opposed to merely concentrating on maintaining low risk factors in order to avoid burnout.

4.3.1.2.2 Fortigenesis

The construct fortigenesis is derived from the Latin *fortis* meaning "strong" (Strümpfer, 2006). According to Strümpfer (1999) the pathogenic paradigm was predominant in health and social sciences up until the first half of the 20th century.

This paradigm disempowered individuals as it highlighted only deficits. The new thinking questions this and rather focuses on "what can go right" as attempts are made to fortify and strengthen individuals, without ignoring the inherent demands they face daily. The construct resilience comes into play as a central component of intrapersonal strength (Strümpfer, 1999). Thus the onus which was previously placed predominantly on the promotion of health, with specific focus on the sense of coherence construct as a theoretical foundation, is extended by Strümpfer to include strengths, and specifically resilience, as central to psychological well-being. The fortigenic perspective incorporates four basic assumptions (1) two continua are present, one representing mental illness and the other mental health; and the individual vacillates within the fortigenic process, constantly moving forward towards strength, (2) inordinate demands, with accompanying challenges and struggles, are a basic and unavoidable element of the human condition, (3) strengths exist in all individuals which temper the toll of these inherent demands and may even be utilised in such a way as to allow the individual to flourish and (4) purely positive experiences also exist in these continua (Strümpfer, 2006). Fortigenesis was not proposed as an alternative to salutogenesis. The two perspectives share a common basis, with positive psychology as an umbrella concept. The sense of coherence construct represents the salutogenic approach whilst the construct of resilience is representative of fortigenesis. The concept of fortigenesis was suggested as a broadening of the salutogenic concept, with its focus on the origins of psychological strength in general, as opposed to a focus solely on the origins of health (Strümpfer, 1995). The present author considers the combined views as a comprehensive foundation for a positive paradigm, a belief which is substantiated by findings that "both international and South African research results increasingly support the relationship between salutogenic and fortigenic functioning, and various individual behavioural constructs as well as work performance" (Breed et al., 2006, p. 75).

4.3.1.2.3 Psychofortology

As described, positive psychology had evolved from a field that sought to understand the origins of health to a field that focused on the origins of health and of strengths. This view was further expanded by Wissing and van Eeden (1997) who proposed that the term psychofortology be adopted. This relates to the science of

psychological strengths and propels the field of positive psychology forward, allowing more comprehensive and inclusive concepts such as the nature, dynamics and enhancement of psychological wellbeing to come to the fore. These concepts build on the foundational focus on health (salutogenesis) and strengths (fortigenesis) already determined (Coetzee & Cilliers, 2001).

A general psychological wellbeing factor was identified by Wissing and van Eeden (1997), who suggest that a number of qualities are combined to create psychological well-being. These qualities include sense of coherence, satisfaction with life, affect balance and a generally positive life orientation. They manifest in individuals who view difficulties in life as challenges, engage actively in their world because of a genuine interest in that around them and are motivated to participate on a behavioural level. Such individuals experience high levels of self-worth whilst also acknowledging the affirmations and positive support systems stemming from significant others. The current researcher proposes that these same qualities (albeit known by different names) are to be found in the concept of work engagement.

4.3.1.3 Work Engagement as a Salutogenic Construct

Some authors, such as Maslach and Leiter (as cited in Schaufeli & Bakker, 2004, p. 294) believe burnout and work engagement to be direct opposites. Accordingly, engagement was initially only perceived as the antithesis of burnout and the term was originally used by Maslach and Leiter (as cited in van der Colff, 2005, p. 59) to better understand and describe burnout. That is; burnout constitutes the attrition or lack of work engagement. This view is reinforced by Bakker, Schaufeli, Leiter and Taris (2008, p. 188) who note that "it is research on burnout that has stimulated most contemporary research on work engagement". This resulted in empirical investigation into the concept of work engagement in and of itself, not merely as a counterfoil to burnout. This, in turn, has led to a number of theories relating to work engagement but, according to Olivier (2006, p. 41), "trying to find a single, agreed upon definition for engagement is like trying to find the proverbial needle in a haystack".

Schaufeli and Bakker (2004) postulate that burnout and work engagement are not opposites in the strictest sense. They may rather be considered as negatively correlated states that remain independent of each other. Their view is that when the core traits of burnout (they refer to emotional exhaustion and cynicism, defined in the present study as exhaustion and disengagement) are considered against the core traits of work engagement (vigour and dedication), the two states can be viewed as bipolar opposites along two distinct dimensions, namely activation and identification (Schaufeli & Bakker, 2004; Gonzalez-Roma, Schaufeli, Bakker & Lloret, 2006).

As stated previously, the concept of work engagement has evolved out of changes that occurred within the field of psychology once focus was shifted from purely pathogenic phenomena. Despite a superficial appearance to the contrary, pathology and psychofortology are not mutually exclusive. It is possible to possess and maintain strengths despite the simultaneous presence of pathology, and the argument would be that it is the strengths themselves that allow continued functioning of the individual in spite of the pathology concurrently being experienced. This statement mirrors the dynamic described within the JD-R model in which the protective effects of job resources assist the individual despite the presence of job demands.

Similarly, should pathogenic influences outweigh the psychofortigenic, pathology will result. If the inherent strengths of the individual are sufficient, that individual will be fortified to withstand a great deal of adversity with his/her psychological well-being intact. These processes may be likened to a path towards either burnout or work engagement, depending on the interactive relationship between job demands and job resources. Work engagement does not imply an occupation without challenges or difficulties, merely that sufficient job resources exist to buffer the depleting effect of those demands.

In broad terms, the above description of a general psychological well-being factor as defined in the psychofortigenic approach, has commonalities with the concept of work engagement. The behavioural manifestation of psychological well-being which comprises interest, focus and active participation in life is specifically reminiscent of the qualities of vigour and absorption within one's work, whilst the tendency to

experience difficulties as surmountable challenges as well as the sense of coherence construct relate well to the factor of dedication. Once again, it is not suggested that these are the same concepts, rather that work engagement may qualify as an example of psychological well-being in a specific context, such as an individual's occupation. Work engagement can thus be viewed as a particular form of psychological well-being (Schaufeli et al., 2002).

4.3.2 A Model of Work Engagement (Schaufeli et al., 2002)

The Job Demands-Resources (JD-R) model has been proposed as a satisfactory means to organise the operationalisation of work engagement (Bakker & Demerouti, 2007). As indicated in Chapter 2 of the present thesis, job demands and job resources are associated with burnout and work engagement respectively. The interaction between demands and resources will determine the ultimate outcome, but job resources have been identified as protective factors which buffer the effects of demands (and the greater risk of burnout), in addition to being considered important independently from job demands. This is so because job resources are considered to be part of the second process within the JD-R model viz. the motivational process, and are accordingly related to work engagement (Bakker & Demerouti, 2007).

Schaufeli et al. (2002, p. 73) stated that "to date, relatively little attention has been paid to concepts that might be considered antipodes of burnout". The implication was that engagement could be assessed by the opposite pattern of scores obtained on the three burnout dimensions of the MBI (Maslach & Leiter, as cited in Schaufeli et al., 2002, p. 73). Thus burnout and engagement were considered to be opposite phenomena occurring on one continuum and measurable by a single instrument.

This was not the thinking of Schaufeli et al. (2002) who considered burnout and work engagement to be opposite and separate components requiring independent measurement utilising different instruments. This view is supported by other researchers such as Bakker and Demerouti (2007). Moreover, Schaufeli et al. (2002) argue that as both constructs are multidimensional, it would be expected that a model which considers the higher-order structure will provide the best fit to data. To achieve this, a second-order factor model was proposed, wherein three burnout

scales and three work engagement scales load. The product will provide a fit superior to that gained from "a model that assumes that all six scales refer to one underlying general, undifferentiated dimension" (Schaufeli et al., 2002, p. 76).

This model suggested by Schaufeli et al. (2002) emphasises the definition of work engagement employed in the present study and relates to the concepts of vigour, dedication and absorption. Stemming from this approach to conceptualising work engagement, the UWES was developed. It has been validated in a number of studies among international populations, including South Africa. The OLBI, although originally developed as a measure of burnout, can also be used to determine work engagement due to the fact that it comprises both positively and negatively worded items (Bakker & Demerouti, 2008).

Work engagement is strongly correlated with job resources (Bakker & Demerouti, 2007; Bakker & Demerouti, 2008). Whilst the idea that work engagement brings intrapersonal satisfaction is inherently implied, relatively few quantitative studies exploring the relationship between work engagement and job performance have been conducted. Those that have been, offer promising results that work engagement and job performance are positively related (Bakker & Demerouti, 2008). Salanova and Schaufeli (2008, p. 116) for example reported that their study of 386 Spanish and 338 Dutch respondents reflected findings that "work engagement fully mediates the impact of job resources on proactive behaviour".

It is clear that work engagement is a desired state given the fact that it promotes personal satisfaction, most often in the form of positive emotions, better health, independent creation of further personal and job resources and by an "infectious" quality that transfers to colleagues (Bakker & Demerouti, 2008). Furthermore, work engagement positively impacts on job performance, resulting in a win-win situation for employee, employer and recipients of service.

4.4 IMPORTANT INDICATORS FROM RESEARCH RELATING TO WORK ENGAGEMENT

Despite its relatively short history as an area of scientific interest, the research regarding work engagement per se offers a rich selection spanning multiple countries, various research designs and a number of variables. The UWES has been validated in a number of studies conducted in China, Finland, Greece, the Netherlands, Spain and South Africa in which confirmatory factor analyses supported the three factor model suggested for work engagement (Bakker & Demerouti, 2008). Another study, utilising data from five different studies, including a three year longitudinal study, also supports the three factor model. It obtains high rank order stabilities for factors related to work engagement, leading to the conclusion that "work engagement seems to be a highly stable indicator of occupational well-being" (Seppälä, Mauno, Feldt, Hakanen, Kinnunen, Tolvanen & Schaufeli, 2009, p. 459).

The robustness of the JD-R model, which underlies the model of work engagement, was found to be sound when tested in two different occupational settings using a Dutch and a Spanish sample. The results indicate that the basic structure of the JD-R model is retained, irrespective of nationality, occupational context, method of administration or subtle changes in the measures investigating the core concepts (Llorens, Bakker, Schaufeli & Salanova, 2006). Similar results regarding its robustness and its bearing on work engagement were obtained by Korunka, Kubicek, Schaufeli and Hoonakker (2009) in a diverse Austrian sample. Their study reflected that "different occupational groups vary regarding the strength of correlations, but not regarding the underlying processes *per se*" (Korunka et al., 2009, p. 252).

Following on this, the psychometric properties of the shortened version of the instrument, the UWES-9 (where the original 17 item instrument was shortened to a nine item scale) were subsequently explored utilising data collected from ten different countries and offering 14,521 data samples. The findings reflected that the UWES-9 possessed factorial validity with good internal consistency and test-retest reliability. The researchers concluded that work engagement can be considered to be the positive antipode of burnout and stated that a two factor model (burnout and

work engagement) best fit the data, but that in their findings the work engagement factor was expanded to comprise professional efficacy in addition to vigour, dedication and absorption (Schaufeli, Bakker & Salanova, 2006).

To determine the parameters of work engagement Hallberg and Schaufeli (2006) investigated the possibility that work engagement, job involvement and organisational commitment refer to the same concept. For this they incorporated a sample of 521 employees in "the Swedish section of an international Information Communication Technology (ICT) and management consultancy company" (Hallberg & Schaufeli, 2006, p. 121). They found the constructs to be empirically distinct and reflecting different types of work attachment. This finding substantiates the view that work engagement is a differentiated construct in and of itself. Similarly, Schaufeli, Taris and Bakker (2006) explored and clarified the differences between work engagement and workaholism, with "good" workaholism relating to work engagement and "bad" workaholism not, as they led to different outcomes. Likewise, Schaufeli, Taris and van Rhenen (2008, p. 173) state that multiple regression analyses conducted on workaholism, burnout and work engagement provided evidence that the three constructs retain unique patterns of relationships with variables and are thus "three different kinds of employee well-being rather than three of a kind".

The UWES has since been translated into different languages and the psychometric properties needed to be re-confirmed after doing so. One such study was conducted in Japan after the Japanese version of the UWES (the UWES-J) was developed. The research findings reflected that internal consistency was high yet some interesting results were obtained. Firstly, the shortened nine item version of the instrument showed better fit to the data than did the full 17 item version. Secondly, the three dimensions (vigour, dedication and absorption) collapsed in the Japanese context to form a unitary dimension. The authors explained this as a possible consequence of the empirically supported contention that the three dimensions are highly interrelated, but do state that further research into this is required. Thirdly, the stability of work engagement results were comparable to findings from Australian and Norwegian samples suggesting that "engagement has a more persistent and chronic nature, rather than being a momentary and transient state irrespective of the

country in which it is studied" (Shimazu, Schaufeli, Kosugi, Suzuki, Nashiwa, Kato, Sakamoto, Irimajiri, Amano, Hirohata, Goto & Kitaoka-Higashiguchi, 2008, p. 519).

A Spanish study involving 110 university students investigated the interplay between work engagement, personal resources and task resources. The findings suggested that work engagement increases efficacy beliefs and these beliefs will, over time, increase task resources resulting in a positive gain spiral (Llorens, Schaufeli, Bakker & Salanova, 2007).

This brief overview reflects the broad research areas that have been explored with regards to work engagement. The last-mentioned is of significance as it mirrors the downward spiral described in Chapter 3 of the current thesis. If that is to be considered as a negative loss spiral it acts as a fitting antithesis to the positive gain spiral reported by Llorens et al. (2007) and reinforces the two competing dynamics arising from job demands and job resources, namely the negative, depleting process of burnout versus the positive, motivational process of work engagement.

The UWES was examined for the first time in a South African population using a randomised sample of 2396 police force members (Storm & Rothmann, 2003). The specific focus was on the psychometric properties of the instrument in a local population. Storm and Rothmann (2003) report that some undesirable psychometric characteristics were found during the statistical analysis. Although the three factor model did represent the data adequately, the one factor model showed to be of a superior fit after inclusion of "a specification of correlated errors to account for the shared domain-specific variances" (Storm & Rothmann, 2003, p. 68). The difficulties in factor structure were ascribed, potentially, to ambiguous items, sample and/or country specific items and/or to the linguistic abilities within the respondents being insufficient. This last mentioned possibility is substantiated by the fact that only 11% of the sample reported English as their home language (Storm & Rothmann, 2003). Internal consistency was deemed acceptable and, of particular relevance in a South African context, construct equivalence and bias analyses conducted showed that the mean scores for different racial groups did not differ in a systemic way. This led the authors to conclude that the UWES could acceptably be used to compare work engagement in different race groups.

In a study exploring occupational stress, coping, burnout and work engagement in emergency workers in the Gauteng province of South Africa (Naude as cited in Rothmann, 2003, p. 20), structural equation modelling supported the three factor model of work engagement. The correlations among the three factors were however high enough to suggest the possibility of work engagement being a one-dimensional construct, when measured on the UWES.

No such difficulties with the psychometric properties of the UWES were encountered by Pienaar and Sieberhagen (2005) in their study examining burnout and work engagement in student leaders at a tertiary institution. They report that the measuring instrument is valid and reliable, with a three factor model being indicated. It must be noted that the researchers administered the Utrecht Work Engagement Scale - Student Survey (UWES-SS), given the sample demographic, and not the original UWES.

The UWES was also included in a study focusing on the impact of positive and negative affectivity on job insecurity, burnout and work engagement (Bosman, Rothmann & Buitendach, 2005). Negative affectivity was found to be associated with decreased work engagement and positive affectivity with higher levels of work engagement. No concerns regarding the measurement instrument were reported.

In another South African study seeking to validate two measures of affective well-being, the MBI and the UWES, Coetzer and Rothmann (2007) encountered problems similar to those described by Storm and Rothmann (2003). In this study, three language groups (English, Afrikaans and African) were represented. Despite adjusting for two items deemed problematic, the goodness-of-fit indices were initially unable to achieve the recommended critical values. Through adjustment related to the language of origin and specific items, acceptable critical values were ultimately achieved. The authors explained that "it is believed that this confusing state of affairs regarding the UWES does not reflect weaknesses inherent in the instrument, but is rather due to more general factors" (Coetzer & Rothmann, 2007, p. 13). These factors included the relative "newness" of the instrument and the possibility that the vocabulary used in the items was misunderstood by the sample. The conclusion reached was that the results did support a three factor model of work engagement

and that work engagement and burnout are not merely direct opposites of the same continuum but separate entities altogether.

Finally, in research exploring the nature of work-related well-being in the South African police force, Rothmann (2008) examined the effects and interactions between job satisfaction, occupational stress, burnout and work engagement. The previously experienced concerns regarding certain psychometric properties of the UWES were avoided by removing the absorption component as the wording for these items was deemed problematic. This approach was substantiated by previous findings (Rothmann, 2008, p. 13) in which a two factor model of work engagement, comprising vigour and dedication, was found in the police services.

In this study, work-related well-being was shown to be multidimensional, with work engagement achieving a higher second order factor loading than occupational stress, but lower loading than job satisfaction and burnout (Rothmann, 2008).

4.5 SUMMARY

This chapter introduced the concept of positive psychology as a basis for considering work engagement. The three factors comprising work engagement, namely vigour, dedication and absorption were defined and described. The development of approaches within the positive psychology paradigm were discussed, categorising three distinct points of departure, namely salutogenesis, fortigenesis and psychofortology. The model adopted in the present study, the Job Demands-Resources model, was discussed with specific relevance to its relationship with work engagement. An overview of international research surrounding work engagement was offered before work engagement research in South Africa was addressed. In the latter, specific concerns surrounding the UWES in a local context were highlighted. It has to be borne in mind that the studies referred to differ in certain respects from the current study. In four of the six studies cited, respondents worked in the same occupational field but did not necessarily perform the same functions nor did they necessarily have the same qualifications across the board. Also, the JD-R model was not explicitly foundational in these studies as the focus was often on other variables according to the area of interest for each particular study. Despite the

difficulties encountered, the UWES was not rejected as a meaningful instrument in any of the South African studies.

Insight into the literature regarding job demands, job resources, burnout and work engagement having been gained, the methodological approach employed by the author of the present thesis will be discussed in Chapter 5.

CHAPTER 5

RESEARCH METHODOLOGY

5.1 INTRODUCTION

The preceding chapters provided an overview of research that has been conducted regarding burnout, work engagement, job demands and job resources. It was shown that burnout in particular has become a global phenomenon and is attracting much scientific interest. Despite this, consensus has not been reached with regards to the etiology, symptomology and operationalisation of burnout. There is a paucity of research regarding burnout in psychologists, particularly in South African psychologists. The present study seeks to address this lack of information and investigate the nature if any, regarding the correlation between burnout, work engagement, job demands and job resources.

This chapter will concentrate on the applied, practical components of the present study, beginning with a description of the specific research aims. The selection of participants will be reviewed, with tabular representations of demographic variables. The process of obtaining the data will be explained, and a comprehensive description given of the measuring instruments utilised. This description will include commentary on the psychometric properties of the measuring instruments selected for the present study. Lastly, the research hypotheses will be reiterated and a description of the statistical analyses to be employed will be provided.

5.2 THE RESEARCH QUESTION

Greater expectations are being placed on individuals to perform in the occupational context (Burke, Oberklaid & Burgess, 2005; Le Blanc, Bakker, Peeters, van Heesch & Schaufeli, 2001; Storm & Rothmann, 2003). Psychologists are dealing with increasingly more complex cases as clients/patients react to external realities such as economic recession, rising unemployment and divorce rates, acts of terrorism and other stress-related conditions. This is reflected in the increasing global incidence rates for depression (Stewart, Gucciardi & Grace, 2004) with a prediction that by

2020 it will be the second highest occurring disease contributing to the worldwide disease burden (Scott & Dickey, 2003). In addition, the field of psychology is confronted with escalating pressure to "prove itself" in the face of calls from managed care providers for outcomes-based treatments with proven results (Miller, Duncan, Brown, Sparks & Claud, 2003).

In light of the above, the research question posed was: what is the nature of burnout symptoms, work engagement, perceived job demands and perceived job resources as experienced by a group of South African psychologists in private practice?

5.3 RESEARCH AIMS

The aims of this study were:

1. To determine the construct validity and reliability of the measuring instruments which were used in this research

2. To assess the nature of burnout symptoms, work engagement, job demands and job resources experienced by a group of South African psychologists

3. To determine the relationship between burnout, work engagement, job demands and job resources as experienced by a group of South African psychologists

4. To determine whether the model used within this research offered a satisfactory explanation of results obtained in this study

5. To compare findings on South African psychologists with similar studies pertaining to burnout, work engagement, job demands and job resources within other South African occupations.

5.4 RESEARCH HYPOTHESES

The hypotheses were the following:

- It was hypothesised that the measuring instruments used in this research would have the necessary reliability and validity

- No hypothesis was offered for Aim 2 due to the fact this was an investigative exploration of the nature of burnout symptoms, work engagement, job demands and job resources experienced by a group of South African psychologists

- It was hypothesised that an inverse correlation would exist whereby high scores for burnout would be associated with low scores for work engagement and that perceived high job demands and/or low job resources would correlate with low work engagement and high burnout scores

- It was hypothesised that the model utilised would provide a satisfactory explanation for the results obtained within this study

- It was hypothesised that the South African prevalence for burnout and disengagement in psychologists would be higher than results obtained from other South African occupations due to current changes within the field of psychology.

5.5 RESEARCH DESIGN

The research design includes both qualitative and quantitative data collection and analysis in sequential form. That is, sequential multimethod design, in which one type of data provides a basis for collection of another type of data (Mixed Methods Network for Behavioural, Social and Health Sciences, 2006). A mixed methods design was incorporated as it can "increase the scope and comprehensiveness of the study" (Morse, 2003, p. 192). Research incorporating a multimethod design is

considered to provide an exacting and methodologically unassailable approach wherein data may be integrated to provide a complete analysis (Carr, 2008; Creswell, Fetters, Ivankova, 2004; Hanson, Creswell, Plano Clark, Petska & Creswell, 2005). Furthermore, a multimethod research design may be particularly advantageous when examining complex research questions (Driscoll, Appiah-Yeboah, Salib & Rupert, 2007).

Although approximately forty different mixed method designs have been identified (Ivankova, Creswell & Stick, 2006), the Sequential Exploratory Design was considered to be the most appropriate for the current research. Creswell, Plano Clark, Gutmann and Hanson (2003) describe this as being conducted in two phases. A qualitative phase is followed by quantitative data collection and analysis, with integration of the two occurring during the interpretation phase. This approach has been deemed appropriate for a number of purposes, most notably for the exploration of a phenomenon, interpreting relationships and for the development of an instrument by a researcher (Creswell et al., 2003; Hanson et al., 2005). Furthermore, the Instrument Design Model proposed by Creswell et al. (2004) refers to research conducted in two phases whereby the qualitative data collected is specifically used to develop an instrument that is employed in the second (quantitative) phase. Although such a sequential design requires a longer time period to collect and analyse data (Ivankova et al., 2006) the potential benefits are manifold.

Following a comprehensive literature study, two distinct phases were implemented. In Phase 1, a qualitative method (personal interviews) was used to obtain information that formed the basis of the questionnaire developed for the present study, relating to job demands and job resources. In Phase 2, a quantitative approach was employed utilising a cross-sectional design in which three scales, namely; the Job Demands-Resources Scale for Psychologists (JD-JRSP), the Oldenburg Burnout Inventory (OLBI) and the Utrecht Work Engagement Scale (UWES) were provided to psychologists. The responses provided by the participants were then scored and statistically analysed.

5.5.1 Ethical Considerations

Prior to the implementation of Phase 1 and 2 (data collection) of the research, the following ethical considerations were established:

- **Confidentiality**

The interview subjects and potential respondents to the questionnaires were assured that confidentiality would be maintained throughout the research process.

- **Anonymity**

No identifying details were included in the transcriptions of the personal interviews, and interviewees were encouraged to read the transcription of their own interview to ensure that they were satisfied that anonymity was maintained. Potential respondents to the questionnaires were not required to offer any identifying details about themselves. It was, however, clearly explained in the introductory letter that identifying details would need to be provided to the researcher, for obvious reasons, should they request personal feedback.

- **Right to Withdraw**

The interviewees and the potential respondents retained the right to withdraw from the study at any time, should they have so desired.

- **Principle of No Harm**

No harm, nor potential for harm, was foreseen in the participation of this research.

- **Access to Feedback**

All potential respondents who did decide to participate in the research were informed, by means of the introductory letter, that they would receive a brief

feedback summary of the general findings upon completion of the research. Those respondents who desired personal feedback regarding their own profiles, were given the option to indicate this in the space provided for this purpose on the demographic questionnaire.

5.6 PHASES IN THE RESEARCH PROCESS

The current study comprised two phases with regards to data collection namely the qualitative phase and the quantitative phase.

5.6.1 Phase 1: The Qualitative Component

Initially, ten personal interviews were conducted by the present researcher with psychologists in private practice, all registered as either clinical or counselling psychologists for more than two years. This availability sample comprised psychologists who had been informed of the purpose of the interviews and all agreed to have the interviews tape recorded for later transcription. One psychologist later requested, immediately prior to commencement of the interview, that the interview not be recorded and this was agreed to. The purpose of these interviews was to obtain information regarding job demands and job resources experienced subjectively. Although certain types of demands and resources are believed to be universal, each occupation will also exhibit individual demands and resources, in addition to differences in their composition (Bakker & Demerouti, 2007). For this reason, it was necessary to gain insight into the unique experience of the South African psychologist in private practice, in order to develop an appropriate and relevant job demands-job resources questionnaire tailored to their specific occupational context.

Written informed consent was obtained from each psychologist interviewed, in which it was stated that the interview would be transcribed for inclusion as an appendix to the research thesis. Each psychologist was offered the opportunity to read the transcription prior to inclusion lest they felt any identifying details were present. The recordings were transcribed by a highly qualified stenographer who was also required to sign a confidentiality contract.

In addition to the recordings being made, the present author took a questionnaire template to each interview for the purposes of noting demographic information and making notes regarding responses. A standard "script" was compiled to serve as a framework for the interviews. The interviews were loosely guided by information that had been garnered from other studies that had investigated job demands and job resources. It was initially intended to leave the questions entirely open ended but this soon proved futile. The present researcher noted an interesting occurrence during the first few interviews which appeared to continue throughout. The psychologists being interviewed were seemingly not clear on what was meant by a demand or a resource. In more than one instance during the preamble to the interview, the interviewees remarked that they had not previously thought about their work in such a way. Some respondents would initially offer a rudimentary response but once provided with an example of what could be considered a demand or resource, would proceed to list a multitude of relevant factors.

The formal interviews were then transcribed and themes were identified.

5.6.1.1 The Interview Participants

The ten personal interviews conducted with psychologists matching the inclusion criteria for the present study is seen as an availability sample, as each interviewee practised or resided within relatively close proximity of the researcher. In addition they had to be prepared to offer up their time and participate in interviews that could be experienced as revealing.

Nine of the interviewees were based in Pretoria and one lived and practised in Johannesburg. The setting for the interviews were at practice (N = 8) and at residence (N = 2). Eight interviewees were female and two male.

5.6.1.2 The Interview Experience

The interviews ranged from approximately 70 minutes to 110 minutes in duration. Emphasis was placed on the importance of anonymity and the intention to censor

any information that may be identifying. All interviewees were given the option to read the transcript of their interview before it was included in the thesis. Only two interviewees requested to see their transcript.

During the interview the researcher subjectively noted that many of the questions put to the psychologists appeared to be unfamiliar to them. That is to say, it appeared as if they had not previously considered some of the themes under discussion. This personal observation was confirmed during and after some of the interviews when interviewees commented that the interview had encouraged some interesting insights.

It was also noted that the concepts "job demands" and "job resources" were not always clear to the interviewees. Each interviewee was briefed in writing and verbally prior to the interview regarding the research topic and the purpose of the interview. A typical interview would formally begin with a brief description of job demands. Most of the psychologists would state that the profession was a demanding one but would neglect to specify demands. It was decided to share some of the findings of the literature on the subject, and this allowed for much greater expression from the interviewees.

Although they too reported many of the demands and resources discussed in the literature, they were also able to provide a number of new insights, which were subsequently included in the JD-JRSP.

5.6.1.3 Analysis of Themes

The personal interviews, which were to form the basis of JD-JRSP, were conducted after a comprehensive review of the relevant literature had been undertaken. The interviews were voice-recorded and transcribed. The analysis of data followed accepted qualitative data analysis practices as described by Neuman (1997). This means that concept formation had already begun during the interview process and was continued during the review of the transcriptions. Open coding was applied in which the researcher "locates themes and assigns initial codes or labels in an attempt to condense the mass of data into categories" (Neuman, 1997, p. 422). This

was followed by axial coding in which the researcher "moves toward organizing ideas or themes and identifies the axis of key concepts in analysis" (Neuman, 1997, p. 423). Finally, selective coding was employed in which the researcher "reorganizes specific themes identified in earlier coding and elaborates more than one major theme" (Neuman, 1997, p. 424). This process allowed the plethora of data obtained from the interviews to be successively re-categorised until clusters of concepts were formed, each containing sub-factors. In this way, a manageable set of themes was developed, as described in the following section, and applied within the JD-JRSP.

5.6.1.4 Compilation of the Job Demands-Job Resources Scale for Psychologists (JD-JRSP)

A qualitative analysis of themes was conducted from the interview transcriptions and the results were utilised by the present researcher to develop the JD-JRSP. This scale was later included in the quantitative component as part of the questionnaires sent to participants. Initially, every job-related demand and resource identified by an interviewee was utilised resulting in a questionnaire comprising 117 items. This was deemed impractical and further analysis was done with a view to broaden categories without sacrificing any important data. This resulted in a 69 item questionnaire. Three items were initially included that reflected self-care as a resource. Self-care included self-monitoring for excessive stress, participating in physical activity or a hobby, and utilising relaxation techniques. These items were eventually removed as the self-care resource was deemed individualistic and not pertaining to the professional experience of a psychologist per se. Accordingly, the final version of the JD-JRSP contained 66 items.

A refining process was undertaken to maintain the relevant aspects whilst avoiding unnecessary surplus factors. Initially, three primary demand factors were identified with a total of 12 sub-factors. At this point resources were grouped into four factors with ten sub-factors coming to the fore. This original structuring of sub-factors is presented in Table 5.1.

Table 5.1 ***Job Demands and Job Resources for South African Psychologists identified from Personal Interviews***

FACTOR	SUB-FACTOR	ITEMS
JOB DEMANDS		
Overload	Administration	1, 29, 41
	Time Limitations	4, 5, 10
	CPD compliance	9, 43, 49
	Personal	17, 3, 16
Professional Insecurity	Regulatory Bodies	8, 19, 45
	Referral Sources	21, 48, 62
	Isolation	24, 35, 65
	Peers	34, 46, 61
	Multidisciplinary Effects	13, 28, 54
Recipient Contact	Patient Expectations	23, 30, 56
	Social Role	32, 47, 60
	Content	15, 37, 40
JOB RESOURCES		
Growth Opportunities	Autonomy	2, 66, 33
	Personal	6, 39, 50
	Content	11, 18, 25
Professional Support	Multidisciplinary Effect	20, 27, 57
	Peers	31, 51, 64
	Word of Mouth	38, 52, 59
Advancement	Experience	26, 36, 63
	Financial	12, 44, 58
	General	14, 22, 55
Social Services	External Social Services	7, 42, 53

The above factors were derived from the ten personal interviews conducted. Many of the demands and resources verbalised by interviewees are highlighted in existing literature. Some factors were novel and this may be ascribed to increasing occupational expectations in an evolving vocational climate (Rothmann, Mostert & Strydom, 2006), or it may reflect factors that are unique to the experience of a psychologist.

Once the statistical analysis of the JD-JRSP was conducted, it became apparent that three factors could be identified, from which two, namely Job Demands and Job Resources included the sub-factors as originally conceptualised.

However, the three factors did not produce the desired accountability for variance and it was decided that the original structure of the instrument, that is; a three factored Job Demands component comprising 12 sub-factors and a four factored Job Resources component comprising ten sub factors would be retained and utilised within the statistical analyses. The psychometric properties of the JD-JRSP will be discussed within Section 5.8.3 addressing the quantitative component of the research. In addition, Professional Support as a sub-factor under Job Resources would be separately retained.

The factors and their underlying sub factors, as included in the present study, will now be described.

5.6.1.4.1 Job Demands

Grouped under job demands the following areas were identified: Overload, Professional Insecurity and Recipient Contact.

- **Overload**

Four sub-factors were identified as relevant, namely Administration, Time Limitations, CPD Compliance and Personal. *Administration* refers to the demands placed on the psychologist by high levels of administrative duties such as the completion of process notes, the writing of reports, account management, liaison with medical aids, compiling motivation letters to medical aids for permission to continue therapy with a client/patient, as well as general administrative tasks including maintaining professional registrations and professional indemnity, and processing tax documents, invoices and the like. An item such as "Do you have to work after hours in order to complete your administration?" reflects this sub-factor.

Administration is central to private practice as, strictly speaking, all relevant activities should be noted (Allan, 2001). This implies that even if a client/patient should phone the practice to ask the psychologist something, it should be noted in the patient file. When considering a full caseload of current patients and a long list of "ex patients", even this single administrative task could become daunting. Included also within

administration would be tasks that only the psychologist can complete (such as process notes, referral letters, patient progress updates to referring doctors, reports and psychometric scoring/interpretation) and therefore a secretary cannot alleviate the burden.

A second sub-factor is *Time Limitations.* This refers to any aspect of the psychologist's working life that can be hampered by time, such as a limited number of sessions available for therapy due to managed care, having to schedule emergency referrals between routine sessions and remuneration linked to time in session. This particularly concerned many of the psychologists interviewed as it practically equates to any hour not in consultation is revenue lost. A psychologist considering a vacation will need to work additional hours either prior to or following the vacation in order to augment lost income, thus negating the point of taking time off to relax.

Time Limitations can also be linked to balancing therapeutic sessions with other work-related tasks that require attention, such as administrative duties as discussed above.

Another example could be the difficulties sometimes encountered in maintaining appropriate session time. For example, if a patient chooses the last few minutes of a therapeutic session to disclose something very upsetting to them, it would be unethical, unprofessional and un-therapeutic to terminate the session. The psychologist would have to contain the patient before closing off the session, a process that may take some time and will, effectively, cause every subsequent appointment to begin later than originally scheduled. An example of such an item would be "Is it difficult to adhere strictly to the sessions and tasks laid out in your diary?"

The third sub-factor relates to *CPD Compliance* and reflects the issues of costs involved in attending CPD activities, loss of consultation revenue and the quality/relevance of topics on offer. An example of such an item would be "Are CPD topics on offer relevant to your needs?"

Finally, a sub-factor broadly defined as *Personal*, was identified. This refers to the demands that psychologists place on themselves – high, possibly unrealistic, expectations of the self, specifically in terms of acumen, efficacy, knowledge and "success" in their work, as well as remaining abreast of new developments in the field. This can be coupled with the need to maintain physical, emotional and cognitive energy. An example of such an item would be "Does working with clients/patients fatigue you emotionally and/or physically?"

This last-mentioned sub-factor is associated with another demand, (the sub-factor of *Content* within Recipient Contact). Often the psychologist is a generalist who consults with a gamut of presenting problems and patient populations – which may differ every day. Yet, in the treatment of different problems it is expected of the psychologist to have "specialist" knowledge. An example of such an item would be "Does your work require you to have too broad and extensive a knowledge base ('jack of all trades')?"

The current author would put forth that most psychologists in private practice are generalists as this offers the best opportunity for a practice to be maintained. It is opined that specialist psychology practices are more likely to arise when senior psychologists have established themselves over time, intentionally or otherwise, in one or another specialised field.

- **Professional Insecurity**

Five sub-factors were found within the Professional Insecurity factor, under Job Demands. The first refers to *Regulatory Bodies,* and specifically to the two predominant associations relevant to the South African psychologist: the Health Professions Council of South Africa (HPCSA) of which all practising psychologists must maintain membership, and the Psychological Society of South Africa (PsySSA) of which membership is optional. An item such as "Do you experience the HPCSA as punitive towards psychologists?" reflects this sub-factor.

The second sub-factor falling under Professional Insecurity is that of *Referral Sources* which includes experiencing unrealistic expectations from referral sources,

such as medical practitioners. These expectations may be related to therapeutic outcomes, speed of progress or requests for immediate consultations, irrespective of the psychologist's schedule. The sense of limited referral sources may create the need to continually accommodate expectations in order to avoid losing the source. An item such as "Do referral sources have unrealistic expectations of what you can do for their patients?" reflects this sub- factor.

Thirdly, the sub-factor of *Isolation* is pertinent to the sense of "aloneness" reported by some psychologists in private practice, as the profession is rooted in ethics surrounding confidentiality and, as found within the personal interviews conducted, collegiate interaction was often reported to be competitive in nature as opposed to supportive. An item such as "Does your job offer sufficient opportunity for you assess your professional development?" reflects this sub- factor.

The fourth sub-factor is that of *Peers*. This includes concerns surrounding perceived high levels of competitiveness within the occupation, in addition to experiencing colleagues as very critical of one another. This is reflected in an item such as "Do you experience other psychologists as hypercritical of peers?"

The fifth and final sub-factor under Professional Insecurity is that of *Multidisciplinary Effects* and relates to the impact of other disciplines and/or their attitudes towards psychology as a field. An item such as "Do you feel other disciplines know and understand the role of a psychologist?" reflects this sub- factor.

- **Recipient contact**

The third factor contributing to Job Demands is Recipient Contact. This is comprised of three sub-factors namely Patient Expectations, Social Role and Content.

Patient Expectations refer to a wide array of attitudes or behaviours stemming from clients/patients that can be experienced as a demand within the occupation. These include unrealistic expectations of the therapist's role, recurrent boundary testing and the need for the psychologist to retain the caregiver role, despite frustration at patients who fail to arrive or who do not pay for services rendered. An item such as

"Do clients/patients expect of you to take responsibility for them?" reflects this sub-factor.

Secondly, *Social Role* can also be experienced as a job demand. It relates to the psychologist being expected to informally provide professional services in a social context. This sub-factor also includes the experiencing of a negative reaction to the profession outside of a therapeutic context. An item such as "In a social situation, do you experience others as having a negative reaction to your profession?" reflects this sub-factor.

The third sub-factor under Recipient Contact as a job demand relates to the *Content* inherent in the profession. This may refer to secondary traumatisation from sessions conducted, as evidenced by the item "Are you confronted in your work with things that affect you personally?" It may also refer to broader issues within the profession such as "Does your job involve many contradictory (or conflicting) regulatory rules and ethical considerations?"

5.6.1.4.2 Job Resources

Grouped under Job Resources the following factors were identified: Growth Opportunities, Professional Support, Advancement and Social Services.

- **Growth Opportunities**

Here three sub-factors were included. The first was defined as *Autonomy*. This is defined as a sense of independence and control in the working life and can be expressed in an item such as "Do you have influence in the planning of your work activities?"

The second sub-factor is defined as *Personal*. This relates to personal growth and development. The emphasis of these questions is focused on the experience of the psychologist, and an example of such an item would be "Does your work make sufficient demands on all your skills and capabilities?"

The third sub factor is that of *Content.* Here the emphasis is on the work itself and is shown in items such as "Does your work require creativity?" and "Do you have enough variety in your work?"

- **Professional Support**

Professional Support relates to three sub-factors, the first of which is *Multidisciplinary Effect.* This refers to a sense of stimulating multidisciplinary interaction and is reflected in an item such as "Do you have contact with colleagues from other disciplines as part of your work?"

The second sub-factor is that of *Peers* and this refers to supervision and positive collegiate interaction with items such as "Does case consultation with a colleague provide you with greater insights?"

The third sub-factor is *Word of Mouth* and refers to indirect positive feedback obtained from word of mouth referrals from past clients/patients. This is shown in an item such as "Do past clients/patients refer others to you?"

- **Advancement**

Advancement is comprised of three sub-factors, the first being *Experience*. This refers primarily to increased theoretical and practical knowledge with occupational experience and is reflected in an item such as "Does your work offer you the opportunity to keep gaining knowledge and skills?"

The second sub-factor is called *Financial* and reflects the concept of income security and financial advancement, as shown in an item such as "Do you feel that your job offers you financial security?"

The last sub-factor is defined as *General* as it does not relate to a specific area or type of advancement. This is shown in an item such as "Do you need to be more secure that you will keep your current job in the next year?"

- **Social Services**

The last factor in Job Resources is Social Services and this only contained one sub-factor, that of *External Social Services*. This refers to any external system such as a state hospital or clinic. It was a recurring theme in personal interviews that limited funding available from medical aids for private patients meant an ensuing need to utilise public social services. This sub-factor is reflected in items such as "Do you often need to refer a client/patient to a state resource (eg. hospital or clinic) as their private funds (cash, medical aid) are depleted?" and the related item "Is an efficient support system (e.g. government resources) in place for patients without sufficient funds for private treatment?"

5.6.1.4.3 Professional Support

Although not included within the statistical analysis of data in the present research, a factor analysis of the JD-JRSP was conducted and therein Professional Support, which was originally only thought to be a component of Job Resources, ultimately loaded as a factor in itself on the JD-JRSP. The items that loaded on this factor were initially items included as components of Job Resources. Collectively they reflect external aspects that impact on the work and on the field of psychology in general. Examples of such items would be "Do you find state services (government hospitals or clinics) to be of adequate quality in terms of treatment, medication, admission facilities?" and "Are you able to interact with other psychologists as often as you would like to?"

Following the personal interviews and the analysis of themes that comprised the qualitative component of the current research, the process of obtaining a research sample, for the quantitative component, was implemented.

5.6.2 Phase 2: The Quantitative Component

The quantitative component involved identifying potential respondents, obtaining a representative sample, disseminating the research questionnaires and performing

statistical analyses on those returned in order to obtain empirical data relevant to the aims of the present study.

5.6.2.1 Invitation to Participate in the Research

A directory listing all psychologists currently registered with the Health Professions Council of South Africa (HPCSA) was purchased from the HPCSA. Any psychologist who wishes to practise the profession in South Africa must renew registration on an annual basis. The directory lists name, practice number, current postal address, type of registration (for example, "Independent Practice, Clinical Psychology"), date of registration with the HPCSA, qualification obtained, the city or university it was obtained from and the date of obtaining the qualifying degree. In this directory 5851 psychologists were listed as registered to practise with the HPCSA. Of these, 2092 were registered as clinical psychologists and 1244 as counselling psychologists. Although the current HPCSA directory was utilised, it should be noted that this number may not be a completely accurate reflection of the number of psychologists practising in South Africa.

From the directory all psychologists identified as registered within the clinical or counselling category were extracted. Next, the dates of qualification were assessed as one of the inclusion criteria for the study was that participants must be registered for a period of no less than two years.

The potential participants that remained were known to be (1) registered psychologists (2) registered in the category clinical or counselling psychology and (3) had been qualified for two years or more. This list was worked through and names selected by means of a systematic sample within each province. The selected names were then included in the group receiving invitation letters.

The letter inviting participation included details of the study, to assist in making the decision to participate or not. These included the criteria for inclusion as set out in the previous paragraph. Private practice had to constitute at least 50% of the psychologist's work hours per week, but did not limit the psychologist to private practice solely. Also included in the letter were a brief rationale for the study, its

purposes, the measuring instruments to be utilised and the approximate time it would take to complete the questionnaires. Various options were given with regards to submitting the questionnaires; every endeavour was made to simplify the process for the potential respondents. This allowed them to respond via telephone, fax, via sms to a cellular phone or email, as per their convenience. This was deemed necessary to ensure an optimal response rate. Assurances regarding confidentiality were provided as this was considered to be of possible concern for potential respondents. Lastly, in an effort to add incentive, the letter stated that individual results would be made available to those interested. This would however necessitate that the respondent be identifiable to the researcher.

The above process was designed to be as effective as possible in garnering responses and incorporated many features that had been identified as supporting optimal response rates. These included personalised letters, the inclusion of self-addressed, stamped return envelopes, initial contact prior to sending questionnaires, follow-up correspondence and the inclusion of an incentive (Edwards, Roberts, Clarke, DiGuiseppi, Pratap, Wentz & Kwan, 2002).

Five hundred names were obtained and five hundred introductory letters sent out. The initial letter did not include the research questionnaires as it was intended as an "invitation to participate" communication only. The inclusion criteria were set out in the letter for the one variable that could not be gleaned from the directory was whether the psychologist was working in a private practice setting or not.

Initially a response rate of approximately 35% was expected following research that has shown different average response rates to mailed material, ranging from 20% (Leong & Austin, 2006), 36% to 53% (Baruch & Holtom, 2008) and 50% (van Horn, Green & Martinussen, 2008). Taken together, these provide an average response rate of approximately 40%. Given that not all recipients were necessarily working in private practice, a 35% response rate was considered to be a reasonable expectation. It was thus believed that approximately 175 responses would be forthcoming, but, given the fact that the research topic was highly relevant to the sample, there was hope that the response rate would exceed that found to be the

norm in other studies. This was in fact not the case at all, and a comparatively poor response was achieved from the first posting of introductory letters.

An interesting occurrence was the number of letters that were returned stating that the individual no longer used that address or no longer resided there. Interesting too were the individuals who responded to the letter to say that they believed the research to be very relevant but could not participate. On more than one occasion, a family member would contact the researcher to inform that the psychologist would not be able to participate. The reasons given were varied and included: emigrated / working outside of South Africa (n = 9), has left the field of psychology (n = 6), not working in a private practice (n = 5), working in private practice but not 50% of working day (n = 6), retired (n = 2), deceased (n = 1), no longer at the address provided by the HPCSA (n = 41) for a total of 70 declining responses.

The implications of the above are far reaching. Firstly, the majority of those individuals who declined were enthusiastic about the study and many highlighted the need for such research. Yet the response rate for those prepared to participate was, as will be shown, surprisingly low. Secondly, a tendency may be developing for psychologists to leave the country or to leave the field. It is unreasonable to consider 15 individuals (emigrated / working outside South Africa / left the field combined) as proof of a trend, but the fact that these reflect only those who provided feedback begs to be considered. Thirdly, and linking to the previous point, 41 psychologists were no longer at the address they had provided. This has ramifications beyond questioning whether they were no longer practising or residing in South Africa. It leads to the inevitable question: Had these individuals stopped their connection to the regulatory council to which they must belong in order to continue practising their profession? The HPCSA continues to document that address as the current one, with all official correspondence being sent there accordingly. More than one individual stated that they had not been living in South Africa for some time (exceeding the time of the last annual registration).

In the introductory letter, potential respondents were informed that should they wish to participate, the questionnaires could be posted or emailed to them, whichever suited them better. From the initial five hundred posted, fifty-two respondents replied

that they wished to participate. This represented a response rate of 10.4% (exclusive of those that responded to decline as discussed above).

Given this low response, it was decided to repeat the process of inviting psychologists to participate. The same HPCSA directory was utilised as no other known means of obtaining contact details for all registered psychologists is available. An additional 500 letters, identical to the first, were posted three weeks after the initial posting. This second attempt employed the same method of selection of psychologists identified as being registered in the clinical or counselling category. This systematic sample was drawn from the 2600 names which remained after the first sample was drawn.

From the second mailing, 61 psychologists replied that they wished to participate. This represented a response rate of 12.2%. The data regarding both postings of invitation letters garnered from the HPCSA directory listings can be seen in Table 5.2.

Table 5.2 ***Data concerning Posting of "Invitation to Participate" Letters sent to Psychologists listed in the HPCSA Directory***

Province	Invitation to Participate 1					Invitation to Participate 2				
	Gender		Registration Category		N	Gender		Registration Category		N
	M	F	Clin.	Coun.	N	M	F	Clin.	Coun.	N
Eastern Cape	31	51	58	24	82	9	41	36	14	50
Free State	31	31	48	14	62	10	17	16	11	27
Gauteng	54	57	94	17	111	98	125	173	50	223
KwaZulu Natal	39	37	56	20	76	17	32	28	21	49
Limpopo	7	9	12	4	16	-	2	1	1	2
Mpumalanga	7	19	18	8	26	2	-	2	-	2
Northern Cape	4	9	7	6	13	2	4	4	2	6
North West	16	24	34	6	40	6	11	11	6	17
Western Cape	37	37	67	7	74	46	78	106	18	124
TOTAL (N)	226	274	394	106	**500**	190	310	377	123	**500**

M = Male / F = Female / Clin. = Clinical / Coun. = Counselling

To summarise, from 1000 invitation letters sent out to psychologists 113 responded that they were willing to participate. This represents a total response rate of 11.3%.

This was still deemed to be an inadequate number of respondents and various means were considered to obtain a larger number of participants. Ultimately a leading Employee Assistance Program (EAP) provider was contacted and was requested to disseminate the invitation letter to their network of affiliates via email. Another EAP company had been approached previously without success and it was uncertain whether this provider would agree to assist. It was known that this EAP provider had a national network of affiliates, all registered psychologists, including those in the clinical and counselling categories. In applying to be an affiliate, each had to have some form of private practice. The unknown variables inherent here were (1) length of time registered and (2) whether private practice constituted at least 50% of the working week.

The EAP provider emailed the invitation letter to affiliates. This allowed those interested in participating to contact the researcher independently.

According to the EAP provider, the letter was sent out to approximately 950 recipients. Of these, approximately 370 were registered as clinical psychologists, 200 as counselling psychologists, 100 as educational psychologists and 10 as industrial/organisational psychologists. Approximately eight psychologists held dual registration. It is believed that the remaining 270 recipients held qualifications other than in psychology as the EAP also has affiliates in their network who are registered as social workers.

From this pool of approximately 570 potential participants, 36 psychologists indicated willingness to participate. Of these, four had already received and responded to the letters sent out previously, leaving a response of thirty-two psychologists. This represented a response rate of 5.6%.

By this time, 1570 letters had been distributed to potential respondents, 145 psychologists in total indicated that they would participate in the research and an overall response rate of 9.2% was achieved. However, as will be reflected in Section 5.6.2.2, only 108 respondents ultimately returned the questionnaires. Of these, three were not compatible with the inclusion criteria and were withdrawn, resulting in a final research group of 105 participants.

Given the difficulties experienced in obtaining an adequate number of participants, consideration was given to the possible reasons for this. A number of hypotheses were considered:

- Psychologists may exclude themselves from research as they prefer to be the tester rather than the subject of psychometric evaluation

- A general apathy towards research may exist

- A sense of vulnerability may accompany the idea that their results will be available to a colleague for interpretation. This overrides the fact that the colleague is unknown to them and, unless feedback on results was requested, would not be able to identify them

- A lack of interest in the topic under investigation in this research may have been present

- It was considered whether the subject matter itself did not affect the response rate. Given the self-selection bias inherent in the research, it could be argued that psychologists who suspect possible burnout in themselves may avoid any confirmatory research. This relates to the principles of needing to retain a professional persona which excludes any form of inhibited functioning (Hanlon, 2004; Kuyken, Peters, Power & Lavender, 1998; Munsey, 2006). Alternatively, psychologists who are already experiencing burnout may not have the motivation to complete an admittedly comprehensive series of questionnaires. It would be reasonable to assume that practitioners who are already feeling overwhelmed with their workload, would not wish to add to it. Research has suggested that non-response or a lower than anticipated response rate can, in itself, be an indicator of burnout (Hallsten, 1993).

The reverse argument may also apply: those who wish to know where they stand in terms of burnout and work engagement may be the ones to participate, whereas, those who do not question their work engagement may find the research irrelevant. This contradictory hypothesis which suggests that the research may be more attractive to those experiencing a burnout process – countered by the alternate view that it would be those experiencing the work engagement process who would be most motivated to participate – may be clarified on the basis of results obtained.

Despite the disappointingly low response rate, it is relevant to note that the participant group obtained reflects demographic characteristics that, for the most part, are similar to those of the population. When considering all psychologists listed in the HPCSA directory who met the inclusion requirements, it was found that the

demographic characteristics of the participants and the population did not differ substantially. The potential pool of respondents comprised 3100 psychologists. Letters inviting participation in the research were sent to approximately half of this potential pool (an approximation is stated as there may have been some overlap between the posting initiated by the researcher and that of the EAP provider). From this, usable responses from 105 participants were garnered. However, despite the relatively small sample size, the participant group is demographically representative of the population of potential respondents, as is shown below in Table 5.3.

Table 5.3 ***Comparison of Demographic Characteristics of the Research Participants versus the Population of Potential Respondents***

	Sample (N = 1570)		**Population (N = 3100)**	
	Participants (N = 105)			
	Percentage	**n**	**Percentage**	**n**
Gender				
Male	24%	25	34%	1057
Female	76%	80	66%	2043
Registration Category				
Clinical	71%	72	62%	1937
Counselling	29%	30	38%	1163
Province				
Eastern Cape	1.9%	2	8%	251
KwaZulu Natal	12.7%	13	11.6%	362
Western Cape	21.5%	22	24.8%	771
Free State	7.8%	8	5.1%	160
Gauteng	36.2%	37	43.9%	1362
Mpumalanga	4.9%	5	1.6%	52
North West	8.8%	9	2.9%	90
Limpopo	1.9%	2	0.6%	21
Northern Cape	3.9%	4	1%	31

From Table 5.3 it can be concluded that the participant demographics reflect substantially similar patterns to the population of potential respondents. In addition to this, approximately 51% of all potential respondents had been afforded an opportunity to participate. Again, the unknown factors regarding the invitation to participate letters sent out were whether these psychologists were in private practice

or whether they spent a sufficient amount of time in private practice to meet the inclusion criteria.

5.6.2.2 Testing Procedure

One hundred and forty-five psychologists initially indicated that they were willing to participate in the research. Accordingly, a questionnaire package, was sent to each, utilising the means they requested. That is; either as printed documents posted to them with a self-addressed, stamped return envelope, or as a Microsoft ™ Word document attached to an email.

Both versions contained a covering letter which reiterated many of the details included in the original invitation letter, the demographic information questionnaire, the Oldenburg Burnout Inventory (OLBI), the Utrecht Work Engagement Scale (UWES) and the Job Demands-Job Resources Scale for Psychologists (JD-JRSP). Completion instructions were provided with each scale, and participants were requested to return them upon completion. A field was provided for those desiring personal feedback and it was stated that each participant would receive a general feedback communication once all data had been collated.

Of the 145 questionnaire packages sent out, 108 were returned. Of these, three were removed as they did not adequately meet the inclusion criteria. Two were completed by educational psychologists who had requested the questionnaires assumingly after receiving the invitation to participate via the EAP-generated method. The third was a psychologist whose private practice did not constitute 50% or more of his/her work life. This resulted in 105 usable response sets.

Each questionnaire package was numbered for the purpose of providing personal feedback to those who requested it. Of the 105 participants who returned usable questionnaire packages, 54 requested personal feedback.

5.7 DEMOGRAPHIC INFORMATION PERTAINING TO THE RESEARCH PARTICIPANTS

Demographic information regarding the participants in the study was obtained as it provided a richer description of the participants. In addition, the literature highlights many of these aspects as being relevant to the understanding of burnout and work engagement.

5.7.1 Gender

Usable completed questionnaires were returned by 105 psychologists. Of these, 25 were male (24%) and 80 were female (76%). Some studies have reported gender differences in terms of burnout (Vredenburgh, Carlozzi & Stein, 1999), but other researchers have found no significant differences between men and women (Ackerley, Burnell, Holder & Kurdek, 1988).

5.7.2 Age

Age was considered to be an important factor as some research suggests that a positive correlation exists between age and coping skills. This would imply an inverse relationship between age and burnout with increased age acting as a protective factor (Rupert & Morgan, 2005; Vredenburgh, Carlozzi & Stein, 1999).

