PERSONAL AND PROFESSIONAL DEVELOPMENT:

A REPERTORY GRID APPROACH

A thesis submitted to The University of Manchester

for the degree of

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**Personal and Professional Development: A Repertory Grid Approach**

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**Thesis Abstract**

This thesis concerns the use of repertory grids to examine personal and professional development (PPD) during professional training programmes. Paper one consists of a systematic review of 11 repertory grid studies of people undergoing training in human services professions. The findings suggest that professional socialisation occurred in line with the aims of training programmes but was an idiosyncratic, non-linear process which continued post-qualification. Trainees’ thinking style became more abstract, less polarised and more cognitively complex. Implications for people training in human services professions and training providers are discussed and suggestions for improved future research are provided. Paper two reports a repertory grid study examining 26 third-year trainee clinical psychologists’ construal of their PPD. The findings suggest that trainees’ personal and professional selves were construed to be similar to each other. Trainees reported feeling anxious, stressed, unsettled and lacking an appropriate work-life balance. These difficulties were attributed to the demands of training and were expected to resolve once training was completed. Suggestions for future research with improved methodology are made and the implications of the findings for trainees, training providers and employers of newly qualified clinical psychologists are given. Paper three provides a critical reflection of the thesis; discussing the strengths and limitations of each of the papers and concluding with the author’s personal reflections on the process of the research and her own PPD.
Declaration

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Acknowledgements

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My supervisors, Anja Wittkowski and Dougal Hare, have been fantastically enthusiastic and supportive of this project, providing extremely useful advice and feedback throughout the process. Thank you both for offering me a project that I have found endlessly fascinating and which has facilitated my own personal and professional development.

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Special thanks go to my husband, Mike, and our daughter, Esther. I know neither of you will ever read this work, nor do you care one jot about clinical psychology. I am so glad. Thank you for making our life at home a fun-filled escape from work.
Paper 1: Systematic Review

Using Repertory Grids to Examine Professional Socialisation in Human Services Trainees: A Systematic Review

Manuscript prepared in accordance with guidance for the

Journal of Occupational and Organizational Psychology (see Appendix 1)

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1References to Appendices will be removed prior to submission of manuscript for publication
Abstract
Professional identity is acquired through the process of professional socialisation. Kelly’s (1955) Personal Construct Theory is an ideal framework for examining this process because it describes how people actively develop and revise construals of their world as they experience it. Kelly (1955) also provided a method to examine an individual’s personal construct system: the repertory grid technique (Repgrid). The current systematic review examined 11 Repgrid studies of professional socialisation in people undergoing training in human services professions: two in nursing, one in medicine, four in social work and four in teaching. Professional socialisation generally occurred in line with the aims of training programmes but was an idiosyncratic, non-linear process with associated stress and decreases in confidence. In addition to learning skills and taking on the professional identity and role, trainees’ thinking style became more abstract, less polarised and more cognitively complex. The process was not complete at the cessation of the training programme but continued into the post-qualification period. The methodological variability between studies necessitates that these conclusions are accepted with caution and tested in future studies with improved methodology. Implications for people training in human services professions and training providers are discussed and suggestions for improved future research are provided.

Practitioner points:
- This paper reviews the available literature employing the repertory grid technique, based on Kelly’s (1955) Personal Construct Theory, to examine professional socialisation in people undergoing training in human services professions.
- Professional socialisation in human services trainees was an idiosyncratic, non-linear process that generally occurred in line with training programmes’ aims but continued into the post-qualification period.
Introduction

‘Professional Socialisation’ is the process by which an individual develops a sense of professional identity. It has been described as “a complex and interactive process by which the content of the professional role (skills, knowledge, behaviour) is learned and the values, attitudes, and goals integral to the profession and sense of occupational identity which are characteristic of a member of that profession are internalized” (p.4, Goldenberg & Iwasiw, 1993). Most of the research on professional socialisation has been completed in human services professions, particularly in nursing (MacLellan, Lordly & Gingras, 2011) and social work (Baretti, 2004; Miller, 2010).

There have been various theoretical approaches to understanding professional socialisation. The earliest research was predicated on the prevailing functionalist approach whereby individuals were presumed to passively and progressively absorb the knowledge, skills and values of their chosen profession during their training (e.g. Merton, Reader & Kendall, 1957; Goode, 1957; Greenwood, 1957; 1981). Later work was subsequently informed by symbolic interactionism (e.g. Becker, Geer, Hughes & Strauss, 1961; Heraud, 1981) and viewed trainees as more active participants in their professional socialisation and emphasised the people around them as most influencing their development. Both these approaches have been criticised for assuming that trainees make a smooth transition to qualified job roles when research suggests that this a problematic time (O’Connor & Dalgeish, 1986a). Various researchers (e.g. O’Connor & Dalgeish, 1986a; Fournier & Payne, 1994; Fournier, 1997; Buckenham, 1998) have suggested an alternative approach to understanding professional socialisation, using Kelly’s (1995) Personal Construct Theory (PCT), which is a framework for the examination of identity formation and transition and describes how individuals continually form and revise their perspectives in order to make sense of themselves and the world.
Kelly (1955) described people as behaving like scientists in that they have hypotheses about the world (constructs) that they use to make predictions about events and govern their behaviour accordingly. Constructs are bipolar in nature (e.g. ‘big-small’, ‘funny-serious’, ‘ambitious-lazy’, etc.) and are arranged in a hierarchical personal construct system. Constructs are revised according to feedback from the world, particularly in the case of lower ‘subordinate’ constructs compared to higher ‘superordinate’ constructs such as the core constructs about the self-concept that have a strong influence over behaviour.

In addition to its theoretical relevance, examining professional socialisation using PCT is facilitated by the associated repertory grid technique developed by Kelly to measure personal constructs (Repgrid; Fransella, Bell & Bannister, 2004; Jankowicz, 2004). Repgrids allow participants to describe their perspectives using their own words and are free from the constraints and biases that can be associated with using other methods, such as interviews, surveys or focus groups. Repgrids require the participant to consider what are termed ‘elements’ that are of interest to the participant and/or the researcher (e.g. events, persons, etc.) and describe the ways in which they perceive them to be similar and different to each other. Bipolar constructs are elicited upon which all the elements are rated. The resulting matrix of elements and constructs is the Repgrid, which can be analysed in a number of ways. Most commonly the structure of the individual’s personal construct system (i.e., the relationship between the elements and constructs in their Repgrid) can be quantitatively described by principal components analysis or hierarchical cluster analysis. Alternatively, a qualitative description of personal construct systems can be achieved through content analysis.

The aim of the current systematic review was to summarise and critique studies that used Repgrids to explore professional socialisation of people undergoing human services professional training.
Method

Search Strategy

Electronic searches were conducted using Ovid Online (PsycINFO 1806-2014; Medline 1950-2014; Embase 1974-2014; AMED 1985-2014) and Science Direct. Searches were completed in April 2014 and reviewed in June 2014. A search was completed using the terms ‘repertory grid’, ‘personal construct psychology’, ‘personal construct theory’ combined with the Boolean operator ‘OR’. A second search was completed using the terms ‘professional training’, ‘professional socialisation’ and ‘professional development’, which were combined by the Boolean operator ‘OR’. Finally, the first and second searches were combined with the Boolean operator ‘AND’ to produce the complete search. Searches were limited to articles written in English and published between 1955 (when Kelly first introduced PCT) and 2014. Additional manual searches were conducted by scanning the reference sections of the selected studies and non-empirical papers on PCT and professional socialisation. Studies were included if they reported an empirical study in which the repertory grid technique had been used to examine human services trainees construing of their professional socialisation or development.

Quality Assessment

The quality assessment tool (QATSDD) (Sirriyeh, Lawton, Gardner & Armitage, 2012), designed for mixed methods systematic reviews, was used to rate the quality of the identified studies. It has 16 criteria, including whether the study has an explicit theoretical framework, considered the sample size, a detailed method section, considered the analysis method chosen, involved users in design and critically discussed strengths and limitations (see Appendix 2 for the QATSDD measure). Two items are used for quantitative studies only (‘statistical assessment of reliability and validity of measurement tools’ and ‘fit between stated research question and method of data collection’) and two items are used for
qualitative studies only (‘fit between stated research question and format and content of interview schedule and assessment of reliability of analytical process’). Items can be omitted depending on the methodology of the study being reviewed. The tool yields a percentage score so that all studies, regardless of methodology, can be compared.

Twelve of the QATSDD’s 16 items were deemed appropriate for the current review of studies employing the repertory grid methodology. The following four items were omitted: ‘rationale for choice of data collection tool’, ‘statistical assessment of reliability and validity of measurement tool’, ‘fit between stated research question and method of data collection’ and ‘assessment of reliability of analytic process’. These items were not deemed to be meaningful for this review because all the studies used Repgrids therefore choice of tool was not relevant and Repgrids are not subject to assessment of reliability and validity in the same way other quantitative and qualitative measures are (Fransella, Bell & Bannister, 2004).

Adherence to each criterion was rated as 0 (not at all), 1 (very slightly), 2 (moderately) or 3 (complete). Scores were summed and expressed as a percentage. Scores between 100-75% were deemed ‘strong’ quality, 74-50% were deemed ‘moderate quality’ and 49-0% were deemed ‘weak quality’. All papers were quality assessed by the first author (KH) and an independent rater rated 50% of them. The ratings were then compared and although there were slight differences in the quality percentage per paper between raters, all papers were rated as being in the same quality category.

Results

Sample

An initial search yielded 106 records (91 records through an electronic database search and 15 records through a manual search). Figure 1 presents a PRISMA flow diagram (Moher et al., 2009) which illustrates the search process. Eight duplicates were removed, leaving 98
records. The titles and abstracts of these records were screened and 80 records were excluded because they were not empirical papers employing the repertory grid technique. From the remaining 18 full text articles, seven were excluded as not eligible. Eleven studies were eligible for the review.

The 11 studies concerned four professional groups: two in nursing, one in medicine, four in social work and four in teaching. Six studies were carried out at United Kingdom universities, four in Australia and one in Israel. The average age of the studies was 27.1 years (S.D. = 10.5, range 9–40 years). All were rated as moderate quality, the average rating was 63% (S.D. = 5.5, range = 50-69; see Appendix 3 for the scores of each reviewed paper). The average sample size was 32 trainees (S.D. = 40.1, range = 1–142). There were three cross-sectional studies and eight longitudinal studies. Although all studies employed the Repgrid technique, there was variability in the elements chosen and the method of analysis used. The main findings for each of the four disciplines will be reviewed below, a concise overview can be found in Table 1.
Figure 1. A PRISMA flow diagram describing the search process

Records identified through database searching (n = 91)

Additional records identified through other sources (n = 15)

Records after 8 duplicates removed (n = 98)

Records screened (n = 98)

Records excluded (n = 81 did not use repertory grid technique)

Full-text articles assessed for eligibility (n = 17)

Full-text articles excluded, with reasons (n = 6)

1: not relevant to focus of the review
2: unpublished PhD theses
3: participants were not human service trainees
4: reanalysed data from study already included in the review with no new conclusions

Studies included in the review (n = 11)
<table>
<thead>
<tr>
<th>Authors, Year and Location</th>
<th>Sample</th>
<th>Method</th>
<th>Findings</th>
<th>Quality Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NURSING</strong></td>
<td></td>
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</tr>
<tr>
<td>Heyman, Shaw &amp; Harding (1983), UK</td>
<td>64 nursing trainees</td>
<td>Repgrids completed at 3 time points: beginning of training, then 4 and 18 months later. Supplied 16 elements: ‘self’, ‘ideal self’ and 14 professional role titles (medical and non-medical). Plus questionnaire and interview measures.</td>
<td>Trainees became more attracted to, and identified with, medical roles and less so with non-medical roles. They felt less similar to senior medical roles than they would like to be but the gap lessened over time. They wanted to be less like nursing trainees than they felt they were and this feeling increased over time.</td>
<td>Moderate (67%)</td>
</tr>
<tr>
<td>Howkins &amp; Ewens (1999), UK</td>
<td>26 nursing trainees</td>
<td>Repgrids completed at 3 time points: beginning and end of course then after 6 months in professional practice. Supplied 15 elements: ‘self’ and 14 health professional role titles. Plus semi-structured interviews. Content analysis of interview data revealed 3 themes: 1) Development of the graduate practitioner, 2) Gaining a better understanding of own role and 3) Adopting less polarised views. Repgrid content analysis triangulated these findings.</td>
<td></td>
<td>Moderate (69%)</td>
</tr>
<tr>
<td><strong>MEDICINE</strong></td>
<td></td>
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<tr>
<td>Madill &amp; Latchford (2005), UK</td>
<td>4 medical trainees</td>
<td>Repgrids completed at 2 time points: the end of first term and end of third term of the first year of training. Two Repgrids, one on identity as a medical trainee and one on the experience of the human dissection lab. Each Repgrid had 5 supplied elements which concerned past, current, future selves, other trainees and an admired doctor.</td>
<td>Group analysis revealed initial confidence had dropped and trainees felt different from their admired doctor but optimistic about becoming like them and felt the course would change them significantly. Individual principal components analyses revealed individual patterns with themes of dedication, competence and responsibility. Professional identity was developing but there an increasing tension between need for application to studies and for relaxation.</td>
<td>Moderate (67%)</td>
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<tr>
<td><strong>SOCIAL WORK</strong></td>
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<tr>
<td>Lifshitz (1974), Israel</td>
<td>19 social work trainees and 31 qualified social workers</td>
<td>Shortened version of (1955) Kelly’s original role rep test using 12/22 important figures in a person’s life (e.g. family members, authority figures, people liked and disliked) and 12/22 comparison sortings.</td>
<td>Similar cognitive complexity between groups but trainees used more concrete descriptions whereas qualified social workers used more abstract descriptions. The trainees rated figures in their immediate familial and friendship groups most favourably whereas the qualified social workers rated themselves a kind and a moral social worker.</td>
<td>Moderate (58%)</td>
</tr>
<tr>
<td>Ryle &amp; Breen (1974), UK</td>
<td>12 social work trainees</td>
<td>Repgrids completed at 3 time points: in the first term then 3 and 16 months later. Used a dyad grid were 16 elements were relationships between two people e.g. self, client, tutor, parent etc. 20 constructs were supplied.</td>
<td>Tutor-to-self relationship was an important model for student-to-client relationships. Trainees construed their relationship to clients and similar to their relationship to their parents. Construct about ‘behaving professionally towards’ was most stable and constructs related to affect were more stable. Trainees became more confident in their role and their construal of their role became more like that of the role expected of them.</td>
<td>Moderate (50%)</td>
</tr>
<tr>
<td>O’Connor &amp; Dalgleish (1986a), Australia</td>
<td>Social work trainees at the ‘beginning’ (54), ‘middle’ (48) and ‘end’ (40) of their course.</td>
<td>6 elements were social work vignettes supplied by qualified staff and open to a number of interpretations.</td>
<td>Beginning trainees construed social work as helping people but lacked a social work construct system to implement this. Middle trainees had acquired basic social work constructs, were sensitised to intangible rewards of practice and were concerned about self damage that could occur through practice. End trainees had increased repertoire of more abstract constructs and were concerned about damage to clients. They</td>
<td>Moderate (64%)</td>
</tr>
<tr>
<td>Authors, Year and Location</td>
<td>Sample</td>
<td>Method</td>
<td>Findings</td>
<td>Quality Rating</td>
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</tr>
<tr>
<td>O’Connor &amp; Dalgleish (1986b), Australia</td>
<td>15 newly qualified social workers</td>
<td>Repgrids completed at 3 time points: T1 (shortly before or after starting work), T2 (4 months later), T3 (4 months after that).</td>
<td>saw social work in terms of social change, consistent with their department’s views. They had more desire to avoid damaging clients and less concern for self damage.</td>
<td>Moderate (64%)</td>
</tr>
</tbody>
</table>