Table 5.4 ***Age Distribution of Respondents***

Age	n	%
20 – 25 years	0	0
26 – 30 years	3	2.8
31 – 35 years	28	26.6
36 – 40 years	19	18
41 – 45 years	15	14.2
46 – 50 years	13	12.3
51 – 55 years	12	11.4
56 – 60 years	9	8.5
61 – 65 years	2	1.9
66 – 70 years	4	3.8
Total	**105**	**100**

5.7.3 Registration Category

Of the 105 participants, 72 psychologists (71%) reported that they were registered in the clinical category and 30 (29%) reported that they were registered in the counselling category. Three participants did not indicate their registration category. Although clear delineation exists regarding the specific scope of practice for clinical and counselling psychologists, in reality this distinction can be somewhat vague. For this reason it was believed by the present researcher that no significant differences regarding burnout scores for clinical psychologists versus counselling psychologists would be found.

5.7.4 Work Context

Of the respondents 69 (66%) stated that their practices may be considered a full-time work context. There were 35 psychologists (34%) who maintained a private practice as an additional source of employment, thus viewing their practice as part-time. For these psychologists other areas of employment included working at a university, corporate consulting and employment in government departments. A number of respondents reported that they considered their private practice to be part-time but failed to specify which other employment areas or activities constituted the balance of their day. In keeping with the inclusion criteria, however, working time spent within the private practice did constitute at least 50% of their working week. One respondent did not complete this question. Work context has been identified as an important factor when researching burnout in psychologists (Ackerley, Burnell, Holder & Kurdek, 1988; Rupert & Morgan, 2005; Vredenburgh, Carlozzi & Stein, 1999). However, the current study concerns itself solely with psychologists working predominantly in private practice and therefore no comparisons can be made between private practitioners and those psychologists working for an employer.

5.7.5 Years Qualified as a Psychologist

The number of years qualified as a psychologist was deemed important as this relates to previous research suggesting lower risk for burnout as a result of greater experience, particularly work experience (Ackerley, Burnell, Holder & Kurdek, 1988).

Table 5.5 *Distribution of Years qualified as a psychologist*

Years Qualified as a Psychologist	n	%
0-5 years	12	11.4
6-10 years	39	37.1
11-15 years	18	17.1
16-20 years	15	14.2
21-25 years	8	7.6
26-30 years	7	6.6
31-35 years	5	4.7
36-40 years	1	0.9
Total	**105**	**100**

5.7.6 Years in Private Practice

Whilst the data regarding age and time as a registered psychologist may provide some indication of life and career experience, it does not offer any insight into specific career experience. That is, some psychologists may be registered and practising for a number of years before, if ever, they embark on private practice. Developing and maintaining a private practice introduces elements that may not be present in other work situations. These include a sense of isolation, greater responsibility and increased financial implications. It is argued by the current researcher that a private practitioner must also be a competent businessman/woman in addition to a competent psychologist in order to maintain a private practice. The literature offers conflicting findings regarding the effect of practice setting, with some authors stating that private practitioners display lower levels of burnout than those in the public sector (Ackerley, Burnell, Holder & Kurdek, 1988). Other authors refer to research which indicates that private practitioners experience more stress than practitioners in institutionalised settings (Vredenburgh, Carlozzi & Stein, 1999).

Table 5.6 ***Distribution of Years in Private Practice***

Years in Private Practice	n	%
0-5 years	33	32.0
6-10 years	32	31.0
11-15 years	14	13.5
16-20 years	14	13.5
21-25 years	5	4.8
26-30 years	4	3.8
31-35 years	1	0.9
36-40 years	0	0
Total	**103**	**100**

5.7.7 Type of Practice

The type of practice in which a psychologist works may exert an influence on him/her. Research has highlighted social support as a protective factor (Coster & Schwebel, 1997; Kuyken, Peters, Power & Lavender, 1998; Much, Swanson & Jazazewski, 2005) and a significant component in work engagement. Social support may be implied in a practice managed as a partnership.

A lack of support may increase vulnerability to burnout and it is proposed that a solo practice may limit opportunities for collegiate interaction and support (Stevanovic & Rupert, 2004). In contrast, a sense of autonomy has also been identified as central to preventing burnout (Much, Swanson & Jazazewski, 2005) and autonomy may, arguably be best achieved in a solo practice. This suggests that this type of practice may positively affect a psychologist.

Table 5.7 ***Distribution of Type of Practice***

Type of Practice	n	%
Solo	85	82.5
Group (independent)	12	11.6
Associateship (more than 2 psychologists)	1	0.9
Partnership (2 psychologists)	5	4.8
Total	**103**	**100**

5.7.8 Average Total Consultation Time with Patients/Clients per day

Workload, or the perception thereof, may be a relative concept. For the present research it was necessary to ascertain how many patient/client consultations were occurring. Anecdotally, the present author has experienced the situation where psychologists will refer to having a "busy" practice with a very full caseload. On enquiry as to what constitutes a "busy practice" responses will range from 20 patients per week to 45 patients per week. This implies that individuals have their own conception of busy and, consequently, a subjective sense of when "busy" becomes "overwhelming".

Rupert and Morgan (2005) report that total working hours are positively related to emotional exhaustion and depersonalisation of clients. Although this finding takes total hours into account (inclusive of administrative duties) it can be argued that the greater portion of the working day will be focused on therapeutic interaction. Given that psychologists in private practice are self-employed it may appear nonsensical to say that they can reach a point of being overwhelmed. The rational response would be that they can merely limit their consultations as desired. However, psychologists are often driven by a desire to be of assistance, which might have initially led them to the field. There may be a strong sense of duty with regards to being available and prepared to assist. Due to the ethical code of the profession there is also an inherent understanding that once a therapeutic relationship is formed, the psychologist is honour-bound to remain accessible for that client/patient (Allan, 2001). This ethical expectation also applies to ex-clients/patients, which suggests that the potential for ongoing responsibility continues to increase the longer the psychologist practices.

Table 5.8 *Distribution of Average Consulting Time*

Average consultation time (total per day)	n	%
0-2 hours consulting per day	9	8.6
2-4 hours consulting per day	16	15.3
4-6 hours consulting per day	32	30.7
6-8 hours consulting per day	36	34.6
8-10 hours consulting per day	8	7.6
10-12 hours consulting per day	2	1.9
12-14 hours consulting per day	1	0.9
14 + hours consulting per day	0	0
Total	**104**	**100**

It was believed that examining only consultation time would provide a skewed picture of the experience of a psychologist in private practice. Given the identification in literature of work overload as a significant demand, it was deemed necessary to compile a comprehensive picture of the typical work day for a psychologist.

A significant portion of working hours will be dedicated to work activities related to client/patient consultations but will not involve therapy per se. Good work habits and ethical standards prescribe that administrative duties must be maintained and done to the highest standards (Allan, 2001). These include the completion of process notes, scoring and interpretation of psychometric tests, report writing, professional referrals with adequate history provided, staying abreast of current research, attendance of Continued Professional Development (CPD) activities and collection of co-lateral information (following informed consent). Practice management tasks also require attention. Even in cases where the psychologist employs someone to manage these functions, he/she has an ethical responsibility to remain abreast of the details. In short, it was believed that time spent in therapeutic consultation would be considerably less than the total time spent on all work-related activities. This can be seen from a comparison of data presented in Table 5.9.

Table 5.9 ***Comparison of Consulting Hours versus Working Hours***

Average consultation time (total per day)	%	**Average working hours (total per day)**	%
0-2 hours	8.6	0-2 hours	0.9
2-4 hours	15.3	2-4 hours	11.6
4-6 hours	30.7	4-6 hours	8.7
6-8 hours	34.6	6-8 hours	26.2
8-10 hours	7.6	8-10 hours	30.0
10-12 hours	1.9	10-12 hours	12.6
12-14 hours	0.9	12-14 hours	6.7
14 + hours	0	14-16 hours	2.9
Total	**100**	**Total**	**100**

The above table shows that a total of 72.9% of the sample consult with clients/patients for between 4 and 10 hours per day. Yet 68.8% state that their daily workday is between 6 and 12 hours. Only 2.8% reported that they consult with clients/patients for 10 or more hours, whereas 22.2% reported a workday of 10 or more hours.

Having reviewed the demographic profile of the sample, attention will now be focused on the measuring instruments sent to the respondents.

5.8 MEASURING INSTRUMENTS

For the purposes of this study, the following questionnaires were used:

- Oldenburg Burnout Inventory (OLBI) (Demerouti et al., 2001)
- Utrecht Work Engagement Scale (UWES) (Schaufeli, Salanova, González-Romá & Bakker, 2002)
- Job Demands-Job Resources Scale for Psychologists (JD-JRSP) (Developed by the present author)

Three questionnaires were provided to the participants. In addition, a demographic questionnaire, discussed in detail within the preceding section, was also included.

5.8.1 The Oldenburg Burnout Inventory (OLBI) (Demerouti et al., 2001)

In burnout research, the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981) has traditionally dominated as the measuring instrument utilised (Halbesleben & Demerouti, 2005). However, certain criticisms were voiced in relation to this instrument (Demerouti, Bakker, Nachreiner & Schaufeli, 2001), specifically with regards to the fact that items on each of the three sub-scales were worded in the same direction, that is all items pertaining to emotional exhaustion and depersonalisation were phrased negatively and the items relating to personal accomplishment were phrased positively. Halbesleben and Demerouti (2005) further note that other researchers have suggested that the emotional exhaustion subscale focuses solely on affective components; should other forms of exhaustion such as physical and mental be included, a fuller description of exhaustion would be gained.

As a result of these concerns, Demerouti, Bakker, Vardakou and Kantas (2003) developed the Oldenburg Burnout Inventory. The OLBI incorporates a model similar to that grounding the MBI but has reduced the scales to two: exhaustion and disengagement. Demerouti et al. (2003) responded to recommendations made by other authors in burnout research and addressed the two primary concerns, namely that the items of the OLBI have both positively and negatively worded questions and that the exhaustion scale covers affective, cognitive and physical components for a broader description of exhaustion (Halbesleben & Demerouti, 2005).

5.8.1.1 Description of the Scale

The OLBI consists of 16 items spanning the factors of exhaustion and disengagement. The exhaustion factor includes affective, cognitive and physical exhaustion. The scale is not limited to human service professions and can therefore be administered to any occupational group (Demerouti et al., 2001). The background to the scale informs respondents that the items are focused on their feelings and attitudes during work. The instrument is completed utilising a 4-point Likert scale that allows a respondent to choose from; "Totally Disagree", "Disagree", "Agree" or "Totally Agree". These possible answers are in response to the instruction to indicate to what extent the respondent agrees with the 16 items.

5.8.1.2 Administration of the Scale

The OLBI is a self-report measure that utilises a two factor approach, focusing on exhaustion and disengagement as primary components in burnout. The third factor, reduced personal accomplishment, which features in the MBI, the most commonly employed burnout measure (Halbesleben & Demerouti, 2005), was not included in the OLBI. This was due to the fact that a sense of efficacy (or lack thereof) was deemed to be a personal attribute rather than a feature of burnout (Halbesleben & Demerouti, 2005).

The scale may be administered individually or in a group setting and comprises eight questions each for both exhaustion and disengagement. The instructions indicate that the statements therein relate "to your feelings and attitudes during work" and request that respondents indicate to what extent they agree with each of the sixteen statements.

5.8.1.3 Reliability of the Scale

Halbesleben and Demerouti (2005) specifically examined the reliability and construct validity of the English translation of the OLBI. They found acceptable scores for internal consistency, with all Cronbach alpha scores being above 0.70. The range of scores obtained was 0.74 - 0.87.

Test-retest reliability was measured by examining the correlation between time 1 and time 2 scores in which moderately correlated scores were achieved. These were r = 0.51, $p < 0.001$, for exhaustion and r = 0.34, p = < 0.01, for disengagement. As expected, scores for sub-scales that were non-corresponding were not significant (Demerouti et al., 2001).

5.8.1.4 Validity of the Scale

In reviewing factorial validity, Halbesleben and Demerouti (2005) were particularly concerned with confirming that the two factor measurement model previously proposed (Demerouti et al., 2001) was an authentic and relevant approach. The

researchers applied the Goodness-of-Fit Index (GFI), the Comparative Fit Index (CFI), the Non-Normed Fit Index (NNFI) and the Root Mean Squared Error of Approximation (RMSEA) to: a unidimensional model, a positive/negative worded model and to the two-factor model suggested by them. These were intended to attain confirmation regarding its acceptability for each model. They also applied Akaike's Information Criterion (AIC) and the Bayesian Information Criterion (BIC) to the three models for the purposes of model comparison (Halbesleben & Demerouti, 2005).

From this comparison, Halbesleben and Demerouti (2005) conclude that not only does the two factor model achieve the best fit across the two samples utilised, but furthermore that "the values of the fit statistics for the two-factor model appear to be at levels that would be considered good model fit... the proposed two factor model is the only model that reaches fit statistics levels that would be considered good fit to the data" (Halbesleben & Demerouti, 2005, p. 215). In addition, convergent and discriminant validity for both the OLBI and the Maslach Burnout Inventory – General Survey (MBI-GS) were shown by means of multitrait-multimethod analyses (Demerouti, Bakker, Vardakou & Kantas, 2003).

Remaining with the English translation of the OLBI, construct validity was assessed utilising the MTMM framework to investigate both convergent and discriminant validity. Structural equation modelling (SEM) was employed in the MTMM analysis (Halbesleben & Demerouti, 2005).

5.8.2 The Utrecht Work Engagement Scale (UWES) (Schaufeli, Salanova, González-Romá & Bakker, 2002)

The Utrecht Work Engagement Scale (UWES) was developed by Schaufeli, Salanova, González-Romá and Bakker (2002) as these researchers felt that a scale specifically measuring work engagement was needed.

At that time work engagement was considered to be the opposite pole of burnout (Maslach & Leiter, 1997). Accordingly, Maslach and Leiter (1997) proposed that the Maslach Burnout Inventory (MBI) (Maslach, Jackson & Leiter, 1996) be used, utilising the opposite scoring pattern employed for assessing burnout, to test for work

engagement (Schaufeli & Bakker, 2003). However, Schaufeli and Bakker (2003) question this approach as they feel that it disregards the fact that a perfectly negatively correlated relationship between burnout and work engagement has not been shown. At best such an approach may reflect an implication of work engagement, but discounts the possibilities that an individual is (1) not burnt out yet also doesn't display work engagement or (2) may show low work engagement but is not necessarily burnt out (Schaufeli & Bakker, 2003). They do concede that a significantly negatively correlated relationship between the two states does in all likelihood exist in practice, but independent measurement remains preferential.

5.8.2.1 Description of the Scale

The UWES is a 17 item self-report scale. Three aspects of work engagement are included: vigour, dedication and absorption. Vigour and dedication are seen as the direct opposites of the exhaustion and cynicism factors found in burnout. The last component, absorption, is not inversely related to the third component of burnout (decreased professional efficacy) as efficacy was not found to be prominent by those experiencing engagement. Rather immersion in work, and feeling positively engrossed in activities were characteristic, hence absorption (Schaufeli & Bakker, 2003). Vigour is assessed by means of six items in the scale, dedication is covered by five items and the remaining six items relate to absorption.

The original scale comprised 24 items but seven of these were eliminated after psychometric evaluation was conducted (Schaufeli & Bakker, 2003). A shortened version of the UWES was developed incorporating only nine items. A student version of the scale was also produced. The scale has been translated into a number of languages and in an effort to create an international data base, has been administered in numerous countries. Schaufeli and Bakker (2003) report that the international data base was created using 23 studies conducted between 1999 and 2003. These spanned nine countries, including a large study (N=2547) conducted in South Africa (Schaufeli & Bakker, 2003).

5.8.2.2 Administration of the Scale

The UWES is self-reported and may be administered individually or in a group testing situation. The instructions are printed on the questionnaire and respondents are asked to indicate, using a 6-point Likert scale, to what extent the 17 statements reflect their own experience with regards to their feelings about their job. The words "work engagement" do not actually appear in the title of the original instrument but rather "Work and Well-being Survey". According to Schaufeli and Bakker (2003) this approach was taken to decrease the possibility of answering bias arising from the connotations of the words "work engagement".

The developers state that completion should take between five and ten minutes (Schaufeli & Bakker, 2003). This will obviously be lower on the shortened version of the questionnaire.

The questionnaire provides different scoring options. The mean score of each subscale can be attained, or a total score can be computed, also by calculating the mean. All of the four scores (vigour, dedication, absorption and total) will yield a score that ranges between 0 and 6. Although the superiority of the three factor composition of the UWES has been shown through confirmatory factor analyses in numerous studies, one researcher did not attain a viable three factor structure using explorative factor analysis and therefore only the total score was considered in that isolated case (Schaufeli & Bakker, 2003).

5.8.2.3 Reliability of the Scale

Schaufeli and Bakker (2003) conducted investigations into both internal consistency and test-retest reliability in order to establish the reliability of the UWES. With regards to internal consistency the following Cronbach alpha scores were obtained on the 17 item version of the scale: vigour (0.82), dedication (0.89), absorption (0.83) and total (0.93).

Test-retest reliability produced stability coefficients of 0.63 and 0.72 respectively for an Australian and Norwegian sample, using the UWES-17. These findings allowed

Schaufeli and Bakker (2003) to conclude that all scales within the UWES are highly internally consistent, and that the stability over a one year period is comparable to that of burnout.

5.8.2.4 Validity of the Scale

It has been found that the aspects of work engagement as conceptualised within the UWES are negatively correlated with the three aspects of burnout (Schaufeli & Bakker, 2003). These authors state that their findings suggest a weaker, yet still significant, relationship between vigour and exhaustion and between dedication and cynicism than had previously been thought. Despite this, an inverse relationship between work engagement and burnout has been shown in multiple validity studies (Schaufeli & Bakker, 2003).

Furthermore, Schaufeli and Bakker (2003) add that confirmatory factor analyses show that the proposed three factor structure inherent in the UWES is superior to the one factor model.

5.8.3 The Job Demands-Job Resources Scale for Psychologists (JD-JRSP)

It became apparent that job demands and job resources comprise the basis for either of the two states: burnout or work engagement. As both states stem from the individual's subjective perception of demands and resources in his/her work context, and as the composition of demands and resources is multifactorial, a scale reflecting this was required.

The point of departure regarding demands and resources is that each different type of job will produce its own unique factors. While it is true that certain factors will be found in most jobs, the manifestation and nature of the factor will differ just as the job differs.

Given this, a questionnaire regarding the specific job demands and job resources experienced by South African psychologists was required.

5.8.3.1 Development of the Scale

As shown above, scales measuring job demands and job resources had been developed previously and there had been South African studies conducted using this model also (Rothmann, Mostert & Strydom, 2006). It was however, deemed necessary to devise a scale that pertains specifically to psychologists and expressly to South African psychologists. The rationale behind this thinking is evident; each unique job will consist of unique demands and resources.

5.8.3.2 Description of the Scale

The JD-JRSP is a 66 item self-report scale developed for the purposes of the current research. It utilises a five-point Likert-type scale with possible responses to the given statements ranging from Never (1) to Always (5). The estimated completion time is 15 minutes. The measurement scale was developed based on a literature review and on personal interviews conducted with psychologists meeting the inclusion criteria of the study.

5.8.3.3 Reliability of the Scale

The JD-JRSP is a newly developed scale. At present no norms exist with which to compare findings, and further research into its psychometric properties will be required. For the current research Cronbach alpha coefficients were calculated to determine whether reliability of the constructs in this study were supported. Job Demands and Job Resources obtained satisfactory alpha coefficients to support reliability. The third, unanticipated factor, Professional Support, did not achieve a satisfactory level of reliability.

5.8.3.4 Validity of the Scale

In order to assess construct validity, exploratory factor analyses were conducted. These incorporated a simple principal component analysis and investigation of eigenvalues and the use of a scree plot to determine the number of factors involved. Furthermore, a principal component analysis with an oblimin rotation was conducted.

Although these results are reported in Chapter 6, they were not utilised within the statistical analysis of data due to a low measure of sample adequacy. Rather, the original operationalisation of the JD-JRSP was retained. The content validity of the JD-JRSP was evaluated by two experts in the field and approved for inclusion in the present study.

5.9 ANALYSIS OF RESULTS

With regards to the study aims 1, 2 and 3 statistical analysis of data was employed. Regarding study aims 4 and 5, theoretical analysis and interpretation of the data obtained in this study was used to evaluate the relevance of the model incorporated in addition to making a theoretical comparison between the results obtained in this study with those relating to other occupations.

5.9.1 Statistical Analysis of Data

The statistical analyses were conducted with the use of the SAS program (SAS Institute Inc., 2003) and the SPSS-program (SPSS Inc., 2009).

5.9.1.1 Aim 1: In order to determine the construct validity and reliability of the measuring instruments which were used in this research, exploratory factor analyses were carried out to determine the construct validity. A simple principal component analysis was performed for each instrument. The eigenvalues and scree plot were studied to determine the number of factors involved. A principal axis factor analysis with a direct oblimin rotation was conducted to extract the factors if the factors were significantly related (Tabachnick & Fidell, 2001). In addition, Cronbach alpha coefficients were calculated to determine the validity and reliability of the constructs measured in the current study. The proportion of variance of items within a scale, with regards to the total variance attributable to a particular scale, was obtained from the factor analyses.

5.9.1.2 Aim 2: In order to assess the nature of burnout symptoms, work engagement, job demands and job resources experienced by a group of South

African psychologists, descriptive statistics were used. These included reporting the means, standard deviations, skewness and kurtosis values which were calculated.

5.9.1.3 Aim 3: In order to determine the relationship between burnout, work engagement, job demands and job resources as experienced by a group of South African psychologists, correlations using Pearson-r correlation coefficients were calculated. The values were set at both a 5% significance level ($p \leq 0.05$) and a 1% significance level ($p \leq 0.01$). Correlations were utilised as effect sizes to determine the practical significance of results with a cut-off point of 0.30 (medium effect) being deemed suitable for the practical significance of correlation coefficients in this study. Practically significant results with a cut-off point of 0.50 (large effect) were also found and reported. In addition, multiple linear regression analyses were performed to identify the proportion of variance in the dependent variable that is accounted for by the independent variables. In order to determine what proportion of the total variance of the dependent variable is explained by the independent variables, the value of R^2 was reported. The F-test was incorporated to determine if a significant regression model can be fitted between the dependent and independent variables. In addition, the research findings pertaining to the factor analyses, descriptive statistics and Pearson-r correlations were reviewed holistically and compared to patterns described within the literature.

5.9.2 Theoretical Evaluation of the Model used

Aim 4: In order to determine whether the model used within this research offered a satisfactory explanation of results obtained, a theoretical conceptualisation and substantiation was offered based on all results stemming from the analyses obtained from the current research.

5.9.3 Theoretical Comparison of the Results in the Current Study with Other Occupations

Aim 5: In order to compare findings on South African psychologists with similar studies pertaining to burnout, work engagement, job demands and job resources

within other South African occupations comprehensive descriptions of other studies and findings obtained from the literature review were provided.

5.10 SUMMARY

In this chapter the methodology employed in undertaking the research was discussed with emphasis on the qualitative and quantitative procedures used. Particular attention was given to the demographic profiles of those who participated in the research. The measuring instruments utilised were reviewed and a comprehensive explanation was provided regarding the development of the JD-JRSP. The data was collected and statistically analysed in the manner described within this chapter. The results of the statistical analyses are presented in Chapter 6.

CHAPTER 6

RESULTS AND DISCUSSION

6.1 INTRODUCTION

This chapter will report the results of the quantitative investigation into job demands, job resources, burnout and work engagement. Firstly, the construct validity and reliability of the measuring instruments will be reported. The nature of job demands and job resources, burnout and work engagement experienced by the sample of South African psychologists will then be shown. The findings regarding the relationship between job demands and job resources, burnout and work engagement will be offered, and lastly, an evaluation of the research hypotheses will be provided.

6.2 VALIDITY AND RELIABILITY OF THE MEASURING INSTRUMENTS WITHIN A SOUTH AFRICAN CONTEXT

The validity and reliability of the instruments used in the current study will be discussed.

6.2.1 Factorial Validity and Construct Validity

Factorial validity can be ascertained through factor analysis by which factors can be grouped by commonality, and the percentage of variance in the test can be ascribed to specific factors. By incorporating factor analysis, a questionnaire "can be constructed which gives a relatively pure measurement of a particular theoretical construct" (Smit, 1996, p. 70). Factorial validity refers to the association between test scores and the prediction of a theoretical trait, essentially highlighting whether the test measures what it is meant to measure.

Neuman (1997) states that construct validity is relevant to measures with multiple indicators and seeks to confirm that consistency is present in the various indicators.

6.2.1.1 Validity for the JD-JRSP

A principal component analysis was conducted with the 66 items of the Job Demands-Job Resources Scale for Psychologists (JD-JRSP) in order to assess the number of components in the data. Given the exploratory nature of this new scale, many of the items proved to be unrelated. Eigenvalues (> 1.00) were analysed, and results suggested that twenty factors could explain 75.4% of the variance. Seven factors were isolated from these initial twenty, explaining 45.0% of the variance. A scree plot based on this data was then utilised in order to determine which factors were most significant. On the basis of this three factors were extracted, which could explain 28.2% of the variance.

However, since the Kaiser-Meier-Olkin measure of sample adequacy was 0.46, which can be regarded as unacceptably low (Hair et al., 1998), it was decided not to use the results of this factor analysis. These findings were therefore not incorporated in the statistical analyses.

The JD-JRSP was developed to measure the Job Demands and Job Resources factors. Job demands comprised three broad sub-factors (Overload, Professional Insecurity and Recipient Contact) which were determined through a combination of a comprehensive literature review and more specifically a compilation of themes gathered from personal interviews with psychologists. Of the original 66 items in the JDJRSP, 36 reflected aspects relevant to job demands. The Job Resources factor encompassed four broad sub-factors (Growth Opportunities, Professional Support, Advancement and Social Services) which were similarly determined through a review of relevant literature and more particularly, a compilation of themes which emerged from the personal interviews conducted with psychologists during the qualitative component of the present research. Of the original 66 items included in the JD-JRSP, 30 represented job resources. A full description of the various sub-factors of job demands and job resources is provided in Table 5.1 of the preceding chapter.

It was this, the original composition of the JD-JRSP, which was retained to determine factor validity, as opposed to a factor analysis. However, it was decided to report the

results of the principal component analysis with three factors, for the sake of greater explication. These results are shown in Table 6.1. The loadings of items on three factors and communalities are reflected, and defining factor labels are suggested for each factor.

Table 6.1 shows that items loading on the first factor related to *Job Demands*. This comprises the responsibilities and roles experienced by psychologists. The second factor incorporates personal and professional progression and is termed *Job Resources*. The third factor, *Professional Support*, represents influences on the profession as experienced by psychologists. Professional Support is, in fact, a component of job resources rather than a factor in itself.

Table 6.1 ***Principal Component Analysis with an Oblimin Rotation on the JD-JRSP with three factors***

	Factor			
Item	**1**	**2**	**3**	h^2
JDR41 Does managing medical aid claims and patient accounts require an excessive amount of administration?	**0.69**	-	-	0.51
JDR29 Do you experience difficulty with time deadlines to complete reports, test scoring and interpretation?	**0.68**	-	-	0.55
JDR10 Do the business aspects (marketing, office administration, finances) of running a practice take up a large amount of your time?	**0.65**	-	-	0.43
JDR60 Do you feel that others (family, friends) expect of you to "have all the answers"?	**0.59**	-	-	0.36
JDR5 Is it difficult to adhere strictly to the sessions and tasks laid out in your diary?	**0.55**	-	0.35	0.44
JDR1 Do you have to work after hours in order to complete your administration?	**0.55**	-	-	0.39
JDR56 Do clients/patients expect of you to take responsibility for them?	**0.55**	-	-	0.30
JDR30 Do you have contact with difficult people in your work?	**0.54**	-	-	0.32
JDR32 Do you find that people in social settings expect of you to provide advice or guidance?	**0.53**	-	-	0.31
JDR3 Does working with clients/patients fatigue you emotionally and/or physically?	**0.53**	-	-	0.34
JDR17 Do patients expect of you to be "the expert"?	**0.53**	-	-	0.28
JDR62 Do referral sources have unrealistic expectations of what you can do for their patients?	**0.53**	-	-	0.32
JDR37 Are you confronted in your work with things that affect you personally?	**0.52**	-	-	0.37
JDR66 Do you feel that you have autonomy over your working life and career?	**0.50**	0.37	-	0.40
JDR4 Do you feel that medical aid limitations negatively influence the amount of sessions you have available to provide treatment?	**0.48**	-	-	0.25
JDR40 Does your work require you to have too broad and extensive a knowledge base ("jack of all trades")?	**0.46**	-	-	0.22

JDR61 Do you experience other psychologists as hypercritical of peers?	**0.46**	-	-	0.21
JDR15 Does your job involve many contradictory (or conflicting) regulatory rules and ethical considerations?	**0.41**	-	-	0.18
JDR47 In a social situation, do you experience others as having a negative reaction to your profession?	**0.40**	0.37	-	0.27
JDR53 Do you often need to refer a client/patient to a state resource (eg. Hospital or clinic) as their private funds (cash, medical aid) are depleted?	**0.39**	-	-	0.16
JDR23 Do you experience co-operation from clients/patients?	**0.35**	0.35	-	0.22
JDR54 Do you feel other disciplines know and understand the role of a psychologist?	**0.33**	-	-	0.14
JDR28 Do you feel valued by other medical and para-medical disciplines?	-	**0.73**	-	0.57
JDR25 Do you receive sufficient information on the results of your work?	0.37	**0.65**		0.50
JDR35 Does your job offer sufficient opportunity for you to assess your professional development?	-	**0.63**	0.34	0.50
JDR12 Do you feel that your job offers you financial security?	-	**0.61**	-0.30	0.50
JDR26 Does your work offer you the opportunity to keep gaining knowledge and skills?	-	**0.61**	-	0.44
JDR11 Do you have enough variety in your work?	-	**0.60**	-	0.38
JDR27 Do you have contact with colleagues from other disciplines as part of your work?	-	**0.57**	-	0.37
JDR39 Does your work make sufficient demands on all your skills and capacities?	-	**0.56**	-	0.33
JDR14 Do you experience sufficient opportunities to stay up to date with new developments in your and related fields?	-	**0.54**	-	0.30
JDR6 Does your work offer you opportunities for personal growth and development?	-	**0.48**	0.32	0.33
JDR22 Do you need to be more secure that you will keep your current job in the next year?	0.42	**0.47**	-	0.36
JDR24 Do you feel isolated in your job?	0.45	**0.47**	-	0.37
JDR38 Do past clients/patients regularly refer their family, friends or acquaintances to you?	-	**0.47**	0.35	0.38
JDR46 Does the emergence of new psychology graduates into the market impact on your practice?	-	**0.44**	-	0.25

JDR58 Does the "no work-no pay" structure of private practice create financial concerns for you?	0.33	**0.44**	-0.37	0.41
JDR43 Are CPD topics on offer relevant to your needs?	-	**0.43**	-	0.23
JDR8 Do you feel that the field of psychology is in a state of uncertainty at the moment?	-	**0.43**	-	0.26
JDR13 Does the emergence of life coaches and registered counselors affect your job security?	0.38	**0.41**	-	0.27
JDR21 Does your job require you to accommodate referral sources (eg, general practitioners, psychiatrists) at short notice?	0.32	**-0.36**	-	0.31
JDR55 Do you feel that the field of Psychology is growing in terms of utilization and credibility?	-	**0.35**	-	0.15
JDR20 Do you know exactly what other people expect of you in your work?	0.34	**0.35**	-	0.23
JDR18 Does your work require creativity?	-	**0.30**	-	0.12
JDR31 Do you have a colleague that you can approach when you come across difficulties in your work?	0.38	-	**0.56**	0.45
JDR65 Are you able to interact with other psychologists as often as you would like to?	-	-	**0.48**	0.36
JDR34 Do you experience other psychologists as supportive of you and/or your work?	0.39	-	**0.47**	0.38
JDR64 Does case consultation with a colleague provide you with greater insights?	-	-	**0.45**	0.22
JDR50 Do you feel that greater maturity impacts positively on your professional skills?	-	-	**0.44**	0.20
JDR51 Do you feel that supervision, for a psychologist, is beneficial?	-	-	**0.42**	0.19
JDR63 Do you feel that the "longer you practice, the better you become", professionally?	-	-	**0.41**	0.19
JDR52 Do you view "word of mouth" referrals as positive feedback?	-	-	**0.37**	0.14
JDR59 Do past clients/patients refer others to you?	-0.31	-	**0.36**	0.31
JDR42 Do you find state services (government hospitals or clinics) to be of adequate quality in terms of treatment, medication, admission facilities?	-	-	**-0.32**	0.12
JDR33 Do you have influence in the planning of your work activities?	-	-	**0.32**	0.12

Factor Labels: 1 – Job Demands, 2 - Job Resources and 3 - Professional Support

h^2 = communalities

Values of loadings between -0.3 and 0.30 are not reported.

With regard to the factor labels provided in Table 6.1, Job Demands are defined as aspects of the profession which deplete the psychologist physically, emotionally, cognitively or practically. These include issues relating to time management, business-related aspects such as administration and medical aid management and external expectations which incorporate clients/patients, peers and interdisciplinary colleagues. Also represented in Job Demands are stressors inherent in the nature of the profession such as difficult and traumatised patients, with accompanying emotional and physical costs to the practitioner. Multiple and often conflicting roles and professional regulations are also included in the description of demands experienced by psychologists.

The second factor, Job Resources, refers to the replenishing means available to a psychologist in the form of professional assets that assist the practitioner. These include the potential for stimulation and development, both personally and professionally. Task variety also plays a role and links to another resource namely stimulating challenges in the role of psychologist. These challenges may be in terms of skills, interdisciplinary interaction or the need to remain creative in the occupation. The ability to identify results of one's work efforts was also highlighted as a resource and implies that this allows for a sense of achievement. The last resource included was that of security, encompassing financial and general job security.

The third factor refers to Professional Support, which is one of the sub-factors of job resources. This includes aspects such as the role of psychology in health and social services in general, professional autonomy, the availability and quality of external resources such as state facilities and the current climate within the field of psychology. This last mentioned refers to the credibility and utilisation of psychological services, and the changing structures being experienced in the field in South Africa presently, such as the introduction of new registration categories e.g. registered counsellors.

The JD-JRSP was developed for the current research, based on themes which emerged from personal interviews conducted with ten psychologists who met the inclusion criteria of the study, thus acting as representatives for the intended research sample. Given that a pure two factor model was not achieved with the

principal component analysis (which may be due to the low measure of sample adequacy), the original operationalisation comprising 66 items within the JD-JRSP was retained for the present study. However, it will require further investigation with larger samples, should the JD-JRSP be used in future research. Despite this, the reliability indices achieved for the JD-JRSP suggest that the two factor model of job demands and job resources found in other studies (Rothmann, Mostert & Strydom, 2006; Schaufeli & Bakker, 2004) was somewhat supported by the results of the present research.

It is important to note that in their research Jackson and Rothmann (2005) identified seven reliable factors: Organisational Support, Growth Opportunities, Overload, Job Insecurity, Relationship with Colleagues, Control and Rewards. Each of these would be categorised as either a demand or a resource.

Similarly, the study of Rothmann et al. (2006) initially indicated nine factors but ultimately five factors were extracted, explaining 49.81% of the variance. These factors were: Growth Opportunities, Organisational Support, Advancement, Overload and Job Insecurity. Again, these factors would be considered to be either a demand or a resource.

In the current study seven factors were identified, namely; Overload, Professional Insecurity, Recipient Contact, Growth Opportunities, Professional Support, Advancement and Social Services. It is clear that an overlap is emerging with Organisational Support (defined as Professional Support in the present study), Growth Opportunities, Overload and Job Insecurity (defined as Professional Insecurity in the present study) being found in all three studies. Advancement was identified in two of the three studies. Control and Rewards, as identified by Jackson and Rothmann (2005) were in fact sub-components of the Growth Opportunities and Professional Support factors identified in the present study. The factor "Relationship with Colleagues" reported by Jackson and Rothmann (2005) was a sub-factor of the Professional Support factor found in the present study.

Only the factors of Recipient Contact and Social Services were isolated in the present study, but not in those of Jackson and Rothmann (2005) and Rothmann et

al. (2006). However, Bakker, Demerouti and Verbeke (2004) also identified a demand factor very similar to the recipient contact factor included in the present study. They defined their factor as Emotional Demands and incorporated items such "Does your work put you in emotional situations?" Furthermore, resources were categorised as Autonomy, Possibilities for Professional Development, and Social Support from Colleagues (Bakker et al., 2004) which correspond to the Autonomy, Growth Opportunities, Advancement and Professional Support resources factors identified in the current study. This suggests that although the manifestation will differ in divergent occupations and occupational environments, certain factors may be generic in nature when job demands and job resources are reviewed. It further suggests that the results shown in Table 6.1 may reflect sub-optimal wording of items rather than concerns regarding their validity, per se.

6.2.1.2 Validity for the OLBI

The factorial validity for the OLBI confirmed the two factor structure reflected in the literature (Demerouti, Bakker, Vardakou & Kantas, 2003; Halbesleben & Demerouti, 2005). A simple principal component analysis was carried out on the 16 items comprising the Oldenburg Burnout Inventory (OLBI). An analysis of the eigenvalues (> 1.00) indicated that two factors explained 49.5% of the variance. A principal component analysis with a direct oblimin rotation was performed. As the factors proved to be related, a varimax rotation was deemed unnecessary. The loadings of variables on factors and communalities of the principal component factor analysis with a direct oblimin rotation are shown in Table 6.2.

Table 6.2 shows items loading on the first factor related to *Exhaustion* as experienced by psychologists. The second factor represents *Disengagement* and refers to the affective withdrawal and decrease in personal investment shown by a psychologist.

Table 6.2 ***Principal Component Analysis with a Direct Oblimin Rotation on the OLBI***

	Factor		
Item	**1**	**2**	**h^2**
OLBI7 More and more I feel emotionally drained while at work	**0.82**	-	0.67
OLBI5 I need more time to relax and feel better after work than I did in the past	**0.73**	-	0.54
OLBI13 I usually feel worn out and tired after my work	**0.71**	-	0.52
OLBI4 It happens more and more that I talk about my work in a negative way	**0.69**	0.45	0.53
OLBI1 There are days that I feel tired before I go to work	**0.68**	-	0.48
OLBI9 I usually have enough energy for leisure activities after work	**0.63**	-	0.40
OLBI12 I sometimes really hate the tasks I have to do at work	**0.50**	0.36	0.29
OLBI6 More and more I tend to do my job almost mechanically, without thinking about it too much	**0.48**	-	0.24
OLBI14 I like my work so much that I cannot imagine another occupation for myself	0.32	**0.82**	0.68
OLBI15 I usually feel energized when I work	0.45	**0.76**	0.64
OLBI16 I feel more and more engaged in my work	-	**0.76**	0.57
OLBI2 I always find new and interesting aspects in my work	-	**0.68**	0.47
OLBI3 I can cope with the pressure of my work very well	0.46	**0.66**	0.51
OLBI8 I experience my work as a real challenge	-	**0.60**	0.50
OLBI10 Over time, I have lost personal interest in my work	0.53	**0.53**	0.43
OLBI11 I can usually manage my workload well	0.46	**0.53**	0.37

*** Factor Labels: 1 – Exhaustion, 2 - Disengagement**

h^2 = communalities / Values of loadings between -0.3 and 0.30 are not reported.

With regard to the factor labels, Exhaustion refers to the physical and emotional fatigue that can be experienced as a symptom of burnout. It implies decreased energy for both work and personal life. Disengagement here relates to a sense of diminished investment, both practically and emotionally, in the professional arena.

Factor loadings are obtainable from a factor analysis thus highlighting the strength of each item in association with the factor it loads on (Neuman, 1997). Accordingly, the item "more and more I feel emotionally drained while at work" shows the highest factor loading with regards to exhaustion within this sample and the item "I like my work so much that I cannot imagine another occupation for myself" reflected the highest factor loading, from the study sample, within the disengagement factor of the OLBI.

As in the present study, Demerouti et al. (2001) found that the sub-scales of exhaustion and disengagement loaded on two separate factors thus reinforcing the instrument's discriminant validity. Another study also obtained a two factor structure using the OLBI and its authors concluded that burnout and engagement are separate, independent constructs which are negatively correlated with each other and, as such, are not mere polar opposites (Timms, Graham & Cottrell, 2007). The two factor structure of the OLBI was also discussed by Halbesleben and Buckley (2004). They highlight the fact that the combination of positively and negatively worded items may mitigate the alleged wording bias of the MBI, but do express concerns regarding premature acceptance of the instrument. They report that although some supportive findings have been obtained regarding the factor structure and convergent validity, "the fit statistics associated with factor models... has been somewhat lower than regularly accepted levels" (Halbesleben & Buckley, 2004, p. 869), suggesting that further investigation into the psychometric properties of the OLBI may be indicated.

6.2.1.3 Validity for the UWES

A simple principal component analysis was performed on the 17 items of the Utrecht Work Engagement Scale (UWES). An analysis of the eigenvalues (>1.00) indicated that one factor explained 44.3% of the variance. The results of the principal component analysis with loadings of variables on the factor and communalities are shown in Table 6.3. A label is suggested for the factor in a footnote.

Table 6.3 *Principal Component Factor Analysis of the UWES*

	Factor	
Item	1	h^2
UWES7 My job inspires me	**0.83**	0.69
UWES5 I am enthusiastic about my job	**0.81**	0.66
UWES8 When I get up in the morning, I feel like going to work	**0.80**	0.64
UWES4 At my job, I feel strong and vigorous	**0.77**	0.59
UWES1 At my work, I feel bursting with energy	**0.70**	0.50
UWES9 I feel happy when I am working intensely	**0.70**	0.49
UWES3 Time flies when I'm working	**0.67**	0.45
UWES14 I get carried away when I'm working	**0.66**	0.44
UWES10 I am proud of the work that I do	**0.66**	0.44
UWES11 I am immersed in my work	**0.66**	0.44
UWES2 I find the work that I do full of meaning and purpose	**0.66**	0.43
UWES13 To me, my job is challenging	**0.65**	0.42
UWES6 When I am working, I forget everything else around me	**0.59**	0.35
UWES15 At my job, I am very resilient, mentally	**0.56**	0.32
UWES12 I can continue working for very long periods at a time	**0.55**	0.30
UWES16 It is difficult to detach myself from my job	**0.39**	0.15
UWES17 At my work I always persevere, even when things do not go well	**0.38**	0.14

*** Factor Label: 1 – Engagement**

h^2 = communalities

The factor Engagement is defined as experiencing one's occupation as stimulating, rewarding and challenging without exceeding one's resources. The challenging aspect thus never becomes overwhelming. As a result, an individual will continue to invest emotionally and practically.

The UWES results in this study reflect a single factor model consistent with the findings of other South African research utilising the UWES (Coetzer & Rothmann, 2007; Storm & Rothmann, 2003). This is in contrast to the findings of Bakker and Demerouti (2007) who conceptualise work engagement as comprising three factors vigour, dedication and absorption. Bakker and Demerouti (2008) declare that validation of the UWES has been supported in a number of studies involving countries such as China, Greece, Spain and Finland and contend that the hypothesised three factor structure was shown to produce a superior fit to any other alternative factor structure. This is reflected in confirmatory factor analyses.

Despite this, they do confirm that not all studies were able to find a three factor structure for work engagement. Such a study was that conducted by Sonnentag (as cited in Bakker & Demerouti, 2008, p 210). The UWES is nevertheless considered to be validated in South Africa (Bakker & Demerouti, 2008) and the contradictory findings are not seen to be due to any failing of the measuring instrument, but are more likely to be due to general factors (Coetzer & Rothmann, 2007).

6.2.2 Reliability

Equivalence reliability relates to multiple indicators within a study. This means that multiple items measuring the same construct or factor are included in a questionnaire, as is the case in the current research. It refers to the consistency of results spanning multiple items, with Cronbach alpha scores often being utilised to determine consistency or equivalence reliability (Neuman, 1997). The descriptive statistics pertaining to this sample are included in the reporting of Cronbach alpha scores in Table 6.4.

Table 6.4 ***Descriptive Statistics and Alpha Coefficients***

	Total					Item							
Item	Mean	SD	range	Min	Max	Mean	SD	range	Min	Max	γ_1	β_2	α
1. Job Demands	105.30	14.52	67.00	71.00	138.00	2.92	0.40	1.86	1.97	3.83	-0.04	-0.45	0.87
2. Job Resources	106.75	10.06	50.52	85.00	135.52	3.56	0.34	1.68	2.83	4.52	0.29	-0.23	0.77
3. Professional Support	35.73	3.21	15.00	30.00	45.00	3.97	0.36	1.67	3.33	5.00	0.29	-0.19	0.54
4. Exhaustion	18.85	4.40	21.00	8.00	29.00	2.36	0.55	2.63	1.00	3.63	-0.03	-0.14	0.83
5. Disengagement	16.35	4.03	17.00	8.00	25.00	2.04	0.50	2.13	1.00	3.13	-0.09	-0.20	0.78
6. Engagement	73.52	13.05	67.00	34.00	101.00	4.32	0.77	3.94	2.00	5.94	-0.29	0.26	0.91

Job Demands, Job Resources and Professional Support = Factors within the JD-JRSP
Exhaustion and Disengagement = Factors within the OLBI
Engagement = Factor within the UWES
SD = standard deviation
γ_1 = skewness
β_2 = kurtosis
α = Cronbach alpha

As reflected in Table 6.4, all scales, with the exception of Professional Support, achieved acceptable reliabilities. Professional Support obtained a Cronbach alpha coefficient of 0.54. All of the remaining scales reflect scores varying from 0.78 (Disengagement factor of the OLBI) to 0.91 (Engagement as measured by the UWES). With the exception of Professional Support, all of the scales reliabilities exceeded the guideline of $\alpha > 0.70$ as suggested by Nunnally and Bernstein (1994). Of particular importance for the newly developed JD-JRSP, Todd and Bradley (1994) state that Cronbach alphas ranging between 0.70 and 0.80 are desired for scales with ten items or more. They propose that alphas exceeding 0.90 may indicate redundancy within the items whereas scores lower than 0.70 may reflect a scale that is too diffuse in nature.

6.2.2.1 Reliability of the JD-JRSP

As a new exploratory instrument the JD-JRSP is without any prior supportive evidence regarding validity and reliability. For this reason it was essential to obtain

satisfactory findings regarding the psychometric properties of the instrument. With regards to the Job Demands and Job Resources factors, the reliability indices support the view that the instrument is reliable. Cronbach alpha coefficient scores were well above the recommended guideline score of $\alpha > 0.70$ (Nunnally & Bernstein, 1994). Job Demands achieved an alpha coefficient score of $\alpha = 0.87$ and Job Resources scored $\alpha = 0.77$. Professional Support scored $\alpha = 0.54$ which does not meet the recommended guidelines proposed by Nunnally and Bernstein (1994). However, the JD-JRSP was intended to be a two factor instrument, reflecting demands and resources only. The discovery of a third "factor", particularly in the light of the insufficient alpha score, suggests that those specific items should be rephrased so as to load within the resource category, or be removed entirely. Given the scores obtained by the two factors meant to be represented in the instrument, it is reasonable to state that, on the whole, the JD-JRSP achieved a satisfactory level of reliability.

Another South African study in which an instrument was developed for the purposes of the research also obtained satisfactory reliability indices. Rothmann et al. (2006) report obtaining seven reliable factors regarding job demands and job resources: Organisational Support ($\alpha = 0.88$), Growth Opportunities ($\alpha = 0.80$), Overload ($\alpha = 0.75$), Job Insecurity ($\alpha = 0.90$), Relationship with Colleagues ($\alpha = 0.76$), Control ($\alpha = 0.71$) and Rewards ($\alpha = 0.78$). As stated earlier, these factors correspond well to the sub-factors of job demands and job resources contained in the present study. Similarly, Schaufeli and Bakker (2004) report acceptable reliability scores on sub-factors grouped under job demands and job resources. These sub-factors largely correspond to sub-factors within the present study. They report obtaining Cronbach alpha scores ranging from 0.72 (for Emotional Demands) to 0.87 (for Supervisory Coaching).

6.2.2.2 Reliability of the OLBI

The reliability of the OLBI has been documented (Halbesleben & Demerouti, 2005) and is supported by the results of the present study which reflects that the Exhaustion factor achieved an alpha coefficient score of $\alpha = 0.83$, and the Disengagement factor a score of $\alpha = 0.78$.

In the study by Halbesleben & Demerouti internal consistency was considered to be adequate, with Cronbach alpha scores ranging from 0.74 to 0.87 for Exhaustion and 0.76 to 0.83 for Disengagement, whilst test-retest reliability showed correlations of 0.51 for Exhaustion and 0.34 for Disengagement (Halbesleben & Demerouti, 2005).

Demerouti et al. (2001) report similarly acceptable alpha values with Exhaustion obtaining a Cronbach alpha of 0.82 and Disengagement obtaining a Cronbach alpha of 0.83.

6.2.2.3 Reliability of the UWES

The reliability of the UWES has been reported as satisfactory by Schaufeli and Bakker (2003) who obtained an alpha coefficient score of $\alpha = 0.93$ for the 17 item instrument. The present study supported their finding with a Cronbach alpha of $\alpha = 0.91$. This suggests that the instrument may be considered to possess satisfactory reliability. Basikin (2007) utilised the shortened 9 item version of the UWES, which has been shown to possess comparable psychometric properties to the original 17 item version (Schaufeli, Bakker & Salanova, 2006), and reported a total reliability value of 0.91 for an Indonesian research sample. In examining the psychometric properties of the UWES in a South African population, Storm and Rothmann (2003, p.67) obtained Cronbach alpha scores of 0.78 (vigour), 0.89 (dedication) and 0.78 (absorption) leading them to conclude that "the scales have acceptable levels of internal consistency". This finding is important given the South African context of their study in addition to the fact that this particular study also found a one factor work engagement structure as reported in the present research also.

6.3 THE NATURE OF JOB DEMANDS AND JOB RESOURCES, BURNOUT AND WORK ENGAGEMENT EXPERIENCED BY THE SAMPLE OF SOUTH AFRICAN PSYCHOLOGISTS

From the descriptive statistics reported in Table 6.4, the following can be gleaned:

6.3.1 Job Demands and Job Resources

The JD-JRSP incorporates a five point Likert-type response scale. Available responses are: (1) Never, (2) Seldom, (3) Sometimes, (4) Often and (5) Always. Table 6.4 reflects an item mean value of 2.92 for Job Demands. This suggests that, on average, respondents experienced job demands to a low to moderate degree. In contrast, Job Resources were experienced to a higher degree as evidenced by the mean item value of 3.56. Professional Support was also given a moderate to high score with a mean item value of 3.97.

This would imply that the sample in the present study was experiencing job resources sufficient enough to buffer the effects of job demands. Job demands, whilst present, do not appear to be overwhelming, nor do they seemingly exceed the job resources available to and experienced by the sample. On the basis of this it would be anticipated that the sample would also reflect low burnout scores and high work engagement.

The frequencies of responses in the JD-JRSP were tabulated to provide greater clarity regarding the experiences of respondents, and to highlight the prevalence of specific demands and resources. The mean scores discussed above provide a meaningful summary of the results, and the factor scores significantly illuminate the strength of the factor loadings but by including the frequency of responses, a more detailed view of the experience of the sample is provided.

The JD-JRSP is an exploratory scale devised specifically for the current research, and as such, it requires further examination and refining. Such refinement is beyond the scope of the current research. It was, however, deemed necessary to include a frequency table of responses to JD-JRSP items in an effort to determine their relevance in future versions of the JD-JRSP, should the scale be employed again. Only the frequencies related to the items reflected in Table 6.1 will be reported. In keeping with that structure, Table 6.5 reflects items regarding Job Demands, Table 6.6 reflects items related to Job Resources and Table 6.7 reflects items pertaining to Professional Support.

Table 6.5 *Frequency of Responses within the Job Demands factor of the JD-JRSP*

Item	Response 1 (Never) Frequency (%)	Response 2 (Seldom) Frequency (%)	Response 3 (Sometimes) Frequency (%)	Response 4 (Often) Frequency (%)	Response 5 (Always) Frequency (%)	(N)
JDR41 Does managing medical aid claims and patient accounts require an excessive amount of administration?	21 (20.00)	26 (24.80)	32 (30.50)	16 (15.20)	10 (9.50)	105
JDR29 Do you experience difficulty with time deadlines to complete reports, test scoring and interpretation?	6 (5.70)	23 (21.90)	30 (28.60)	29 (27.60)	17 (16.20)	105
JDR10 Do the business aspects (marketing, office administration, finances) of running a practice take up a large amount of your time?	13 (12.40)	40 (38.10)	23 (21.90)	27 (25.70)	2 (1.90)	105
JDR60 Do you feel that others (family, friends) expect of you to "have all the answers"?	2 (1.90)	29 (27.60)	54 (51.40)	17 (16.20)	3 (2.90)	105
JDR5 Is it difficult to adhere strictly to the sessions and tasks laid out in your diary?	1 (1.00)	15 (14.30)	35 (33.30)	44 (41.90)	10 (9.50)	105
JDR1 Do you have to work after hours in order to complete your administration?	22 (21.00)	35 (33.30)	29 (27.60)	15 (14.30)	4 (3.80)	105
JDR56 Do clients/patients expect of you to take responsibility for them?	4 (3.80)	30 (28.60)	54 (51.40)	13 (12.40)	3 (2.90)	104
JDR30 Do you have contact with difficult people in your work?	11 (10.50)	42 (40.00)	33 (31.40)	19 (18.10)	0 (0.00)	105
JDR32 Do you find that people in social settings expect of you to provide advice or guidance?	12 (11.40)	50 (47.60)	32 (30.50)	11 (10.50)	0 (0.00)	105
JDR3 Does working with clients/patients fatigue you emotionally and/or physically?	7 (6.70)	38 (36.20)	46 (43.80)	13 (12.40)	1 (1.00)	105
JDR17 Do patients expect of you to be "the expert"?	21 (20.00)	57 (54.30)	25 (23.80)	2 (1.90)	0 (0.00)	105
JDR62 Do referral sources have unrealistic expectations of what you can do for their patients?	1 (1.00)	26 (24.80)	50 (47.60)	22 (21.00)	6 (5.70)	105
JDR37 Are you confronted in your work with things that affect you personally?	9 (8.60)	29 (27.60)	43 (41.00)	23 (21.90)	1 (1.00)	105
JDR66 Do you feel that you have autonomy over your working life and career?	0 (0.00)	3 (2.90)	29 (27.60)	43 (41.00)	30 (28.60)	105
JDR4 Do you feel that medical aid limitations negatively influence the amount of sessions you have available to provide treatment?	22 (21.00)	48 (45.70)	23 (21.90)	8 (7.60)	4 (3.80)	105
JDR40 Does your work require you to have too broad and extensive a knowledge base ("jack of all trades")?	8 (7.60)	28 (26.70)	45 (42.90)	20 (19.00)	4 (3.80)	105

JDR61 Do you experience other psychologists as hypercritical of peers?	4 (3.80)	30 (28.60)	35 (33.30)	31 (29.50)	5 (4.80)	105
JDR15 Does your job involve many contradictory (or conflicting) regulatory rules and ethical considerations?	3 (2.90)	13 (12.40)	45 (42.90)	40 (38.10)	4 (3.80)	105
JDR47 In a social situation, do you experience others as having a negative reaction to your profession?	0 (0.00)	10 (9.50)	40 (38.10)	39 (37.10)	16 (15.20)	105
JDR53 Do you often need to refer a client/patient to a state resource (eg. Hospital or clinic) as their private funds (cash, medical aid) are depleted?	1 (1.00)	12 (11.40)	42 (40.00)	38 (36.20)	11 (10.50)	104
JDR23 Do you experience co-operation from clients/patients?	0 (0.00)	0 (0.00)	19 (18.10)	75 (71.40)	11 (10.50)	105
JDR54 Do you feel other disciplines know and understand the role of a psychologist?	2 (1.90)	36 (34.30)	47 (44.80)	19 (18.10)	1 (1.00)	105

Although the mean sample score for job demands was indicative of only a low to moderate degree of job demands being experienced in the sample, it is interesting to note the percentage of respondents who indicated specific items as a job demand. When isolating only those who responded "often" or "always" it is found that:

- 52.30% of the sample experience negative social reactions to their profession
- 51.40% find it difficult to adhere strictly to sessions and tasks as laid out in their diaries
- 46.70% regularly need to refer a client/patient to a state resource due to insufficient medical aid benefits being available
- 43.80% experience difficulty with time deadlines
- 41.90% believe their work involves contradictory or conflicting regulatory rules and ethical considerations
- 34.30% experience other psychologists as hypercritical of their peers.

When considering the frequency of responses wherein the respondents answered "sometimes", "often" or "always" it is found that:

- 74.30% of the sample feel that referral sources have unrealistic expectations regarding what can be done for their patients

- 66.70% experience clients/patients as expecting them, in their role as psychologist, to take responsibility for them
- 63.90% feel confronted, within the occupation, by things that affect them personally.

Finally, when isolating the "never" and "seldom" responses, it was found that 36.20% of the sample feel that other disciplines do not know or understand the role of a psychologist.

Table 6.6 ***Frequency of Responses within the Job Resources factor of the JD-JRSP***

Item	Response 1 (Never) Frequency (%)	Response 2 (Seldom) Frequency (%)	Response 3 (Sometimes) Frequency (%)	Response 4 (Often) Frequency (%)	Response 5 (Always) Frequency (%)	(N)
JDR28 Do you feel valued by other medical and para-medical disciplines?	0 (0.00)	21 (20.00)	25 (23.80)	51 (48.60)	7 (6.70)	104
JDR25 Do you receive sufficient information on the results of your work?	3 (2.90)	28 (26.70)	44 (41.90)	29 (27.60)	1 (1.00)	105
JDR35 Does your job offer sufficient opportunity for you to assess your professional development?	0 (0.00)	26 (24.80)	39 (37.10)	32 (30.50)	8 (7.60)	105
JDR12 Do you feel that your job offers you financial security?	11 (10.50)	21 (20.00)	33 (31.40)	33 (31.40)	7 (6.7)	105
JDR26 Does your work offer you the opportunity to keep gaining knowledge and skills?	1 (1.00)	15 (14.30)	30 (28.60)	41 (39.00)	17 (16.20)	104
JDR11 Do you have enough variety in your work?	0 (0.00)	9 (8.60)	25 (23.80)	39 (37.10)	32 (30.50)	105
JDR27 Do you have contact with colleagues from other disciplines as part of your work?	2 (1.90)	17 (16.20)	34 (32.40)	38 (36.20)	14 (13.30)	105
JDR39 Does your work make sufficient demands on all your skills and capacities?	0 (0.00)	6 (5.70)	14 (13.30)	66 (62.90)	19 (18.10)	105
JDR14 Do you experience sufficient opportunities to stay up to date with new developments in your and related fields?	1 (1.00)	25 (23.80)	27 (25.70)	39 (37.10)	13 (12.40)	105
JDR6 Does your work offer you opportunities for personal growth and development?	0 (0.00)	10 (9.50)	26 (24.80)	44 (41.90)	25 (23.80)	105
JDR22 Do you need to be more secure that you will keep your current job in the next year?	10 (9.50)	22 (21.00)	30 (28.60)	26 (24.80)	15 (14.30)	103
JDR24 Do you feel isolated in your job?	11 (10.50)	31 (29.50)	31 (29.50)	20 (19.00)	11 (10.50)	104

JDR38 Do past clients/patients regularly refer their family, friends or acquaintances to you?	0 (0.00)	5 (4.76)	25 (23.81)	65 (61.90)	10 (9.52)	105
JDR46 Does the emergence of new psychology graduates into the market impact on your practice?	3 (2.90)	8 (7.60)	23 (21.90)	49 (46.70)	22 (21.00)	105
JDR58 Does the "no work-no pay" structure of private practice create financial concerns for you?	39 (37.10)	26 (24.80)	27 (25.70)	6 (5.70)	7 (6.70)	105
JDR43 Are CPD topics on offer relevant to your needs?	1 (1.00)	24 (22.90)	45 (42.90)	30 (28.60)	5 (4.80)	105
JDR8 Do you feel that the field of psychology is in a state of uncertainty at the moment?	9 (8.60)	32 (30.50)	40 (38.10)	18 (17.10)	6 (5.70)	105
JDR13 Does the emergence of life coaches and registered counselors affect your job security?	3 (2.90)	14 (13.30)	32 (30.50)	36 (34.30)	19 (18.10)	104
JDR21 Does your job require you to accommodate referral sources (eg, general practitioners, psychiatrists) at short notice?	13 (12.40)	38 (36.20)	36 (34.30)	17 (16.20)	1 (1.00)	105
JDR55 Do you feel that the field of Psychology is growing in terms of utilization and credibility?	1 (1.00)	15 (14.30)	49 (46.70)	36 (34.30)	4 (3.80)	105
JDR20 Do you know exactly what other people expect of you in your work?	0 (0.00)	6 (5.70)	32 (30.50)	59 (56.20)	8 (7.60)	105
JDR18 Does your work require creativity?	0 (0.00)	3 (2.90)	15 (14.30)	50 (47.60)	37 (35.20)	105

Despite the fact that the mean sample score for job resources was indicative of a relatively high degree of job resources being experienced in the sample, it is interesting to note the percentage of respondents who indicated "never", "seldom" or "sometimes" to specific items representing job resources. When isolating these it was found that:

- 71.50% of the sample appear to receive insufficient feedback regarding the results of their work
- 66.80% irregularly perceive CPD topics to be relevant to their needs
- 61.90% sometimes, seldom or never feel that their job offers financial security
- 61.90% experience insufficient opportunities to assess their professional development.

However, in terms of resources, when highlighting only the "often" and "always" responses it was found that:

- 82.80% of the sample feel that their work requires creativity

- 81.00% believe that their work makes sufficient demands on all of their skills and capacities
- 67.60% experience enough variety within their work
- 65.70% believe they are offered opportunities for personal growth and development
- 55.20% feel that their work offers opportunities to continue gaining knowledge and skills.

Table 6.7 ***Frequency of Responses within the Professional Support factor of the JD-JRSP***

Item	Response 1 (Never) Frequency (%)	Response 2 (Seldom) Frequency (%)	Response 3 (Sometimes) Frequency (%)	Response 4 (Often) Frequency (%)	Response 5 (Always) Frequency (%)	(N)
JDR31 Do you have a colleague that you can approach when you come across difficulties in your work?	0 (0.00)	11 (10.58)	11 (10.58)	34 (32.69)	48 (46.15)	104
JDR65 Are you able to interact with other psychologists as often as you would like to?	7 (6.67)	37 (35.24)	23 (21.90)	26 (24.76)	12 (11.43)	105
JDR34 Do you experience other psychologists as supportive of you and/or your work?	1 (0.95)	11 (10.48)	30 (28.57)	44 (41.90)	19 (18.10)	105
JDR64 Does case consultation with a colleague provide you with greater insights?	1 (0.95)	4 (3.81)	16 (15.24)	52 (49.52)	32 (30.48)	105
JDR50 Do you feel that greater maturity impacts positively on your professional skills?	0 (0.00)	0 (0.00)	4 (3.81)	47 (44.76)	54 (51.43)	105
JDR51 Do you feel that supervision, for a psychologist, is beneficial?	1 (0.95)	5 (4.76)	22 (20.95)	38 (36.19)	39 (37.14)	105
JDR63 Do you feel that the "longer you practice, the better you become", professionally?	1 (0.95)	1 (0.95)	25 (23.81)	46 (43.81)	32 (30.48)	105
JDR52 Do you view "word of mouth" referrals as positive feedback?	0 (0.00)	0 (0.00)	3 (2.86)	48 (45.71)	54 (51.43)	105
JDR59 Do past clients/patients refer others to you?	0 (0.00)	1 (0.95)	29 (27.62)	60 (57.14)	15 (14.29)	105
JDR42 Do you find state services (government hospitals or clinics) to be of adequate quality in terms of treatment, medication, admission facilities?	29 (27.88)	51 (49.04)	23 (22.12)	1 (0.96)	0 (0.00)	104
JDR33 Do you have influence in the planning of your work activities?	1 (0.95)	2 (1.90)	6 (5.71)	44 (41.90)	52 (49.52)	105

Professional support reflected a moderate to high sample mean score yet comprises items that, ideally, should load as resources factors. When investigating the frequencies of only the outlying scores (never/seldom and often/always) it was found that:

- 76.92% of the sample do not believe that an efficient support system is in place for patients lacking the resources for private practice treatment (this is particularly relevant given the earlier reporting that 46.70% need to regularly refer a client/patient to a state resource due to insufficient medical aid benefits being available)
- 41.91% are not able to interact with other psychologists as often as they would like to.

Conversely, it must also be noted that:

- 96.19% of the sample believe that greater maturity impacts positively on their professional skills
- 91.42% feel that they are able to exert an influence in the planning of their work activities
- 80.00% experience greater insights following case consultation with a colleague
- 78.84% can identify a colleague to approach when confronted with a work difficulty
- 74.29% feel that greater duration of practice leads to greater professional acumen.

Collectively these findings would suggest that specific demands are experienced by a large percentage of the participants (such as approximately half of the participants perceiving negative social reactions to their profession and having difficulty in adhering to their intended daily schedule). However, it has also been shown that the mean item score for this group of participants is low to moderate as far as the subjective experience of job demands is concerned. This is interpreted to suggest that whilst job demands are clearly present, they are not perceived as overwhelming.

This may be due to the fact that job resources are experienced to a moderate to high degree by a large percentage of the participants. These feel that their work requires creativity (82.80%) and makes sufficient demands on all their skills and capacities (81.00%), in addition to offering both variety (67.60%) and opportunities for personal growth and development (65.70%). It is suggested that this reflects the belief that "job resources become more salient and gain their motivational potential when employees are confronted with high job demands" (Bakker & Demerouti, 2008, p. 218).

Of relevance to the current study, researchers have noted that the interaction between job demands and job resources is paramount to understanding the development of either burnout or engagement, and have put forth that job resources may buffer the effects of job demands (Bakker et al., 2005; Bakker et al., 2007; Xanthopoulou, Bakker, Dollard, Demerouti, Schaufeli, Taris & Schreurs, 2007) . This implies that should job demands be high, but job resources plentiful, these resources may act as a protective factor for an individual, thus diminishing the threat of burnout.

6.3.2 Burnout

The OLBI, as utilised in this study, contained a four point Likert-type response scale with the following responses being available: (1) Totally Disagree, (2) Disagree, (3) Agree and (4) Totally Agree. Eight items exist for each of the Exhaustion and the Disengagement factors. Of these eight, four are positively worded and four negatively worded, for each factor. It is thus necessary to reverse score four items for each factor to obtain the required data. Reverse scoring in this study was conducted to reflect that a higher mean item score is equivalent to a higher level of exhaustion and a higher level of disengagement. As noted previously, it is possible to determine an engagement score from the OLBI, but given that the UWES was also incorporated in the present study it was felt that more benefit could be gained by identifying the disengagement value. From Table 6.4 it would appear that the majority of respondents were experiencing low levels of Exhaustion given the item mean score of 2.36. The Disengagement factor scored an item mean value of 2.04. This also suggests low levels of disengagement.

Low scores on the exhaustion factor, coupled with low scores on the disengagement factor, would therefore suggest that participants do not appear to be experiencing burnout as operationalised by the OLBI. This finding is in keeping with the findings of the mean sample scores for the JD-JRSP which showed low to moderate job demands and moderate to high job resources, thus precipitating the expectation of low burnout sample mean scores.

Broadly speaking, the results of the present study, with regards to burnout, are in line with those of Rupert and Morgan (2005). They stated that their research sample comprising American psychologists displayed average (or middle) range scores for mental health workers in respect of emotional exhaustion and depersonalisation, with personal accornplishment scores falling in the low range. Their results further suggest lower levels of burnout in independent practice settings and contend that this finding is in keeping with those of previous surveys.

In contrast Mehta (2004) notes that up to 40% of American psychologists experience burnout, and reports that a significant proportion of clinical psychologists in the UK appear to be burnt out, with 47% of participants in the UK-based study indicating a strong possibility of leaving the profession. Similar high prevalence of burnout was reported by Ashtari, Farhady and Khodaee (2009) in their study examining burnout in a sample of 100 Iranian mental health professionals employed in a psychiatric hospital. They state that 45.6% showed high burnout levels, 42.5% obtained high levels in the emotional exhaustion factor and 65.5% displayed high levels of depersonalisation. Surprisingly, only 21% of participants obtained high levels within reduced personal accomplishment.

In the South African context the findings of the present research are similar to those of Black (1991) who reported relatively low levels of burnout in his research sample. In comparison, Smith (1998) identified 82% of her research sample as belonging to the "moderate" burnout category. Jordaan, Spangenberg, Watson and Fouché (2007) also reported that 26.89% of participating psychologists scored in the moderate range for emotional exhaustion, and 30.25% in the high range. With regard to depersonalisation, 27.31% were within the moderate range and 20.59% in the high range. Moderate and high prevalence for reduced personal accomplishment

were 35.29% and 28.57% respectively. They add that their findings are in accordance with international research in which moderate levels of emotional exhaustion and depersonalisation were obtained in samples of psychologists. However, they contend that the percentages obtained for reduced personal accomplishment in South African psychologists is higher than that found in similar international studies. Philip (2004) found moderate prevalence of emotional exhaustion (38% of participants scored high), low to moderate prevalence of depersonalisation (29% of participants scored high) and high prevalence of lowered personal accomplishment (73% of participants scored high). She cautions against misinterpretations, and ultimately concluded that scores were predominantly reflecting diminished self-efficacy in participants, as opposed to burnout.

6.3.3 Work Engagement

The available responses for the six point Likert-type scale utilised by the UWES are labelled and then further clarified to provide respondents with greater insight into the frequency of occurrence accompanying each label. Accordingly the available responses are: (0) Never, (1) Almost Never (*a few times a year or less*), (2) Rarely (*once a month or less*), (3) Sometimes (*a few times a month*), (4) Often (*once a week*), (5) Very Often (*a few times a week*) and (6) Always (*every day*). The mean item score of 4.32 for Engagement suggests high work engagement as it corresponds with an "Often" response and the UWES items are positively worded towards engagement. This finding corresponds to the results obtained from the JD-JRSP as (relatively) high sample mean job resources scores are expected to be associated with high(er) sample mean scores on work engagement. In addition, the low(er) scores for burnout correspond to high(er) scores for work engagement. This constellation of results is in line with findings from other studies investigating the relationship between job demands, job resources, burnout and engagement (Demerouti et al., 2001; Schaufeli & Bakker, 2004). A negative correlation between burnout and work engagement is also posited by Rothmann (2003) and reflected in the results of the present study.

Although research pertaining to work engagement and psychologists was not found, other studies have supported the inverse correlation between burnout and work

engagement in other occupations. For example, Bosman, Rothmann and Buitendach (2005, p. 52) found "practically significant negative correlation coefficients of medium effect between the OLBI Exhaustion/Disengagement scale and the UWES" in their South African study of government employees.

Taken together, these findings suggest that the study sample was experiencing adequate job resources to buffer the job demands also experienced, resulting in greater work engagement and lower incidences of burnout. This interrelationship will be further investigated in the next section.

6.4 THE RELATIONSHIP BETWEEN JOB DEMANDS AND JOB RESOURCES, BURNOUT AND WORK ENGAGEMENT AS EXPERIENCED BY THE SAMPLE OF SOUTH AFRICAN PSYCHOLOGISTS

6.4.1 Pearson-r Correlations

The Pearson product-moment correlation coefficient is the most commonly utilised measure of correlation and ranges from -1.0 to 1.0 with a score of 0 indicating that there is no correlation (Neuman, 1997). Values were calculated in order to determine the relationship between variables and are reflected in Table 6.8. Values were set at both a 1% level of significance ($p \leq 0.01$) and a 5% level of significance ($p \leq 0.05$). For practical significance (Cohen, 1988) a medium effect (with a guideline absolute value of 0.30) and a large effect (with a guideline absolute value of 0.50) were reported.

Table 6.8 *Pearson-r Correlations*

Item	1 Demands	2 Resources	3 Professional Support	4 Exhaustion	5 Disengagement
1. Demands	-	-	-	-	-
2. Resources	0.62**++	-	-	-	-
3. Professional Support	0.34*+	0.66**++	-	-	-
4. Exhaustion	-0.51**++	-0.41**+	-0.24*	-	-
5. Disengagement	-0.47**+	-0.56**++	-0.24*	0.60**++	-
6. Engagement	0.37**+	0.53**++	0.24*	-0.46**+	-0.68**++

** Statistically significant: $p \leq 0.01$ (2-tailed)

* Statistically significant: $p \leq 0.05$ (2-tailed)

+ Practically significant correlation (medium effect): $0.30 < r \leq 0.49$

++ Practically significant correlation (large effect): $r \geq 0.50$

A review of Table 6.8 provides results that are in keeping with the literature and support the findings discussed in the preceding section of this chapter. However, there are also some findings from the Pearson-r correlation coefficients that do not agree with the expected outcomes derived from the literature.

The results that support the framework incorporated in the present study will be reported and discussed, and then the findings that appear to contradict the framework conceptualisation will be reviewed.

Table 6.8 highlights a practically significant positive correlation between Resources and Engagement. In addition, Resources are also positively correlated with Professional Support, which was shown in Table 6.1 and Table 6.7 to comprise items primarily resource-based in nature. In keeping with the anticipated effect of job resources, a negative correlation between Resources and both Exhaustion and Disengagement is evident. With the exception of the Resources – Exhaustion correlation, all noted correlations are of a large effect ($r \geq 0.50$). This constellation of results is understandable, and is reflected in the literature in which job resources are shown to promote work engagement (Schaufeli & Bakker, 2004), whilst

simultaneously buffering the effects of job demands and thus diminishing the risk of burnout, as operationalised by the factors; exhaustion and disengagement.

Professional Support (with the shown tendency towards resources) was negatively correlated with Exhaustion and Disengagement and positively correlated with Engagement. However, these correlations were not practically significant.

Exhaustion, as a component of burnout, displayed a practically significant (large effect whereby $r \geq 0.50$) positive correlation with the other component of burnout, Disengagement.

A practically significant negative correlation also exists between Engagement and both Exhaustion (of medium effect whereby $r \geq 0.30$ but ≤ 0.49) and Disengagement (of large effect whereby $r \geq 0.50$). This finding is reasonable given that these factors represent the divergent outcomes of engagement and burnout respectively.

The highest correlation coefficients obtained were the practically significant negative correlation between Engagement and Disengagement (-0.68), and the practically significant positive correlations between Resources and Professional Support (0.66) and between Disengagement and Exhaustion (0.60). All were at a 1% level of significance ($p \leq 0.01$).

The above findings suggest that job resources do indeed correspond to work engagement whilst diminishing the effect of the burnout factors exhaustion and disengagement. Furthermore, this also suggests that the resources factor is relatively well constructed in the present study, with these correlations implying that the resources factor is adequately cohesive. From Table 6.8 it is also evident that Engagement and Disengagement are directly opposed. Lastly, a significant positive correlation between exhaustion and disengagement reinforces their relationship as complimentary components of burnout.

One of the basic premises of the JD-R model was supported by the finding of a correlation between engagement and resources. The opposite dynamic of the JD-R model was also somewhat substantiated by the finding that disengagement and

exhaustion are negatively correlated with job resources. These Pearson-r correlation findings are all in line with research reported in the literature and collaborate the underpinnings of the JD-R model (Bakker, Demerouti & Euwema, 2005; Bakker, Demerouti & Verbeke, 2004; Schaufeli & Bakker, 2004).

However, this study also produced a number of correlations that are difficult to explain and which appear to contradict expectations arising from the literature. These all relate to correlations with the Demands factor.

Demands showed a practically significant positive correlation to Resources, of large effect ($r \geq 0.50$). This finding can possibly be explained by the themes raised in the personal interviews, in which it was apparent that certain aspects of the occupation were perceived differently by different psychologists. Whilst one individual for example felt that attending CPD activities was largely a hindrance (and therefore tending towards a demand), another was highly enthusiastic about such attendance with its accompanying educational and networking opportunities (therefore tending towards a resource).This indicates that, in certain instances, the same item could essentially be considered a resource or a demand, depending on the respondent's perspective. This may explain the correlation between what would be expected to be opposing factors. Job demands and job resources are not mutually exclusive but will typically be present simultaneously. It is only the relative strength of one or the other in relation to its counterpart that precipitates either burnout or work engagement.

Demands were negatively correlated with Exhaustion and Disengagement but positively with Professional Support and Engagement. These findings are disconcerting as they defy explanation. The present author offers that these unexpected correlations may (1) be as a result of bi-dimensional wording of items within the JD-JRSP and the OLBI (2) be due to the fact that each instrument used involved multiple factors (3) reflect the possibility that the interrelationship between the variables job demands, job resources, burnout and work engagement is far more complex than initially posited or (4) show that, as an exploratory instrument, the Demands factor of the JD-JRSP requires further refinement despite achieving a satisfactory Cronbach alpha coefficient.

If the primary focus for interpretation is the central concepts (demands, resources, exhaustion, disengagement and engagement) then Table 6.8 clearly reflects that:

- Job resources are significantly positively correlated to Engagement
- Job resources are significantly negatively correlated to Exhaustion and Disengagement
- Exhaustion and Disengagement are significantly positively correlated
- Disengagement and Engagement are significantly negatively correlated

6.4.2 Regression Analyses

Regression analysis was deemed necessary to further investigate the relationship between the variables incorporated within the present study. Multiple linear regression analyses were performed. Neuman (1997, p. 317) explains that multiple linear regression analyses "controls for many alternative explanations and variables simultaneously" and provides two primary contributions. It reflects how well a grouping of variables explains a dependent variable and it reflects the directionality and the magnitude (size) of the effect that each variable has on the dependent variable.

Firstly the contribution to Engagement as the dependent variable, by the following factors, as the independent variables, was assessed: Job Resources (Step 1), then Professional Support (Step 2) and finally, Job Demands (Step 3). The results are reported in Table 6.9.

Table 6.9 ***Multiple Linear Stepwise Regression Analyses with Engagement as Dependent Variable and Job Demands, Job Resources and Professional Support as Independent Variables***

Model		Unstandardised Coefficients and Standard Error			Standardised Coefficients	*t*	*p*	*F*	R^2	ΔR^2
		B	SE		Beta					
1								42.36*	0.29	0.29*
	(Constant)	-0.07	0.67			-0.10	0.91			
	Job Resources	1.23	0.19		0.54	6.50	0.00*			
2								23.54*	0.31	0.02
	(Constant)	0.57	0.75			0.76	0.44			
	Job Resources	1.55	0.25		0.68	6.18	0.00*			
	Professional Support	-0.45	0.23		-0.21	-1.90	0.05			

*** $p < 0.05$ = statistically significant**
t, p = testing significance of regression coefficients
R^2 = proportion of variance explained
ΔR^2 = change in R^2

As can be seen from Table 6.9, the entry of Job Resources at the first step of the regression analysis produced a statistically significant model ($F_{(1,103)} = 42.36$; $p < 0.0001$), which accounted for approximately 29% of the variance. In the second step, Professional Support was included. Professional Support (which explained an additional 2% of the total variance) together with Job Resources made a statistically significant contribution to the model, ($F_{(2,102)} = 23.54$; $p < 0.0001$). Moreover, Job Resources (ß = 0.54; t = 6.50; $p = < 0.0001$) predicted Engagement. The inclusion of Job Demands did not meet the 0.1500 significance level for entry into the model and was accordingly not reported. This suggests that engagement is best predicted by job resources experienced, a finding that is supported by the literature (Mauno, Kinnunen & Ruokolainen, 2007).

In the next multiple regression analyses, the contribution to Exhaustion (the dependent variable) by the following factors (the independent variables) was assessed: Job Demands (Step 1), then Job Resources (Step 2) and finally Professional Support (Step 3). The results are reported in Table 6.10.

Table 6.10 ***Multiple Linear Stepwise Regression Analyses with Exhaustion as Dependent Variable and Job Demands, Job Resources and Professional Support as Independent Variables***

Model		Unstandardised Coefficients and Standard Error			Standardised Coefficients	*t*	*p*	*F*	R^2	ΔR^2
		B	SE		Beta					
1								36.52*	0.25	0.25*
	(Constant)	4.39	0.34			12.89	0.00*			
	Job Demands	-0.69	0.11		-0.51	-6.04	0.00*			

*** $p < 0.01$ = statistically significant**
t, p = testing significance of regression coefficients
R^2 = proportion of variance explained
ΔR^2 = change in R^2

As reflected in Table 6.10, the entry of Job Demands at the first step of the regression analysis produced a statistically significant model ($F_{(1, 103)} = 36.52$; $p < 0.0001$), which accounted for approximately 25% of the variance. Job Demands (ß = -0.51; t = -6.04; $p = < 0.0001$) appeared to be a predictor of Exhaustion. In the second step of the regression analysis Job Resources were entered. In the third step, Professional Support was added. Neither of these factors met the 0.1500 significance level for entry into the model and were therefore not reported. It would appear that Exhaustion is best predicted by Job Demands. This finding is congruent with the literature (Bakker, Demerouti & Euwema, 2005).

Finally, the contribution to Disengagement, as the dependent variable, by the following factors (the independent variables) was assessed: Job Resources (Step 1), then Professional Support (Step 2) and finally Job Demands (Step 3). The results of this multiple regression analyses are reported in Table 6.11.

Table 6.11 ***Multiple Linear Stepwise Regression Analyses with Disengagement as Dependent Variable and Job Demands, Job Resources and Professional Support as Independent Variables***

Model		Unstandardised Coefficients and Standard Error			Standardised Coefficients	*t*	*p*	*F*	R^2	ΔR^2
		B	SE		Beta					
1								48.87*	0.32	0.32*
	(Constant)	5.08	0.43			11.64	0.00*			
	Job Resources	-0.85	0.12		-0.56	-6.99	0.00*			
2								27.86*	0.35	0.03*
	(Constant)	4.59	0.48			9.57	0.00*			
	Job Resources	-1.09	0.16		-0.72	-6.79	0.00*			
	Professional Support	0.33	0.15		0.23	2.22	0.02*			
3								19.99*	0.37	0.02
	(Constant)	4.70	0.47			9.81	0.00			
	Job Resources	-0.90	0.19		-0.60	-4.69	0.00			
	Professional Support	0.30	0.15		0.21	2.02	0.04*			
	Job Demands	-0.22	0.12		-0.17	-1.76	0.08			

*** $p < 0.01$ = statistically significant**
t, p = testing significance of regression coefficients
R^2 = proportion of variance explained
ΔR^2 = change in R^2

As seen in Table 6.11, the entry of Job Resources at the first step of the regression analysis did garner a statistically significant model ($F_{(1, 103)} = 48.87$; $p < 0.0001$) predicting approximately 32% of the variance. Job Resources achieved a significant result (ß = -0.56; t = -6.99; $p = < 0.0001$). In the second step Professional Support was entered. Professional Support (which explained 3% of the variance) added at this step made, together with Job Resources, a statistically significant contribution to the model ($F_{(2, 102)} = 27.86$; $p < 0.0001$. In the third step, where Job Demands was added ($F_{(3, 101)} = 19.99$; $p < 0.0001$), a statistically significant contribution to Disengagement by Job Demands was found (ß =-0.17; t =-1.76; $p = 0.08$), explaining a further 2% of the variance. Specifically, it appears that Disengagement is predicted

by Job Resources. This finding is not in keeping with expectations from the literature (Bakker, Demerouti & Euwema, 2005; Bakker, Demerouti & Verbeke, 2004; Schaufeli & Bakker, 2004), but the arguments put forth previously with regards to the Pearson-r correlations involving Job Demands may again be applicable. It would appear that it is the balance between job demands and job resources that most influences burnout factors such as disengagement. Alternatively, this result may reflect the relatively small sample size as opposed to the number of items or it may be considered in terms of the trends shown by the sample. That is, this sample experienced relatively high engagement and the above finding may reflect the protective quality of job resources and their impact on disengagement, which was found to be low in this sample.

From these results it would appear that Engagement is best predicted by Job Resources, and Exhaustion by Job Demands. Disengagement, the other component of burnout as defined in this study, is best predicted by Job Resources and, to a much lesser extent, by Professional Support and Job Demands.

6.5 OVERVIEW OF THE JOB DEMANDS-RESOURCES MODEL AND ITS PERTINENCE TO THE RESULTS OBTAINED WITHIN THE CURRENT STUDY

The Job Demands-Resources model (Demerouti et al., 2001) was chosen for the present research for a number of reasons. Firstly, the model has been empirically tested and shown to possess sound psychometric properties. It has also been refined and extended upon the basis of other models (Bakker, Demerouti & Verbeke, 2004; Rothmann, Mostert & Strydom, 2006; Schaufeli & Bakker, 2004) and has a proven robustness spanning years of scientific enquiry. Secondly, the model appealed to the present researcher as it presents a reasonable and logical argument. This is not to say that the model is simplistic, as it accounts for a number of contingencies and interrelationships between variables, but at its most basic level, it does also offer a clear and concise framework in which to understand complex dynamics. Thirdly, the model accommodates a holistic approach in that it allowed for intrapersonal, interpersonal and environmental factors thus, providing a comprehensive perspective on the phenomena under study. Lastly, the model allows for both a pathogenic and a salutogenic approach as it describes the processes that

lead to burnout and those that lead to work engagement (Schaufeli & Bakker, 2004). This last point was intrinsic to the research as the present researcher felt that it was necessary to understand these processes, jointly, in order to fully understand each individual process in isolation.

In addition to the above rationale, the Job Demands-Resources model had also been investigated in a number of South African studies. Research into occupational stress in a South African context had shown that different types of demands and resources would arise from different organisations (Rothmann et al., 2006). In one study, educators were shown to be vulnerable to exhaustion as a result of work overload, limited growth opportunities and low levels of control in their work environment (Jackson & Rothmann, 2005), whilst another study reported that employees within the South African insurance industry were hampered by high levels of job insecurity (Rothmann et al., 2006). It was also found that South African engineers experienced lowered opportunities and security in their careers, whilst South African correctional service officers cited both a lack of control and a lack of organisational support as job demands (Rothmann et al., 2006).

Rothmann et al. (2006) investigated the psychometric properties of the Job Demands-Resources Scale (JDRS) as developed by Jackson and Rothmann (2005) for use in the South African context. They concluded that five dimensions relating to job demands and resources were present and that a second-order factor analysis produced a two factor structure, namely Job Demands and Job Resources. This factorial structure was deemed to be valid and their findings concurred with those presented by Demerouti et al. (2001) regarding the categorisation of work characteristics as being job demands or job resources. Rothmann et al. (2006) suggested that the JDRS could be employed in different work contexts, but also stated that different work contexts would exhibit different job demands and resources. Finally, they noted that "more research is needed regarding job demands and resources in different occupations and organisations in South Africa, to develop a measure which could be used in a wide variety of contexts" (Rothmann et al., 2006, p. 84).

The development of the JD-JRSP for the current study was necessary as the occupation of a psychologist in private practice differs from those included in the research described above. The nature of the work itself, in addition to the context of self-employment, required that a job-specific scale be developed. The collection of additional data, albeit from an alternative measurement instrument, can be utilised to broaden the body of knowledge and contribute to the later development of a general scale. This argument is founded on the fact that, although the instruments may differ somewhat depending on the occupation being studied, the basis remains the principles of the job demands-resources model. As such, it is envisioned that multiple studies focusing on multiple occupations will ultimately culminate in a general demand-resources dichotomy which can be applied universally. From the present study, it is already apparent that such a general two factor structure is possible, as supported by the considerable overlap emerging between occupations and discussed in Section 6.2.1.1.

As more information becomes available from other occupations in the South African context, the overlap will become more apparent and potentially result in an instrument that would be generically relevant and appropriate, as opposed to the current need of developing individual instruments for individual occupations.

From the findings of the present study, as reported above, it would appear that the underpinnings of the Job Demands-Resources model were reinforced (Demerouti et al., 2001). The current study identified a positive correlation between resources and engagement, but also supported previous findings of a negative correlation between resources and the burnout factors, exhaustion and disengagement (Bakker et al., 2005). The research participants displayed low to moderate demands, with corresponding low mean item scores for exhaustion and disengagement (Bakker et al., 2004). Similarly, the research participants achieved a moderate to high item mean score for job resources with a corresponding high item mean score for engagement (Bakker & Demerouti, 2008). This would suggest that the present study promotes the tenets of the Job Demands-Resources model.

6.6 EVALUATION OF THE RESEARCH HYPOTHESES

The initial aims and accompanying hypotheses of the present research were:

6.6.1. Aim 1: To determine the construct validity and reliability of the measuring instruments which were to be used in this research. The hypothesis for research aim 1 was that the measuring instruments used in this research would have the necessary reliability and validity.

This hypothesis was supported as the measuring instruments, including the scale developed specifically for the present study, achieved acceptable reliability and validity. The exception, however, was the construct or factorial validity of the JD-JRSP which was not confirmed. As an exploratory instrument, further investigation of the JD-JRSP is required but it did achieve adequate reliability and the factors identified therein are congruent with factors identified in similar, validated instruments developed to measure job demands and job resources.

6.6.2. Aim 2: To assess the nature of burnout symptoms, work engagement, job demands and job resources experienced by a group of South African psychologists. Due to the investigative nature of the research, no hypotheses could be made regarding study aim 2.

No hypothesis was put forth given the exploratory quality of the research. However, the nature of burnout symptoms, work engagement, job demands and job resources as experienced by a group of South African psychologists were determined by means of comprehensive empirical analyses, and the results were reported and discussed.

6.6.3. Aim 3: To determine the relationship between burnout, work engagement, job demands and job resources as experienced by a group of South African psychologists. The hypothesis for research aim 3 was that an inverse correlation would exist in which high scores for burnout would be associated with low scores for work engagement, and that perceived high job

demands and/or low job resources would correlate with low work engagement and high burnout scores.

This hypothesis was supported, albeit from the opposite pole. That is, the sample as a whole reflected low burnout scores thus negating the original approach described above. However, their relatively high scores on work engagement do correspond with relatively low scores on burnout, both of which correspond to relatively high scores on job resources and relatively low scores on job demands. Thus, the hypothesised interactional dynamic was supported although not by means of high burnout scores as initially envisaged.

6.6.4. Aim 4: To determine whether the model utilised in this research offers a satisfactory explanation for the results obtained. The hypothesis for study aim 4 was that the model would provide a satisfactory explanation for the results obtained in this study.

This study aim was achieved by means of a detailed description of the model used, in addition to empirical substantiation from the literature reflecting the meaningfulness of the model. The results obtained in the present study correspond largely with the anticipated results based on the underpinnings of the model, as well as with the findings of other researchers. The hypothesis that the model would provide a satisfactory explanation for the results in this study was thus supported.

6.6.5. Aim 5: To compare findings on South African psychologists with findings in similar studies pertaining to burnout, work engagement, job demands and job resources within other South African occupations. The hypothesis for study aim 5 was that the prevalence for burnout and disengagement in South African psychologists would be higher than results obtained from other South African occupations due to current changes within the field of psychology.

This aim was achieved by means of comprehensive references to and descriptions of other studies conducted both internationally and, more specifically, in South Africa. No other research could be identified that incorporated all of the aspects

included in the present study but other research which focused on one or more of the variables (for example, burnout or burnout and work engagement) were included for comparison. To the author's knowledge, no empirical investigation has to date been undertaken in South Africa or internationally, in which the Job Demands-Resources model is used as a foundation to explore the nature, inter-relatedness and prevalence of burnout and work engagement in psychologists.

The hypothesis put forth was not supported by the results of this study. Job demands, whilst present, were experienced to a low to moderate degree and were tempered by the moderate to high levels of job resources experienced by the participants in the current study. Accordingly, the sample displayed low tendency to burnout and high tendency to work engagement.

6.7 SUMMARY

In this chapter the statistical analyses and descriptive statistics pertaining to the present research and the frequency tables relating to responses in the JD-JRSP were reported. The findings were explained and interpreted with reference to existing literature with an emphasis on their relevance and implications. The initial research hypotheses were re-evaluated and the contribution made by the present research was discussed. In the next chapter a summary of the findings in the literature and those of the present research will be discussed. Limitations of the current research will also be addressed and recommendations regarding future research will be proposed.

CHAPTER 7

DISCUSSION OF RESULTS, LIMITATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The occupation of psychologist is fraught with difficulties and challenges. By its very nature it is a demanding profession as was comprehensively highlighted in the literature (Case & McMinn, 2001; Much, Swanson & Jazazewski, 2005; Murtagh & Wollersheim, 1997; Stevanovic & Rupert, 2004).

Various demanding factors were brought to the fore to describe the experience of a psychologist as a professional who is confronted with human suffering on a daily basis. Researchers have considered the content of the work, the context in which a psychologist practises, the unspoken yet entrenched beliefs that laymen (and some psychologists) have regarding the profession and numerous other precipitating factors. This culminated in a body of literature regarding the profession and its "occupational hazards" yet, interestingly, a paucity of research pertaining to burnout in psychologists was found (Rupert & Morgan, 2005). Even more pertinent, a similar dearth of research regarding work engagement in psychologists was evident. The Job Demands-Resources model offered a meaningful and relevant basis from which to better understand the process of becoming burnt out or, alternatively, being engaged in the work context. The present research sought to explore both of these facets of the profession of psychology, by posing the question: what is the nature of burnout symptoms, work engagement, perceived job demands and perceived job resources as experienced by a group of South African psychologists?

This chapter will provide an overview of the most relevant aspects arising from the literature, and will proceed to a summary of the theoretical foundations incorporated in the present study. It will also include a summation of the most salient points pertaining to the conceptualisation and operationalisation of the constructs utilised in the present study.

This will be followed by a synopsis of the findings garnered by the present research. The outline will begin with a review of the psychometric properties of the measuring instruments employed in the present study and will proceed onto a description of the job demands-job resources component, followed by burnout and finally, work engagement. Due to the interrelatedness of these constructs a précis reflecting the results as a synthesised whole will be provided, with accompanying interpretations on the implications for the participant sample used in the study.

The value of this research, most specifically the unique contribution that it offers to the body of knowledge in the field of psychology, in addition to the limitations of the study and recommendations for further research will be discussed.

Lastly, the chapter, and the thesis, will end with the final conclusions.

7.2 THE PATHOGENIC VERSUS SALUTOGENIC PARADIGMS

The following section offers a summary of conclusions derived from the literature study, commencing with an overview of the pathogenic and salutogenic paradigms.

7.2.1 Historical Background

The field of psychology has long been associated with psychopathology, sickness of the soul and sickness of the mind (Maddux, 2009) which has, in turn, entrenched it in a pathogenic paradigm. When discussing the dual-continua model of mental illness and mental health, Keyes (2009, p. 89) states three conceptions of health have been identified but that "the pathogenic approach is the first, most historically dominant vision, derived from the Greek word *pathos*, meaning suffering or an emotion-evoking sympathy". It was from within this paradigm that focused on the pathological that burnout was first recognised.

Burnout was initially identified within the occupational realm in the 1970s. At first the concept was treated as pseudo-scientific as it was predominantly guided by anecdotal accounts and the observation of patterns of behaviour rather than by empirical evidence (Maslach et al., 2001). It would appear, however, that the

increasing awareness and increasing incidence of burnout convinced the academic community of its relevance. Accordingly, the 1980s saw a more quantitative approach to burnout being applied (Maslach et al., 2001).

Since that time, a burgeoning amount of research regarding burnout has been accumulated. As a growing field of interest, burnout research has branched out and evolved. The syndrome itself has increased exponentially to the point where it could be considered pandemic (Hart, 1995).

The literature reflects that a great number of theories were proposed to address this escalating phenomenon, with inputs from various fields. This shows that burnout research transcended the Industrial/Organisational psychology domain and gained credibility as a real and significant problem.

Perhaps in reaction to this, another field of enquiry was developing in which inherent strengths were being investigated. The positive psychology movement also had a history spanning decades, even centuries (Keyes, 2009) but it was first formally introduced in the 1970s. However, the field only gained true prominence in the 1990s and continues to attract scientific interest to the present day. In South Africa the field of positive psychology has received a great deal of attention and has evolved over three stages, defined as salutogenesis, fortigenesis and psychofortology.

The literature clearly reflects two opposing paradigms being developed and refined since the 1970s and possibly, acting as counterfoils for each other. The historically established pathogenic paradigm focused on burnout as a negative outcome, specifically entrenched within the occupational role (although not limited to it). The opposing salutogenic paradigm countered with a focus on the inherent strengths in humanity, acting as protective factors against the pathogenic influences. Despite being all-encompassing (intrapersonal, interpersonal, spiritual, physical, cognitive, affective), the salutogenic approach offered work engagement as the positive outcome, representative of positive psychology in the occupational role.

Burnout and work engagement can be considered as outcomes arising from the interplay between job demands and job resources. In its simplest form, job demands

can be considered as correlating to burnout and therefore both tend towards the pathogenic. In contrast, work engagement is considered to be correlated with job resources, with the latter often acting as a mediator or protective factor against job demands. Work engagement and job resources therefore tend towards the salutogenic.

7.2.2 Job Demands and Job Resources

In reviewing the literature surrounding both burnout and work engagement, theories regarding the precipitating and predisposing influences were abundant. Similarly, a plethora of empirical models were offered which attempted to explain the antecedents of burnout and work engagement.

The Job Demands-Resources model (Demerouti et al., 2001) offered a well-argued and empirically sound foundation for understanding the evolution of burnout and, conversely, work engagement. The basic premise being that all occupations will possess unique demands and unique resources. Dependent on the interplay between these two variables, an individual will either experience a downward spiral into burnout or an upward spiral towards work engagement. The model makes provision for a holistic approach, incorporating facets of intrapersonal, interpersonal and organisational aspects, in addition to succinctly explaining both the pathogenic (burnout) and the salutogenic (work engagement) processes.

In order to examine the unique experiences of South African psychologists with regard to job demands and job resources, it was necessary to develop a measuring instrument tailored for that specific purpose. The Job Demands-Job Resources Scale for Psychologists (JD-JRSP) is a 66 item instrument constructed on the basis of a qualitative investigation undertaken with ten psychologists. From these interviews themes were extracted and these, in conjunction with findings from the literature, were incorporated in developing the scale. Although an exploratory instrument, reliability values were well within the acceptable range. Validity for the instrument remains to be determined.

7.2.3. Burnout

The literature surrounding burnout is extensive and pervasive. From humble beginnings as a "pop psychology" concept to its current position as an empirically supported construct, burnout has evolved dramatically. Although divergent theories are posited, some consensus is present regarding the basic operational definition which includes three components: exhaustion, disengagement and reduced professional efficacy. These are also known by other names namely emotional exhaustion, depersonalisation and decreased personal accomplishment respectively. However, irrespective of the theorist or specific model proposed these three facets appear to be accepted as intrinsic within the burnout syndrome.

Stemming from Maslach's groundbreaking work, Demerouti et al. (2001) extended the conceptualisation of burnout to encompass all occupations, rather than specifically "people-oriented" work as was initially the case. In doing so they paved the way for the development of an alternative measuring instrument to the Maslach Burnout Inventory (MBI) which had, until then, dominated the field of burnout research.

Demerouti et al. (2001) voiced concerns regarding aspects of the MBI and accordingly, developed the Oldenburg Burnout Inventory (OLBI) in an effort to address these concerns. Primarily it was felt the instrument required both positively and negatively worded items and that provision must be made for greater inclusiveness instead of focusing predominantly on the affective component of exhaustion as a result of people-oriented work. The OLBI reflects exhaustion in physical, cognitive and emotional terms and accommodates any occupation, not only those with a strong interpersonal element. Reliability and validity for the instrument have been shown to be well within acceptable values.

7.2.4 Work Engagement

The mushrooming of interest in well-being, fortitude and resilience occurring in tandem with the increasing prevalence of burnout described earlier, mirrors the evolution of interest in work engagement.

As burnout continued to proliferate, researchers began to explore its antipode, resulting in dynamic and insightful theories regarding work engagement. Initially it was posited that work engagement is merely the opposite of burnout. This approach is demonstrated by the suggestion that the MBI be used to assess work engagement, merely reversing the scoring pattern used to determine burnout (Maslach & Leiter, 1997).

Schaufeli and Bakker (2003) disagreed with this premise and argued that work engagement is not merely the opposite pole of burnout nor should it be measured with an instrument designed to assess burnout. Accordingly, they developed the Utrecht Work Engagement Scale (UWES) for the purposes of measuring work engagement as a separate, independent entity.

The UWES comprises three aspects believed to form the foundation of work engagement; vigour, dedication and absorption (Schaufeli & Bakker, 2003). The instrument has, in a relatively short time, been extensively utilised and an international database has been developed to reinforce its robustness. The instrument has also been used in a number of South African studies. The reported reliability and validity indices of the UWES are well above accepted cut- off values.

7.3 DISCUSSION OF RESULTS AND CONCLUSIONS FROM THE CURRENT EMPIRICAL RESEARCH

The findings of the current study will be summarised by reviewing the psychometric properties of the instruments used, followed by an overview of the constructs job demands and job resources, burnout and work engagement in isolation, and finally by means of an amalgamation of results obtained.

7.3.1 Reliability and Validity of the Measuring Instruments

The instruments employed within the current study were shown to possess adequate reliability and validity with the exception of the Professional Support factor of the JD-JRSP. However, Professional Support is not considered to be a third, independent factor in the JD-JRSP as the instrument was envisioned as a two factor scale. On

exploration it appears that the items which loaded onto Professional Support require refinement in their wording in order to allow loading onto the Resources factor (as was originally anticipated). Alternatively, these items could be removed from the instrument thus retaining the intended two factor structure.

As an exploratory instrument, the JD-JRSP provided good reliability for the Demands and Resources factors, with alpha coefficients of 0.87 and 0.77 respectively.

Both the OLBI and the UWES replicated satisfactory reliability and validity indices as found in other studies. In the present research, the Cronbach alpha coefficient scores obtained by the OLBI were 0.83 for the Exhaustion factor and 0.78 for the Disengagement factor, and that of Engagement, as measured by the UWES, was found to be 0.91.

7.3.2 Job Demands and Job Resources

The JD-JRSP developed for the present study provided two reliable factors following statistical analysis. These factors were labeled Job Demands and Job Resources. A third component, Professional Support, also emerged but is considered to be predominantly a sub-factor of Job Resources. This component possessed inadequate reliability with a Cronbach alpha coefficient of only 0.54.

As an exploratory instrument, the frequencies of responses were deemed important in order to gauge the experiences of the respondents. Within the Job Demands factor, the most frequently occurring demands were related to adhering to the scheduled tasks in the diary, experiencing conflicting or contradictory regulatory rules and ethical considerations, and the need to refer to a state resource once medical aid funds are depleted. This last mentioned is believed to be considered a demand due to the difficulties involved in arranging such referrals given the overburdened state resources. However, it may reflect negative feelings associated with not being able to continue therapeutic intervention due to managed care. Interestingly, two items initially expected to reflect job resources loaded on the job demands factor. Respondents frequently felt that they received cooperation from

those receiving services and that the expectations placed on them professionally were clear.

The job resources most prevalent in this study were sufficient opportunities to increase knowledge and skills and remaining abreast of the latest professional developments. Also frequently cited were opportunities for personal growth and development, task variety, creative expression and a stimulating job in that sufficient demands are made on skills and capacities. Lastly, inter-collegiate interaction was shown to be a frequently experienced job resource.

The respondents in the present study appeared to experience a greater degree of resources than demands in their jobs, given the mean scores of 3.56 and 2.92 respectively. Clearly job demands are present. However this finding would suggest that the participants as a group are perceiving job resources to a greater extent than job demands. Therefore, in keeping with the JD-R model, this group would be expected to show a strong tendency towards the salutogenic pole, with accompanying low scores on burnout, and high scores for work engagement.

7.3.3 Burnout

As anticipated, the present study obtained a two factor burnout model, with Exhaustion and Disengagement being identified as the two factors. The literature reviewed in Chapter 3 supports this finding, as the third factor, reduced Professional Efficacy has consistently been shown to have the weakest correlation of the three, and is even considered by some researchers to be an outcome of the two core factors (Exhaustion and Disengagement) rather than a factor in itself.

Within the context of the JD-R model it would be expected that both Exhaustion and Disengagement would reflect low mean scores, given the preceding finding of moderate - high job resources and low - moderate job demands being experienced by the respondents in the sample. This was, in fact, substantiated given the mean value of 2.36 for Exhaustion and 2.04 for Disengagement. As the OLBI specifically includes both positively and negatively worded items, the Disengagement factor was scored to reflect a low score indicating low disengagement and a high score

indicating high disengagement. The mean item value of 2.04 score therefore reflects low disengagement.

Pearson-r correlations show that Exhaustion is negatively correlated to Job Resources and oddly, to Job Demands. Disengagement is positively correlated to Exhaustion and negatively correlated to Job Resources and Job Demands. The negative correlation between exhaustion and disengagement with job demands is clearly not in line with findings from other studies. However, Hakanen, Schaufeli and Ahola (2008) also report a confusing correlation in their longitudinal study investigating burnout, depression, commitment and work engagement (within the JD-R model) in a sample of Finnish dentists. In their study a significant (albeit weak) effect on work engagement by job demands was found when it was expected that work engagement would only be associated with job resources. They offer a possible explanation on the basis of the fact that job demands and job resources are highly intertwined and therefore "it is probably unlikely that consistent support would be found for a model that completely differentiated demands and resources when predicting outcomes" (Hakanen et al., 2008, p. 236).

This view may also explain why the multiple regression analyses showed that job resources best predicted disengagement. However, in keeping with anticipated results, exhaustion was best predicted by job demands.

7.3.4 Work Engagement

Following principal factor analysis with a direct oblimin rotation on the UWES, a one factor model of engagement was obtained. This is in agreement with other studies conducted in South Africa incorporating the UWES (Coetzer & Rothmann, 2007; Storm & Rothmann, 2003). The alpha coefficient for the Engagement factor was 0.91 and alphas exceeding 0.90 may indicate redundancy within the items (Todd & Bradley, 1994), which may explain why items loaded on one factor. In addition, the three factors (vigour, dedication and absorption) have been found to be highly interrelated (Seppälä, Mauno, Feldt, Hakanen, Kinnunen, Tolvanen & Schaufeli, 2009) and these high correlations may result in a one factor structure. The sample item mean of 4.32 suggests that respondents were experiencing moderate - high

levels of work engagement. This finding coincides with the findings from the job demands – job resources measure and the burnout instrument, in that the sample reflects a low job demands mean value, a relatively high mean value for job resources and low mean values for both burnout factors.

Engagement was positively correlated with Job Resources and negatively correlated to the two burnout factors, Exhaustion and Disengagement. This finding is in keeping with the literature as discussed in Chapters 2 and 4. Finally, Job Resources best predicted Engagement following multiple regression analyses, a finding also in line with expectations.

7.3.5 Synthesis of Results

The results of the present study are in keeping with those anticipated on the basis of findings in other research reported in the literature. The present study reflects that job demands were perceived to be low to moderate, and job resources were experienced as moderate to high. This would precipitate an expectation that the two burnout factors would not be prominent. It would also suggest that the work engagement factor would be strongly present.

Both of these expectations were met, as supported by the statistical data. Furthermore, a positive correlation was found between work engagement and job resources and engagement was found to be best predicted by job resources thus reinforcing the underlying view that job resources predispose work engagement.

Furthermore, exhaustion, as a component of burnout, was in fact best predicted by job demands as posited in the literature. A positive correlation between exhaustion and disengagement was found. A negative correlation between engagement and disengagement was found, in addition to a negative correlation between engagement and exhaustion. This strengthens the argument that burnout and work engagement are more than mere opposites of the same continuum, but rather two independent constructs.

In summary, the results reflect a pattern described in the preceding chapters and support the original tenets of the present research. In the group of psychologists (N = 105) who participated in the current research:

- Low to moderate levels of job demands are perceived
- Moderate to high levels of job resources are perceived
- Low incidence of burnout is present
- High incidence of work engagement is present

7.4 VALUE OF THE CURRENT STUDY

The original contribution offered by the present research to the body of knowledge in the field of psychology in South Africa is first and foremost that the research is unique.

A database search was completed during the initial phases of the current study and the results are reported in a preceding chapter. However, another NEXUS database search of the National Research Foundation (NRF) was conducted in January 2010, stipulating the keywords: job demands, job resources, burnout, work engagement and psychologists. This database, cataloguing South African research, reflects only seven research studies broaching the subject of burnout in psychologists. Three of these were M.A. dissertations, two were MSc. dissertations, one was an MEd. dissertation and one was a DPhil. thesis, all completed between 1990 and 2005. None of these included the concepts job demands, job resources or work engagement.

A further search, incorporating the same keywords, was conducted using the ProQuest Theses & Dissertations database to investigate registered titles on an international level. This search also delivered seven responses: five PhD. dissertations and two Psy.D. dissertations, all primarily concerned with burnout in psychologists and completed between 2000 and 2009. Of the seven, four explored the influences of personal characteristics (spirituality, defence mechanisms, demographic information and personality traits), two investigated the effects of work

environment (work characteristics and practising in a rural setting), whilst one focused on the influence of an external entity, namely peer supervision group participation. None of these included the concepts job demands, job resources or work engagement per se.

The present study thus offers a unique and original view on the concepts job demands, job resources, burnout and work engagement in a South African sample of psychologists. The results may be utilised to broaden current knowledge in the field, and may be applied in a number of ways including, but not limited to, educating future and current psychologists, creating guidelines for practice management and increasing self-awareness in practising psychologists. The scope and pervasiveness of the topic and the results may lead to further research, and the JD-JRSP may be refined and used in subsequent studies, specifically in the South African context.

The present research has furthermore supported the underpinnings of the Job Demands-Resources model, particularly with regard to the effect on burnout and work engagement. Similarly, the operationalisation of burnout (using the OLBI) and of work engagement (using the UWES) has been further substantiated by the present study.

The findings of the current research suggest areas, identified as demands, which can be addressed proactively from the tertiary training level through to the qualified independent practitioner level in order to minimise risk for psychologists. Conversely, the areas identified as resources may also be proactively encouraged as these will ultimately act as protective factors for psychologists.

The information garnered from this study may serve as a guideline with regard to areas where psychologists can receive additional support, be it from the training institutions who develop future psychologists, or governing bodies who represent the occupation in South Africa.

7.5 LIMITATIONS WITHIN THE STUDY

This study has a number of limitations:

1. The sample size is too small to generalise the results of this study to the population of South African psychologists. Although randomised and representative in the sense that it includes all provinces, both genders, mixed age groups, and is demographically representative of the population, the participant sample remains vulnerable to self-selection bias and self-reporting as confounding variables.

2. The self-selection bias in particular is of concern as it has been suggested that individuals experiencing burnout are less inclined to participate in burnout research (Hallsten, 1993). In the present study, certainly, the sample reflected a predominantly engaged group of psychologists. It is therefore plausible that it was primarily psychologists who were not experiencing burnout who were prepared to participate in the current research. This argument is substantiated with the finding that overload is considered to be a significant factor regarding job demands, and by implication, burnout. Accordingly, a psychologist already feeling overwhelmed and burdened by occupational tasks is unlikely to offer time and energy to participate in research. Furthermore, should an individual suspect that he/she may be experiencing burnout, it might be argued that confirmatory information would be regarded as threatening and consequently avoided.

3. Concerns regarding the UWES are present given that the expected three factor model was not found. This suggests the need for additional investigation into the use of the UWES with a South African population.