**TEACHING**

<table>
<thead>
<tr>
<th>Authors, Year and Location</th>
<th>Sample</th>
<th>Method</th>
<th>Findings</th>
<th>Quality Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams-Webber &amp; Marc (1976), UK</td>
<td>29 teaching trainees and 64 experienced teachers</td>
<td>Repgrid completed at 4 time points: before any teaching experience and then following 3 two week teaching experience blocks. The elements were 10 role figures (e.g., teacher, pupil, and principal) and 19 supplied unipolar constructs reflecting different teaching activities e.g., instruction, testing, counselling.</td>
<td>Students showed less integration than experienced teachers at first but this increased until there were no differences between them after the three teaching experience blocks.</td>
<td>Moderate (61%)</td>
</tr>
<tr>
<td>Diamond (1983), Australia</td>
<td>16 teaching trainees and 8 experienced qualified teachers</td>
<td>Used a modified version of Kelly’s original role grid. Used 16 important figures such as self (as teacher I’d like to be, fear I’d be, past self etc.) and friends, family and authority figures. Experienced teachers had 15 elements because tutor wasn’t applicable.</td>
<td>Similar construals between the two groups, only difference being experienced teachers tended to view pupils more favourably.</td>
<td>Moderate (61%)</td>
</tr>
<tr>
<td>Burke, Noller &amp; Caird (1992), Australia</td>
<td>25 teaching trainees</td>
<td>Repgrid completed at 5 time points: beginning of course and every 6 months until end of course. Supplied 11 elements covering personal/professional ideal/actual self, past self and other trainees.</td>
<td>Content analysis compared constructs across the time points. T1: Constructs were quite general, T2: concerned organisation and planning, T3: concerned control, security and responsibility, T4: concern with personal and professional issues including self-esteem and attaining goals and T5: concerned feeling qualified. Always positive ratings suggesting that transition was positive and smooth.</td>
<td>Moderate (72%)</td>
</tr>
<tr>
<td>Sendan &amp; Roberts (1998), UK</td>
<td>1 teaching trainee</td>
<td>Repgrid completed at 3 time points: once in 3rd year and twice in 4th and final year of course. Supplied 11 elements: Effective teacher (1,2 &amp; 3), typical teacher (1,2,3), Ineffective teacher (1,2,3) and current self and ideal self.</td>
<td>Found structural rather than content change. Models of teaching tend to stay stable but models of self change.</td>
<td>Moderate (61%)</td>
</tr>
</tbody>
</table>
Nursing trainees

Two studies concerned nursing trainees, both conducted longitudinally and examining the change in trainees’ construing over the course of their training. Heyman, Shaw and Harding (1983) gave 64 nursing trainees Repgrids to complete on their first day of training, four months later and when they were 18 months into their course. The Repgrid contained two ‘self’ elements: ‘self’ and ‘ideal self’ and 14 occupational role elements. There were five medical occupations (doctor, consultant, nursing sister, enrolled nurse and nursing trainee), five ‘low-status, non-medical’ occupations (e.g. factory worker, waitress, etc) and five ‘higher-status, non-medical’ occupations (e.g. police officer, manager, etc.). The authors calculated the mean distances between each pair of elements over the set of constructs. They reported only the distance between ‘self’ and each occupation (as a measure of identification with that occupation), between ‘ideal self’ and each occupation (as a measure of attraction to that occupation) and the difference between the two above measures to provide a measure of congruence for each occupation. They found that identification with, attraction to, and ideal/actual congruence with medical roles increased over time. The converse pattern was noted for trainee’s construing of non-medical roles. The trainees desired to be more like senior medical colleagues and felt they were becoming more like them over time. Of the five medical roles, the trainee role was always rated most negatively. The trainees wanted to be less like the trainee role but did not see this happening in the first 18 months of the course.

Heyman et al (1983) did not state how long the training programme was so it is unclear how long the trainees had left to complete of their training by the final data collection time point. It is possible that it continued for some time and there was further development in their construals. Another methodological limitation is the high rate of attrition. Initially, 117 participants were recruited but only 64 participants completed Repgrids at the three time points. Attrition (45%) was due to trainees leaving the course (22%), being absent on data
collection days and being described as ‘reluctant’ to participate on subsequent testing. The authors did not state why participants were reluctant to take part but performed analyses to examine the attrition and found 1) there were no differences between completers and non-completers on demographic variables, and 2) those who left the course were older and more likely to perceive less distance between themselves and the lower-status non-medical jobs; the smaller the distance, the less time it took them to leave.

In the second study of nursing trainees, Howkins and Ewens (1999) interviewed a smaller sample (26 participants) but were able to interview them at the beginning and end of their course as well as six months post-qualification, with no attrition. Trainees were undertaking community nurse training and were spread across six subgroups e.g. health visiting, community psychiatric nursing, district nursing, etc. Although 49 of the 78-strong cohort volunteered to participate (no detail was given on the non-volunteers), the authors deemed that this was too large for a qualitative study and only interviewed 33% of the trainees within each training sub-group.

The Repgrid contained a ‘self’ element and 14 occupations (nine different nurse specialisms and five other health and social care roles, such as social worker, general practitioner). Unfortunately, the authors did not include an ‘ideal self’ element which is common practice with such Repgrids and so similarities between trainees’ construal of their ideal self and self/other elements could not be examined. The Repgrid data collection was supplemented with a semi-structured interview at the second and third data collection time points. The trainees were asked about their reasons for entering nurse training and what aspects of their role they enjoyed and felt were important. The interview data were subjected to a content analysis, which yielded three themes. The Repgrid data were then used to triangulate these findings and examine whether there had been change in these themes over time.
The first theme was ‘The development of the graduate practitioner’ that described their professional development in a manner that the authors believed to reflect the aims of the curriculum (e.g. increasing knowledge, broadening perspectives and becoming more reflective, politically aware, critical and confident). Twenty-four of the 26 participants told the interviewer that they felt that they had developed professionally because of the course. A content analysis of the constructs that were added and deleted in the three Repgrids was deemed to support this theme; constructs were added relating to autonomy, political awareness and teamwork. The second theme was ‘Gaining a better understanding of own role’ which was a theme endorsed by 15 of the 26 participants, predominantly those who had not had previous experience of working in their specialist role. The authors decided to triangulate this finding by examining how constructs were added and deleted over time; they found that there were many construct changes, indicating that trainees’ thinking changed over time. The authors reported that many of these rating changes concerned the trainees’ self and specialist role elements which they interpreted as indicating they developed a better understanding of their role. The third theme was ‘Adopting less polarised views’ which described the way that some trainees began to feel that the different professional roles were not as distinct as they had originally felt. This theme was not universally endorsed; it was found in 10 out of the 26 students and, in fact, two students said that they had become more polarised about roles. The authors attempted to triangulate this finding by counting how many times trainees gave elements polarised ratings (i.e., 1 or 5) and comparing that with non-polarised ratings (i.e., 2, 3 or 4). They found that 20 out of 26 participants’ ratings became less polarised over time.

Overall, the authors concluded that trainees did develop professionally over the course of the training period and that these developmental trajectories were very individual, with some making more changes than others and those trainees who made fewer changes
apparently came to the course with a strong a priori identity for their role. The trainees spoke about positive and negative aspects to training; they reported developing confidence, self-awareness and empowerment, but they also felt frustration with the constraints of their jobs and that they were not always encouraged to make changes to their practice.

Medical trainees

One study was found in which medical trainee’s development was tracked over time using Repgrids. Madill and Latchford (2005) explored how medical trainee’s identity changed over time, especially with regard to their experience of human dissection, which was regarded as a significant moment in the transition from layperson to medical practitioner. They only recruited four trainees from the first year cohort, but gave no indication of the size of the first year cohort or why so many did not participate or the differences between those who did and did not volunteer. Repgrids were completed separately; one for identity and one for human dissection. The two Repgrids were completed at two time points in the first year of training; the end of the first term (T1) and the end of the third term (T2). Each Repgrid had five elements. The identity Repgrid elements were a mixture of personal and professional roles: ‘me before I was a medical student’, ‘me as a medical student’, ‘me at home’, ‘me when I qualify’ and ‘a doctor I admire’. The dissection Repgrid elements were limited to professional roles relevant to the experience: ‘me before I was a medical student’, ‘me in the dissection lab’, ‘my ideal self in the dissection lab’ ‘other lab member coping best’ and ‘other lab group member coping worst’. Correlation analyses between element pairs were undertaken to determine how similarly roles were perceived by the whole group and whether this differed from T1 to T2. Each trainee’s Repgrid was then analysed individually with principle components analysis (PCA) to discover how the constructs clustered together to form higher order factors.
At T1 in the Identity Repgrid, significant positive correlations were found between ‘Me at home’ and ‘Me before I was a medical student’. ‘A doctor I admire’ was negatively related to ‘Me as a medical student’ and positively related to ‘Me when I qualify’ suggesting that they felt very different to their admired doctors but were optimistic that they would develop similar professional characteristics through training. The positive relationship between ‘Me when I qualify’ and ‘A doctor I admire’ was maintained at T2 and the distance between ‘Me as a medical student’ and ‘A doctor I admire’ had lessened, indicating they felt that they were progressing towards their professional goals. The relationship between ‘me as a medical student’ and ‘me at home’ became more positive, suggesting that the trainees were integrating their personal and professional identities. The highest negative correlation was between ‘me when I qualify’ and ‘me before I was a medical student’ suggesting that the trainees thought that they would leave training as a fundamentally changed person. The PCA extracted three common themes: dedication, competence and, to a lesser extent, responsibility. The authors describe each of the trainees’ construct systems individually. Taken together, it appeared that the trainees were concerned with issues of applying themselves appropriately and being good enough but were becoming increasingly aware that they had to balance these concerns with their need for personal development and relaxation.

In the dissection T1 Repgrid, ‘Me in the dissection’ lab was positively related to ‘My ideal self in the dissection lab’ which was, in turn, positively associated with ‘Other lab group member coping best’. Those coping worst and ‘Me before I was medical student’ were negatively associated with these positively construed elements. The trainees appeared to be confident in their abilities. However, the positive association between ‘Me in the dissection lab’ and ‘My ideal self in the dissection lab’ was lost by T2, taken as indicating a drop in their confidence. The authors stated that further inspection of the constructs revealed that the trainees felt that other lab members had experienced a similar drop in confidence since the
first term. The PCA revealed themes of ‘involvement’, ‘emotional coping’ and ‘ability’ that were experienced in different ways across the four participants.

**Social work trainees**

Four studies concerned social work trainees; two were cross-sectional, two were longitudinal studies and there was considerable methodological variability across the four. Lifshitz (1974) used a shortened version of Kelly’s original Role Repertory Test (1955) to compare the constructs of 31 experienced social workers (with an average of 11.7 years’ experience) with 19 trainee social workers applied to twelve ‘important figures’ elements (e.g. liked and disliked family members, friends and work colleagues). Lifshitz argued that the comparison between the two groups’ constructs provided ‘an operational definition of educational change’ (p.183). The analysis examined the participants’ representative constructs (i.e., the most important constructs used for rating people) and their representative figures (i.e., those people who were most representative of the positive and negative poles, respectively, of the superordinate constructs).

Significant differences were found in the themes of the superordinate constructs that trainees and experienced social workers used to describe important figures. Trainees were significantly more likely to use concrete descriptions first (e.g. age, sex, profession), whereas the experienced social workers were significantly more likely to use descriptions based on abstract interpersonal characteristics (e.g. wish to help others), abstract intrapersonal characteristics (e.g. self-awareness) and task orientation (e.g. diligence, responsibility). The most positively construed individuals were also different for the trainees and the experienced social workers. The trainees named their father, partner and same-sex friend, whereas the experienced social workers named themselves, their partner and a personally known ethical social worker. Thus, the trainees named their immediate family and social circle, while the experienced social workers were more independent and professionally focused. The most
negatively construed individuals were more similar; both groups named a same-sex disappointing friend, a person with whom they feel most uncomfortable and a boss that they disliked. There was a difference in that the trainees were significantly more likely to negatively construe a ‘pitied person’ than the experienced social workers.

Lifshitz argued that these findings support the hypothesis that professional training and experience change a person’s values and approach to people. However, the design of the study did not appear to be sufficient to draw such conclusions, particularly as it did not consider the confounding effect of life experience per se on the individuals’ construals. Lifshitz herself conceded that general cognitive development theory suggests that individuals develop more abstract thinking and self-reliance as they age. The mean age of the experienced social workers was 39.9 years compared to 22.7 years for the trainee social workers; thus, it is likely that other factors distinguished the groups and could account for changes in their construing such as cognitive maturation, being more senior and having more authority and responsibility at work, and experiencing significant life events and transitions such as marriage and having children etc.

Ryle and Breen (1974) interviewed 12 social work trainees over three time points; in their first term of training and then three and 16 months later. Uniquely of all the studies under review, they used dyad grids (Ryle & Lunghi, 1970) and they also supplied unipolar constructs. The dyad grid consisted of 16 elements which were dyadic relationships between the participant and their clients, superiors and parents (e.g. ‘self-to-client’, ‘ideal self-to-client’, ‘expected self-to-client’, etc.). The participants were also supplied with 16 unipolar constructs (e.g. ‘feels affectionate to’, ‘does not do enough for’, ‘understands feelings of’, ‘behaves professionally to’, ‘sincere with’, etc.). The analysis concerned changes over time in the distances between certain element pairs and in the constructs used to describe the elements.
There were decreases in element distances between ‘self-to-client’ and ‘ideal self-to-client’ (suggesting increased self-satisfaction), between ‘self-to-client’ and ‘expected self-to-client’ (suggesting trainees felt they were becoming increasingly more like the course expected them to be) and between ‘ideal self-to-client’ and ‘expected self-to-client’ (suggesting increasing congruence between the individual’s and course’s goals and definition of a social worker). However, only the first measure (self-satisfaction) reached significance. Analysis of the constructs suggested that there was an increase in cognitive complexity (Bieri, 1955) and fewer polarised judgements, which in turn suggested a maturing personal construct system and a greater ability to infer the personal constructs of others (Adams-Webber, 1969). The stability of constructs and elements was considered and it was found that constructs relating to stronger affects (e.g. ‘made angry by’, ‘feels discouraged by’) were more changeable and those relating to professionally relevant concepts (e.g. ‘behaves professionally towards’, ‘values relationship with’, ‘understands feelings of’, ‘objective about’) were more stable. The elements that were most changeable involved self relating to clients and supervisors but, this result was confounded by the fact that participants rated different clients and supervisors at different time points. This reflects the major methodological flaw in this study; it attempted to measure change in construing but it did not ensure that the elements were represented by the same individuals at each stage.

The third and fourth studies concerning social work trainees were completed by the same authors: a cross-sectional study of groups of social work trainees at different stages of their training (O’Connor & Dalgeish, 1986a) and a longitudinal study of newly qualified social workers at three time points during their first eight months of employment (O’Connor & Dalgleish, 1986b).

In their first study, O’Connor and Dalgleish (1986a) recruited 54 social work trainees at the ‘beginning’, 48 at the ‘middle’ and 40 at the ‘end’ of the course. The authors gave no
details about how they determined each of these stages. The Repgrid differed from those in the rest of this review in that the six elements were not individuals or dyadic relationships, instead social work vignettes that had been supplied by qualified social workers and were open to a number of interpretations. Data were supplemented by asking trainees to complete Pearson’s Achieve-Avoid Self Statements (Pearson, 1973) (i.e. “through entering social work I hope to achieve….” and “through social work I hope to avoid….”). Both the Repgrid and the Achieve-Avoid self-statements were analysed using content analysis and differences across the three groups were calculated using discriminant analysis.

Two discriminant functions were observed and graphically represented. The authors interpreted their results as demonstrating that beginning social work trainees thought social work was about helping people but that they lacked the social work construct system to achieve this. The mid-stage trainees had acquired some basic social work constructs and were becoming more concerned with the intangible rewards of social work (e.g. working with people with similar values, control over work) and were becoming more concerned to avoid damage to the self (e.g. burnout). The end-point trainees had acquired a repertoire of more abstract social work constructs, were more concerned about possible damage to their clients and construed social work as a chance to affect social change. The authors said that these changes were in line with the aims of the department because they hoped students would demonstrate less self-orientation and more concern for the recipients of social work and its potential for social change. However, it was found that the trainees who had considerable experience prior to training (six trainees) did not develop this social change orientation. The authors explain this as demonstrating that those trainees had a more firmly held construction of social work that oriented their learning.

O’Connor and Dalgleish’s (1986b) second study concerned 15 recently qualified social workers who completed Repgrids at three time points over the first eight months of
their first job: T1 (shortly before or after starting their first job), T2 (four months later) and T3 (four months after that). The authors returned to discuss the analysed grid a few days after it was elicited, stating that involving the participants in interpreting and exploring the grids was a crucial part of their methodology. During the final meeting, a semi-structured interview was completed which concerned items of supervision, membership of professional association and union, perceived continuity between social work education and practice, preparation for work and suggested alterations to the social work course. The Repgrid procedure involved each participant eliciting elements based on their own personal experience (the authors provided no description of the elements that were elicited). They also elicited their own constructs but two self constructs were supplied: ‘like the social worker I’d like to be- not like the social worker I’d like to be’ and ‘like the social worker I am now – not like the social worker I am now’ to allow examination of the trainee’s construal of their actual and ideal selves which contrasts with other studies that use elements with these titles.