7.6 RECOMMENDATIONS

1. It has been the present researcher's contention since conceptualising this research that intrapersonal factors would play a role in the emergence of burnout or work engagement tendencies in individuals. This perception is grounded in the point of departure of the positive psychology movement. The salutogenic perspective was revised to become the fortigenic perspective with its focus on individual,

constitutional strengths that allow individuals to face adversity with resilience and fortitude whilst maintaining a sense of purpose, satisfaction and meaning in life. This idea has been central in the present researcher's mind throughout the current research as it begs the question when reviewing job demands, job resources, burnout and work engagement, why do some ultimately burn out whilst others thrive?

As the primary focus of the present study was to investigate the job demands, job resources, burnout and work engagement in the South African population of psychologists, the focus remained on characteristics relevant to the profession, not those practising it. The contention persisted throughout that personal qualities influence the perception of work context and therefore job demands and job resources. This view, in various guises, has been substantiated by a number of researchers exploring the intrapersonal effects on the perception of demands and resources, burnout and work engagement (Hallberg, Johansson & Schaufeli, 2007; Langelaan, Bakker, van Doornen & Schaufeli, 2006; Prieto, Salanova-Soria, Martínez & Schaufeli, 2008; Schaufeli & Buunk, 2003; Xanthopoulou, Bakker, Demerouti & Schaufeli, 2009). It is recommended that additional research in the South African context be undertaken to include this aspect.

2. As was shown in Chapter 3, a highly focused approach has been taken by many researchers investigating the nature of burnout specifically. During the literature review, the present author was struck by the sense that many of these perspectives were too narrow in their focus. Rationally, a perspective that incorporated aspects of many different theories would be most appropriate in understanding burnout. A holistic approach, which highlights external, occupational, interpersonal and intrapersonal factors when attempting to identify causal elements is needed. This approach would be required for the full understanding of work engagement as well. It is recommended that further investigation, incorporating such a holistic approach, be undertaken.

3. The present author would recommend further study into the intrapersonal nature of those who pursue a career as psychologists. Whilst beyond the scope of the present study, it is interesting to note that certain themes emerge when analysing the transcriptions of the 10 personal interviews conducted, added in the present thesis

as Appendix C. Personality and temperament traits appear to recur within many of those interviewed, specifically optimism, pragmaticism, creativity, flexibility, open-mindedness, a desire to be of service, an internal locus of control, adaptability and a tendency to seek options. That is, a focus on the potential solution rather than a fixation on the problem itself. Intelligence and a desire for continued growth, development and knowledge were also reflected in many of the interviews. It is hoped that the present study has highlighted many factors involved in the burnout - work engagement dynamic for South African psychologists, but it is believed that further research exploring the type of person who becomes a psychologist, and the intrapersonal constellation of those who experience high work engagement specifically, could be beneficial to the understanding of this complex and multifaceted syndrome.

4. Although not logistically feasible, it would be recommended that the current study ideally be replicated without the potentially confounding variable of self-selection bias.

5. It is recommended that further investigation of the JD-JRSP be undertaken with specific focus on clarifying validity.

7.7 CONCLUSION

In the present study, the basic tenets of the JD-R model were supported with results regarding the interrelationship between job demands, job resources, burnout and work engagement predominantly being in line with results obtained in other research. The participants in this study appear to be experiencing high levels of work engagement and adequate job resources to act as protective factors for the job demands that are present.

Despite the inherent demands involved in being a psychologist, it would seem that the intrinsic job resources are sufficient to precipitate work engagement. Psychologists are a finely selected group in that they undergo multiple selection processes in order to qualify. These processes include evaluation of personality characteristics, maturity and coping abilities. The findings of the present research

may indirectly reflect those dispositions and character strengths which allowed an individual to pursue the profession in the first place. Similarly, as psychologists, a greater awareness of symptoms and vulnerability may be present thus allowing the professional to recognise warning signs in themselves and address them proactively, therefore preventing the development of burnout.

Ultimately, the results of this study are encouraging in addition to being comforting as they suggest, for this group of participants at least, that South African psychologists are adequately equipped to meet the demands of their occupation and retain an engaged and motivated professional presence.

REFERENCES

Abel, E. & Louw, J. (2009). Registered counselors and professional work in South African psychology. *South African Journal of Psychology, 39*(1), 99-108.

Ackerley, G.D., Burnell, J., Holder, D.C. & Kurdek, L.A. (1988). Burnout among licensed Psychologists. *Professional Psychology: Research and Practice, 19*(6), 624-631.

Allan, A. (2001). *The Law for Psychotherapists and Counsellors*. Somerset-West, South Africa Inter-Ed.

American Psychological Association. (2004). *Professional health and well-being for Psychologists*. Retrieved from: http://www. apa.org/

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International, 11*(1), 11-18.

Arvay, M.J. & Uhlemann, M.R. (1995). *Forms of stress among Counsellors working with trauma survivors. Connections '95.* Retrieved from: http://www.edec.uvic.ca/connections/Conn95/15-arvayetc.html

Ashtari, Z., Farhady, Y., & Khodaee, M.R. (2009). Relationship between job burnout and work performance in a sample of Iranian mental health staff. *African Journal of Psychiatry, 12*, 71-74.

Azar, S.T. (2000). Preventing burnout in professionals and paraprofessionals who work with child abuse and neglect cases: A cognitive behavioural approach to supervision. *JCLP/In Session: Psychotherapy in Practice, 56*(5), 643-663.

Badali, M.A. & Habra, M.E. (2003). Self-care for psychology students: Strategies for staying healthy & avoiding burn out. *Psynopsis: Canada's Psychology newspaper, 25*(4), 14.

Bakker, A.B. & Demerouti, E. (2007). The Job Demands-Resources Model: State of the art. *Journal of Managerial Psychology, 22*(3), 309-328.

Bakker, A.B. & Demerouti, E. (2008). Towards a model of work engagement. *Career Development International, 13*(3), 209-223.

Bakker, A.B., Demerouti, E., de Boer, E. & Schaufeli, W.B. (2003). Job demands and job resources as predictors of absence duration and frequency. *Journal of Vocational Behaviour, 62*, 341-356.

Bakker, A.B., Demerouti, E. & Euwema, M.C. (2005). Job resources buffer the impact of job demands on burnout. *Journal of Occupational Health Psychology, 10*(2), 170-180.

Bakker, A.B., Demerouti, E., Hakanen, J.J. & Xanthopoulou, D. (2007). Job resources boost work engagement, particularly when job demands are high. *Journal of Educational Psychology, 99*(2), 274-284. doi: 10.1037/0022-0663.99.2.274

Bakker, A.B., Demerouti, E. & Schaufeli, W.B. (2003). Dual processes at work in a Call Centre: An application of the Job Demands-Resources Model. *European Journal of Work and Organizational Psychology, 12*(4), 393-417.

Bakker, A.B., Demerouti, E., Taris, T.W., Schaufeli, W.B. & Schreurs, P.J.G. (2003). A multi-group analysis of the Job Demands-Resources Model in four home care organizations. *International Journal of Stress Management, 10*(1), 16-38.

Bakker, A.B., Demerouti, E. & Verbeke, W. (2004). Using the Job Demands-Resources Model to predict burnout and performance. *Human Resource Management, 43*(1), 83-104.

Bakker, A.B., Schaufeli, W.B., Leiter, M. & Taris, T.W. (2008). Work engagement: An emerging concept in occupational health psychology. *Work & Stress, 22*(3), 187-200. doi: 10.1080/02678370802393649

Baruch, Y. & Holtom, B.C. (2008). Survey response rate levels and trends in organizational research. *Human Relations, 61*(8), 1139-1160.

Basikin, B. (2007). *Vigor, dedication and absorption: Work engagement among secondary school English teachers in Indonesia*. Paper presented at the annual AARE Conference, 25th-29th November 2007, Fremantle, Perth, Western Australia.
Retrieved from: http://www.aare.edu.au/07pap/bas07349.pdf

Bavendam, J. (2000). *Managing Job Satisfaction*. Bavendam Research Incorporated: Special Reports.
Retrieved from: http://www.employeesatisfactions.com

Beehr, T.A., Glaser, K.M., Canali, K.G. & Wallwey, D.A. (2001). Back to basics: Re-examination of Demand-Control Theory of occupational stress. *Work & Stress, 15*(2), 115-130.

Black, J.J.A. (1991). *A survey of occupational stress and burnout in educational psychologists in the Nata/Kwazulu region*. (Unpublished masters dissertation). Univeristy of Natal, Pietmaritzburg.

Bosman, J., Rothmann, S. & Buitendach, J.H. (2005). Job insecurity, burnout and work engagement: The impact of positive and negative affectivity. *South African Journal of Industrial Psychology, 31*(4), 48-56.

Breed, M., Cilliers, F. & Visser, D. (2006). The factor structure of six salutogenic constructs. *SA Journal of Industrial Psychology, 32*(1), 74-87.

Brunt, G. (2007). *Burnout.* Retrieved from: http://www.corporatetraining.co.za/news3.htm

Burisch, M. (1993). In search of theory: Some ruminations on the nature and etiology of burnout. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research.* (Chapter 5, p. 75 – 93). Philadelphia. Taylor & Francis.

Burke, R.J., Oberklaid, F. & Burgess, Z. (2005). Organizational values, job experiences and satisfactions among female and male psychologists. *Community, Work and Family, 8*(1), 53-68.

Buunk, B.P. & Schaufeli, W.B. (1993). Burnout: A perspective from Social Comparison Theory. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research.* (Chapter 4, p. 53 – 69). Philadelphia. Taylor & Francis.

Buys, C. & Rothmann, S. (2009). Job demands and job resources in the ministry. *SA Journal of Human Resource Management / SA Tydskrif vir Menslikehulpbronbestuur. 7*(1). doi: 10.4102/sajhrm.v7i1.202.

Carr, E.C.J. (2008). Understanding inadequate pain management in the clinical setting: the value of the sequential explanatory mixed method study. *Journal of Clinical Nursing, 18*, 124-131. Doi: 10.1111/j.1365-2702.2008.02428.x

Case, P.W. & McMinn, M.R. (2001). Spiritual coping and well-functioning among psychologists. *Journal of Psychology and Theology, 29*(1), 29-40.

Cherniss, C. (1993). Role of professional self-efficacy in the etiology and amelioration of burnout. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research*. (Chapter 8, p. 135 – 149). Philadelphia. Taylor & Francis.

Coetzee, S. and Cilliers, F. (2001). Psychofortology: Explaining coping behavior in organizations. *The Industrial-Organizational Psychologist, 38*(4). Retrieved from: http://www.siop.org/TIP/backissues/TipApr01/08Coetzee.aspx

Coetzer, W. J. & Rothmann, S. (2007). A psychometric evaluation of measures of affective well-being in an insurance company. *South African Journal of industrial Psychology, 33*(2), 7-15.

Cohen, J. (1988) *Statistical power analysis for the Behavioral Sciences, 2nd Edition*. Hillsdale, NJ. Erlbaum.

Coster, J.S. & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice, 28*(1), 5-13.

Cox, T., Kuk, G. & Leiter, M.P. (1993). Burnout, health, work stress, and organizational healthiness. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research.* (Chapter 11, p. 177-193). Philadelphia. Taylor & Francis.

Creswell, J.W., Fetters, M.D. & Ivankova, N.V. (2004). Designing a mixed methods study in primary care. *Annals of Family Medicine, 2*, 7-12. doi: 10.1370/afm.104

Creswell, J.W., Plano Clark, V.L., Gutmann, M.L. & Hanson, W.E. (2003). Advanced mixed methods research designs. In Tashakkori, A. & Teddlie, C. (Eds.), *Handbook of mixed methods in social and behavioural research*. Thousand Oaks, CA. Sage. 209-240.

De Jonge, J., & Kompier, M.A.J. (1997). [ABSTRACT] A critical examination of the Demand-Control-Support Model from a work psychological perspective. *International Journal of Stress Management, 4*(4), 235-258. doi: 10.1023/B:IJSM.0000008152.85798.90

Demerouti, E. (1999). *Burnout: Eine Folge konkreter Arbeitsbedingungen bei Diensleistungs- und Produktionstatigkeiten*. [Burnout: A consequence of specific working conditions among human service and production tasks]. Frankfurt/Main. Lang.

Demerouti, E., Bakker, A.B., Nachreiner, F. & Schaufeli, W.B. (2000). A model of burnout and life satisfaction amongst nurses. *Journal of Advanced Nursing, 32*(2), 454-464.

Demerouti, E., Bakker, A.B., Nachreiner, F. & Schaufeli, W.B. (2001). The Job Demands Resources Model of burnout. *Journal of Applied Psychology, 86*, 499-512.

Demerouti, E., Bakker, A.B., Vardakou, I. & Kantas, A. (2003). The convergent validity of two burnout instruments: A multitrait-multimethod analysis. *European Journal of Psychological Assessment, 18*, 296-307.

de Rijk, A.E., Le Blanc, P.M., Scaufeli, W.B. & de Jonge, J. (1998). Active coping and need for control as moderators of the Job Demand-Control Model: Effects on burnout. *Journal of Occupational and Organizational Psychology, 71*, 1-18.

Diener, E. (2009). Positive psychology: Past, present and future. In Snyder, C.R. and Lopez, S.J. (Eds.), *Oxford Handbook of Positive Psychology, 2nd Edition*. Chapter 2, p. 7-12. New York. Oxford University Press.

Driscoll, D.L., Appiah-Yeboah, A., Salib, P. & Rupert, D.J. (2007). Merging qualitative and quantitative data in mixed methods research: how to and why not. *Ecological and Environmental Anthropology, 3*(1), 19-28.

Edwards, P., Roberts, I., Clarke, M., DiGuiseppi, C., Pratap, S., Wentz, R. & Kwan, I. (2002). *Increasing response rates to postal questionnaires: Systematic review*. BMJ. Vol. 324. Retrieved from: http://www.bmj.com/cgi/content/full/324/7347/1183

Ehrenfels, W. (2005). *Acclaimed overview of psychology career development (U.S. edition)*. Retrieved from: http://www.psypress.com/student/forum/topic.asp?TOPIC_ID=66

Ferreira, R. (2009). *Antecedents of work engagement in a Financial Institution.* (Unpublished masters dissertation). North-West University. Potchefstroom.

Freudenberger, H.J. (1974). Staff Burnout. *Journal of Social Issues. 30*, 159-165.

Freudenberger, H.J. (1975). The staff burnout syndrome in alternative institutions. *Psychotherapy Theory, Research and Practice, 12*, 73-82.

Gersch, I. & Teuma, A. (2005). Are educational psychologists stressed? A pilot study of educational psychologists' perceptions. *Educational Psychology in Practice, 21*(3), 219-233.

Gonzalez-Roma, V., Schaufeli, W.B., Bakker, A.B. & Lloret, S. (2006). Burnout and work engagement: Independent factors or opposite poles? *Journal of Vocational Behaviour, 68*, 165-174. doi:10.1016/j.jvb.2005.01.003

Hair, J.R., Anderson, R.E., Tatham, R.L. & Black, W.C. (1998). *Multivariate data analysis*. New Jersey. Prentice-Hall.

Hakanen, J.J., Schaufeli, W.B. & Ahola, K. (2008). The Job Demands-Resources Model: A three-year cross-lagged study of burnout, depression, commitment and work engagement. *Work & Stress, 22*(3), 224-241. doi: 10.1080/02678370802379432

Halbesleben, J.R.B. & Buckley, M.R. (2004). Burnout in organizational life. *Journal of Management, 30*(6), 859-879. doi: 10.1016/j.jm.2004.06.004

Halbesleben, J.R.B. & Demerouti, E. (2005). The construct validity of an alternative measure of burnout: Investigating the English translation of the Oldenburg Burnout Inventory. *Work & Stress, 19*(3), 208-220.

Hallberg, U.E., Johansson, G. & Schaufeli, W.B. (2007). Type A behaviour and work situation: Associations with burnout and work engagement. *Scandinavian Journal of Psychology, 48*, 135-142. doi: 10.1111/j.1467-9450.2007.00584.x

Hallberg, U.E. & Schaufeli, W.B., (2006). "Same same" but different? Can work engagement be discriminated from job involvement and organizational commitment? *European Psychologist, 11*(2), 119-127. doi: 10.1027/1016-9040.11.2.119

Hallsten, L. (1993). Burning out: A framework. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research* . (Chapter 6, p. 95 – 113). Philadelphia. Taylor & Francis.

Hanlon, P. (2004). *Psychologist burnout on the increase*. New England Psychologist. Retrieved from: http://www.masspsy.com/leading/0407_ne_cover_burnout.htm

Hanson, W.E, Creswell, J.W., Plano Clark, V.L., Petska, K.S. & Creswell, J.D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology, 52* (2), 224-235. doi: 10.1037/0022-0167.52.2.224

Hart, D.L. (1995). *Plague in today's workplace*. University of Georgia Research Magazine. Retrieved from: http://www.ovpr.uga.edu/researchnews/95w/burnout.html

Hobfoll, S.E. & Freedy, J. (1993). Conservation of resources: A General Stress Theory applied to burnout. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research*. (Chapter 7, p. 115–129). Philadelphia. Taylor & Francis.

HPCSA (Health Professions Council of South Africa). (18 June, 2007). *Discussion Document on the Scope of Practice for the Psychology Profession*.

HPCSA (Health Professions Council of South Africa). (2009a). *Continuing Professional Development Guidelines for the Healthcare Professionals November 2006.* Retrieved from: http://www.hpcsa.co.za/hpcsa/UserFiles/File/CPD/CPD%20Guidelines%20Final%20november.pdf

HPCSA (Health Professions Council of South Africa). (2009b). *Criteria to Register.* Retrieved from: http://www.hpcsa.co.za/hpcsa/default.aspx?id=270

HPCSA (Health Professions Council of South Africa). (2009c). *Examinations*. Retrieved from: http://www.hpcsa.co.za/hpcsa/default.aspx?id=334

Ivankova, N.V., Creswell, J.W. & Stick, S.L. (2006). Using mixed-methods sequential explanatory design: from theory to practice. *Field Methods, 18*(1), 3-20. doi: 10.1177/1525822X05282260

Jackson, L.T.B. & Rothmann, S. (2005). Work-related well-being of educators in a district of the North West Province. *Perspectives in Education, 23*(3), 107-122.

Jackson, L.T.B., Rothmann, S. & van de Vijver, F.J.R. (2006). [ABSTRACT] A model of work related well-being for educators in South Africa. *Stress and Health, 22*(4), 263-274. doi: 10.1002/smi.1098

Jansen, P.G.M., Kerkstra, A., Abu Saad, H.H. & van der Zee, J. (1996). The effects of job characteristics and individual characteristics on job satisfaction and burnout in community nursing. *International Journal of Nursing Studies, 33*(4), 407-421.

Janssen, P.P.M., Schaufeli, W.B. & Houkes, I. (1999). Work-related and individual determinants of the three burnout dimensions. *Work & Stress, 13*(1), 74-86.

Jordaan, I. (2005). *Stress, burnout and coping strategies of South African Clinical and Counseling Psychologists*. (Unpublished masters thesis). Nelson Mandela Metropolitan University.

Jordaan, I., Spangenberg, J., Watson, M. & Fouché, P. (2007). Burnout and its correlates in South African Clinical and Counseling Psychologists. *Acta Academia, 39*(1), 176-201. Retrieved from: http://www.ufs.ac.za/faculties/documents/journal/9/21/193/AA-2007(1).pdf#page=178

Kaplan, H.I. & Sadock, B.J. (1998). *Synopsis of Psychiatry, 8th Edition*. Baltimore. Lippincott, Williams & Williams.

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

Karasek, R.A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly, 24*(2), 285-308. Retrieved from: http://www.jstor.org/stable/2392498

Karasek, R.A., Baker, D., Marxer, F., Ahlbom, A. & Theorell, T. (1981). Job decision latitude, job demands and cardiovascular disease: A prospective study of Swedish men. *American Journal of Public Health, 71*(7), 694-705.

Karasek, R.A., Theorell, T., Schwartz, J.E., Schnall, P.L., Pieper, C.F. & Michela, J.L. (1988). Job characteristics in relation to the prevalence of myocardial Infarction in the US Health Examination Survey (HES) and the Health and Nutrition Examination Survey (HANES). *American Journal of Public Health, 78*(8), 910-918.

Kee, J.A., Johnson, D. & Hunt, P. (2002). *Burnout and social support in rural Mental Health Counselors*. Retrieved from: http://www.marshall.edu/jrcp/sp2002/kee.htm

Keyes C.L.M. (2009). Toward a science of mental health. In Snyder, C.R. and Lopez, S.J. (Eds.), *Oxford Handbook of Positive Psychology, 2nd Edition.* (Chapter 9, p. 89-95). New York. Oxford University Press.

Kong, Y. (2009). A study on the job engagement of company employees. *International Journal of Psychological Studies, 1*(2), 65-68.

Korunka, C., Kubicek, B., Schaufeli, W.B. & Hoonakker, P. (2009). Work engagement and burnout: Testing the robustness of the Job Demands-Resources Model. *The Journal of Positive Psychology, 4*(3), 243-255. doi: 10.1080 17439760902879976

Kuyken, W., Peters, E., Power, M. & Lavender, T. (1998). The psychological adaptation of psychologists in clinical training: The role of cognition, coping and social support. *Clinical Psychology and Psychotherapy, 5,* 238-252.

Langelaan, S., Bakker, A.B., van Doornen, L.J.P. & Schaufeli, W.B. (2006). Burnout and work engagement: Do individual differences make a difference? *Personality and Individual Differences, 40*, 521-532. doi:10.1016/j.paid.2005.07.009

Le Blanc, P.M., Bakker, A.B., Peeters, M.C.W., van Heesch, N.C.A. & Schaufeli, W.B. (2001). Emotional job demands and burnout among oncology care providers. *Anxiety, Stress and Coping, 14*, 243-263.

Lee, H. (1998). Stress in psychotherapists/The supervisory couple in broad-spectrum psychotherapy/time-limited counselling (Book Review). *Journal of Psychiatric and Mental Health Nursing, Vol. 5* (4), 332-335.

Leong, F.T.L. & Austin, J.T. (Eds.), (2006). *The psychology research handbook: A guide for graduate students and research assistants, 2nd Edition.* SAGE Publications, Inc.

Llorens, S., Bakker, A.B., Schaufeli, W. & Salanova, M. (2006). Testing the robustness of the Job Demands-Resources Model. *International Journal of Stress Management, 13*(3), 378-391. doi: 10.1037/1072-5245.13.3.378

Llorens, S., Schaufeli, W., Bakker, A. & Salanova, M. (2007). Does a positive gain spiral of resources, efficacy beliefs and engagement exist? *Computers in Human Behaviour, 23*, 825-841. doi:10.1016/j.chb.2004.11.012

MacDonald, W. (2003). The impact of job demands and workload on stress and fatigue. *Australian Psychologist, 38(*2), 102-117.

Maddux, J.E. (2009). Stopping the "madness": Positive psychology and deconstructing the illness ideology and the DSM. In Snyder, C.R. and Lopez, S.J. (Eds.) *Oxford Handbook of Positive Psychology, 2nd Edition.* (Chapter 7, p. 61- 69). New York. Oxford University Press.

Maslach, C. (1976). Burned-out. *Human Behaviour, 5,* 16-22.

Maslach, C. (1993). Burnout: A multidimensional perspective. In: Schaufeli, W.B., Maslach, C. & Marek, T. (Eds.), *Professional Burnout Recent Developments in Theory and Research.* (Chapter 2, p. 19 – 32). Philadelphia. Taylor & Francis.

Maslach, C. & Jackson, S.E. (1981). *The Maslach Burnout Inventory, Research Edition.* Palo Alto, CA: Consulting Psychologists Press.

Maslach, C. & Jackson, S.E. (1986). *Maslach Burnout Inventory Manual, 2nd Edition.* Palo Alto, CA: Consulting Psychologists Press.

Maslach, C., Jackson, S.E. & Leiter, M. (1996). *Maslach Burnout Inventory Manual, 3rd Edition.* Palo Alto, CA: Consulting Psychologists Press.

Maslach, C., & Leiter, M.P. (1997). *The truth about burnout: How organizations cause personal stress and what to do about it.* San Francisco, CA. Jossey-Bass.

Maslach, C. & Schaufeli, W.B. (1993). Historical and conceptual development of burnout. In: Schaufeli, W.B., Maslach, C. & Marek, T. (Eds.), *Professional Burnout Recent Developments in Theory and Research*. (Chapter 1, p. 1–16). Philadelphia. Taylor & Francis.

Maslach, C., Schaufeli, W.B. & Leiter, M.P. (2001). Job burnout. *Annual Review of Psychology, 52*(1), 149-171.

Mauno, S., Kinnunen, U. & Ruokolainen, M. (2007). [ABSTRACT] Job demands and resources as antecedents of work engagement: A longitudinal study. *Journal of Vocational Behaviour, 70*(1), 397-422. doi: 10.1016/j.jvb.2006.09.002

May, D.R., Gilson, R.L. & Harter, L.M. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational and Organizational Psychology, 77*, 11-37.

Mayo Clinic. (2007). *Job burnout: Know the signs and symptoms*. Retrieved from: http://www.mayoclinic.com/health/burnout/WL00062

McAdams III C.R. & Foster, V.A. (2002). An assessment of resources for counselor coping and recovery in the aftermath of client suicide. *Journal of Humanistic Counseling, Education and Development, 41*.

McCarthy, W.C. & Frieze, I.H. (1999). Negative aspects of therapy: Client perceptions of therapists' social influence, burnout and quality of care. *Journal of Social Issues, 55*(1), 33-50.

Mehta, R. (2004). *Burnout in clinical psychologists in the UK: An examination of its nature, extent and correlates*. Retrieved from: http://lancs.ac.uk/depts/ihr/research/mental/burnoutofcps.htm

Miller, S.D., Duncan, B.L., Brown, J., Sparks, J.A. & Claud, D.A. (2003). The Outcome Rating Scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of Brief Therapy, 2*(2), 91-100.

Miller, S.D., Hubble, M. & Duncan, B. (2008). Supershrinks: What is the secret of their success? *Psychotherapy in Australia, 14*(4), 14-22.

Mixed Methods Network for Behavioural, Social and Health Sciences. (2006). Retrieved 5/8/2006 at http://www.fiu.edu/~bridges/glossary.htm

Morse, J. M. (2003). Principles of mixed methods and multimethod research design. In Tashakkori, A. & Teddlie, C. (Eds.), *Handbook of Mixed Methods in Social & Behavioral Research*. (Chapter 7, p 189-208). California, Sage Publications, Inc.

Much, K., Swanson, A.L. & Jazazewski, R.L. (2005). *Burnout prevention for professionals in psychology.* Retrieved from: http://counselingoutfitters.com/vistas/vistas05/Vistas05.art46.pdf

Munsey, C. (2006). Helping colleagues to help themselves. *APA Monitor on Psychology, 37*(7).
Retrieved from: http://www.apa.org/monitor/julaug06/colleagues.html

Murtagh, M.P. & Wollersheim, J.P. (1997). Effects of clinical practice on psychologists: Treating depressed clients, perceived stress and ways of coping. *Professional Psychology: Research and Practice, 28*(4), 361-364.

Neils, H. (2007). *13 signs of burnout and how to help you avoid it.*
Retrieved at:
http://www.assessment.com/mappmembers/avoidingburnout.asp?Accnum=06-5210010.00

Neuman, W. L. (1997). *Social Research Methods: Qualitative and Quantitative Approaches, 3rd Edition.* Boston, MA. Allyn and Bacon.

Noworol, C., Žarczyński, Z., Fąfrowicz, M. & Marek, T. (1993). Impact of professional burnout on creativity and innovation. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research.* (Chapter 10, p. 163 – 175). Philadelphia. Taylor & Francis.

Nunnally, J.C., & Bernstein, I.H. (1994). *Psychometric theory, 3rd edition.* New York: McGraw-Hill.

Odendaal, D.C. (2006). *Die Ontwikkeling en evaluering van 'n opleidingskursus vir privaat praktisyns in die sielkunde.* (Unpublished doctoral thesis). University of the Free State. Bloemfontein.

Olivier, A. (2006). *Psychological conditions that mediate between job demands and resources, and work engagement.* (Unpublished masters dissertation). North-West University. Potchefstroom.

Oubiña, V.M.T., Calvo, M.C.M. & Fernández-Rios, L. (1997). Occupational stress and state of health among clinical psychologists and psychiatrists. *Psychology in Spain, 1*(1), 63-71.

O'Halloran, T.M. & Linton, J.M. (2000). Stress on the job: Self-care resources for Counselors. *Journal of Mental Health Counseling, 22*(4), 354-364.

Opperman, M.C. (2009a). *Tariffs.* PsyTalk: newsletter for Psychological Society of South Africa (PsySSA). November. Issue 3, p9.

Opperman, M.C. (2009b). *Welcome to all private practitioners*. PsyTalk: newsletter for Psychological Society of South Africa (PsySSA). November. Issue 3, p5.

Pelfrene, E., Vlerick, P., Mak, R.P., de Smet, P., Kornitzer, M. & de Backer, G. (2001). Scale reliability and validity of the Karasek "Job Demand-Control-Support" model in the Belstress study. *Work & stress, 15*(4), 297-313.

Peterson, C. (2006). *A Primer in Positive Psychology*. New York. Oxford University Press.

Philip, A.A. (2004). *Coping as a moderator variable in the relationship between occupational stressors and burnout amongst psychologists.* (Unpublished masters dissertation). University of the Free State. Bloemfontein.

Pienaar, J. & Sieberhagen, C. (2005). Burnout and engagement of student leaders in a higher education institution. *South African Journal of Higher Education, 19*(1), 155-166.

Pines, A. M. (1993). Burnout: An existential perspective. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research*. (Chapter 3, p. 33–51). Philadelphia. Taylor & Francis.

Prieto, L.L., Salanova-Soria, M., Martínez, I.M. & Schaufeli, W. (2008). Extension of the Job Demands-Resources Model in the prediction of burnout and engagement among teachers over time. *Psicothema, 20(*3), 354-360.

Rabasca, L. (1999). Help for coping with stresses of today's practice. *APA Monitor Online, 30(*3). Retrieved from: http://www.apa.org/monitor/mar99/coping.html

Roothman, B., Kirsten, D. & Wissing, M.P. (2003). Gender differences in aspects of psychological well-being. *South African Journal of Psychology, 33*(2), 212-218.

Rosenberg Mckay, D. (2007). *Job Burnout.* Retrieved from: http://careerplanning.about.com/od/workrelated/a/burnout_2.htm

Rothmann, S. (2003). Burnout and engagement: A South African perspective. *SA Journal of Industrial Psychology, 29*(4), 16-25.

Rothmann, S. (2008). Job satisfaction, occupational stress, burnout and work engagement as components of work-related wellbeing. *SA Journal of Industrial Psychology, 34*(3), 11-16.

Rothmann, S., Jackson, L.T.B. & Kruger, M.M. (2003). Burnout and job stress in a local government: The moderating effect of sense of coherence. *SA Journal of Industrial Psychology, 29*(4), 52-60.

Rothmann, S., Mostert, K. & Strydom, M. (2006). A psychometric evaluation of the Job Demands-Resources Scale in South Africa. *SA Journal of Industrial Psychology 32*(4), 76-86.

Rupert, P.A. & Morgan, D.J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice, 36*(5), 544-550.

Saks, A. M. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology. 21*(7), 600-619. doi: 10.1108/02683940610690169

Salanova, M. & Schaufeli, W.B. (2008). A cross-national study of work engagement as a mediator between job resources and proactive behaviour. *The International Journal of Human Resource Management, 19*(1), 116-131. doi: 10.1080/09585190701763982

SAS Institute Inc. (2003) *The SAS System for Windows Release 9.1 TS Level 1M3* Copyright© by SAS Institute Inc., Cary, NC, USA

Schaufeli, W.B. & Bakker, A.B. (2003). *Utrecht Work Engagement Scale, Preliminary Manual, Version 1*. Occupational Health Psychology Unit. Utrecht University.

Schaufeli, W.B. & Bakker, A.B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behaviour, 25*, 293-315.

Schaufeli, W.B., Bakker, A.B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire. A cross-national study. *Educational and Psychological measurement, 66(*4), 701-716. doi: 10.1177/0013164405282471

Schaufeli, W.B. & Buunk, B.P. (2003). Burnout: An overview of 25 years of research and theorizing. In Schabracq, M. J., Winnubst, J. A. M., and Cooper, C. L. (Eds.), *The Handbook of Work and Health Psychology*. (Chapter 19, p 383-425). John Wiley & Sons.

Schaufeli, W.B., Martínez, I.M., Marques Pinto, A., Salanova, M. & Bakker, A.B. (2002). Burnout and engagement in university students: A cross-national study. *Journal of Cross-Cultural Psychology, 33(*5), 464-481.

Schaufeli, W.B., Maslach, C. & Marek, T. (Eds.), (1993). *Professional Burnout Recent Developments in Theory and Research*. Philadelphia. Taylor & Francis.

Schaufeli, W.B., Salanova, M., González-Romá, V. & Bakker, A.B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies. 3,* 71-92.

Schaufeli, W.B., Taris, T.W. & Bakker, A.B. (2006). Dr Jekyll or Mr Hyde? On the differences between work engagement and workaholism. In Burke, R. J. (Ed.), *Research companion to working time and work addiction.* (Chapter 9, p193-217). Cheltenham. Edward Elgar Publishing.

Schaufeli, W.B., Taris, T.W. & van Rhenen, W. (2008). Workaholism, burnout, and work engagement: Three of a kind or three different kinds of employee well-being? *Applied Psychology: An International Review, 57(*2), 173-203. doi: 10.1111/j.1464-0597.2007.00285.x

Scott, C.R. (2001). *Communication, social support and burnout: A brief literature review*. Retrieved from: http://www.gslis.utexas.edu/~ssoy/pubs/micro-communication/2micro.htm

Scott, J. & Dickey, B. (2003). Global burden of depression: the intersection of culture and medicine. *The British Journal of Psychiatry, 183,* 92-94. Retrieved from:http://bjp.rcpsych.org/cgi/content/full/183/2/92

Searle, B.J., Bright, J.E.H. & Bochner, S. (1999). Testing the 3-factor model of occupational stress: the impact of demands, control and social support on a mail sorting task. *Work & Stress, 13(*3), 268-279.

Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5-14. doi: 10.1037//0003-066X.55.1.5

Seppälä, P., Mauno, S., Feldt, T., Hakanen, J., Kinnunen, U., Tolvanen, A. & Schaufeli, W. (2009). The construct validity of the Utrecht Work Engagement Scale: Multisample and longitudinal evidence. *Journal of Happiness Studies, 10*, 459-481. doi: 10.1007/s10902-008-9100-y

Shimazu, A., Schaufeli, W.B., Kosugi, S., Suzuki, A., Nashiwa, H., Kato, A., Sakamoto, M., Irimajiri, H., Amano, S., Hirohata, K., Goto, R. & Kitaoka-Higashiguchi, K. (2008). Work engagement in Japan: Validation of the Japanese version of the Utrecht Work Engagement Scale. *Applied Psychology: An International Review, 57(*3), 510-523. doi: 10.1111/j.1464-0597.2008.00333.x

Smit, G. J. (1996). *Psychometrics: aspects of measurement*. Pretoria. Kagiso Tertiary.

Smit, J. (2006). The influence of coping and stressors on burnout and compassion fatigue among health care professionals. Unpublished doctoral thesis. University of the Free State. Bloemfontein. Retrieved from: http://etd.uovs.ac.za/ETD-db/theses/available/etd-09252007144839/unrestricted/SmitJ.pdf

Smith, L.M. (1998). *Die insidensie van uitbrandingsindroom by sielkundiges in Suid-Afrika.* (Unpublished masters dissertation). University of Stellenbosch.

Smith Bailey, D. (2006). Burnout harms workers' physical health through many pathways. *Monitor on Psychology, 37*(6). Retrieved from: http://www.apa.org/monitor/jun06/burnout.html

South African Department of Labour. (2004). Retrieved from: http://www.labour.gov.za

SPSS Inc. (2009) SPSS® 17.0 for Windows, Release 17.0.0, Copyright© by SPSS Inc., Chicago, Illinois.

Stevanovic, P. & Rupert, P.A. (2004). Career-sustaining behaviours, satisfactions, and stresses of professional psychologists. *Psychotherapy: Theory, Research, Practice, Training, 41*(3), 301-309.

Stewart, D.E., Gucciardi, E. & Grace, S.L. (2004). Depression. *BMC Womens Health, 4*(1). Retrieved from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2096692 doi: 10.1186/1472-6874-4-S1-S19.

Storm, K. & Rothmann, S. (2003). A psychometric analysis of the Utrecht Work Engagement Scale in the South African Police Service. *South African Journal of Industrial Psychology, 29*(4), 62-70.

Storm, K. & Rothmann, S. (2003). The relationship between burnout, personality traits and coping strategies in a corporate pharmaceutical group. *SA Journal of Industrial Psychology, 29*(4), 35-42.

Strümpfer, D.J.W. (1995). [ABSTRACT] The origins of health and strength: From "salutogenesis" to "fortigenesis". *South African Journal of Psychology, 25*(2), 81-89.

Strümpfer, D.J.W. (1999). [ABSTRACT] Psychosocial resilience in adults. *Studia Psychologica, 41*(2), 89-104. Retrieved from: http://www.sav.sk/journals/psych/psy299.htm#anchor46256

Strümpfer, D.J.W. (2006). [ABSTRACT] The strengths perspective: Fortigenesis in adult life. *Social Indicators Research, 77*(1), 11-36. Retrieved from: http://www.springerlink.com/content/d415504lpvn8h6w2/ doi: 10.1007/s11205-005-5551-2

Tabachnick, B.G. & Fidell, L.S. (2001). *Using multivariate statistics, 4th Edition*. Needham Heights, MA: Allyn & Bacon.

Tansey, T.N., Mizelle, N., Ferrin, J.M., Tschopp, M.K. & Frain, M. (2004). Work-related stress and the Demand-Control-Support framework: implications for the P x E fit model. *Journal of Rehabilitation. July-September.* Retrieved from: http://findarticles.com/p/articles/mi_m0825/is_3_70/ai_n6237490/

Timms, C., Graham, D. & Cottrell, D. (2007). "I'm just a cog in the wheel": Worker engagement and bumout in relation to workplace justice, management trustworthiness and areas of worklife. In Dollard, M., Winefield, T., Tuckey, M. & Winwood, P. (Eds.), *Better work. Better organisations. Better world.* Conference proceedings, 7th Industrial and Organisational Psychology Conference (IOP)/1st Asia Pacific Congress on Work and Organisational Psychology (APCWOP) (pp. 266-271). Adelaide: Australian Psychological Society, College of Organisational Psychologists

Todd, C. & Bradley, C. (1994) Evaluating the design and development of psychological scales. In Bradley, C. (Ed.), *Handbook of psychology and diabetes: a guide to psychological measurement in diabetes research and management, 5th Edition.* (p 15-42). New York. Psychology Press, Taylor and Francis.

Toker, S., Shirom, A., Shapira, I., Berliner, S. & Melamed, S. (2005). The association between burnout, depression, anxiety and inflammation biomarkers: C-reactive protein and fibrinogen in men and women. *Journal of Occupational Health Psychology, 10*(4), 344-362.

Van der Colff, J. J. (2005). *Work-related well-being of registered nurses in South Africa.* Unpublished doctoral thesis. North-West University. Potchefstroom.

Van der Walt, M.J. (2001). *'n Groepanalitiese eksplorasie van psigiese uitbranding by sielkundiges in die Suid-Afrikaanse Polisiediens.* Unpublished doctoral thesis. University of Pretoria.

Van Horn, P.S., Green, K.E. & Martinussen, M. (2008). [ABSTRACT] Survey response rates and survey administration in counseling and clinical psychology: A meta-analysis. *Educational and Psychological Measurement.* Retrieved from: http://epm.sagepub.com/cgi/content/abstract/0013164408324462v1 doi:10.1177/0013164408324462

Van Vegchel, N., de Jonge, J., Bakker, A.B. & Schaufeli, W.B. (2002). Testing global and specific indicators of rewards in the Effort-Reward Imbalance Model: Does it make any difference? *European Journal of Work and Organizational Psychology, 11*(4), 403-421.

Van Yperen, N.W. & Hagedoorn, M. (2003). Do high job demands increase intrinsic motivation or fatigue or both? The role of job control and job social support. *Academy of Management Journal, 46*(3), 339-348.

Volz, J. (2000). Clinician, heal thyself. *Monitor on Psychology, 31*(3). Retrieved from: http://www.apa.org/monitor/mar00/clinician.html

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.

Watkins, C.E. Jr. (1983). Burnout in counseling practice: Some potential professional and personal hazards of becoming a counselor. *The Personnel and Guidance Journal, 61*(5), 304-308.

Weaver, K.L. (2000). Burnout, stress and social support among doctoral students in psychology. (Unpublished doctoral thesis). West Virginia University. Morgantown.

Wiese, L., Rothmann, S. & Storm, K. (2003). Coping, stress and burnout in the South African Police Service in KwaZulu-Natal. *SA Journal of Industrial Psychology, 29*(4), 71-80.

Winnubst, J. (1993). Organizational structure, social support, and burnout. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout Recent Developments in Theory and Research* . (Chapter 9, p 151–162). Philadelphia. Taylor & Francis Publishers.

Wissing, M.P. & van Eeden, C. (1997). *Psychological well-being: A fortigenic conceptualization and empirical classification*. Paper presented at Annual Congress of Psychological Society of South Africa. Durban.

Wityk, T.L. (2002). *Burnout and the ethics of self-care for therapists. Linking research to educational practice II*. Symposium Paper. Retrieved from: http://www.ucalgary.ca/~distance/cll_institute/Tracy_Wityk.htm

Xanthopoulou, D., Bakker, A.B., Dollard, M.F., Demerouti, E., Schaufeli, W.B., Taris, T.W. & Schreurs, P.J.G. (2007). When do job demands particularly predict burnout? The moderating role of job resources. *Journal of Managerial Psychology, 22*(8), 766-786. doi: 10.1108/02683940710837714

Xanthopoulou, D., Bakker, A.B., Demerouti, E. & Schaufeli, W.B. (2009). Reciprocal relationships between job resources, personal resources and work engagement. *Journal of Vocational Behaviour, 74*, 235-244. doi:10.1016/j.jvb.2008.11.003

APPENDIX A : THE RESEARCH QUESTIONNAIRES

Demographic Information / *Demografiese Inligting*

Please ensure that you answer all questions with an "X" and that only one answer is given per question. / Merk asseblief al u antwoorde met n' "X" en verseker dat u alleenlik een antwoord per vraag aandui.

1. Gender / *Geslag*

Male / *Manlik*	01	
Female / *Vroulik*	02	

2. Age / *Ouderdom*

20 – 25 years / *jaar*	01	
26 – 30 years / *jaar*	02	
31 – 35 years / *jaar*	03	
36 – 40 years / *jaar*	04	
41 – 45 years / *jaar*	05	
46 – 50 years / *jaar*	06	
51 – 55 years / *jaar*	07	
56 – 60 years / *jaar*	08	
61 – 65 years / *jaar*	09	
66 – 70 years / *jaar*	10	

3. Registration Category / *Registrasie Kategorie*

Clinical / *Klinies*	01	
Counseling / *Voorligting*	02	

4. Work Context / *Werkskonteks*

Full time private practice / *Voltydse privaat praktyk*	01	
Part Time Private Practice & Other (Please Specify) / *Deeltydse privaat praktyk & Ander (Spesifiseer asseblief):*	02	

5. Years qualified as psychologist / *Aantal jare as gekwalifiseerde sielkundige*

0-5 years / *jaar*	01	
6-10 years / *jaar*	02	
11-15 years / *jaar*	03	
16-20 years / *jaar*	04	
21-25 years / *jaar*	05	
26-30 years / *jaar*	06	
31-35 years / *jaar*	07	
36-40 years / *jaar*	08	

6. Years in private practice / *Aantal jare in privaat praktyk*

0-5 years / *jaar*	01	
6-10 years / *jaar*	02	
11-15 years / *jaar*	03	
16-20 years / *jaar*	04	
21-25 years / *jaar*	05	
26-30 years / *jaar*	06	
31-35 years / *jaar*	07	
36-40 years / *jaar*	08	

7. Type of practice / *Tipe praktyk*

Solo / *Eenmansaak*	01	
Group (independent) / *Groep (onafhanklik)*	02	
Associateship (more than 2 psychologists) / *Assosiaatskap (meer as 2 sielkundiges)*	03	
Partnership (2 psychologists) / *Vennootskap (2 sielkundiges)*	04	

8. Type of patients/clients / *Tipe pasiente/kliente*

Predominantly children 0 – 12 years / *Hoofsaaklik kinders 0 – 12 jaar*	01	
Predominantly adolescents 13 – 18 years / *Hoofsaaklik tieners 13 – 18 jaar*	02	
Predominantly adults 18 + years / *Hoofsaaklik volwassenes 18 + jaar*	03	
Mixed / *Gemeng*	04	
Speciality Field(s): (Please specify) / *Spesialiteitsveld(e): Spesifiseer asseblief):*	05	

9. Relationship Status / *Verhoudingstatus*

Married / *Getroud*	01	
Divorced / *Geskei*	02	
Widow(er) / *Weduwee/Wewenaar*	03	
Co-habit / *Bly saam*	04	
Dating / *In 'n verhouding*	05	
Single / *Enkel*	06	

10. Province in which you practice / *Provinsie waar u praktiseer*

Eastern Cape / *Oos Kaap*	01	
KwaZulu Natal	02	
Western Cape/ *Wes Kaap*	03	
Free State / *Vrystaat*	04	
Gauteng	05	
Mpumahlanga	06	
North West / *Noordwes*	07	
Limpopo	08	
Northern Cape / *Noord Kaap*	09	

11. Average total consulting hours with patients/clients per day / *Gemiddelde totale konsultasie tyd met pasiente/kliente per dag*

0-2 hours consulting per day/ 0-2 *ure konsultasie tyd per dag*	01	
2-4 hours consulting per day / 2-4 *ure konsultasie tyd per dag*	02	
4-6 hours consulting per day / 4-6 *ure konsultasie tyd per dag*	03	
6-8 hours consulting per day / 6-8 *ure konsultasie tyd per dag*	04	
8-10 hours consulting per day / 8-10 *ure konsultasie tyd per dag*	05	
10-12 hours consulting per day / 10-12 *ure konsultasie tyd per dag*	06	
12-14 hours consulting per day / 12-14 *ure konsultasie tyd per dag*	07	
14 + hours consulting per day / 14 + *ure konsultasie tyd per dag*	08	

12. Average total working hours per day (includes administration, general practice management and all other work related tasks in addition to consultation) / *Gemiddelde totale werksure per dag (sluit in administrasie, algemene praktyk bestuur en alle ander werksverwante take insluitend konsultasie).*

0-2 hours working per day/ 0-2 *werksure per dag*	01	
2-4 hours working per day / 2-4 *werksure per dag*	02	
4-6 hours working per day / 4-6 *werksure per dag*	03	
6-8 hours working per day / 6-8 *werksure per dag*	04	
8-10 hours working per day / 8-10 *werksure per dag*	05	
10-12 hours working per day / 10-12 *werksure per dag*	06	
12-14 hours working per day / 12-14 *werksure per dag*	07	
14-16 hours working per day / 14-16 *werksure per dag*	08	
16 + hours working per day / 16 + *werksure per dag*	09	

13. Feedback / *Terugvoer*

NO, I do not want personal feedback on my results. A general results feedback will be sufficient. / ***NEE**, ek benodig nie persoonlike terugvoer oor my resultate nie. 'n Algemene resultate terugvoer sal voldoende wees*

01	

YES, I do want personal feedback on my results. Please send feedback to either:
***JA**, ek verlang graag persoonlike terugvoer oor my resultate. Stuur asseblief terugvoering aan*:

02	

my e-mail address / *my e-pos adres*

OR / *OF*

my postal address / *my pos adres*

OLDENBURG BURNOUT INVENTORY – OLBI

Evangelia Demerouti & Arnold B. Bakker (2003)

The following 16 statements refer to your feelings and attitudes during work. Please indicate to what extent you agree with each of the following statements.

Totally Disagree	Disagree	Agree	Totally Agree
1	2	3	4

		1	2	3	4
1.	There are days that I feel tired before I go to work				
2.	I always find new and interesting aspects in my work				
3.	I can cope with the pressure of my work very well				
4.	It happens more and more that I talk about my work in a negative way				
5.	I need more time to relax and feel better after work than I did in the past				
6.	More and more I tend to do my job almost mechanically, without thinking about it too much				
7.	More and more I feel emotionally drained while at work				
8.	I experience my work as a real challenge				
9.	I usually have enough energy for leisure activities after work				
10.	Over time, I have lost personal interest in my work				
11.	I can usually manage my workload well				
12.	I sometimes really hate the tasks I have to do at work				
13.	I usually feel worn out and tired after my work				
14.	I like my work so much that I cannot imagine another occupation for myself				
15.	I usually feel energized when I work				
16.	I feel more and more engaged in my work				

Utrecht Work Engagement Scale (UWES) ©

The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write a "0" (zero) in the space in front of the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

0	Almost never 1	Rarely 2	Sometimes 3	Often 4	Very often 5	Always 6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

1	At my work, I feel bursting with energy	
2	I find the work that I do full of meaning and purpose	
3	Time flies when I'm working	
4	At my job, I feel strong and vigorous	
5	I am enthusiastic about my job	
6	When I am working, I forget everything else around me	
7	My job inspires me	
8	When I get up in the morning, I feel like going to work	
9	I feel happy when I am working intensely	
10	I am proud of the work that I do	
11	I am immersed in my work	
12	I can continue working for very long periods at a time	
13	To me, my job is challenging	
14	I get carried away when I'm working	
15	At my job, I am very resilient, mentally	
16	It is difficult to detach myself from my job	
17	At my work I always persevere, even when things do not go well	

APPENDIX B : THE JOB DEMANDS – JOB RESOURCES SCALE FOR PSYCHOLOGISTS (JD-JRSP)

Job Demands-Job Resources Scale for Psychologists (JD-JRSP)

- Please read the instructions carefully before attempting to answer the questions.
- Please ensure that you answer all the questions.
- Assurance is given to respondents that all information will be treated as confidential and as objectively as possible. Please note that the numbering of questionnaires is for administrative purposes only. This to ensure that questionnaires remain grouped together and is in no way related to respondent identification. All questionnaires remain anonymous with the exception of those respondents who specifically request personal feedback about their results.
- The responses will be used for the purposes of research, specifically with regards to the Ph.D. study "Burnout and Work Engagement within South African Psychologists".
- The purpose of the study is to investigate burnout, work engagement and perceived job demands and job resources within South African psychologists in private practice.
- The purpose of this scale is to identify the demands as well as the resources inherent in the profession of psychology, as perceived by South African psychologists in private practice.
- Please indicate your response with an "X" in the applicable box, where appropriate.

Job Demands–Job Resources Scale for Psychologists (JD-JRSP)

This questionnaire is intended to identify the demands your job places on you and reflect how you evaluate them in addition to highlighting the resources that you have available to you. Please answer each question by placing an "X" on the number (on a scale of 1 – 5) that best describes how frequently you feel that way. Answer as honestly as possible and do not skip any questions. Thank you for your participation.

1 = Never	2 = Seldom	3 = Sometimes	4 = Often	5 = Always

	STATEMENTS	SCALE				
		1	2	3	4	5
1.	Do you have to work after hours in order to complete your administration?					
2.	Does your job offer you the possibility of independent thought and action?					
3.	Does working with clients/patients fatigue you emotionally and/or physically?					
4.	Do you feel that medical aid limitations negatively influence the amount of sessions you have available to provide treatment?					
5.	Is it difficult to adhere strictly to the sessions and tasks laid out in your diary?					
6.	Does your work offer you opportunities for personal growth and development?					
7.	Is an efficient support system (eg. government resources) in place for patients without sufficient funds for private treatment?					
8.	Do you feel that the field of psychology is in a state of uncertainty at the moment?					
9.	Do you feel that CPD activities are too expensive?					
10.	Do the business aspects (marketing, office administration, finances) of running a practice take up a large amount of your time?					
11.	Do you have enough variety in your work?					
12.	Do you feel that your job offers you financial security?					
13.	Does the emergence of life coaches and registered counselors affect your job security?					
14.	Do you experience sufficient opportunities to stay up to date with new developments in your and related fields?					
15.	Does your job involve many contradictory (or conflicting) regulatory rules and ethical considerations?					
16.	Do you desire observable, substantial improvement (results) in your clients/patients?					
17.	Do patients expect of you to be "the expert"?					

1 = Never	2 = Seldom	3 = Sometimes	4 = Often	5 = Always

		1	2	3	4	5
18.	Does your work require creativity?					
19.	Do you experience the HPCSA as punitive towards psychologists?					
20.	Do you know exactly what other people expect of you in your work?					
21.	Does your job require you to accommodate referral sources (eg, general practitioners, psychiatrists) at short notice?					
22.	Do you need to be more secure that you will keep your current job in the next year?					
23.	Do you experience co-operation from clients/patients?					
24.	Do you feel isolated in your job?					
25.	Do you receive sufficient information on the results of your work?					
26.	Does your work offer you the opportunity to keep gaining knowledge and skills?					
27.	Do you have contact with colleagues from other disciplines as part of your work?					
28.	Do you feel valued by other medical and para-medical disciplines?					
29.	Do you experience difficulty with time deadlines to complete reports, test scoring and interpretation?					
30.	Do you have contact with difficult people in your work?					
31.	Do you have a colleague that you can approach when you come across difficulties in your work?					
32.	Do you find that people in social settings expect of you to provide advice or guidance?					
33.	Do you have influence in the planning of your work activities?					
34.	Do you experience other psychologists as supportive of you and/or your work?					
35.	Does your job offer sufficient opportunity for you to assess your professional development?					
36.	Do you think that you are paid enough for the work that you do?					
37.	Are you confronted in your work with things that affect you personally?					
38.	Do past clients/patients regularly refer their family, friends or acquaintances to you?					
39.	Does your work make sufficient demands on all your skills and capacities?					
40.	Does your work require you to have too broad and extensive a knowledge base ("jack of all trades")?					
41.	Does managing medical aid claims and patient accounts require an excessive amount of administration?					
42.	Do you find state services (government hospitals or clinics) to be of adequate quality in terms of treatment, medication, admission facilities?					

1 = Never	2 = Seldom	3 = Sometimes	4 = Often	5 = Always

		1	2	3	4	5
43.	Are CPD topics on offer relevant to your needs?					
44.	Do you feel that medical aids make sufficient provision for psychological services?					
45.	Do you consider PsySSA a supportive resource for psychologists?					
46.	Does the emergence of new psychology graduates into the market impact on your practice?					
47.	In a social situation, do you experience others as having a negative reaction to your profession?					
48.	Do you need to keep your referral sources "happy" in order to ensure continued referrals?					
49.	Is the revenue that is lost due to CPD attendance impacting negatively on your practice?					
50.	Do you feel that greater maturity impacts positively on your professional skills?					
51.	Do you feel that supervision, for a psychologist, is beneficial?					
52.	Do you view "word of mouth" referrals as positive feedback?					
53.	Do you often need to refer a client/patient to a state resource (eg. Hospital or clinic) as their private funds (cash, medical aid) are depleted?					
54.	Do you feel other disciplines know and understand the role of a psychologist?					
55.	Do you feel that the field of Psychology is growing in terms of utilization and credibility?					
56.	Do clients/patients expect of you to take responsibility for them?					
57.	Do you interpret repeat referrals from a specific source as positive feedback?					
58.	Does the "no work-no pay" structure of private practice create financial concerns for you?					
59.	Do past clients/patients refer others to you?					
60.	Do you feel that others (family, friends) expect of you to "have all the answers"?					
61.	Do you experience other psychologists as hypercritical of peers?					
62.	Do referral sources have unrealistic expectations of what you can do for their patients?					
63.	Do you feel that the "longer you practice, the better you become", professionally?					
64.	Does case consultation with a colleague provide you with greater insights?					
65.	Are you able to interact with other psychologists as often as you would like to?					
66.	Do you feel that you have autonomy over your working life and career?					

Thank you for your time and input in completing these questionnaires.

APPENDIX C : TRANSCRIPTIONS OF PERSONAL INTERVIEWS

- INT refers to Interviewer. All of the following interviews were conducted by the present author.

- RES refers to Respondent. All efforts have been made to assure anonymity and for this reason certain words which were deemed potentially identifying were removed and replaced with a descriptive word, placed in brackets and highlighted by means of italics.

- Interview 6 underwent minor editing changes at the request of the respondent who felt that certain facts may adversely affect anonymity. These changes were conceded to as it was felt that the editing did not alter the essential content of the interview.

INTERVIEW 1

Gender:	**Female**
Age Group:	**46 – 50**
Registration Category:	**Clinical**
Years Qualified as a Psychologist:	**21 - 25**
Years in Private Practice:	**11 - 15**

INT Job demands refer to specific aspects of your job which require sustained physical or mental effort and they are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather I am interested in learning more about what you consider to be the demands of your job as a psychologist. So when considering the work which you do, what would you say are the areas that you find most draining of your energy? For example, would you consider your workload excessive? I have a whole of list of potential areas that we can look at but for now, I would just like to leave it open-ended. What are the demands that come to mind?

RES Nothing that I can specify. You know, not a certain frustration or say, physical rather than mental... No, because I organize my set up and from time to time I change things. If I feel, ag no, my hours are too long then I say to (*receptionist*), you know what, we've got to work at it. So I can't specify anything. You know, you must just say if I'm not answering your question. I can't specify a source.

INT Autonomy and time management is a specific type of resource that we will get to. You know, scheduling in your practice - that would be a resource.

RES Ja, ja. No, I really can't say.

INT Ok, let me give you some of the demands that have come up and then you can say if any of these are relevant to your experience.

RES Ok, let's go there.

INT So the first one would be workload but I think you already stated that wasn't a problem for you.

RES Yes.

INT Ok, contact with patients, emotional overload. Do you find that to be a demand at all.

RES No.

INT The fact that you have to sustain attention at all times. In other words, you can't have an off day, does that bother you or drain you?

RES No. Again, I arrange those things if and when I need them.

INT Ok, your working hours, you've already said that you arrange that as needed.

RES Yes.

INT Do you feel that you have inadequate support systems?

RES No way.

INT What about preconceived ideas that people have about psychologists or about seeing a psychologist? For example do you ever get the sense that you have to justify or explain it.

RES (Shakes her head no)

INT Not at all?

RES No, I don't work overtime, do you?

INT For example, let's say that you are conducting a marital session and the wife really wants to be there but the husband says "I don't believe in psychologists and you people just want to mess with people's minds". Do you ever get the sense, you know, here's another one that I sort of have to...

RES No, no, never. Maybe it helps having been in the business for 22 years, I don't know.

INT Yes, maybe. Alright, did any of this at some point seem relevant to you seeing as you are talking about the time frame? When you think back to the first couple of years...

RES Oh absolutely. I mean if I take how I've matured. I think when you are a young psychologist you tend to sometimes, especially if you are tired or stressed or something, or don't jel lekker with this kind of person, you might take offence or feel "oh no, not another one to persuade" whereas at the moment... no, I can't remember when last I felt that way.

INT Ok. Then you think then that comes with experience?

RES Yes I do. Well, as long as you work towards your own inner maturity otherwise you are going to have to get out.

INT So would you say if somebody does not focus on that growth...

RES No, no. Then you must get out. You'll be driven out if you don't get out. Ja, ja. I don't see how anybody, without working towards that... but that's probably a resource and we'll come to that again.

INT Ja, alright. Multidisciplinary interaction, is that a job demand for you?

RES Oh I love it. I absolutely love it. It's probably my salvation. Because again it adds to the variety. I'm not just working with patients all the time, sometimes they feel more like clients. And then again you've got, well, again, it's the set up. You've got your psychiatrists and even your social workers and colleagues. Oh no, that's fantastic.

INT Ok. So that would probably again be a resource?

RES Yes, definitely a resource. I like my job.

INT Ok, what about something more practical now such as administration, process notes, having to keep records of everything? The whole administrative side of things, does that get to you at times?

RES Again, you know, if you haven't worked out stuff like that, if you haven't got a working system after 13 years in practice, then maybe you should get out. Ja you know there have been times that there were headaches, there have been problems, but you sort them out, you don't live with them.

INT Ok, alright.

RES But again, I can't specify and say one of those is a problem.

INT Right. I'm going to mention a whole list of practical things and let's see if anything resonates within you.

RES Keep going.

INT Difficulties with medical aids, especially as we move towards a managed care practice, the whole CPD / CEU compliance thing and the demands that places, like financially. The HPCSA criteria, the fact that it keeps changing. Practice management issues, time in session, constraints due to managed care, where, for example, you have to curtail your therapy according to how much money that client has on their medical aid. Feeling that there was insufficient training for a specific presenting problem. The increasing threat of malpractice litigation, which we see from the stats, are going out and then obviously the latest one would be that they are thinking of bringing in different registration categories so now there would be registered counselors who have had 4 years of training who can open up next door to you and charge half of what you are doing. Any of this, is any of this causing you to feel that there is a demand placed on you?

RES I just love it because it obliges me to learn, to grow and I just love it because it adds to the variety and it keeps me awake. And, you know what, when I wasn't obliged I probably did not do it enough. Now I'm doing it enough. And I just absolutely love it. No, that adds to it. That's a great one you know. As far as medical aids and management skills... again I'm probably too much of a rebel for any of that. I don't limit myself to a case management, I do what's required. I'm not bound to any... I don't answer to anybody except my own ethics and so, say for example there are limits to the benefits, because that would be relevant in my case, if there are limits to the benefits I do the best that I can within those limits and then it's a question of negotiating with the patient. I can write off the rest of the services because I do my *pro deo* anyway so that slots into that or they can negotiate to pay R200 per session, or whatever.

INT You don't feel sometimes that there's a pressure on you, how can I put it, you want to do the best for your client/patient, whichever you prefer, and you know they've got x amount and after that...

RES No. It's teaching the patient something about life. The constraints...and we don't live in an ideal world. None of us does. And most people get sick because they can't accept the basics of life. They are stressed because of constraints you know. Work with it.

INT So sometimes a reality test works for them as well?

RES Yes.

INT The whole increasing malpractice litigation, that doesn't...

RES You know what, I'll deal with whatever cases I may have against me.

INT So, that's not something you concern yourself with?

RES No. If I had bad habits with patients then I would be worried, but I don't. So, ja. Whatever I do in therapy sessions, at the very least, I could say that my intentions weren't too bad and place it within the therapeutic context. And what more could I do? And then, you know, if I had to be strung up, hung up, they must maar do it and get it over with, you know? You know... again, what can I do?

INT Alright. Then, the environment, the offices, what you've said earlier on, you have control over...the new registration categories, that doesn't faze you at all?

RES Not at all. I just feel there are more of us to help these people.

INT OK.

RES Because it is not getting any better. People are getting more and more problems, it's not getting any better, I don't see it getting any better. People are getting sicker and presenting with more problems.

INT The last one in terms of demands... what about seeing a patient, especially one in a low socio-economic situation, and knowing that you have to refer the patient and they don't have the funds, they don't have the means, and you try to hook them up, for example, with a provincial service and you can't reach anybody, you can't get them seen. Has that happened? Is that a demand you have experienced?

RES Ja, ja. There are no social services. It's lousy. Again, you know, you have just got to get... it's not on. It's not good enough. The perfect example is a child and you know this child does not belong in this house. You can write it on your stomach and wipe it off with your vest because you know that they can send the child to Tutela or that kind of thing. So you know what I'd say, social services, um, there is absolutely nowhere to place these children. Especially teenagers, there is nowhere to go with them, but nowhere, I mean I have my secretary reaching out and phoning churches and organizations and there is nowhere. So, you know, even on a informal basis so you don't have to go through the courts, you know it's a cut and dried case, everybody, the parents are saying please do it for me, the teenager's going "oh love to" and unless you plan on taking the teenager home you will have to find another way of solving the problem.

INT Have you tried to get a teenager into rehab? That's a lot of fun...

RES But what must you do?

INT Because most rehabs don't accept teens except Phoenix House and it is a whole mission to get them in.

RES Yes, and Tara obviously.

INT Yes but now specifically for substance abuse...

RES No, no. There is nowhere to go. In fact, if you want to get somebody into Weskoppies forget it. They have a reason why they shouldn't admit every single patient I have thought should go to them, they have told me no.

INT They won't even see the patient...

RES No way.

INT You have to go via Pretoria Academic.

RES I accept that process, ok.

INT But does it happen? Because Pretoria Academic won't make a difference...

RES You don't bother sending them there because on the phone they have already told you because of this... no, no. So who they admit there I wouldn't know. Because I have not seen the kind of patient they admit.

INT Ok. So we have discovered one thing that you are finding a demand.

RES Social services, ja, it's not there.

INT Alright. Let's move on to job resources. We've discussed the demands, let's discuss job resources. Job resources refer to aspects of the job which assist in achieving your goals, reducing job demands experienced, stimulate personal development. These may be considered in terms of internal and external resources. By looking at what you consider to be your internal resources, what would you say contributes the most to health sustaining factors, contributing factors. For example, do you employ specific cognitive or behavioural techniques to assist with coping of the demands of your job?

[RES laughs] Well clearly you focus on the positive side of things I can see that.

RES It's not a technique.

INT It's a lifestyle approach.

RES Ja and it's a rewarding job for want of a better word because you don't start out there and I think, you know, everything that we have mentioned this far, you know, a sense of autonomy I think is very... As long as you've got options you can't fall into traps of frustration and obstacles etc. because if you do, it is your fault.

INT Can I ask you something on that level?

RES Ja.

INT I agree with you fully. A lot of the people I have spoken to informally said that they feel that they are in charge of their practice but at the same time they also feel that they have to, sort of, financially pay for the practice and they felt that there was this process, to autonomously decide how many patients, when, where versus the practical demands of having to survive. How would you advise somebody to get that balance? It is a bit out of the scope of the interview but it is interesting seeing as we are talking about this. How would you say that they need to create the balance for themselves between the practical...

RES In my personal case I don't do it pedantically. I don't do it with figures sorry to say. My practice is me and I put in everything I can and then whatever rands and cents that gets me well I have to structure my practice and my life expenses accordingly. Because you know why? If I'm doing the best I can in my practice and the income is only covering ¾ of my expenses including the practice expenses etc. then I've got to go back to the drawing board. And you know what, I cannot do more about this because I don't want to sit helping people while I am counting money. I help the people ja, for me it is about the practice and then you've got to look at your rands and cents that that realistically can bring and then I tie myself down to that and not the other way around. I don't go "well, my life costs me x amount so I've got to see so many paying patients per day", never done that. I think I would panic, I don't think I would sleep if I did it that way because honestly, ja, I don't even know... I mean if I look back it's just worked and I've always done it that way round and maybe that's why. I think it was Gary Player that said "the more I practice, the luckier I get", ja. And so I give everything, I put in everything I can and I will say I expect to get enough out but somehow, you know, I've always been able to settle for what comes out.

INT Alright, good.

RES I don't know if that answers your question. But, to me it is very simple, a commitment to self development. You cannot stop that. In other words I feel you've got to keep going at inner healing and I'm not speaking specifically spiritually I am talking as a psychologist, within yourself there's got to be a process of constant healing because, you know what, life keeps happening to everybody. So, and, real true inner... and, I mean that obviously depends on who you are and what you are, what's going to do it for you, if God does it for you that's fine, if praying does it for you that's fine, if socializing... whatever. So you know I'm not being prescriptive about that kind of thing but that would have to remain a priority.

INT Ok. So would that be isolated or rather grouped within the idea of time for yourself to almost, recharge?

RES Whatever. If time for yourself is going to do it then ja but if God does it ja. The autonomy and that and... the way you structure your practice, who you've got working for you and how you deal with them. What kind of plan you have with them I think is so important because if that key person walks out of here it's great disruption and the next person that walks in is going to have an effect and it can be positive and it can be negative. So, you know, stuff like that and time management, ja, financial management and those kind of things, very important.

INT I'm hearing you are stressing the structure in which you can function.

RES Ja, ja and for me the fact that the autonomy, that it remains fluid I can... But I don't mean chaotically I mean if there is a problem then you have the space and the fluidity to address it. To actually... You've got to adapt, you've got to keep adapting, rather put it that way. I think those are part of the resources and then in your personal life you know obviously...

INT Support systems.

RES Yes.

INT Ok. What about supervision? Do you think that's helpful? Your own supervision... not you specifically but I mean generally speaking, do you think that's a resource or do you think that's unnecessary?

RES No. I think supervision, it ties in with the training... it's just having to do with your colleagues. Ja, very, very good. I mean what else is your frame of reference if it's not a mentor, um, group supervision is great. Group supervision is just the nicest thing. And that's a lot of what the CPD has brought back now, is people that are getting together amongst themselves but registering it and having a... you know it's actually group supervision to a large extent. So, no, that's you know, essential.

INT Ok. Out of all the people that were in your group, that were selected, do you know how many are still in the field practicing?

RES No, I don't know but I know of some cases where they have dropped out. I mean they have left the field. Not necessarily in my category but generally a lot of psychologists are just not doing psychology.

INT And if you look at that drop out which is quite high statistically...

RES Yes. I would not say I know...

INT But you know of...

RES But my feeling is... ja, it's significant.

INT Do you think that is because of, for example, like we are discussing, the demands being higher than the resources?

RES I would rather take it back to the selection process because if the right kind of people are selected they deal with all of those things but that's personal. That is what I think and I can't say that I would know how to select better but I think that has to be gone into. We need to know what makes a psychologist, ja.

INT And a psychologist that can go the distance.

RES Exactly.

INT Alright. Let me just check if there is anything we have missed. Feedback. Feedback is something that came up in the literature which is a problem for psychologists specifically because, obviously, we don't expect feedback from our clients. By that I mean we don't want compliments and I know that, again, informally a lot of people have said that they don't really know how to gauge objectively what they have been doing. Subjectively they could say that they have achieved their goal with this client but it is very difficult for them and therefore they, exactly what you have said, they don't know where they slot in the bigger picture.

RES Yes.

INT Do you think feedback...

RES Not from clients. I actually worked in a set up where we had absolutely no autonomy and we were managed by managers number one and secondly we were forced to gather feedback and write your meritorious evaluations as then implies feedback. It's bizarre. It is the most bizarre set up. The nature of the therapeutic relationship is so that asking for feedback is asking for trouble, more than anything else. But the feedback *per se* has no value. Absolutely none. So I would say feedback is very important but feedback is something you get from yourself. Something you get from your loved ones, take notice of what they are saying because there is value... They are not seeing you in the set up but... They are more objective in seeing what is happening to you in the set up. So within yourself, from your family and friends, ja,ja, and then amongst your colleagues. You would have to mix that and that is where you get your feedback because I mean, people tell you "hey what's the matter you? There's something different around your eyes. Or oh, but you are ratty" or...that to me, that is important feedback. And if you are in your practice getting that marketing principle that, I don't know what the figures are but, every six months from every client you are getting another six or seven referrals or something you know, well, then you must be doing something right. So that would be the only kind of patient related feedback I would say. And, you know, am I really just driving everybody away because you see that is the other problem... The patient that is giving you the worst, the most detrimental feedback, might have been the best therapeutic intervention you made. So now what are you going to make of or say to that guy but I mean if your practice is growing and the other thing... and the other thing now that we are talking... Over time you tend to hear the same kind of things about different practitioners. That's the kind of feedback where maybe I want to know about it and maybe that will happen in group supervision situations where there is some support and some context within which I can say to you, "Brett, in the past two months I have heard three times..." without... I can't phone up the next practitioner and you know, we've never even shared a cup of coffee and say "by the way, in two months I've heard three times"... you know what I mean? So maybe we owe that to one another and once again I think the group supervision set up is maybe where we would hear it. Maybe we should just be there for one another but I know psychologists always say that, we never do it.

INT But that's the other thing. If we can just go back to demands for a moment. What some people are saying is that there is a lot of competition between psychologists. Some people don't feel that there is a particularly bonded...um, for example, some psychologists not wanting to refer to other psychologists even if they can't or won't help someone - they won't necessarily give a colleagues name.

RES Yes. But you know Brett I also think that it's a little bit of a personality difference as well because, you know, I've had a lot of years being clinical, working pretty multidisciplinary but also working with other clinical psychologists and as much as it is an issue for some, and has always been, it's just never an issue for others. You know what I mean?

INT And you've never found that to be a demand for you? To think that not everyone can think "let's work together" as you say, it does not bother you *per se*?

RES No. I work together with those that want to work together, bugger the rest.

INT Ok. In terms of resources, you've mentioned a lot of different things , um, just an observation I don't know if you would like to comment, I don't want to make it my words instead of yours but again you referred to maturity. It just seems to me that there is a very pragmatic, realistic approach that I'm hearing from you that I think is very helpful in terms of resources.

RES Yes.

INT You know "this is what it is, what can I do with it"? This is often what we advocate for our clients...

RES Yes.

INT You seem to agree and you really embody this.

RES I do.

INT Alright.

RES I live it.

INT Alright. So that is... So you would agree that this is one of the biggest resources that you have?

RES Yes. That's a personal thing, ja. That's a nice description. I mean I am using maturity as a very fluffy word you know.

INT I get what you are saying. There is a positive energy that comes from that.

RES Ja.

INT What is that saying... "if life gives you lemons, make lemonade"? That's what I'm hearing.

RES Ja.

INT That's not saying that there are no lemons of course, there are lemons, but I don't see them as lemons, I see them as potential lemonade.

RES Ja, ja. We can grow because of the lemons. We grow even... you see I think therapeutically, and maybe this is not so important, but I think therapeutically the whole SHIP principle, mmm, in that sense, makes sense to me. But I'm not a SHIP therapist or anything, I'm not an anything therapist but I just take what works out of things and that to me is nice about the SHIP thing because it says feel your pain, work with the pain, understand your pain you know, that kind of thing. So it is really a question of instead of "oh, let's deaden the pain or let's change it or let's take it away" or you know, "let's tell the world to change so that you are better", that is out. That is out because you know I mean in my own personal approach and in my practice it's a question of yes, there are problems, the sooner we pick them up the sooner we can... So it's not a question of "now, who's done this" it's a question of "hey, what happened, come, you know, let's sort it".

INT Absolutely.

RES Ja. If we can help it, it must not happen again otherwise you know if we know it's going to happen over and over again we've got to have ways of dealing with it and be ready because you know that kind of... But not "ooooo, let's have the medical aids and all the doctors and the patients and everything must now change because we are having such a hard time" you know. I mean can you imagine us as psychologists having that kind of approach?

INT Well, it wouldn't work.

RES What are we trying to teach our patients? Hopefully not that.

INT Yes, that implies feeling powerless.

RES Yes but you know Brett I have thirteen years to refer back to. I know what the profession has been through and what private practitioners have been through in those thirteen years and imagine if everytime we went "ooo, wat nou *(what now)*, wat nou *(what now)*"? Huh? And I have also practiced psychology as much before I entered private practice so I know the pains both sides and you know that's a personal choice. Do you take these pains or those, which are better for you? That's a personal choice.

INT That would also be a resource.

INT Yes.

RES The ability to transfer from a different setting where you maybe would not have autonomy which is obviously important to you.

INT Ja, definitely very important.

RES Good. Thank you very much. I think that is all I need. One last question, which I don't feel I really need to ask but I will. If you knew then what you know now about practicing as a psychologist would you still have pursued this career or would you have chosen something different?

INT I would definitely have chosen this one. A hundred times over and you know what I would have done it the same way. I can't say yes to all things... that I would have gone into private practice sooner, or later, or not at all... I would have done it exactly the same, a hundred times over.

INTERVIEW 2

Gender:	**Female**
Age Group:	**31 - 35**
Registration Category:	**Counseling**
Years Qualified as a Psychologist:	**0 - 5**
Years in Private Practice:	**0 - 5**

INT Job demands refer to specific aspects of your job which require sustained physical or mental effort and they are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather I am interested in learning more about what you consider to be the demands of your job as a psychologist. So when considering the work which you do, what would you say are the areas that you find most draining of your energy? For example, would you consider your workload excessive? I have a whole of list of potential areas that we can look at but for now, I would just like to leave it open-ended.

RES Well one thing in terms of case work as an affiliate for EAP programs and admin, takes up a lot of time and effort although I do keep note in terms of private clients also, obviously. I have adopted a personal style of doing that which is easy to me and I don't find that draining. But EAP referrals is definitely ... there's a lot of admin ... a lot of time and effort goes into that. I sometimes find that extremely draining. The other thing that I would experience as a job demand would also be ... client's expectations in terms of the time that they are able to see with you. I would often find people phoning, asking for an appointment, I will tell you that I only have these times available and then they, but typically, push the boundary. "No, I want to see you at 18h00 in the evening, or 19h00", or "I want to see you on a Saturday morning" and very often if find that extremely draining. Just the whole process of maintaining the boundary of saying "Sorry, I'm not available on Saturdays" or "I'm not available after 18h00 in the afternoons". But I must say that the longer I've been in private practice, obviously with the development as psychologist, it became easier to maintain that boundary. I think I'm at a place in my practice where, if a client is not happy with it, I just refer to them somebody else. If they're not happy to fit into the time that I have for them then it's not a loss for me if they go to someone else. But the whole process of fitting them in somewhere, I find draining. The other thing is due to the nature of me doing both private practice and training as well, although I do find it energizing to do something different than just counseling and therapy. I do find it sometimes challenging to co-ordinate during training, but then also still getting to your responsibilities with regards to private practice. That is sometimes a bit of a challenge.

INT Is it a mind shift challenge or is it a time challenge?

RES It's a time challenge in terms of time management, making sure that if I do train on a specific day and I do make an appointment in the evening for that client to make sure that I am back on time. It's more of a time challenge. Something else that I was thinking of just now as well ... oh, again, just in terms of time I was thinking of continuing professional development ... which I think is brilliant, we need to do it. I think if you remain in private practice full time, you don't ever get out or anything, you really stagnate. But, again, it takes up a lot of time and energy as well.

INT Money?

RES Money ... I'm not that concerned about the money aspect of it, as long as I get something out of it. I think that pays for the time and money aspect. If I go to a CPD workshop or activity, I walk away and I haven't learnt anything, I'm really disappointed. I find it frustrating.

INT Do you find that the courses that are being presented are worth your time? Are you learning something?

RES I must say, what I've been doing is ... I've first had a look at what the activity is. I generally try and not go to CPD stuff that I've done before, or stuff that I think or know that I know. Like

Vista stuff again, there's a lot of stuff on this year's calendar that was exactly the same as last year that I obviously will not go to. I don't believe you need to accumulate any points just for the sake of getting points. Obviously, you should learn something from it. Which I think may, at the end of the day ... not obviously, but for me, also goes towards resilience. I mean, the more you know and the more you get out there and mix with other people, the greater your risk ... no, not the greater your risk ... the greater the opportunity to actually just measure where are you in terms of practice and resilience. Are you maybe close to burnout or not. Getting in touch with those people out there as well.

INT Very valid point.

RES Definitely.

INT About that, that's one of the things that was mentioned in the literature, there's a feeling of isolation being in private practice and there is a very great difficulty gauging how competent you are, and how far you are in your own development because, you don't really get to see somebody else's work style and you don't necessarily get an honest response if you ask. Have you ever felt that to be a problem, also in terms of, almost, the demand of questioning "Am I on the right track?" But I don't have any measure to check this by.

RES Not really. I have an extremely good friend ... who actually qualified with me. What me and (*friend*) do is we actually try and get together on as regular a basis as we can. Obviously, again, time issues prevent either me, or her, or both of us from actually getting together. But what we do then, and it's not necessarily a formal thing ... we'll make a lunch appointment and go and have lunch for three hours. We'll go and have lunch, socialize a bit and then we'll touch a bit on what's going on in our practices, our working lives and I think because we stay together, we know each other almost intimately because of our training, so ... and I ... she really gives me honest feed back, and vice verse, which is a lovely gauge in terms of where did we start off at in terms of our training and everything, and where are we now ... have we swayed off a bit, or not. So that's a lovely way of keeping in touch for me and I like the way in which we do it ... because it's not a formal thing of "Now we all meet around a table and it's formal". I report to you and you report to me ... it's not like a supervision thing. We do ... both of us, as mutual supervision. We meet informally, but I think it goes back to the relationship that we have with each other. We have a very honest relationship and know each other very, very well. I would regret the day if that should ever ... if we ever lose that. So I value that ... that friendship and the relationship.

INT That's definitely then a job resource.

RES Definitely.

INT Which we'll get into. Can I mention some of the other things just in case there is something that is relevant to you? Alright, workload is one of the things that has been identified. The contact with patients, sustained attention ... some people ... you can't have a day when you're not in the mood ... you have to be in the moment when you're seeing people and that can be quite draining in itself. I'm just going to go through each area and you can come back and say if anything strikes you as being relevant. Working hours – somebody said that "well I control my own working hours because I have a private practice" but then somebody else said to me in another discussion that "yeah, but because I have financial obligations, I have to work a certain amount of hours so it's not ... I don't have as much time autonomy as what it might look like". Physical environment would be the offices. For example, that puts a demand on you, renting the space or maybe not being able to have access to the kind of area that you want, or whatever the case may be ...

RES Can I quickly say something there? I think, in my specific case, I would actually regard this space that I have here as a resource. Purely just because the relationship that I have with the GP is actually a very good one, not in terms of referrals from him, I do get the odd referral from him, we have a very good relationship. The rent that I do pay here, I think, is extremely, extremely ... what do you call it? Reasonable ... and I think for the area that I practice in, this is a sweet spot, if you want to call it that. Because of the centre that's right across the street,

it's very busy, a lot of people see the practice, which is by measure of going into the shopping centre, and this doctor has been in the area for about 18 years almost, so he has a very large client base, so I have feet walking past my practice and I have had a lot of clients coming in, saying "I see that you are here. Can I make an appointment?" So, it's nice. I have everything that I need here, I've never had any break ins or anything, sort of stuff like that. It's a lovely, lovely ... when I started off my private practice I actually ... I moved around three times before I got here ... so had you seen me three years ago, then I'd definitely have said to you it's a huge headache to me because I really struggled to find a place that had a nice environment, that wasn't ... too far away for people ... or too difficult for people to find, etc. etc. I'm really happy now and I do regard this as a resource for me.

INT Sounds like it.

RES Yes.

INT Okay, other demands have been; inadequate support system, pre-conceived ideas regarding psychologist. People have said that a lot of people, because of previous experiences or maybe just their own preconceptions, misconceptions ... they almost feel like they have to prove themselves or maybe even prove their field before this person is won over – I don't know if that's relevant. Expectations from patients, you mention that in terms of when they can see you ...

RES Yes, appointment times ...

INT Other people have said that expectations almost in the sense of theirs is a passive role, so you must now ... they're expecting you to fix it and they come with an unrealistic expectation of psychology.

RES Can I say something there quickly? I definitely experience that as well. Although, and I'm not quite sure whether this is necessarily because of specific training that I had ... I was trained narratively, you know, I don't ... in terms of therapy I always make it very clear to my clients from the very first session that I'm not the expert and that a lot of the work that we'll be doing, they need to put in the effort. I tend to ... I do experience, more so from certain clients than others, obviously, but I tend to clear it up for them. And yes, and I do offer the typical resistance to it, but that's not what I'm here for ... I want you to tell me what to do and what not to do. But then, again, I'm very open to say to a client "Well, you know what, if you really don't find our interaction helpful to you, then I'll refer you to somebody else if you'd like". I really don't have a problem with that, because again, I do feel that I'd rather refer a client and have him feel happy with wherever he ends up, than me sitting with having to perform for the client. I just feel that it's not my responsibility to perform for a client, and yes, maybe I do ascribe it, not largely, to a large extent to the type of practice that I have.

INT Are there any of those other areas that you found, inadequate support system, for example? Being such a highly, highly confidential profession. It's sometimes difficult ... and obviously you've now spoken about your friend but other people such as family or spouses, you can't really ... it's not like you can come home and talk about your day in detail. Is that something you've just accepted or does it bother you, or does it become a demand at times? Or is it even, maybe, perhaps, a resource because you know that you can't discuss it you almost cut off from it?

RES You know ... if I was to be honest, I think in the beginning, if I remember when I was just qualified, and especially when I still worked in the clinic ... like a typical new psychologist, you have this amazing experience with people and in the beginning I found it extremely difficult to come home and be so excited about what had happened today and sure, I would share the excitement with my partner, and obviously refrain from detail and all of that. But, if I think about it now, it's definitely ... maybe I've grown used to not talking about what's going on at work. I think another reason why, especially in my case, my husband had been in (*professional field*) for 12 years and personally, or privately, we had lots of conversations about his experiences. He has a hard time sometimes having empathy for people's difficult life situations, so you know ... purely because of his exposure in (*professional field*) ... lack of

debriefing etc. etc. I think partly, because of that as well, I do refrain from sharing certain experiences that I've had with him. I think I've grown used to ... this is our profession ... this is what you don't do. That's just not how it is. It doesn't really bother me that much, I think. One thing that I'm actually thinking of now is ... sometimes, it doesn't happen that often, but sometimes over weekends when we socialize, people will speak about something and one of my friends will turn around and say "What do you think of this as a psychologist?" And I think ... again, in the beginning, people tend to do that much more because it's now amusing that we have a psychologist in our group of friends. So, that has definitely become less. They do, however, still do that. Sometimes I find that, when they do that, I'm like "not now, it's a Saturday evening". Again, it's just putting that bit of effort and energy in and saying "you know guys, I'm not a psychologist now and I'm not going to answer that. I'll answer it personally and I'm not going to be a psychologist now ... I'm not going to explain this behaviour". I find that a bit draining sometimes, especially when you meet new people, 99% of the times I try to not come out with my occupation, what I do for a living purely just because the first reaction will be "tell me more", or "what do you think of me, are you analyzing me?" I find that is extremely draining. Maybe that goes again to the stereotypical view that people have of a psychologist. I very often have had the experience that the moment you tell them that you are psychologist, they immediately go to the movie theory types of psychologist, the Freudian thing of lying on a couch ... I think that they perceive me in a way that I'm not. I'm not that at all. I find that draining because then it feels to me as if I have to ... I don't have to do anything ... but I'm not that. I don't feel comfortable with people looking at me as a Freudian psychologist and maybe that's just because of my own ...

INT Placing you in a role you have to slot into?

RES Yes. Socially I find that draining. So 99% of the times, I'll try to get out of the conversation.

INT Just in terms of support, I'm going to give you another list of things that are a little more bit practical, that fall under organizational. One of the things would be administration – you mentioned this, that the specific portion of private practice, and even just to your own private practice process notes, the accounts, difficulties with medical aids. Somebody had spoken about ... they were feeling very restricted in terms of giving managed care. If a patient has got x amount available, and that's all you can ... you've got to work within that. Obviously you have some leeway if you want to charge less, etc., but you are restricted on some level. Also, for example, CPD compliance which we've spoken about, and HPCSA criteria. There's been a lot of changes there you know with ... for example, implementing the CPD, not implementing it, then implementing it again, there's a whole new categorization and I would be interested to know if you in any way feel affected, or even possibly threatened, by all these new different registration categories which are coming out like a registered counselor. Practice management, insufficient training for specific presenting problems. That would even include maybe the management of the practice. I think that the actual clinical/counseling training, in itself, is very good. What I'm hearing a lot of was that there wasn't a lot of training in terms of starting a practice, running a practice, the business side of things. As in, also, the other possibility would be the increasing threat of malpractice litigation, if we look at the HPCSA statistics, its becoming much, much more pervasive and people are taking psychologists to court for valid, or invalid reasons. Do any of those strike a cord... as being relevant to you?

RES Let me start off by saying that, with regard to the HPCSA, I'm not quite sure if it's just because I'm naïve, or just not interested, but it's never sat well ... when I studied or when I registered ... I've never really experienced HPCSA as a support structure or a resource in any way whatsoever. My assessment of it is purely a regulatory body which you have to register with, end of story. And, yes, I did find it quite frustrating when we had to do CPD and then not. It is frustrating but I don't regard it as a source of information or support or anything like that all. I do find that, in terms of malpractice and stuff like that, professional indemnity insurance ... I have mine ... I don't know if it's relevant or not ... but I have mine with the Medical Protection Society. Just having that gives me a bit of assurance so that, should something really happen, I do have that backing to a certain extent. I've also ... it's not necessarily a personal experience, but I have heard from a colleague that I worked with at one stage that had a malpractice suit, the Medical Protection Society really stood by her side and really helped her

with medico-legal advice and stuff like that and assistance. So just that ... just really gives me assurance that should something happen... I must say as well, that I've done quite a lot informing myself with ethical stuff so as to prevent stuff like this and I am very careful of boundaries and things to make sure that you don't ...at the end of the day, better prevention than cure. That ... and then the other thing about the business side of it, you know, during busy months when there's a lot of training and a lot of clients and stuff, I do find it sometimes worrying that I ... because I don't have a receptionist ... because I'm not in my private practice full time ... so I do all my invoicing and everything alone. I do sometimes find it a bit stressful. Sometimes at the end of the month, I don't have the time to just sit down and do the month's invoicing and everything. I think I've adopted to that to a certain extent ... at the moment, what I do is, when I finish off with a client, I do the invoicing and stuff immediately. I don't do it on a monthly basis, or even a weekly basis anymore, I do it immediately so it's over and done with. It's finished. And then what I will try and do is, once a month, I will try and book out some time for myself to just quickly do the monthly statements and stuff like that. I do sometimes find it stressful to do everything alone, i.e. invoicing, see clients, traveling, all of that. Definitely, you know now that I think of it ... I do really do everything alone. And that's the other thing I wanted to say ... I was very fortunate, when I started off my practice, someone told me about a book ... two psychologists, I can't remember their names now, had actually written. In which it gives you, from A-Z, the business side of a practice in terms of how ... which files do you have to keep, how do you keep them and just information and accounts ... you know ... what's a debit and what's a credit ... I had accountancy at school, but that was like 13 years ago or something. That really helped me as well ... just setting up the practice in terms of admin stuff that really needs to be in place. I think if I hadn't had that book, I would have screwed up something awful because the idea that I had in my head of how I'm going to do this, was something totally different than to what they suggested in the book. I really am grateful that I got that resource when I started off.

INT What about things like overpopulation of psychologists, competition. Or two of you vying for referral sources ... one of the things, while we mention that, is multi-disciplinary interaction. Some people have said they find that quite demanding, also either there are unreasonable or unrealistic expectations from other disciplines, or a lack of, I wouldn't say, recognition or respect, but almost a "so what can you do?" and as a result people having to prove themselves in order to get referrals. Any of that relevant to you?

RES Again, I'll say, when I started my practice I took quite a lot of time to go around to all the GP's in the area, the psychiatrists ... well, there was only one psychiatrist in our area, to visit them and introduce myself ... but since then I've only had one referral from about, what, 20 GP's?

INT That's not bad, it's usually one in a hundred.

RES I find that very frustrating and again ... I just thought to myself "you know what, I'm not dependent on them for referrals" because I have realized as time's gone by, that word of mouth is your best advertisement. So I just really work ... obviously hard with the clients that I do have ... hoping that they'll tell their friends, maybe one day, "I need some help as well, let me use that lady". So I really work hard to do what I do well, that's going to be my advertisement at the end of the day. Multi-disciplinary interaction ... and again, maybe I think that I'm very fortunate. We've just had a new psychiatrist in our area move in and she came around and introduced herself, and we had such a nice conversation. She's a ... in my experience ... not a typical psychiatrist. She was very open to working together with psychologists, very open to requests for suggestions, or even just the sharing of information. She's also very young and that helps a lot. So I find working with her lovely, it's really just a pleasure to work with her. There are other psychiatrists in our area that I just never work with. But with GP's, you know, it's just one of those things that I just resolved myself to say "well, it's probably not going to happen". I do think a lot of them have that attitude of "what can you fix that I can't fix with medication?". And again, I'm not going to expend that energy in trying to justify myself ... justify my function, or the things that I can do or can't do ... I just don't expend that energy.

INT Sounds to me ... and I don't want to put words in your mouth ... what I'm kind of getting is, as you have progressed with time, a lot of these things that we've mentioned, may have been, in

the beginning, relevant but you've sorted them out and worked through them ... and developed your own way of handling it, so it's no longer a demand. Is that what I'm hearing? Is that correct?

RES Definitely. I won't say that they are not demands anymore, at all. Obviously, I do still find a lot of it demanding, but not as demanding as it had been right in the beginning. It definitely still does take a bit of effort and energy every now and again, but I think that I've adapted, to a certain extent, to cope with these things. I think my boundaries have become more established as well ... with myself and clients.

INT In the sense of where you push yourself to?

RES Yes. Again, like you said previously, at the end of the day we do have financial obligations. Especially in the beginning ... to get the practice off the ground ... you know, I work literally in the evenings until 20h30 and then retire and, on Saturday morning ... from about the middle of last year, 2007, I started scaling down on that quite a lot, in terms of putting down the boundaries, like I said earlier, if a client cannot see me the last appointment, 17h00-18h00, then I'm very sorry, I can't see you. So I've put down those boundaries much more with myself by saying "I'm not working later than 18h00 in the evenings". Because I still do have a family, I do want to spend time with my husband as well. Obviously, at this stage, we're thinking about starting a family so I need to put down the boundaries more and more with myself and then, obviously, in terms of clients as well. But the reality of it is still we do need to pay the bills but, even though, despite that, I'm very adamant with myself. I think it's because of that personal experience I had ... I'll tell you about that just now ... that I will not ... you know, when it comes to money, money isn't really that important, I can do without a certain amount of extra income. I will not work later than 18h00 in the evenings, that's final ... that's just it. The personal experience I had ... it started out as house friends of ours when I was a small child. The woman was a brilliant psychologist and, as I grew older and older and older, and after I decided to study psychology myself, I realized that she was really struggling to cope with the profession. And at the end of the day what actually happened ... I think it was in (*date*) ... she committed suicide and her husband actually told me afterwards that nobody actually noticed it, or knew about it, because she hid it away so well that she actually became an alcoholic previous to committing suicide. That made me think a lot about the demands of being a psychologist and, I think for that reason, when I went into private practice, I promised myself that I was not going to do just private practice. She was literally in private practice ... Mondays to, even, Saturdays, 08h00 to 17h00. And I promised myself that I was never, ever going to do that in my life. Purely because I saw what happened to her and I was not prepared for that to happen to me, at all. And I saw what happened to the family as well, because we remained house friends of theirs. I'm speaking about 08h00 to 17h00, it wasn't even 08h00 to 17h00 ... it was 08h00 to 20h00 or even 23h00 very often. I very often heard her children say that next weekend they want to go fishing, or something like that, and then they'd say "but mom's not going with because she's working" and you could see the disappointment on their faces. I could see the effect it had on her husband. That was enough learning experience for me as a very, very young psychologist at that time ... training psychologist at that time ... to say that this is definitely not what I want for myself. I don't want to be where she was ... ever.

INT Obviously that was tragic because it was a family friend ...

RES I admired the passion she had for her job and I have that as well ... I love what I do but my passion is not enough to push myself to work until 21h00, 22h00, 23h00 in the evenings, or on Saturdays. If I do work on Saturdays, it's my choice.

INT And then it's limited for when ...

RES Yes, definitely.

INT Okay, perhaps we can move onto the resources because it seems as if this experience was actually a very good learning experience for you, and thank you for sharing this personal story. It does seem, however, that this experience gave you something ...

RES Yes. If it wasn't for that experience, I probably would have practiced very differently to what I do now.

INT Alright ... job resources, I think a lot of them you've already mentioned, so we won't repeat them. Job resources refer to aspects of the job which assist in achieving your goals, reducing job demands experienced, stimulate personal development. These may be considered in terms of internal and external resources. By looking at what you consider to be your internal resources, what would you say contributes the most to health sustaining factors, contributing factors. For example, do you employ specific cognitive or behavioural techniques to assist with coping of the demands of your job? Other internal resources would be like psychological ... we'll get to external now.

RES I think the fact that I've learned and adapted in private practice over the years, I do regard it as an internal resource. Had I not been as adaptable, then obviously things would have turned out quite differently. I do regard myself, in general, as very adaptive, an adaptable, flexible, resilient kind of person. I generally do cope with stress well and with general demands, whether it's work demands, or personal, or whatever, I generally do cope with it well. I think the fact that I do regard myself as relatively organized as well. The moment that I see something happening that's throwing stuff off a bit, I'll try to put it into the organisation structure that I have with myself, for things to flow smoothly. For example, admin stuff ... the moment I saw that I was not getting to do my monthly invoicing as my practice picked up, I started doing it on a weekly basis, I started doing it immediately. That's basically also a bit of flexibility and stuff. On a personal level, I do make a point of it of getting away and relaxing quite often. Like I said, if I do chose to work on Saturdays, it really is the exception and it happens about, if I'm really honest, two or three times a year that I'll see clients two or three Saturday mornings, and that's it. Generally weekends are my own and I don't think about work at all ... I don't think about clients at all, I just really enjoy my time with my family, friends, I do sports, I do some creative things. Me and my husband go away camping on a regular basis, we try and go away once a month. We sort of take long weekends ... we take Friday afternoons off, leave Pretoria at 12h00 and come back on Sunday evenings at about 18h00. Once a month we try to do that if we can and I find that energizing as well to have weekends alone and to have my weekends away every now and again. I do do relaxation exercises every now and again, especially if I do have quite a busy or hectic schedule for quite some time. Like, for example, at the moment I'm doing training for the next four weeks. So for the next four weeks I will try and see clients on a Saturday morning, but again, only until 12h00. Then, typically, when I get home and I will often go and lie down I will do relaxation, visualization exercises, almost like meditation ... I won't say it has a different feel, it's something we were taught when we were trained by a guy that practices it in (*location*) – I love the guy. So I use that. You know, generally, when the going gets tough I just ... I orientate myself. Maybe this is a cognitive method, if you want to classify it as such ... to say "this too shall pass" ... I do not ... I will schedule my ... I know the next four weeks are going to be hectic for me, but then I also do make the point of scheduling after that ... I make sure that I have some time off so I don't over book myself as well, because I know, for a fact, after the four weeks, I'm going to need some time for myself and to just slow down a bit. Which I also think is an internal cognitive, maybe, orientation of saying that I'm going to work hard for the next weeks, but then I'm going to take it easy for a week or two. And I think ... I regard myself generally as a hard worker but I also know that I need some time for myself and I make sure that I get that, I think that's an internal thing. Like I said earlier on, we do have financial obligations but, once I get, in the month, to a place that I know that it's been met, I know I can slow down a bit as well and say no to maybe two more clients if I need to do it ... if on an energy level I need to do that, I'll do that. I don't think the financial aspect of it is so important to me. Once I've met my financial stuff, I find it easier to say that I'm not going to take on this referral right now.

INT So it sounds as if self awareness is important. You can, again, almost see where you are, and act accordingly.

RES Brett, you know what? I need to because one of my symptoms of stress is that I get sick, I get physically ill. A simple flu that would normally just be a flu, would turn into bronchitis or

something serious. So I can't afford to stress myself out too much. If it had just been headaches or something like that, that it is for other people, maybe I could cope with that, but physically I know that I get physically ill and I lose a lot of weight without actually putting effort into it. That's not a good thing, so I know my specific stress symptoms are not that healthy. I don't struggle with sleeplessness or loss of appetite, or the other stuff that other people suffer with, I struggle with ... my body gets physically ill. So I learnt very quickly on that I need to have time for myself and I can go full out for four weeks but then I need to have some time so that I can relax.

INT Moving to the external resources – what would you consider factors outside of yourself that most assist with regards to demands placed on you? For example, as a psychologist in private practice, do you experience a sense of autonomy or freedom to run your practice as you see fit but, as you've already answered, because you've said ...

RES Definitely.

INT Support from colleagues and of your peers? Job control, potential for further qualification or promotion? Participation, decision making, task variety ... those are all external resources. Are any of those relevant to you?

RES Well, it just ... in terms of how I run down in my mind with them ... (*friend*) is definitely one of my resources. Keeping me in check with my professional behaviour, but also with my personal stuff ... you know that constant thing of working on your personal development, and so on, I think she helps me a lot with that. I also get a lot of support from my husband and my family. I do find some CPD workshops as a resource as well. Because of the training, and definitely because of the contact that you have with other psychologists ... that helps me a lot. I think the whole thing of being able to schedule your own diary, definitely helps a lot because, like I just mentioned, if I know that I have a hectic four weeks to come, then I won't take on any referrals and even during the last week, when referrals come in again, I won't take a lot of them, I'll only take three or four and ease myself into the next four weeks coming. So definitely, doing my own bookings and stuff really helps. Other resources ...

INT Can I stop you on that quickly. It's not really a question that slots in here, but something I might want to include in the research. For you, what would be the ideal amount of clients to see in a day, for you? It would be just enough to be stimulating, but not enough to be draining. All other things being equal, how many people would you like to see in a day?

RES For me, it would be six. From the morning to the afternoon. Just so that you have a few minutes between every client to gather yourself again, and get the admin stuff sorted out before the next one comes. I think ideally ... whenever it was possible, or there existed a possibility to do it like that, I think six would be fine. I'm trying to think now, financially, what does that come to. I don't know, but if I don't think about finances at all, I'm thinking a comfortable life, it would be six clients, I think.

INT And, at the moment, would you say that you're going over that or under that? Because that would also put you ...if you're saying six would be ideal, under it would be less demanding or challenging ... and over it would be over extending yourself.

RES That's a difficult one for me to answer ... for example, when I train, then the maximum clients that I see on a day is two in the afternoons because I'm not willing to work later than 19h30 or 20h00 even, when I see clients on a weekday afternoon after having done a full day of training. Generally, if don't train, I think I do turn out at around about six. Sometimes, it's seven... I've had eight clients one day but, again, my practice is still very young as well. Generally, it is around five or six.

INT That's interesting because, to my knowledge, in some countries such as the UK, you're only allowed to see five client's a day. I find that we see more per day and I'm interested to know is it because we are ... the South African sort of thing that you just give that little bit extra, or whether it's a financial thing, or whether it's an expectation we place on ourselves.

RES Whether we like it or not, we can never get away from the fact that we do need to make a living. With our current situation ... I want to come back to the demands quickly, if I may. Other thing that, at times, at specific times, is that if we don't work, we don't have money ... and we need holidays as well. So it's all good and well for me to take a Friday afternoon off, or ten days or two weeks to go on holiday, which you need ... sometimes I do find that worrying, because you may decide in January that I want to go on leave for two weeks in April, so obviously then ... what I do, I try and make provision for the two weeks that you don't work. But, on the other hand, the amount of business you get in, is not always in your hands. Very often, I have had one experience where we've planned our leave ahead of time, and the months running up to that was ... wasn't dead quite, but it was quiet-ish, and I went on that holiday worrying about what's going to happen here ... when I do get back is it going to pick up enough so that I can make up for that, or ... I find that worrying at times because I don't have something on the sideline that gives me a passive income. But that is something that I will look at in the very near future, especially with me wanting to fall pregnant ... and another thing that I thought of just now, it's not something that worries me yet, but I am concerned about ... that first three or four months after giving birth, I would love to have paid maternity leave and stuff like that. I find that worrying a bit, it's a demand of my job.

INT What about if you were to take three months unpaid leave – you'd be thinking "I almost have to start from scratch building up my practice again". In those three months, somebody else has being seeing your patients ...

RES Sorry, that's something else I wanted to say ... it's not that important, but maybe it is ... again I think that the area that I am in ... as far as my knowledge is concerned, there's only two counseling psychologists in this area ... two or three ... the rest are ... and there's quite a lot of psychologists here but, when I say a lot, not as many as in the east ... but the rest of them, and it's about eight or nine, are educational psychologists. So in terms of being threatened by competition or by other psychologists, I don't really find that a problem because we are only three counseling psychologists in the area, and, I think, two clinical psychologists in the area, the rest of them are all educational psychologists.

INT Do you find that there's a bit of camaraderie ... if, for example, I can send something your way, I will and I think you will do the same.

RES Definitely ...

INT But I get the sense that not all psychologists work that way. The idea of referring to somebody else, for some psychologists, seems inconceivable ... well, that's my experience.

RES Yes. I don't do that in terms of ... like I said earlier on ... if a client doesn't want to see me or can't see me in the times that I am available, I don't have a problem referring them to someone else. If, after the first session, they don't feel comfortable with me, or don't like the style in which I work, I have no problem in referring them.

INT Do you think you are the exception?

RES Maybe I am, but if I am the exception it doesn't bother me. I'd rather do that than pulling teeth with a client, or work my butt off just to like, say ... to prove myself, it's like ... I don't have to do that, I don't have to do that. I'm in this profession because I love what I do, I have a passion for it, but if a client does not find a connection with you as a therapist, I do believe you're doing the client a disservice by not referring him, so for me, it's almost like an ethical thing. If the client doesn't like me, or the style that I work in, or whatever ... but I'd rather refer him for his/her own best interest. And if I'm the exception, then that's fine. Rather that than ...

INT Getting back to resources ...

RES I want to ... sorry, I'm just thinking about another thing ... something that I find a resource these days, is the internet. Very often I'll hear something, or I'll read something in a paper or magazine and then I think to myself "I'm wondering what the research is on this?" You know, ten years ago, the research wasn't available, I just quickly jump on the internet to read up a

bit more about something ... I find that is a resource these days. Very often, it happened with some clients, I find myself stuck with something, and then I either phone (*friend*) and we talk about it a bit, or I go on the internet, read up a bit more. It helps me a lot. I do definitely regard the internet as a resource to some extent ... you can't always believe everything you read on the internet, but ...

INT Alright, something like feedback ... generally feedback isn't something that you would get from your clients ... it's kind of the situation where most psychologists ... I find most psychologists have to, basically, give themselves feedback and, to me, it is always a question of "on the basis of what?" You cannot be completely objective. I think it is sometimes difficult ... for example, if a GP treats somebody and their physical symptoms disappear, they can say "well, okay the treatment was successful". But, as a psychologist, it's not always that ... it's not as cut and dried as that. And, for some people, that would also be considered a demand - to have self doubt. How do they actually gauge whether this was a successful intervention or not.

RES Well, I think with some clients, obviously, it's easy to see their appreciation of the process when you terminate and you end off with them. You know what? I actually have never thought about it like that before. But I'm thinking to myself, a typical human experience, if you had a good experience with something, you will tell one or two people. When you have a bad experience, you'll tell your whole family or whole group of friends ... the whole world will know about it. Very often, I think to myself, it links to the expectations people have of psychologists that we should fix everything. To some extent I do think that I really take time during the first session to explain to people how I work and that I'm not going to fix anything for them alone, it's going to be their own hard work as well. I try to clear up the expectations as well so that, by the end of the process, the person feels empowered as well in terms of ... you know what, I've done a lot of work and, hopefully, they go out and feel that they've gained something. But at the end of the day, and again, I think this is a personal mindset that I've maybe adopted over time, that, you know what, if a client walks out of here and he was not happy with the service that he got, or the experience that he had, or whatever, and he doesn't tell me about it, then unfortunately that's one of those things – you really, actually, can't do anything about it. You can't ... there's nothing you can do then. I trust in the relationship that I build with my clients. That they feel safe enough and know me enough to say to me "I don't like what you're doing now" or "I don't like what you're saying now" or whatever the case might be, or "I don't feel that we're going in the direction that we need to go in". I do try, to the best of my ability with my client, to co-construct a relationship that's conducive to the client being able to tell me "I don't like this" or "I don't like that" or ... not all of them really do that, but I must say I've never really thought about ... it's never been a problem for me that I don't get feedback. Maybe because I trust that, what I do, I do my best and that, you know, there's ... there have been times when I didn't really feel like seeing clients, being tired, or whatever, but I've always ... when I do something, I do my best and I believe that, at the end of the day when I walk out of there, that I've given them my best. If that isn't good enough for them, that's okay, it's good enough for me.

INT Okay, and the last question then would be ... if you knew then what you know now, would you still have become a psychologist?

RES Definitely. I really do have a passion for this job, really. I find my job energizing. I just want to say, like for example, just yesterday I finished off with a week's training with a group of people, and there we do get feedback. One client specifically, one of the group members, specifically wrote down that she really has a passion for what she does. I really do have a passion for this job and whether ... like I said ... whether people walk away feeling great, or whether people walk away feeling "I'm still not where I want to be" ... if I know that I've done my best, then maybe my best wasn't particularly good enough for that person and, maybe, he/she needs something different or ... the other thing, is that when I think about when I started studying psychology, you know the typical thing "Why, why do you go into this profession" ... I'll never forget the question when we went for selection, the answer was to help people ... you know, the typical naïve thing ... if I think about it today, it's not necessarily about ... the end ...it's not about the outcome for me as a journey anymore. I think I find the journey, the process of working with people very exhilarating and very energizing and, I don't

know if other psychologists find this as well, but when people give me referrals, for example the EAP referrals, the presenting problem is, for example, a marital problem, but at the end of the day, it's still a process and the process is so rich and ... we ... we end at a totally different point than where we actually started from.

INT Thank you very much for your time and insightful responses.

RES You're welcome.

INTERVIEW 3

Gender:	**Male**
Age Group:	**41 - 45**
Registration Category:	**Clinical**
Years Qualified as a Psychologist:	**11 - 15**
Years in Private Practice:	**6 - 10**

INT Job demands refer to specific aspects of your job which require sustained physical or mental effort and they are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather I am interested in learning more about what you consider to be the demands of your job as a psychologist. So when considering the work which you do, what would you say are the areas that you find most draining of your energy? For example, would you consider your workload excessive? I have a whole of list of potential areas that we can look at but for now, I would just like to leave it open-ended.

RES I think, apart from the administrative side, I think is one ... especially when it comes to report writing, because I do medico-legal assessments and that takes a lot of time which I don't have during the day ... during normal working hours so I usually have to do that after hours. And also on the weekends ... so that takes a lot of your spare time, or your time that you would use for ... spend time with my family, yes, that takes away from you. That is one ... maybe that's the main one, is time constraints especially when it comes to report writing ...

INT Process notes, making appointments for patients when you refer them, perhaps, is that ever a problem?

RES No ...

INT What is specifically interesting to me, speaking to you, is that other people that I've so far interviewed have all been female and, generally speaking, they haven't battled financially, they're not the sole breadwinner, they're not the main breadwinner and I was very interested to speak to a man who perhaps has had a role in his family as being the primary ...

RES I think that's where the morning job comes from ... the EAP job. Consultant job, because that gives you a bit of stability and ... in terms of you know what's coming and you can rely on that ... so I think that part is covered ... I think that job covers most of my normal expenses to live, whereas the rest that I make out of the practice, I would say it's extras.

INT If you didn't have that, would you find it a demand? Obviously, you didn't always have that in the beginning?

RES Yes, very stressful.

INT You know that you have to earn a certain amount of money and there are only so many hours in a day. Obviously, you are also reliant on referrals?

RES Yes, that's the thing. We don't get clients for life like, you know, lawyers and doctors ... we forge relationships to break them again.