The data were analysed using the CORE program (Shaw, 1980), which demonstrated that the ‘social worker I’d like to be’ construct was the most stable across the three interviews. The authors concluded that this showed the social workers did not abandon the personal model of social work that they had developed in training when they became practicing social workers. However, changes in the elements over time suggests that participants were trying to adapt their model to extend its range of convenience to their new work context. Elements were added over time that concerned difficulties in the work environment (e.g. ‘isolation’, ‘lack of support’), strategies to implement their model (e.g. ‘keeping personal thoughts to self’, ‘developing understanding of the organisation’) and the development of intervention skills. Existing elements were reconstructed reflecting the participants’ efforts to balance dilemmas between personal feelings vs work requirements, personal vs agency goals or care vs control. The transition to qualified social worker was not
smooth and the authors suggest it is consistent with the description of ‘reality shock’ (Smith, 1982). Eleven of the 15 social workers displayed increasing disjuncture between their desired self as social worker and present self as social worker by T2. However, by T3, seven of those 11 had reversed this trend, suggesting they had been successful in reconstructing their personal model. The semi-structured interview data revealed that the social workers felt their training had prepared them for practice in some respects but most (13 out of 15) said that they had felt unprepared for managing the organisational context, such as working within a bureaucracy, difficulties defining their role and feeling isolated and unsupported (nine of the 15 did not receive any supervision). Unfortunately, data were only collected up to eight months post-qualification so it is not known how these newly qualified social workers continued to experience their role.

Teacher trainees

Four studies looked at trainee teachers: two cross-sectional studies compared trainee with experienced teachers and two longitudinal studies followed trainees over the course of their training period. Adams-Webber and Mirc (1976) investigated how the structure of trainee teachers’ personal construct systems developed as they gained experience and tested Kelly’s (1955) theory that cognitive development involves increasing differentiation between personal construct subsystems and increasing integration within subsystems. Twenty-nine trainee teachers completed a Repgrid in the first week of their course, before they had any teaching experience. They then completed it on three subsequent occasions, each following a two-week-period when they were supervised teaching at three different schools. There were 10 elements reflecting role titles of people involved in the school system (e.g. teacher, principal, pupil, parent, etc.). Nineteen unipolar constructs were supplied which concerned different activities (e.g. ‘defining teaching objectives’, ‘marking tests’, ‘handling discipline problems’, ‘public promotion’, ‘budget spending’, etc.). Sixty-four classroom teachers from
the same schools were then asked to complete the Repgrid task. An ‘integration score’ was computed which represented a measure of the overall degree of intercorrelation among the nineteen constructs. The analysis revealed that trainees’ integration scores significantly increased over time; their baseline scores were significantly lower than those of the experienced teachers but there were no differences between the two groups after the three blocks of teaching practice. A control Repgrid task demonstrated no changes which supported the authors’ hypothesis that increases in integration would be specific to the teaching role subsystem and not generalise to other personal construct subsystems.

As per Lifshitz (1974), Diamond (1983) used a shortened version of Kelly’s original role repertory grid to compare the construing of 16 teaching trainees at the end of their programme with eight experienced teachers (with a mean of 7.6 years teaching experience). The Repgrid consisted of 16 elements, which included six ‘self’ elements (‘self’, ‘past self’, ‘ideal self’, ‘teacher I am’, ‘teacher I fear to be’, ‘teacher I would like to be’), five friends and family elements (mother, father, siblings, spouse, friends) and five teaching role elements (pupils, principal, subject master, supervising teacher, tutor). The experienced teachers substituted supervising teacher for inspector and omitted the tutor element. The SOCIOGRID program (Shaw, 1978) was used to create a mode grid, containing constructs most commonly used by all members of the group, for each group. This was then subjected to hierarchical cluster analysis that organised the data into clusters based on percentage matches within elements and constructs, respectively. Both groups construed themselves positively in both personal and professional terms; ‘self’, ‘ideal self’, ‘teacher I am’ and ‘teacher I would like to be’ were significantly matched for both groups (above 80% match). However, the ‘teacher I am’ element was the least well matched to this group of elements for the trainee teachers, indicating that they still felt that they had some professional development to do. The most significant difference was found in the way that the two groups construed students. The
experienced teachers described them as people-orientated, willing to help, disapproving of cheating and patient and kind whereas the trainee teachers saw them as not very helpful, not ‘together’ and extremely delinquent. This was interpreted as more experienced teachers focussing on getting satisfaction from pupils rather than controlling them. The trainees were at the end of their course, it would have been interesting to have data from the beginning of the course to examine how, if at all, their construing had changed over time.

Burke, Noller and Caird (1992) followed 25 teaching trainees throughout the duration of their two-year-programme. The trainees were required to have at least five years’ experience in a trade before applying to the teacher training programme and had between 10-31 years prior experience, resulting in a higher mean age (33 years) than in the other studies in this review. RepGrids were completed at five time points: once at the beginning and then every six months until the end of the programme. Eleven elements were supplied; five current personal and professional roles (‘myself as a person’, ‘myself as a teacher’, ‘myself at work’, ‘myself as a student’, ‘myself as a family member’ ), one past personal role (‘my past self’), four ideal personal and professional roles (‘the person I’d like to be’, ‘the teacher I’d like to be’, ‘the student I’d like to be’, ‘the family member I’d like to be) and the final was other students on the programme.

The SOCIOGRID program was used to create a mode grid for each of the five data collection time points. Hierarchical cluster analysis was then conducted to examine the clustering of the elements and constructs, respectively, at each time point. At T1, the constructs were quite general and concerned with responsibility, maturity, ability and what was known and unknown to the trainees. At T2, the constructs concerned organisation, direction, planning, time and conscientiousness at a time where the trainees were concerned with planning their first teaching sessions. At T3, the constructs concerned control, commitment, responsibility, security and achieving. At T4, the constructs concerned
commitment, attaining goals, self-esteem and diligence. At T5, the constructs concerned attributes that would be expected of a qualified teacher: mature, hard-working, responsible, successful and giving support. At each time point, the ratings of constructs were skewed towards the positive pole, suggesting that the trainees felt confident in their abilities and experienced the transition from trainee to qualified teacher as a smooth process. The elements were grouped into three clusters across the time points: a) elements related to the present self, b) elements related to the ideal self and c) past self and other students. The gap between present and ideal selves suggests that although trainees construed their personal and professional selves positively, they still felt that they had room to develop towards their ideal selves.

According to the authors, such a positive and smooth transition is not usually the case in similar literature. They offered a number of explanations including that the cohort were mainly men and thus cope with stress differently, that the trainees had chosen to make the career change and that they had social support in the form of the group. However, it could be argued that all professional trainees have chosen their career change and have social support in the form of their cohort. Other possible explanations include the fact that unlike other trainees, this cohort were not learning a completely new set of skills and knowledge, but learning how to teach a familiar subject, which may have meant that they did not need to radically reconstruct their personal construct systems and so experienced less stress. In addition, they were generally older than other trainees and may have had increased maturity, helpful coping strategies, family support and previous experience of coping with transition to draw on.

The final study of teaching trainees was the only case study in the review (Sendan & Roberts, 1998), which explored a single trainee teacher’s constructs about effective teaching over a 15-month period within his four-year-degree programme. The case was drawn from
Sendan’s PhD, which concluded that whilst the content of trainee’s constructs did not change significantly, the structure of them did. Changes were complex and non-linear and varied between individuals. Sendan and Roberts (1998) published the case of ‘Orhan’ who completed Repgrids at three time points: T1 (the second term of Year 3), T2 (the first term of Year 4) and T3 (the second term of Year 4). It would have been interesting to have seen data from the first two years of the course but the authors give no explanation for why they did not collect this. The Repgrid consisted of 11 elements concerning the self, ideal self and effectiveness of other teachers (i.e. ‘effective teacher 1, 2 and 3’; ‘typical teacher 1, 2 and 3’, ‘ineffective teacher 1, 2, 3’; ‘current self’ and ‘ideal self’). The authors describe the self and ideal self in relation to being a teacher rather than a personal model of self as has been the case in other studies in this review. The self and ideal self elements were not present in the first Repgrid but added for the second and third time point, the authors gave no explanation for this procedure.

The Repgrids were subjected to hierarchical cluster analysis using the Repgrid 2 program (Gaines & Shaw, 1993). As with the larger dataset, Orhan’s case study showed that there had been very little change in the content of his constructs about effective teaching over the three time points. However, the structure of his construct system changed over time. There were some stable constructs and some new constructs added. The new constructs were not simply added to the system but they appeared to provoke a reorganisation of the whole system. The authors described the change as alternating phases of stability with deconstruction (loosening) and then reconstruction (tightening) of constructs. Orhan’s ‘ideal self’ (as a teacher) element was very highly matched to the ‘effective teacher 1’ element with the only distinguishing construct being ‘very strict – tolerates lack of seriousness’, when Orhan said that the ‘effective teacher 1’ was more strict that his own ideal self was. At T2, Orhan’s ‘current self” element was most closely associated to ‘typical teacher 2’ and
‘effective teacher 2’ suggesting that he thought that he had characteristics of both types of teacher. However, by T3, his construct system had been reorganised and his ‘current self’ was perceived as isolated and not closely associated to any of the other elements. The authors examined the ratings of Orhan’s 13 constructs and found that seven had become more negatively rated. One of these constructs (4: Good at transferring what he knows – has difficulty transferring what he knows) was rated as being very high priority so it appeared that Orhan was feeling that he was ineffective in a crucial way. In between T2 and T3 the trainees undertook a ten-week-teaching block and it seemed that Orhan’s perception of his performance on this task had led to him downgrading his opinion of his effectiveness as a teacher. The authors concluded that while personal models of teaching effectiveness did not change much, personal models of the self as a teacher did tend to change. They also emphasised the usefulness of the Repgrid as a tool in supervision of trainee teachers.

Discussion

Eleven Repgrid studies involving people undergoing training in human services professions were reviewed. All were rated as being moderate in quality. Their findings on changes in elements and constructs over training will now be summarised and discussed.

In terms of changes in elements, it appears that trainees see themselves as becoming more aligned with their professional role and more like their senior qualified colleagues over time (Heyman et al., 1983; Howkins & Ewens, 1999; Madill & Latchford, 2005; Ryle & Breen, 1974; Diamond, 1983; Burke et al., 1992; Sendan & Roberts, 1998) and these changes appear to happen in accordance with the aims of their programme (Heyman et al., 1983; Ryle & Breen, 1974; Dalgeish & O’Connor, 1986a). However, there is still a perceived distance between self and ideal self/qualified role elements at the end of the programmes, suggesting that trainees do not exit programmes as the ‘finished article’ and development continues post-qualification (Diamond, 1983; Burke et al, 1992).
Changes in constructs over time also appear to reflect professional development in line with the aims of the programme (Dalgleish & O’Connor, 1986a) and trainee construing appears to become more abstract (Lifshitz, 1974; Dalgeish & O’Connor, 1986a) and less polarised (Howkins & Ewens, 1999; Ryle & Breen, 1974). Trainee construing becomes more cognitively complex (Ryle & Breen, 1974), which is encouraging. Cognitive complexity has been linked to a better ability to infer the constructs of others (Adams-Webber, 1969): an ability which is crucial to being an effective human services professional. There is some suggestion that qualified professionals view their clients more positively than trainees (Lifshitz, 1974; Diamond, 1983), but these conclusions were based on a cross-sectional comparison of the two groups where important confounding variables were not controlled for and thus this suggestion must be considered with caution.

In contrast to the claims of functionalist theory, professional socialisation appears to occur in a very idiosyncratic manner and is not just a straightforward absorption of knowledge and stepwise improvement in skills. Some studies used case studies to demonstrate how the process is unique to each individual and involves iterative reorganisation with associated drops in confidence (Madill & Latchford, 2005; Sendan & Roberts, 1998). Some studies noted that the process was stressful (Howkins & Ewens, 1999; Madill & Latchford, 2005) and one study suggested that this stressful reorganisation of personal construct systems continues into the first months in a job as newly qualified professionals adapt to working within an organisation (O’Connor & Dalgleish, 1986b). Some individuals did not change as much as others or in line with the ethos of their training programme (Howkins & Ewens, 1999; Dalgeish & O’Connor, 1986a) and these individuals were found to have more extensive relevant work experience prior to the course and more strongly held construals of their chosen professional role.
The major strength of this review is that it has collated and summarised the findings of Repgrid studies of professional socialisation in people undergoing training in human services professions for the first time. This knowledge is valuable for both individuals undergoing training (or considering it) and training providers. However, its conclusions must be viewed with caution due to the small number of studies, omission of important human services professional groups (e.g. trainee clinical psychologists) and the methodological and analytical variation between the available studies. Future research studies should employ longitudinal designs and following trainees over the entire length of their training period and into the post-qualification period if possible. Mixed qualitative and quantitative analyses would provide elucidation of both changes in the structure and content of personal construct systems. In addition to improving the existing literature for the human service professions already studied, other professional groups remain to be examined (e.g. trainee clinical psychologists).

The implications of these findings for those embarking upon human services training courses are a) training will not be a smooth process during which they will develop in a stepwise manner and in line with their peers, rather it is likely to be a non-linear process that may involve decreases in confidence and b) they may not feel like the ‘finished article’ by the end of the course because professional socialisation continues throughout the career rather than being a process that concludes once the training programme is completed. The implications for those who run training programme are that a) they must also be mindful of the above suggestions and reinforce these messages in their introductory course material to guide trainees’ expectations of the training programme b) they must consider the non-linear progress of professional socialisation and the stressful nature of the process when monitoring and supervising trainees. Additionally, some of the study authors have noted how the
Repgrid procedure can be a useful tool in supervising trainees (Sendan & Roberts, 1999; Ryle & Lifshitz, 1974).

In conclusion, PCT and its methodology (Repgrid) is a promising framework for studying the nature of professional socialisation. The reviewed studies provide evidence that refutes functionalist theory that trainees passively take on their professional role. While professional socialisation generally occurred in line with the aims of the training programmes, it was an idiosyncratic, non-linear process during which some individuals changed more than others, and some did not develop construals in line with their training programme. This evidence supports symbolic interactionist theory that suggests professional socialisation is an individual and active process. The process was not complete at the cessation of the training programme but continued into the post-qualification period. As Repgrid studies are also able to examine participants’ style of thinking, these findings demonstrate that trainees’ thinking became more abstract, less polarised and more cognitively complex. Future research, with improved methodology, is suggested to extend what is known about professional socialisation in human service trainees with the anticipation that such knowledge will assist both those who embark upon training and those who provide training programmes.
References


Paper 2: Empirical Paper

Using the Repertory Grid Technique to Examine Trainee Clinical Psychologists’ Construal of their Personal and Professional Development

Manuscript prepared in accordance with guidance for the

*Journal of Occupational and Organizational Psychology* (see Appendix 1\(^1\))

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\(^1\)References to Appendices will be removed prior to submission of manuscript for publication
Abstract

The repertory grid technique was used to explore how 26 third-year trainee clinical psychologists construed their personal and professional selves over the course of training and into the future. Each trainee completed a demographic questionnaire and a repertory grid with 10 elements: four ‘personal self’ elements, four ‘professional self’ elements and two ‘qualified clinical psychologist’ elements. They then rated the 10 elements on 10 bipolar constructs of their choosing. Trainees’ personal and professional selves were construed to be similar to each other. Trainees had low self-esteem and reported currently feeling anxious, stressed, unsettled and lacking an appropriate work-life balance. These difficulties were attributed to the demands of training and were expected to resolve once training was completed with future selves being construed as similar to ideal selves. Suggestions for future research with improved methodology are made and the implications of the findings for trainees, training providers and employers of newly qualified clinical psychologists are given. The overall implication being that stress in training is normative and the profession has a duty to normalise this and ensure that self-care and personal development are recognised core competencies of the clinical psychologist for the benefit of its members and their clients.

Practitioner points

- Clinical psychology trainees experience training as demanding and stressful, which negatively impacts on their personal and professional self-image and self-esteem.

- However, they are optimistic that they will become more like their ideal self in the future.

- Stress in clinical training (and beyond) is normative and thus personal development and self-care should be recognised as a clinical psychologist’s core competencies.
Both the British Psychological Society (BPS, 2009) and the UK Health Care Professions Council (HCPC, 2012) require qualified clinical psychologists to regularly monitor their personal and professional development (PPD). On this basis, the BPS (2012) include PPD as one of the nine accreditation standards for clinical psychology training programmes in the UK. Gillmer & Marckus (2003) defined PPD as “that part of the curriculum that is dedicated to developing in trainees a capability to reflect critically and systematically on the work-self interface. This process is directed towards fostering personal awareness and resilience” (p. 23). In their survey of 17 UK clinical psychology programmes, Gillmer and Marckus found that only six were ‘good’ programmes that clearly defined PPD, identified it as a core competency and specified the aims, outcomes and evaluation of their PPD module. Repeating this survey in 2006 with 14 UK clinical psychology programmes, Horner, Youngson and Hughes (2009) found that they all could be judged as ‘good’ according to Gillmer and Marckus’ criteria, which may reflect the introduction of PPD into the BPS accreditation criteria in 2004. However, the response rate to both studies (71% and 53%, respectively) may indicate a degree of response bias. Thus, the current state (2014) of PPD in clinical psychology programmes is not known.