INT If we're good ... I'd like to mention some other things and obviously some of them won't be relevant to you. So, physical demands, contact with patients, sustained attention – some people were saying you can't have an off day as a psychologist, you have to be in the moment, focused, attentive with every person, every session. Working hours, one of the people said they find it very difficult because patients insist on late appointments. You want to put that boundary down, but then you may lose a client, so that was considered a demand for them. Physical environment, such as the office you work in. I just want to go through all of them and if any are relevant to you, you can just tell me. Social demands would be an inadequate support system, the confidential nature of our work. It is very difficult to share it

with somebody, perhaps even your spouse. If you've had a really rough day, you may not feel comfortable to say "I saw this patient again, and he was difficult" or whatever. Preconceived ideas regarding psychologists, I thought it was quite interesting, sometimes people will come for couples' sessions where the one is very positive about psychology, but the other one almost needs to be convinced, so you almost need to work against the preconceived idea as to whether this is a load of rubbish or whether it can be helpful. One of the interviewees said what gets to them is socially – when people hear that they're a psychologist, they either back away because they're a little bit intimidated or they merely say "oh great, then you can tell me why my sister's son does this and this or that" and that was seen as a demand. Expectations from patients – that they may enter into the relationship with the idea that you know how to fix the problem and that they are not ... they're not as involved or as prepared to bring their side as what you need them to be. Some people were saying that they find it very difficult, in terms of the other disciplines, sometimes psychology is seen in a very dismissive kind of light. They also feel that they need to prove themselves constantly so that can be a problem. Then the big one, and I have a feeling this may be relevant to you, you mentioned process notes, accounts, etc. Difficulties with medical aids, not getting your money, depletion of medical aid, having to almost adjust your sessions and the amount thereof according to what's available from the medical. CEU or CPD compliance, having to do that. HPCSA criteria ... I know for me, personally, when they went through that whole thing about "we are going to implement CPD" then "we're not going to implement CPD". And then I started getting letters saying that if I don't do it, we're going to scrap you from the roll. When I phoned to find out what it's actually all about, I was told "no, we're not doing it yet" but I was getting threatening letters, so I find that very frustrating. Practice management ... what I've heard from a lot of people as well, is that we were trained very well in terms of psychology, but we weren't trained in terms of business. So, when you start off a private practice, you don't really know what you're doing. Generally speaking, most people don't know where to start or what to do. Insufficient training with specific presenting problems. Even though the training was good, you may have felt that there were some things you were not prepared for. Obviously, you can look it up yourself and do your own research, but it can still be a bit of a demand. And then increasing of malpractice litigation. The HPCSA statistics show the cases against psychologists have risen exponentially, across the board in all different fields, but especially psychologists. The other thing is overpopulation of psychologists in your area. Feeling that competitive edge, inadequate facilities, referral sources. Somebody had mentioned that they find other psychologists to be very competitive, very backbiting, in a sense that they would rather see a colleague fail, than see them succeed. That's obviously one person's opinion ... does any of this ... is it relevant or does it strike a cord with you?

RES I think ... if you are in private practice, or albeit I'm only part time ... you hardly ever say no to clients, in fact, you want them to come. You're trying to accommodate people ... I suppose it's not difficult because we are an accommodating bunch – psychologists. You never say no to work, I think, and that helps ... what I do is, I have four hours in an afternoon and a Saturday mornings ... I play (*sport*) on Thursday afternoons, so Thursday afternoons are out. That's why I do Saturday mornings, but still, even if you are stretched a bit, I must say it doesn't happen too often that you find that you're choc-a-block, that you can't see people, that happens from time to time. But then again, you will try and see the person at 13h00, you know, so you'll do that. But working hours, only on Saturday mornings is a problem ... I don't work past 16h30, and that boundary I've set for myself. Multi-disciplinary interaction – I've had a psychiatrist at the board ... I laid a complaint against him, he, in turn, laid a complaint against me for liable, or whatever he wants to call it ... I thought it was a waste of time, but it happens. I mean ... you normally expect it from patients. Expectations from patients, is something you can rectify quickly, that shouldn't be a problem ... you know what, I'm a bit of an insomniac so I get up early in the morning, I do accounts and stuff. Medical aids ... they're usually quite okay nowadays, they used to be bad ... Polmed and Medcor, and those guys, they all administer better, you get your money, at the most it is 30 days ...

INT And we're starting to get recognized a little bit more by the medical aid fraternity in terms of the fees ...

RES Yes. CPD is a problem ... it's always in the back of your mind ... you know, well I, I just don't know ... is it 30 or 60 points ...

INT 30, six of which have to be for ethics ...

RES Where am I to get the time? You know, for thirty hours to do this ... it's obviously in the back of your mind but, then again, I believe that the HPCSA is not rigged for this. That's why they've said it's now a trust thing. It's like a worry, you know, like this sword hanging over your head, like a PhD which you need to finish...

INT Just on another note, plus the CPD points that you have to get, have you felt that the courses on offer were beneficial?

RES Not really.

INT The other problem is that people seem to be doing it purely for the sake of doing it.

RES I don't believe it anymore. This is some years ago, when it came out that they said this, that and the other do it. They weren't concerned whether it was relevant or not, so I just wrote to them and told them that I don't work with children, but I will attend, and I used the example of sand therapy, which I'll never use but you'll think I'm okay because I attended the presentation. They should look at the psychologist's practice, look at specific needs and tailor them for that. Then the psychologist should be able to tailor it according to what he does. But it's changed ...

INT What are the things that I didn't mention that are important and falls under the HPSA criteria? They've sent out a new notice regarding the scope of practice and, obviously on there, they've brought in other forms of therapists, counselors, whatever. Does that affect you in any way? Not threaten... but to become a psychologist is quite a process and now there are people that are practicing in private practice ... on the back of a four year qualification and the scope of practice description is extremely vague. So, in other words, it's not entirely clarified whether they are doing what a psychologist does, although they're not supposed to and where that cut off line is. Does that affect you in any way? Do you see that as a demand that, almost, our field, is being inundated with registered counselors, or whatever?

RES I think, although the public is not as informed as they should be about the profession, I think they will still look for psychologists. If I'm going to look in the yellow pages for someone and it says "Registered Counsellor", as opposed to "Clinical Psychologist", I would probably go to the clinical psychologist. I'm not too concerned about that. As far as malpractice goes, don't sleep with your patients, it's as simple as that.

INT Okay, there are a lot of other complaints that have come up ... it's become very popular to...

RES But you have to be a complete idiot to get litigation against you. I just think ... it's going to happen. I can imagine if it happens ... we had a discussion about educational psychologists ... it can happen. Gross negligence does help ... if you cross certain boundaries, that will happen, you can expect litigation. But in terms of normal ... what you're trying to do ... we're in this profession to help and, if that is not your purpose ... if that remains your focus, I can't see a problem.

INT So the intention ...

RES Yes, the intention is to help people but you have to be a ... there's psychologists everywhere. There's about a hundred in Pretoria, I think, alone and they're all trying to make a living. You have to vary your practice ... don't sit eight hours a day seeing people ... that would drive me up the wall. Do different stuff.

INT A lot of people have said that ...

RES Vary your work and you have to take care of yourself by playing (*sport*) some of the time.

INT Yes, that's important, but we'll get to that ... that's a resource. One thing that's not on here, because again... the confidentiality. A lot of psychologists don't really know what their colleagues and friends are doing in therapy. It's not as if ... a surgeon can stand in during an operation and seeing how his colleague is doing it. But for psychologists, that's not really feasible and one of the things was that competence and gauging your own competence, judging your own competence, is very difficult. And this caused a lot of different discussions with people. Some people say it's based on the word-of-mouth referrals which you get, or, that could just be reflection of your popularity. If clients come back to you again, you would assume they were happy the first time ... but then, on the other hand ...

RES But why are they coming back?

INT Something didn't go "right" the first time ... even then, how a person measures successful outcomes ... is it only vague. So, what some people were saying, is that it can create a fear or insecurity... which you can't really compare it to anybody to see if you're on standard or to see if you're doing it "the right way". Is that in any way a demand for you, or have you figured out a way during the years of practice to measure the outcome and see if you're happy with it?

RES Feedback from clients ... there is a serious paucity of clients that ... maybe one in every fifty will call you afterwards to say "thank you, you've helped me along, I married a billionaire now, my life's great" ... that doesn't happen and I think you should tone down your expectations of the feedback you get ... it's a highly isolated profession, you need to ... but you realize that as you go along ...

INT So it's about changing your expectations ...

RES Yes. If you are bent on approval from other people, it's probably not the best profession to be in. I think other measures, I suppose it's internal measures, your own feedback to yourself ... driving home, thinking about sessions or client's... being honest, that you can say ... I mean you can give yourself a pat on the back sometimes and also some soul searching when people drop out ... look at yourself, then at the client and then the process. You should do that on a regular basis ... I suppose we're all hard on ourselves as well. I suppose when people say "I got your name from ...", that helps. It creates a reflection ... if you make money out of it, okay you'll never get rich, but if you make something out of it ... that can be a monetary measure. I think just the way, I suppose people engage with you ... you know, where you sometimes have some difficult clients, those people you mentioned, you know, maybe a spouse that was very resistant in the beginning ... the person could warm up and thaw quickly towards you ... those are issues. There are all sorts of little things, it not something objective out there, as you mentioned, there's nothing ... I suppose it is ... out there ... everybody wonders. So it can be a demand. Sometimes, you know, maybe it's quiet in the practice, you start thinking "what have I done wrong, has my style changed, don't people like me anymore?". I suppose that's all stuff we go through in the profession, because it is a ... all we have, okay, is our ability to create and maintain a relationship with somebody else. It's not our knowledge, it's not what we know, it sounds great to people but, it's how you engage with people and how you allow them to engage with you and, if that ... say for instance, referrals dry up, you always wonder "have I changed in an aspect, changed the way I come across, how do people perceive me?". Yes, I suppose, that's a demand. You know, the self doubt which, on the other hand, is not an unhealthy self doubt. It keeps you on your toes, it opens you up for feedback, whether it's an internal feedback, or looking for it on the outside. It's healthy ... it should be ... I think if you're an arrogant psychologist, you won't be in touch with people ...

INT You'll probably miss the point ...

RES Yes.

INT Okay. Was there anything that we didn't mention that you, as a psychologist in private practice, found ... that wasn't maybe ... time management, this location, (*suburb*) ... (*suburb*) is dangerous. Physical location ...is that something you would change?

RES There's a plus and minus ... I'm very central in Pretoria ... it's dangerous sometimes, I worry about myself and my clients ... that's also a worry and for their safety. It's a reality of where we live.

INT That would definitely be a demand.

RES I think, Brett, I think normal burnout ... you know when ... I think the profession is such where there's a lot of giving and again, there's not a lot of receiving in the therapeutic relationship. Once again, that's the expectation ... we talked about the expectations ... and it's still there. We still want it. Also, having burnout is not only that, it's sometimes when you wish people don't turn up, or specific people... "I hope they're sick today", then you know you're full up and, I think, it's an occupational hazard. I think more so ... I think with emergency services workers, psychologists, social workers, I think ... not because... I think ... I think when you have experiences that you find that you take too much responsibility for clients, that will wear you down, definitely, but as time goes on, you start working ... your practice grows, you see more people, even though you're comfortable with what you're doing, it's draining without you noticing ... and then you just find yourself one day, "I just wish I wasn't here and I wish these people won't come, and I wish I could finish for the day" ... because the tap's open all the time.

INT And nothing is replenishing it ...

RES Yes. That's why that's important on the other side ... we'll probably get to that ... "how do you refill the tank" and "how do you recharge the battery" is important.

INT That's pretty much what I'm studying, is that whole burnout idea, because it's such a giving profession. Again we were talking about feedback, without expecting a complete ... we might want it ... but it's not therapeutically sound to receive it, or to go out of your way to receive it. So I think you said it very nicely - that we give and don't receive a lot and we also have to dismiss it in a sense. I know, for example, if I have a client who does that, the one in fifty, who does say "you really, you saved me" type of thing, I always push it back and say "no, you saved yourself", because that's what we have to do.

RES I say "I'll take 5% of the credit, you did most of the hard work. 168 hours in a week, you were here for one, what about the other 167? You're on your own ... you battled it out alone. Give yourself the credit".

INT So you do the same?

RES Exactly.

INT Yes, give it back to the client. We've discussed the demands, let's discuss job resources. Job resources refer to aspects of the job which assist in achieving your goals, reducing job demands experienced, stimulate personal development. These may be considered in terms of internal and external resources. By looking at what you consider to be your internal resources, what would you say contributes the most to health sustaining factors, contributing factors. For example, do you employ specific cognitive or behavioural techniques to assist with coping of the demands of your job? Due to time constraints, I'm going to list them. Internal would be your own cognitive behavioural styles. Psychological resources – that's like resilience etc. External resources would be support from colleagues, family, from friends, from peer groups. Organisation resources – the autonomy ... that seems to come out a lot, with people saying that "I'm in private practice, I'm the big kahuna, I need to set up things the way I like them. So if I'm feeling overworked, I just book less clients". Admin, for example, it's pretty much my decision how I want to do my process notes, the difference would be EAP, of course. The potential for further qualification or promotion, although that doesn't really exist in private practice. Participation in decision making. Task variety could be a resource,

which is one of things you said as well. But, even in the practice, you know, it could be a demand that you have to be jack of all trades or it could be a resource... when I'm tired of doing the accounts, I can go over and do my marketing strategy, when I'm finished with that, I can go and see a few patients, or whatever. Then feedback ... this was a difficult one, because we don't get feedback. Alright, in terms of yourself, what would you say are the resources ... you've mentioned a few ... you mentioned taking time off to go and play (*sport*) ... which is important ...

RES Every week ... I don't miss it ...

INT Good for you. You mentioned something else that was a resource. From what I was hearing from you, you have a very reasonable, rational, mature ... I'm not sure what would be the best word ... approach to the kind of demands you place on yourself as a psychologist. I think you are able to stand back and say "but I can't take responsibility for everything, that's not my role". That would probably be a resource.

RES I think one becomes ... I suppose that's the paradox here ... I think you become better at certain things the longer you are in practice but, as your practice grows, there are other problems. I suppose it's all about just managing yourself well. There's always the pressure of money and making a living, but don't let it come at a price. So if you say you're comfortable with what you're earning, you don't need to sit here until 22h00 ... it's not necessary. I think, psychological... I suppose, you need to give yourself feedback as other people won't. You need to reflect on your work often, for your own development and also for being a bit more positive about what you're doing ... another resource is to remain optimistic about whatever you do.

INT In what sense?

RES If you're not optimistic about being a psychologist or psychotherapist, you shouldn't be in it. I suppose if you're not the type... I am one, if you like positive psychology ... for an example ... the way they think, the way they see clients when they come in ... I suppose that would be a resource as opposed to the medical mould which sees people as sick and we need to cure ... so you start off negative ...

INT That's just the pathology ...

RES Yes. So just think... to put a different slant on it ... just to say, a combination of something like solution focused therapy and positive psychology ... which gives you optimism, it keeps you positive. Not to focus on what's going on, to be aggressive, all that ...

INT Not always what's wrong, but what's right ...

RES Yes, what's going for the person ... and ... I think, in general, to have an optimistic view of people. Whatever they come with ... people won't see me in a bad mood when they come here ... I want my attitude to rub off on them ...

INT And you are, generally, a positive kind of guy?

RES Yes, I'm sure I am ...

INT That could be a resource ...

RES And optimistic about things ... and ... "most probably we can help you, we're not going to solve everything, we're not going to move mountains, but let's be realistic about what we can do" ... be kind to yourself as well ... be kind. Don't be too hard on yourself when things don't go as planned. Don't be too critical on yourself, I suppose, that's not necessary. Support from the wife ... I discuss cases with her, I don't mention names, but I discuss cases with her ...not in detail. It's isolated, you know, there's not a lot of contact with other psychologists, or other people in practice ... with EAP work, you know ... it's a different work, you don't discuss ... it's not about your private practice, its about your job there, so ... I suppose from ... I think

my family in general, I'm talking about the wider family, they're interested in what I'm doing, you know, they will always ask. Always ask me questions, or whatever ...

INT Do you find there's any status involved in being a psychologist?

RES To some extent ...

INT A resource or a demand?

RES I suppose it creates expectations, but I wouldn't say it's a resource. Like I said, you have to ... don't sit with people eight hours a day. There's easier ways to make money than a therapeutic hour. Keep yourself ... I think ... another resource is to keep yourself updated. I suppose you become comfortable with what you're doing, and if it's working for you ... and I suppose, your clients. But, really - read, find out, never stagnate in this job because I think that can ... there's always something ... look, I suppose that certain people are more alike ... but you always find something that's different, you know that uniqueness in every person, or the way that they face themselves with the world ... there's always something unique to them. The job is very stimulating ... that is a resource ... I suppose ... sometimes you see the same thing ...but it's always stimulating unless you're burnt out. But, *per se*, there's another resource, it is the great ... the very quiet satisfaction that you get from your work ... when you can see where this person was ... and you can see a few sessions later, where that person is now. There is great satisfaction in that ... you know you have a hand in that ... I don't know what else to say. That's about it ... To be your own boss, it's great ... it's great and not ... it's the worst boss to work for.

INT Would you see that as a demand ...?

RES More like a demand ...

INT Really?

RES Like I said, it depends, I suppose ... myself ... my expectations of myself are high so that becomes a demand. You can never say "I'm my own boss and I can do what I like", you can't ...

INT Unfortunately ...

RES There's money to be made and there's a living to be made. Yes, I can go and play (*sport*) but I work Saturdays. There is that freedom but you pay the price.

INT Last question – if you knew then what you know now, would you still become a psychologist?

RES Absolutely, without a doubt. There was ...it's a journey, it's a real journey to be a psychologist if you think of ... I remember that day. I finished my thesis around (*month*), the year after my internship, I went to ... I got my results ... I went to the HPCSA and registered. I couldn't get parking and I was walking back and I thought to myself "now you're a psychologist and it's great" and how ... how unsure and how uncertain I felt walking back to my car ... even though I had the papers and the rubber stamp, I think how you fumble, you know those first few years, I would say until you find your feet professionally, you gain some confidence, and how you ... the shifts that you make in your thinking ... it's an evolving process and it's a process ...you evolve. Some things stay the same and are very consistent ... I suppose it has to ... but there's always this flow ... this newness.

INT Would you see that as a stimulating resource, or a draining demand?

RES If you're not creative ... as a psychologist ... and also, the job demands a lot of creativity which is also a resource. There are no recipes for people ... you have to come out of that mould. I think, what you start off with are recipes, which you later find out... if you yourself become ...

INT And they're not really that effective?

RES Later on ... the things you say to people ... you wonder "where the hell did I come on that?"

INT Great, thank you very much.

INTERVIEW 4

Gender:	**Female**
Age Group:	**56 - 60**
Registration Category:	**Counseling**
Years Qualified as a Psychologist:	**6 - 10**
Years in Private Practice:	**6 - 10**

INT Job demands refer to specific aspects of your job which require sustained physical or mental effort and they are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather I am interested in learning more about what you consider to be the demands of your job as a psychologist. So when considering the work which you do, what would you say are the areas that you find most draining of your energy? For example, would you consider your workload excessive? I have a whole of list of potential areas that we can look at but for now, I would just like to leave it open-ended.

RES I can highlight the areas of my stressors. I think having worked so hard to work... to form a client base and get a referral base ... to keep that alive and honour that, jeopardizes my free time. And so I am resentful ... utterly resentful that I can't get stuff done on a personal basis.

INT I understand. What you're saying is that you feel you've got to keep the people referring to you happy ...

RES You've got to keep it alive because if you kill off one or two sources, you don't know which others could dry up. You do this ... there's a lot of competition ... lots of little squirts coming out at one time who want to take over all of (*suburb*) ... "can I put my name down" with all the doctors ...

INT When I transcribe, I'll take out all references to (*suburb*) and (*suburb*), so that it can stay confidential. I can also give you a copy of the transcription before it goes out. You can talk freely, I'll take those references out. Another demand, which is one of those in the literature, is that you're very much aware of new competition coming in and of "new blood" ...

RES I am aware of that ... that is a source of tension, especially in the hospital practices because they are quite popular arenas for psychologists. More than that is the stress of keeping alive a referral base, but trying to find some time out. And it's a balance that I can't get right. I defer by giving in to patients and longer hours, times that don't suit me and times when I scored out for the gym ...

INT Very common – almost a sense of creating a boundary but then finding you have to keep on changing it because otherwise you're going to sort of "boundary yourself out of business". Very common ...

RES Another stressor is the tension between being the carer, the nice person who is taking care of this traumatized person, and the tension that arises when you charge them for their not pitching, or the resentment if you can't charge them, or if they argue or fight you ... so how to be the carer and get your professional dues ... that is a tension for me. The other ... sort of ... the "carer's needing caring" issue ... a lot of trauma makes you traumatized so you become hyper-aware and hyper-sensitive and moody ... that's about it ... those are my three main tensions.

INT Those are the big ones ... very common, but those are the big ones. Let me just go through some of the other ones, if anything resonates with you, you can just mention it.

RES They all do ...

INT Okay, if anything's relevant to you. One of the things was, obviously, workload ... which you've kind of touched on ... the demand being greater than the time you have available.

Contact with the patients, which you've also mentioned. Sustained attention, not being able to have an off day, type of thing – you have to be "in" the session, the moment, completely focused all the time. Working hours – people wanting after hours appointments, or weekends, etc. Physical environment – like the offices. One of the people I interviewed was talking about their space that was not safe and that they were concerned about themselves and their patients, but it was central. Another person was saying there was not sufficient parking, which put quite a strain on them. Okay, then other things, like inadequate support systems – because of the confidential nature of the job, it's sometimes difficult to come home and really talk about your day at work. I suppose, strictly speaking, you're not supposed to but even if you sort of vaguely talk about your day without identifying anybody, sometimes some people feel a bit guilty about that, or they find that their significant others don't care. Preconceived ideas regarding psychologists – important. Say, for example, you're seeing a couple and the wife, maybe started off and she thought her husband would join, and the wife is very pro-psychology and she's finding it very helpful, the husband comes with an attitude of "you're all quacks, or you want to read my mind, or this is rubbish" and then some psychologists feel they have to prove themselves to keep this client, which is obviously a demand. Or, what somebody else said to me is, socially, they try not to reveal what they do, but sometimes they're asked directly, and don't want to lie. And then there's always a response of "ooh, now you're going to try and analyze me", or, "then you're the perfect person to talk to ... I must ask you, my sister's friend's daughter's child ..." and they were saying they find that quite demanding.

RES I think they're all relevant.

INT Okay, well then ...

RES The other one is that there's no time for supervision, for colleague contact. I mean, I see nobody and... I work with other people, but there's never time to really talk.

INT I don't want to put words in your mouth, so if I mention something that makes you think "I've experienced that", then stop me and we can talk a bit about it. So you're now saying that all of them seem to be relevant ...

RES They are relevant. They're minor stresses but they all are tensions in your job and all of those are relevant.

INT Alright. Expectations from patients – coming in and wanting you to ...

RES Expectations from your referral base are even more tense. I suppose because I get doctor's referrals, expectations are high.

INT In a sense of what? In three sessions they want to see miracles?

RES Yes, they want you to "fix" them. So, the patients themselves are more, sort of, I can contain them ... and if they want CBT, they can go, they're welcome ... but if a doctor's referred them, then I am quite tense because they don't want numerous extensive sessions, but they want the patient "fixed". Trying too ...

INT Yes, that's typical ... which almost indicates a lack of insight ...

RES Oh, completely. Complete unawareness of how we work with our client base ... it's the old idea of psychology.

INT And you don't feel that you can enlighten them, because then you're afraid that they might remove their referrals – is that the tightrope?

RES I wouldn't even start. I know what it was for me to convert from scientist to psychologist and I was always ... I always had studied psychology and it was a big shift from science to thinking complexly and ... from linear to complex. I wouldn't even begin to ... I mean, I've tried here ...and it doesn't go. I wouldn't try and convert them. You might ...

INT I might try once ...

RES I won't!

INT Alright. Multi-disciplinary interaction ... which is what you've been saying. Other than what you've mentioned, what I've heard quite a bit of, more informally, not so much in interviews, is the sense that there's not always a lot of respect for what psychologists do, so, in a multi-disciplinary environment, the psychologist is sort of pushed to one side ... or, the OT might sort of cross a boundary and try and be the therapist...

RES I think there's been a lot of that ...

INT Is it a demand?

RES Well, it's something I'm used to, as a (*previous profession*) it was the same, it hasn't really changed a lot.

INT Okay, so it's not something that you find particularly difficult – you're just aware of it.

RES No, I'm very conscious of it but I don't particularly try and fight it. It doesn't freak me out, it's just like some people are rich and some are poor.

INT You just accept it the way it is?

RES I get a bit hot under the collar, but it's not something that's an enormous stress.

INT Okay.

RES It's like a husband and wife.

INT Alright. Then ... my personal bone of discontent. The admin, process notes, accounts, the paperwork side of things ... do you ever find that a demand?

RES Well, I stopped writing reports ... I don't give any doctors feedback and I don't care if they go somewhere else. I don't do feedback. I have somebody who does my accounts for me ... so I don't care about that. There's always work to do, a couple of hours every night ... an hour or so, no matter what.

INT Admin wise?

RES Admin – you're never really free of that ... all you can do is keep up with it.

INT You've had the same experience as I had?

RES Not as bad as you ... I know you take it very seriously. But, I've got outstanding reports for legal ... Road Accident Fund ... (*EAP*) reports, letters for commission to be working in a certain place ... I've got all those things outstanding that I should have done months ago and haven't touched them. It sits, always ... there's always some cloud of admin.

INT Alright – what about difficulties with medical aids? I'm going to go through them again and, as I say, whatever resonates ... CPD compliance, the HSPCA criteria – the fact that they don't seem to really know what it is they want to do. Some people experience that as a big demand, because they almost feel, well, we've got the HSCPA, we've got PsySSA, and I've heard some comments that they don't feel either one of them actually does anything. But then, my experience has been... HPCSA, for example, they were very quick to send out threatening letters, you know, saying that you have to comply but when I phoned to find out what's the latest, it wasn't even in place yet.

RES I don't care about that. I acknowledge them as external stresses but I don't care. I love going to academic lectures and have never been short of CPD points and I just keep going, filing my stuff. It's not particularly straining.

INT Okay, insufficient training for certain presenting problems, and then the increasing threat of malpractice litigation – if you look at the stats, psychologists are being sued much more often. Any of that... sort of something that bothers you, or places a demand on you?

RES No, I think it's important to stay ethical, it keeps us on our toes. I don't feel particularly stressed about that.

INT Then we've got a few others ...office space, overpopulation of psychologists, inadequate facilities, too few referral sources, which you've kind of touched on. Is there stuff like ... what a lot people were saying and what I've also discussed with you in the past, is there's almost a sense of isolation and a lot of people experience other psychologists as being very competitive, okay. Sometimes, some people have even said "hostile". So, the question that came up is if there is self-doubt, it's very difficult to gauge your efficacy, it's very difficult to gauge your competence ... for the simple reason that you can't rely on colleagues to give you feedback because, number 1, they're not in therapy with you, number 2, because of this competitiveness, you're not entirely sure that you'll be getting an objective opinion. You don't want the feedback from your clients, necessarily ... I mean you don't want praise. So one of the demands that came up is that you often are isolated and then you often are also not entirely sure of what you're doing. Do you ever experience that as being a demand?

RES Of course ... of course it is because you never can be sure what the client walks out with. You might think you did okay and they might ... I think therapists should be more collaborative where they could be... and ethical, so if a patient has been seen by someone else then there should be a discussion, a discussion of what happened, why did they leave, why you're taking them on. It's a therapeutic issue that never gets dealt with, and particularly these silly companies, like (*EAP*) who, when the client wants to be referred elsewhere, they never ever explain why and yet, often, it's been a therapeutic issue, that this client has done a lot of shopping before and actually its time that we took it up, but they go on shopping and (*EAP*) plays into that.

INT I hear that. Alright, was there anything else that came up that you can think of?

RES I can't think of anything.

INT Alright. Let's move over to resources. Obviously, if something else comes up ... job resources ... Job resources refer to aspects of the job which assist in achieving your goals, reducing job demands experienced, stimulate personal development. These may be considered in terms of internal and external resources. By looking at what you consider to be your internal resources, what would you say contributes the most to health sustaining factors, contributing factors. For example, do you employ specific cognitive or behavioural techniques to assist with coping of the demands of your job? Iin terms of job resources, and some of the things we've spoken about, what do you consider to be your primary resources in coping with the demands of your job?

RES I would think internal resources, in other words, not taking personally situations but seeing it as part of the job. Just being more philosophical about things, letting a lot of stuff go ... letting things go ... not sitting on them ...

INT Things like?

RES Clients going elsewhere, the hospital referring to other psychologists rather than me when I was the one who perhaps had ... introduced them... whatever. Just letting stuff go, it's okay, there's more than enough in the pot for everybody.

INT Okay. It's almost to have an objective outlook?

RES It's actually just not hanging onto issues, really, letting stuff go.

INT What about time? You've been in practice for (*time duration*) years. Do you find now that there are less demands and more resources than when you started, or much the same, or is it worse?

RES I think when we were newer ... more newly qualified, we made a bigger effort and were very enthusiastic about all the lectures that came out and meeting colleagues, supervision, and I think, as time takes it toll on you, you get on with the demands of life as well and that supersedes very often your ability, your time management in terms of the profession. Life takes over the profession, rather than the profession staying the main thing ... like when we were training we were so steeped in everything.

INT Okay, makes sense. Do you have any kind of routine, or plan, or sort of downtime, or hobby or anything that you incorporate when you feel a little bit overworked, or stressed, or tired?

RES I exercise daily, I go to church, I pray a lot, I go for a massage once a month or once every two months and I do community psychology – in other words, I have to travel to work in rural areas so I get out of the city. I don't get away from the therapy, but it's a different thing out ... doing groups in the villages.

INT A lot of people have said that incorporating different types of tasks is their saving grace, and I'm kind of hearing the same thing from you – I just want to make sure I've got it right.

RES Well, I do have diversity. I do some adolescents, I do older kids, I do couples, I do pain, I do medical stuff, I do community, rural ... and I do ... so I think I have quite a diverse ... oh, and the odd group ... so I think I have quite a diversity of work.

INT Okay, this wasn't specifically about the presenting problems, it was more levelled at working in a practice and then ... spending one day a week doing community work, for example or two mornings they'll be in the hospital rather than in their office, or whatever. That's sort of jumping around but they seem to find that quite helpful. Okay. Spirituality – you mentioned that, that's quite an important one. What about family support, or friendships or even colleagues. Do you ever have an informal debriefing with colleagues.

RES I would like more, it's very valuable to do that.

INT Is that more like "over a friendly cup of coffee" basis? Or is it a formal type of debriefing?

RES Both.

INT Okay, so you do both?

RES Yes. I do supervision ... I mean, I go to supervision.

INT Oh okay. Alright, and you find that helpful. So that's also a resource. Okay, anything else you can think of?

RES Not really.

INT Then the last question – if you knew then what you know now, would you still have become a psychologist?

RES Yes. I like my job.

INT You find it satisfying and fulfilling?

RES Yes.

INT I know I said it was the last question but for my own interest... one of the things that I find frustrating ... if you find yourself with a lot of demands ... is the picture that I had as a student of the dynamic process - working together towards a common goal, you and the patient, I often find doesn't really occur, it's almost like pulling teeth sometimes. I find that if I ask questions, the standard response I get is "I don't know" which I find very frustrating. I'm seriously wondering "am I asking the wrong questions" or are my expectations too high?

RES Or is the type of person you get, different? I have ... I mean when I think right now of my clientele, it's fantastic. I really enjoy seeing them, and I look forward to seeing most of them. There are some that actually evoke a lot of tension in me because of the way they ... I mean that's just counter-transference. There's some that sometimes ... it's occasional ... I can't think of anyone now but I know last year there were a couple of sessions that I absolutely dreaded on a weekly basis. I'm like "get me through this, I'm not a kid" which I found very, very tiring. That's ... on the whole, I think it is ... I mean it's fulfilling if they sustain it. It's very distressing if they disappear for no reason and they just go somewhere else and you phone them and you hear they've gone somewhere else. Why? It's nice to know it and they should have actually come back and upped their efficiency. Deal with it and then you're welcome to come and they are welcome to go but, if we could deal with it, I could let them see some of the way I worked and why, or why ... I mean ... it's often a therapeutic issue and they don't like to be challenged and so, I kind of think, we definitely work in a very fragmented way. I mean, it's like medicine too ... you don't hear one cardiologist saying nice things about the other one, it's a competitive thing. And I tend to support the other therapists, like I had a girl the other day, a (*profession*), who wanted to change therapists, and I said "why, you went through all this for 18 months, why would you want to do this?" And she was very ticked off and I said "but go and deal with it", which she did and she came back once to see me to say she's going back to whomever it is. That works for me. I felt validated and I worked ethically but also that she wasn't leaving me for issues that were my issues. So that's ... it sucks that there is such a threatened little bunch of therapists in this area.

INT In terms of your training ... just also, do you find that what you've learned, you're using and ...

RES Not one bit. The (*university*) training was all about tests and I've not used a single one since, ever since I've qualified. In fact, this year I've used "the bin" ...

INT Where did you then get the things that you use? Where did you pick that up from? From reading, attending courses ...

RES I mean like the test ... like the 16PF and the MMPI, whatever they are ... I don't use any of those, do you?

INT Yes.

RES You do? Maybe the TAT ones and the CAT ...I think (*university*) had a huge emphasis on careers and I think of those people who have gone and used their training, I think ... when I think of all the hours, and weeks, and months that I spent studying career counselling, and I don't do any of that ... in fact, I refer out. There are plenty of psych's in the area and I'm only too happy to say "please go". You're welcome to my client.

INT There's a proliferation of counsellors that are coming through, and a lot of people are saying that the boundaries from educational psychologist to clinical work, etc. etc. Does that, in any way, impact on you when you when you think of all these counsellors that are coming in with less amount of training, that the public may not be aware of the difference? Do you see that as a demand, or even on a more general sort of level, that it somehow demeans our profession. I mean, everybody and his dog is a "life coach", or a "counsellor", or a "trauma specialist", or something. Does that impact on you at all?

RES It's ... you know, that's also been a lifelong thing. Because even as a (*profession*) with a degree, I was the "same" as the (*profession*) in the hospital. In the eyes of everyone, I was just a (*profession*). It doesn't particularly bother me ... I think, in terms of my own

professional status, I don't care who's out there ... it's fine ... in fact, the more people out there, the better because they can't afford our tariffs.

INT Okay. Is there anything else that you want to add, that has come up while we were talking in terms of either a demand or a resource? You've got a lot of resources.

RES Me?

INT Yes. Just think about it ... the supervision, the prayer, your church, your family, and ...

RES I do actually ... my family ... because (*name*) has done counselling ... (*type*) counselling ... so I suppose we talk a lot.

INT You did also mention the exercise ... you've really got a lot of resources, more than most.

RES I don't know how people do it otherwise.

INT It's just that you've got a lot ... definitely more than you mentioned before. Okay, then just out of interests' sake, what would be the ideal amount of clients to see, per day, in your mind?

RES Four or five.

INT And at this point, on average, how many do you find yourself seeing?

RES I could see 9 or 10 a day ... I could, because I've got a waiting list and I'm fighting to keep some time for myself.

INT So, are you seeing about the amount that you would like to see?

RES No, I'm seeing more than I want to see.

INT That's in your control, so you can change that.

RES No. Because that's reverting ... that's the biggest tension ... is to keep my referral base alive and to keep the referral ... the referees interested in the fact that I'm in this area. So you've got to ... and I mean, I mean really I've lost a bunch of clients this week because I didn't phone them in time ... I didn't have the time because I have a lot of family demands ... so ... like last weekend went, and Monday I phoned a few people and it was too late. I lost a whole bunch of people because I get a lot of referrals. Another resource which I'm just thinking ... there are a couple of medical people that I talk to ... like neurologists I'm friendly with, and that's a very alive resource for me. Because it's... it gives a completely different slant. In other words ... like (*name*), I'm very friendly with her ... I'll phone her about a client when she's on a tea break, or a coffee break, and just her insights are interesting.

INT From a neurological point of view?

RES Well ... she sees it neurologically, but it's like ... it just takes me out of a rut ... takes me into another way of seeing things ... it's like it's refreshing ... intelligent people that can think complexly, that I find valuable.

INT Great. That was very helpful. Thank you.

INTERVIEW 5

Gender:	**Female**
Age Group:	**31 - 35**
Registration Category:	**Clinical**
Years Qualified as a Psychologist:	**6 - 10**
Years in Private Practice:	**6 - 10**

INT Job demands. Job demands refer to specific aspects of your job which require a sustained mental or physical effort, and are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather, I'm interested in learning more about what you consider to be the demands of your job as a psychologist. Now, I have a whole list of things that the literature and other interviews have brought out which I can go through with you but to begin with maybe we can just leave it open-ended and you can consider the things that require sustained physical, mental effort. The demands that you experience ...

RES Okay.

INT Okay. What comes to mind?

RES I think the main thing is energy ... in order to maintain private practice full time, every day, of every week, of every month, of every year. You need a fair amount of physical and emotional energy.

INT Okay, so there's a demand on your energy. Would that physical and mental? Emotional? Or all three?

RES All three.

INT Okay.

RES All types of energy because I think energy's a combination – you can't split it as one's physical ... because if you're emotionally tired, you'll also be physically tired ... you need to physically sleep to alleviate that. So I think energy is, in any case, a combination of all those types of energy levels. And that's why it's important to maintain them ... to have a check for that. In private practice, it can often happen that, if you are working very hard, you do become tired. On various levels ... whichever level most but, it depends on what the scenario is.

INT Would that lead to any other kind of demand? I'm just thinking, when you talk about being tired ... the implications of that, in my mind, would lead to the other demands that I have read about.

RES I think that with regards to that ... it's demanding ... you've got to check your physical health. There's definitely a component of, if it's a demanding job, you've got to take care of yourself ... so self-care is very important. And physical health ... I think when you're not physically in good shape, it's got an effect.

INT Okay, fair enough. Any other demands that you can think of?

RES I think ... if we're talking about the over-arching categories of energy ... the demand on energy ... and your performance, then that includes many things. Emotional energy ...

INT Over-arching?

RES Over-arching demands or time frames. I think that manifests in various ways, so if we start with the physical demands, it would be: your physical health, your fitness and stuff ... you need to de-stress with exercise, that type of thing ...

INT Which would be one of the resources we're talking about?

RES Yes ... which is demanding. And, I think, "fitness" which I've read about often in psychology, not everyone understood what it is, but I think it's got to do with being able to maintain that kind of work. You become very fit ... you get fit to do the work. And the emotional demands ... can, at times, be very tough, or you're very busy or you're overloaded on your amount of clients that you're seeing. Mental demands ... I think it's logical to keep updated, and not to become outdated with regards to academics, continued education and that kind of stuff ... and also, when you work in private practice, you've got a client coming in ... you've got to definitely have some sort type of foundational knowledge, or awareness of other fields.

INT So a knowledge of other fields? Unrelated to psychology?

RES Yes, and I think you pick a lot of that up over time in psychology but, I think it is important to have a bit of ... obviously, you're not allowed in-depth knowledge, but you need a bit of a ... awareness of other things, like the medical fields, and psychiatry as a field and things like that ... because you need to pick it up in your assessments and in your diagnosing ... you need to be aware of other fields ... you can't work in isolation, you've got to work ... although you practice in isolation, you've got work as a team, as far as you can.

INT Would that imply that you ... you have to know a little bit about everything or, at least, a little bit about a lot of things?

RES Yes ... but there's also a demand for specialisation ... you've got to be good at what you do, your field ... so you need to be alert and aware of other fields as well.

INT Okay, thanks. Anything else you can think of? Would you like me to go through the list, and see if anything pops up for you?

RES We can do that.

INT Okay. I'm going to go through some of the things, because your answers are great, but I think you're very focussed on the toll it takes being in the therapy, which is definitely one of the more important terms ... it's probably the most important one ... yet there are a lot of things that are considered demands, that are very much distanciated from that ... maybe you experience it as a demand, maybe you don't so ... let me go through all of them, right, and then, as I say, if something pops up for you, you can say "okay, that's a demand for me, or not". Okay, one would be workload – there's the feeling ... there's too much work, too many things to be done. The contact with patients – I think you covered that when you spoke about the therapy fit. Sustained attention – the idea of not being able to ever have an off day, you have to be focussed each and every hour. You can't be thinking about other problems that you have. Working hours – one of the resources, which we'll get to later – is people being able to...The power to, in private practice, to basically, dictate their own hours. Some people have been saying that they feel very pressured, in a sense, of people saying to them "I have to come after work" and then they almost have to design their working hours around when patients can come in. So, there's not really that much autonomy, according to some people. The physical environment – for example, the offices that you work in – they're not ideal, they may not be what you want. One interviewee said that they were concerned about where their offices were, because they felt it was unsafe, but it was also central – which was good – but it was also a question of safety. It might be, for example, we can feel how some people might have difficulty with the boundaries, they feel that it infringes, other people don't, it depends on the individual. Alright, then social demands – that would be an inadequate support system. Because of the confidential nature of what we do, it's very difficult to sort of talk about your day to, for example, a spouse, you have to be careful of what you say, they may not always understand, they may not be interested, or ... preconceived ideas regarding psychologists – the example was getting a couple, the wife is very much psychologically minded, she's very on board, she's very happy with her progress. Then she brings her husband ... who comes in with the attitude of "well, this is rubbish. Prove it". So you're almost having to justify, or to win him over ... the other preconceived ideas – someone mentioned socially ... they experience a

lot of difficulties with that because they would meet somebody socially and they would try to avoid saying what they do. But if they're asked outright, they wouldn't lie ... and then they get one of two reactions, like, "will you read my mind" ... which they find really annoying ... and ... "oh, let me tell you ... my sister's, best friend's child, blah, blah, blah". So, for some people, the preconceived ideas people have, even outside of therapy, can be quite a demand. This would include, clients coming in with the idea that you must "fix" them. So, the preconceived idea is that it's a passive role which they all play, which I personally find quite demanding. It falls under expectations from patients – they're expecting you to move mountains. Multi-disciplinary interaction – some psychologists find that to be very demanding, in the sense that ... also sometimes, the expectations of GP's or psychiatrists ... they find a bit unrealistic. It could also relate to feeling completely unrecognised by the disciplines in a set up where you work with them, sometimes in a team. Some people have said that they find other disciplines see themselves, sometimes, as psychologists ... The thing that they actually said was, what they were told by, for example, OT's ... "but I mean, anybody can listen, and it's all just common sense". In other words, it sort of demeans the role of the psychologist, and the professional boundaries are sometimes a bit vague. Some people find that demanding. Then I get to the organisational demands – like the admin, process notes, report writing, the time that it takes ... even the ethical questions, about "can I charge for this" when a patient actually doesn't arrive. I've had a lot of people say that, with FTA issues, you know, should they charge? They know they can, what will the effect be on the therapeutic relationship if they do? What will the message be if they don't? Almost like ethical questions regarding the admin processes. Difficulties with the medical aids, CPD or EAP? The HPCSA criteria and the idea of ... it's a governing body, but you also get people who are saying that they don't really seem to be consistent – which they have found quite demanding, because they are supposed to be their professional body, or one of them. Practice management – just again, the more practical side of things – what a lot of interviewees have said is that they got really good training as psychologists, but they weren't ever really trained to be business people ... which is important if you go into private practice. It's not just therapy, you have to also manage the business. Time or session constraints due to managed care practices – we're receiving more income, or per session - higher tariffs. But because the lump sum allowance hasn't increased, it just means less sessions so a lot of people are saying that they feel very much pressured, or that it's a demand – they have to do the same amount of work, but with less sessions. Insufficient training for specific presenting problems – some people have said that, although they had good overall training, there are certain things they feel inadequate about. The increasing threat of malpractice litigations – statistics show that psychologists are being sued more, and more. Some of the other ones, again ... offices, office space ... over population of psychologists in your area, inadequate facilities, too few referral sources – that could be either that you feel it's difficult to get your own grouping of people that refer to you, but that could also be a lack of resources if you want to refer somebody that doesn't have a medical aid, for example. Or for psychiatric treatment or medical treatment, or whatever. There is no ... theoretically there's meant to be ... but it doesn't work. The fact that there are life coaches sprouting up, and there are registered counsellors sprouting up, is that seen or viewed as a demand to you? So those are pretty much the biggest ones. Maybe you could just tell if any of those are relevant to your situation, or not.

RES Okay. I think it's a complete and comprehensive overview of anything that could possibly be a demand. Yes, it's like the integration of theory and what people experience on a day to day ... so ... the demands that you've listed, I mean, it's a huge, long list, it's very comprehensive. Out of that, I think it depends on the psychologist which one of those you listed are going to be a demand for you. I don't think that everything is a demand all at once, but I think in a practice of (*time duration*) years, I've experienced all of those, or most of those, demands in one or another form at various times in the practice. I don't know if I ... yes, I don't know if I pay enough attention ... I don't pay too much attention to that – because I see it as the in's and out's of running a practice day to day. But, at the end of the day, if you put it like that, and you really evaluate it, it can be identified as various demands.

INT But for you, personally, they're not relevant?

RES No ... I think they are, but at different times ... which is just varying degrees. You know ... to think ... like if you take some of the administrative components – I think that, initially, when

you started a practice, it was a huge demand because you didn't have the skills, you weren't trained in business skills. But each one of us, building a practice over a period of time, you just, out of necessity, learn those skills and learn how to do that. In my case, for example, I have a lady who does my accounts ... she's my accounts manager ... who takes care of that. Because I didn't see myself taking charge of that myself, to do all the admin and the accounts and that, in my own spare time, over weekends, etc. So, I think you find ways and means to circumnavigate, or to find ways around the demands of the practice.

INT Through experience?

RES Yes, I think it comes through years of experience and talking with colleagues and finding solutions to issues that are demanding like that. But I find that a lot of those demands are, at times ... you know, they come and go ... it's not a constant thing that's always kind of really making it difficult for me to run my practice. I don't think so. The medical aid issue that you also mentioned – definitely, that's a long term demand but it's experienced in every single country in the world ... where the medical aid structure is in place, there's a limit on resources, the rates don't necessarily reflect what you should be paid, you know, and that kind of thing. So there's difficulty with that ... we'll have to see where it goes in the future in South Africa but it is also a demand that's coming in from the outside on the practice and the running of the practice. And a lot of that I agree with ... I think it's very comprehensive and accurate. I can't say I've had all of those demands, but definitely experienced most of them through the years.

INT Okay, great. One thing that currently, if you think about demands that are enduring, excluding/including anything above, would you say that the energy and the fitness that you mentioned earlier would be one and the second one ... from what I've heard you say, there are only two which seem to be chronic, or long-term ... that would be that that you have to be aware of, and then the medical aid, as you say, which is the system and that's the way it is.

RES And administration which will never go away. That's always there ... the administrative component which includes medical aid ... dealing with medical aids. So, too broadly, if I think of those two, it's kind of a demand on yourself, and a demand on your business, because you're a psychologist and it's your skill to do therapy, but it's also a business, it's a practice. So those two are the over-arching ones I think. And from there, a lot of them slot into those categories.

INT Alright. Two of the other things that I have heard, that were interesting, that you didn't mention – the one was balance. This is what I've heard – this person said that their experience was, initially, a great deal of excitement about building a practice, getting referrals, and the demands that this placed ... almost the making a mark kind of demand. Then they said, once they achieved that, the next demand was getting a balance between their own personal needs versus the practice's needs. What they said it came down to, is that they felt that there were times when there was a greater demand for their time than what they actually wanted to give up. But ... the problem with that was that they were also very wary of turning away those referrals or referral sources, because they were afraid that they would then stop. So it was this tightrope the whole time of ...

RES You see, I can't understand that. Because I think a balance is so part and parcel of self-care, of making sure that you maintain your practice properly. I must honestly tell you that I have no problem referring to very competent colleagues, like (*name*). If I'm too busy and if I'm in my practice, I refer ... I have no problem with that, I have no problem with people thinking that "now they not going to refer back to me again". Because, if I do a competent referral and they're happy, they've read my name and they think the next person I refer to is a great psychologist who gets more referrals. I really think that the ... it has no effect ... it's not detrimental to my business at all. I think it's more detrimental if you don't do that, if you don't refer. You've got to refer ... you've got to keep a balance and that's the only thing you are responsible for yourself – is to maintain balance and self-care, and make sure that you are a competent therapist. Which is difficult, of course, because the job demands are high but I think, with experience of time, you learn how to do that. It's a personal journey.

INT Okay. The other thing that came out – which I think is going to latch onto something that you said about being ... where that came across ... you mention now that you have no problem with referring, neither do I. Not all psychologists feel that way, though. There seems to be a theme coming out of experiencing colleagues as very competitive, territorial, in some cases even hostile, aggressive. So what some people were saying is that it can be a very lonely job. And part of that loneliness and isolation is that you don't have a measurement gauge by which to compare yourself to, and almost assess your progress. External ... obviously objectively if you can ... you don't really know what your colleagues are doing, how they're doing it ... unless you're getting something like supervision. You don't really get people like that ... which was also some of the demands. It's basically a lot of people sort of stumble around in the dark. Assuming that what they're doing ... or hoping ... what they're doing is the right thing. Which brings up a demand of questioning your own competency, questioning your own decision making, in therapy, specifically. Is that something that you've ever experienced as a demand, or have you taken resources to counter that?

RES I definitely found, in the beginning of practicing, taking resources to counter that. Because, from the beginning, when you're in training, it's identified that isolation in private practice can be a job demand. It can be a danger and, I think that if you don't address that, you're simply stupid. Because you don't need to feel isolated, you don't need to fumble around in the dark. That is just an incompetent therapist ... I'm being very straight, but I do think that. Since the beginning of practicing, I have never once missed my supervision, which is with an experienced therapist who has been in private practice for 20 years-plus, and that's case supervision. About my cases, where I'm at, am I progressing, am I on track, what do I need to learn, extra learning CPD...education, continued education for professionals. But I think it's paramount ... plus groups, plus attending workshops, plus having contact with other therapists. Not isolating yourself, but actually building friendships, having friendships, following that up, attending meetings, supervision groups, all that kind of stuff. I think that's just such an incredible way of countering it ... you know. It's almost as if, if you have enough of those activities, there's almost no need ... there's no experience of isolation. Almost when you get back to the practice, it's like "oh goodness, I'm away from all those people again". I can just carry on doing my work. If you have enough of that every single month, without skipping a month straight through the year ... I find that it almost creates the kind of feeling, that I used to have in my internship where I would work in my office, but I would pop around down the corridor and chat with a colleague whenever needed. And I have a structure in place like that, to be able to do that. And some of those would be more supervisory colleagues and others have just become great friends, you know? It's ... I think it's so important and, if you're really not looking at that, you need to.

INT Excellent. Is there anything else that you can think of that would be a demand for you?

RES Not right now. I think we've covered quite a lot of it.

INT Okay. Let's move onto resources – you've mentioned a few already. Job resources. Job resources refer to aspects of the job which may assist in achieving career goals, reducing job demands experienced and stimulating personal development. These can be considered in terms of internal resources and external resources. So we're looking at what you think would be your internal resources. What would you say are your internal resources with regards to health protecting factors? For example, do you employ any specific cognitive or behavioural techniques to assist coping with the demands of your job?

RES Okay ... so if we come back to the demands ... because private practice has quite a large demand it places on the person, and it's a sole business that you run on your own, I do take very careful care of myself. Life-care for me is very important and I do that in various ways. There are behavioural techniques and practical techniques that I employ to be able to do that. Through the years I've learned parallel techniques.

INT Would you tell me what some of these parallel techniques are?

RES Physical health would be a supplement with vitamins, that kind of stuff, because I do think we've got a demanding lifestyle ... so, with modern medicine, I make sure I take really good

vitamins. To also try and prevent getting ill. You know ... if you get sick, you don't get paid, you don't get sick leave ... so you try and keep yourself as healthy as you possibly can. I de-stress, definitely, by form of exercise. I do (*activity*), which is an incredible stress reliever. Exercise which is wonderful because it takes your mind off things, and it's time when you can reflect ... you know, while you're exercising. It's very good for your body as well. I exercise two to three times a week and then, other hobbies, like interests in art, or sometimes a bit of yoga, or a lot of times we lose the city. One of our big hobbies is going outdoors, hiking, that kind of lifestyle which I find incredibly wonderful to just go into nature because it's always been passion of mine. And it helps a lot ... you keep a balance.

INT It recharges your batteries?

RES Absolutely. And I love travelling ... so I travel to many places – nationally and internationally. Pet hobby ... it's expensive sometimes but I just love doing it. It's just incredible because part of who I am is that I have a passion for people and different cultures ... stuff like that ... it's just awesome. There's nothing like a holiday where you're in a totally different country, with a totally different culture, and you get a break from that. So those are incredibly powerful strategies, or ways that ...you know ... I think it's part of everyday life but you also sometimes implement that consciously when you know it's necessary. So I would look very carefully at planning my holidays with regards to the practice. I think that, in private practice, you need more holidays than just in December ... you need a break in mid-year and you need a smaller weekend away every quarter. So it's just about planning it along those lines.
Practicalities also, I don't work longer than 08h00 – 17h00 and it suits me very well because I do protect my family time. You mentioned people ... colleagues discussing scheduling an appointment with a client who can only come after work ... I totally understand those dynamics and I would refer that client to an appropriate therapist who can accommodate them and who is qualified to do that, and who has no problem to put their life structure to see people later. I do know of referral sources who, for example, don't work in the mornings – there's a very competent therapist. What she does, is she goes to exercise every morning ... she exercises and does yoga in various classes, only starts her practice at 10h00 – 11h00, but ends later in the evenings. It's still an 08h00 – 17h00 day, but it's from 11h00 – 21h00 or whatever. Her life is structured in such a way that there are no other demands on her home time and she can do that ... it's actually meaningful for her to work later slots in the evenings.

INT So you would never change your boundary? You would then rather refer to somebody like this.

RES Yes ... it's appropriate and it suits everybody better so I'm not going to change that idea or, you know, compromise on that. And I'm very up front with people – they know my working hours from the word go and we take it from there. Then personal resources, other things you mentioned – socialising, being with people, having a variety of friends from various walks of life. I think over the years, with experience, you also don't really ... you become more comfortable with the title of "Psychologist." Yes, you do get the social stigmas and the social reactions are standard ones. But I think, initially, I must say it did bother me a bit – it's a bit difficult to cope with that. When you start a practice, you do deal with the social reaction to being a psychologist. But I think, with time, you realise that it's really not an issue, it's more the issue of the person that you're dealing with socially ... it's not ... it's shouldn't bother you or intimidate you, and you should have a bit of posture, I think, have a bit of posture I think ... have a bit of ... self-image, I suppose. So, I think it's a profession we should be proud of ... a profession we should be proud to call ourselves "psychologists". The Afrikaans have got a beautiful word – "sielkundige". You know, it's like a person, a "kundige" who has knowledge of the soul and I think it's a beautiful profession to be in. I think that when people say that colleagues can be competitive and all the rest, I think that they ... it's something that should be addressed, between psychologists themselves. We know that whatever a personality trait, somebody would go into private practice, or have the guts to do that, to study psychology, is that you need to be an individualist, you need to work on your own, you need to be independent, you need to be ... you need to have guts to do that I think. The downside is that you then work on your own, you're not a team player necessarily ... it doesn't have to be that way, you know, I don't think that people need to isolate themselves or compete with each other. Again, we all need to work together because there really is a place in the sun for

everybody. Most definitely – if you look at the population, if you look at where the world's going, there's a place for everybody, every single psychologist, OT, social worker, psychiatrist ... daar's 'n plekkie in die son (*there's a place in the sun*) for everybody. The system will work a lot better if we work together in that system. So I must say, I've experienced my colleagues as wonderful people. At times I've had colleagues that I haven't known, people that don't know me, that haven't interacted with me, which I find strange with their attitudes, or whatever. But I try my best to overcome that and to work in a conducive system that says we're working for the best of the patient together ... you know, a solution, or whatever that's conducive to help, and that's important. Other resources ... I like to use technology as far as I can in practice and other auxiliary professions, I would call it that.

INT That's an excellent answer. Could you expand more on that?

RES What I mean is, if you are in private practice, and there are demands on admin, or stuff like that, use the auxiliary services, get a secretary or get a lady that does your accounts, get a good tax man. You know, I'm not good at business, I'm not a tax lawyer, accountant, BCom person ... so I need to use my resources.

INT Technology?

RES I use sms's to send directions to my practice, I use e-mail at times, in various forms. I have, at times, when I had international clients, which was interesting as I had to do therapy via e-mail, which is the future of psychology, you know. But there are possibilities like that and I think we need to be aware of that and include it in our practice because it's a resource. On the business side and the practical side.

INT One of things you mentioned were friends, and you mentioned making time for your family. You are married. With your spouse, would you find the relationship ... I suppose the demands the relationship faces ... would see that as a demand or would you see that as a resource?

RES The marriage relationship?

INT Your spouse – is he a resource to you?

RES Definitely a resource, not a demand!

INT What I meant by that is ... it was interesting that people that didn't have any other responsibilities, seemed less stressed in the sense of ... just, objectively, for observation ... because they didn't have to split themselves into hundreds of pieces. Whereas the people that have relationships, maybe even children, they seem to find quite a bit of strain ... well, they experience quite a bit of strain ... between keeping everything on top level – family, kids, marital relationship, practice, admin, as if there were more roles involved.

RES Definitely more roles! I mean, that just goes without saying. The more you have in your life, the more you have roles. But I think the important thing is prioritizing. So I would say to you that I find my marriage and relationship a resource, just because it's so fabulous and so fantastic. But I think that if there were to be a time of stress, for example, in my personal life, you have to prioritise. I'll give you a good example, a personal example. My father passed away a few years back, we were very close so I found that very difficult ... what I immediately did, was I took compassionate leave out of my practice for myself. I think it's paramount because you have to prioritise what's important at that point and, at that point, my grieving process was important. I got wonderful locums in place to take over my clients and deal with that. And it's important, because if anything happens to them in their lives, I need to know that I must step in and be there to maintain their therapies with their clients. And I found in that time, I took a good, three solid weeks off for grieving, for myself, for my family. Of course, you take the knock financially, but it's about prioritising. The thing is, the individuals who were in therapy at the time, and were seen by the locums, had no problem with that, which I was worried about initially. "What are the client's going to say"? You know, they're human ... they know these things happen in your life and they were very impressed with the

way we dealt with that, arranged locums – the locum contacted them, everything went smoothly and I didn't find a loss against my practice, or any threat to my practice ... actually, I think, some people, you know, realised it's real ... life's real ... there was no knock on my practice financially, or anything that you could see is now a problem, because the referrals ... when I started up again, after taking a break, the referrals came back again. So it's about prioritising, I think, when you have more than one role in your life, prioritising and keeping track, keeping a pulse on that ... you know, where's it at, where do I need a little more time here, where do I have less time there. Where you need to focus and be able to maintain that. And I think that balancing it is important because it's hugely rewarding to be a person with many roles in your life. It fulfils your life. So it's not an option to say if we have less roles, it's easier ... I don't think so. I think it's about prioritising and a balance.

INT Excellent. What about something like spirituality – does that play a role for you at all?

RES I think, definitely, your philosophy of life plays a role and your constant personal development – in whichever way that is – personal, spiritual, self-development. Spirituality is something, I think, that grows with human development deeper and deeper through time. And I think you walk that road on a very personal level and I think it is a source of strength, along with meditation and quiet time, retreats away, and whatever else, so that is important. I think each person has their own form of spirituality or religion or whatever that might mean, and I find that, with regards to ...do you mean how does that fit into private practice?

INT No, just in terms of being a resource for you personally. Is that something that you get strength from?

RES Yes, definitely. And I've always, through the years, always read books on various topics, like spirituality or death or self-development, or growth or philosophy or whatever else – just because it's a personal interest of mine. So it definitely does. And I think that's important because, for me, I've always had that kind of ... I always want to grow in myself, and grow and continue forward. I don't think that you study and then stagnate like a tree that's busy dying, I think you need to keep growing, even though we're not being formally educated after you've done your tertiary education ... my education just never stops, it keeps going on various levels, on various topics, so I definitely think it is a strength.

INT Excellent. I note that what you're saying about personal growth. What I was hearing from a lot of other people that I interviewed, I was getting a lot of ... in the beginning that was a demand ... in the beginning ... in the beginning. What ultimately was coming out was that the longer you practice, the more experience, and the more maturity as a person, the more that becomes a resource. Did you experience that as well? In terms of that, have you found that to be a resource for you – that the longer you do this, the easier, I suppose, in a way, it becomes for you.

RES I definitely think so. You know the small things that would have rattled your cage, that would have been difficult to deal with or that you didn't have experience in dealing with, initially, it does become easier, it's not so much of an issue, or you have learnt how to deal with it, what to do and how to work through that process.

INT Would that then also imply that you've become more confident as a therapist with increasing time?

RES Yes.

INT Great. Anything else you want to add in terms of resources?

RES No. I think it was a good overview.

INT Okay. I have one last question, which I think you've already answered ... if you knew then what you know now, would you still have become a psychologist?

RES Definitely.

INTERVIEW 6

Gender:	**Female**
Age Group:	**36 - 40**
Registration Category:	**Clinical**
Years Qualified as a Psychologist:	**6 - 10**
Years in Private Practice:	**6 - 10**

INT Job demands. Job demands refer to specific aspects of your job which require a sustained mental or physical effort, and are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather, I'm interested in learning more about what you consider to be the demands of your job as a psychologist. When you consider the work that you do, what would you say are the areas that you find most draining of your energy? For example, would you consider your workload to be excessive. There's a whole bunch of stuff that I can mention ... let me just leave it open-ended for now ... when you think of demands that are placed on you as a psychologist – internally, from clients, externally, administratively, anything. What comes up for you as the biggest demands, the costs for sustained physical and mental effort?

RES I think ... when I think of the trauma work ... that drains me, because it is so close to home and it can happen to anybody, or to me, what happened to these people, so it's not something I can physically or mentally keep away. Or they come in and say "I see you're not safe either" ... that kind of thing.

INT So traumatising the therapist kind of thing?

RES Yes. Also the urgency with which these referrals come ... "can you please urgently see somebody whose husband has been killed?" And when I don't feel like seeing that person today, or tomorrow, or I'm fully booked, or ... the conflict of being available and looking after myself.

INT That has come up with others as well.

RES Yes, and also just in terms of working with people who struggle with boundaries, phone after hours, or make demands on time, or get angry if you don't respond. And I find it difficulty to ... I do it ... I find it extremely difficult to be okay with it ... not phoning back on a Sunday evening, just call them back on Monday morning.

INT Keeping the boundaries against the personal cost.

RES Yes, I find it exhausting. Internally, I get angry at people for not respecting me and my space. And I feel that I have to deal with it because they do what they do and I find it ... yes, I get angry. And the cost to stay therapeutic and not to show the anger, but to work through it. Also, the people that want to come early, or (*omission*), or when they get angry about the fees, or they don't pay ... the kind of stuff that doesn't happen in therapy, but happens around therapy ... which I don't want to deal with but it's part of the process so it's not something one can not deal with.

INT Would that almost be like patient's expectations? Not therapeutic, *per se*, but almost around the process?

RES Yes, and which becomes very much a part of the therapy for them. Managing boundaries ... I think, for myself, managing boundaries and not falling into the guilt trap. Some clients are just exhausting so it's just a thing of thinking that at 16h30, this one's going to come, and I really hope they don't come ... feeling bad about that. I mean ... I think, what I often get is this then questioning myself, am I good enough, should I refer on?

INT Am I doing the right thing for this person?

RES Yes.

INT Okay. Okay, excellent. Anything else you can think of – demand-wise?

RES Yes, as I work with kids ... and there's a demand just to work with a child and you know you have to work with the parents, or the school, but there's a resistance. And I just say, okay, I just work with the child ... it's the easier but not necessarily the most productive. Especially with children ... you know, the school, the other therapists ...

INT The parents ...

RES The school, the grandparents, whatever, that kind of having to deal with it then outside of the therapy hour – phoning parents, phoning teachers, OT's phoning after hours wanting to talk about the child. To keep the professional relationship good, I have to do it, but actually I feel they can phone during office hours.

INT So again it's about boundaries. That's an interesting point which we'll come back to. There's a link to that when I ask you about ... I don't want to lead ... I'm just asking about ...

RES And another thing ... working like (*name*) does for this (*EAP*) ...

INT The EAP company?

RES Yes. They pay very, very badly but expect us to always be available. Urgent referral, phone somebody now. But why don't they pay us? Every time I bring it up, I just get ignored. So also the conflict of should I continue doing that, or should I just (*stop working for them*)? But I think I need the referrals and the nice client base in terms of diversity ...

INT Security in a practice – financially. I know. I found that many psychologists experienced the same. The consensus was that the admin demands with them, specifically, are horrendous.

RES Yes, they want a report now, and you have to put your billing in now. And then they lose it and you have to put it in again. Then they come back and say "Why didn't you contact this client?" The person (*complains*) that nobody contacted them. Then you have to explain to them that you contacted them twice, they didn't pitch for the first session and ... almost like explaining or defending your professionalism. If they question it, then I get very angry. The whole admin part of ... report writing, sending bills, phoning ...

INT Do you do that on your own?

RES I've always done it. I've now employed somebody to do it. So I have to train her now ... I think I should've done it (*time duration*) years ago ... the whole dealing with medical aids, and how much they pay, they don't pay for this and Discovery has different rates, if we send in the wrong rate and they pay the client and then we don't see the money ...

INT This is great stuff ... you're mentioning all the things ...

RES I get tired ... physically tired. I need at least a two hour lunch break, I don't want to see more than (*number*) clients in the afternoon. If I have more than (*number*) in the afternoon, already then as of the previous day, I ... I get tired when I think of the next day. Client management, how many to see ... if somebody wants to come at 13h00, that's their lunch break. Again, it's boundaries, should I compromise mine now or ... If they don't phone ... if they just don't come and you don't know that you've got an hour. Or it's like three after each other that don't come, you've got three hours that you don't do anything productive and I feel so exhausted. It's not that I can say okay, I can go to the movies now ...

INT Because you know there's a patient waiting after that, or ...?

RES Yes, I wait for the next one. All the ones that cancel because of a good reason – children are sick, or traffic, or whatever ... there's a conflict of whether I should charge them or not. I can,

but how will it affect the relationship if it's definitely not their fault. All of that are demands ... it's not clear cut because I basically do all of that myself – the billing, the making appointments, answering the phone.

INT That in itself should be quite a demand?

RES Yes. It took me a long time to realise that that is what actually sometimes makes me think that I don't want to do this anymore. Then I think why I don't want to do (*this job*) is because of all the non therapy stuff ... (*sitting here with a client is the ok part*) ...

INT Interesting ... because what has come up in the interviews is that we were well trained as psychologists but we weren't trained as business people ... and we're not just psychologists, we're practice managers, we're administrators of medical funds, we are personal assistants to ourselves ... so it's all the stuff that you're saying ... the receptionists, marketers, promoters, or whatever ... we have to do all of that, or we have to pay someone to do it which then, I think again, puts a demand on you, because now you have to generate more income to pay these people. So that's what I'm hearing with you as well – it's not that the work itself is maybe not the problem, it's all the stuff around you that's so draining.

RES The thing is ... why I took so long to employ somebody, is that my systems are in such a mess that I thought, if I sort it out, that I don't have to explain to somebody, I can do it myself. As long as I haven't sorted it out, I can't give it over to somebody. So it was a vicious circle ... I need to be on top it before I give it away, but if I'm on top of it, I can actually do it myself.

INT You don't need to give it away?

RES Then I can then just do (*the admin*) every day.

INT I've got some templates that might help, that I can give you. It's just like a daily worksheet and at the end of the week it's all tabulated already, so I can give you that if you want. Okay, excellent. Is there anything else? You've mentioned most of this, but I'd like to just go through it again to see if there's anything ...

RES Well, on a personal level, if I go through some kind of difficulty – family or personal – and then to still be available and in control and ... for example (*person*) died last year, he was very sick, so that kind of pressure to deal with that and when people come in around things of death, and loss and ... it's not something I could share or ... so suddenly the need to actually say "(*person*) is also sick", or ... and I've done it twice that I actually shared something and then I regretted it for the next two weeks ... (*omission*) ... people then come and say "how's (*person*)?" Suddenly they become ... the relationship is reversed for a while and then I have to work very hard to get it back on track. As if they feel responsible now to look after me ...

INT Which was obviously never your intention ...

RES No, but that ... something like a slip, something you say, that suddenly has these repercussions that, in the session, "how's (*person*)?"

INT Which also brings it into the session when you're actually trying to focus on the patient ...

RES Exactly, it's difficult to move it out, so ... that's more of a therapeutic thing which ... management of my own stuff ...

INT Do you have supervision?

RES Yes.

INT Does that help?

RES (*Yes*). The other is that...when I'm sick ... the whole issue of how much sick leave do I give myself, how does it affect income, and can I do that to clients who just cancel, or can I do that

to clients who just sit here... and sneeze and cough? This whole thing of not just being able to take off ...

INT It becomes an ethical question ...

RES What harms more? To cancel short notice ... I don't like to cancel on the day ... it's not fair on clients but if I get a migraine, or I really feel bad, how to manage that one.

INT I often have that kind of question as well – ethically, when you're looking at two options – on the one hand, it could be argued this would be unethical ... for example, to just cancel a few hours before the session. On the other hand, it could be argued that it's unethical to not be fully in the session because you're not feeling well, your head's sore, or whatever and nobody seems to be able to answer this ... you know, not that specific question. What is the best to do?

RES I know that this client I can cancel, they'll be okay. But with this one, I know she's going through a crisis and if I cancel on the day, and I can only give her an appointment next week, that doesn't work. But to give an appointment tomorrow and cancel again because I'm still not feeling well, or to give them the flu virus, or to ... it's a difficult one to just be sick.

INT Another thing that's really important ... it's interesting to me that the other interviews that I've done ... you are no. 6 ... two other interviewees, spoke about the financial aspect as being a demand to them. The other three ... money was just, you know, it's not about the money, don't think about the money, never consider the money ... which I, personally, find very hard to relate to because it is a business. Financial demands – not demands as in your personal finances, the juggling aspect. I mean, our fees have gone up considerably but the amounts the medical aids provide, hasn't. So all it effectively means is less sessions ... does the financial aspect of the business ever cause you stress?

RES I can't see as many clients as I need to be financially secure, because I don't have the energy. I see less people than I actually need to, to make it financially viable. So then I've got the stress of not having enough money. And of course the whole thing ... medical aids ... in December I don't see a lot of clients, the medical aids don't pay for a while, all the demands of the professional fees, the indemnity insurance which (*needs to be paid in*) January and February ... so my one other reason to leave this (*job*) would be for financial reasons. I give huge cash discounts but still, it's quite a lot if people want to come regularly. Even if I give cash discounts, it's quite a lot money for them. Or the ones that don't pay well, like (*EAP*) ... where I start feeling resentful sometimes, because I don't get what I'm allowed. So financially, private practice doesn't work (*well*) for me.

INT Considering the process of becoming a psychologist, the time and the cost involved in it versus the fact that there's every month the question of "am I going to make it this month" ...

RES On the other hand, I was in the (*specifies*) profession in a job which pays even less. So, when I compare myself to my colleagues in that field, I make a killing. So ... in that sense, I sometimes feel it's not fair because their demands are also very high and they can't charge what I can charge. But if I compare myself to other professions, like psychiatry, or lawyers, or engineers ... then I think that something doesn't add up. I also don't think there's enough acknowledgement for the kind of emotional demands ... but I can't go and share stuff with my friends of what happened ... I can't tell what happened at work today ...

INT The confidentiality makes it a very isolated ...

RES (*Yes*). And mostly you don't get feedback ...if clients get better, they don't come back and pay R500 to tell you that they feel better – they just don't come back.

INT You could've written this ... it's all there exactly, in the literature. That leads us to the next question, again without wanting to lead ... one of the things that has come up, because there's not feedback and, for example, the isolation that we're talking about – some people have said that they find their colleagues to be very competitive, sometimes they're hostile.

So, what a lot of people are saying is that they don't really know what other psychologists are doing and they don't get a lot of feedback from their own clients. So, in other words, for many people it's always a question of "am I competent, am I doing the right thing, is this the right approach, am I good at what I do?" and it's very difficult to gauge that. And there's this constant, almost self-evaluation, self re-evaluation that can maybe spiral into self-doubt. Is that something that has ever come up for you, or is that not a demand?

RES It does ... it's like if somebody says how wonderful you are, then you also have to question (*their motivation*). You can't just say yes, I am wonderful because there's always the scenario of what is the motivation? So you can't even take that ...

INT Then you have to give it back and reframe it anyway, because they have to leave there feeling empowered.

RES Exactly. So what sustains me in that sense is if somebody disappears and two years later the sister comes and says "My sister was very happy and she referred me" – that kind of feedback, but it's very little and very far between. I question myself a lot, and I think in that sense, supervision is what keeps me alive. I don't know if I can do this ... (*without getting*) feedback from colleagues with a bit more experience. I also find that other psychologists are very competitive. At the beginning of my practice, I thought everybody else was seeing ten clients a day, only I didn't have enough clients. And then I started to see, but this isn't true and people actually have a lot of gaps in their diaries, but nobody speaks about it ...

INT And if you mention something that bothers you, everybody looks at you as if to say "Well you're the only one that's ever felt that way", meanwhile ...

RES So, if they were seeing so many clients, they wouldn't be in the financial ... or have financial problems ... you can't (*complain*) if you see ten people a day ... I find it very difficult ... I've got very little contact with other psychologists, (*omission*) ...

INT And not supportive?

RES Yes. I've got two (*who stand in*) when I'm on holiday, where I ... depending on who's there or what the others say ... contact this person. I switch on my answering machine, I don't have a problem with that. But other than that, I don't really have contact ... and, initially, in the beginning of the practice, I was trying to find supervision groups, or support groups with colleagues to talk about case discussions – it didn't work. Then, if you get a client, you cancel that group because you've got two clients a day, or this whole thing of the competitiveness coming in the way of actually supporting each other ...

INT So it defeats the purpose, ultimately?

RES Yes, because I found that I always brought my problem clients and they brought their shining clients and eventually I felt that I was the only one that was useless at this ... And also the competitiveness between the other professions ... between ourselves and (*other profession*) and psychiatrists. I also think that if I refer now, then the medical aid is finished quickly. So the ethical thing of should I refer somebody and know there's less of the pie for me, and what is the best really for the client, and I think about what is best for me.

INT And again, the dilemma it creates?

RES Yes.

INT What one of the other people said that was interesting, they were saying that when they refer to a psychiatrist, with the idea that it would be an augmentation to the therapy, they never see the client again. The psychiatrist almost takes it as this is now my client. Has that ever happened to you?

RES If somebody needs medication, I refer them to a GP that I work with. (*Often*) I get clients from psychiatrists who are just totally drugged.

INT Alright.

RES And I refer to homeopaths, to alternative ... and that's also a bit of an ethical thing, referring outside the HPCSA. (*In the beginning I felt*) uneasy about that. But I do that and then I discuss it with people ... but it's not what we "should" be doing in the health, the medical field.

INT Is it effective?

RES I think many of these (*omission*) things are much more effective – body work, body therapy ... but it's ... I feel a bit uncomfortable, it's like breaking a loyalty.

INT I understand that, I think ...

RES But I'm getting more comfortable with it.

INT If you discuss it with your patient and you give them the options ... and that would be the way they go. It would be unethical to force them back to the medical side ...

RES Many don't want to go there ... so I get more comfortable, but initially I had this conflict about it – the very western psychology model and also the outside ... in a more alternative or complimentary stream.

INT If the client makes that decision, there's nothing you can do because ultimately it's their choice.

RES Another thing, I work from home ... so the boundary thing is again there ...

INT So you live where you practice? That must be quite rough.

RES It is a bit rough because sometimes ... at least now I've really separated my consulting room ... but I once rented this room out and I worked from my lounge. So it was my relaxation area and my practice area, which took me also quite a while to realise ... because it was the nicest room in the house. So it was nice working in the nicest room in the house but the relaxing part was then difficult.

INT You're never away from work, essentially ...

RES Yes, (*omission*). Or, people who come in ask "do you live here, are you married, do you live here alone", all these questions which I then have to therapeutically work with. Or if I get dodgy clients, then I get scared that they're in my private space .

INT I would imagine your sense of décor not truly reflecting who you are. There's a difference between your personal space and your public space. That would be, to me, quite a difficult thing. I would want to put up something that reflects me as a person, but not necessarily as a therapist, if you know what I'm saying?

RES Yes, (*and*) just maintenance stuff ... my (*area requiring renovation*) and I just don't want to do anything about it, but then I think what will my clients think? This is my house. Or that sometimes I have visitors and they forget to close the doors and then people can see inside my living space ... I'm really adamant about doors being closed and it's a stress when other people visit and they just don't respect that. But the convenience of working from home is that the overheads are much less – the convenience is always more than the discomfort – but I think the price is quite high.

INT Like me for example – I make a very clear distinction. Often my wife would say "practice from home", and I tell her that my home is my home, my work is my work. Whereas here, the boundary is very blurred.

RES Yes, it used to be on a Sunday afternoon I'd do a bit of admin, or if I write e-mails to friends, I'm sitting in my office ...

INT Is it work or is it private time?

RES But the convenience is also nice. It's nice ... it doesn't feel like you're going to work, so that's also an advantage. I'm more clear now about boundaries and people can go ... sometimes somebody doesn't drive away, they sit outside on the pavement, I go shopping but I'm thinking "do I have to look after them or not"? The session is over but they have a panic attack at the car, that kind of thing ...It doesn't happen often but it does sometimes happen .. the sticky clients stick around!

INT Anything else that comes to mind that I didn't go through ...

RES The demand thing ...

INT Demands ... still demands. Obviously, you've had very extensive ...

RES I think there was but I can't think of anything now.

INT Okay, I think let's stop there. Thank you very much.

INTERVIEW 7

Gender:	**Male**
Age Group:	**31 - 35**
Registration Category:	**Clinical**
Years Qualified as a Psychologist:	**6 - 10**
Years in Private Practice:	**6 - 10**

INT Job demands. Job demands refer to specific aspects of your job which require a sustained mental or physical effort, and are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather, I'm interested in learning more about what you consider to be the demands of your job as a psychologist. When you consider the work that you do, what would you say are the areas that you find most draining of your energy? For example, would you consider your workload to be excessive. There's a lot of literature that I can mention but let's just leave it open-ended for now ... So when you think about your job and the demands, what comes up for you?

RES Well, I think ... the drain that I experience when I sit with people and I finish with them, at the end of the day, or during the day, I think "I've got to see so many more people and I'm tired, I can't anymore", I have difficulty getting up in the morning and thinking "another day ahead". Or I sit and think ... maybe it's because... a drain, well... but when someone is going on the same tangent as I've heard before, and I just think "what else can I do today?". Terrible, bad habit ... that drainage is really like an emotional energy drainage when sitting here. What gets me down also is the paperwork that I have to do, that I don't always find time for, and phoning people back, writing reports – I stack them up and then once, at a time, I get four or five reports that I have to write - and when I have the energy I do it, finish it. Then the stack is small again and I go on again. But that takes ... it's a lot of strain and that ... maybe it's something that comes up later ... but I found that a lack in the course. Any kind of information and training on how to run something, how to administrate things.

INT Have you been reading my notes? It's all relevant ... we'll take about that later. Okay.

RES As I get a lot of referrals from doctors, many of them ... physicians specifically ... feel sometimes that because they specialise in the medical things, they just want to get rid of this patient. So many are social work kind of related things. So there I've ... because I don't like phoning around, I don't like taking over the responsibility of a patient, I sometimes ... I look up to doing some of those things. Finding a placement for an old lady that has to go somewhere that she's not mistreated, or whatever, that's a draining thing for me. I like going in, doing what I have to do, being seen as a professional doing this but not as someone just taking care of a problem. So that ... I don't like so much.

INT Excellent. This is all relevant, yes.

RES Can you just repeat the questions again, just to get myself back there?

INT Well, basically we were talking about sustained physical and mental effort, associated with certain physiological and psychological costs. What I started off by saying was do you find your workload excessive and that's when you said ...

RES Yes, okay but ... I also have trouble currently sticking to the point so ...

INT Memory ...

RES Memory ... writing things down, if I just had some sort of shorthand skill taught, that would have been much easier because I can't write everything down and then when we attend all these lectures about ethics, being sued in a court, whatever ... then I think "maybe I must just not write down anything", just like therapeutic follow-ups, sixty minutes, finished. The workload isn't so much always that I don't have enough hours in a day to finish it. Often, I do

see so many patients that I feel really drained because of the quantity, but the quality of the patients ... the quality of the work, that I find more draining. Seeing people referred because of hi-jackings, or because of serious trauma kind of things ... and they tend to come in clusters and you're seeing four or five of them, then I don't want to know another story of being hi-jacked by so many men, or being shot or being almost killed or anything like that. So I think that trauma things, and the constant re-traumatising when hearing those things, and then the ... that's one cluster of patients that I find very draining. So when I don't have those as part of the patient group constellation at that time, then it's actually better. Long term patients I find draining ... I don't tend to do that often. But I do find that when I get tired I don't ... I close off ... finish off quicker, maybe to save myself and I don't know if it's always that good for the therapy session ... more short term thing. That's all I can think of now when I think of the quantity of work or the quality of the work. I think the burden is too much.

INT Would you like me to go through the list of things that have come out in literature and the other interviews?

RES Yes. Maybe you can mention a few.

INT Alright... and then you can see if anything comes up for you. A lot of the relevant ones you've mentioned. Okay, the one was contact with patients which I think you've discussed. Let me go through all them then you can maybe comment at the end of it. The sustained attention ... I feel you can't have an off day really, I mean you actually sort of feel that you have to focus and be 100% in the session, which is very demanding. Working hours, physical environment, inadequate support system – because of the confidential nature of what we do, it's often very difficult to talk to somebody about what you do and, you know, discussing your day, etc. because of the confidentiality. Preconceived ideas regarding psychologists. People coming in and, almost, wanting you to prove that this will work, or ... I know I often feel that there's an expectation that I have to justify what I do and it's only when they kind of feel that I can offer them something, that they will ... they will actually listen to what I have to say. So I often feel like I have to prove myself in the situation. What somebody else has mentioned was the social expectations. Having gone through some of the areas that could be considered job demands, was there anything that came up for you as being relevant.

RES Yes, definitely. I've just jotted down a few things that I want to mention ... first, I think with preconceived ideas, I think that's ... maybe the same university's doing psychoanalysts, psychoanalysis, psychodynamics ... the things people keep referring back to psychologists are these people who ask "so how do you feel about this bloody damn thing at the end of the day?" I get so angry when I hear those words because I often find myself having to explain to patients coming for the first time what a psychologist ... what I as a psychologist do ... and how I work. I'm not only going to look at ... it's not only pathology that I look at ... there's numerous things that we do as well. Not only that, the general population read things in newspapers and magazines that are written by lay counsellors and it's all kinds of other ... people call them counsellors when they've done a three day course or something like that ... and they tell ... they help create these preconceived ideas ... and that often as well because they ... we get referrals from doctors and they have preconceived ideas. They often ask me, when we go to see someone "I have a problem telling the patient to go and see you because they tell me that they're not mad" and, obviously, when they ask that they have that idea still. That's something that's difficult ... because doctors are referring sources, I think something needs to be looked at in terms of how their training involves psychotherapy or psychologists during their training. I know that they have lectures from psychologists, but maybe ... it's also at an academic level ... and I think some things fall through there. In terms of support, and things mentioned with support ... I ... support links to me to gauging competence as well so it's a lonely life as a psychologist. You mentioned in the literature it also coming out ... when going into a social situation, a social activity, and people start talking about what people do. Normally people would ask you what you do ... or me ... what I would do ... because I keep quiet, because I'll be in my typical psychologist role. I listen only as well, I don't speak. Small talk ... what is that? Because I keep quiet and just nod in compliance, and just say that this is a nice person to listen to ... I don't always ... I don't want to tell them what I do but when they ask ... what is this good nature of not wanting to lie, but then I feel terribly guilty when I say "no, I'm a photographer" or something like that ... part of the ... I also can't say that because

that raises all kinds of other questions and I don't like being put on the spot. I think that's one of the things that's being a psychologist... it's probably a bad thing that puts you on the spot and we are trained to be in the "high chair". And I say that specifically like that, because we are always asking questions, we are just always doing the observations, we are always just ... we're never the ones being asked for and the consequence of that, and maybe that's part of having less emotional support around us, that we do tend to always just give, give, give and not always know what to do when someone asks us. I find myself constantly changing the topic when someone asks me questions about how you are, what's going on in your life, where do you want to go when you go - when you go to travel, or go on holiday. Then I always change it around not too long after that. That's probably not good, because I isolate myself more ...

INT Yes, it's almost deflecting from anything that's important to you.

RES Yes, but I think that's something that you get to live into being in that role of psychologist. I find that a lack and that's where we train ourselves to be on the receiving ... no, the giving ... end and we land up lonely. Social situations, I mentioned that. In the end ... in a social situation, getting back to people who ask what you do, either one of those two ... I'm not going to talk to you because maybe you're going to know too much then. Preconceived idea ... or then they don't stop talking ... and then you just go back into that role again, you're not enjoying the party or social whatever and I think, maybe, I don't that ... I think that can lead to it when you've been doing this for forty or fifty years ... maybe you don't go out anymore. The passive stance ... maybe also in the literature ... that and social situations and other places where there are people, I sometimes think "I wish I could be like that. I wish I could be so social and so easy to connect with different people and talk about any kind of subject", and maybe this passivity that we have ... or that I as a psychologist have against people, or against sharing too much of me, makes me passive in many other things in social situations too. And that brings other questions – what kind of a friend am I sometimes? Because people always tell me "what, you get angry? You can't get angry!" and I think but ... I always tell patients "a flat line is not good. A flat line means that there's no heartbeat, you're a dead person." Am I then something like that? How do people perceive me? My friends ... in a social situation, how do they perceive me? So, passivity definitely, I see it then ... you don't have contact with other peers, other people. As I said – it's a lonely world. Being in private practice you don't have much contact with other people, because it's just like attending seminars then you have take time off – which is good. But after a day's work, you're so tired that you don't want to talk work so you don't meet with colleagues. And, when you, most of the colleagues you don't want to meet with because they're those typical psychologists who try and downplay you in every kind of way. I see those things and I feel those things so I don't do those things. But it ends up being lonely then and if I can think of colleagues that I associate with in ... there are very little. I think I talk to many more doctors in a professional way than I talk to other psychologists and I would like it to be the other way around. But maybe because all psychologists are so damn insecure ... I only speak for myself.

INT Do you also find a certain amount of ... within much of this work... be it competitiveness or not entirely "genuineness" between psychologists?

RES Yes, that's maybe pinpointed yes. That's why I don't want to go to PsySSA conferences ... I don't want to get that cold, icy feeling, icy looks. No-one wants to really say something ... it's not something like the medical science where there are distinct things that says "this plus this equals that", when you look at this under a microscope, it gives you a distinct picture that wouldn't be anything else because something else is not right. But there are so many possibilities with us, in the things that we do. Everyone has their different ways and then I always feel that if I say something, the others are going to crowd on me ... it's that ... "didn't you know that?" thing ... so I end up not saying anything but when someone else has the guts to say it, then I think "well, that's exactly the way I feel and okay I'm in line". But I isolate myself in terms of that too and that's maybe the main reason why I haven't gone to a PsySSA conference yet because I don't want... I don't see myself as being part of that cluster of psychologists. I don't associate with that. Maybe saying that, makes me the same? The multi-disciplinary approach also ... I agree that psychologists are seen as not such valuable professionals ... maybe because of the stigma attached to it, or the preconceived ideas ... I

wrote down ... or I ... the scope of practice. I think there are many psychologists doing bad work and there are many people doing doctor-hopping, going to different people, and obviously that ... if they go to someone else, they didn't like the previous person, they say bad things and I think many people don't have ethical values enough to ... to have their own ideas about the previous person ... they're not saying anything, but they give the feeling many people would say "yes, that was a terrible thing to say about a psychologist, he's pretty bad or not good at all". But I just had a discussion with a doctor who said that a colleague of hers refers all her adult patients to an educational psychologist and all those things, and I just had this discussion about the scope of practice ... and I can understand that maybe some of this comes from patients falling through ... where they should have been treated by someone who was qualified for that ... or who felt that they had to make a referral when they didn't know enough about neuro-psychology like I do. When I see someone like that I refer on. Or, when I'm only qualified to see children, then I don't see others. That maybe, in my view, is part of why psychologists are seen in a multi-disciplinary medical setting, as we are not seen as the medical ... as part of that.

INT Can I ask something here to add onto that? I'm 100% with you ... I take it one step further though, and I'd like to ask you how you feel about that. With the emergence of all these new registration categories, and the registered counsellors and these life coaches that you see everywhere. Is that in any way becoming a demand for you, in the sense that ... well, the actual question that would be in the ... what we're doing ... would the emergence of all these other people, in a way, threaten your sense of how much work there'll be available to you, or threaten your career, *per se*? But what I want to know more than that, just on this level ...as you said, in the popular literature, the YOU magazine, or whatever, then they quote somebody and you know that this person is not qualified, they're not a psychologist, they're not ... they're not somebody who actually has done all the training. And I'm just now thinking about what you were saying ...if the qualified professionals are maybe not doing the work that they should be doing, and they might be bringing the view down and I can just imagine, once the field is flooded with this level, what the perception is going to be then.

RES I agree with that. There ... one concern, yes and no, will there be enough work? Yes, because someone would... someone would rather go to someone who doesn't charge anything, because they don't have good boundaries, or who charges R50-00 or R100-00 or R200-00 an hour as opposed to R500-00 - R600-00 or whatever rands an hour, so they'd rather go there for many people. But, in the end they might come back with maybe more damage. If they find the profession not worthwhile to go back to, they might just think "I'm not going to do this. I see all of them are just like that, it doesn't help and I never believed in psychology and now I'm convinced that I will never believe in that again". By seeing someone else who isn't a psychologist, or doesn't do lay counselling in all ways ... quick course counsellors. I think there's a place for registered counsellors ... I don't have too much contact with the field to know where they might fit in ... but when, if it's a full session thing as I understood it to be, then I can understand that many people ... doesn't have such a serious need but when it's a deeper lying need, then definitely, but I don't know how people are going to get referred to a specialist, or when they're going to go to the registered counsellor. I don't know because I think that many doctors, who are our main referral source, will still refer to psychologists and prefer that. But my main concern with all these things are ... the level of ... of the importance, maybe, of the field will also drop. It's like if you ... for example, take a box of Smarties and put in ten boxes of Astros, you know, you're not going to see the Smarties so much so you don't ... I think it waters down the profession. Let me just stay with that, I think it waters down the profession. With saying that ... getting back to this PsySSA and the HPCSA, I feel that doctors are proud ...I talk a lot about the doctors because that's where our referral source is and I work with them a lot ... but I see that they have a lot of pride ... they are proud and ... or they seem to be proud of the fact that they can do something with their medical council and they can get results, but all I'm seeing is that PsySSA is just something that ... once you belong to them, you can ... and they're not going to do much for you other than send you a journal and give you extra insurance if you want that. Other than that, I don't see much more function to them. Unfortunately, if there is then it's not published – I don't know much about it and many other people that I've talked to, don't either. So I feel that there's a lack in terms of the foundation of our profession. I think if there was a body who could stand up for these things more clearly, then it might have been different a long time

ago. An example is the CPD accreditation thing ... it was there, then it was off, it was there, then it was off ... and it didn't start, then it would have started ... and now it's just your responsibility, you have to do it on your own and it gives the impression of "we can't really do that, we're not really up to it so you try and, once we feel like doing anything, then we'll contact you again one day. If you don't, then you're in big trouble". That kind of thing. I think they're doing something to get the different registration categories now and that's not bad. But I feel like there's a lack there – there's not a solid place I can go to and I can get some help. Another thing, we used to belong to the medical ... MPS – Medical Protection Society for one year, and two or three complaints, or I asked questions, that I phoned them and had immediate response back to a lawyer there, I had to fax through a copy of what happened and they got back to me immediately with good advice. That's happened once with PsySSA, when I changed to their indemnity thing, and ... I didn't get a good response there and I didn't feel that I'd be helped if I was ever really in trouble with a negligence case against me. In terms of support there ... I know the medical council has to look at everything that is reported to them, but here ... you know, you always feel like a victim there, but that will probably stay the same. The admin and accounts thing ... a big lack, as I said earlier, there but then I ... the accounts department, there are people doing those kinds of things and I have been paying them to do that because I can only refer patients to them when they've got a query about finances ... and that I don't like discussing finance with people. I don't like someone coming in and saying "did you sign the form because you need to pay and, before we start therapy ...", showing some empathy, or whatever ... being that empathetic person then, I need to just clear up that you've paid your big bucks. So I'd gladly refer that off. The admin I ... but when I started my practice, I believed I had to do it myself, on my own. I think many of the universities lecturers ... maybe they do it on their own because they have limited practices ... that would be a module that can be worked in there. Overpopulation ... in my direct area there are ... direct being almost a kilometre circumference ... nine or eleven psychologists.

INT Wow!

RES Yes ... so we don't all see the same kind of people and have different referral sources, but I know in other countries there are rules. You apply for a certain position or place and they just say ... you know ... is there an over-saturation already or not? I don't say it must be like that, but 50% of the psychology population is in Gauteng. There are bound to be many in one place, but ...

INT Isn't that a demand for you though? I mean, isn't it a problem?

RES Not here, because most of my work is not here and maybe it's the same for the other people. Two of them are at the HPCSA they are consultants here and they get their referrals from that specific base and then others ... I don't know if they are even practicing anymore. So, it's not a problem now but it may become ... if someone opens next to me ...or may open next to me ... I may want to be that someone opening next to someone else so I don't think it will be a problem. Marketing, maybe with that too ... marketing is also lacking. Like you say, if you have to open your own business ... you're not just someone who sits in a chair and does therapy, you have to run a business and a big part of that is marketing. We don't have the slightest idea how to do marketing ... we're these observer people so how can you just go to people and just ... be this bold person ... and say all these things ... say "you must refer to me". So marketing is quite difficult. I'm not saying they must have something in marketing, but that could be part of the admin or accounts things. The scope of practice, as I mentioned, social support ... where do you go? Who can you talk to? Except for other psychologists, go and see someone else – which is good, or necessary, from time to time.

INT So you believe in supervision?

RES Supervision ...yes. I believe it is important.

INT We can maybe discuss that then in terms of a resource, but I just want to bring you back for now ... the demand. Are you saying that the lack of being able to share some of your work day, or whatever ... is that a demand for you? The idea of limited support systems, or no support systems because of the confidentiality aspect of ... amongst others, is that something

you would say is a demand in the field, or is that something you can overcome with resources?

RES I think it's a demand ... I would say it's a demand for me ... it could be ... I tend to not talk too much about that. For instance, after work, (*name*) will say, understanding the profession, I can share certain of the things with her. But we only talk about this for a certain time after work, otherwise we get caught up in it and don't switch off at all. But I can't speak to anyone else about it, mainly because some people think that being a psychologist is just airy fairy so they don't understand anything about the intensity of the work, and I don't want to discuss it with them anyway. So, I feel that you sit with this heavy load that you have to carry the whole day and patients often say "I don't know how you can do this, you must be a very special person" ... shit! It's not like that. It's damn hard doing that and being all this here. You just sit down and say "I was trained to do this" – just the right bloody answer. When, in fact, you are not ... maybe not being healthy to yourself in terms of that. You can't discuss it with colleagues, it's true, because of this colleague thing, this competition thing ... or with certain colleagues you can ... where there's supervision or something like that, then probably yes. But then again, it ... the demand maybe with that is how to offload. How to get away from what they put on you in a way, and I think I have the ability to switch off easier than (*name*), for example. I think I can do that easier ... maybe I start switching off ... maybe during sessions ... "I don't want to hear this anymore, I can finish this line for you, I know how the story goes". So that's a demand, not really having someone to share this with and them not understanding ... other people. I think if (*name*) didn't understand much about the job, that would have been much worse. She really ... understanding the taxing nature of it. I talked to someone who just started a practice ... saw three people a day and said it was so terrible, terribly exhausting. And I wish I could only see three people ...

INT Okay ...

RES Okay ... that's the thing ... and then there ... I don't know if it will bring it back to the demand ... gauging competence in the literature against other people ... I often do feel, especially as I'm not really an academic person, I see myself to be ... I express myself in pretty normal language ... I don't use high terms or whatever and, sometimes I feel that lacking. I feel I should be able to say big academic words, because I go to some of these lectures ... I hear them ... and I think to myself "they're clever, they're good". But, then again, I don't speak to peers, I speak to patients when they're here. Not being unintelligent people, but jargon won't help them at all. But that sometimes makes me feel "am I ... do I know enough?" and when speaking to psychiatrists who also try to do therapy ... because many of them, they don't refer back to psychologists, which I feel lacking as well ... it's maybe a demand because we have to refer back to psychologists, psychiatrists ... I do ... many of them ... obviously I don't refer to them if they don't do it ... I don't keep on referring to them ... many of them tend to want to do their own therapy as well, and that's ... then patients... I've heard that ... I'm going off the tangent here ... but patients have told me "are you ... if I have this problem, must I come to you or must I go higher - to a psychiatrist? Is it okay to come to you?" Like ... they're being better than us, that kind of thing. And that doesn't help ..."Is it okay down here, or must I go to the real doctor?" So that's maybe something that adds to the feeling of incompetence sometimes. I can't feel incompetent when I have to help people with certain things. Sometimes I feel that ... I felt like that in the beginning ... that was a demand and really difficult ... being newly qualified and getting into this profession. I wasn't that young when I started out, but many times people would think "what do you know? You're so young. How can you tell me this?" or "how can you try and help me with whatever?" And many people still think that with ... I think that's maybe something that goes with you. I think many young people grow beards and that makes them look older. But that's ... it's a tough load to carry when you're not even 30 yet. When you're 30 it's a tough load to carry, when you're 60 it's a tough load to carry ... it's nice to be able to say "I qualified when I was young" and it's a price you pay. So that's ... in terms of the age and the time that people finish. As I say I didn't finish when I was that young ... it's taxing no matter what age you are. I think it's just necessary to have clear boundaries. I don't practice after hours and I try not to practice after hours ... I don't practice on weekends, because I structure things for myself, I do my time. But, if I had to, I would be able to but it would really take its toll ... the week is enough already. Sometimes I hear people saying they consult from 07h00 or 08h00 and at 18h00

they go to psychiatric hospitals, and they sit there at night until 22h00, and I think "my goodness, you are good" and then this thing creeps in of "am I not good enough? Why is he so busy?" Maybe that person allows it ... I don't want to do that, that would just ruin me. I'm not made like that ... if I'm not good enough, then I'm not good enough but I can't do that.

INT I've got a different take on that – I don't see that that as being better or not as good or whatever. I think it's just the difference in stamina and probably, that guy that's doing that, or that girl that's doing that, a year from will probably be in that same psychiatric hospital as a patient. Burnt out. I mean, who can do that for long term? But I hear what you're saying. Okay.

RES Sometimes I feel ... I'm not ... I dread maybe the root of the profession. Meaning, I don't think it will just come to an end but, just in terms of support, the medical aid pays us last in the medical line. I often get rejections from medical aids saying first they pay the doctor, and then they pay the psychiatrist, or the doctor and then the psychiatrist and the blood and all that, then the psychologists – they'll see if there's funds available in the savings account. There's only R2 000-00 and that's four sessions then the psychiatrist takes up 3½ of the four sessions. And I think people won't be able to afford this, what alternative do I have? I was trained as a psychologist, seven or eight years I studied for that, I'm a professional person, although many people don't see it like that ... and what do I do when there's no provision for that? So, I think that's something that I've seen with many psychologists trying to do something else as well, or having some other ... maybe because it's such draining work, a draining job ... career ... maybe that's got something to do with it too. There's nothing else. It may be unrealistic, because it's a good qualification.

INT You feel that you're trained to do one thing and pretty much one thing only?

RES We're trained to do only this ... it's a very limiting thing. The university puts you in this line and you have to think within these lines. And within these lines, you have to think broad out of the lines to diagnose and to treat, but you still within these lines. You're not good in marketing, you're not good in business, you're not good in ... I can't say that. But our training is just so much in these ... in the mind, in the head, that I find that limiting. But, that's the way it is ... it's weird probably ... that's what we have to do. Taking time off from private practice, says no billable hours. It's money, in the end and we have to work for that. I'm not a social worker, I'm not there to rescue people. That's something I feel that people expect me to do that. I don't do that ... I don't want to do that. That's a demand.

INT Okay. Anything else that you can think of? That last one was very relevant. I think you're the first person that's mentioned it. I don't think you're the first person that's thought about it, but you're the first one that's actually voiced it – that fear of ... it's not a broad qualification that we have so, in other words, if this did dry up, what do I do with what I have? Whereas, some of the other qualifications, you can do a few things with. So that was very relevant. Any other demands you can think of, or are you ready to move onto the resources?

RES There's nothing that I can think of right now.

INT Okay. Looking at job resources. Job resources refer to aspects of the job which may assist in achieving career goals, reducing job demands experienced and stimulating personal development. These can be considered in terms of internal resources and external resources. So we're looking at what you think would be your internal resources. What would you say are your internal resources with regards to health protecting factors? For example, do you employ any specific cognitive or behavioural techniques to assist coping with the demands of your job? Just starting with the opening question ... if you think of personal resources that you have, what comes up for you as being the most relevant or helpful or ...

RES Probably that there is ... the things that I do to just work off stress, or just get out ... I'm an outside person, I like doing things outside, it takes my mind off what I do here. Mostly sport ... sport is the way that I get the quickest fix. I don't mean physical things ... only physical things ... anything ...

INT Anything is a resource – sport or hobbies or spirituality ...

RES Yes.

INT So, okay, sport ...

RES Not much thought based things, not so many cognitive things. Maybe because the work is more cognitive. So I do practical things ... so that I can think of other things. Like (*activity*) ... when I'm there, I can't afford to think of other things, I have to focus exactly on what I'm doing there, so that my mind is only there. It's a big release when I've done that ... I feel that I'm doing something worthwhile as well, for me ...

INT Would you like me to take that out, it might be identifying? I'll just take out the (*activity*) part. Is that okay?

RES Yes.

INT I'm just scared that it might be identifying.

RES You can take that out.

INT I'll leave everything else in ... nobody's going to know what it is that you do.

RES When I do various sports ... when I go to the gym ... I try to get there as often as possible. When I haven't done it for a while, I can feel it in my body, I feel it in my moods, so that's the way that I release, that's what I tend to do. I often go away as well. Maybe partly because of the proximity of the practice to my home, thus I like going places and going away, but maybe also ... maybe it's also when I'm away, nobody can contact me for an emergency. I always think ... there's always LifeLine. People don't have to contact me ... I don't give out my number ... so going away, travelling, doing sport activities, doing other things with friends who have nothing to do with psychology. Many of them don't have anything to do with anything in humanities. I'd say those are the most effective ways.

INT Yoga, meditation, prayers?

RES I don't do the alternative kind of things, but I'm religious and that also ... that's not to me as a way of coping with my work stress, that's just a base for life in general. Just my foundation.

INT Okay, well then... external things would be, for example, having people, which you've mentioned, who do different jobs for you, that would be a resource – like a receptionist, accounts manager, that sort of thing. Some of the other things that have been mentioned are the organisational, for example, a sense of being in control of your job, the autonomy that comes with the practice. Strictly speaking, you are supposed to be able to ... how can I put it to you? You can decide how many people you want to see next week, theoretically. You have a large amount of control over your job, your work environment. Participation, decision making, task variety – are any of those things seen as a resource for you?

RES Yes, I do ... thinking of the admin and the accounts, I just have someone do that ...it makes it easier to just refer people to them when there's a problem. They take the strain of phoning, of arranging things ... having a receptionist, I give a lot of the run of the mill kind things, that take up time, that I don't need to do ... so I can focus my time on therapy. It's difficult to apply technology. I've always thought that if I can use some kind computer based program just to help with the testing ... if I do testing ... I don't do much of that ... but it's difficult to apply technology, I find. I don't know where to apply it, but if there would be something, I would love to do that. It would make things easier, more organised, but I've thought of something where you record things that are spoken, in terms of the telephone or in the room itself ... the consulting room. There might be people who have done that but ... I think technology can help, you just have to find where. I try make things run smoothly and not keep everything to myself and maybe that helps ... that helps in the way that I focus ... I don't keep it "me" ... to myself ... me, me, me. I have less issues with that.

INT Okay. Task variety, having autonomy?

RES That to me is a downside and a positive - that I can just scratch out appointments in my book if I need to do something, I can schedule when and where I want to. But the lack of that is when having to get CPD points and having to do continued education, having to go to conferences, it costs an arm and a leg to go there, it costs an arm and a leg when I'm not here. It reflects at the end of the month when ... at the end of three months it reflects and I can see that I didn't do much at that time. Autonomy is also isolation in the practice. You spend most of the time alone and that's the nice thing of, maybe working in a group or having colleagues where you are employed by someone, all your time won't be necessarily spent time doing counselling, but also implementing various kinds of things, thinking of new ways, just working as a team together, that's something that I lack that I enjoy. Sometimes, I think that I would like to have a short break from private practice and maybe go and locum somewhere overseas for three months. Just long enough so that I don't have to close my practice ... come back and just do damage control and not be responsible so much for so many people and so many things, and just do what they tell me to. Do a good job but work for someone else. Just work from this time to this time, and I know what to expect at the end of the month, and I know what to expect in terms of responsibility. Something like that.

INT Alright, any other resources that we haven't mentioned. Feedback was one of them. But feedback's a very difficult thing, because as we've said, you don't particularly want direct feedback from your clients, and when you get it from your patients, you sort of have to give it back to them. Feedback is not something we get a lot of.

RES No, it's not. It would be nice to hear good things afterwards, after someone has terminated therapy. I just can't think ... "you're so good to me. You really make me feel good. I've become so ..." and it just opens up other questions in therapy. So, once again, feedback is ... we're used to or we don't ... I don't take good to feedback because I'm just therapeutic in nature. We're just so ... we just tear things apart ... when you say you're starting to have ... are you going with ... I can't even find the words ... "have you become dependent on me"? Perhaps positive feedback has therapeutic issues as well. I like to get feedback from other people, from other sources as well. You know "I have a friend who did this, or who went there, they had some nice things to say. They're really doing well, thanks for what you did" – that I like and we don't get so much. So the lack of that just adds on to this lonely world and this feeling of incompetence sometimes.

INT Any other resources?

RES Not that I can think of. SARS could help if they could just be...That's a lack ... something that I find difficult. You can only buy so much ... it's a billable session, you pay tax on that, but there's only so many consumables. I can buy two couches and then I'm just about done. I can buy a computer every five years but there's not really much you can buy, except for files and it's not very costly so it's an expensive business to run with taxes.

INT That would be a demand? You would need a good accountant ...

RES A good accountant.

INT Okay – my last question. If you knew then what you know now, would you still have become a psychologist?

RES Oh man. I think if I knew then what I know now, I would probably not have done this, I would have done something else. I also can't say that ... I don't know what I would've done, I don't know what my abilities would have been. I always thought if things would have been different for me, what other career would I have followed? I don't know, I don't know. There are many others that I would have liked to do that would not be so limiting. I mean, we're limited in terms of language, that's mostly what we do. I probably would've done... a more scientific, I think. I'd probably have done psychology because that's maybe what I needed to do but, then, I would've maybe studied a degree, not necessarily BA, taken another degree like law or BCom and used that as my base or foundation and added psychology onto that. So that,

after doing psychology, I would not only be a psychologist with a BA, but someone with a background in law that, if I felt that I needed to do that, then I could if I preferred that. Just to distinguish me from the normal route that I find very limiting. It would've just opened many more doors. We work a lot with law and I think that would've helped extremely much. It's a business that you run, so BCom would've helped with that. Doing more group things that could've helped in terms of that. I don't know ... I don't know what my ability would have been, maybe it would've been nice to have been a medical doctor, to have done that. I feel that they can go anywhere in the world, they can go anywhere, they can work short term, they can work long term, they're seen as respected people which, I feel ... they studied for a long time and I don't feel that it's a different profession, I don't feel that we're seen in the same light, seen in the same way and maybe that's professional jealousy. For what I did, I feel that ... if I were a CA, people would be like "aah, you're a chartered accountant" and your bank statement would've shown that too. Recognition comes in many forms ... I've often thought that I'd like to do something else, but now I'm not sure what I would do ... I'm good in what I do, hopefully, sometimes I have to believe that. Those days when I feel I'd like something else, maybe just because of the emotional strain on it, or the non-recognition, then on those days I feel I would've liked to do something else ... but then there is nothing else.

INT Excellent. Thank you.

INTERVIEW 8

Gender:	**Female**
Age Group:	**31 - 35**
Registration Category:	**Counseling**
Years Qualified as a Psychologist:	**6 - 10**
Years in Private Practice:	**0 - 5**

INT Job demands. Job demands refer to specific aspects of your job which require a sustained mental or physical effort, and are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather, I'm interested in learning more about what you consider to be the demands of your job as a psychologist. When you consider the work that you do, what would you say are the areas that you find most draining of your energy? For example, would you consider your workload to be excessive. There's a whole bunch of stuff that I can mention that comes out in the literature and other discussions but let me just leave it open-ended for now ... What would you say are the demands that you experience as a psychologist in private practice?

RES I think in terms of the clients that I've seen, the most exhausting tend to be parents of kids that I'm seeing for sessions. In terms of parental guidance, in terms of the kind of directive input that they need, I find that really hard. In terms of kids, you have more than one person kind of feeding – you've got the school, you've got the teacher, you've got the parents, you've got a divorced parent somewhere in the whole picture, that can be exhausting. I think in terms of everything that I'm seeing at the moment, that's the hardest thing for me to manage.

INT Okay. Anything else in terms of the demand as a practitioner?

RES At the moment, I'm also seeing a lot of women going through the process of divorce and there's a big need there to give some kind of input as to "am I doing the right thing? Am I on the right track?" So, it's the same kind of thing of having to give more directive input which I'm not always necessarily comfortable with. Advice giving, "Tell me what I should be doing", "This is what you should be doing" kind of feedback.

INT Almost having to take the expert role?

RES I find that really hard to negotiate at times.

INT Okay, excellent. Anything else you can think of?

RES I think in terms of the clientele I'm seeing at the moment, that would be the most challenging for me ... it would be parents or people going through a divorce.

INT Okay. Can I go through some of the things that the literature has shown to be demands to some people? I'll read the whole list and you can tell me which of this is relevant to your experience. One would be workload – feeling that there's too much work, too many things to be done. The contact with patients, sustained attention, such as the idea that you have to be focussed each and every hour. Working hours. Although you have the power to dictate your own hours, some people will say "I have to come after work" and then you almost have to design your working hours around when patients can come in. The physical environment – for example, the offices that you work in. Social demands, that could also be something like an inadequate support system. Because of the confidential nature of what we do, it's sometimes difficult to talk about your day. Preconceived ideas regarding psychologists, a previous example was seeing a couple and the wife is very much psychologically minded but her husband isn't and so you're almost having to justify yourself, or to win him over. Multi-disciplinary interaction, some psychologists find that to be very demanding, the expectations of GP's or psychiatrists.

Organisational demands – like the administrative duties, process notes, report writing. The ethical questions, Difficulties with the medical aids, CPD, EAP, the HPCSA. Practice management, on the more practical side of things –not ever really being trained to be business people ...it's not just therapy, you also have to manage the business. Insufficient training for specific presenting problems, the increasing threat of malpractice litigation, over population of psychologists in your area, inadequate facilities, too few referral sources, the emergence of life coaches and registered counsellors. So this is an overview of some of the biggest ones. Okay, so if you think of any of the possible demands that we've now mentioned, are there any of these that you find relevant to your situation?