While programmes have been surveyed regarding their PPD provision, there is no published research that explores how trainee clinical psychologists construe their personal and professional selves over the course of training. Research into the experience of training tends to focus on trainees’ level of and adaption to stress (Cushway, 1992; Brooks, Holttum & Lavender, 2002; Kuyken, Peters, Power & Lavender, 2003; Pakenham & Stafford-Brown, 2012). In terms of unpublished research, there are two unpublished doctoral theses that have explored how clinical psychology trainees develop professional identities over the course of training. Cheshire (2000a) interviewed participants at different stages of their career (assistant psychologists (n=12), first (n=25), second (n= 12) and third year trainees (n=14),
the third years were followed up 12-18 months post-qualification) and described how trainees required adequate opportunity to role play in order to develop mastery in their role. Trainees’ developing professional identity was impeded by experiences of ‘role conflict’ (when excessive and/or incompatible demands are made on the role player) and ‘role ambiguity’ (where the role player lacks the information to perform their role sufficiently) caused by both structural (relating to the organisational structure of the course) and situational/interactional (relating to interactions with others) factors. In the second of these theses, McElhinney (2008) presented a constructivist grounded theory study of professional identity development (n=29), suggesting that developing a professional identity as a clinical psychologist necessitates an equilibrium between the formal status of the role and perceived competence in that role. Factors that disturb that equilibrium and thus impede an individual’s ability to identify with the professional role were identified as ‘role conflict’, ‘role ambiguity’, ‘comparisons of self with others’ and ‘expectations of others’. Neither study considered trainees’ personal development.

Both studies were conducted within a symbolic interactionist framework (Bucher & Stelling, 1977) that assumes trainees are active participants in their professional socialisation and that their interactions with others are most influential in this process. Kelly’s (1955) Personal Construct Theory (PCT) is a similarly constructivist approach that can be applied to professional socialisation as PCT describes how individuals continually form and revise their construction of themselves and the world through experience. Kelly (1955) described people as acting like scientists with hypotheses or ‘constructs’ that they use to make predictions about the world and govern their behaviour. Constructs are bipolar e.g. ‘happy-sad’, ‘genuine-deceitful’, ‘large-small’ and are arranged within a hierarchical personal construct system. The construct system is revised according to feedback from the individual’s experiences and this is more readily done by subordinate than superordinate or ‘core
constructs’. PCT has a methodology for measuring such construing, namely the repertory grid technique (Fransella, Bell & Bannister, 2004; Jankowicz, 2004). A repertory grid requires the participant to consider the ‘elements’ of interest (e.g. events, persons etc) and produce bipolar constructs based on ways that they perceive the elements to be similar and different to each other. The resulting matrix of elements and constructs is the repertory grid which can be analysed at the individual or group level and by both quantitative and qualitative techniques (Fransella et al., 2004; Jankowicz, 2004) whilst not being subject to the limitations and biases of interviews, focus groups and surveys, such as interviewer characteristics or response biases.

Repertory grids have been used to examine professional socialisation over the course of training in professions such as nursing, medicine, social work and teaching. Hill, Wittkowski and Hare (submitted) conducted a systematic review of repertory grid studies of professional socialisation in human services trainees, concluding that it was an idiosyncratic and non-linear process but one that is generally aligned with the aims of training programmes. They noted that studies had not been conducted with clinical psychology trainees. The aim of the current study is therefore to use the repertory grid technique to explore clinical psychology trainees’ construals of their personal and professional development over the course of training and into the future, post-qualification.
Method

Participants

The third year cohort of a doctoral clinical psychology programme at a university in the North West of England were sent an email invitation to take part in the study in March 2014 (see Appendix 4). The inclusion criterion was being a member of the third year cohort and there were no exclusion criteria. The study was given ethical approval by the University of Manchester Ethics Committee (ref 14050) (see Appendix 5).

Designing the repertory grid

The repertory grid consisted of 10 elements chosen to reflect stages of personal and professional development before, during and after the course and comparison with known qualified clinical psychologists (see Table 1).

Table 1: Elements

<table>
<thead>
<tr>
<th>Element 1:</th>
<th>Actual (current) self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Element 2:</td>
<td>Self before starting the programme</td>
</tr>
<tr>
<td>Element 3:</td>
<td>Self after completing the programme</td>
</tr>
<tr>
<td>Element 4:</td>
<td>Ideal self</td>
</tr>
<tr>
<td>Element 5:</td>
<td>Actual (current) professional self</td>
</tr>
<tr>
<td>Element 6:</td>
<td>Professional self before starting the programme</td>
</tr>
<tr>
<td>Element 7:</td>
<td>Professional self as a qualified clinical psychologist</td>
</tr>
<tr>
<td>Element 8:</td>
<td>A clinical psychologist who qualified recently (actual [anonymous] person)</td>
</tr>
<tr>
<td>Element 9:</td>
<td>A clinical psychologist who qualified more than five years ago (actual [anonymous] person)</td>
</tr>
<tr>
<td>Element 10:</td>
<td>Ideal clinical psychologist</td>
</tr>
</tbody>
</table>
**Procedure**

All 27 trainees in the cohort responded to the initial email and were then emailed a participant information sheet (see Appendix 6). Twenty-six trainees agreed to participate and signed a consent form (see Appendix 7). The remaining trainee stated an interest in the project but declined, citing to being too busy with work to participate. Recruitment and data collection occurred between March and May 2014.

All participants completed a brief demographic questionnaire, providing data on their age, gender, ethnicity, work experience prior to the programme and ideas about what kind of job they would like after programme completion (see Appendix 8) and then completed a repertory grid with the first author.

When considering the elements, trainees were asked to think in general terms for before and after programme elements (elements 2, 3, 6 and 7), i.e. what they were generally like before the programme and what they imagined they would generally be like in the future after the programme finished. For the qualified clinical psychologist elements (8 and 9), trainees were asked to imagine an individual that they knew fairly well for each element and keep that specific individual in mind throughout the procedure. Finally, for element 10, they were asked to imagine their version of the ‘Ideal clinical psychologist’ rather than what they might think a generic ideal would be.

The interview was conducted in line with the procedure outlined by Jankowicz (2004). Constructs were elicited using the triadic difference method: participants randomly selected three elements (all printed on separate pieces of card) and were asked “Which of these two are the same in some way, and different from the third”. Participants were instructed that they could think of any way that they liked except for using physical characteristics. This then formed the bipolar construct with the similar quality forming the emergent pole of the construct and the difference representing the implicit pole e.g.
‘confident – nervous’. Participants were then asked to rate each of the elements on the construct they had formed where 1 represents ratings closest to the similarity pole and 5 represents ratings closer to the difference pole e.g. in the previous example, an element rated as ‘1’ is most confident and an element rated as ‘5’ is most nervous. This procedure was repeated until the participant had described ten constructs. Interviews lasted, on average, 60 minutes (ranging between 45 and 120 minutes). All interviews were audio-taped so that any comments that the participants made about the process of the repertory grid interview or their thoughts about their personal and professional development could be captured verbatim and allow the interviewer to concentrate on the process of the interview and not be required to take notes.

**Data Analysis**

All analyses were conducted using IBM SPSS statistics v20.0 (IBM Corp, 2011. Multidimensional Scaling (MDS) (Hout, Papesh & Goldinger, 2013), using the PROXSCAL module in SPSS, was employed to look at the similarity of the element construals. MDS is a set of statistical procedures for exploratory data analysis and data reduction and yields an ordinal map depicting the spatial relationships between items in which (unit-less) spatial distance is taken as indicative of similarity. Data from the 26 participants were combined to produce an MDS map for the whole group (Figure 1).

Secondly, interesting element pairs were selected after inspection of the MDS map and the data were prepared to permit a mixed models ANOVA to examine how differently the members of each pair were construed. Preparation involved reducing the initial 260 constructs down to eight construct categories using the Classification System for Personal Constructs (CSPC) (Feixas, Geldschläger & Neimeyer, 2002) (Tables 2 and 3). This process was independently rated with two iterations to yield a 98% agreement (254/260 constructs),
which was deemed acceptable (Jankowicz 2004). This was followed by computing the absolute discrepancies between each element pair on the construct category ratings, which then permitted the mixed models ANOVA in which construct category was used as the independent variable and element pair discrepancies as the dependent variable. This then indicated which of the selected element pairs were significantly different from each other and how these differences were represented in the construct categories (i.e. which construct category ratings were most discrepant between the paired elements).

Table 2: Results of the content analysis of constructs using the CSPC

<table>
<thead>
<tr>
<th>Construct category</th>
<th>Number of constructs</th>
<th>Percentage of total constructs (260)</th>
<th>Number of participants that used the construct category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moral</td>
<td>9</td>
<td>3.4</td>
<td>7</td>
</tr>
<tr>
<td>Emotional</td>
<td>47</td>
<td>18.1</td>
<td>20</td>
</tr>
<tr>
<td>Relational</td>
<td>42</td>
<td>16.2</td>
<td>18</td>
</tr>
<tr>
<td>Personal</td>
<td>81</td>
<td>31.2</td>
<td>26</td>
</tr>
<tr>
<td>Intellectual/Operational</td>
<td>33</td>
<td>12.7</td>
<td>20</td>
</tr>
<tr>
<td>Values and Interests</td>
<td>19</td>
<td>7.3</td>
<td>14</td>
</tr>
<tr>
<td>Existential</td>
<td>18</td>
<td>6.9</td>
<td>14</td>
</tr>
<tr>
<td>Concrete</td>
<td>11</td>
<td>4.2</td>
<td>8</td>
</tr>
<tr>
<td>Construct Category</td>
<td>Definition</td>
<td>Examples</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>------------</td>
<td>----------</td>
<td></td>
</tr>
</tbody>
</table>
| Moral              | Constructs concerning the moral value of the element, e.g. their kindness, generosity, fairness, etc. | Good – Bad  
Altruist- Egoist  
Humble – Proud  
Respectful – Judgemental  
Faithful – Unfaithful  
Sincere – Insincere  
Just – Unjust  
Responsible – Irresponsible |
| Emotional          | Constructs concerning the degree of emotionality or sexuality of the element described, to his/her emotional attitude towards life or regards to certain specific feelings. | Visceral – Rational  
Warm – Cold  
Optimist – Pessimist  
Balanced – Unbalanced  
Happy – Sad  
Satisfied – Unsatisfied  
Sexual – Frigid |
| Relational         | Constructs concerning all of those aspects that describe types of relationship with others. | Extroverted – Introverted  
Pleasant – Unpleasant  
Direct – Devious  
Tolerant – Authoritarian  
Conformist – Rebel  
Dependent – Independent  
Peaceable – Aggressive  
Sympathetic – Unsympathetic  
Trusting – Suspicious |
| Personal           | Constructs concerning a variety of characteristics traditionally pertaining to the area of personality, character, or way of being. It excludes those traits typically thought of as moral, relational, or emotional, since these have been included in previous areas. | Strong – Weak  
Active – Passive  
Hardworking – Lazy  
Organised – Disorganised  
Decisive – Indecisive  
Flexible – Rigid  
Thoughtful – Shallow  
Mature – Immature  
Self-acceptance – Self-criticism |
| Intellectual/Operational | Constructs concerning skills, abilities, and knowledge both at the intellectual and operational levels. | Capable – Incapable  
Intelligent – Dull  
Cultured – Uncultured  
Focused – Unfocussed  
Creative – Not creative |
| Values and Interests | Constructs concerning ideological, religious, or distinct values as well as diverse interests and hobbies. | Conservative – Liberal  
Traditional – Progressive  
Idealist – Materialist  
Spendthrift – Spends money  
Athletic – Bookish |
| Existential        | Constructs concerning central existential projects or appraisals, often of the respondent’s own core sense of self or life, bearing on issues of purpose, meaning, or ultimate direction. | Purposeful – Purposeless  
Growth – Stagnation  
Fulfilment – Emptiness |
| Concrete           | Constructs concerning concrete, as opposed to abstract, features or positions of people, as well as their actions. | Attractive – Ugly  
Male – Female  
Has family – Is single  
Rich – Poor  
Talks quickly – Talks slowly  
Has lots of time – Has little time |
Results

Demographic information

Of the 26 third year clinical psychology trainees, 23 were female. The participants’ mean age was 30.7 years (S.D. = 4.3, range = 25-46). Twenty-one participants described their ethnic origin as White British, two as White Other, two as Mixed White and Asian and one declined to provide an answer. The average length of relevant pre-training experience was 60 months (S.D.=24.73, range=24-130 months). Relevant pre-training experience was divided between clinical (mean=44.27 months, S.D.=24.81, range=0-102 months) and research (mean=15.85 months, S.D.=20.68, range=0-84 months). Half the group (13 trainees) had post-graduate qualifications (1 postgraduate diploma, 8 Master’s degrees and 4 PhDs). A significant number (19.2%) had taken a year’s maternity leave during the programme and subsequently returned to work part-time hours (0.8 wte). All trainees expressed ideas about the area of clinical psychology they intended to work in, but most reported that they did not have a fixed idea about a model or client group that suited them best. At the time of interview, four participants had secured jobs in their preferred field.

Analysis of similarity across all elements

MDS was used to map the similarity between elements and the resultant map is presented (see Figure 1), which highlights four interpreted clusters, comprising a complementary pair of personal self and professional self elements perceived to be similar to each other and separate from the other clusters. The clusters appear to represent distinct time points in the timeline of an individual’s life and career: Cluster A consists of personal and professional selves prior to the programme; Cluster B is current personal and professional selves; Cluster C is personal and professional selves after programme completion and Cluster D is ideal self and ideal clinical psychologist. The two qualified clinical psychologists are isolated and lie somewhere
between Cluster C (personal and professional self after the course) and Cluster D (ideal self and ideal clinical psychologist).

Figure 1: Individual Differences MDS map of elements for the group

The subjective interpretation of the MDS analysis must take into account that dimension 1 (horizontal axis) concerns a factor that increases or decreases from the selves before the programme cluster (A), to the actual selves cluster (B), to the selves after the programme cluster (C) and finally to the ideal cluster (D). Dimension 2 (vertical axis) concerns a factor that increases or decreases from the actual selves cluster (B), to the selves before cluster (A) and the selves after the programme cluster (C) (the two clusters are similarly placed on dimension 2) and then to the ideal cluster (D). The subjective interpretation is that dimension 1 refers to competence (which includes themes of ability, knowledge and skills) and dimension 2 refers to confidence (which includes themes of satisfaction and positive emotion in oneself and one’s abilities).
During the interviews, trainees talked about feeling more competent (able/knowledgeable/skilful) over time in both their personal and professional lives, i.e. increasing competence is represented by clusters moving left from before the programme (Cluster A) to the current time (B ), to after the programme (C) and to the ideal cluster (D). In this interpretation, the clinical psychologist who has been qualified for more than five years is rated as even more competent than the ideal psychologist, which is an unexpected finding. This might be explained by the fact that trainees were talking about their own, personal version of an ideal psychologist and this person might be construed as less competent than the person that they named as a known psychologist who had been qualified for more than five years.

With regard to the second dimension, trainees talked about feeling that their confidence (satisfaction/positive emotion) had ‘taken a knock’ while being on the programme (Cluster B) compared to before the programme (A). Trainees explained that their previous job roles tended to be in a preferred field, were less complex, involved less responsibility and had lasted for at least a year, allowing them to build up confidence in that area and feel part of a team. In contrast, the trainee clinical psychologist role required that they learned about many different client groups, therapeutic models and the multiplicity of non-therapeutic roles of clinical psychologists, including research, consultation, supervision and service development. Teaching and experience in each of these areas were necessarily limited due to timetabling constraints which left trainees feeling that they had a limited knowledge and ability in many areas and were ‘a jack of all trades but master of none’. Additional sources of stress were cited as the requirement to balance both clinical and research commitments and having work and progress frequently assessed. Many trainees said that they had felt it necessary to prioritise their time and effort on the demands of training so that previously
enjoyed leisure activities were ‘put on hold’ and important personal relationships were not as nurtured as they liked.

Trainees were optimistic that their confidence would increase once they left the pressures and scrutiny of the training programme and could concentrate on consolidating their skills in a chosen specialist area of clinical psychology. They believed that their work-life balance would return and their personal lives would improve. However, they did not think that confidence would entirely return to pre-training levels because they assumed that having the more complex workload and responsibility of a qualified clinician would mean that they could not return to the simplicity of the assistant psychologist/research assistant role. While trainees judged the qualified psychologists that they knew to be more confident than they would be when qualified, these individuals were not construed to be as confident as the ideal cluster (D), which indicates that this cluster had levels of confidence that were likely to be unattainable in real life.