RES I think, in terms of the physical things ... I mean, to be able to meet your own needs for the month, I think there's a specific workload that you aim towards. You want to see so many clients a week to be able to meet your mortgage payments. It does put on a little bit more pressure than I think would otherwise be the case. And especially because I've recently gone through a bereavement myself, sustained attention would be hard, because, inevitably you do get drawn into things and clients do present with things that kind of link up with your own stuff. So, in terms of wanting to be professional, or wanting to be as objective as possible, you have to have that observing ego kicking in the whole time – "where am I with what this client is giving me?" And I do find that, in terms of the working hours, I do get tired a lot and a lot quicker than I probably would have before. The physical environment is not such a hard thing for me to negotiate because it's at my home. That makes it a bit easier ... I can kind of structure my time in terms of that and the environment is very much in my control.

INT Which would probably be a resource then, which we'll discuss afterwards.

RES In terms of the support system – I've found that, since working in private practice, there is a support system but it's limited, it's different in terms of working in an office environment. You have to actively go out and seek support, it doesn't necessarily come to you. I had a client in this afternoon telling me how much he knows about psychology, he actually studied psychology ... you have to be careful in terms of having to defend your profession and not buying into the client's dynamic around that, and not knowing ... coming into the "not knowing" aspect. In terms of multi-disciplinary interaction, I've worked in multi-disciplinary teams before. The one thing that I find hard in a multi-disciplinary team is having to define your role. I find that a lot of people, especially the occupational therapists, physiotherapists, doctors ... they have a very definite role, definition in terms of what they should be contributing to these clients, intervention planning. So you have to be very clear as to what would be the scope of what you offer this client and that your goals wouldn't necessarily be as clearly defined as what the other disciplines would come with ... you have to kind of go with what the client gives you. You can't necessarily stick with ... in terms of physical rehab this client needs to do A, B and C. There's a very different approach and you have to be very careful in terms of colleagues, how you approach that while not kind of affronting them in the way that they work. There's definitely a role for how they work as well. In terms of organisational stuff – I'm personally very bad at admin, I really struggle with that. I keep my process notes up to date. I've given my accounts over for someone else to manage. I find it really hard to manage the client and the money in the relationship. I found that when I did it myself, I had things coming back from the medical aids twice or thrice, and then I end up being very resentful about the fact that I have to fight this thing out, and I don't want that to impact on my relationship with a client. In terms of practice management – at the moment, I don't think I have that big a practice that it would really be a problem for me. I try to structure my sessions ... hour and a half in between appointment times to give me some time to just breathe after every session.

INT Okay, great. If you look at some of the others that we've discussed, are there any others, or any more of those that you find relevant to your situation, that you've experienced?

RES I think aside from the gross incompetence that I've experienced in my interaction with the HPCSA. I mean, for four years, I paid my money on time, I just never was registered. So it ended being a whole big battle every single year. I understand why they need to regulate different professions, I really do. I understand why there's such a big focus on the whole ethical thing as well. I personally don't have a problem with the whole CPD thing, but I do

think that a lot of people out there that are charging a lot of money for training that probably wouldn't be up to par. I really think that's a problem. The fact that you're forced to do it, makes it ... your options aren't that many, you kind of deal with what you're given at that moment in time. Luckily, I belong to a group where there would be a lot of ongoing training, a lot of ongoing reading groups, discussion groups going on, so that kind of saves me in that sense. I think if it wasn't for that, and that kind of informal group set up, I would be really lost without it. I do think that, in terms of our training, and I trained at (*university*), it's a very wide range of things that you're supposed to be an expert in. I find that hard at times ... I find myself, as time goes on in practice, to kind of gravitate in the same kind of role the whole time in terms of the services I deliver. So I ... personally, I'm not comfortable with someone being a "general practitioner" for the whole of their career. At some point, you have to kind of choose, or stay with something that you really know. It just makes it easier in terms of reading and in terms of experience, in terms of just kind of being there with that client, and knowing that you can offer actually something in that space for that client. And I don't find it easy ... an easy thing to do ... I have to deal with all kinds of things at all times. In terms of the malpractice stuff, it's something I'm very aware of. I have a friend who's actually involved in that whole malpractice, ethical committee and, especially because I work with kids some of the time, I'm very aware of informing parents, and I've got a very specific in-take form in that regard, not to get involved in any types of litigation around access or control or anything like that. So, I think working with kids kind of changes something in terms of malpractice as well. I know a lot of people get involved in malpractice suits around billing and, a lot of times, children. That's something that I'm very sensitive about.

INT Is it a demand to you at all?

RES It would be, because parents come and see me and I work with the kid for a while, after telling them that I don't get involved in the legal issue side of things. Then they'll say to me "don't you want to write a report for access?" And I say to them it's not my role, I negotiated this with them right at the beginning. Then I have to refer to documents that I signed with them way back in the beginning. I think that the in-take document that I have, covers me for a lot of things but parents try their luck nevertheless. I make it very clear to them that I'm not ... I will provide therapy for the child ... I will not necessarily provide an assessment report. So, since they signed for that right at the beginning, that covers me to some extent. But you do end up going to court as a hostile witness anyway. But it's something that I'm continuously aware of. I mean, the first thing that I did when I started in private practice, was to make sure that I've got professional indemnity insurance. Because it is a problem and that's probably why a lot of people tend not to work with kids, because it's an area that is kind of rife with the possibility of getting involved in the legal side of things. In terms of the more environmental things, I work from my home, I've got an office there which gives me more control than a lot of people would have. The other practice that I have, is one that is an hour's drive from where I live. I don't have as much control over the offices, which means ... there are some variables there that I would like to remove, but I can't really. In my area, I think at the moment, there would probably be ... I read a little while ago that there's more psychologists per capita in my area than there would be in any other place in the whole country. That's something that I'm very aware of and, being aware of that, I try to deliver a service that would be better than someone else's in the area. So everything I do, I'm very aware of the fact that I must make sure that I provide something different, something new, something that would keep clients here rather than just the other guy around the corner. So I think that kind of sensitises me to an extent around CPD issues, maybe. But, just in terms of my own reading and my own discussing of clients under supervision ... just being more aware that it's a competitive business and I have to compete in a field with a lot of people that know a lot. In terms of facilities that I have available ... every now and again I become aware of something that I don't have, or something that I should address, or something that needs tweaking and I try to see to that as much as I can. Every now and again, I really kind of make a bit of a blunder and I do something that ... or I don't have the right form, or I don't have something at hand. But I think that comes with time as well. I've been lucky to have one or two referral sources that have been really, really good to me. I find it really hard to go out to doctor's offices, to go out to other referral sources and kind of market the service. I've tried to put together some kind of brochure, or some kind of information leaflet just in terms of the services I offer, but I still find it a really, really challenging thing in the field. You can't depend on the same referral sources

indefinitely. So, the whole marketing thing is something I think we were totally unprepared for in terms of training. I think the whole idea of managing a business and kind of managing something that provides your sole income, we never got training for that, we weren't taught how to do it, taught how to market yourself, taught how to kind of push your product. I heard something the other day ... they say that if you want to really promote your product, you have to believe in the service that you're providing. If you are really starting out a practice for the first time, it's hard because you're not necessarily 100% confident in what you're offering. But if you want to sell yourself, you really have to be confident, you have to be a confident seller of your product and you are your product. So maybe CPD plays into that ... it's good as well. But I do find that a bit of a challenge at the moment ... hopefully that will improve with time but it's a hard thing to kind of get out there and convince people that you're the best that they can get. Okay, the one thing that I also find quite challenging is the shift from working for an organisation to working for yourself, you immediately lose all the collegiate stuff, you lose the thing of having to place yourself with regards to colleagues. I think, in some sense, I've been lucky, once again, where I have a group who I can do that with. But that's a very sheltered, very closed off group in some ways as well. I try to attend... to attend some CPD activities that would be separate from colleagues and if I don't have my friends around, where do I sit? Am I still okay? What's happening in terms of training? I've got three friends that keep on sending a lot of information to me around ongoing training. I do find that there's a lot of sites on the internet that you can register for, that send you a lot of newsletters around upcoming training and things like that, which kind of makes you a little bit more aware of what's out there. So I think it's important, even if you don't attend the training, just to see what are people being trained in at the moment. If that's something that kind of reverberates or it's something in your practice, then go for it, find out more about it. You don't necessarily always have to attend the training but, the fact that you're more aware of it, does sensitise you in terms of just being in the field, reading, experiencing.

INT In terms of the isolation that has come up in some of the other interviews and some of the literature. Any comments on that, any experience you've had in terms of isolation?

RES To be honest, at the moment, where I'm starting off and, I mean, it's not a ... it's a practice that's been (*time duration*) in the making, there are things that I don't miss about working for an organisation. I don't miss the organisational politics, I don't miss the working for a boss, I don't miss having to fit into a certain job description, into having to deliver certain things at a certain time. I like the freedom that is kind of implicit in having your own practice. I like the freedom in having to decide when you get up in the mornings, when you see your clients, how do you structure your day. I found, towards the end of my time working for organisations, that I got more and more irritated with the way things were done and I spent a large portion of my time kind of having to explain to colleagues and to management why I was doing what I was doing, and how it benefits the organisation. I really don't miss having to do that on an ongoing basis. The people you have to reply to in the whole process, the people you have to, kind of have some responsibility towards, changes. It's your client, you've got to focus on your client. The job that I did previously was for an organisation ... it had to do with delivering a service for the organisation for clients, but you've got a dual client role there which I've always had at any organisation ... I've worked at three organisations ... and that dual client role I found really hard to manage. I know it's fairly clearly described in the ethical code and things like that, but I still found it very difficult. I really find it a bit of a relief not having that issue anymore. I think just the freedom in terms of a private practice, offers a lot. Just in terms of possibility ... what kind of practice do you want to have, what kind of therapy do you want to provide. It changes the responsibility – suddenly you have to decide what you want to do. It's not a job description ascribed to you, you must decide ... it's a different mind set to that.

INT That very much falls under job resources... what you are describing, which is excellent. Okay, just last in terms of job demands – the actual job, the actual working with the clients or patients, their trauma, their pain, etc. Do you find that in any way demanding, or is that something that, through your training, through your experience, that's not something that's particularly bothersome?

RES To be honest, I think that there are certain things that impact on you more at certain times in your life. I mean, of course, we're all human so there are certain times in your life when you would be more vulnerable to experiences and that kind of stress. Experiencing that kind of secondary trauma. I worked in a context for a few years that had a lot of trauma in it. I think, at that time, I had to learn to kind of protect myself in terms of the re-traumatisation around a lot of it. It probably helped me a little bit, but then again, I mean, things change in your own life. Your own resilience has a big role in where you are. I think a very important thing in terms of managing this, is supervision. If you don't get supervision, you're not going to be able to cope with everything at all times. It's impossible. I think there's something very valuable in being in a space where you're very aware of people's pain, you really feel it and you have a lot of empathy for it. There's kind of a, almost a hyperspace, where your awareness of a client's pain or a client's trauma, kind of is so acute but then, just like everything else, you kind of disconnect from that as well, you go to a space where you can really just be the therapist and be totally objective. But I think the responsible thing would be, to do, is to get supervision. I don't think that you could do this job without it. I do find something interesting... it's something that's open for a lot of research as well. Whatever you're dealing with at a certain time in your own life, tends to, on some level, trigger the clients as well. So you have a responsibility, I think, in that... to make sure that your issues aren't purely projected onto clients, as they pick it up on some or other subconscious level. So try and be there for your client, try and contain as much as you can but, I mean, more than anything, we're humans. I think if we weren't able to experience that, we probably wouldn't be as good in therapy. It's that resilience thing that I mentioned before. Besides the resilience, it also has to do with the fact that you have to be more tolerant of the client's weaknesses, you have to know that some things are really hard, it's really hard to manage certain things and it just kind of ... it's a sensitivity thing. We don't know it all, we're really not the experts at anything. You have to be guided by where the client is at, what's happening with the client's process.

INT Okay, excellent. Thank you. Now moving onto job resources. Job resources refer to aspects of the job which may assist in achieving career goals, reducing job demands experienced and stimulating personal development. This can be considered in terms of internal resources and external resources. So when looking at what you'd consider to be your internal resources, what would you say contributes, with regards to health maintaining factors. For example, do you employ any specific cognitive or behavioural techniques to assist coping with the demands of your job? There are again a few that I could mention in terms of internal or external, but just to put it out there for now, if you think about resources. You've mentioned a few already – you've mentioned supervision, for example. Some resources that you use ... if you were to think about it, what would the ... for instance, you talk about resilience, which would be an internal resource. What would you say are the resources that you employ? Let's start with internal resources that assist you in meeting the demands of your job.

RES I think ... I don't want to repeat myself, but I think supervision. I don't think you can do this job without being aware of your own process and continuously being responsible around that. I think ... as a practitioner in private practice, you tend to get a certain profile of clients because you market yourself in a certain way. If you tend to do that, and you market yourself as a trauma counsellor, you have to be very responsible around dealing with trauma and that's where the supervision thing comes in. I think the one thing that's really important to me is, if you work with a client, you really have to believe what you're telling that client. You can't just kind of pull things from nowhere and kind of try and convince them of that.

INT So being genuine?

RES Being genuine and clients pick up on your beliefs and they pick up on whether you think something's going to work or not. It's not just about telling people that you think this thing is going to work, that it's this miraculous cure. You have to be straightforward with them and tell them "listen, this is going to be hard, this isn't going to be easy" and give them that. But I think whenever you work with people, no matter what approach you use, I think it's always important to build hope into that whole approach. Whatever school of psychology you work from, I think the moment you take away hope from a client, you can just as well stop practising. So together with resilience, I like, kind of, always believe that, even if it's just a

suggestion of things actually can get better, you have the capacity to make it better. I really think you have to believe ... you have to believe that people are in control of their lives on some level. You have to believe that people actually can make things ... can improve their lives on some level. So, I think it's the resilience ... your own resilience on one hand and also the resilience of a client.

INT Is it optimism?

RES Yes. Places that I've worked at before taught me that you work with a client and you leave a session thinking "I can't believe someone had a life like that, and they turned out as okay as they did". So, it varies a bit from day to day, of course, depending on the clients you see. But if you don't believe that people can make the big change, they can live a life that they're destined to live in a more positive way, then I think you can just as well close your practice and leave. There has to be ... I'm not being very clear now ... but there has to be a certain belief in terms of the client's ability to take control of their lives, to make something of themselves and to kind of defeat the odds. Sometimes in therapy, you get so kind of pulled into all the bad things, and the maladjustment and the problematic behavioural patterns, it's just kind of ... it's that continuous reframing thing. You have to be sure that you reframe that for the client and make sure that they keep on believing that they can do it themselves, you're not the one doing it for them.

INT Okay, so essentially that boils down to a resource. The genuine belief within the therapist that people have the power to make a difference in their own lives?

RES Absolutely, and that's a hard thing because sometimes people do things that you really can't fathom, but it's something that you can understand on a theoretical level. But continuously having the belief that that client can heal, that there is a possibility for that client to get to a better place and you're not necessarily the one that would have all the answers in terms of the process, but you have to be respectful of that client and the limitations in which he or she is structured.

INT Okay, so, referring to the psychologist and the internal resources that they would have ... what you've mentioned so far is the genuineness and the genuine optimism. Pretty much, believing in an individual's ability to transform. What about more ... everyday, practical things for the therapist?

RES For instance, I schedule my clients an hour and a half apart, I can't do it every hour on the hour. I find that it gives me a little bit of time to make a cup of tea and debrief between clients. I tend to give myself a little bit of time, as well, just to sit down at night with a client's file, go through it and see if there's anything in there that needs to be addressed or anything that kind of stayed with me after a session. I'm not very good at writing process notes directly after a session. I do need a bit of time to process what happened in a session before I actually write it down. In terms of admin, I'm probably not that good ... with organisation, I always struggle to handle my files and keep everything up to date. I have these scribbles after a session that takes me a while to put it all together. In terms of internal resources, I think time would be something that works for me. I know it doesn't work for a lot of people, but I can't rush myself in terms of therapy. In terms of other resources ... I tend, once every six weeks, I tend to take a long weekend just to "be" and I try not to have it jam packed with all kinds of activities. Just to go somewhere and sit, kind of ... what's my mom always say? "Pull myself towards myself" kind of feeling. Just to kind of get in touch with myself as well. I've been doing (*activity*) for many years so I find that's something that really, really grounds me. On occasion, I try the whole meditation thing. I don't always have the patience to do that, but in the past, I've found that to be very, very beneficial. I try to look after myself physically. I try to eat healthily, I try to live a fairly healthy lifestyle, take my supplements, look after myself. I think it's very tricky telling a client to take good care of themselves, to go out and join a gym, do all those things if you're not doing it yourself. You have to be very careful not to come across as condescending in that sense.

INT Practice what you preach ...

RES Practice what you preach.

INT Okay.

RES I tend not to give advice to clients that I don't have any firsthand experience of. If you want to tell a client to get out there and do certain things, you must have a good idea of what it entails to actually do that, or else it comes across as armchair kind of therapy, which loses its realness and clients will not come back if you do that because you have to make sure that you know what you're talking about. Of course, within limits. I think taking care of yourself, having your supervision, having your time out, taking care of yourself physically, taking care of yourself emotionally, it just makes it easier to do your job. Sometimes, if you haven't done that, you can feel it – you're tired, you're exhausted, you get irritated with clients, you get annoyed with the same client coming over and over and over again, for the same thing, and they're not moving on. So ... and I mean ... an important thing is tolerance. You can't be in this job and be incredibly judgemental and not tolerant. You have to know that people do things at a certain pace and it changes from person to person. So sometimes you have to really grind your teeth and think "okay, here we go again!". But that's okay if you know that there's a goal somewhere in what you're doing, it makes it easier. It's a hard thing for me to negotiate what a client's pace is and what I want for the client, or what I want to happen for that client. You can't force it. The moment you start pushing a client towards something, you run the risk of actually being quite disrespectful.

INT What about external resources? Things like support from family, or people that are important to you. Other things like ... you've actually mentioned this, you've discussed it ... things like autonomy, having the power to decide how long your work day would be, or what days you would work, and then also something like feedback. Feedback is a very contentious issue because, strictly speaking, psychologists don't get a lot of feedback and, when they do, they tend to deflect back to the person, saying "no, but it's your hard work". External sources of resources?

RES Once again, not to harp on it, have one or two colleagues that you meet informally once every week, once every two weeks, just to kind of talk through the clients that you have at the moment.

INT Would you get this with those peers?

RES On occasion that has happened, which I think is very important. It's a serious job. You're dealing with people and you're dealing with their pain and you get into a space with people that I, personally, feel is a sacred space and just to get away from that intensity level, you have to have something to counter that every now again. Aside from the collegiate thing, there is a pull from your family to want to know about your world, to want to know what you're doing, what kind of clients are you seeing, what are the kinds of stuff that you deal with. I don't think it's just a pure curiosity thing, they want to know about your life and it's easy for an engineer to say "well, I did this and this and this at this plant, and I did this and this and this" and we can't do that. I think that changes it a bit for us. I'm very aware of not disclosing anything about a client, but sometimes you just need and want to talk about something and there isn't a supervisor around, or there isn't anyone in the field around, and you have to say to someone "I had this really tough session today". I found ... in my experience more often than not ... there's a lot of respect for what we do. I have kids coming into sessions with me and saying "how do you manage listening to people the whole day? How do you do that?" I think a lot of people are aware of the fact that it's different from a lot of other professions in that sense and, even though ... you don't have to disclose any details, but you can say "I had a really tough session, just give me a little bit of space to just chill and just be. And tonight I really don't want anything else but to just be a person sitting, and observing and drinking a glass of wine". I've really found that, more times than not, people are very supportive and respectful in terms of that.

INT Okay, so your significant others are actually quite ...

RES It took years and years and years to get them to that point. So I think it's a process in itself. Just as you have to define yourself in therapy, you have to define yourself with regards to your significant others, in terms of your family. They have to know that you're not going to talk about clients, but you also have to be real in telling them "this has been a really crappy day".

INT Almost training them to understand the gravity ...

RES They don't need to know the details, but they respect where you're at, at that moment. I don't think it's always easy for everyone, but it always helps to have a few friends about and you'll know, when you get to that point, which one of them to go to. You can't go to all of them all the time. So, it's having a support system and knowing ... it's more than just having a support system ... it's knowing your support system and what part of your support system is relevant and at what times, for you. So, we've kind of just expanded on the whole support system idea.

INT What about things like feedback? Again, like I said, we're not supposed to get feedback.

RES I think maybe because I haven't been doing this for years and years, I am not as aware of feedback as, I think, a lot of practitioners that have been doing this for years are. I get a lot of that in supervision. I find that in interaction with colleagues it sometimes can be quite a stilted interaction. Once again, I think it boils down to the fact that we're in a very competitive field and if you don't market yourself and you don't prove yourself to be exceptional in your field, you're not going to earn the money. So I think everyone's very much trying to protect their field and what they're doing. And I can understand that, so it's really hard getting that in feedback or getting something that is really good for you, is true for you, from colleagues. Although I do think, in some instances, you really need a good feedback. It's once again, if you're in a group of people getting some kind of group supervision, make sure that you trust the people, make sure that you know where one another is at, at any given time. It's so easy to project all kinds of shit into the supervision context. I think, know your people and know who you can go to at one time ... much like a support system. When you have a certain need, know where that need will probably be best met. I have to say, I have a lot of respect for the fact that colleagues don't always want to share, and they don't always want to make themselves vulnerable to others. I think a lot of that has to do with selection and the whole process around that ... you do feel exposed for so many years in training, you do feel so open for criticism and all kinds of input, that, at some stage, you want to start feeling a bit more safe in what you're doing. So, yes, there's a lot of things feeding into that whole feedback from colleagues thing. At the end of the day, people aren't going to come back to you if they don't feel that you're not delivering the goods. There are some psychologists that say people can go wherever they want to, so ... I think that's something that my mom said to me, actually way back when... "if you want to put yourself out there, you want to make sure that you have a very good product to sell and that should be your aim, because it's a business" – it's more than just money... in practice, you can't just go and do it for love of the people and wanting to do it because you really like helping people. You actually have to pay your mortgage at the end of the month, and you have to pay your car, you pay for your kids' after school. It's a business and you have to market yourself and you have to prove your goods.

INT So, what you're saying is that if the public is consistently using you as a business, then they must be satisfied with the product?

RES They must be getting value for their money and that's your responsibility as the therapist, because we are charging a lot of money for an hour of our time and you have to be sure that, when you charge people that amount of money, that you're actually giving them something for it. The days of just sitting, listening and nodding every now and again are past because there are so many other people, or groups, competing in the field ... I mean, you've got a lot of people doing all kinds energy things, you've got ... I've had people coming to me saying to me "listen, my SCIO machine said to me I have unresolved anger issues".

INT A what machine?

RES SCIO – it's all kinds of energy medicine, people get linked onto computers. So the clients out there are a lot better informed than they were years ago. They have internet, they have all kinds of resources ... so you have to compete in a field where the guy on the corner who's promising people nirvana through some or other kind of herbal supplement ... you have to know what they're doing and you have to be able to convince people that what you're doing is better. So, I think, in that sense, the field has changed a lot. We're not only competing with psychologists, you're competing with life coaches, with people with all kinds of energy therapy, tarot card readers ...

INT Very interesting. Can I ask you something on that point? This is one of the questions ... going back to demands ... the fact that we now have registered counsellors and we have life coaches who are all, in terms of time, less trained than psychologists. As a demand, does that affect you in any way... as a threat in the sense that they will take business away, or that they will be ... the public won't know the difference... does that in any way have a impact on your life or career as a psychologist?

RES Definitely ... I kind of feel that every time I encounter a client that's been to see some or other therapist, alternative healer or complimentary therapist, that I actually have to go and find out exactly what this other kind of therapy is offering the client. If you go to ... if you see client whose been to see this or that reiki master, who says these are the issues the client's dealing with, and they offering two sessions of immediate healing and everything will be okay ... you have to know, in the first place, what they're talking about and then you have to be able to convince the client that what you're doing is going to be the best thing for them in the long term. So, psychology has changed, it's not just competing in terms of are you systemic, Freudian or CBT, it's a whole new ball game. So, in the first place, I think be informed as to what is out there, and secondly be able to kind of place that with regards to what you're doing, what service you're providing and then, thirdly, be able to convince your client that what you're doing for them will be better in the long term.

INT And believe it ...

RES Truly believe it. So I think you cannot be a therapist in this moment in time with blinkers on. You have to know what's out there. Doctors are doing therapy, dentists are doing hypnotherapy, reiki masters are doing healing, crystal people are selling stones in a shop and promising healing and you have to really compete against people who are offering instant fixes a lot of the time.

INT Which is quite demanding. Turning back to resources, the autonomy you've spoken about, the feedback ... is there any other resource that you can think of or highlight, that is relevant to your situation ... anything internal or external that you find is very helpful for you in the daily work that you do... as a resource.

RES The one thing that I think is important and I'm slowly ... there's a lot of people that can do this job every day from 08h00 to 17h00, and it's okay. I personally need something different. Every now and again. I've got another kind of therapy that I do that's quite different from psychotherapy that gives me a bit of balance. I like the complimentary therapies, I like to know what's out there. I do believe that there's more than one type of healing available at the moment. So, every now and again, say maybe an afternoon, or a morning, out of my whole work week, I would keep separate for something else. I got training in complimentary therapy, I really like it, I don't find myself as a psychologist in that space. But I do think you can't keep doing the same thing day in and day out and still remain sane ... well, I can't. A lot of people can, I can't ... I need a little bit of variety. I like the fact that I do see a bit ... in terms of kids ... that I do see a lot of adults, but that's a very personal thing. I think, for me, it works better to have some variety arising from day to day. And it kind of opens up avenues for exploration ... if I just think of the stuff that I did in my other role, in linking that with psychology, how does that link up with clients? Because, at the end of the day, you deal with the client and the client has come with certain package deals of problems and issues. What other ways are there to look at it? I find that very helpful, just to get me out of the one frame of reference and just to look at things from another viewpoint. To see is this really just one thing or could this be something else as well? I think the one thing that is very important in

doing the job and being successful in private practice, is always remain questioning – you always have to check yourself, am I doing this the right way? Am I doing this the quickest way possible for the client. Because we kind of in a situation where we have so many patients with medical aid, you have to deliver the goods in a certain amount of time. If you count the days of three years of psychoanalysis, that's harsh, you can't do that anymore and you have to be sure that, in the amount of time you have available, you offer the best service that you possibly can. If I've got a good service, people are going to refer back to you. They're going to send other people to see you. And word of mouth referral is how a lot of psychologists ...

INT By far the greatest referral source, yes.

RES So you have to do that to keep on ... you have to keep questioning, when something crosses your path, you have to look at it critically. I think the moment you start settling in a certain way of therapy, a certain process, then you've probably got yourself some problems you need to sort out. It's great that you decide on a certain way of doing things but be open to anything new that comes into your field.

INT Would it be fair to say then that the idea of variety and stimulation would be a resource?

RES Definitely, and I think it's important to make sure that you have colleagues in the different areas. I've found that's been the most meaningful learning experiences for me. Chatting with a colleague and chatting about a certain type of case and they say to you "why don't you look at it like this? I would've done this". Taking all the different stuff, putting it together and seeing where you place yourself with regards to other therapies.

INT Alright. Last question. If you knew then what you know now, would you still have become a psychologist?

RES Yes, I think I would've. I think the first few years after qualifying are probably the hardest. It's probably a time where a lot of people leave the profession – maybe the first five to seven years are particularly hard. I love what I do, I really do. There are times when I really want to get on a plane and go and live somewhere ... times when I never want to see a patient again, ever. And not ever having to deal with a medical aid again, or deal with a parent that's not listening to what I'm saying, or kind of just keeps on repeating the whole thing again. I love what I do, I like it. For me, it's building the puzzle, seeing how everything fits together and being able to stand back and have an idea of how it all fits together. Unfortunately, clients aren't always in that space with you, hard as that can be. But then again, you know a little bit about their lives and I think, on some level, it's taught me a lot of respect for people's timing ... you can get someone in therapy where everything looks good on paper, but if it's not their time for therapy, you're not going to be able to do anything, you really won't. There's a natural process in things, there's a time for certain things to happen. It's not always easy being able to step back from it and say "listen, I know these are the issues the client is dealing with, but that he or she maybe is not in that place where he or she is willing take responsibility". This whole thing of wanting to help people is wonderfully noble but you can only help those who really want to be helped. You can't do more than that. Therapy for me is this magic space where the client is ready to do certain things, you're ready to have exactly the right insight at the right time, everything in this client's life conspires for them to have this healing experience. So yes, you're dealing with things that are beyond your control at times but, gee, when you get that one client out of ten it's magic. It's really magic and all of it is there. So sometimes it's really hard to keep your faith in the profession because of the madman out there. You have that one that keeps you human. The problem is, not having one every few months to restore your belief.

INT That's a beautiful way of describing it. Anything else you want to add in terms of demands, resource or insights?

RES In terms of practicality – if you want to start a private practice, I think it's really hard ... if there's a husband or wife around and you have the financial backup, it takes a lot of the anxiety out of it. I find it quite anxiety provoking not having anything ...

INT By having to do it on your own?

RES Absolutely. If it wasn't for the pension money and the package that I had in terms of that, I would've been frantic, I would've been climbing the walls by this time. Having worked at three organisations during my career, this is better than anything I've ever done before. You take ownership of something ... it's not anyone else's, this is yours and that's special. But, the amount of stress that goes with it, and the amount of worry that goes with it ... that's a huge thing and you can't get around it. And months when things aren't going well, you're struggling with medical aids, clients don't seem to be coming in for as many sessions as they could ... that's part of the whole mass that you have to deal with around the whole issue.

INT Do you think that is a "beginner's" or "early days" type of problem, or do you think that is a long term reality that a psychologist has to deal with in private practice?

RES I think it's probably a long term thing. I think you get more used to it, you get more sensitised to it but, in the beginning, it's all very new, it's all very ... there's a whole ... I mean, I've done working for an organisation in private practice before but this is different, it's got a different feel to it. I think the moment you stop worrying about the kind of service you're delivering, you've got problems, you really have, because you're in a field competing with many other people who are very competent.

INT Great, thank you very much for these thoughts.

INTERVIEW 9

Gender:	**Female**
Age Group:	**31 - 35**
Registration Category:	**Counseling**
Years Qualified as a Psychologist:	**6 - 10**
Years in Private Practice:	**6 - 10**

INT Job demands. Job demands refer to specific aspects of your job which require a sustained mental or physical effort, and are therefore associated with certain physiological and psychological costs. Perceived demands may differ from individual to individual and therefore there is no correct response to these questions. Rather, I'm interested in learning more about what you consider to be the demands of your job as a psychologist. When you consider the work that you do, what would you say are the areas that you find most draining of your energy? For example, would you consider your workload to be excessive. There are a number of examples from the literature that I can share with you but, to start, let's leave the question open ended. What would you say are the demands that you experience as a psychologist in private practice?

RES I think a lot of the ... there's a high demand in the medical field for people to assist with that. So we run around hospitals all the time. A day never ends the way you planned it to start. I can plan for seven patients then I have to go out to a hospital but, while you're there, there's another trauma case coming in and it becomes difficult to distinguish, at that point, which is more important than some of the other scheduled ones. So I would say I... a way to maintain a balance between scheduled appointments and trauma appointments coming in because of the medical work.

INT Okay. So it's almost like the demand being higher than the actual time and energy available?

RES Yes.

INT Excellent. Anything else?

RES Yes, maybe also that people think because you're in a helping position, you are just always available to help with whatever, although I believe in strict boundaries in terms of that, also for a healthy balance as a therapist. But that people still want to demand certain things, or will present it as very urgent ... it's difficult for one's secretary to distinguish and therefore you have to pay attention to things and maybe it's not that urgent. Everyone's crisis is his own crisis, but therapists have to be adjustable, or have to be able to distinguish what is really a crisis, and what not.

INT Okay, because that's difficult to do ... it may only become apparent when you've got that person in front of you.

RES Yes.

INT Okay. Anything else?

RES For me it's important to maintain a healthy balance and not to overwork myself. So I try to be strict to work during normal hours, although people will always expect more than that, I really do not do that. I think what is sometimes difficult, is to explain to people why it's not a healthy thing to do. You try to teach them healthy boundaries, but they expect you not have the healthy boundaries yourself.

INT I think those boundaries come back to resources, which we'll talk about ...

RES Yes ... and also if I think of the medical field we are working in, and maybe also in private practice, just general things I've seen in the few years, now maybe the last two or three years, it's as if the trauma things, in terms of hi-jackings, people wanting to leave the country, definitely a higher rate of referrals for that, and that's emotionally draining for me as well.

Because you live with your own fear that maybe you can be the victim of a hi-jacking or a trauma that you cannot aid yourself for ... which is not something that, in your field of work, or mentally, or practically, from what you hear, you feel you can prepare yourself enough for. It's there, maybe, you are confronted with things that you feel you might be at risk for yourself. Specifically the hi-jackings for me is very draining to see people in therapy.

INT So it's traumatizing to the therapist?

RES Yes.

INT Excellent. Can I go through some of the others? What you've given me is great. Let me go through all of them, think about them and, when I get to the end, you can tell me if any of them are relevant to you. Just, as I say, if there's some of them that really aren't relevant to you, then just don't say anything. But, if you feel "oh yes, I didn't think about that", or whatever, if there was something that came up for you ... I know at one point you said something about preconceived ideas ...

RES Yes. People do have a lot of preconceived ideas. Patients, in the first place, do come with the hope or the demand that you will fix them. For me it's important to set a thing about responsibility straight from the beginning but, people, when it's not going their way, within their setting, they will want to put the responsibility back to you. So, although it's something that's important to me and I always stress it with people, it can be demanding to have to refocus on that all the time. Also, definitely, how people socially react to that. For me it's sometimes as if that's more difficult to deal with. It's as if people want you, in my experience, to be in the role of the listener and, because we do that eight hours a day, I find myself in that role quite easily. "So, how are you really? What are you doing? How is your daughter"? It is sometimes difficult for me to just also relax in a setting like that. Also, when people do put you in that role, from that side, there's that interaction. If people meet you for the first time, they can react like to say "I'm so happy to meet a psychologist" and they want the quick, free advice and, actually, you are relaxing now and I will react to that and say "you know what? I ..", I'll make a joke and say "I don't work for free", or "it's after hours now" or ... or people will say "you are analysing me" ... we get that a lot ...

INT And you're not ...

RES ... and you're not, but even if you are, you're not going to say that. But it's very difficult then to just relax. Another thing is that people socially think that, because I'm working in this kind of field, I am always okay. I don't need a listening ear, I don't need any advice. Even people older than me, family members, which I would like to see as people who can be ... a supportive person or someone that I can ask some advice from will also seem to take the role of "let's ask her what should we do about this? Or what should we do about that?". That's a very difficult thing ...

INT Yes, that's very interesting. Excellent ...

RES Even older people, family friends, see one in that role.

INT So there's almost the expectation that you always have to be okay?

RES Yes.

INT Okay.

RES Because you are working with these things ... you are working with these things, you do have this knowledge. I've even had family members commenting and saying "but you have the knowledge in this field. Why can't you apply it to the family's benefit?" And that's a tricky one. Sometimes, where's the line between just being the supportive cousin, or am I now on the side of the therapist? It's sometimes a difficult line. I'm always on the ... when I'm working on the giving side, eight hours of the day ... it becomes difficult to sit at the other side and say "now it's my turn to receive". So that's something in myself that I also need to focus

on, because I have to sleep as well. But if people on the other side's also reacting all the time, you need to be okay. It's difficult to get into that position.

INT Very much so ...

RES So, yes, for me ... to that side it's more difficult, more demanding to deal with that, than actually ... when I compare it now to what I said about patient's expectations, I think socially it's more demanding.

INT Okay. Sounds like it's frustrating, actually.

RES Yes. Who do you talk to? If you don't see someone specifically to say "I also need to talk about things", it's difficult to ask people just general, plain, simple advice. They don't expect you to ask for advice because you're always giving advice.

INT You're meant to know it all ...

RES You have to know it all. You should be able to give advice, so it is a difficult one to stand away from and say "well, now I need the advice. I need some direction". So yes ... I think ... yes, if I think of the administration side ... just when I started the practice, I did most of the admin myself. Well, all the admin in the beginning. And yes, we didn't get any guidance in our studies on how to do that ... how do you start a private practice? How do you interact with medical aids? But I was in a fortunate position to start with someone who had practice management experience that helped me liaising with the medical aids and all that ... and, as soon as the practice, you know, grew, we employed someone to help with that ...

INT A resource, obviously, but we'll get to those. Okay?

RES Okay, so we can elaborate on that a bit later. So, but it helps for me to resource people who can help with things that's not my field of expertise. But, initially, to get the thing from the ground, you need to think for yourself what is necessary. No-one came and actually said this and this and this is what you will need, how to do this ...

INT And now? Because I know with my practice as well, there's certain things that you have to do. Reports, and certain phone calls, and obviously the process notes. How are you ... you're okay with that? You're not finding that demanding?

RES I make my process notes as the session progresses. So for me that's okay. I formulated a format that works for me ... I always do it the same ... I start like this, start like that and then I will elaborate on what's necessary for that client. Reports – I try to put people off who want the reports just left, right and centre because people think that they can ... the world will open up for many things if they have the report of a psychologist, so I think people have misperceptions of why do psychologists write reports and what it can actually do ... maybe not to what they think is to the good side, but it exposes people really a lot, so I try to inform people properly why they really need to reconsider if I get the idea that they just want it for whatever. They say "I just want the report but I can't tell you for who it is or ..." and then I don't write reports like that. Then I also try to limit it and I also charge a fee for that and I ... although sometimes I charge the same fee, I tell people that I actually can charge them for more, that all in a way to see, and sift, what is really the reports that need to go out.

INT Right.

RES And yes, I don't like writing reports, but I try to just get it finished as soon as the demand for that is there. I try not to accumulate work that it feels that I just get to a point that it's not do-able and I need leave urgently. I also don't write reports in the evenings ... I schedule them during my daytime.

INT Well that's excellent. So you actually work it into your day's work?

RES Yes, because it's a charged fee, I see it as part of the hours that I've decided to work per day. And really, if something is an emergency, I will have that scope for that emergency. Something, you know, then one can evaluate – is this then really part of a really emergency thing. But I schedule it as part of that. And if someone phones me for a report on short notice, I don't want them to ... because of their bad planning, to make it my problem. I tell them, in my schedule, where I will have time to write this report but obviously there are some things that a doctor or a lawyer will need that is of importance or urgent, then I'll weigh the options and then prioritise.

INT Sounds very organised. Things like the CPD, the HPCSA, the governing bodies, do you see those as resources, or do you see them as demands?

RES For me, the idea of getting CPD points, I think is a good idea to stimulate new things and some new knowledge, but it's true that what is accessible and also for the price that it's accessible, makes it very difficult to take time off from private practice. If you don't work, you won't earn and now you have to pay for very expensive courses to get the CPD points. So my conclusion on that is that I need to be at the presenting side of that. That you can get the points and also get the money for the time that you actually spent ...

INT Not lose all that income ...

RES Yes. The principal of that, I think, is a good idea, otherwise, especially in private practice, you're just by yourself during the day, seeing the patients, with not a lot of interaction with ... in any case, other psychologists ... because I'm working also in the medical and health field, I do have interaction with other multi-disciplinary team members but there's an opportunity at the CPD courses to do some networking. Yes. PsySSA. I have contacted them because of legal queries and reports that I had to write, to confirm "is this the way to do it", and never had sufficient ... I never felt that I really had sufficient feedback from that. So the promise that, when you pay the fees ... the feedback from that ... when you really need to phone someone now and ... because these things come as some urgent matters to your door ... and they promise that they will be available in some or other way but, even over lengthy communication processes, not sufficient feedback. I can understand if they can't be emergency 911 because I'm also not always 911 for my patients, but I felt that there was not sufficient support with that. Luckily I didn't need them for any case like that so ... but I always wondered if I ever needed some support from that kind of body, would they be able to support me in the way that I would need the support?

INT This almost sounds like it's been a bit disappointing?

RES With the two queries that I can remember ... that I can think of now ... I felt that there was not sufficient feedback. There was one that I can remember now ... they just told me ... they just gave me the feedback "don't worry, you are covered properly, so if they want to take this thing any further, there's money to cover that". But I didn't feel that they gave me good advice ethically, what I should've ... because I had a lawyer and now I remember all the details ...

INT You mentioned something interesting now ... you were talking about interaction with other psychologists. One of the themes that has come up, and here I'm not trying to lead you, that was my big thing, I don't want to lead anybody, it's just that a lot of the stuff you don't think about, it's only when it's mentioned that you think "o, ja, actually that's true". Isolation, saying that it's a very lonely job, lonely because you can't really discuss your work with anybody else, lonely because we work very much on our own. And the other thing that came out of that sense of isolation, which for some people was a demand, they were saying because there's so much isolation and because they felt there was a lot of competition between psychologists, so they found it wasn't a very warm community... that they found it very difficult to gauge what they do with a colleague or with someone else so there was often a sense of, not a sense, more of a fear, "am I doing good work, am I doing the right thing, am I on the right track?" And not really having anybody to discuss it with and if there was somebody almost also a *feeling* that you are exposing yourself to someone who might use it against you. Which is sad but possibly true, and that was, for some people, quite a demand. You know, like, if we were orthopaedic surgeons for example, I can see what you've done with somebody and I can

gauge my own competence against it. But not in our field. Is that something that has ever struck you as being a demand?

RES Yes, definitely. Actually in our practice, because we work in the health field we attend certain meetings and forums with doctors on a regular basis and it is something that I realised the one time and I commented on that. It is quite interesting to see how the doctors can just present a problem and they all brainstorm and without trying to analyze or downplay or up play or whatever give their advice and their angle and they just share all ideas, to come to a good solution. Where with psychologists, for me, it doesn't feel like that is what we can do. I'm sometimes scared to say present something and say but what do you do with this or... because I've experienced in the past peoples reaction to that is "sjoe, but how can you not know how to deal with that because as a psychoanalyst we would do it like this or we will do it like that and how can you not know that that's actually the way this needs to be done?" And ja, I think it has to do with the isolation in a way, that you do your own thing in your own place. You are your own king in your own kingdom. Everyone coming for help is looking up to you, speaking with authority, in a positive way because you have knowledge about this, but now when you are with other psychologists in the same... I have experienced that before, definitely. Yes and that makes it difficult then, like I say it's a good place to network at the CPD meetings but it is sometimes something that I just look up to and think I just don't have the energy for this... it's just so much easier to avoid it and that's why I don't attend PsySSA congresses, I don't want that!

INT Ok. Some of the other things that were mentioned also were the increasing threat of malpractice litigation, inadequate support systems which I think you have already discussed quite well. There was something else I wanted to check with you, oh, the time and session constraints due to managed care. What some people were saying is that the medical aids have upped our fee dramatically but because they haven't upped the actual gross amount, all it means is that we earn more per session but we have less sessions...

RES Less sessions available, yes.

INT So, is that in any way...

RES Ja, yes, that is definitely a demand, on it's own because once you've started a process with a patient, I don't want to leave a patient in the middle of a process especially if that person is still in a, you know, still experiencing a crisis or if that persons circumstances didn't change. He or she is trying to empower him or herself but the circumstances didn't change and therefore they still need support therapy and now funds are not... funds are exhausted just because the medical aids provide less and less for psychology and a lot of times they combine it with part of the savings plan which comes from the same division where occupational therapy, physiotherapy, dentists, eye care will come from and if someone wears glasses all that will be spent on that, with nothing left for psychology. So, yes, then I try to negotiate with patients for something in between but it is also difficult because they don't always see the need for something that you feel now is actually a good route or maybe the patient sees it but the main member doesn't agree and as soon as he will have to make a commitment re some or other form of payment the commitment is too much. Lots of emotional and commitment things are with that. Therefore my viewpoint is that even if I do give discount or even if I do feel that certain sessions will be free, I want people to pay a small amount, even if it is R5 that he can afford, for the principle of the matter.

INT Yes.

RES But it is a dilemma, if you feel that you could have helped that person in a better way, even if I agree to maybe lower my fees to accommodate that someone, they also come to a point where they feel they are not willing to continue using the service because they feel it is not fair towards the therapist, paying less and less and you just give your hours and hours. So, ja, it's definitely a problem for the patient and sometimes it's the same amount for the whole family for the whole year and if one... if a SAPD member comes early in the year then the R1500 is already exhausted and you haven't seen the wife and it is maybe necessary to see her or

later in the year he needs to take his child for some support at a psychologist and there are no fees available.

INT Is there anything else in terms of demands that you can think of?

RES No, no.

INT Can we move over to resources?

RES Yes.

INT Great. Job resources refer to aspects of the job which may assist in achieving career goals, reducing job demands experienced and stimulating personal development. This can be considered in terms of internal resources and external resources. So when looking at what you'd consider to be your internal resources, what would you say contributes, with regards to health maintaining factors. For example, do you employ any specific cognitive or behavioural techniques to assist coping with the demands of your job? It's a bit of a loaded question, what it basically boils down to – there are certain things outside or external that people see as resources and then certain internal resources which pretty much go with your own coping mechanisms, your view of life, your sense of coherence, your sense of resilience, things that make up who you are, that you can use as a resource. So, it's not that complicated as the introduction may sound. When you think about the resources that you employ, what comes up for you?

RES Well, first thing I think of it's really important for me to have a healthy balance in things and also, healthy boundaries. I stick to an 8 to 5 working day or, sometimes even an afternoon off in the week and I don't work over weekends. Only, and I can really count it on 2 hands, if it's a real, real, validated emergency. Then... I treat an emergency as an emergency. Just for convenience sake, I'm not available over weekends. I feel if someone wants to get help they will also make a plan and make a commitment. So that... and also, therefore I've decided a certain amount of hours a day that I will work and I fit my things into that. I don't want to drain myself emotionally so much that I don't have the energy for what I need to do after work or to relax with my husband or to enjoy my own hobbies. A balance for me also is in exercising. I try to exercise between three and five times a week. In the gym. It hasn't always been like that but I realised, in just sitting the whole day I didn't have enough energy because it's a very passive posture, physically. Mentally, you're thinking and things are running and you're thinking lots of things. Intellectually you're busy but physically, passive.

INT OK.

RES So, exercise and also three meals a day, healthy meals. So, we do break for a proper lunch, I break for a proper one hour lunch. Sometimes in that time I have to phone people back or do things like that but that's also why I leave an hour to accommodate messages and things like that. Proper breaks, so we do go on holidays and weekends, quite regularly. To get the balance, and also an agreement not to... there's a time to offload about work but not to work, ag, not to talk about work in the evening. Otherwise one can be busy with therapy and trying to figure out until late in the evening. So, I'm strict with myself in terms of that and for me that works. To keep a balance and also, when I'm socialising and visiting friends, not to get in the therapists role and not to answer all their emotional questions and, by making a joke just to, sort of, leave it there and continue on other things. And also, hobbies. I do my hobbies and I have scheduled times.. I actually enrolled myself in classes to make sure that, once a week I do make time to do that...

INT Your thing, what you want to do...

RES Yes. Just think of it... and then I'm busy with whatever I want to be busy with in my mind at that time, but not work.

INT Ok. Well, that covers pretty much all the internal stuff I think. Externally, what are the resources that you... well one of the things that I heard, I don't know if this is relevant to you,

is experience... some of people who I have had interviews with were saying that they find that the longer they practice, the more experience obviously and the more experience - the more they find that a resource. In the sense that a lot of the stuff they've worked out, they've worked through or whatever. For yourself, do you find the longer that you practice the more... not easier but...

RES Yes. Ja certain things. For me sometimes there are certain factors, certain behaviours... for example if you see someone with a dependency problem most probably the wife is the co-dependent and the family is maintaining this whole thing so... yes, that, in a way that makes it easier, sort of, because, "ok, it's this so most probably it could be..." but you always have to validate. That sometimes, for me, loses a bit of the challenge for me because I think, "oh, ok, I know this one". So, but that's just for me part of the stimulating... I think that sometimes also... something that can be a demand now that I think of it, is... I like a challenge, I like a first interview quite a lot because there's lots of information and you have to analyse and try to get to the whole picture. If someone likes to be in therapy for a long time, they don't like to get better because in a way they find comfort in being there and the challenge is then to empower them to end therapy that they empower them... or empower themselves, that they can empower themselves... you can't be the one maintaining this all the time. But that's a demand because it becomes then a bit boring sometimes. Cause I like the challenge. But, ja, I think, also ja, experience is something, is definitely a... something that makes it easier so it's not as if I feel I have to focus on it so much and, "I'm not sure what I'm going to do with this", so yes, I think that is... that's definitely part of the resource for me.

INT Ok. What about some of the other external factors? I know in your practice, for example, you have a receptionist. Is that an external resource for you?

RES The fact that she helps with a lot of admin, you mean in terms of that?

INT Well, the fact that you've got one, answering phones and...

RES Yes, oh yes. Definitely. She helps a lot with a lot of things and I really try to prioritize for myself between things that a therapist, that only a therapist can do and things that a secretary can do. Certain phone calls, certain...to fill out forms or to register for this or that, she can do. I really try to keep her as busy as possible that I can keep my time to what is in my specialization field, stick to the therapy. Otherwise I think it can, it can drain me if I allowed myself to be too busy with those kinds of things. So that definitely helps.

INT Some of the other things that came up were support from colleagues, family and peer group. The sense of being in control, this was a very strong, in the literature it was a very strong source of... of being a resource. The idea that a psychologist in private practice has a lot of autonomy, you pretty much can schedule your day and your diary. You make the decisions, largely, that was seen as a big resource.

RES Oh, yes. I agree.

INT Task variety, is that something... again, I think not everybody... if you are full time and that's all you do is the private practice there is task variety but it will be different types of therapy or different presenting problems. But again the argument would be that the autonomy is there that if you wanted to do something else or go out, still working, but at different tasks, you could. Do you employ task variety or do you literally see your eight people a day in the practice?

RES No, no. I travel, I also see people at hospitals. So for me that's something nice, to have a variety between just sitting at the practice, sitting in the same chair, eight hours after one another so that I enjoy, to have that variety and also a different challenge to what I do because there's a big difference when the patient comes to you, in the dynamics, and also when you go to the patient. Because if you go to the hospital, the doctor asks you to go to the patient, so ja I love that variety and I like the idea that I can arrange my own programme, and I remind myself that I can do that so, I don't want a situation where I feel I just have to work,

work, work and not have time for me. In a way if I say that now it sounds selfish but I feel, for me it's a health... If I can't have a healthy balance I cannot promote that with any patient.

INT Ok. In terms of resources... feedback. Feedback was a problem in the sense that, again, in our profession you don't particularly want feedback from clients, and if you do get feedback you basically give it back to them saying "no, but you did the work" so for a lot of people, again I think it comes back to competency. There's that feeling of... you almost have to judge for yourself whether you are satisfied with your work, what you've been doing, you know. Ok, this is now actually starting to sound more like a demand but, as a resource, if you get, for example, a patient that you'd seen, refer somebody else, that is a form of feedback. Obviously they were happy, do you see feedback as a resource? Is it relevant to your situation?

RES Ja, I think the feedback is important, like you said when referral sources refer again and again and again you know that they are happy that their clients or patients are also being treated in a way that they feel it helped them so... I feel it's necessary also to get some feedback or guidance that you are providing a valuable, professional service. Ja, so for me that is an important thing. I think one thing with this kind of work is that it's not always immediate feedback on what you do now. So someone might later on click something or put it into practice that you actually said maybe two sessions ago or maybe four sessions ago so it's not always possible to see the direct result of this that you said now or the link that you helped the patient to make and say "maybe you're experiencing this because of this" and they might look at you but it strikes a few sessions later. That sometimes is frustrating, that it's not an immediate feedback to see "ok this is working". But ja I think it's a resource just to know that one is on the right route with what you do. Or that you can adjust to what the patients needs are because you have to be adjustable.

INT Ok. What about spirituality, is that a resource?

RES That's an important resource for me, yes. That's part of my healthy balance and that's why also over weekends it's important for me to go to church and get... that's where I get my input as well. So for me that's part of the balance that's important to me.

INT When I listen to all the resources, what it boils down to is making sure that you care for yourself. I think from what you are saying to me, in your experience, even more so, because you are finding people around you are not necessarily taking on a care giving role. So the care, self care, has to come from your side.

RES Yes. Yes.

INT Ok, so, any other resources that you can think of?

RES No.

INT Ok. Last question, if you knew then what you know now, would you still have become a psychologist?

RES Ja well. I always said that psychology found me, I didn't find psychology. So, thinking about that I think that I always wanted to work with people. And doing maybe the way that one's doing it now but I definitely think that it's necessary, during training or maybe even before that, to also equip and empower the people they selected with those skills as well. You get selected because they see the possibilities of what you can do, in the right way or whatever is necessary. Ja, to provide the service that one needs to for a patient without getting too involved but being involved, not to burn out, to know how to deal with things but I think it can help to also empower people with that. It is a lonely world, to be a psychologist. The people around you want you to be in that role all the time, or they expect you to be ok or to be knowledgeable. It can be lonely and at times like that then sometimes I think, "sjoe, wouldn't it have been easier not to have this insight"? Ja.

INT Generally, overall though, it sounds like your answer would be yes. You would still become a psychologist. That's what I'm getting.

RES Ja.

INT Or are you undecided?

RES Undecided because I've seen a lot of trauma things recently and at times like that I do ask myself "why do I have to listen to all these sad stories because of hijacking after hijacking after hijacking?". Then I feel, "why, why me?" But at times, where it's so nice to look at the dynamics and see how you can apply certain things, it's a sure yes. So, yes...indecisive. Let me also say it like this, psychologist - yes - but maybe if one had a... if it was not only that you had to react on referrals you get that you have to please that demand, in order to also make sure that you have a salary. If it was possible to more choose where you really apply it, sometimes it feels to me that it is not always really just possible to choose. Then, yes, yes, yes all through, because I like to apply things, I like the insight that you have into things, and to look at dynamics is always fascinating and very interesting. I'm always on a very nice high after an interview where it just seems chop, chop, chop, everything falls into place, and wow! So, I don't want to ever, maybe give up that satisfaction. So, yes.

INT Great. Thank you very much.

INTERVIEW 10

Gender:	**Female**
Age Group:	**46 - 50**
Registration Category:	**Clinical**
Years Qualified as a Psychologist:	**16 - 20**
Years in Private Practice:	**11 - 15**

When potential interview subjects were approached regarding their willingness to participate, the process and rationale were explained both verbally and in writing in an introductory letter. On arrival for the interview this respondent stated that they had not taken note of the written statement informing them that the interview would be recorded for later transcription and inclusion in the thesis, as an appendix. They requested that the interview not be recorded as this created discomfort for them. This was agreed to and written notes were made during the interview from which themes were later identified, as with the previous nine interviews.

Themes which emerged from this interview have been tabulated for clarity. The interview was concluded with the same question asked of all the respondents; if you knew then what you know now, would you still have become a psychologist? The answer was an unequivocal "yes" despite the fact that the respondent had indicted experiencing the profession as highly demanding.

Demands	Resources
Not having enough time to accommodate all patients which results in a waiting list and a sense of discomfort at not being able to assist faster.	Life/work experience and greater maturity which assists in meeting the demands of the profession.
Insufficient parking facilities at the practice.	The autonomy that comes with private practice.
No acknowledgement from psychiatrists.	Not having marital/family responsibilities.
The CPD system – the disorganisation thereof, high costs and lack of meaningful presentations.	Lifestyle rewards, with emphasis on the financial gains of private practice.
The HPCSA, particularly their management of CPD and complaints against psychologists which is viewed as ineffectual and punitive, respectively.	Exposure to a variety of different patients and presenting problems.
Managed care practices hampering and limiting therapeutic interventions in addition to necessitating a greater turnover of new patients.	Work is experienced as emotionally and intellectually stimulating.
Report writing, particularly the fact that this must be conducted after hours.	
Increasing malpractice litigation with a belief that the reasons for complaints are becoming increasingly less valid and more vengeful in nature.	
A lack of work-life balance due to high case loads.	
Time constraints which leads to less than optimal time for self growth, hobbies, personal development or even continued self study on new developments in the field.	