**Analysis of differences between selected element pairs**

The MDS map depicts similarity or difference between elements. It does not illuminate *how* they are different. In order to examine this, the MDS map was consulted and eight salient element pairs were selected (Table 4).

The discrepancy between actual and ideal self (element pair 1) is used as a proxy measure of self-esteem (Leach, Freshwater, Aldridge & Sunderland, 2001). It was therefore a measure of interest for the present study, together with a similar measure of ‘professional self-esteem’ (element pair 2). Personal and professional development since starting clinical training (element pairs 3 and 4) can be compared with predicted future personal and professional development between current selves and post-qualification selves (element pairs
5 and 6) together with the difference in construing personal and professional selves in the future compared to their ideal selves (element pairs 7 and 8).

Table 4: Selected element pairs

<table>
<thead>
<tr>
<th>Element Pair Number</th>
<th>Description of the element pair</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>‘Actual self’ and ‘Ideal self’</td>
</tr>
<tr>
<td>2</td>
<td>‘Actual professional self’ and ‘Ideal clinical psychologist’</td>
</tr>
<tr>
<td>3</td>
<td>‘Self before starting the programme’ and ‘Actual self’</td>
</tr>
<tr>
<td>4</td>
<td>‘Professional self before starting the programme’ and ‘Actual professional self’</td>
</tr>
<tr>
<td>5</td>
<td>‘Actual self’ and ‘Self after completing the programme’</td>
</tr>
<tr>
<td>6</td>
<td>‘Actual professional self’ and ‘Professional self when a qualified clinical psychologist’</td>
</tr>
<tr>
<td>7</td>
<td>‘Self after completing the programme’ and ‘Ideal self’</td>
</tr>
<tr>
<td>8</td>
<td>‘Professional self when a qualified clinical psychologist’ and ‘Ideal clinical psychologist’</td>
</tr>
</tbody>
</table>

The results of the mixed models ANOVA are presented in Table 5. Regarding the personal self elements, trainees construed their current selves as significantly different to their ideal selves, indicating that their self-esteem was low (F=5.1, df=7,252, p<.001). Significant differences were also found between ‘Self before the starting the programme’ and ‘Actual self’ (F=5.3, df=7,252, p<.001) and between ‘Actual self’ and ‘Self after completing the programme’ (F=5.3, df=7,252, p<.001). The difference between ‘Self after completing the programme’ and ‘Ideal self’ did not quite reach significance (F=2.1, df=7,252, p=.05).

In terms of the professional elements, trainees did not perceive their current professional selves to be significantly different either from their professional selves before the programme (F=1.5, df=7,252, p=.175) or their future professional selves as qualified clinical psychologists (F=1.9, df=7,252, p=.75). The ‘Ideal clinical psychologist’ was
construed as significantly different to both actual professional self ($F=3.8$, df=7,252, $p=.75$) and professional self when qualified ($F=3.1$, df=7,252, $p<.01$).

Table 5: Significant estimated mean differences across construct categories for eight selected pairwise element discrepancies

<table>
<thead>
<tr>
<th>Element Pair Discrepancy</th>
<th>$F^*$</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ‘Actual self’ and ‘Ideal self’</td>
<td>5.102</td>
<td>.000</td>
</tr>
<tr>
<td>2 ‘Actual professional self’ and ‘Ideal clinical psychologist’</td>
<td>3.779</td>
<td>.001</td>
</tr>
<tr>
<td>3 ‘Self before starting the programme’ and ‘Actual self’</td>
<td>5.291</td>
<td>.000</td>
</tr>
<tr>
<td>4 ‘Professional self before starting the programme’ and ‘Actual professional self’</td>
<td>1.480</td>
<td>.175</td>
</tr>
<tr>
<td>5 ‘Actual self’ and ‘Self after completing the programme’</td>
<td>5.275</td>
<td>.000</td>
</tr>
<tr>
<td>6 ‘Actual professional self’ and ‘Professional self when a qualified clinical psychologist’</td>
<td>1.870</td>
<td>.075</td>
</tr>
<tr>
<td>7 ‘Self after completing the programme’ and ‘Ideal Self’</td>
<td>2.050</td>
<td>.050</td>
</tr>
<tr>
<td>8 ‘Professional self when a qualified clinical psychologist’ and ‘Ideal clinical psychologist’</td>
<td>3.102</td>
<td>.004</td>
</tr>
</tbody>
</table>

*degrees of freedom: 7,252

Post-hoc pairwise differences between all construct categories for each element pair discrepancy were calculated. Table 6 shows the mean pairwise element discrepancies by construct category. Significant row post-hoc pairwise differences at $p<.05$ are indicated by alphabetic superscripts and additional superscripts indicate that more significant differences occurred between that mean and others (e.g. in the mean discrepancy between element pair 1 row existential and emotional means are marked with an $^a$ to indicate that they were significantly different, and existential and concrete are marked a $^b$ to indicate that they were significantly different). Bonferroni corrections for multiple comparisons were not applied because these have been criticised for being too conservative (Perneger, 1998). Consequently, caution should be exercised when drawing conclusions from these results.
Table 6: Mean pairwise element discrepancies by construct category

<table>
<thead>
<tr>
<th></th>
<th>Existential</th>
<th>Moral</th>
<th>Emotional</th>
<th>Relational</th>
<th>Personal</th>
<th>Intellectual/Operational</th>
<th>Values &amp; Interests</th>
<th>Concrete</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP1*</td>
<td>1.556abcdef</td>
<td>1.556c</td>
<td>2.447bcdef</td>
<td>1.429ghijkl</td>
<td>1.481ijklm</td>
<td>1.939ijklm</td>
<td>2.158klm</td>
<td>2.455b</td>
</tr>
<tr>
<td>EP2</td>
<td>1.889ab</td>
<td>1.556b</td>
<td>2.024cdef</td>
<td>1.741efh</td>
<td>2.394ghi</td>
<td>2.158ab</td>
<td>2.727ad</td>
<td></td>
</tr>
<tr>
<td>EP3</td>
<td>1.944abcd</td>
<td>.889ef</td>
<td>1.766ghij</td>
<td>.952bghijk</td>
<td>1.506bghi</td>
<td>1.030bghijk</td>
<td>1.474ik</td>
<td>1.091f</td>
</tr>
<tr>
<td>EP4</td>
<td>1.667abcd</td>
<td>1.222a</td>
<td>1.547bcdef</td>
<td>1.286cde</td>
<td>1.506cde</td>
<td>1.455abcde</td>
<td>1.000abcd</td>
<td>1.091f</td>
</tr>
<tr>
<td>EP5</td>
<td>.611abc</td>
<td>.778d</td>
<td>1.468bcdef</td>
<td>.714cdef</td>
<td>.716ghijk</td>
<td>.606gilm</td>
<td>1.211bghijkl</td>
<td>1.455ck</td>
</tr>
<tr>
<td>EP6</td>
<td>1.056abc</td>
<td>.889a</td>
<td>1.277cd</td>
<td>1.238c</td>
<td>.963ce</td>
<td>.970cd</td>
<td>1.316ijk</td>
<td>1.636ed</td>
</tr>
<tr>
<td>EP7</td>
<td>.944abcd</td>
<td>.778b</td>
<td>1.149c</td>
<td>.857cd</td>
<td>1.062abcde</td>
<td>.145abcde</td>
<td>.947e</td>
<td>1.364</td>
</tr>
<tr>
<td>EP8</td>
<td>1.278abc</td>
<td>.889a</td>
<td>1.170bc</td>
<td>.976c</td>
<td>.951d</td>
<td>1.545abcde</td>
<td>.843e</td>
<td>1.273</td>
</tr>
</tbody>
</table>


Note: Significant column post-hoc pairwise differences at p < .05 indicated by alphabetic superscripts.

Table 6 was examined to elucidate qualitative differences between significantly different element pairs. For each significant element pair (i.e., all except for EP4, EP6 and EP7), the construct categories with the highest mean pairwise element discrepancies were selected. For example, for EP1 (‘Actual self – Ideal self’), Table 6 shows that the construct categories with the highest mean pairwise element discrepancies are the concrete (2.455) and emotional categories (2.447). This indicates that ‘Actual self’ and ‘Ideal self’ were rated most differently from each other on concrete and emotional categories. The absolute mean discrepancy was around 2.4 for both categories, which is significant, considering the constructs were rated on a scale from 1 to 5. The original construct data were then inspected to elucidate the most discrepant constructs used in these categories and how the elements were rated differently on these constructs. For example, the constructs that were rated most differently for ‘Actual self’ and ‘Ideal self’ in the concrete category were ‘Insecure social and financial circumstances – Secure social and financial circumstances’, ‘Has control over how they spend their time – Has no control over how they spend their time’, ‘In transition – Settled’, ‘Uncertain circumstances – Certain circumstances’. When the ratings on these constructs were examined it was found that ‘Ideal self’ was rated as close to the preferred
pole (control over how they spend their time, settled, certain circumstances) and ‘Actual self’ was rated closer to the non-preferred pole. Tables 7 and 8 show the most discrepant construct categories, with exemplar discrepant constructs, for each significantly different element pair.

Table 7 shows the most discrepant construct categories for the significantly different personal development element pairs. Differences between the different versions of the self were largely based on concrete and emotional constructs. Trainees believed that while they had changed as people since the start of training in terms of feeling more like a ‘whole person’ and having a clear direction in life, they also felt they were less happy, more worried and had lost some of their enthusiasm. They believed that they would feel happier, less stressed and more carefree with a greater work-life balance in the future, once they had completed training, indicating that they felt that the emotional difficulties they faced in their personal lives were largely a result of being on the training programme. The biggest difference was between how they construed their actual self and their ideal self; trainees wanted to feel more settled and secure in their social and financial circumstances and wanted to feel less worried, anxious and more confident, calm, carefree and enthusiastic. They were optimistic that they would resolve these difficulties once they had completed training and there would be no significant differences between their construed selves post qualification and their ideal selves. Element pair 7 (‘Self after completing the programme’ – ‘Ideal self’) was not included in Table 7 because they were not judged significantly different (see Table 5). However, the data were inspected for trends (see Table 6) and the highest mean discrepancy for this element pair was on the ‘intellectual/operational’ category. Inspection of the original construct data for this category suggested that trainees construed their future self to have average abilities whereas their ideal self would be perfectly able.
Table 7: Personal development element pair discrepancies by construct category with example constructs

<table>
<thead>
<tr>
<th>Element Pair 1: ‘Actual self – Ideal self’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concrete:</strong> ‘Actual self’ construed as close to the non-preferred pole, ‘Ideal self’ construed closer to preferred pole</td>
</tr>
<tr>
<td>“Insecure social and financial circumstances – Secure social and financial circumstances”</td>
</tr>
<tr>
<td>“Has control over how they spend their time – Has no control over how they spend their time”</td>
</tr>
<tr>
<td>“In transition – Settled”</td>
</tr>
<tr>
<td>“Uncertain circumstances – Certain circumstances”</td>
</tr>
<tr>
<td><strong>Emotional:</strong> ‘Actual self’ construed as close to the non-preferred pole, ‘Ideal self’ construed as close to the preferred pole</td>
</tr>
<tr>
<td>“Anxious – Confident”</td>
</tr>
<tr>
<td>“Worries, ruminates, overthinks and has no control – doesn’t worry, ruminate, overthink and has no control over it”</td>
</tr>
<tr>
<td>“Struggles with anxiety – Can tolerate anxiety”</td>
</tr>
<tr>
<td>“Flat – Bubbly”</td>
</tr>
<tr>
<td>“Stressed – Calm”</td>
</tr>
<tr>
<td>“ Worried – Carefree”</td>
</tr>
<tr>
<td>“Tired, worn down – enthusiastic”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Element Pair 3: ‘Self before starting the programme’ – ‘Actual self’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existential:</strong> ‘Self before starting the programme’ construed closer to the non-preferred pole, ‘Actual self’ construed closer to the preferred pole</td>
</tr>
<tr>
<td>“Feels lost – Contained, whole person”</td>
</tr>
<tr>
<td>“Compartmentalised person – Whole person”</td>
</tr>
<tr>
<td>“Has a clear path in life – Lost and doesn’t know where to find the path”</td>
</tr>
<tr>
<td>“Clear direction – Seeking direction”</td>
</tr>
<tr>
<td><strong>Emotional:</strong> ‘Self before starting the programme’ construed closer to the preferred pole, ‘Actual self’ construed closer to non-preferred pole</td>
</tr>
<tr>
<td>“Optimistic – Cynical”</td>
</tr>
<tr>
<td>“Tired, worn down – Enthusiastic”</td>
</tr>
<tr>
<td>“Depressed and insecure – Happy and content”</td>
</tr>
<tr>
<td>“Worried – Carefree”</td>
</tr>
<tr>
<td>“Agitated – Relaxed”</td>
</tr>
<tr>
<td>“Unenthusiastic – Passionate”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Element Pair 5: ‘Actual Self – Self after completing the course’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional:</strong> ‘Actual self’ construed closer to the non-preferred pole, ‘Self after completing the course’ construed closer to the preferred pole</td>
</tr>
<tr>
<td>“Tired, worn down – Enthusiastic”</td>
</tr>
<tr>
<td>“Boring, miserable, never go out – Happy, fun-loving, bubbly”</td>
</tr>
<tr>
<td>“Overwhelmed with stress – Not stressed”</td>
</tr>
<tr>
<td>“Stressed – Calm”</td>
</tr>
<tr>
<td><strong>Concrete:</strong> ‘Actual self’ construed closer to the non-preferred pole, ‘Self after completing the course’ construed closer to preferred pole</td>
</tr>
<tr>
<td>“Has control over how they spend their time – No control over how they spend their time”</td>
</tr>
<tr>
<td>“In transition – Settled”</td>
</tr>
<tr>
<td>“Weighed down – Free”</td>
</tr>
<tr>
<td>“No social life – work-life balance”</td>
</tr>
</tbody>
</table>
Table 8: Professional development element pair discrepancies by construct category with example constructs

<table>
<thead>
<tr>
<th>Element Pair: 2. ‘Actual professional self – Ideal clinical psychologist’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concrete:</strong> ‘Actual professional self’ construed as close to the non-preferred pole, ‘Ideal clinical psychologist’ construed as close to the preferred pole</td>
</tr>
<tr>
<td>• “Weighed down – Free”</td>
</tr>
<tr>
<td>• “No social life – Work-Life Balance”</td>
</tr>
<tr>
<td>• “In transition – Settled”</td>
</tr>
<tr>
<td>• “Insecure social and financial circumstances – Secure social and financial circumstances”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Emotional:</strong> ‘Actual professional self’ construed as close to the non-preferred pole, ‘Ideal clinical psychologist’ construed as close to the preferred pole.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Flat – Bubbly”</td>
</tr>
<tr>
<td>• “Stressed – Calm”</td>
</tr>
<tr>
<td>• “Anxious – Able to manage Anxiety”</td>
</tr>
<tr>
<td>• “Preoccupied – Relaxed”</td>
</tr>
<tr>
<td>• “Emotionally Unstable – Emotionally Stable”</td>
</tr>
<tr>
<td>• “Anxious – Confident”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Intellectual/Operational:</strong> ‘Actual professional self’ construed as between the two poles but closer to the negative pole, ‘Ideal clinical psychologist’ was construed as close to the preferred pole.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Small zone of proximal development – Large ZPD”</td>
</tr>
<tr>
<td>• “Incapable – Capable”</td>
</tr>
<tr>
<td>• “Tries to do too much – Realistic about what they can achieve in a day”</td>
</tr>
<tr>
<td>• “Gaps in knowledge – Complete knowledge”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Element Pair 8: ‘Professional self after completing the programme’ – ‘Ideal clinical psychologist’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intellectual/Operational:</strong> ‘Professional self after completing the programme’ was construed as between the two poles but closer to the preferred pole, ‘Ideal clinical psychologist’ was construed as close to the preferred pole.</td>
</tr>
<tr>
<td>• “Incompetent – Skilled”</td>
</tr>
<tr>
<td>• “Small zone of proximal development – Large ZPD”</td>
</tr>
<tr>
<td>• “Can’t switch off – Mental freedom”</td>
</tr>
<tr>
<td>• “Incapable – Capable”</td>
</tr>
<tr>
<td>• “Expert, good at everything – Not good enough”</td>
</tr>
<tr>
<td>• “Naive – Experienced”</td>
</tr>
</tbody>
</table>

Table 8 shows the most discrepant construct categories for the significantly different professional development element pairs. As per personal development, differences between trainees’ construals of themselves and ideal clinical psychologists were primarily derived from concrete and emotional constructs, with the addition of intellectual/operational constructs. The greatest difference between the trainees’ construal of themselves as third-year-trainees and the ideal clinical psychologist was that the ideal clinical psychologist was
construed to have secure circumstances, an appropriate work-life balance and was relaxed and unburdened by anxiety. The trainees, in contrast, felt like their current circumstances were insecure and uncertain and they felt anxious and unable to relax. The trainees rated themselves as currently possessing average or low intellectual/operational ability, whereas they felt the ideal clinical psychologist was perfectly able in this area. Trainees were optimistic that the problems with uncertain circumstances, work-life balance and anxiety would resolve, once they had completed training and were qualified clinical psychologists. The only remaining perceived difference between their selves as qualified clinical psychologists and the ideal clinical psychologist was on intellectual/operational constructs. However, this gap was narrow as the trainees predicted that they would have average or above average intellectual/operational ability, whereas the ideal clinical psychologist was perfectly able.

Element pair 4 (Professional self before starting the programme – Actual professional self) and Element pair 6 (Actual professional self – Professional self as a qualified clinical psychologist) were not included in Table 8 because they were not judged significantly different within each other on all construct categories (see Table 5). However, the data were inspected for trends (see Table 6) and the highest mean discrepancies for element pair 4 were the existential and emotional categories. Inspection of the most discrepant constructs within these categories suggested that, in their previous professional roles, trainees felt that they were lost and searching for something but were striving hard and felt more enthusiastic. The most discrepant categories for element pair 6 were concrete and values and interests. This suggests that trainees believe that their qualified professional self will be more settled and have a better work-life balance. However, the differences between these element pairs were not great enough to be considered significant.
Discussion

The findings of the MDS analysis suggest that trainees’ personal and professional selves are construed as similar to each other. Merging of personal and professional selves is more likely in human services professionals because their role involves their ‘total personality’ (Kottler, 1986) and they are more likely to be emotionally invested in their work (Chermiss, 1980). Genuineness and congruence are necessary conditions for therapeutic change (Rogers, 1957) and problems arise when a therapist’s theoretical orientation is dissonant from their personal philosophy (Fear & Woolfe, 1999). However, too much overlap can mean that an evaluation of the trainee’s work can be experienced as an evaluation of the whole self (Wosket, 1999). Thus, a perceived professional failure provokes more extreme negative affect and more negative general self-appraisal leaving one vulnerable to depression (Linville, 1985).

The ANOVA analysis revealed similar findings with regards to both personal and professional development with the most significant results involving emotional and concrete constructs. Trainees had low self-esteem and reported that their personal selves were anxious, stressed, unsettled and lacking an appropriate work-life balance, which accords with previous research demonstrating high stress levels in trainee clinical psychologists (Cushway, 1992; Brooks et al., 2002; Kuyken et al. 2003; Pakenham & Stafford-Brown, 2012; Stafford-Brown & Pakenham, 2012) and trainees in similarly challenging professions, such as medicine and law (Heins, Fahey, & Leiden, 1984; Ey, Henning, & Shaw, 2000; Midtgaaard, Ekeberg, Vaglum & Tyssen, 2008). Previous research in trainee clinical psychologists suggests that their levels of emotional difficulty can be high enough to warrant ‘psychiatric caseness’ on the General Health Questionnaire (GHQ-28; Goldberg, 1978) in 59% (Cushway, 1992) to 73% (Stafford-Brown & Pakenham, 2012) of trainees. Trainees in the current study attributed their personal difficulties to the demands of training and so expected them to resolve once training was completed, construing their future selves as being similar to their
ideal selves. It is possible that the stress of training may not have affected the trainee’s personal selves as strongly if their personal and professional selves were not construed so similarly.

Trainees also expressed these negative feelings (anxiety, stress, feeling unsettled) about their current job roles and felt that they were average to low in ability. In addition, these difficulties were attributed to the training experience and predicted to resolve upon its cessation; their construal of themselves as qualified clinical psychologists was not very dissimilar to their construal of the ideal clinical psychologist. Surprisingly, significant differences were not found between professional self pre-training and current professional self, nor between current professional self and self as a clinical psychologist. Perhaps the process of professional change is too gradual or idiosyncratic or non-linear to have been revealed by the current study design. Trainees’ low self-esteem or high expectations could have led them to underestimate the extent of their development, but it is also possible that this may be entirely accurate and demonstrates that professional change occurs post-qualification.

**Implications**

The aim of this study was to examine how trainee clinical psychologists construe their personal and professional selves over the course of training and into the future. There are many ways that trainees could have described their development (i.e., there are eight different construct categories on the classification system proposed by Feixas et al, 2002), but the findings focussed on the emotional impact that training had on them. The high recruitment rate highlights the interest that this topic held for trainees and the importance of it to them. Many cited their reasons for taking part being that they wanted the programme to know how difficult it was to be a trainee and for changes to be made to better support trainees. The findings corroborate those of previous studies reporting high stress levels in trainees, which
suggests that it is not peculiar to this cohort. There are implications of these findings that should be heeded by trainees, training providers and those who employ newly qualified clinical psychologists.

Trainees should be reassured firstly that stress in training is normative. Skovholt and Ronnestad (2003) state that trainee therapists are under intense stress and experience performance anxiety related to the inherent ambiguity, complexity and difficulty of clinical work, coupled with being scrutinised by trainers and not yet having the fully formed, experienced professional self to guide them. Secondly, they should be reminded that they are not expected to be the ‘finished article’ by the cessation of their programme. Research in human services professional trainees (i.e., nursing, medicine, social work and teaching trainees) suggests that professional socialisation is a non-linear process, involving drops in confidence, that does not cease at the end of a training programme (Hill, Hare & Wittkowski, submitted). Psychotherapists develop professionally throughout their entire career and encounter six different stages of development from lay helper to senior professional (Ronnestad & Skovholt, 2003).

Whilst the training process is inherently stressful, trainees must reflect upon personal factors, which may contribute to their experience of stress. Trainee clinical psychologists have been described as ‘obsessive overachievers’ (Pica, 1998), who feel bitter disappointment when they finally attain the ‘holy grail’ of clinical training (Cushway & Jay, 2000), only to find that it does not hold all the answers (Pica, 1998; Cheshire, 2000b) and that the reality of working in the NHS (especially in the current climate of changes) does not match up to their ‘glamorised expectations’ (Ronnestad & Skovholt, 2003). It is possible that the rigorous and competitive selection system for training programmes may select for and reinforce competitive and perfectionist characteristics (Baker, 2002). Perfectionism is significantly positively associated with distress in academics at all levels from
undergraduates (Rice, Leever, Christopher & Porter, 2006) to Professors (Dunn, Whelton & Sharpe, 2006). Aside from perfectionism, there may be other personal factors that make clinical psychology trainees more susceptible to distress. Anecdotal evidence suggests that some individuals choose a career in psychology to understand themselves and manage pre-existing mental health difficulties (Willyard, 2012). Norcross and Guy (2007) have written extensively about self-care in psychotherapists and urge them to reflect upon their motives for pursuing a career helping those in distress, since “the average person prefers to downplay the psychic sufferings of fellow humans and avoid extensive contact with troubled individuals” (p.4).

Given that clinical training is known to be stressful and that trainees may have personal characteristics that make them more prone to feeling stressed, they must take active responsibility for managing this stress and working on their personal development and self-care for the good of their own personal wellbeing, professional satisfaction and effectiveness (Shapiro, Brown & Beiler, 2007). Norcross and Guy (2007) argue that the literature on effective therapy processes and client satisfaction both point to the therapeutic relationship as being the most important factor (as opposed to the expertise of the therapist) and thus argue that the need for self-care is an evidence-based ethical imperative.

Training programmes must ensure that their ethos reflects the fact that stress in training is normal and seeking help is a positive and not a shameful action. Self-care should be openly talked about and promoted as routine and obligatory rather than as a luxury or a preserve of the self-indulgent. Training programmes may consider reducing sources of stress where possible (e.g., by reducing competing demands, considering how feedback is given), bolstering the structures in place to encourage personal development and self-care and evaluating them to demonstrate how seriously they are taken. There are many approaches that could be taken, both on a group and an individual level (Hughes & Youngson, 2009).
Myers and colleagues (2012) suggest that programmes set up ‘self-care committees’, comprising of both programme team members and trainees with the aim of evaluating the self-care needs of their trainees and organising appropriate self-care activities (e.g., peer mentoring, workshops, social activities etc.). In addition, participation in stress management groups can reduce the effects of stress in trainees and boost their clinical knowledge and skills. Groups based on third wave cognitive behavioural approaches, which aim not at removing stress but at fostering a different way of relating to it, have been found to be effective in managing trainee stress. These include mindfulness-based stress reduction groups for trainee therapists (Shapiro et al., 2007) and acceptance and commitment therapy groups for clinical psychology trainees (Stafford-Brown & Packenham, 2012; Packenham & Stafford-Brown, 2013). Groups based on compassionate mind theory (Gilbert, 2009) may be helpful for high achieving, perfectionist trainees whose drive and threat affect systems may be overactive relative to their soothing affect system.

Individual approaches to personal development and self-care are also likely to be useful for some trainees. Many trainees in the current study commented that they had enjoyed the repertory grid interview as a rare chance to spend dedicated time reflecting on their PPD. Many also commented on how surprised they had been that the technique seemed to cut straight through to core issues that they believed would not have been uncovered by a survey or standard interview. There is scope for using the technique in supervision and for monitoring trainee PPD across the programme, as has been suggested in social work (Ryle & Lipshitz, 1974). Alternative methods of providing this protected reflective time could involve personal therapy or being mentored by a qualified clinical psychologist who is independent of the programme team.

Finally, those employing recently qualified clinical psychologists should be mindful that the persona that trainees presented on their application form and at interview may be at odds
with their true felt sense of personal and professional self. Newly qualified clinical psychologists should be given a gradual induction to post-qualification work and allowed their first post-qualification year to ‘bed in’, consolidate skills and improve their confidence before being asked to take on additional responsibilities and roles. Employers should also be mindful that stress and mental health problems are not limited to trainee clinical psychologists but are prevalent in qualified staff also (Pakenham & Stafford-Brown, 2012; Charlemagne-Odle, Harman & Maltby, 2014). Promotion of, and commitment to, career long personal development and self-care should be a concern of the whole profession.

The study’s findings accord with those of a recent systematic review of professional socialisation in trainees across a range of human services professions (Hill et al, submitted); namely that training is experienced as stressful and that the process of becoming a professional is not complete at the cessation of training. Therefore, the implications of this study could be widened to trainees and training providers across the range of human services professions. All human services professional trainees should be aware that professional socialisation is a non-linear, individual process that can be experienced as very stressful at times and does not cease when their training programme finishes. All human services trainees would benefit from personal reflection and self-care and all human services training providers should promote this through their training ethos and organisation.

**Methodological issues and ideas for future research**

Whilst the high recruitment rate means that these findings are likely to be representative of what it was like to be a member of this particular training cohort, they may not generalise to different cohorts and different training programmes. A group analysis was deemed necessary due to the sample size and to preserve individuals’ anonymity, but it may have concealed interesting individual differences in personal and professional development that may have
been elucidated in a case series. Future research with longitudinal designs may be better placed to examine the detail and non-linear nature of personal and professional change. Such a design may also increase the accuracy of self construals because trainees would not be relying on remembering how they felt in the past or imagining how they might feel in the future. It is also possible that the timing of the interviews during the latter half of the third year meant that experiences of anxiety and stress were overrepresented; a longitudinal design would help delineate how these emotions fluctuate over the course of the programme. In addition, the choice of interviewer requires careful consideration. The interviewer for this study was a trainee in her final year, albeit one who had returned from maternity leave and so was not an original member of the cohort and had no personal relationships within that year group. Fortunately, being interviewed by a fellow trainee did not appear to impede willingness to participate or to divulge difficult feelings and it is possible that trainees felt better able to identify with the interviewer and be open with her than if a member of the programme team staff had interviewed them.

Conclusions

Clinical psychology training is demanding and many trainees in this sample felt anxious, stressed and low in self-esteem in both their personal and professional lives. These difficulties were attributed to the demands of training and participants were optimistic that life post-qualification would improve and they would become more similar to their ideal selves over time. Implications of these findings are suggested that are anticipated to improve the experience of training for the good of future clinical psychologists and their clients.
References


Paper 3: Critical Evaluation and Reflection

Word count: 4938
Introduction
This thesis concerns the use of repertory grids to examine personal and professional development (PPD) during professional training programmes. Paper 1 consists of a systematic review of repertory grid studies of people undergoing training in human services professions. Paper 2 outlines a repertory grid study examining trainee clinical psychologists’ construal of their PPD.

The following paper aims to provide a critical appraisal of the overall research process. Each of the papers is considered in turn, with a discussion of their strengths and limitations and the implications of their findings. The paper concludes with the author’s personal reflections on the process of the research and on her own PPD.

Paper 1: The systematic review

Rationale for selection of topic
The empirical paper utilised the repertory grid technique to examine trainee clinical psychologists’ PPD to allow them to describe their experiences in their own words, free from the constraints and biases of more commonly used techniques such as interviews and surveys. There were a number of possible options for the topic of the systematic review. A review of studies concerning trainee clinical psychologists’ PPD was the most obvious choice, but the overall literature on that topic was scant and no empirical studies were found. The next possibility was a review of studies of PPD in careers related to clinical psychology, but the available literature was too extensive, with great variability in the professions studied, the theoretical underpinnings of the studies, methodologies used, etc. In addition, reviews had already been written in nursing (MacLellan, Lordly & Gingras, 2011) and social work (Baretti, 2004; Miller, 2010). It was therefore decided to narrow the search from any paper on PPD to only those that used the repertory grid approach and to expand it from just trainee
clinical psychologists to trainees in any related human services profession. Whilst several authors had written articles arguing for the utility of the repertory grid approach in studying professional socialisation in social work (Tully, 1976) and nursing (Burkenham, 1998), nobody had reviewed the available literature. This is the major strength of this study: it summarises and synthesises the evidence on repertory grid studies of professional socialisation in human services trainees for the first time.

**Study identification and selection**

It did not prove easy to find studies using the repertory grid technique to examine PPD in professional trainees. Only 11 studies had been completed in the 60 years since Kelly (1955) first created the repertory grid, all of which concerned trainees in human services professions. It quickly became clear that the term ‘professional socialisation’ was most often used to describe the process of developing as a professional through training and so this was used as one of the search terms. There did not seem to be any repertory grid studies that explicitly looked at personal development, although some of them did so implicitly by choosing elements that represented the personal self as opposed to the professional self. Perhaps the age of the studies (average age was 27 years, range was 9 – 40 years) is the reason the terminology used was different and there was less focus on personal development. The age of the studies may have also been a factor in their obscurity – most of the eligible studies were found not by searching databases but by hand searching reference sections of the studies that were found by databases or review papers on repertory grids and professional socialisation. Hand searching is more sensitive than database searching (Hopewell, Clarke, Lefebvre & Sherer, 2007), but it may also diminish the merits of a systematic review, i.e. thoroughness, impartiality and replicability (Petticrew & Roberts, 2006).
Quality assessment

An appropriate quality assessment tool is essential to the quality of a systematic review (Sanderson, Tatt & Higgins, 2007). However, the most commonly used tools were not appropriate for reviewing the repertory grid studies because they focus on facets of quantitative designs, randomised control trials especially (e.g., randomisation, reliability/validity of measures) or qualitative designs (e.g., consideration of the interviewers influence within the research). One possible solution was to design an appropriate tool but the researcher preferred to use a tool that had been specially designed and tested for reliability and validity. The researcher used an internet search engine to search for ‘quality assessment tools for studies with mixed designs’ and found the Quality Assessment Tool for Studies with Diverse Designs (QATSDD; Sirriyeh et al., 2012), which proved to be most appropriate. It needed only slight modification and this did not affect its use because it was designed to have items removed, depending on their appropriateness to the study being examined. All studies were deemed to be of moderate quality and none were judged to be strong or weak. This was confirmed by an independent reviewer. Perhaps the age of the studies precluded them from gaining a strong rating; the studies were on average 27 years old. None reported user involvement (a more modern concern?) few gave detailed methodology sections or discussed their strengths/limitations, which may not have been the routine reporting procedure a generation ago.

Synthesising the findings

It was challenging to synthesise the findings due to the considerable methodological and analytical variability between the studies. There were cross-sectional vs longitudinal studies (only half of which covered the entire length of the training programme), every study used different elements and some used different types of elements (i.e., vignettes, dyadic
relationships, some used personal and professional, some used only professional elements). There was also a large range of sample sizes used from the single case study to a group of 142 participants. The findings were also shaped by the analyses, which included content analysis, correlational analysis, discriminant function analysis, hierarchical cluster analysis, principal components analysis and Friedman’s ANOVA. Considerable time was spent immersed in the studies, reading and re-reading them, before some themes started to emerge. The themes consist of phenomena that were reported by at least two studies and appeared to make sense in the context of the 14 studies. However, due to the variability between studies, no theme was endorsed by all studies and the veracity of them remains to be determined by future studies with improved methodologies.

Implications of the review

The NHS has a Multi Professional Education and Training (MPET) budget of £4.9 billion (Health Education England, 2014). Clearly, that level of investment needs to be carefully considered and training programmes must produce competent professionals. This is the first review to synthesise what is known about professional socialisation in human services trainees; understanding this process is important for training commissioners, organisers and trainees themselves.

The repertory grid technique proved to be an apt method for studying the idiosyncrasy of professional socialisation and it has advantages over the more commonly used survey, interview and focus group methods. One implication of the review is that it may remind researchers of the utility of the repertory grid or introduce it to those who are unfamiliar with it.
Paper 2: The empirical paper

Topic area

The idea to study trainee clinical psychologists’ construal of how they change as people and professionals over the course of training came from the researcher’s supervisors. They have a longstanding interest and enthusiasm for the repertory grid technique and had wanted to apply it to trainee clinical psychologists for some time. The researcher had reflected on how much she had changed as a person and a professional during the previous three years (including one year on maternity leave which seemed to provoke the most change) and she was keen to learn what the experiences of others were. Whenever the researcher mentioned her project to fellow trainees, she was struck by their interest and enthusiasm, which confirmed to her that this was an important and worthwhile project to pursue.

The study concerns trainees’ construal of how they believe they have developed as people and professionals over time, and how they imagine that process will continue in the future. Thus the term ‘personal and professional development’ (shortened to PPD) is used throughout. Later, the researcher reflected that the term ‘PPD’ may be used slightly differently by others, for example, “that part of the curriculum that is dedicated to developing in trainees a capability to reflect critically and systematically on the work-self interface. This process is directed towards fostering personal awareness and resilience” (p.23, Gillmer & Marckus, 2003). The researcher considered whether she should change references to PPD to another term, for example, ‘personal and professional change’. She decided against this, considering that PPD was the most appropriate term for her purposes and that she had adequately defined her use of term and the aim of her study.
Methodology

The repertory grid technique was chosen in preference to other possible methods (e.g., interviews, surveys) as it allows participants to talk about a topic in their own words and free from the constraints and biases of other more commonly used methods. It is unusual in that a topic can be considered in such a subjective way, but the data collected are objective. It also allows for either quantitative or qualitative analysis.

The elements chosen reflect a mixture of personal and professional selves from the past, present and future. Two known qualified clinical psychologist elements were chosen to examine how trainees compared themselves to others. It became clear during the interviews that some trainees had difficulty remembering that the past/future elements were meant to be general pictures of themselves before/after the programme with some getting stuck on how they felt immediately prior to the programme and how they would feel immediately after the programme finished. Some argued that they had difficulty thinking of themselves ‘after’ the programme because that could mean themselves at any point between 25 – 80 years old and they expected that there would be a wide variation across their life. With hindsight, it would have been better to have stated ‘myself 1 year after the course’, ‘myself 5 years later’, ‘myself 10 years later’, etc. However, the number of elements was already 10 and any further elements would have increased the task complexity for the participants and the data analysis. Furthermore, the researcher consulted other published papers and noted that they all used general past and future elements.

Later, the analysis also revealed that the trainees’ ideal clinical psychologist was sometimes construed similarly to their known psychologists and other times it was not. This was because the researcher asked them to imagine a clinical psychologist that they knew well, whether they admired them or not. With hindsight again, the researcher could have picked ‘a known liked clinical psychologist’ or ‘a known disliked clinical psychologist’.
However, the repertory grid expert (see analysis section for details) who was consulted during the analysis period disagreed and said “I think your element role titles are very good. Many (most) researchers succumb to value-laden role titles (good clinical psychologist, cold clinical psychologist, etc.) which polarize the grid and cut differentiation among constructs” (Richard Bell, personal communication).

The design of the study was cross-sectional by necessity. The researcher’s original project was not suitable to be continued after she returned from maternity leave to work part time. Instead, she changed to this project and so had eight months to complete it, which meant a longitudinal study was not possible. Cross-sectional designs rely on the participants’ memory for past events and imagination for future events, limiting the conclusions that can be drawn about change. A better design may have been to take a sample of first, second and third-year-trainees and compare their construing, as O’Connor and Dalgeish (1986a) did with social work trainees. However, this would still not have allowed causal interpretations and time would not have allowed to interview the entire cohort of each year group. What has been lost in this study in terms of gaining data from each year group has been gained in being able to interview the whole cohort. There is no reason why this cohort could not be followed up in the future and thus turn the project into a longitudinal design post hoc.

The researcher did not feel the need to pilot the study as she felt confident in the design and her ability to conduct the repertory grid interviews with trainees based on her training in repertory grids from her supervisors, reading books and research articles on the technique and ongoing individual and peer supervision. She conducted the initial interviews with trainees that were familiar with the procedure to bolster her confidence and get their feedback on her style. The fact that the researcher was part of the cohort appeared to have no detrimental influence on either recruitment or the openness of the trainees’ responses. It is possible that they felt more comfortable being open with a fellow trainee than if a member of
staff had conducted the interviews. It is also doubtful that trainees might have felt coerced to participate in a friend’s project because invitations were sent by email only and the researcher has no personal relationships within that cohort, attending only 19 final year teaching days with them.

Experience of the participants

It seemed that any nuanced discussion of PPD became swamped with accounts of occupational stress: how hard it was to be on the course, to balance commitments, how personal lives had been put on hold, how unprepared and disappointed they felt, how they still felt junior and not good enough. These feelings may have been influenced by the timing of the interview in the second half of the final year. It is possible that accounts at different points would be less laden with anxiety. Many trainees agreed that if they had been interviewed at a different time they may have felt differently and many remarked on how much their self-esteem fluctuated and could be effected so deeply by a good/bad client session or a good/bad feedback from a tutor/supervisor. However, others said that timing did not matter; they had always felt stressed whilst being on the course and the sources of that stress varied over time. Future research with longitudinal designs may help elucidate the ups and downs that trainees experience throughout the course of training.

The researcher was surprised by the emotional reactions of some of trainees. She had believed that it would be a fairly straightforward process; a 45 minute interview where comparisons between past and future personal and professional selves would be made. The researcher noted that for many, around half way through the interview (perhaps when they were most relaxed) the most personal, core issues came out. Many trainees said that they were surprised by how honestly and deeply they had talked and the emotions that arose. Three trainees were tearful when they talked about how their life was currently and how
different they wanted it to be. Those who became upset were given the opportunity to stop
the interview but all declined, saying that they were feeling tearful in many situations
currently and found it a useful release. They all said that they felt that the repertory grid was
interesting and useful rather than intrusive. At no point did the researcher feel ethically
challenged because it did not appear that anyone was unduly upset and all had given
informed consent, were in control of the answers that they gave and were reassured that they
could withdraw at any point.

It would have been good practice to have gone back to the trainees with their
completed repertory grids and asked if it was an accurate representation of their thoughts.
The researcher did not feel that there was enough time to do this and that the trainees who
participated had already been generous with their time. She did ask three trainees, who were
familiar with repertory grids and interested in the project, to read her empirical paper draft
and all said that they felt it was an accurate depiction of the experience of being a third-year-
trainee in that cohort at that particular time.

**Analysis**

One of the advantages of repertory grids is that they can be analysed in many different ways
(Leach, Freshwater, Aldridge & Sunderland, 2001). Previous thesis projects in the
department have presented case series of participants, analysed using hierarchical cluster
analysis and principle components analysis. However, that would have been unwieldy with
26 participants and potentially it would not have been ethically appropriate if participants
could be identified. Thus, it was decided to analyse the group as a whole and Richard Bell,
an internationally renowned repertory grid expert, was consulted on the most appropriate
analysis to elucidate the groups’ construal of the elements. The researcher believes that the
analysis provides the exploration of the data that she wanted and uses a much more advanced
technique than the average repertory grid paper which is another strength of this paper. An another advantage of the analysis is that it can be carried out using SPSS which is familiar and available to all psychologists (as opposed to the more traditional specialist repertory grid analysis software), which could make it more accessible for new researchers to start using repertory grids.

**Implications of the study**

The major strength of this study is that it is the first time that anyone has studied how trainee clinical psychologists construe themselves as people and professionals over the course of training and projected into the future. Any nuanced discussion of personal and professional change appears to have been usurped by accounts of occupational stress which was not the original objective of the study. It was, however, clearly an important topic for the trainees and it is unlikely to solely be an issue for this cohort as there is a growing body of work that suggests clinical training is stressful. This suggests that the issue must be taken seriously and the implications of the study for facilitating personal development and self-care in trainee and qualified clinical psychologists must be heeded.

The researcher anticipates that by publishing both her papers and by presenting her findings at relevant conferences, clinical psychologists will be reminded of, or introduced to, the utility and advantages of the repertory grid technique. It appeared to lose popularity in the 1980s-1990s, possibly due to the dominance of diagnostic models and the model-based cognitive behavioural approach. A resurgence of interest in its use would be timely, given that a more individualistic, formulation-based approach to understanding people appears to be the prevailing paradigm in clinical psychology now, which chimes so well with personal construct theory and the repertory grid technique.
Personal reflections on the research

Reflections on the process of doing the research

I had no experience of the repertory grid technique before starting the research project. Although it was the topic rather than the methodology that drew me in, I have been surprised about how appreciative of repertory grids I have become. They are so much easier to create than interviews or surveys because you only have to decide on the element titles (or you could choose to elicit them from your participants). I was surprised at the depth and honesty of my participants’ responses and how quickly and effortlessly it seemed that we could get to their most important and personal constructs. I felt sure that I would have got very different data had I chosen to just interview the participants or ask them to fill in a survey and many participants said as much. I would definitely use the repertory grid technique again in research and clinical situations.

I was struck by how unhappy some people were; the extremity of their personal and professional self-doubt, their self-attacking thoughts and impossibly high self-expectations. Some seemed to think that if they worked harder and longer hours they could overcome these feelings; spending time relaxing, with loved ones or on hobbies was seen as expendable and not important. I struggled to understand this because I have always refused to work outside of the hours that I am paid, although I felt guilty that I ‘should’ do that. Not everyone was extremely unhappy but everyone did talk about stress or not feeling at ease with themselves. Even the people I would aspire to be like felt insecure in some ways; someone I view as very self-assured described themselves as ‘almost unlovable’, someone I thought of as calm and organised said they felt ‘chaotic’ and another who I see as quiet and serene said they felt like a ‘gibbering wreck’ at times.

I also noticed that such scorn was reserved for themselves, whereas the clinical psychologists they nominated were described as almost flawless individuals. I spoke to one
trainee about this tendency for people to criticise themselves but perceive others as perfect and they remarked that someone once told them that “You should not judge your unedited film script based on the film premieres of other people” and that comment stuck with me. Over the three years, I have often felt that I was lacking in some way compared to other trainees: that I was unacceptably introverted because I was quiet during group work, lazy for refusing to work outside 9-5 hours, uncommitted for having a baby while training, etc. The unique position of being able to hear others’ worries made me realise that other people feel just as insecure as I do sometimes even though I might perceive that they have it all made. I also realised that it is normal to feel this way. My feelings of not being a good enough trainee are still there to some extent, but it feels like they are normal worries and perhaps based more in perception than fact so I feel at ease with them now. I also saw the different ways that trainees viewed themselves as people and professionals and how differently they each saw the overlap and I realised that this variety was normal; there is no right way to be a clinical psychologist. I do not have to strive towards some ‘correct’ model but find my own path. I thought that others could benefit from this normalisation and so made sure I incorporated that into my implications and recommendations in the empirical paper.

I was wrong to believe that I would struggle to recruit trainees and that they would not want to divulge their personal and professional feelings to me. I was flattered by their interest and enthusiasm and honoured that they trusted me enough to talk so openly. It seems like such an important topic for trainees that it must be explored further. I hope that the findings of the research and the suggestions I provided can be helpful in stimulating action to improve the experience of training. I was careful to provide suggestions for trainees, training providers and employers as I think all have a responsibility to safeguard the wellbeing of clinical psychologists, both in training and post-qualification.
Reflections on my own PPD

I have noticed how much I have changed both as a person and a professional since I started the training programme. I started off as a naive, overenthusiastic assistant psychologist who moved all over the country to get the ‘perfect’ mix of clinical and research experience to achieve the ‘holy grail’ of clinical training and believed it would teach me, step-by-step, to become the perfect therapist and thus a self-actualised person. I was never driven enough to work outside of 9-5 hours but I did have much of my self-worth bound up in my professional self. I felt the disillusionment that others have described when I realised that the programme did not hold all the answers and there was not an easy ‘how to be a clinical psychologist’ manual to read and easily put into practice. I felt bewildered by the breadth of knowledge and skills that a clinical psychologist was supposed to have and fearful that the teaching and six-month placements were not enough to teach me all the answers and make me the perfect, flawless clinical psychologist I wanted to be.

Nowadays, I feel assured that I am ‘good enough’, that I have a breadth of knowledge to enable me to know where to start in a newly qualified post and begin to build up my confidence and competency there. I no longer feel that I have to be the ‘finished article’ by the end of training and I am content with the fact that I may never feel like the ‘finished article’ or remove myself of all anxiety. One of the final lectures we had was from a clinical psychologist who was nearing retirement. He told us that he had never totally shrugged off the anxiety that he was not good enough. I found that comment so unbelievably helpful. It made me realise that it is totally normal to experience some self-doubt and you do not have to completely remove it in order to lead a full life. Third year teaching on acceptance and commitment therapy (ACT) was also instrumental in helping me to foster this new relationship with anxiety.
My personal and professional development has been influenced by my own experiences and reflections, teaching and listening to others talk about their own development. I feel that it has been a non-linear process, different from that of my peers, and this accords with what I found in my systematic review. I do feel a much more content person than when I started the programme. So content, in fact, that I felt terribly guilty when hearing my participants’ experiences. I think the main difference between me and them has been that I left the programme for a year and returned with an altered world view and the structure of my route through training was totally different.

Having my daughter changed my life profoundly and I think there are both personal and practical reasons why I now experience less stress than other final year trainees. Personally, I am happier because it is not all about the programme anymore. My time and my sources of self-esteem are split between work and family time now. Becoming a mother fulfilled a lifetime’s ambition and means that I now live my life more in line with my personal values. This is not to say that parenthood is stress-free – quite the contrary – rather, it has changed my worldview and my responses to stress have necessarily had to change, for example, I now practice mindfulness daily rather than have an evening glass of wine! I was particularly pleased to see that stress management groups based on mindfulness-based stress reduction and acceptance and commitment therapy have been trialled in trainees with some good results (Shapiro et al. 2007; Stafford-Brown & Packenham, 2012; Packenham & Stafford-Brown, 2013). I think such groups would have the dual effect of teaching trainees a new way of responding to unavoidable stress and also bolster their clinical skills and knowledge; you cannot teach these practices to clients unless you use them yourself. I am not advocating that all trainees should have a baby; rather that they should not neglect their personal life, interests and values, they should prioritise striking a balance between their work and personal lives and reassess their stress coping mechanisms.
Practically, there are differences between me and the average trainee; I am only at work for three days rather than five. I am now forced to switch off when I get home to the demands of a lively toddler, there is simply no opportunity to continue working or ruminating on the events of the day. My home life may not be entirely stress-free but it is entirely work-free. This also means that on the days that I am at work, I am grateful to be there and totally engaged with what I am doing, having more interest and energy for my work than I ever had before. Again, I am not advocating that all trainees should work part-time but that they should learn to switch off at the end of the working day and prioritise time for rest, relaxation, hobbies and interests which would be beneficial for their own wellbeing but also their performance at work. Another practical advantage is that working three days a week means that it is not possible to split my time between clinical and research commitments and so I have been completing my commitments in sequential order i.e., alternating blocks of research and clinical commitments. I have been exceptionally lucky to have been allowed to work in this way and avoid the stress of juggling both research and clinical commitments. Training programmes could consider whether research commitments could be completed in one single block to reduce trainee stress. However, the disadvantage of doing so would be the decline in diversity and complexity of research projects. Perhaps it is more practical to focus not on reducing the sources of stress but increasing the resources available to assist trainees with managing stress.

**Conclusion**

The first two papers within this thesis have elucidated the process of PPD over the course of training using the repertory grid technique. The findings suggest that PPD generally occurs in line with the aims of training programmes but there is individual variation between trainees and the process appears to be non-linear process and continues long after training.
programmes end. My own experience of PPD accords with these findings. Training to become a professional is stressful and involves drops in confidence. Many of the trainee clinical psychologists in the second paper reported significant anxiety and stress, both in their personal and professional lives, which they attributed to the experience of training. It is anticipated that the findings of this thesis, and the implications that have been suggested, may be used to improve knowledge about the process of PPD and encourage more widespread adoption of personal development and self-care in clinical psychology.
References


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Appendix 1:

Author guidelines for the Journal of Occupational and Organisational Psychology
Author Guidelines

The Journal of Occupational and Organizational Psychology publishes empirical and conceptual papers which aim to increase understanding of people and organizations at work. Its domain is broad, covering industrial, organizational, engineering, vocational and personnel psychology, as well as behavioural and cognitive aspects of industrial relations, ergonomics, human factors and industrial sociology. Innovative or interdisciplinary approaches with a psychological emphasis are particularly welcome. So are papers which develop the links between occupational/organizational psychology and other areas of the discipline, such as social and cognitive psychology.

We welcome the following varieties of paper:

• empirical research papers, containing new quantitative or qualitative data which address significant theoretical and/or practical concerns;

• papers which offer new theory and conceptualisation, perhaps accompanied by a critique of existing approaches;

• narrative and/or quantitative reviews of existing research which lead to new conclusions or insights into a field of research and/or practice;

• prescriptive articles advocating changes in research paradigms, methods, or data analytic techniques;

• analyses of practice in occupational and organizational psychology, where such analyses are driven by theory and/or sound data.

1. Circulation

The circulation of the Journal is worldwide. Papers are invited and encouraged from authors throughout the world.

2. Length

The word limit for papers submitted for consideration to JOOP is 8000 words and any papers that are over this word limit will be returned to the authors. The word limit does not include abstract, references, figures, and tables. Appendices however are included in the word limit. The Editor retains discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length (e.g., a new theory or a new method). The authors should contact the Editor first in such a case.

3. Submission and reviewing
All manuscripts must be submitted via Editorial Manager. You may like to use the Submission Checklist to help you prepare your manuscript. The Journal operates a policy of anonymous peer review. Before submitting, please read the terms and conditions of submission and the declaration of competing interests.

4. Manuscript requirements

• Contributions must be typed in double spacing with wide margins. All sheets must be numbered.

• Manuscripts should be preceded by a title page which includes a full list of authors and their affiliations, as well as the corresponding author’s contact details. A template can be downloaded from here.

• Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.

• Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi.

• All articles should be preceded by an Abstract of between 100 and 200 words, giving a concise statement of the intention, results or conclusions of the article.

• All articles must include Practitioner Points – these are 2-4 bullet points, following the abstract, with the heading ‘Practitioner Points’. These should briefly and clearly outline the relevance of your research to professional practice. (Please include the 'Practitioner Points' in your main document but do not submit them to Editorial Manager with your abstract.)

• All articles should contain a clear statement of where and when any data were collected.

• For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full and provide doi numbers where possible for journal articles. For example:


• SI units must be used for all measurements, rounded off to practical values if appropriate, with the imperial equivalent in parentheses.

• In normal circumstances, effect size should be incorporated.

• Authors are requested to avoid the use of sexist language.

• Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc. for which they do not own copyright.

For guidelines on editorial style, please consult the APA Publication Manual published by the American Psychological Association.

5. Short research notes
In order to supplement innovative research produced in full paper format, the journal provides access to a wider range of investigation through the publication of research in Short Research Note format. Papers submitted as Short Research Notes will be subject to the normal double-blind review process. Short Research Notes should be largely empirical studies. Typically, they will do one of the following:

- replicate existing findings in a new context;
- develop new measures and report on their reliability and validity;
- report contradictory findings that sharpen the interpretation of existing research;
- present new applications of an existing measure;
- report descriptive findings or case studies that will significantly develop professional practice;
- offer an informed and focused challenge to key elements of an existing study, theory or measure.

Papers submitted as Short Research Notes should not exceed 2000 words, including the abstract but not including references or tables. It is normally expected that any tables will take up no more than two printed pages, and there should be no more than about 15 references. With the exception of the items of a new or substantially revised measure, appendices are discouraged.

A paper submitted as a Short Research Note will not necessarily receive positive reviews simply because it falls into one of the categories listed above. Papers need to be located in a conceptual/theoretical context, with rigorous method and appropriate reporting. The issues they raise and/or the findings they report must be deemed to be contributing significantly to the knowledge and understanding of academics and/or practitioners in occupational and organizational psychology. Short Research Notes are not a facility for publishing on the basis of weak data and/or weak conceptual underpinning. In the majority of cases, authors will have submitted the paper in the Short Research Note format. In some instances, however, the Editors may feel that a full paper is best reviewed in a Short Research Note format, or the referees may only recommend publication under this format. All articles in this format will be officially designated and published with the preface 'Short Research Note:' These are placed towards the back of the journal. Acceptance for publication on this basis will be indicated in writing to the authors by the Editor or Associate Editor if the original submission was in full paper format.

6. Cross-sectional self-report data

Studies conducted using only cross-sectional self-report data will be considered only in exceptional circumstances. For example; if the sample is exceptionally large, representative or multiple. In all other cases, cross-sectional self-report data should form part of a wider selection of data, including other measures such as longitudinal or experimental elements, corroborating or comparison data, third party records or psycho-physiological data.

For more details on the use of cross-sectional self-report data please see the December 2011 Editorial.

7. Non-working Populations
Papers based entirely on non-working populations (e.g. student samples) will only be considered in rather unusual circumstances. The Editor retains discretion to publish this kind of data, for instance where it is clearly demonstrated that the data obtained can be generalised to working populations.

8. Supporting Information

Supporting Information can be a useful way for an author to include important but ancillary information with the online version of an article. Examples of Supporting Information include appendices, additional tables, data sets, figures, movie files, audio clips, and other related nonessential multimedia files. Supporting Information should be cited within the article text, and a descriptive legend should be included. Please indicate clearly on submission which material is for online only publication. It is published as supplied by the author, and a proof is not made available prior to publication; for these reasons, authors should provide any Supporting Information in the desired final format.

For further information on recommended file types and requirements for submission, please visit the Supporting Information page in Author Services.

9. OnlineOpen

OnlineOpen is available to authors of primary research articles who wish to make their article available to non-subscribers on publication, or whose funding agency requires grantees to archive the final version of their article. With OnlineOpen, the author, the author’s funding agency, or the author’s institution pays a fee to ensure that the article is made available to non-subscribers upon publication via Wiley Online Library, as well as deposited in the funding agency’s preferred archive. A full list of terms and conditions is available in Wiley Online Library.

Any authors wishing to send their paper OnlineOpen will be required to complete the payment form.

Prior to acceptance there is no requirement to inform an Editorial Office that you intend to publish your paper OnlineOpen if you do not wish to. All OnlineOpen articles are treated in the same way as any other article. They go through the journal’s standard peer-review process and will be accepted or rejected based on their own merit.

10. Author Services

Author Services enables authors to track their article – once it has been accepted – through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated e-mails at key stages of production. The author will receive an e-mail with a unique link that enables them to register and have their article automatically added to the system. Please ensure that a complete e-mail address is provided when submitting the manuscript. Visit Author Services for more details on online production tracking and for a wealth of resources including FAQs and tips on article preparation, submission and more.

11. Copyright and licences

If your paper is accepted, the author identified as the formal corresponding author for the paper will receive an email prompting them to login into Author Services, where via the Wiley Author Licence Service (WALS) they will be able to complete the licence agreement on behalf of all authors on the paper.
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12. Colour illustrations

Colour illustrations can be accepted for publication online. These would be reproduced in greyscale in the print version. If authors would like these figures to be reproduced in colour in print at their expense they should request this by completing a Colour Work Agreement form upon acceptance of the paper.

13. Pre-submission English-language editing

Authors for whom English is a second language may choose to have their manuscript professionally edited before submission to improve the English. A list of independent suppliers of editing services can be found in Author Services. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

14. Early View

The Journal of Occupational and Organizational Psychology is covered by the Early View service on Wiley Online Library. Early View articles are complete full-text articles published online in advance of their publication in a printed issue. Articles are therefore available as soon as they are ready, rather than having to wait for the next scheduled print issue. Early View articles are complete and final. They have been fully reviewed, revised and edited for publication, and the authors’ final corrections have been incorporated. Because they are in final form, no changes can be made after online publication. The nature of Early View articles means that they do not yet have volume, issue or page numbers, so they cannot be cited in the traditional way. They are cited using their Digital Object Identifier (DOI) with no volume and issue or pagination information. Eg Jones, A.B. (2010). Human rights Issues. Journal of Human Rights. Advance online publication. doi:10.1111/j.1467-9299.2010.00300.x
Appendix 2:

The Quality Assessment Tool for Studies with Diverse Designs
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Appendix 3:

Scoring of the reviewed papers
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<td>25/36 69% Moderate</td>
<td>25/36 69% Moderate</td>
<td>21/36 58% Moderate</td>
<td>18/36 50% Moderate</td>
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<td>26/36 72% Moderate</td>
<td>22/36 61% Moderate</td>
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Appendix 4:

Email invitation to participate
Email invitation to participants wording:

Hello everyone,

I’m emailing to ask if you would be interested in participating my thesis research project. I am looking for 3rd year clinical psychology trainees to agree to be interviewed by me using repertory grid methodology. I’m interested in using this methodology to explore how trainees construe their professional development. If you’re interested please have a look at the participant information sheet attached to this email. Please feel free to ask any questions, before you decide whether or not you want to take part. If you’re interested in taking part, I will ask you to meet me in the psychology department and sign a consent form. The interview will then take part and take roughly 45-60 minutes. You will be free to withdraw from participation at any time, without penalty.

Best wishes,
Katy
Appendix 5:

Ethical approval
Dr Dougil Hare,
School of Psychological Sciences
2nd Floor, Zochonis Building.

19th March 2014

Dear Dr Hare,

Research Ethics Committee 4
[Hill, Hare, Wittkowski: Using the repertory grid technique to explore how trainee clinical psychologists construe themselves and their professional development (ref 14050)]

I write to thank Dr Hill for coming to meet the Committee on 5th March 2014 and to confirm that it gave the above research project, after the submission of amendments / clarifications, a favourable ethical opinion.

This approval is effective for a period of five years and if the project continues beyond that period it must be submitted for review. It is the Committee’s practice to warn investigators that they should not depart from the agreed protocol without seeking the approval of the Committee, as any significant deviation could invalidate the insurance arrangements and constitute research misconduct. We also ask that any information sheet should carry a University logo or other indication of where it came from, and that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a university computer or kept in a hard copy in a location which is accessible only to those involved with the research.

Finally, I would be grateful if you could complete and return the attached form at the end of the project or by the end of February 2015.

We hope the research goes well.

Yours sincerely,

Dr Deborah Bentley
Secretary to University Research Ethics Committee 4
Appendix 6:
Participant information sheet
**Using the Repertory Grid Technique to Explore How Trainee Clinical Psychologists Construe Themselves and their Professional Development**

**Participant Information Sheet**

You are being invited to take part in a research study for a ClinPsyD thesis. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

**Who will conduct the research?**

Katy Hill, Trainee Clinical Psychologist, Department of Psychology, University of Manchester.

**What is the aim of the research?**

The aim of the research is to explore how 3\textsuperscript{rd} year trainee clinical psychologists construe themselves and their professional development.

**Why have I been chosen?**

You have been chosen because you are a 3\textsuperscript{rd} year clinical psychology trainee at Manchester. Everyone in your year group has been asked if they would like to take part.

**What happens if I do not want to take part or if I change my mind?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

**What would I be asked to do if I took part?**

Once you have read the information sheet and have had the chance to ask questions, you can contact the researcher by email on katy.hill@postgrad.manchester.ac.uk to arrange a convenient date and time for the interview. Before the interview starts, the researcher will ask you to fill in a brief questionnaire on demographic details (age, gender and ethnicity), your pre-training career experience and the kind of job you hope to secure after you have finished training. This should take no more than 5 minutes. Your demographic details will
be used to describe the group as a whole and will not be linked to the study data. The data will also be analysed as a whole group and no individual participant will be identifiable.

Next, there will be a semi-structured interview where you will fill in a repertory grid with the researcher. The researcher will use a digital audio recorder to record your conversation so that she can concentrate on the interview rather than make notes. Immediately after the interview, the researcher will listen to this audio recording and make any notes on useful or interesting comments that were made. She will then delete the audio recording when the study finishes in August 2014. All your data will be identified by a participant number and no names or identifying details will be used. Only the researcher will have access to the key that identifies participants’ numbers and names.

The repertory grid interview will require you to consider the following 10 individuals:

1. Actual (current) self
2. Self before starting the course
3. Self after completing the course
4. Ideal self
5. Actual (current) professional self
6. Professional self before starting the course
7. Professional self as a qualified clinical psychologist
8. A clinical psychologist who qualified recently [actual (anonymous) person]
9. A clinical psychologist who qualified more than five years ago [actual (anonymous) person]
10. Ideal clinical psychologist

You will be asked to think about how these individuals are similar and different. The researcher will randomly pick 3 individuals and ask you to say how two of them are alike and different from a third. For example, you might be given individuals 2, 4 and 5. You might say that 4 and 5 are alike because they are ‘confident public speakers’ whereas 2 is ‘anxious about public speaking’. You will then have created a construct on which all 10 individuals can be rated from 1= most anxious about public speaking to 5 = most confident about public speaking. This procedure will be repeated with a different set of 3 individuals, again and again until you have created at least 10 constructs and rated each of 10 individuals on them. This will be your repertory grid and the researcher will invite you to check its accuracy. You will be allowed to take a copy of your repertory grid to perform your own analysis on it. The researcher will not be performing individual analyses and so will not be able to provide you with this. She can provide you with the group analysis and write up once the project is completed.

**How is confidentiality maintained?**

All your data will be stored under a participant number. Any identifiable details that you give in your interview will be anonymised. Only the researcher, Katy Hill, will have access to the document that lists participants’ names. All data will be transferred onto encrypted documents on university computers and paper copies will be destroyed. The data will be kept for 5 years and then it will be destroyed. The data will be analysed for the whole group and thus individuals will not be identifiable.
Will I be paid for participating in the research?

You will be offered a £10 high street voucher for participating.

What is the duration of the research?

The interview should take around 45-60 minutes.

Where will the research be conducted?

The interview will take place in a private room in the clinical psychology department.

Will the outcomes of the research be published?

It is hoped that the research will be published and the findings presented at the 2014 DCP annual conference.

Who has reviewed the research project?

The project has been reviewed by the University of Manchester Research Ethics Committee 4.

What if something goes wrong?

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Governance and Integrity Team by either writing to 'The Research Governance and Integrity Manager, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research.Complaints@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.

Who can I contact for further information?

Katy Hill  
(Trainee Clinical Psychologist)  
School of Psychological Sciences  
Second Floor Zochonis Building  
Brunswick Street  
University of Manchester  
M13 9PL

Dr Anja Wittkowski  
(Senior Lecturer in Clinical Psychology)  
School of Psychological Sciences  
Second Floor Zochonis Building  
Brunswick Street  
University of Manchester  
M13 9PL

Katy.Hill@postgrad.manchester.ac.uk  
Anja.Wittkowski@manchester.ac.uk

Thank you for considering taking part in this study. Please take the time to ask any further questions. If you decide to take part in the study, you will be given a consent form to sign before arranging a time and place for your interview.
Appendix 7:
Consent form
Using the Repertory Grid Technique to Explore How Trainee Clinical Psychologists Construe Themselves and their Professional Development

CONSENT FORM

If you are happy to participate please complete and sign the consent form below.

I agree to take part in the above project

<table>
<thead>
<tr>
<th>I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.</td>
</tr>
<tr>
<td>I give my permission for an audio recording of my interview and the use of anonymous quotes in publications.</td>
</tr>
<tr>
<td>I would like to receive a summary of the findings from this study.</td>
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</table>

<table>
<thead>
<tr>
<th>Name of participant</th>
<th>Date</th>
<th>Signature</th>
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</table>

<table>
<thead>
<tr>
<th>Name of person taking consent</th>
<th>Date</th>
<th>Signature</th>
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Appendix 8:
Demographic questionnaire
**Brief Questionnaire before doing Repertory Grid:**

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<tbody>
<tr>
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<tr>
<td>Gender:</td>
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</tr>
<tr>
<td>Ethnicity:</td>
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**Details of pre-training experience:**  
*(Field of work and length of time spent there)*

| What type of job are you looking for?:  
*(client group, therapeutic orientation etc)* |
|-------------------------------------------|-----------------------------------|